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Cycle Filling: Saving Time and Eliminating Headaches in Drug Dispensing

L. Michael Posey

In parts of the United States, the most common method of dispensing to long-term care facilities is cycle filling—automatically dispensing refills for medication orders on a certain date each month or on the anniversary date of the original order. While many long-term care pharmacists are forced into cycle filling because facilities or nurses demand it, most seem to love the system once they adjust to it.

Cycle filling has two main advantages:

- Nurses do not have to reorder medications, because the pharmacy automatically sends a refill for all scheduled medications.
- Pharmacy managers are able to plan the workload, because the number of orders to be filled is known several days before the delivery must be made.

This article describes cycle filling and presents the pluses and minuses found by those who use this dispensing method extensively.

Adaptable for Most Dispensing Systems

Dan Katzer of Pharmacy Corporation of America in Kansas City told TCP that cycle filling is very popular in Kansas, where he says almost everyone is using it. "We were pretty much forced into cycle filling by competitive pressures," he recalls. "But we really like it now. It means we're able to handle more business with the same size staff."

In most long-term care operations, nurses order refills on medications, ideally a few days before the medication runs out. However, if the need for a refill is overlooked, a crisis results in which the refill must be dispensed and delivered

quickly. Nonetheless, this system usually works well, and it is preferred in facilities whose residents do not have frequent medication changes.

Cycle filling puts the onus on the dispensing pharmacy to realize that refills are due, and it generally puts all residents in a given facility on the same cycle. (A few situations exist in which medications are dispensed on the anniversary date of the original order, particularly when the dispensing pharmacy is located near or in the facility. This article does not discuss this "anniversary filling.")

Jay E. Krosnick of ASCO's Annapolis Junction, Maryland, facility says his operation uses cycle filling for almost all group homes it serves: "When we begin working with a group home, we place them on one of four cycles, the first, eighth, 15th, and 24th of the month. All orders for a facility are prepared to begin administration on that day, using a bingo-card system. About 10 days before the cycle date, we print labels for the cards postdated for the cycle date. Filling of cards-one each for morning, afternoon, and bedtime medications-begins, with a goal of shipping to the home agency about four days before the cycle date. In our case, the agency then delivers the medications to the group homes, a nurse goes to the facility and checks in the medications, and administration from the cards begins on the cycle date."

ASCO handles new orders by dispensing a "short order" that provides enough medication to get to the next cycle date. Should the new order occur in the 10 days before the cycle date, a short order and a cycle label are prepared, and these must be filled together if the regular cycle medications have already been shipped to the agency.

Cycle labels for drugs that are discontinued during the fill process must be removed from the batch-or credits issued if the order is stopped after the cycle batch ships. "Staff at the homes must tell you when drugs are discontinued," Krosnick emphasized. "Otherwise, all the labor that goes into dispensing the order is wasted, and more labor is expended to check the order back in and issue a credit. Communication is critical with cycle filling-especially related to discontinued medications."

Katzner noted that his PCA pharmacy also uses bingo cards for cycle filling, but he is aware of other operations in the Midwest that use Drustar or Artromick systems. "We try to keep everyone on 31-day card systems," he

explained. "We fill cards about three to seven days before the cycle date for our nursing homes. A technician goes to the home on the morning of the cycle date and changes out the cards and other supplies."

Saving Labor Costs

"One of the main reasons our staff loves cycle filling is they get to take off on more weekends," Katzer said. "Cycle filling allows us to plan ahead and keep minimal staff on weekends. In short, cycle filling saves 'wear and tear' on our pharmacists and technicians."

Krosnick concurs: "While the 1,700 group-home beds represent only a small part of our operation, cycle filling has greatly enhanced our ability to predict staff needs for the homes and to keep them satisfied with our services. We do a couple of things to help the resident or other caregiver who is administering the medications keep things straight. For cycles that do not begin on the first of the month, we put a 'start here' sticker next to the bubble for the first day in the cycle. We also put different colored stickers on the cards for morning, afternoon, and bedtime."

Cycle filling also forces staff to focus on the unique needs of each facility during the filling process. "When we're cycle filling, we're very aware of details such as whether a 28-, 29-, 30-, or 31-day supply is needed to get to the next cycle date," explained Krosnick. "We also have been able to develop a special system for handling homes with mentally challenged residents" (see sidebar on next page).

Delivery costs can also be reduced through cycle filling. "Our technician is able to visit the home essentially once per month, and on that cycle date really take care of all the routine solid oral medications that particular home and its staff have for medications provided through cycle filling," Katzer said. "Otherwise, we might have to make numerous trips, always under the pressure of rushing in and rushing out to get to the next crisis."

Nurses Love It

Since nurses bear the brunt of ordering and dealing with shortages under a traditional system, they generally prefer cycle filling once they have been exposed to it. In those areas where it has become common, cycle filling is in

such demand that pharmacies generally must offer it to win contracts.

The secret, according to Krosnick, is the type of patients in a given facility: "I can't really imagine using cycle filling for our skilled-nursing residents, because their regimens are just changing too much these days. But for the stable, long-term treatments common in group homes, cycle filling is working beautifully."

Cycle filling is working in nursing homes in the Midwest just as well as in the Maryland group homes. Katzer tells TCP that some of PCA's nursing homes with higher acuity residents have four cycles per month with seven-day supplies dispensed. But the principles work just the same, even when 31-day cards are not practical.

Challenging the Status Quo

While cycle filling is not a new concept in long-term care pharmacy, it appears to be gaining popularity as economic pressures force re-evaluation of all parts of the health care system. For certain pharmacies with specific favorable types of facilities and residents, cycle filling may be a godsend for the dispensing operation looking to streamline workflow, reduce labor costs, and eliminate headaches for pharmacists, technicians, and facility staff.

Cycle Filling Helps with Care for Residents with Offsite Day Tasks

ASCO's Krosnick noted one situation in which cycle filling meets some unique needs of group home residents. "Many of our mentally challenged residents leave the home each workday to attend classes or complete vocational programs," he explained. "When these residents are on noon medications, this becomes a problem, because the individuals generally are not able to remember to take their noon bingo card to the offsite location and bring it back each Friday for the weekend doses at home."

To help these people, ASCO first reviews the medication regimen to see if it can be simplified to a b.i.d. schedule. Failing that, two noon cards are prepared, one for the home and one for the offsite location. Cycle filling permits ASCO staff to determine exactly which days the residents will be at home or offsite. "For instance, some residents will be offsite on federal holidays, while others may stay at home," Krosnick noted. "While most are at

home on Thanksgiving Day, cycle filling enables us to stop and think about the Friday after Thanksgiving-are the residents going offsite or staying home? In a regular dispensing cycle in which the residents are handled one at a time at different points in the month, we would never be able to get these kinds of details straight for every resident and home."

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