

Pharmacy 492  
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**Drug Distribution Systems for  
Long Term Care Facilities**

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**Drug Distribution**

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- The process:
  - Receipt/ transcription of orders
  - Interpretation/ evaluation of orders
  - Filling/packaging and checking
  - Delivery
  - Administration

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**New Orders**

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- Received as written, electronic/ fax or phone orders
- Communications between:
  - Physician
  - Nursing staff
  - Consultant pharmacists

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## Evaluation of orders

- Prospective review
- Ensure appropriate:
  - Indication
  - Dosage and dosage form
  - Route of administration
  - Dosing interval
- Check allergy profile and h/o adverse drug reactions
- Assess:
  - Concomitant disease states/ medications
  - Interactions: Drugs, disease, food

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## Filling and Packaging

- Manual and semi-manual systems:
  - Vials
  - Unit dose and cassettes
  - Modified unit dose: Bingo cards
  - Medisets
- Automated systems:
  - Pyxis: medication distribution
  - Robotics and other automation: dispensing and packaging

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## Traditional Vials

- Advantages:
  - Time efficient for dispensing pharmacist
  - Less costly
- Disadvantages:
  - Time consuming for facility
  - Increased chances for errors
  - More medication waste
  - Difficult to track usage, compliance

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## Unit Dose System

- First used in hospitals in 1960's
- Used to decrease medication administration errors by nursing staff, and reduce medication waste
- Standard of practice in hospital setting today
- Used in some skilled nursing facilities

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## Unit Dose/Modified Unit Dose Systems

- Unit Dose examples:
  - Manufacturer's unit dose packs/cards
  - Medication cassettes
- Modified Unit Dose examples:
  - Bingo cards/ blister packs
  - Medisets
  - Pharmacy-prepared administration packages

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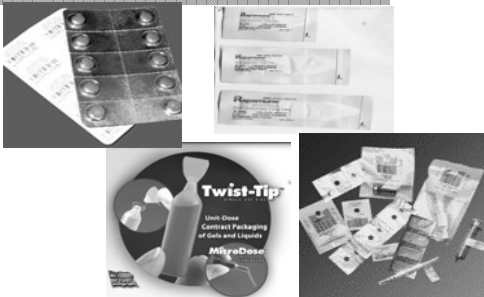
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## Examples of Unit Dose Packaging



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## Unit Dose and Modified Unit Dose Systems

### ■ Advantages:

- Improve accuracy, less errors
- Easy to track usage
- Less nursing time at dispensing
- Less wastage, savings to facility and patient

### ■ Disadvantage:

- More pharmacy processing time and equipment cost
- Requires more storage space and cassette cost
- No cost savings to pharmacy
- Limit nursing processing and checking ability

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## Mediset System

### ■ Advantages:

- Less waste
- More flexibility
- Less nursing time
- Ease of use for patients

### ■ Disadvantages:

- Cost
- Processing and packaging time
- Oral dosage forms only
- Difficult for nursing to check for accuracy
- More errors

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## Automation

- Speed and output efficiency
  - Ease of operation, capacity, time required
- Flexibility/ exception dose capabilities
  - 1/2 tab packaging, prn meds, dosage forms
- Labeling capabilities
- Batch processing capabilities
- Accuracy and quality assurance safeguard
- Reporting/ documentation capabilities
- Training provision and technical support

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## Automation Examples

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### ■ Small systems:

- Pyxis medstation
- Baxter ATC
- Script-pro 200

### ■ Larger systems:

- Baker cells
- Baxter international

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## Pyxis medstation

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- Used in hospitals and skilled nursing facilities
- Kept in nursing stations
- Pharmacy responsible for entering orders, and filling/stocking units with medications
- Nurses with access codes can obtain medications out of drawers
- All usages are recorded and tracked

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## Baxter ATC

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- Usually installed in the pharmacy
- Medications stored in calibrated canisters
- An order is sent to the system and the medication is dispensed from the correct canister
- System packages unit dose tablets and capsules into labeled and sealed strips packs
- Found to be 99.98% accurate (vs. 92.62% for manual filling) —Kratz K. Hosp Pharm 1992

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## Script-pro 200

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- Usually installed in the pharmacy
- Fills vials directly from dispensing cells
- Can print prescription and auxiliary labels

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## Baker Cell

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- In pharmacy system
- Counts a 30-count vial in 3-5 seconds
- Option to use software that dispenses medication after a prescription is scanned

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## Quality Assurance: Automation

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- Order entry accuracy
- Backup system for downtime and system failure
- Adequate staff education and training
- Equipment service and technical support
- Error detection and safeguard

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## Automation

### ■ Advantages:

- Improve efficiency
- Improve accuracy, reduce errors
- Improve documentation
- Authorized access only, enhance security
- Reduce job stress and staff turnover
- Shorten med pass time for nurses/ caregivers

### ■ Disadvantages:

- Additional training and technical help
- Downtime, system failure and inflexibility
- Cost and space issues

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## Drug Delivery and Administration

### ■ Drug delivery:

- On time delivery to
  - the correct facility
  - Correct nursing area
  - Ensure emergency back-up

### ■ Medication administration:

- Correct patient
- Correct medication- dose, dosage form
- Correct time
- Correct route

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## Medication Administration

### ■ The medication administration record (MAR):

- Monthly record of dispensed medications for each specific patient
- List of medications with administration times
- Medication dispensing nursing/ facility staff initials/ signatures
- May include list of prn medications
- Tracks missed doses and changes in medications

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## Emergency Kit

- Supply of short term emergency meds tailored specific to nursing facility needs
- Allows timely dispensing of urgent meds
- Contents in the kit is determined by nursing supervisor and consultant pharmacist
- The “kit” is a sealed box with full supply of medications delivered daily to the facility
- A broken seal indicated usage
- Nurse documents usage and returns records to the pharmacy for refills

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## Medication distribution errors

- Human errors
  - Medication orders
    - Omission, incorrect transcription
  - Interpretation/evaluation
    - Dose appropriateness, concurrent meds and diseases, drug interactions
  - Filling and checking
  - Medication administration
    - Correct person, dose, dosage form, route, frequency
    - Missed dose documentation

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## Medication distribution errors

- System errors:
  - Inadequate staffing or untrained staff
  - Poor communication between providers, facility and pharmacy
  - Poor coordination between pharmacy and facility for drug ordering and delivery
  - Poor documentation and reporting system of patient specific concerns and human errors

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## **Role of Consultant Pharmacist**

- Order processing
  - Review patient health and medication profile
  - Perform prospective review
  - Consider economic issues
  - Ensure accurate order entry
  - Communicate with prescribers and other health care workers

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## **Role of Consultant Pharmacist**

- Medication dispensing and delivery
  - Ensure accurate packaging, labeling and timely delivery
  - Develop policy for dispensing, delivery and storage of medication in facilities
  - Track usage and monitor medication usage and returns, including initial doses, house supply stock and emergency kit contents
  - Monitor the reconciliation of controlled substance: record keeping of supply, usage and disposal
  - Ensure accuracy of MAR and documentation

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## **Role of Consultant Pharmacist**

- Formulate quality assurance policy for drug distribution catering to the needs of patients in each facility
- Provide patient specific recommendations on drug therapy and medication needs
- Coordinate interdisciplinary care plan sessions
- Provide drug information to staff, residence, family and other health care providers
- Ensure compliance with all applicable laws and regulations governing drug distribution

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