

**OLIVE VIEW-UCLA MEDICAL CENTER  
POLICY & PROCEDURE**

**NUMBER: 1636  
VERSION: 3**

**SUBJECT/TITLE:** PYXIS MEDSTATION® AUTOMATED DISPENSING MACHINES

**POLICY:** Olive View-UCLA Medical Center utilizes an automated medication management system that allows for adequate medication security, accurate dispensing, and documentation of medications used in identified inpatient areas and outpatient clinics and the Department of Emergency Medicine.

**PURPOSE:** Address the use of Bio-ID (Biometric ID), the MedStation® and the administration of drugs from the automated medication station, as well as the process to obtain reports from the system.

**DEPARTMENTS:** Pharmacy, Information Systems, Respiratory Services, Human Resources and Nursing

**DEFINITIONS:** “MedStation®” and/or “system” will be used in place of automated medication dispensing machine.

**PROCEDURE:** Affected staff include:

- RNs, LVNs, Psychiatric Technicians (LVN user template)
- Providers (Anesthesiologists, Anesthesia Residents)
- Pharmacists and Pharmacy Technicians
- Information Systems staff (maintenance and repair of system)
- Admitting – timely patient admissions; assist with downtime procedures.
- Nursing Instructors, Respiratory Therapists

Students **will not** be authorized to access medications via the MedStation®.

Access to medications is limited to authorized, trained staff. Authorized access is based on defined patient care responsibilities. Personnel authorized to use the Pyxis® System receive training specific to their defined responsibilities. Competency checklists are kept in the employee’s area file.

Pharmacy Responsibilities:

- Selection of medication inventory and quantity including controlled substances
- Medication loading and unloading
- Medication filling and refilling
- Access code additions, deletions, and maintenance
- Generate and maintain appropriate files for medication accountability in accordance with hospital policy, and state and federal regulations

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- Review medication discrepancy resolutions

Nursing/User Responsibilities:

- Access the Pyxis MedStation® with Bio-ID
- Enter temporary patient information, if not available
- Medication removal
- Medication return
- Medication wastage
- Discrepancy report resolution
- Report unresolved discrepancy counts
- Weekly (every Wednesday) inventory counts for controlled substances
- Witness waste for controlled substances
- Witness refills for controlled substances
- Replace recording paper
- Recover a failed drawer
- Generate discrepancy and activities reports
- Maintain an accurate controlled medication inventory in the system in accordance with state and federal regulations.
- Chart all administered doses electronically by scanning the patient's wrist band and medication for the electronic Medication Administration Record (eMAR).

**I. MedStation® ACCESS**

- A. Access is limited to authorized trained personnel. Authorized security access is based on defined job title and responsibility. Each system access privilege has unique properties such as staff nurse, pharmacy tech, etc. These privileges are mutually exclusive. Pharmacy will be responsible for maintenance of system users. Once pharmacy receives notification that an employee needs to be added, a system profile is generated. The profile consists of an ID (employee number or registry staff [contract workforce member] number), an initial password, and assigned areas and privileges based on the individual's specific job assignment. Personnel authorized to use the MedStation® system receives training specific to their defined responsibilities. MedStation® access is allowed when the user becomes "live" Bio-ID (numeric "fingerprint"). If the person fails the Bio-ID system, a password is assigned. If an employee forgets his/her password, that individual must present their hospital ID badge to the pharmacy for a new password. *(See Appendix I for Security Access - BIO/ID information).*

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- B. Relief /Per Diem nurses have an assigned area. Pharmacy enters them into the system as permanent users. When orientation is complete, they are Bio-ID'd on their assigned unit. The Charge Nurse or Nurse Manager activates "floaters" on the unit to which they are floating. This assignment remains active for 17 hours (*See Appendix 2 for Activating Existing Users at a MedStation®*).
- C. Deleting employees from the system: When an employee terminates employment (voluntary or involuntary) or transfers, the employee presents the Employee Clearance form to the pharmacy and Human Resources emails inactivated employee lists. Pharmacy prints an "All users" report biannually and each department verifies that all individuals listed are still employed and that their privileges are appropriate.
- D. Pyxis® keys are located at a secure area in the Pharmacy.

**II. Admissions/Transfers and Discharges using the MedStation®**

All admissions, transfers and discharges are processed through the Pyxis®-Cerner system interface.

Temporary patients **may be added only** when:

- The CernerSystem down causing ADT to cease
- Patient care would be compromised
- .

Pharmacy generates a daily report for temporary patients.

**III. Obtaining and administering medications using the MedStation®**

*(See Appendix 3 for System Downtime and Troubleshooting Procedures)*

**A. MedStations® are designated as either Profile or Non-Profile access**

*Profile* – The Profile system is used for units where the physician is not usually present at the time of medication administration. The source of medication order information will continue to be the electronic MAR. A pharmacist reviews orders and verifies the medication in the system, and then the medication is released in the MedStation®. This guarantees pharmacist review. The "override" function is used only in a legitimate patient emergency. The emergency order must be entered into the Cerner System and charted on the Medication Administration Records. Code carts are available for emergency situations.

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*Non-Patient Profile* – The Non-Patient Profile system permits access to all medications at the Non-Patient Profiled MedStation®. This is applied for areas in which the physician is present at the time of medication administration and reviews the medication order. The majority of medications available in a “ready to use” form are supplied in the MedStation®:

- The original physician’s order must be reviewed prior to drug administration to ensure accuracy.
- Patient specific medication bins cannot be stored in the MedStation® and are stored in the Tower®, a secure area. The bins store bulk topical products, inhalers, medications not stocked in the MedStation® and specific multi-dose items. If the message “Med not loaded” is displayed when attempting to remove a medication, this means that it is not loaded into the station. If the item cannot be located, contact the pharmacy.

If the message “Med not available” is received when attempting to remove a medication, this means that the station has run out of the medication. The MedStation® is refilled from labels generated from the Talyst interface. Contact the Pharmacy if the medication needs to be given and has not yet been refilled. For units on profile system, this means that the Pharmacy has not verified the order. If the medication is not listed, call the Pharmacy to determine what the problem is. Do not use the override function to obtain the medication before speaking to the pharmacist. There may be a possible allergy, drug interaction, wrong dose or frequency that delays medication verification.

**B. *Resolving Discrepancy***

*(See Appendix 4 for Pyxis MedStation® Discrepancy Monitoring)*

1. The majority of controlled substances are loaded into the MedStation® into high security single-dose or Cubies®. All medication access requires mandatory blind count.
2. If a discrepancy is discovered at the time of withdrawal, the nurse notifies the Charge RN and assist in discrepancy resolution. Medication discrepancies are resolved as soon as possible by the:
  - a. discoverer of the discrepancy, or
  - b. creator of the discrepancy.

Prior to the change of shift, the charge nurse verifies that there are not any unresolved discrepancies. If an unresolved discrepancy exists, the charge nurse ensures that the discrepancy is resolved prior to the involved staff leaving the unit.

- Changing the “beginning count” creates a medication

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- discrepancy (inventory count is wrong).
- After the beginning count has been changed, the drug may be removed from the MedStation® and administered to the patient. When a medication discrepancy occurs, a **discrepancy icon** is displayed on the bottom of the home screen.
- The discrepancy icon is displayed without a user logging in.
- Clicking the discrepancy icon will display a message that an unresolved discrepancy exists.

Return to the MedStation® to resolve the discrepancy by investigating and documenting why the count was inaccurate.

To resolve a discrepancy:

- Log on to the MedStation®.
- From the **Main Menu** select **Document Discrepancy**.
- Select the discrepancy you wish to resolve. Each discrepancy should have the name of the person documenting the count error and the person with prior access.
- Speak with the prior user to determine how many drugs were available and how many drugs were removed.
- If the discrepancy cannot be resolved as above, a Medication report can be generated that provides a list of patients that received a particular medication (*under Reports Menu – Discrepancy – Undocumented Discrepancy*). Each transaction includes the user's name, time, and dose removed.

Once the reason for the discrepancy has been verified, type in the reason for the discrepancy.

A **witness** is necessary to document resolution of the discrepancy. The witness will be prompted to enter their user ID.

The **resolve discrepancy** icon disappears from the bottom of the home screen. If unable to reconcile the discrepancy, the charge RN notifies the Nurse Manager for that unit.

Outstanding controlled substance discrepancies must be resolved within 48 hours or user access will be revoked until resolution. Staff user with more than 2 unresolved discrepancy may lose Pyxis® user privileges.  
(Refer to Controlled Substance Policy 384 for more information)

**C. *Returning Medications***

Returning medications in the MedStation® means that the medication

is being returned to an internal Return Bin, or Return Bin drawer for those with available space or to a secured cabinet, as soon as possible, no later than the individual's end of shift.

1. Medications are returned to the Internal Return Bin only if they fit and do not require refrigeration. Refrigerated medications are returned to a Refrigerated Return Bin. Print the Pyxis® return slip and secure returned medication in zip-lock bag.
2. Controlled drugs too large (Morphine Sulfate PCA) for the internal Return Bin must be returned to Pharmacy with a Pyxis® return slip, as soon as possible, before the end of the shift.
3. Non-controlled drugs are returned to the internal Return Bin if they fit, Return Bin drawer for those with available space, or a secured cabinet.

Medications cannot be returned to the MedStation® if:

- a. The medication was NOT removed for the patient;
- b. The medication was recorded as a waste (including patient's refusal of medication). Never use the "Returning Medications" function to record a wasted, or partially filled, non-reusable, opened medications;
- c. The medication had been removed from the tamper resistant package (i.e. Tubex®) or the tamper resistant package was damaged; or
- d. A controlled drug is partially-filled or damaged. The controlled substances must be wasted according to the "Wasting Medications" procedure as described below.

#### **D. *Wasting Medications***

To waste a medication:

1. The MedStation® documents wastage for controlled drugs **ONLY**.
2. Follow the instructions in the On-Line Quick Reference Guide to waste a controlled drug using the "Waste Med" function.
3. A **witness** is required to discard all wastage for controlled drugs.
4. Wasted controlled drugs are **NOT** to be returned to the MedStation®.
5. Additional documentation is required for wasting medications at the MedStation® if the medications being wasted are:
  - narcotic medications;
  - narcotic syringes out of the original cartridge;
  - narcotic liquids, elixirs, and suspensions; or
  - partial doses of any narcotic medications.
6. If waste documentation is an error, a follow-up documentation must be written in the Medication Administration Record (MAR) along with initial entry.

7. If it is a 100% waste, obtain Lost Narcotic Control Number from Pharmacy. The nurse must complete the Loss of Controlled Drug Reporting Form and record the number in the Pyxis MedStation®.

While wasting a medication, a predefined list of reasons for waste will appear on the screen. Select the appropriate response. If none of the reasons are appropriate, select “Other” and type in the reason for the waste and the Loss of Controlled Drug Number.

#### **IV. OVERRIDES**

Medications will be considered for override status if a significant patient harm could result if there is a delay for the pharmacist to complete a review of the medication order. In this case, potential harm could outweigh the benefits of pharmacy review.

The ability to override is reserved for critical clinical situations where patient care and safety would be compromised, if the order was reviewed and entered by the Pharmacy, prior to drug administration. The Pharmacy and Therapeutic Committee must approve the override medication list.

1. Please refer to the MedStation® user manual for instructions on obtaining an override medication.
2. The RN obtaining the override medication is responsible for ensuring that an order for the medication is entered by the Provider as soon as possible.
3. A **witness** is required to override controlled substances only.
4. Pharmacy reviews all override reports each day to ensure that all override medications without orders or any improper utilization of the override privilege are referred to the designated nurse manager for follow up.
5. The nurse manager is responsible for ensuring that any discrepancies or education needs are resolved in a timely manner.

#### **V. RESTOCKING AND PAR LEVELS**

- A. The Pharmacy is responsible for maintaining MedStation® PAR levels.
- B. If a user encounters message “Medication Not Available” this indicates that a regularly loaded medication is out of stock.
  - Contact the Pharmacy for replacement. Pharmacy is responsible for replacing stock medications.
- C. If a drawer opens but the medication is not physically present (out of stock), this indicates that there is a “blind stock out” discrepancy.
  - Contact the Pharmacy for replacement. Pharmacy audits the machine for PAR discrepancies and notifies the Nurse Manager when inventory levels are incorrect.

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- The Charge Nurse audits the station’s unresolved discrepancies at the change of shift. A resolution printout is given to the Nurse Manager.
  - An incident report is completed for discrepancies that cannot be resolved at the station, following narcotic loss/theft procedures.
  - Discrepancy resolutions are done on the Unit when they occur and the station printout is saved for the Nurse Manager.
- D. The PAR levels are evaluated on a periodic basis based on usage reports.
- E. Discrepancy reports are monitored daily by the Pharmacy to investigate contributing factors to unbalanced PAR levels. Nurse Managers receive feedback regarding employee behavior, which results in inaccurate PAR maintenance, for corrective action.
- F. Changes to MedStation® inventory and/or PAR levels are made based on Pharmacy analysis of usage reports, interdisciplinary collaboration and Formulary revisions as approved by P&T Committee.
- G. Outdates: When medications are refilled or loaded, the earliest outdate is recorded in the machine on a regular cycle. Outdate reports are generated by the Pharmacy and corrective action taken. Pharmacy tracks and replaces all medications as they approach their expiration date.
- H. Bar code scanning: before the medication is refilled or loaded, the medication label bar code is scanned and the corresponding Cubie®, door or Matrix drawer will open.

For medication barcode that is not recognized by Pyxis® medstation, barcode must be introduced to system in pharmacy before refill may resume.

**VI. MONITORING AND PERFORMANCE IMPROVEMENT**

Nurse Managers, or their designees, and the Pharmacy Department perform all the required monitoring. Station report access allows access to all reports available at that MedStation® – this includes inventory, refill, activity, discrepancy reports, and wastes, etc.

Information is stored in the MedStation® for 32 hours. The Pyxis MedStation® Console maintains information for one (1) month. Records older than 30 days are retrievable via PyxisReporter for permanent retrieval (*See Appendix 5 for Reports*).

Report Name	Frequency	Responsibility
Override Report	Daily	Pharmacy/Nurse Manager
Discrepancy Report	Daily/	Pharmacy/Charge Nurse
Change of Shift		



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Stock Out Bulletins Daily Pharmacy Technician

Outdated Meds Monthly Pharmacy Technician

Inactive Users Bi-Annually Pharmacy/Nurse Manager

Clinical Drug Categories:

Waste, Reasons & Daily Pharmacy

Loss Controlled Number

Physician, Name/ID Daily Pharmacy

Narcotic chart order audit Weekly Pharmacy/Nurse Manager for corrective actions

## **VII. NURSING ADMINISTRATION AUDITS**

Nursing conducts controlled drug inventory every Wednesday. Inventory is completed by following the instructions On-Line in the Quick Reference Guide at the “Inventory Meds.”

Pharmacy conducts controlled substance drug inventory for OR and Anesthesia system every Wednesday.

## **VIII. EMERGENCY BREAKDOWN POLICY**

In the event of a catastrophic power failure or MedStation® failure, an internal battery backup at the MedStation® provides about 60 seconds of power to automatically initiate a safe shutdown of the station. If the power failure continues, the following is done:

1. Non-controlled substances: Medication is delivered from pharmacy using traditional procedures.
2. Controlled substances: Obtain controlled substances manually by presenting the provider’s medication order.
3. Patients affected by MedStation® breakdown will be redirected to a functioning MedStation®:
  - Add n-unit to area table of functioning MedStation®.
  - Nurses are activated at the MedStation®.

When MedStation® is functioning properly, area table will be modified again to reflect original setting.

If there is a power failure (during natural disasters or fire).

- MedStations® are plugged into red EMERGENCY OUTLETS to ensure continuous access in the event of a power failure.
- In case of a disaster where there is total loss of electrical, power (all nursing area pyxis are shut down), nurse/provider can gain access to medication through an override process:

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- Obtain two keys (left and right panel key) from pharmacy that are required to remove the access panel from back of the station.
- Alternatively, two keys for emergent opening of medstation will be available in Administrative Nursing Office
- Remove the back access panel.
- Press the red release lever on the right side of the appropriate drawer and push the drawer out.
- Repeat for each drawer that you need to access
- A log sheet must be recorded for any medication removed during this catastrophic power failure.
- When power returns, close all drawers and contact pharmacy for instructions on bringing the station current with the medications removed during the outage.

#### **IX. RECOVERING A JAMMED DRAWER**

- A. Nurses may recover a jammed drawer that fails to open.
- B. A drawer may fail to open if a package protrudes above the top of a pocket.
- C. The recover drawer alert icon will appear at the Main Menu.
- D. The nurse can recover the drawer by following the instructions on the screen.
- E. If the recovery is not successful, the nurse manager or supervisor contacts Pyxis® Customer Support (available 24 hours a day).

#### **X. TEMPORARY NURSING UNIT CLOSURE**

Pharmacy must be notified of nursing unit closure in advance, including temporary closer for repair or maintenance. Pyxis MedStation® and its medications must be secured and stored in locked area

### **APPENDIX 1**

#### **SECURITY ACCESS – BIO-ID/PASSWORD SYSTEM**

##### **Security Access – BIO-ID/Password System**

1. The Pharmacy is responsible for inputting permanent employees at the Pyxis® console in the Pharmacy Department.
2. Bio-ID (fingerprint) is the primary method of machine access. Default to ID/Password should only occur if:
  - The employee cannot use either scanned fingertip(s) or the system Bio-ID system is not operational.

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- The User's fingertip is injured or not scanning properly, use of a second fingertip will be requested at the MedStation®.
  - Bio-ID is not available or a user forgets his/her password, the user is required to come to the pharmacy in person with his/her valid identification badge for the pharmacy to reset it.
3. Security Maintenance - Permanent user access is authorized and monitored by the Pharmacy Department. Security authorization, by job title, and override groups are determined by an interdisciplinary process and the database is maintained in the Pharmacy.
- All edits, transfers and deletions of Users occur within the pharmacy, for all employees. All identified security level changes must be reported to the pharmacy within 24 hours.
  - The Nursing Department communicates terminations and transfers to the pharmacy.
4. A designated supervising nurse or nurse manager on the float floor activates float users.
- Float activation remains active for 17 hours.
5. Procedure to Re-BIO-ID
- Log on to MedStation®
  - Select user menu
  - Select Change Bio-metrics
  - Enter User ID and Password
  - Press "SCAN"
  - Place finger onto BIO-ID Unit. Place finger squarely in the center of the unit, covering as much of the surface as possible. Push gently, but firmly down.
  - When the light blinks and scanned image appears on the screen, lift finger then replace same finger back unto scanner. A total of 4 scans of the **same** finger are required. The center of the fingerprint (circles or arches) should be in the center of the scanned image.
  - Upon the completion of the images, you will receive the following message:  
"Congratulations! You have successfully registered your fingerprint identification".
  - If you receive the message of being unable to verify, try another finger or the other hand.

***Tips:***

- Repeat this process as many times as it takes to get four (4) clean, clear scans. The better the enrollment scans are the less chance of future log in failures.
- Place finger directly on the BIO-ID unit. The red light will blink after it reads each scan. Cleanliness of the BIO-ID unit and

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MedStation® can affect your ability to log in.

- Clean the reader with the appropriate cleaner, as noted on the MedStation® to remove oils and dirt.
- Compressed air can also be used to clear the reader.
- If finger is not scanning, rub finger in the palm of opposite hand. This warms up the finger and allow for better scanning.

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## **APPENDIX 2**

### **ACTIVATING EXISTING USERS AT A MEDSTATION®**

#### ***Activating Existing Users at a MedStation®:***

Access to MedStation® is limited to authorized trained personnel at specific Nursing Units. When an existing user is floated to a different area, the Nurse Manager or Charge Nurse can activate the existing user and grant temporary access at the new MedStation®. **Only** the Nurse Manager or Charge Nurse has the security to activate existing users. The temporary access expires after 17 hours.

To Activate An Existing User at MedStation®:

- Follow the instructions in the On-line Quick Reference Guide at the “**Activating Existing Users at Station**”.

#### ***Adding Temporary Users to a MedStation®:***

A temporary user is defined as a nurse who is licensed to administer medications and is not already an existing user at another MedStation®. Temporary Users **will not** be added at the MedStation®.

Nursing students will **NOT** be given a user code. Nursing students will ask

Nurse Instructors to obtain medication from MedStation®.

**SYSTEM DOWNTIME AND TROUBLESHOOTING PROCEDURES**

***BIO-ID Problems - Check the Following:***

1. Is the light continuously red?
  - Clean lens as noted by each MedStation®.
  - Please Note: **Do NOT use alcohol to clean lens.**
  - Reboot MedStation® if you still have problems after cleaning.
2. Is someone having problems logging in?
  - Try rubbing your fingertips for warmth. BIO-ID might **NOT** work properly with cold fingertips.
  - Have them re-BIO-ID (*You need to have password to do this.*)
3. Is the lens cracked or dirty?
  - Call the WorldWide Service Center for replacement

***MedStation® Problems:***

1. Is there a drawer failure?
  - Press “Recover Drawer” on Main Menu; Select the drawer. If the witness screen appears, he/she must enter his/her ID and BIOID/Password. If the drawer fully extended, check each pocket to insure that packets do not protrude above the top of the drawer.
  - Close the drawer.
  - When the recovery is successful, and you do not have to verify count, Press “OK”. If you need to verify count then verify count.
  - Close the drawer.
  - If the drawer remains jammed, contact Pyxis® WorldWide Service Center.
2. What occurred to cause the drawer failure?
  - Did the nurse state that a Mini-drawer opens too far revealing too many doses?
  - Run an activity report on that medication.
  - See who dispensed and how many they took.
  - If not enough were removed, close the drawer.
  - See if loaded incorrectly (Mini-drawers are loaded from back to front).
3. Is there a PYXIS hard machine and/or hard drive failure?
  - Contact Pyxis WorldWide Service Center at ( insert location and #)
  - See **Emergency Breakdown Procedure**

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Narcotics are moved by the Pharmacy and Unit Nurse Manager (or designee) to a locked, secure area. The narcotics are counted each shift until replaced back into the functional MedStation®.

- If an outside maintenance contract worker has to work on a machine that still contains non-controlled substance medications, he/she remains under direct and constant supervision at all times by Pharmacy licensed personnel.

**Critical Override** is activated by the Pharmacy. The machine is temporarily not communicating with the Pharmacy System.

- This function allows open access to the medications for each patient, regardless of the existence of the medication approval on the profile.
  - When a Critical Override is required, Pharmacy contacts PYXIS Customer Support to dial in to assist with the solution/repair.
4. Workstation Attention Notice: **“Can’t Communicate”**  
(Click on this notice to see which MedStation® is involved).
- This usually indicates that someone has powered down a specific MedStation® for service. Validate that it was an authorized person. The notice disappears when the MedStation® is powered back up following service.
  - If above scenario is NOT the case, then place a call to the PYXIS WorldWide service desk. The **1-800-727-6102** number is listed at each MedStation and on the Workstation.
  - The Olive View-UCLA Medical Center account number is **1565400**.
5. Workstation **screen locked up**, not allowing “log-in” or other action.
- Validate that this is not just an instance of the “time-out” function which logs-off, if there is a lapse of onscreen activity for 90 seconds.
  - If truly frozen, call the PYXIS Worldwide Services as above, and they will dial in to validate no other problems and then talk you through a “reboot”.
6. Workstation Attention Notice: **“Failed Drawers”**.  
(Click on this notice to see which MedStation® is involved).
- Select the icon named “recover drawer,” which then appears in the “management” section on the right side of the screen. Proceed as instructed on the screen. If not successful, call PYXIS WorldWide service center. Please note that a failed drawer only impacts the functionality of that one drawer. The MedStation® remains functional for all other



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activities/drawers.

There is a power failure (during natural disasters or fire).

- MedStations® are plugged into red EMERGENCY OUTLETS to ensure continuous access in the event of a power failure.
- See **Emergency Breakdown Procedure**

## **PYXIS™ MEDSTATION DISCREPANCY MONITORING**

The Pharmacy Department utilizes usage data and discrepancy reports available in the Pyxis® system to assist Nursing Management and staff to resolve controlled substance discrepancies in their respective unit inventories. These MedStations® are still held to the same accountability as the traditional manual systems, with respect to inventory accuracy, wastage, and discrepancy resolution.

### ***Procedure:***

1. Daily Pyxis® Reports
  - a. All Discrepancies Report – Use in Tracking
    - i. The “All Discrepancies Report” details all unresolved and resolved discrepancies that occurred among the controlled substance inventories in the Pyxis MedStations®
    - ii. Unresolved discrepancies are discrepancies that do not indicate efforts of resolution by nursing staff.
    - iii. Resolved discrepancies are reviewed for the appropriateness of the reason used, in documenting the resolution.
  - b. All Station Events (for Controlled Substances) – Use in Tracking
    - i. The “All Station Events Report” details the controlled substance transactions in the Pyxis® MedStations.
    - ii. A “transaction” is any medication removal, refill, or return in the MedStations®.
    - iii. When used in conjunction with the Discrepancies Report, a detailed history of all activities involving a specific medication’s drawer and inventory can be analyzed.
    - iv. The location and history of date, time, person, amount, and type of transaction can be useful in determining the source of the discrepancy.
2. Report Review and Follow-Up
  - a. Pharmacy reviews the discrepancy reports and follow-up with nursing administration to resolve the open/unclear discrepancies.
  - b. For **100%** waste of a controlled substance, the nurse must complete the Loss of Controlled Drug Reporting Form.
  - c. All discrepancies that are not resolved, will be reported to the Department of Justice. The DEA Form 106 noting the theft or loss of controlled substances will be completed in 30 days.

## **REPORTS**

### ***Medication Override Activity:***

Jointly, Nursing and Pharmacy can review all overrides which occur at all MedStations. Trends that can be observed by answering the following:

- Is one nurse consistently overriding medications?
- Why are medications being overridden?
- Does the override correspond to high turnaround times?
- Does an order exist for that medication?
- Was the medication appropriately charted?
- Is there a need for additional user in-service?

Pharmacy runs this report pursuant to Joint Commission regarding the need for pharmacy verification of orders. The Nurse Manager or Unit Manager may also run this report at regular intervals to make certain that medications withdrawn for a patient had an order associated with that removal and pharmacy has received the order.

To Run the Override Report at the MedStation®:

- Login with User ID and Bio ID or password.
- At the “Main Menu” under “Station Management,” touch to select “Report Menu”.
- At the “Report Menu”, touch to select “Override”.
- At the “Override Reports Menu”, touch to select “Override Meds Sorted by Users”.
- You may “View” or “Print” this report.

### ***Medication Related Activity:***

One of the easiest ways to look at nursing medication practice using the MedStation® as a tool is the systematic and periodic review of the “Activities” report. This report can be run at the MedStation® and can be run specifically by medication, nurse or category of drug. This is also a good way to help resolve discrepancies. Trends that can be observed by asking the following:

- Were wastes appropriately documented?
- Was there an order for medication?
- How often is a nurse using overrides or accessing specific medications?
- Are there accesses of more than two of a single line item at a time, and if so why?

This report gives the Nurse Manager a summary of what medications have

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been removed. It can also give an individual nurse a summary of what medication he/she has removed during a shift. The report is dated and time stamped and can be used as a “check and balance” against charting.

To Run the Report:

- Login with User ID and Bio ID or password.
- At the “Main Menu” under “Station Management,” touch to select “Report Menu”.
- At the “Reports Menu”, touch to select “Activity”.
- At the “Activity Reports” menu, touch to select “Activity by Current User” or “Activity by Selected User”.
- At the “Activity Report”, please make the selection “Select All Class” You may “View” or “Print” this report.

***Discrepancy Activity:***

The Nurse Manager/ or a designee runs an end of shift discrepancy report and document that there are no discrepancies prior to any nurse leaving for that shift. If a discrepancy exists, an ICON with a PILL and an X appears at the bottom of the sign-on menu. All discrepancies must be resolved before staff may exit. If it cannot be resolved, follow the administrative policy that deals with loss and theft or narcotics.

*(See Appendix 4 for Pyxis MedStation® Discrepancy Monitoring).*

To Run the Report:

- Login with User ID and Bio ID or password.
- At the “Main Menu” under “Station Management” touch to select “Report Menu”.
- At the “Reports Menu”, touch to select “Discrepancy Reports Menu”.
- At the “Discrepancy Reports Menu”, touch to select “Undocumented Discrepancies”.
- You may “View” or “Print” this report.
- Please review Appendix 4 for Pyxis MedStation® Discrepancy Monitoring on how to document “discrepancies.”

**SUBJECT/TITLE: PYXIS MEDSTATION® AUTOMATED DISPENSING MACHINES**

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References:	
Approved by: Anne Robinson (Compliance Officer), Judith Maass (Chief Executive Officer), Nadrine Balady-Bouziane (Pharmacy Director), Paula Siler (Clinical Nurse Director III), Shannon Thyne (Chief Medical Officer)	Date: 08/09/2017
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