



POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES

SECTION: **INPATIENT PHARMACY SERVICES**

SUBJECT: **MEDICATION DISPENSING FROM AN AUTOMATED DISPENSING MACHINE**

CODE: 3.16.0
DATE: 11/30/07
REVISED: 1/27/17, 4/19/22
APPROVED: Thinh Tran, Pharm. D.
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PURPOSE:

To provide a policy on the operation of the facility's automated medication dispensing machines.

POLICY:

This policy will address the use of Bio-ID , the MedStation and the administration of drugs from the automated medication station, as well as the process to obtain reports from the system.

NOTE: *for brevity, the term "MedStation" and/or "system" will be used in place of automated medication dispensing machine.*

PROCEDURE:

- I Personnel affected will include:
- RNs, LVNs
 - Pharmacists and Pharmacy Technicians
 - CareFusion staff (maintenance and repair of system)
 - Registration B 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 will be limited to authorized, trained personnel. Authorized access will be based on defined patient-care responsibilities. Personnel authorized to use the Pyxis System will receive training specific to their defined responsibilities. A competency checklist will be signed by the employee and kept in the employee's file.

II Staff Responsibilities/Duties:

A Pharmacy Responsibilities:

- 1 The inventory type and volume of medications.
- 2 Loading and unloading medications.
- 3 Filling and refilling medications.
- 4 Adding, deleting, and maintaining access codes for Pharmacy personnel.
- 5 Generating and maintaining appropriate files as they relate to medication accountability in accordance with Facility policy, and State and Federal regulations
- 6 General Troubleshooting
- 7 General Maintenance

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B Nursing Responsibilities

- 1 Accessing the Pyxis MedStation with Bio-ID.
- 2 Entering temporary patient information.
- 3 Removing a medication.
- 4 Returning a medication to a external return bin with proper documentation.
- 5 Wasting a medication
- 6 Resolving discrepancy reports.
- 7 Reporting unresolved discrepancy counts.
- 8 Conducting weekly inventory counts for controlled substances.
- 9 Witnessing a waste for controlled substances.
- 10 Replacing recording paper.
- 11 Recovering a failed drawer.
- 12 Generating discrepancy and activities reports.
- 13 Maintaining an accurate inventory of controlled medications in the system in accordance with State and Federal and Hospital regulations.
- 14 All doses removed from Pyxis Medstations and administered must scanned into the electronic Medication Administration Record (MAR) in the patient's electronic health record (EHR).
- 15 Adding, deleting, and maintaining access codes for Nursing personnel will be centrally in the Nursing staff office under the direction of the Informatics Nurse
16. Adjustment of the on-hand quantity of a medication in the Pyxis MedStation to reflect accurate inventory and refill notices.

III MedStation Access

- A** Access to medications will be limited to authorized trained personnel. Authorized security access will be based on defined job title and responsibility. Each system access privilege has unique properties such as staff nurse, pharmacy technician, etc. These privileges are mutually exclusive. Pharmacy and Nursing will be responsible for maintenance of system users in their respective departments. Once Pharmacy or Nursing receives notification that a user needs to be activated, a system profile will be generated, consisting of an ID (employee#), an initial password, and assigned areas and privileges based on the individual's specific job assignment. Personnel authorized to use the MedStation system will receive training specific to their defined responsibilities. As the user becomes "live" Bio-ID (which is a numeric "fingerprint"), access will be allowed to the MedStation. If the person fails the Bio-ID system, a password will be assigned. If an employee forgets his/her password, that individual will need to bring proof of Facility ID (picture badge) to the respective department in order to have a new password issued (See Appendix 1 for Security Access-Bio-ID information).



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- B Float nurses will not have a set assigned area. They will be entered into the system by Nursing as permanent users. When they have gone through orientation, they will be Bio-ID'd on the original floor that they work on. They can then be floated for the day to subsequent units that they anticipate to be covering at a later date. Nurse Manager or designee on the float floor will activate float users. Float activation will remain active for 17 hours (See Appendix 2 for Activating Existing Users at a MedStation).
- C When an employee terminates employment or transfers, the Nursing Department or the Pharmacy Department respectively will have the employee deleted or transferred in the system. Nursing and Pharmacy will print an "All Users" report biannually and each department will verify that all individuals listed are still employed and that their privileges are appropriate.
- D Pyxis keys will be located at a secure area in the Pharmacy.

IV Admissions/Transfers and Discharges Using the MedStation

For profile patients and non-profile patients, admission, discharges, and transfers will be processed by Registration/Bed Control and Nursing via the electronic health record (EHR). Once this information is updated in ORCHID, it will automatically interface over to the Pyxis ADU system.

V Obtaining and Administration of Medications Using the MedStation (See Appendix 3 for System Downtime and Troubleshooting Procedures)

- A MedStations are designated as either Profile or Non-Profile access.
 - 1 The Profile system is used for units where the physician is not usually present at the time of medication administration. The MAR will continue to be used as the source of medication order information. The orders are reviewed and released by the pharmacist prior to administration. This guarantees pharmacist review. The use of override should only be used in cases of legitimate patient emergencies. The order must then be faxed to the Inpatient Pharmacy and charted on the MAR. Code carts will continue to be available for emergency situations. There are different levels of nursing security access for obtaining medication on override.



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- 2 The Non-Patient Profile system allows for access to all of the medications that are in the MedStation. This is used for areas (Anesthesiology, Surgery, PACU, Special Procedures, OPS) where the physician is present for medication review.

B Obtaining medications.

- 1 The majority of the medications in the MedStations will be available in a “ready-to-use format.”
- 2 A user will be able to access a medication one hour before and one hour after the start and stop time for the medication (exception: time-critical medications). Medication automatic stop orders will continue as per Pharmacy Policy 3.08.0.
- 3 The MAR or original practitioner’s order must be reviewed just prior to drug administration to ensure accuracy.
- 4 Patient-specific cassettes that are kept for medications and cannot be kept in the MedStation are stored in a secure area. The cassettes will store bulk topical products, inhalers, and other medications not stored in the Pyxis.
- 5 If the message “Medication not loaded” is displayed when attempting to remove a medication, this means that the medication is not loaded into the station. Contact pharmacy if the item cannot be located in the regular medication cart or in the medication room.
- 6 If the message “Medication not available” is displayed when attempting to remove a medication, this means that the station has run out of the medication. The MedStation is refilled from lists generated in the pharmacy. Contact the pharmacy if the medication needs to be given and has not yet been refilled.
- 7 For units on the Profile System, “Medication not available” means that either the pharmacy has not received the order or has not entered the order. Make sure that the complete order has been scanned to the Pharmacy as soon as possible. If the medication is not listed, call the pharmacy to determine the nature of the problem.

C Resolving Discrepancies (See Appendix 4 for PyxisJ MedStation Discrepancy Monitoring)

- 1 The controlled substances in the MedStation will be loaded into high security multi-dose mini drawers or cubies. All controlled substance access will require a mandatory blind count.
- 2 If a discrepancy is discovered at the time of withdrawal, the nurse will notify the Supervising Staff Nurse (SSNI) or charge nurse and assist in resolving the discrepancy. Narcotic discrepancies will be resolved as soon as possible by the person discovering the discrepancy or the person that created the discrepancy. The discrepancy must be resolved no later than the end of the shift.



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- a Log on to the MedStation.
 - b From the Main Menu, select “Document Discrepancy.”
 - c Select the discrepancy you wish to resolve. Each discrepancy will have the name of the person documenting the count error and the person with prior access.
 - d Speak with the prior user to determine how many drugs were available and how many drugs were removed.
 - e If the discrepancy cannot be resolved, 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 will include the user’s name, time, and dose removed. This report is best run from the Pharmacy Console or the Nursing Workstation.
 - f Once the reason for the discrepancy has been verified, type in the reason for the discrepancy.
 - g A witness is necessary to document the resolution of the discrepancy. The witness will be prompted to enter his/her user ID.
 - h The resolve discrepancy icon will disappear from the bottom of the home screen. If unable to reconcile the discrepancy, the Supervising Staff Nurse will notify the Nursing Manager for that unit.
- 3 Prior to the change of shift, the Supervising Staff/Charge Nurse will verify that there are no unresolved discrepancies. If a discrepancy exists, the Supervising Staff/Charge Nurse will ensure that the discrepancy is resolved before the staff leave the unit.
- a Changing the “beginning count” creates a narcotic discrepancy (narcotic count is wrong).
 - b After the beginning count has been changed, the drug may be removed from the MedStation and administered to the patient. When there is a narcotic discrepancy, a discrepancy icon is displayed on the bottom of the home screen.
 - c The discrepancy icon is displayed without anyone logged on to the system.
 - d Clicking the discrepancy icon will display a message that an unresolved discrepancy exists.

D Returning Medications.



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- 1 Returning medications in the MedStation means that the medication is being returned to an internal or external return bin.
 - a Controlled drugs are not to be returned. Follow the waste procedures in section V (E); Wasting Medications.
 - b Non-controlled drugs are returned to an external bin located in the medication room.
 - c MedStations in the surgical areas (OPS, Special Procedures, Anesthesiology and PACU,) have internal return bins, and Anesthesia System at OR Suites have secured external return bins.
- 2 Medications that **cannot** be returned to the MedStation.
 - a The medication was not removed for the patient.
 - b The medication was recorded as a waste (including patient's refusal of the medication). Never use the "Returning Medications" function to record a wasted, or partially filled, non-reusable, opened medication.
 - c The medication was removed from a tamper-resistant package (i.e. Tubex) or the tamper-resistant package was either damaged or tampered.
 - d A controlled drug is partially-used or damaged. The controlled substance must be wasted according to the "Wasting Medications" procedure described below.

E Wasting Medications

- 1 Use the following steps to waste a medication.
 - a The MedStation will document wastage for controlled drugs **ONLY**.
 - b Follow the instructions on the On-Line Quick Reference Guide to waste a controlled drug using the "Waste Med" function.
 - c A witness is required to discard all wastage for controlled drugs.
 - d Wasted controlled drugs are **NOT** to be returned to the MedStation.
 - e Additional documentation is required for wasting medications at the MedStation if the medications being wasted are:
 - i. narcotic medications,
 - ii. narcotic syringes out of the original cartridge,
 - iii. narcotic liquids, elixirs, and suspensions, or
 - iv. partial doses of any narcotic medications.



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f If there is an error on the waste documentation, follow-up documentation must be written on the MAR along with initial entry.

2 While wasting a medication, a pre-defined list of reasons will appear on the screen. Select the appropriate response. If none of the reasons is appropriate, select "Other" and type in the reason for the waste and the Lost Controlled Substance Report number.

F Overrides

1 A medication will be overridden whenever patient harm could result if a delay is created while the pharmacist completes a review of the medication order. Overrides are 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. Stat and now orders would fall into this category. Medications that fall into this category are systemic anti-infectives, narcotics, reversal agents (antidotes/antihistamines), antiemetics, antihypertensive/antihypotensive agents, anticonvulsants, and antianginal agents. This list is not a comprehensive list. Each order will depend on the situation and the judgment of the healthcare provider (Pharmacy Policy 3.21.0).

a Refer to the MedStation user manual for instructions on obtaining an override medication.

b The licensed nurse obtaining the override medications is responsible for ensuring that an order is generated and transmitted to the Pharmacy as soon as possible as well as documenting an explanation for the override at the Pyxis MedStation.

c A witness is required to override all drugs except for emergent situations and 101 and 102 Nursing staff.

d Pharmacy will review all override reports on a regular basis to ensure that all override medications have a practitioner's order; any improper utilization of the override privilege is referred to the designated Nurse Manager for follow-up.

e The Nurse Manager is responsible for ensuring that any discrepancies or educational needs are resolved in a timely manner.

VI Restocking and PAR Levels

A The Pharmacy is responsible for maintaining the MedStation PAR levels.



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- B If a user encounters the 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 controlled substance drawer opens but the medication is not physically present (out of stock), this indicates that there is a blind stock out discrepancy.
 - 1 Contact the Pharmacy for replacement. Pharmacy will audit the machine for PAR discrepancies and notify the Nurse Manager when inventory levels are incorrect.
 - 2 The Supervising Staff Nurse will audit the station=s unresolved discrepancies at the change of shift. A resolution printout will be given to the Nurse Manager.
 - 3 Discrepancies that cannot be resolved at the station will result in an event notification and follow narcotic loss/theft procedures.
 - 4 Discrepancy resolutions are done on the unit when they occur. Upon resolution the station printout will be saved for the Nurse Manager.
- D The PAR levels will be evaluated on a periodic basis based on usage reports. See Pyxis maintenance logs for frequency.
- E Discrepancy reports will be monitored by the Pharmacy on a monthly basis to investigate contributing factors discrepancies. Nurse Managers will receive feedback on the discrepancies for corrective action.
- F Changes to the MedStation inventory and/or PAR levels will be made based on Pharmacy analysis of usage reports, interdisciplinary collaboration, and Formulary revisions by the P&T Committee and Department of Health Services.
- G Outdates: when medications are filled or loaded, the earliest outdate will be recorded in the machine on a regular cycle. Outdate reports will be generated by the Pharmacy weekly and corrective action taken. The Pharmacy will track and replace all medications as their expiration dates approach.

VII Monitoring and Performance Improvement

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- A Pharmacy Department and Nurse Manager will perform all the required monitoring. Station report access allows all reports to be available at the MedStation-this includes inventory, refill, activity, discrepancy reports, wastes, etc.
- B Information is stored in the MedStation for 32 hours. The pharmacy console stores the information for 30 days. Records older than 30 days are retrievable via archive to the Rancho intranet network or via the CII Safe for controlled medications (See Appendix 5 for Reports).

<u>Report Name</u>	<u>Frequency</u>	<u>Responsibility</u>
Override Report	Daily	Pharmacy/Nurse Manager
Discrepancy Report	Daily/Change of shift	Pharmacy/SSNI
Inventory/Refill Reports	Daily	Pharmacy Technician
Stock Out Bulletins	Daily	Pharmacy Technician
Archive Function	Daily	Pharmacy Technician
Outdated Medications	Monthly	Pharmacy Technician
Inactive Users	PRN	Pharmacy/Nurse Manager
Clinical Drug Categories	Daily	Pharmacy
Waste, Reasons and Loss Controlled Number		
Narcotic Chart Order Audit	Weekly	Pharmacy/Nurse Manager

VIII Nursing Administration and Pharmacy Audits.

- A Nursing will coordinate a weekly controlled drug inventory each Thursday and every Thursday in the Surgery areas (Anesthesia core, PACU, Special Procedure, OPS Rm 217 and OR Suites). The inventory can be performed by following the instructions On-line in the Quick Reference Guide at the “Inventory Medications.”

IX Emergency Breakdown Policy

In the event of a catastrophic power failure (i.e. no generator power) or MedStation failure, an internal battery backup at the MedStation provides about 60 seconds of power to automatically initiate a safe shutdown of the MedStation. If the power failure continues, the following will be implemented:

- 1 Non-controlled drugs: Pharmacy will deliver the medications using the cassette/cart system.

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- 2 Controlled drugs: obtain controlled drugs manually by completing a R-106 Form. Proof-of-Use sheets will accompany the controlled drugs.

X Recovering a Failed Drawer

- A A nurse can recover a failed drawer that does not open.
- B A drawer will fail to open if a package protrudes above the top of a pocket or if there is a cubie in the drawer that goes into failure mode.
- 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 designee will contact the Pharmacy Department for assistance. If the problem still cannot be resolved then contact Carefusion Technical Support (TSC) Center , 24-hours a day at 1-800-727-6102.

XI Temporary Nursing Unit Closure

Pharmacy must be notified of a nursing unit closure. The Pyxis MedStation must be secured by putting it “out of service.” If the closure will exceed greater than 7 days then pharmacy will retrieve the MedStation and store it in the main inpatient pharmacy until notified by nursing that the unit will reopen.

APPENDIX 1 SECURITY ACCESS B BIO-ID/PASSWORD SYSTEM

Security Access B BIO-ID/Password System

- The Pharmacy and Nursing Departments will be responsible for inputting their respective permanent employees at the console and workstation.

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- Bio-ID (fingerprint) shall be 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.
 - The User's fingertip is injured or not scanning properly; 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 go to his/her respective department in person with his/her valid identification badge for the department to reset it.
- Security Maintenance - Permanent user access will be authorized and monitored by the Pharmacy and Nursing departments. Security authorization, by job title, and override groups are decided by an interdisciplinary process and the database is maintained in the Pharmacy and Nursing Departments respectively.
 - All edits, transfers and deletions of Users will occur within the Pharmacy and Nursing Departments respectively. Any needs for security level changes that are identified must be reported in a timely manner for input.
- A Supervising Staff Nurse or Nursing Manager on the float floor will activate float users.
 - Float activation will remain in place for 17 hours.
- 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 onto 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.

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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 failure of logging in on future occasions.
- 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 MedStation can affect your ability to log in. Wipe the scanner lens with a soft cloth to remove oils and dirt. An alcohol wipe can also be used to clean the scanner lens.
- If finger is not scanning, rub finger in the palm of opposite hand. This will warm up the finger and allow for better scanning. A small amount of lotion rubbed on the finger will also allow the finger print to be more easily read.

APPENDIX 2 ACTIVATING EXISTING USERS AT A MEDSTATION

Activating Existing Users at a MedStation:

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

To Activate An Existing User at MedStation:

Follow the instructions in the On-line Quick Reference Guide at the **AActivating Existing Users at Station@**.

Adding or Activating 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. **Only** the Nursing Manager or Supervising Staff Nurse may activate a temporary user, whose access will expire after 17 hours, at the MedStation

Nursing students will **NOT** be given a user code. Nursing students will ask Nurse Instructors to obtain medication from MedStation.

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No temporary users can be added at the nursing station. If an attempt is made to do so, the MedStations have been programmed so that the temporary user will not be able to log on.

APPENDIX 3 SYSTEM DOWNTIME AND TROUBLESHOOTING PROCEDURES

BIO-ID Problems:

Problems:	Check the Following:
Is the light continuously red?	Wipe the lens with a soft cloth to remove dust. Please Note: It is ok to use an alcohol wipe to clean the lens. Reboot MedStation if you still have problems after cleaning.
Is someone having problems logging in?	Try rubbing your fingertips for warmth. BIO-ID might NOT work properly with cold fingertips. Try a rubbing in a small amount of cream on the fingertip. Have them re-BIO-ID (<i>You need to have password to do this.</i>)
Is the lens cracked or dirty?	Call the Worldwide Service Center for replacement.

MedStation Problems:

Problems:	Corrective Actions:
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 BIO-ID/Password. If the drawer is fully extended, check each pocket to ensure 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 follow the recovery instruction guide located in the pharmacy.

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MedStation (cont.):

Problems:	Corrective Actions:
What occurred to cause the drawer failure?	<ul style="list-style-type: none"> · If 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).
Is there a PYXIS hard machine and/or hard drive failure?	<ul style="list-style-type: none"> · Contact Pyxis TSC · See Emergency Breakdown Procedure. Narcotics will be moved by the Pharmacy and Nursing Director (or designee) to a locked, secure area. The narcotics will be 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 will be under direct and constant supervision at all times by Pharmacy licensed personnel.

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<p>Critical Override is activated by the Pharmacy. The machine is temporarily not properly communicating with the Pharmacy System.</p>	<p>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 will contact PYXIS Customer Support to dial in to assist with the solution/repair. Critical override will be a last resort option.</p>
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Problems:	Corrective Actions:
<p>Workstation Attention Notice: “Can’t Communicate.” (Click on this notice to see which MedStation is involved).</p>	<ul style="list-style-type: none"> · Since this usually indicates that someone has powered down a specific MedStation for service, validate that, in fact, an authorized person has performed that function. The notice will go away@ when the MedStation is powered back up following service. · If above scenario is NOT the case, then place a call to the PYXIS TSC service desk. The number is 1-800-727-6102 and listed at each MedStation and on the Workstation. · You will need the Rancho Los Amigos customer number (Customer Number is 104773)and the MedStation name. If the Hospital network connection is not available, call Pharmacy and Rancho IT Department to check the network.
<p>Workstation screen locked up, not allowing Alog-in@ or other action.</p>	<ul style="list-style-type: none"> - Validate that this is not just an instance of the “time-out” function which logs-off if no onscreen activity happens for 90 seconds. - If truly frozen, call the PYXIS Carefusion TSC as above, and they will dial in to validate no other problems have occurred and then talk you through a “reboot.”
<p>MedStation: “Failed Drawer.” Workstation Attention Notice: “Failed Drawers.” (Click on this notice to see which MedStation is involved).</p>	<ul style="list-style-type: none"> · Select the icon named “recover drawer,” which will then appear in the “management” section on the right side of the screen. Proceed as instructed on the screen. If not successful, call PYXIS Carefusion TSC . Please note that a failed drawer only impacts the functionality of that one drawer. The MedStation remains functional for all other activities/drawers.

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There is a power failure (during natural disasters or fire).	MedStations are plugged into red EMERGENCY OUTLETS to ensure on-going care access in the event of a power failure. See Emergency Breakdown Procedure
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APPENDIX 4 PYXIS MEDSTATION DISCREPANCY MONITORING

The Pharmacy Department will utilize 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 standards of accountability as are the traditional manual systems, with respect to inventory accuracy, wastage, and discrepancy resolution.

Procedure:

- Pyxis Reports
 - o All Discrepancies Report B Use in Tracking
 - The “All Discrepancies Report” details all unresolved and resolved discrepancies that occurred among the controlled substance inventories in the Pyxis MedStations
 - Unresolved discrepancies are discrepancies that do not indicate efforts of resolution by nursing staff.
 - Resolved discrepancies will be reviewed for the appropriateness of the reason used in documenting the resolution.
 - o All Station Events (for Controlled Substances) B Use in Tracking
 - The “All Station Events Report” details the controlled substance transactions in the Pyxis MedStations.
 - A “transaction” is any medication removal, refilled, or returned in the MedStations.
 - When used in conjunction with the Discrepancies Report, a detailed history of all activities involving a specific medication drawer and inventory can be analyzed.
 - The location and history of date, time, person, amount, and type of transaction can be useful in determining the source of the discrepancy.
- Report Review and Follow-Up
 - o Pharmacy will review the discrepancy reports and follow-up with Nursing Administration to resolve the open/unclear discrepancies.

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- o The Pharmacy will report all significant unresolvable discrepancies to the Department of Justice as theft or loss of controlled substances using DEA Form 106 within 14 days.

APPENDIX 5 REPORTS

Medication Override Activity:

Both Nursing and Pharmacy can best accomplish a “joint” look at all overrides which occurred at all MedStations. Trends that can be noted include:

- 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 inservice?

Pharmacy runs this report pursuant to JCAHO standard MM.4.10, 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 orders associated with the 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 the nursing process with the MedStation 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 noted:

- Were wastes appropriately documented?

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- 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 been removed. It can also give an individual nurse a summary of what medication she/he 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 ARport 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/Supervising Staff Nurse or a designee will run 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 will appear at the bottom of the sign-on menu. All discrepancies must be resolved before staff may exit. If unresolvable, follow the Administrative policy that deals with loss and theft of 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.”