

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety  
Prison

SECTION: Care and Treatment of Patient - Medication  
Administration

POLICY # TX II – 23

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SUBJECT: Automated Dispensing Cabinets  
(Omnicell®)

SUPERCEDES DATE: NONE  
**EFFECTIVE DATE: September 2017**  
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## References:

North Carolina Department of Public Safety, Division of  
Adult Correction Health Services Manual Policy TX II

Omnicell Manuals

## PURPOSE

To provide guidelines on the use, access and accountability of medications held in Automated Dispensing Cabinets.

## POLICY

All Healthcare staff who are granted access to the Automated Dispensing Cabinet system shall follow all applicable Federal and State Laws, Departmental, Divisional, site and local Policies, Procedures and SOP's in the use, access and accountability of medications held therein.

Automated Dispensing Cabinets are to be utilized for 24-hour access to medications for inpatients.

All medications removed from the Automated Dispensing Cabinets shall be properly accounted for per TXII-10 Documentation of Medication Administration; TXII-12 Controlled Substances.

## PROCEDURE

### I. DEFINITIONS

- a. "ADC" Automated Dispensing Cabinet (as provided by Omnicell ®) for DPS Health Services at the designated facilities.
- b. A Controlled Substance loss is any inventory not accounted for due to a reconciliation count shortage, theft, in-transit loss or lack of final disposition documentation (within 24 hours).
- c. A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labelling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.
- d. An adverse event is defined as harm associated with any dose of a drug, but not necessarily caused by an error.
- e. "DON" is the facility-level Director of Nursing
- f. "PIC" is the facility-level Pharmacist-In-Charge or Pharmacy Supervisor
- g. Disposal is the destruction of used patches, such as fentanyl after 72-hour treatment, and shall be recorded in HERO or Omnicell per Fentanyl patch policy.
- h. Waste is to render useless.

### II. ACCESS

- A. All ADC's shall be located within a secure area that is accessible only by authorized staff.
- B. Nurses, providers, respiratory therapists, pharmacists and pharmacy technicians and other healthcare staff as necessary may have access to ADC's.

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- C. The individual level of access and its designated privileges shall be assigned based on the designated Omni User Type appropriate to each users' task assignments.
    - 1. Changes shall be requested and documented by e-mail via the facility Director of Nursing (DON), facility Pharmacist-In-Charge (PIC) or designee.
    - 2. Change requests shall include the staff name, user ID, a description of the access change requested.
  - D. All new staff shall be trained on the basic access and operation of ADC. Access will not be granted until training and competency is completed, and the training shall be documented immediately. There shall be no temporary users for this system. The training includes the on-line Omnicell training courses and skills competency checklists.
  - E. Each ADC user shall be entered in the User Database using their DPS user ID, create a secure password, and record biometrics (fingerprint scan) on their user profile.
    - 1. It is the responsibility of the designated Supervisor to ensure that staff are granted access, and removed from the database next business day from separation
    - 2. User database reports will be run monthly and checked by the designated or department supervisor to ensure the list is current and remove Users who are no longer employed
    - 3. It is the employee's sole responsibility to protect their own access code from inappropriate use by others
    - 4. If any staff member suspects someone else has used their password, or their password has expired or been compromised, they must contact their department supervisor, manager or designee to have their password reset. The staff member must select/set a new password immediately after.
  - F. Healthcare staff shall use only their own ID to complete transactions within the ADC system, and are responsible for any transaction logged under their name in the database

### III. TRAINING

All Healthcare staff with access to ADC shall be trained on the use of an ADC by designated nursing and pharmacy trainers respectively.

Annual retraining shall be completed and documented on the skills competency checklists.

- A. Basic Operation
  - 1. Log on
  - 2. Overview of the system
  - 3. Care of the equipment
  - 4. Reloading paper and labels
  - 5. Video and skills competency checklist
- B. Nurse functions
  - 1. Retrieving / remove / issue
  - 2. Returning
  - 3. Wasting
  - 4. Dispenser Error
  - 5. Discrepancy resolution
  - 6. Anywhere RN
  - 7. Disposal
  - 8. Cycle Counts

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9. Add new patient
10. Printing medication labels

### C. Pharmacy functions

1. Adding a new item / deleting an obsolete item
2. Restock
3. Supplemental restock
4. Dispensing from the Controlled Substance Module (CSM) (pharmacists only)
5. Discrepancy resolution
6. Changing a damaged bar code
7. Removing expiring medications
8. Inventory maintenance
9. Labels and Printers
10. Return Bins

## IV. USE and RESPONSIBILITIES

### A. NURSING

Nursing staff that take out controlled medications from the ADC must maintain physical contact of and responsibility for controlled medications at all times until the medication is either administered to patient, wasted if appropriate, or returned to ADC. Medications removed from ADC shall be administered by the same staff member.

#### 1. Retrieval of medications

- a. All medications are to be removed on a per patient – per dose basis for the correct number of dosage units pursuant to a valid order
- b. Multi-dose medications pulled from Floor Stock, must have an accompanying paper Stock Issuing Record
- c. Must have a valid order per Policy TXII-3.
- d. Where prompted to do so by the system, the nurse must verify inventory counts prior to retrieval
- e. Must only be removed from the ADC when the patient either arrives at the medication window, or up to 2 hours prior to the scheduled administration time
- f. The person administering the drug must document on the patient's medication administration record (MAR) or eMar immediately at the time of administration.
- g. Inpatient medications will be pulled from ADC where available to the extent possible. If the medication is not available in a particular ADC, use the Omni Explorer function to locate the medication, may use the patients' own supply or notify the inpatient Pharmacy.

#### 2. Returning medication

- a. All unused, unopened medications are to be returned on a per patient basis to the ADC at the time of occurrence, and no later than 2 hours after the medication administration time.
- b. Based on the area, the medication must be returned to the Return Bin or to the original stock drawer using the Safety Stock feature

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- c. All Controlled Substances require a witness to return and a detailed return explanation to be entered
3. Wasting medication
  - a. Partial or full-dose damaged medications are to be wasted on a per patient basis, and recorded in the ADC at the time of retrieval
  - b. All Controlled Substances require a witness to waste and a waste comment to be entered, which includes how and where the drug was physically wasted
4. Dispenser Errors (from Omni Dispenser cassettes)
  - a. In the event that the wrong quantity drops, use the Dispenser Error function to record this in the ADC. This is a numeric value only.
  - b. If the wrong drug drops, call the Pharmacy immediately, or the on-call Pharmacist who will direct on the appropriate course of action
5. Discrepancy Resolution
  - a. All discrepancies for any medication are to be resolved at the time they occur, or no later than the end of the shift and require a witness to complete. Staff members shall not leave the nursing unit until all discrepancies are resolved for the shift on which they occur.
  - b. A detailed explanation of the reason for the discrepancy will be captured within the ADC, to include patient name, OPUS number, drug, quantity, and final disposition.
  - c. Staff should call a Nurse Supervisor for assistance as needed.
6. Anywhere RN
  - a. May be utilized to increase efficiency with Medication Administration.
7. Disposal
  - a. Will be recorded in the ADC and require a witness.
  - b. Recording will be performed against the original retrieval transaction for the medication to be disposed of.
8. Cycle Counts of Controlled Substances
  - a. May be performed during the day to verify counts as needed.
  - b. Shall be done by Nursing within their area of responsibility at each shift change for areas staffed 24 hours a day except where access is restricted by Omni Dispensers.
  - c. Shall be done minimally once at the end of the working day in areas that are not staffed 24 hours a day.
9. Add New Patient
  - a. If a patient is not already in the ADC database, a nurse may manually add a temporary patient for the purpose of retrieving medications pursuant to a valid order.
10. Printing Medication Labels
  - a. Labels may print automatically or be manually printed/reprinted.
  - b. Bulk items that are retrieved from the ADC and are to be designated as patient-specific use, shall have a label printed and affixed to the medication package. For example, inhalers, creams.

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- c. Multi-use stock products need not have a label printed if the user intends to return the item to the ADC cabinet.

### B. PHARMACY

#### 1. Adding a new item / deleting an obsolete item

- a. Medications stored in the ADC's may be changed based on need for patient care from the local ADC. Requests should be made through the PIC or designee.
- b. Trained and authorized pharmacy staff shall set-up, stock or remove and delete medication items from any ADC at the instruction of the PIC or designee.

#### 2. Restock

- a. Pharmacy staff are responsible for restocking medications at any ADC on a daily basis during normal Pharmacy operating hours. No restocking shall occur when the Pharmacy is closed (e.g. on Sundays and designated Holidays).
- b. Appropriate quantities are restocked based on PAR, Reorder and Critically Low levels as established by the Pharmacy based on utilization reports for each individual cabinet.
- c. Medications must be checked by a pharmacist prior to restock, and verified by the Safety Stock® feature in the ADC that they are placed into the correct bin.
- d. Pharmacy staff may correct non-controlled on-hand counts during restocking where there is a variance between the computer count versus the actual count. Nursing and Pharmacy will investigate their respective transactions to identify the reason for the discrepancy.
- e. Controlled Substances may only be restocked by a pharmacist, with a pharmacy staff member as a witness.
- f. Stock multi-dose products shall only be restocked after the Nursing Unit provides the Stock Issuing Record.

#### 3. Supplemental Restock

- a. Where necessary, the supplemental restock feature may be used to add additional quantities of medications above the restock level, or when needed to an ADC and where a restock report has not been generated.

#### 4. The Controlled Substance Module (CSM)

- a. Dispensing from the CSM may be performed either to fulfil a patient-specific prescription order, or for restocking ADC cabinets.
- b. May only be performed by pharmacists, who shall enter the countback quantity when prompted prior to dispensing.
- c. Monthly Inventory Cycle Count

#### 5. Discrepancy Resolution

- a. Pharmacy staff shall resolve discrepancies in the CSM, and at an ADC cabinet where there are any miscounts during restocking.

#### 6. Changing a Damaged Bin Barcode

- a. Pharmacy staff will follow procedures for replacing a damaged bin bar code in any ADC unit, when they are so worn as to prevent the successful completion of the Safety Stock restock.

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- b. Bins containing Controlled Substances are only accessible to- and shall be changed only by a pharmacist.

### 7. Removing Expiring Medications

- a. Using the “Inventory Aging” report, Pharmacy staff will remove and replenish expiring medications once monthly in all ADC cabinets and will segregate expiring Controlled Substances in the CSM.

### 8. ADC Inventory Maintenance

- a. Reviewed monthly with the expiring medications list and adjusted based on usage as necessary.
- b. “Stocked Items without Med Orders” and “Med Orders without Stocked Items” reports will be reviewed and adjustments made as necessary to maximize the use of the ADC, and minimize the number of orders that are dispensed to patient supply.
- c. PAR – Reorder – Critical levels will be adjusted at least monthly based on expiring medications, Pharmacy will review the Par vs. Usage report or levels may be changed sooner as needed.

### 9. Label and printers

- a. Pharmacy will supply receipt paper rolls and label rolls as needed

## V. ACCOUNTABILITY

### A. NURSING

All medication retrieved from the ADC cabinets shall have a disposition. A disposition may either be administration recorded on a MAR, waste, return or disposal.

### B. PHARMACY

1. Complete records are kept of all medications stocked into an ADC, and are correspondingly deducted from perpetual inventory in ATG software.
2. Controlled Substances held in the ADC are considered Pharmacy stock until the point of retrieval by a nurse.
  - a. To maintain accountability, the Pharmacy staff shall review discrepancy transactions daily during Pharmacy hours Monday through Friday, and preferably within 72 hours of the incident. When accountability cannot be established, Pharmacy shall report the incident to the DON for investigation and resolution.
  - b. Unresolved discrepancies, unaccounted for or missing medications from the ADC, shall be managed as if it were a theft and immediately reported by the discovering nursing or pharmacy staff to the DON and PIC or their respective designees in accordance with Policy TXII-12.
3. Pharmacy staff are responsible for ensuring that all Controlled Substances contained in the ADC system are counted on a minimum once monthly basis, but may be manually counted at any times as needed.

## VI. RECORD-KEEPING

All record-keeping requirements shall conform to federal and state laws and regulations.

- A. Electronic records are kept for seven days on the local cabinet and the Omnicell database is maintained live for seven years on the Omnicell server.
- B. Controlled Substance records

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1. A complete list of all Controlled Substances is held in the electronic database for seven years
  2. Any discrepancy or usage record that was investigated as part of the Pharmacy review, shall be maintained as part of the Pharmacy records for a period of five years plus fiscal.
- C. Training Documentation  
The DON or PIC or designee shall ensure records be maintained for staff who have been trained.
- D. Pharmacy Stock Distribution / Perpetual Inventory
1. Pharmacy stock distributions to ADC's shall be performed in the software application controlling perpetual inventory pursuant to a restock list generated via the Omnicell database, and records shall be kept and filed for five years plus fiscal.
- E. Reports  
Reports may either be set up to generate automatically and e-mailed to a user group or may be custom-generated on an as needed basis from the Omnicell database.
1. Nursing
    - a. Discrepancy reports per shift
    - b. Omnicell-HERO reconciliation per shift
    - c. Dispensing Practices are reviewed monthly
    - d. Transactions by User as needed
    - e. Transactions by Item as needed
    - f. Null transactions as needed
    - g. User Teams monthly
  2. Pharmacy
    - a. Pharmacy discrepancies daily
    - b. Flex locks daily
    - c. Medication Orders without Stocked Meds weekly
    - d. Return Audit as generated
    - e. CSM Exception Reports daily
    - f. Dispenser Errors daily
    - g. Restock and proof of restock daily
    - h. Null transactions as necessary
    - i. Cycle count non-compliance daily
    - j. Item Expiry monthly

### **VII. DATA TRANSFER and SECURITY**

- A. The ADC system is controlled by two remote servers (main and backup) which are in secure locations accessible only to authorized IT staff.
- B. Offender-patient information for the-ADC census list shall be maintained via an interface with OPUS via the ATG software system.
- C. Offender-patients who are paroled, transferred, deceased, shall automatically have their names removed from the ADC system.

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### VIII. MAINTENANCE

- A. On-site emergency repairs of ADC's by Health Care staff
1. Nursing staff, and supervisors may attempt to release a drawer due to blockage, clear printer jams and replace paper and reboot a machine. If unsuccessful Pharmacy staff should only be called within business hours.
  2. Nursing and/or Pharmacy staff may attempt to address small malfunctions with the machines. Pharmacy staff should be consulted during normal Pharmacy hours prior to calling Omnicell® to service a machine. The Nurse Supervisor should determine when it is appropriate to call Omnicell and or IT for help outside of Pharmacy business hours.
  3. Possession of the ADC Master keys shall confer the user with the same responsibilities and accountability similar to handling controlled substance medications.  
Master ADC keys to override all security mechanisms are kept in accordance with Policy AD II-11: -
    - a. in the Pharmacy vault and
    - b. at a Central Custody location with a list of authorized users. This list shall be reviewed periodically by the DON and PIC, and updated when necessary.
  4. Any emergency override access to the ADCs by non-Pharmacy staff, shall require a full Controlled Substance Cycle Count immediately after the repair is complete and must be reported to the PIC. The on-call pharmacist shall be called in to witness any major repairs involving the Controlled Substance drawers.
- B. DPS has a maintenance agreement with Omnicell®, Inc. to service all of the ADCs at the complex, and are covered by a 24-hour on-call service. Any individual may call the Omnicell® helpline, 800-910-2220, if a machine is not functioning correctly and requires immediate correction. The staff member calling in the Omnicell technician is responsible for ensuring Security Procedures are followed during the visit / repair.  
The following details shall be provided when calling Omnicell®: - Customer Service Number, facility, callback number, ADC serial number, location, nature of the problem.
- C. Approximately once yearly Pharmacy staff shall perform a walk-through and assess each ADC for any necessary repairs; schedule and conduct a service visit with the Omnicell technician.



9/11/2017

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Terri Catlett, Deputy Director of Health Services

Date

SOR: Director of Pharmacy