



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Automated Dispensing Cabinets (Omnice®)			
Section	TX II-23	Issue Date August 11, 2021	Supersedes Date January 2018	

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-43(M); Health and Wellness Policy and Procedure Manual TX II – 3, Valid Orders and Treatment Protocols, TX II – 7, Medication Administration, Documentation, and Education, TX II – 12, Controlled Substances; Prisons Policy Chapter F .2400 Key and Lock Control; North Carolina Administrative Code 21 NCAC 46.1814; Omnicell® Manuals

I. PURPOSE

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

II. POLICY

- (a) All healthcare staff who are granted access to the Automated Dispensing Cabinet system shall follow all applicable Federal, and State laws and Department, Division, policies and procedures and Facility standing operating procedures (SOP) in the use, access, and accountability of medications maintained in the Omnicell®.
- (b) Automated Dispensing Cabinets shall be used for 24-hour access to medications for patients housed in inpatients units at designated facilities.
- (c) Medications removed from the Automated Dispensing Cabinets shall be properly accounted for per Health and Wellness Policy and Procedure TX II – 7, Medication Administration, Documentation, and Education and TX II-12, Controlled Substances.



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III. DEFINITIONS

- (a) **“ADC”** Automated Dispensing Cabinet (as provided by Omnicell®).
- (b) **Adverse event** is defined as harm associated with any dose of a drug, but not necessarily caused by an error.
- (c) **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.
- (d) **Disposal** is the destruction of used patches, such as fentanyl after 72-hour treatment, and shall be recorded in the Electronic Healthcare Record (EHR) or Omnicell® per the facility SOP on fentanyl patch procedure.
- (e) **“DON”** is the facility-level Director of Nursing.
- (f) **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 or patient. 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.
- (g) **“PIC”** is the facility-level Pharmacist-In-Charge or Pharmacy Supervisor
- (h) **Waste** is to render useless.

IV. PROCEDURES

- (a) Access
 - (1) ADCs shall be located within a secure area that is accessible only by authorized staff.
 - (2) Nurses, providers, pharmacists, pharmacy technicians, and other healthcare staff



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as necessary may have access to ADCs.

- (3) 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.
 - (A) Changes shall be requested and documented by e-mail via the facility DON, facility Pharmacist-In-Charge (PIC), or designee.
 - (B) Change requests shall include the staff name, user ID, and a description of the access change requested.

- (4) New staff shall be trained on the basic access and operation of the ADC. Access shall not be granted until training and competency are completed, and the training shall be documented immediately.
 - (A) There shall be no temporary users for this system.
 - (B) The training includes the on-line Omnicell® training courses and skills competency checklists.

- (5) ADC users 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.
 - (A) It is the responsibility of the designated Supervisor to ensure that staff are granted access and removed from the database in a timely manner upon separation from NCDPS Prisons Health and Wellness.
 - (B) User database reports shall 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 at that facility.
 - (C) It is the employee's sole responsibility to protect their own access code from inappropriate use by others.



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- (D) If any staff member suspects someone else has used their password or their password has expired or been compromised, they shall contact their department supervisor, manager or designee to have their password reset. The staff member shall select/set a new password immediately after informing their supervisor/manager.
- (E) Health and Wellness 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.

V. TRAINING

- (a) Health and Wellness staff with access to the ADC shall be trained on the use of the ADC by designated nursing and pharmacy trainers respectively.
- (b) Annual and as needed training shall be completed and documented on the skills competency checklist, to include, but not limited to:
 - (1) Basic Operation:
 - (A) Log On.
 - (B) Overview of the System.
 - (C) Care of the Equipment.
 - (D) Reload Paper and Labels.
 - (E) On-line Omnicell® training courses and Skills Competency Checklist.
 - (2) Nurse Functions:
 - (A) Locate/Retrieve/Issue.



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- (B) Return.
- (C) Waste.
- (D) Dispenser Error.
- (E) Discrepancy Resolution.
- (F) Anywhere RN.
- (G) Disposal.
- (H) Cycle Counts of Controlled Substances.
- (I) Add New Patient.
- (J) Print Medication Labels.
- (3) Pharmacy Functions:
 - (A) Add a New Item / Delete an Obsolete Item.
 - (B) Restock.
 - (C) Supplemental Restock.
 - (D) Dispense from the Controlled Substance Module (CSM) (pharmacists only).
- (4) Discrepancy Resolution:
 - (A) Print New or Change a Damaged Bar Code Label.
 - (B) Remove Expiring Medications.



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- (C) ADC Inventory Maintenance.
- (D) Labels and Printers.
- (E) Return Bins.
- (F) Troubleshoot Drawer Malfunction.

VI. USE AND RESPONSIBILITIES

(a) Nursing:

- (1) Nursing staff that remove controlled medications from the ADC shall 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 the ADC.
- (2) Medications removed from the ADC shall be administered by the same staff member.
- (3) Medication Retrieval:
 - (A) Medications shall be removed on a per patient – per dose basis for the correct number of dosage units pursuant to a valid order.
 - (B) Shall have a valid provider order per Health and Wellness Policy and Procedure TX II - 3 Valid Orders and Treatment Protocols.
 - (C) Where prompted to do so by the system, the nurse shall verify inventory counts prior to retrieval.
 - (D) Shall 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.



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- (E) The Health and Wellness staff member administering the drug shall document on the patient's DC 175 Medication Administration Record (MAR) or eMAR immediately at the time of administration.
 - (F) Inpatient medications shall be pulled from the ADC where available to the extent possible. If the medication is not available in an ADC, Health and Wellness staff shall use the OmniExplorer® function to locate the medication use the patients' own supply or notify the facility Pharmacy.
- (4) Medication Returns:
- (A) 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 shall be returned to the Return Bin or to the original stock drawer using the SafetyStock® feature.
 - (C) Multi-dose medications used for administration to multiple offenders shall be returned to the ADC using the SafetyStock® feature.
 - (D) Controlled Substances require a witness to return and a detailed return explanation to be entered.
- (5) Medication Waste:
- (A) Damaged partial or full-dose medications shall be wasted on a per patient basis and recorded in the ADC at the time of retrieval.
 - (B) Controlled Substances require a witness to waste and a waste comment to be entered, which includes how and where the drug was physically wasted.



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- (6) Dispenser Error (from OmniDispenser® cassettes):
 - (A) In the event that the wrong quantity drops, the Dispenser Error function shall be used to record this in the ADC. This is a numeric value.
 - (B) If the wrong drug drops, immediately call the Pharmacy, or the on-call Pharmacist who shall direct on the appropriate course of action.

- (7) Discrepancy Resolution:
 - (A) Medication discrepancies shall be resolved at the time they occur, or no later than the end of the shift and require a witness to complete.
 - (B) Staff members shall not leave the nursing unit until discrepancies are resolved for the shift on which they occur.
 - (C) A detailed explanation of the reason for the discrepancy shall be documented within the ADC, to include patient name, OPUS number, drug, quantity, and final disposition.
 - (D) Staff shall call a Nurse Supervisor for assistance as needed to assist with discrepancy resolution.
 - (E) At the end of each shift, every Nurse shall review the Omnicell® reconciliation screen in the electronic health care record (HERO).
 - (F) Unreconciled Omnicell® pulls shall be addressed by the nurse prior to the end of the shift. Medication marked as irreconcilable requires a detailed explanation.

- (8) Anywhere RN may be utilized to increase efficiency with medication administration.



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- (9) Medication Disposal:
 - (A) Shall be recorded in the ADC and require a witness.
 - (B) Documentation/recording shall be performed against the original retrieval transaction for the medication.

- (10) Cycle Counts of Controlled Substances:
 - (A) Shall 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 OmniDispensers®.
 - (C) Shall be done minimally once at the end of the working day in areas that are not staffed 24 hours a day.

- (11) If a patient is not already in the ADC database, a nurse shall manually add a temporary patient for the purpose of retrieving medications pursuant to a valid order.

- (12) Print Medication Labels:
 - (A) Labels shall 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.
 - (C) Multi-use stock products need not have a label printed if the user intends to return the item to the ADC cabinet.



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(b) Pharmacy

(1) Add a New Item / Delete an Obsolete Item:

- (A) Medications stored in the ADCs shall be changed based on need for patient care from the local ADC. Requests shall be made through the PIC or designee.
- (B) Trained and authorized pharmacy staff shall set-up, stock or remove, and delete medication items from an ADC at the instruction of the PIC or designee.

(2) Restock:

- (A) Pharmacy staff are responsible for restocking medications at an ADC daily 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 – Critically Low levels as established by the Pharmacy by using utilization reports for each individual cabinet.
- (C) Medications shall be checked by a pharmacist prior to restock and verified by the SafetyStock® feature in the ADC that they are placed into the correct bin.
- (D) Pharmacy staff shall 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 shall only be restocked by a pharmacist, with a pharmacy staff member as a witness.



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- (3) The supplemental restock feature shall be used, when necessary, to add additional quantities of drugs above the set PAR level.
- (4) Dispense from the Controlled Substance Module (CSM):
 - (A) Dispensing from the CSM shall be performed either to fulfil a patient-specific prescription order, or for restocking ADC cabinets.
 - (B) Dispensing shall only be performed by pharmacists who shall enter the countback quantity when prompted prior to dispensing.
 - (C) Monthly Inventory Cycle Count.
- (5) Discrepancy resolution shall be made by Pharmacy staff in the CSM, and at the ADC cabinet where there are any miscounts during restocking.
- (6) Print New or Change a Damaged Barcode Label:
 - (A) Pharmacy staff shall print new barcode labels when a drug not previously stocked is added to the Omnicell®.
 - (B) Pharmacy staff shall 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 SafetyStock® restock.
 - (C) Bins containing Controlled Substances are only accessible to and shall be changed by a pharmacist.
- (7) Pharmacy staff shall use the “Inventory Aging” report to remove and replenish expiring medications once monthly in the ADC cabinets and shall segregate expiring Controlled Substances in the CSM or vault.
- (8) ADC Inventory Maintenance:
 - (A) Reviewed monthly with the expiring medications list and adjusted



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based on usage as necessary.

- (B) Stocked Items Without Active Medication Orders and Active Medications Without Stocked Items reports shall 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 – Critically Low levels shall be adjusted at least monthly based on expiring medications. Pharmacy shall review the Par vs. Usage report or levels shall be changed sooner as needed.
- (9) Pharmacy shall supply receipt paper rolls and label rolls as needed.
- (10) Return Bins:
- (A) Pharmacist shall sign out the return bin key from the pharmacy vault to empty the return bin then return the key upon completion.
 - (B) Pharmacists shall wear gloves to empty the return bin at a minimum of every 2 weeks.
 - (C) Undamaged/usable medications shall be returned to the Omnicell® during the process of emptying the return bin using the “Supplemental Restock” function.
 - (D) Damaged/unusable medication(s) shall be returned to the pharmacy and disposed of by the reverse distributor contractor.
 - (E) Undamaged/usable medication(s) unable to be returned to the Omnicell® (i.e., drawer full) shall be returned to the pharmacy and inventory adjusted.
 - (F) Pharmacist shall initial each item, sign, and date the Return Audit report



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for each controlled substance returned to the Omnicell®.

- (G) Controlled substances not returned to the Omnicell® shall be returned to the CSM/vault.
- (H) The Return Audit report shall be reconciled with the associated Proof of Restock report.

(11) Troubleshoot drawer malfunction:

- (A) Pharmacy staff shall attempt to resolve upon Nursing request.
- (B) If Pharmacy staff cannot resolve Omnicell® shall be contacted.

VII. ACCOUNTABILITY

- (a) Medication retrieved from the ADC cabinets by a nurse staff member shall have a disposition. A disposition may either be administration recorded on a MAR, waste, return, or disposal.
- (b) Pharmacy shall complete records of medications stocked into an ADC and are correspondingly deducted from perpetual inventory in the pharmacy software system.
- (c) Controlled Substances held in the ADC are considered Pharmacy stock until the point of retrieval by a nurse.
- (d) 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 facility DON/designee for investigation and resolution.
- (e) 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 facility DON/designee and PIC or their respective designee in



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accordance with Health and Wellness Policy TX II-12 Controlled Substances.

- (f) Pharmacy staff shall be responsible for ensuring that Controlled Substances contained in the ADC system are counted on a minimum of once monthly but may be manually counted at any time as needed.

VIII. RECORD KEEPING

- (a) Record-keeping requirements shall conform to applicable federal and state regulations.
- (b) Electronic records shall be retained for seven days on the local cabinet.
- (c) The Omnicell® database is maintained live for seven years on the Omnicell® server.
- (d) Controlled Substance records:
 - (1) A complete list of Controlled Substances shall be retained in the electronic database for seven years.
 - (2) 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, additional months secondary to a July 1st start date.
- (e) The facility DON/designee or PIC/designee shall ensure training records are retained for five (5) years for staff who have been trained.
- (f) Pharmacy Stock Distribution/Perpetual Inventory distributions to the ADCs shall be performed in the pharmacy software system controlling perpetual inventory pursuant to a restock list generated via the Omnicell® database, and records shall be kept and filed for five years plus additional months secondary to a July 1st start date.
- (g) Reports shall either be set up to generate automatically and e-mailed to a user group or shall be custom generated on an as needed basis from the Omnicell® database.



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- (1) Nursing:
 - (A) Discrepancy reports per shift.
 - (B) Omnicell®-HERO reconciliation per shift.
 - (C) Dispensing Practices shall be 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) Flexlocks 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 needed.



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- (I) Cycle count non-compliance daily.
- (J) Item Expiry monthly.
- (K) Transactions by Item as needed.

IX. 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) Patient information for the ADC census list shall be maintained via an interface with OPUS via the electronic health care record.
- (c) Patients who are paroled, transferred, or deceased shall automatically have their names removed from the ADC system.

X. MAINTENANCE

- (a) On-site emergency repairs of ADCs by Healthcare staff:
 - (1) Nursing staff and supervisors shall attempt to release a drawer due to blockage, clear printer jams and replace paper and reboot a machine. If unsuccessful Pharmacy staff shall only be called within business hours.
 - (2) Nursing and/or Pharmacy staff shall attempt to address small malfunctions with the machines.
 - (3) Pharmacy staff shall be consulted during normal Pharmacy hours prior to calling Omnicell® to service a machine.
 - (4) The Nurse Supervisor shall determine when it is appropriate to call Omnicell® and or IT for help outside of Pharmacy business hours.



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- (5) Possession of the ADC Master keys shall confer the user with the same responsibilities and accountability like handling controlled substance medications. Master ADC keys to override security mechanisms are kept in accordance with Prisons Policy Chapter F .2400 Key and Lock Control.
 - (A) In the facility Pharmacy vault and
 - (B) At a Central Custody location with a list of authorized users. This list shall be reviewed annually, and as needed by the facility DON and PIC or designee and updated when necessary.
- (6) 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 shall be reported to the PIC.
- (7) The on-call pharmacist shall be called in to witness any major repairs involving the Controlled Substance drawers.
- (8) NCDPS Prisons has a maintenance agreement with Omnicell®, Inc. to service the ADCs at the facilities and are covered by a 24-hour on-call service.
 - (A) Any individual shall be able to call the Omnicell® helpline, 800-910-2220 if a machine is not functioning correctly and requires immediate correction.
 - (B) The staff member calling in the Omnicell® technician shall be responsible for ensuring Security Procedures are followed during the visit/repair.
 - (C) Customer Service Number, facility, callback number, ADC serial number, location, and nature of the problem shall be provided to Omnicell®.
- (9) Annually and as needed Pharmacy staff shall perform a walk-through and assess the ADC for any necessary repairs, schedule and conduct a service visit with the Omnicell® technician, as identified.



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