

CONNECTICUT VALLEY HOSPITAL PHARMACY POLICY AND PROCEDURE MANUAL

SECTION XXII: HOSPITAL DIVERSION PLAN CHAPTER 22.1 MEDICATION DIVERSION

POLICY:

The diversion control plan demonstrates accountability and efficient use of personnel and other resources to achieve quality client care while reducing possibilities for diversion of controlled substances.

Nursing and pharmacy policies serve as a mechanism for preventing diversion related problems while allowing for continuous monitoring of clinical and administrative activities to reduce the risk of medication diversion.

At **Connecticut Valley Hospital** (*Middletown campus*), nursing staff will use the Pyxis Medstation System 4000 for administration of medications to patients. This system provides an automated patient profile. It also contains an enhanced Bio ID Security System that allows access only to authorized users *Blue Hills Substance Abuse Services (BHSAS) -manual system*

PROCEDURE:

Controlled Drug Count Accuracy

Signing onto the System.

1. Initial sign on into the Pyxis system requires you to establish identifiers specific to you. These are your state ID number, your bio ID (scanning finger) and a password.
2. Log into the system with your ID (state ID#) and then place your finger on the scanner. A password will be required in a situation when the Bio ID fails to function. (See Nursing P & P 23.1)

Counting Controls

1. Every time you enter a drawer that contains a controlled substance, you will be prompted to count the amount of medication in the drawer and type in that specific number. This is a blind count, meaning you are **unaware** of what the previous count had been.
 - a. If you enter the incorrect number, the screen will prompt you to “Please Recount”. After you enter the correct number, the drawer needs to be shut. If the number you enter doesn’t match what is in the computer, there will be a discrepancy. It will show up on the workstation in the pharmacy. The main screen will indicate that a discrepancy has occurred after you exit out of the system. An icon will appear on the screen indicating you have a discrepancy. This icon is a picture of a pill with an X through it. This discrepancy must be resolved prior to the end of your shift.

- b. In order to resolve the discrepancy, you need a witness. From the main menu, click on “Document discrepancy”. Select the medication with the discrepancy and your name attached to it. Click on the medication and have a “witness” sign in. Select the reason why this discrepancy occurred and it will turn blue. Click “Accept” and you will automatically get a printed receipt. If your discrepancy results in you being either “over or under” the number in the computer, you must do an incident report and contact your supervisor. The pharmacy personnel and Chief of Patient Care Services where the discrepancy occurred will investigate the incident. Discrepancies are reviewed every business day. All controlled drug discrepancies, including Methadone, will follow this procedure.
2. Controlled Substances Shift Counts will be performed by the oncoming and off going nurses at each change of shift. The responsibility for the correct count lies with the departing nurse.
*****BHSAS**-Above not applicable

BLUE HILLS SUBSTANCE ABUSE SERVICES PROCEDURES FOR DOCUMENTATION OF CONTROLLED DRUGS

1. When issuing a controlled drug from the pharmacy to the medication room on either the acute or intermediate unit

Enter:

Date issued

Unit

Pharmacist

Quantity

Rx number

Actual count after subtracting amount taken

Check mark and initials of RPh to verify count matches amount in the safe

If an error occurs, cross out error, mark ‘error’ on line and rewrite line. Do NOT use white-out! Fill out every line-no ditto marks.

When a nurse co-signs receipt of a controlled drug and drug sheet, bring signed tear tab to the pharmacy, punch holes and place in that drug section.

2. When returning a completed “drug record form”

After checking that the sheet is complete, staple the corresponding tear tab to the sheet matching the Rx numbers. Write date returned in narcotic inventory book. Cancel Rx number from the computer and then file.

3. When entering a controlled drug order from a wholesaler

Enter:

Date

“Received Cardinal Invoice #”

Write in quantity

Add total

Verify count with check mark and RPh initials

Sign invoice with name and date

File invoice copy in pharmacy and forward original to business office

CII- Sign 222 form in safe with name and date received. Attach to copy of Cardinal Health invoice and file in a separate folder.

Wasting Medications (Controlled Substances)

1. If you remove a controlled substance, from its secure package and the patient refuses to take it or you drop it on the floor etc., you must waste this controlled substance with a witness. The witness will be prompted to sign into the Pyxis system in order to accomplish the waste function. You are then prompted to accept the amount wasted on the Pyxis screen or change it if the dosage wasted is less than what is stated. Click the “accept” icon at this point. The controlled substance must be destroyed down the sink in the medication room or flushed down the toilet.
2. **BHSAS**-The controlled substance will be wasted with a witness. The controlled drug record will be filled out at the bottom under ‘record of waste or spoilage’ with date, time, quantity, reason and both signatures. The dose will be destroyed down the sink in the med room. Exception is methadone. The controlled drug record will be filled out as above but the methadone is sent to the pharmacy or held in the double locked narcotic cabinet in the med room until the pharmacy is open. The pharmacist logs the wasted methadone on a Methadone Destruction sheet. Drug Control is called in several times a year to destroy the methadone. If the dissolved methadone is spilled, it is wiped up with a paper towel which is placed in a plastic bag and returned to the pharmacy as well. *(This procedure was requested by Drug Control)

Printing

Your Medstation will print out discrepancies for you and will also print refill transactions for the pharmacy technicians. This allows you to have hard copies of any discrepancies you create or find during your shift. *****BHSAS**-not applicable

Emergency Back Up Procedure

1. These procedures will be implemented only if instructed to do so by your Nursing Supervisor, Chief of Patient Care Services, Pharmacy Supervisor or Director of Ambulatory Care Services.
2. Emergencies that might occur requiring you to use the procedure include but are not limited to:
 - a. network failure

- b. power failure
 - c. device failure
 - d. other
3. If instructed to use your back up procedure, follow these steps:
- a. Shut the Pyxis machine off (use black button on back of cart, which contains the computer). Push it down.
The entire machine should be off. If this fails unplug the cord attached to the wall.
 - b. Remove both locks on left and right side with your key.
 - c. Pull the back panel off and place on the side.
 - d. Before you open your drawers, make sure you know which red release levers to push. Different drawers have different red releases. Always open the Cubie drawer before the power goes down or you may interrupt your UPS (Uninterrupted Power Source {battery back up}).
 - e. **DANGER: Do not open all drawers at once or the front of the cart will become uneven in weight. The Medstation weight will be off balance and could fall forward if you open all drawers at once.**
 - f. **Matrix drawers**-push the red release lever forward (located on right side), drawer will open.
 - g. **Cubie drawer**-slide the red lever to the left and up. The drawer will open. Push the red button in the middle so all “cubie pockets” open at once. Do this before the power goes down 100% or you can’t open them.
 - h. **Carousel drawer**- push the red lever to the right and concurrently push the gray handle forward then open the “cover” on the carousel.
 - i. If the system stays down, you must remove your controlled substances and place them in the double locked narcotic box on your wall. The paper back up system (proof of use sheets) must be used for controls.
 - j. When the system is ready to go back up, snap back in place the two gray wires and clip them in, put back panel on, lock cart and turn machine on. To put the controlled substances back in your Medstation, you must do an inventory count with a witness. You will be prompted to type in the number of controls. For all entries, you will complete a discrepancy so your reason selected will be to bring up the system after a failure.
*****BHSAS-not applicable**

PREPARATION AND ADMINISTRATION

Only licensed personnel can be present in the medication area. Activities in the medication area are limited to preparation, administration and dispensing of medication. Housekeeping staff are only allowed in the medication room when nurses are available to remain with them. Employees may not take bags or personal belongings into the medication area. Monthly reviews by unit leadership and Management of the Environment of Care representatives specifically monitors for the presence of personal belongings in the medication room.

Check each patient’s medication unit dose packet(s) against the patient’s medication Kardex for:

- correct medication
- correct dosage
- correct time of administration
- correct route of administration
- expiration date of order
- discontinuance of order

Immediately prior to administering medications, recheck the medication unit dose packet against the Medication Administration Record (MAR) for: correct medication, correct dosage, and correct time of administration. Medication can only be administered to the client by the nurse who prepares it.

Remove tablets/capsules from their packaging just prior to actual administration.

Before administering the first dose of methadone, confirm that the results of the urine drug screen support methadone administration. Dissolve methadone tablets just prior to administration. If a methadone spill occurs, wipe the area clean with a wet paper towel and discard the paper towels in the trash in the medication room. This trash will be tied in the receptacle bag it was discarded in, and given to the housekeeper for disposal. At no time should clients have access to these discarded paper towels.
(****BHSAS-paper towels come back to pharmacy**)

Throughout the Hospital, when medication is administered, staff will identify the correct patient by using two forms of identification as follows:

In Addiction Services, **Detoxification** staff will use:

1. ID bracelet; and
2. visual recognition or asking a staff member who is familiar with the patient to identify him/her

In the event one of the above is not available for identification, an acceptable alternative is asking the patient for his/her birth date.

In Addiction Services **Rehabilitation** Units staff will use:

1. patient's photo ID; and
2. ID bracelet

In the event one of the above is not available for identification, an acceptable alternative is visual recognition or asking a staff member who is familiar with the patient to identify him/her.

Patients are to be present for medications with nothing in their hands. If there is more than one client waiting for medication, the next client in line should wait far enough away to ensure privacy of client information as well as decrease the likelihood of diversion. Ensure that the client has properly taken the medication before leaving the medication station by asking the client questions requiring a response or instructing the client to open his/her mouth to verify that the medication has been swallowed.

Ordering Methadone from the Vendor

Procedure:

1. Based on current use, the Pharmacy Supervisor is notified when more methadone needs to be ordered.

2. The Pharmacy Supervisor or designated control drug pharmacy technician completes the Addiction Services Division DEA order form 222 (*BHSAS -faxes form to the vendor*) and forwards it to the prime vendor via the driver.

Receiving Methadone from the Vendor

Procedure:

1. Upon receipt from the prime vendor, the methadone is signed in. The original invoice is compared to the amount received and only signed when the strengths and the amounts match exactly.
2. The methadone, with the original invoice and invoice copy, are forwarded to the Control Drug Pharmacy Technician.
BHSAS - #1 & #2 are performed by the pharmacist
3. The Control Drug Pharmacy Technician immediately puts the methadone into the Pyxis CII safe, behind the previous stock of methadone, to ensure that the older inventory is used first. *BHSAS-The pharmacist puts the methadone into the pharmacy safe ensuring older inventory is used first.*
4. The Control Drug Pharmacy Technician checks in the methadone as with the other Class II Controlled Substances (CII) and adds the methadone to the inventory in the Pyxis CII safe. The Control Drug Pharmacy Technician notifies the Pharmacy Supervisor of the receipt of the methadone. *BHSAS- The pharmacist logs the methadone into the perpetual narcotic book inventory verifying supply in safe matches the written inventory.*
5. The Pharmacy Supervisor or designee completes and files the original and carbon copy DEA form 222. With the use of the Pyxis CII Safe, the inventory can be increased for the purpose of disaster planning.
BHSAS- The DEA form 222 is filed with a copy of the vendors invoice in a separate folder.

Distribution of Methadone to Units

Procedure:

1. Methadone is distributed to patient units pursuant to an order written by a physician and reviewed and processed by a pharmacist. Pharmacy Technicians will then stock the Pyxis Medstation.
2. When methadone is being stocked or restocked, the Control Drug Pharmacy Technician will take out the amount needed from the inventory in the CII safe. A Pharmacist reviews the amount and strength before the methadone is handed over to another Pharmacy Technician for transport to the unit. A form is attached which contains the medication name, strength, and the exact amount to be loaded/refilled into the Pyxis medstation.
3. The methadone is transported in bags within totes/suitcases to the units in all buildings.
4. The Pharmacy Technician signs into the Pyxis medstation, reads the sheet which contains the methadone, selects either load or refill (if required), enters the exact amount as stated on the sheet, counts the methadone again, and enters the amount as prompted.
5. After signing out of the Pyxis medstation, he/she will return the sheet to the Control Drug Pharmacy Technician.
6. On the next business day, a report is printed out automatically which lists all the loaded/refilled methadone for the previous 24 hours. The unit name, time, name of staff member loading/refilling, strength loaded/refilled, and the previous amount are all listed on the printout. This information is compared to the form the Pharmacy Technicians used to load/refill the Pyxis machines. Any discrepancies are immediately identified through the PYXIS system.
7. *BHSAS- (policies #1-#6 are not applicable) Each med room has a supply of methadone in their double locked narcotic cabinets. An adequate supply of methadone is issued to each unit med room. Each envelope of unit dose methadone (25 tablets/envelope) has a corresponding controlled drug sheet for proof of use. The pharmacist issues each envelope with a computer generated label which includes an Rx number, date, drug, quantity, and manufacturer. 3 labels are generated-1 for the U/D*

drug, 1 for the controlled drug sheet and one for the receipt of delivery. The amount dispensed is written in the perpetual narcotic drug book in the pharmacy-verifying the inventory each time a med is taken out of the safe. Each line in the book contains the date, location, quantity, pharmacist and remaining inventory. When the completed sheet returns to the pharmacy, the delivery receipt is stapled to the completed control drug sheet, the Rx number is taken off the computer and the date of return is entered in the book. The pharmacist issuing the methadone signs the controlled drug sheet. The nurse receiving the methadone verifies and signs the controlled drug sheet, places the drug in the narcotic cabinet and the proof of use sheet in the controlled drug notebook in the med room.

8. Nurses administer methadone to patients following Nursing Policy and Procedure 23.1 Automated Medication System and using the Nursing Kardex.

Moving Medstations in an Emergency

Procedure:

In the event a unit's methadone becomes unusable, patients may have to be transferred to another area to obtain their methadone. In order to access the medstation at a different site, the area has to have an active data jack and electrical lines. If not, then the IT staff will need to be called in, along with an electrician, to ensure that the data jack is available and active. A Pharmacy Technician or the Director of Ambulatory Care Services can perform moving the Pyxis medstation to another area/unit.

As a backup plan, patients on any unit can be temporarily transferred to another Pyxis medstation that contains methadone. These will be "visiting patients" and their entire profile can be accessed on the new unit. Nursing staff would need to admit the patient and enter the patient's last name, first name, and MPI number.

BHSAS-above not applicable. Methadone can be accessed in each med room. The acute med room is keyed differently than the rehab med room so the med nurse from one unit can not access the other med room. Pharmacy has a master key.

Procuring Methadone in a Disaster

Procedure: *The vendor will supply us with Methadone, or any other medication upon request, given 24 hours notice. If Methadone is needed prior to 24 hours, it is obtained through a reciprocal agreement shared with the Greater Bridgeport Community Mental Health Center. Refer to the Pharmacy or the ASD Methadone Disaster Plan for contact information.*

BHSAS does not presently have an agreement with any other state facility but will fall under the policies of CVH if an emergency presents itself.

