



RxScan's RoboCheck

Good Samaritan Hospital is a 232-bed community health care facility with 1,500 employees. In addition to offering a broad range of inpatient medical services including open-heart surgery, obstetrics, joint replacement, oncology, and behavioral health, Good Samaritan also offers outpatient services including endoscopy, cardiac catheterization, 24-hour emergency department, outpatient surgery and oncology. Our pharmacy employs 16 pharmacists (12 are staff pharmacists and four serve in administrative roles) along with 19 technicians.

Restocking Errors

As we implemented automated dispensing cabinets in more areas to streamline the supply chain for floor stock and to improve narcotic control, we were faced with two dilemmas. First, due to increasing volume, it became more difficult to have a pharmacist available to double-check every technician-picked order for cabinet restocking. Secondly, we were still finding restocking errors even after double checks had occurred. Most of these restocking errors were due to look-alike/sound-alike medications. Our pharmacy administrators decided that even a few errors were too many.

Finding a Solution

After hearing about RoboCheck from a colleague who used the product successfully in his practice, I reached out to RxScan for more information. We were particularly interested because RxScan offers periodic updates of the NDC library. We have found that NDC/barcode maintenance in other systems can be very time consuming. The company sent a demonstration kit with an actual RoboCheck Pocket PC and samples of vials and tablets, which allowed our staff and hospital administrators to actually try the product. While recent errors with heparin have brought the importance of pharmacy restocking to national attention, our goal is to avoid errors with all medications, including those high-risk drugs with the potential for catastrophic outcomes. RoboCheck provides that safety net, ensuring that all medications are stocked in the proper location. Furthermore, the technical support and NDC library maintenance features sold us on the product.

Implementation

We began implementing RoboCheck earlier this year. Currently, we are building a master list of drugs for each storage location, i.e., automated dispensing cabinets, crash carts, and anesthesia trays. Building our medication lists is a very quick process. Using the Pocket PC to scan product barcodes, we can build a medication list and label an ADC in one eight hour shift. Although our original intent was to use the RoboCheck for our ADCs only, we have found many other restocking activities that benefit from the RoboCheck verification (i.e. anesthesia trays, crash carts).

The equipment necessary to implement RoboCheck simply consists of a RoboCheck RxScan Ultra Pocket PC and bar code scanner and the RxScan NDC

Smart Label Design and Print Kit. We have implemented one Pocket PC to date and have budgeted for a second in 2009. We find that the ideal ratio is one Pocket PC for every five ADCs.

RxScan is easily integrated into pharmacy workflow. During the restocking process, the ADC prints a restock list and a pharmacy technician picks the items to be restocked. Each ADC compartment is labeled with a location code, which was printed from the Label Maker software. This allows the technician – upon delivery to the ADC – to first scan the location code and then scan each product (by its manufacturer barcode) as it is restocked to its compartment within the cabinet. Other locations are managed in much the same way. For example, crash carts are also labeled with 2-D barcodes that indicate the correct NDC number of the product that should be stocked in that location as well as identification of the location so that restocking activities can be tracked. The RxScan Pocket PC gives both visual and audio confirmation that the product is “CORRECT” or “ERROR”. The RxScan Suite software allows supervisors to track error messages by staff member and/or drug product.

The implementation of RxScan has not required any staffing changes. The technician workload has remained stable. Our pharmacists, however, have seen a decrease in their workload in the area of restocking, allowing us to redeploy those pharmacist hours toward clinical activities. The pharmacy staff is thrilled with RxScan, particularly those pharmacists who now spend less time double-checking technician restocking and more time on clinical endeavors. With RxScan, nursing is exposed to fewer errors from pharmacy restocking without having any additional impact on their workflow.

Conclusion

In addition to improving safety for our patients and allowing more pharmacist time for clinical activities, RxScan QA reports allow us to track who restocks which location with which drugs, how much time we are investing in restocking activities, and which NDC numbers are problematic. We are very pleased with the effect that RxScan has had on patient safety at Good Samaritan Hospital. Since implementation, we have not had a restocking error in any of the areas restocked with RoboCheck. ■



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