

Vermont Psychiatric Care Hospital Policy and Procedure		
Automated Dispensing Cabinets/Machines (ADM)		
Effective: September 2014	Revised: September 2024	Due for Review: September 2026

POLICY

The Vermont Psychiatric Care Hospital (VPCH) utilizes the automated medication delivery system (ADM) that allows for accurate dispensing, tracking and supplies used throughout. These Policies and Procedures will address the use of the ADM, and the administration of drugs from the cabinet; as well as the process to obtain reports from the system.

PROCEDURE

Table of Contents

1. Definitions
2. User- Access
3. User- Roles
4. Formulary management
5. System configuration
6. Overrides for Immediate Access to Medications in Profile Medstations
7. Medication Removal from Medstation for Administration to Individuals
8. Returning Medications
9. Expired Medications
10. Wasting Medications
11. Security/settings
12. Restocking of Medications
13. Critically low medication
14. Removing/unloading medications
15. Orders for Medications Not in Medstation
16. Discrepancies/ Incorrect Counts
17. Inventory Verification
18. Maintenance and Problem Solving for Medstations
19. Power Outage, Disaster, Downtime Procedures and Drawer Failures
20. After Hours Procedures – Obtaining Medication
21. Reports and Record Keeping
22. Quality Assurance
23. Archiving of Data
24. CII Safe Access
25. Medstation Access Statement of Responsibility and Password Verification

1. Definitions

Auxiliary Unit: A unit that can be added to a Main unit for additional capacity. An auxiliary unit does not have an internal computer, the Main unit controls access to the auxiliary unit.

Blind Count: Blind count is a Formulary option that requires the user to confirm inventory counts. The user is not prompted with the current inventory level.

Bulk medication items (inhalers, eye drops, Lidocaine etc.): These are medication forms typically packaged in multiple dose containers. They are intended to be used over and over until empty on a single individual. Bulk medications not stocked within ADM; however the medication will be delivered to the nursing unit after pharmacy dispenses the medication. Oral bulk medication will be stored in Individual's bulk medication bins and topical bulk medication will be stored in the individual's bins located in the nursing unit.

Critical Override: Critical Override status provides access to all medications in a "Profile" MedStation via override. This will only be implemented during downtime of the CPSI, ADT, or pharmacy information systems.

Cubie Drawer: This drawer is a half-height drawer that will hold cubie pockets of various sizes.

Cubie Pocket: This pocket is a covered compartment that is designed to open only when the med in this pocket is chosen. Cubie pockets are available in 3 sizes; single, double and triple. This pocket will protect controlled substances and reduce risk of med error because only one pocket opens at a time.

Discrepancy: During item count verification, if the amount the user enters does not match the amount expected by the system, a discrepancy is created that must be recorded and resolved at the MedStation immediately.

Drawer Failure: Drawer failure addressed primarily by nursing personnel, with help from pharmacy personnel if needed. In the event there is a drawer failure which contains controlled substances, nursing personnel will be prompted to use a witness during the recovery phase.

Interface: The connection used to transfer information between the hospital CPSI computer system the MedStation system. Information transferred via the interface includes individual admissions, discharges, transfers, billing data, and pharmacy medication profile.

Lag Time: The length of time that an order remains on the individual's MedStation profile after it has been discontinued from the Pharmacy system. The lag time for a standard order is set at 2 hours (e.g., if an order is entered by the pharmacy to start at 1800, the order will remain on the MedStation profile until 2000.) The lag time for a one-time order is 6 hours.

Lead-time: Orders will appear on the nursing unit MedStation screen based on the "lead time" defined. The lead-time will be set at 2 hours for both standard and one-time orders (e.g., if an order is entered by the pharmacy to start at 1800, the order will appear on the MedStation profile at 1600.)

Matrix Drawer or Flexible Matrix Drawer: This is an uncovered Station drawer with adjustable pocket separators which allow you to alter the size of pockets after the Station arrives on site. These drawers are usually used for stock, PRN, or non-controlled substances.

"Med not available": A message on the MedStation Screen. This means a medication is normally stocked in the ADM, but the pocket is empty. Nursing will need to contact pharmacy to verify delivery time.

"Med not loaded": A message on the MedStation Screen. This means that the medication is not normally stocked in the ADM. On the MedStation system, medications not loaded that are on the individual's profile will appear in light gray text.

CPSI Pharmacy Profile: The pharmacy computer system that maintains medication profiles for all Hospital individuals.

Order Entry: The medication order will appear on the MedStation individual profile when the pharmacy has approved the order which had been entered it into the CPSI computer system.

Override: A method for obtaining emergency medications from the MedStation when it is not present on the individual's profile, i.e., it has not been entered into CPSI by pharmacy. ADM users are given override group privileges based on their job description and responsibilities.

Individual Specific Medications: Medications that are infrequently used will appear on the individual's profile but are not regularly stocked in the MedStation. These medications will be stored and secured in a designated individual specific location on the nursing units.

ADM Administrators: Pharmacy personnel who have been specifically trained to perform administration duties and responsibilities within the ADM system. This includes the Pharmacy Director, as well other designees.

MedStation: An automated medication dispensing system. The system interfaces with the CPSI individual profile. Medications on the profile are available for nursing to administer to individuals. MedStations are located on all the nursing units.

Profile (RX): A computerized listing of the individual's medications along with relevant medication notes. Orders must be entered and verified by pharmacy, or overridden when absolutely necessary, before the medication may be removed from a "Profile" Medstation. Profile Medstations screens will only display medications on a specific individual's profile.

2. Users - Access

Authorized Access

Active Directory will be utilized. Upon hire IT will enter the new personnel's permissions into the state computer system. The Hiring Supervisor will provide this information to the IT

personnel. Templates will be established for all computer privileges for users and their established roles.

During new employee orientation, the employee will be given all the necessary log ons to the necessary platforms required for their position. Those personnel who require the use of the ADM must complete and pass the Learning Management System on the ADM system. After that time the Pharmacy system managers will be alerted of the completion. The Pharmacy system manager will proceed to activate their profile in the ADM system. The log on and password will be the same as the state computer generated log on and password.

The Pharmacy System Managers will be responsible for making user changes- such as a name change, and deletions to the MedStation System.

To prevent diversion, access to the ADM will be controlled, authorized, and monitored by the Pharmacy.

When user employment is terminated. The employee in the Staffing office will send an email to all appropriate personnel. IT will deactivate the employee's account. When IT has deactivated the account, the employee will not be able to access the ADM. If there is immediate concerns, The Director of Nursing (or designee) must notify the Pharmacy immediately of the termination of a user. The pharmacy system manager will deactivate immediately.

The Pharmacy will maintain a list of all persons who have, or have had, access to the MedStation and the limits of that access.

The Pharmacy Director or Pharmacy System Manager can stop or change access authorization at any time.

The Pharmacy will document and investigate any unauthorized entry into the MedStation system.

The Pharmacy will review user access reports.

3. User Roles

Not all users will be allowed to perform the same types of transactions or activities within the ADM. The pharmacy will assign individual users the privileges necessitated by the activities or functions they perform.

Nurses will have access to both ADMs as either Nurse role or Clinical Coordinator. The clinical coordinator will be granted to those nurses in a supervisory function. The clinical coordinator will be granted extra privileges required for their functions.

The Nurse function will grant every process that is required in the medications administration process.

Pharmacy staff will have ADM access for refilling meds, loading/unloading meds, and inventory. Pharmacy staff will be the System managers of the ADM.

4. Formulary Management

The Pharmacy system managers will be responsible for the pharmacy formulary. Editing, adding, deleting medications will be their responsibility. A Pharmacist will be responsible for adding, deleting and editing medication into the CPSI computer system. Pharmacy will manage the bar code requirements for the ADM. Formulary inventory will be another function – filling, restocking, monitoring all reports. Reports will include but not limited to activity, inventory, system activity. Required daily reports will be automated to run. The pharmacy will maintain the federal/ state required reports for 4 years.

5. System configuration

Hospital individual profiles will be in both ADMs. Admission/ discharge/ transfers will occur via the computerized process of the admission department. If the hospitalized individual 's medication administration record does not match the ADM this must be immediately investigated and rectified prior to any medication removals. Once the problem is resolved -new order crossing over to the ADM- late due to approval delays or computer connectivity issues are just a few examples- removal can occur.

Hospital individuals not appearing in the ADM, a temporary individual may be added into the med station. This may occur during connectivity issues and the normal IT process is not functioning. Training will occur prior with the LMS system. How to guides/computer links will also be available to the Nurse/ clinical coordinator on the station.

Medications housed within the ADM will include:

- Controlled substances- The withdrawal of this medication from the individual's medication profile will require the nurse to count the medication. It is a blind count giving two opportunities to enter the correct amount. Once the correct amount is entered the medication may be removed and the medication pocket can be closed. If the count of medication results in a discrepancy, another Nurse or Clinical coordinator will be needed to accurately count the medication. This can be done by the inventory function. The controlled medication will be able to be given to the patient following the medication administration policy. If the medication needs to be returned to the pocket the return function will need to occur and the medication will need to be scanned back into that pocket. One nurse is required for the return procedure. If the medication needs to be wasted in the ADM, two nurses will need to document the waste together.
- Unit dose medications are within the ADM. pockets. Each dose will have a lot number, expiration dates in ready to use preparation. All medication will have a usable bar code that must be used in filling, refilling the ADM and returning the medications to the ADM.
- Multidose vials are contained within the ADM. Pharmacy/ Nursing will label with 28 day expiration date.

- Hospitalized individual specific medications will not be housed within the ADM. Depending on the usage, these will be housed within topical bins or patient bins (oral use). The medication order will clearly state where the medications will be residing.
- Non-Pharmacy items will be housed within the ADM, such are crash cart locks, pharmacy keys to mention a few. Access to this will be limited to job functions

6.Overrides for immediate access to medications in Profile Medstations

In “Profile” Medstations, a pharmacist must enter or verify orders before the medication is accessible to nursing. The nurse may “Override” the Profile system for medication necessary in emergencies

When in the RN’s professional judgment, it is necessary for the individual to receive ordered medications before the order has appeared on the profile, and if the medication is on the override list, the nurse may use the override function. Medications override groups will be created. Examples will be for agitation, pain, emesis, cardiac, or other situations that necessitate immediate administration. The use of this override function must be kept to a minimum as it essentially eliminates a pharmacy screening of the order. Pharmacy services are available 24 hours a day and nursing should attempt to call either the in-house pharmacy or remote pharmacy prior to overriding any medications.

The CDC (clinical data categories) function of ADM will be utilized, requiring the user to answer a question or document the reason for the override. Some medications with implicit danger, narrow therapeutic index, may require a witness to override.

Critical Override status provides access to all medications in a “Profile” MedStation via override. This will only be implemented during downtime of the CPSI, ADT, or pharmacy information systems if pharmacy staff is unavailable.

A list of medications that can be overridden (See Policy Profile Override List) will be created via an interdisciplinary process involving Nursing, Pharmacy, and approved by the Pharmacy and Therapeutics Committee. Recommendations for changes to the list may be made at any time. An override report will be generated and reviewed by the pharmacy daily. Educational and/or disciplinary action will be taken by the Nursing department if the process is abused or used inappropriately.

To avoid use of overrides, Pharmacy will process medications orders in a timely manner, in individual pharmacy and Remote Pharmacy Services. According to current policies, if an order is entered as “NOW”, it should be administered within 1 hour and “STAT” orders should be administered within 5 minutes. NOW and STAT orders entered as STAT will be processed by the Remote Pharmacy service providers or Inindividual Pharmacy. Stat orders will come across in a special alert to process immediately.

The ability to access overrides will be based on job description and responsibilities. This level of access will be determined by the Pharmacy Department in cooperation with nursing administration.

- Nurses will be able to override medications for agitation and Psych emergencies.
- Nurse Managers will be given the ability to override all necessary medications when needed in an emergency.
- Pharmacists will be given the ability to override all medications.

7. Medication Removal from Medstation for Individuals

Only authorized personnel (nurses, pharmacists) may remove medications from a MedStation. Using any user ID other than your own or allowing others to use your user ID will result in disciplinary action according to hospital policy. User ID/ password will be set up during orientation by IT.

Once medications are removed from the Medstation, they shall be given to the individual as outlined in the Nursing Policies and Procedures.

For individual/med handling safety, removals should be for the current med pass only or as outlined in the Nursing Policies and Procedures.

Medications should only be removed for one individual at a time.

The individual's MAR should be referred to for clinical information. If the Profile does not match the MAR, the nurse should alert the pharmacist, who will try to reconcile the disparity.

The **Lead Time** is the amount of time that an order will show on the profile before it is scheduled for administration. The Lead Time for all orders is set at 2 hours.

The **Lag Time** is the amount of time that an order will show up on the profile after it is scheduled for administration. This will be set at 2 hours.

All prescription drugs, over-the-counter drugs, individual-specific drugs, and some supplies will be stored in the MedStation. Only select medications will be stored in the Individual's Med Bins.

Multiple-Dose Vials (for example- Insulin) may be utilized in ADM machines, with the item set up by the dose for removal. These vials, once opened, must be given an expiration date of 28 days from the date of opening. The user should adjust the expiration date in the system accordingly upon opening of a Multiple-Dose Vial.

If an ordered med does not appear in the profile for an individual, it may not have been entered into the pharmacy system yet. If an ordered med is "grayed-out", it may not be loaded into the machine yet, or it may be out of stock, or it may be available as "individual's own med." You may check with the pharmacy for further clarification.

The beginning inventory count is NOT required when removing non-controlled medications. However, if non-controlled medications are removed without the user documenting their removal at the MedStation, a discrepancy will exist between the actual count and the ADM inventory such that the physical count will be less than the ADM inventory. This will likely result in an

unintentional stock-out for that medication and a potential delay in medication administration to the individual. This discrepancy is tracked upon each refill made by the pharmacy and reported.

A BLIND count is required for all controlled substances. No witness for removals is needed unless withdrawn under an override situation. Any deviations in count will become a discrepancy. All profiled controlled substances are available at the scheduled time or PRN basis as non-controlled substances.

8. Returning Medications to the Pocket

Any unopened medication package controlled or non-controlled, which is removed from the MedStation that has not been administered to the individual, will be returned to the ADM. Return medications go back to the pocket from which it came. The unit dose packaging and the tamper proof seal must be intact. Returned medications will need to be scanned into the ADM for the pocket to open.

If the medication has been opened, is not in the original package, or is otherwise unsuitable for use, it must be destroyed (see Section 10 – Wasting Medications)

All controlled or non-controlled medications will need to be scanned into the system to return to the pocket.

9. Expired Medications

The Pharmacist or Pharmacy Technician is responsible for returning expired medications to the Pharmacy. The Pharmacist or Technician will remove the medication from the MedStation using the Outdate function. Pharmacy replaces the expired medication with medication that is not expired as needed.

Controlled substances will be returned to the Pharmacy CII Safe and expired appropriately. Non-Controlled Substances will be placed in storage for reverse wholesaler as per DEA regulations.

Expired meds will be removed at least monthly by pharmacy staff who will dispose of properly.

10. Wasting Medications

Note: The “Waste” function is the same for both controlled and non-controlled medications with one exception, controlled medications require a witness for each transaction. Cactus machines are required for the physical disposal of wasted medications (see Pharmacy Policy on Pharmaceutical waste).

A. Wasting Controlled Medications: If a Controlled Substance in Schedules C-II through C-V is removed from the MedStation and requires disposal (wasting of whole or partial doses), there must be an accounting for the entire amount originally removed. Disposal must be performed by two registered users and documented in the MedStation by using the “Waste” function. (One

nurse is the “user” and the other is the “witness” on the console.) If wasting a full dose of a controlled substance, the nurse may be asked to enter a reason for the waste.

If part of an injection or a partial tablet is administered, the amount of medication given to the individual is to be recorded in the MedStation and the MedStation will calculate the amount wasted. The remaining medication is to be wasted in the presence of another registered users.

B. Wasting Non-Controlled Medications: No witness is required. Procedure and package integrity must be the same as described for control substances. The wasted medication is to be documented in ADM at the time the medication is wasted. To waste a medication, the user should: return medication to stock or physically waste the item if the integrity of the medication is diminished.

11. Security/Settings

Password shall be greater than 10 characters and will expire every 90 days (requiring a change). Letters, Numbers and special characters are required per the Vermont state IT guidelines.

BioId setting never expires.

12. Restocking of MedStations

Medications (both Controlled and Non-Controlled Substances) will be refilled once daily, Monday - Friday by a pharmacy technician or pharmacist.

Medstations will not be refilled during major med pass times of the day, such as 8AM. A pharmacist will check all medications against the refill report before they are delivered to the medstation.

All medications must be scanned to restock, load and fill the ADM cubies.

13. Critically Low Medications (Controlled and Non-Controlled)

A pharmacy refill report will generate automatically when any medication is at or below the minimum level. Pharmacy will refill these medications as soon as possible.

14. Removing/Unloading Medications to the Pharmacy

Only Pharmacy System Managers are authorized to make changes to the Medstation inventories.

15. Orders for medication not in the MedStation

A. Non-Controlled Substances: An initial dose will be delivered to the nursing unit and the medication will be loaded into the medstation.

B. Non-Stocked Controlled Substances: In the event an order is received for a non-stocked infrequently used controlled substance, pharmacy will load this medication into the Medstation. Upon discontinued use, the Pharmacy will unload the medication after the medication is no longer required for that individual.

16. Discrepancies/Incorrect Counts

When the physical count of a medication (controlled substance or non-controlled substance) differs from the ADM count for that medication, a discrepancy exists. Correcting the count of a medication does not resolve the discrepancy. A valid reason must be documented in ADM to explain the difference in count. Non-controlled substances will have all discrepancies auto-resolve at the time of discovery. All discrepancies are logged and can be printed out at the MedStation. Unresolved controlled substances discrepancy information remains at the MedStation for 7 days and at the Pharmacy Console for 30 days and on the secure site-Knowledge Portal for 7 years.

A. A controlled substance discrepancy should be resolved at the time of discovery. A controlled substance discrepancy is resolved between the current user and the user with previous access. It may be helpful to print an Activity Report for the medication in question. To print this report, at the Main menu, select Report Menu, select Activity then Activity by Selected Med. Select the medication in question from the left side of the screen and touch the Print button.

B. Unresolved discrepancies are visible as an icon on the MedStation in the lower right-hand side of the screen. Also, an on-screen bulletin alerting the pharmacy that a discrepancy has occurred will be generated for the pharmacy. An Unresolved Discrepancy Report will be printed in the pharmacy each morning and will be reviewed by the Pharmacy manager, system administrator. Attempts will be made by pharmacy and/or nursing to resolve the discrepancy. If these are not resolved in a timely manner the report will be forwarded to the nurse manager.

C. Once a valid resolution has been established, the involved users will use the Document Discrepancy function to attach an electronic explanation for the discrepancy. From the Main menu, select Document Discrepancies. A witness will be prompted to enter their login ID, and password. By selecting Other an acceptable resolution of up to 60 characters explaining how the discrepancy occurred can be entered. Select the Accept button to record the transaction. An inventory of the medication that had the discrepancy is required to correct the count and avoid another discrepancy.

D. If the discrepancy cannot be resolved, the pharmacy will attempt to resolve it and provide documentation.

17. Inventory Verification

All controlled substances in the Medstation will be inventoried every month during the monthly outdate check by pharmacy personnel. This is in addition to the perpetual inventory performed with blind count upon each controlled substance removal.

18. Maintenance of MedStations/Problem Solving

A. Any malfunction of a MedStation must be immediately reported to the Pharmacy. If the pharmacy is closed, notify the Nursing Supervisor or the Nursing Supervisor will call the pharmacist on call. Do not contact the remote (after-hours) pharmacy service providers.

B. If a problem cannot be resolved by referring to the station Quick Reference Guide or Nursing Supervisor, the Pharmacy should be contacted. If necessary, the Pharmacy may ask you to contact ADM for assistance. For ADM-related problems that cannot be resolved by Pharmacy personnel, a pharmacist or RN can contact ADM by using the PYXIS 800 Service number (1-800-727-6102). This is a 24-hour/day, 7-days/week number. **VPCH's customer account number is #10186479.** Many problems may be fixed over the phone by rebooting the ADM. **For worst-case scenarios, Pyxis may need to send a technician, who must be accompanied by a pharmacy staff member or, if unavailable, a Nursing Supervisor.**

C. A station reference guide will be available on line.

19. Power Outage, Disaster, Downtime Procedures, and Drawer Failures

The MedStation is plugged into the emergency power system in order that the system will remain operational during power outages. In the event of a power Failure:

1. Nursing will notify the pharmacy that the ADM is not responding.
2. Pharmacy will check for diagnostic problems.
3. If the system is deemed inoperable, pharmacy will call for immediate tech support.
4. Pharmacy will unlock the back of the Station with the keys, which are kept in the pharmacy, and release all medication drawers.
5. A Nursing Designee will be instructed by pharmacy on releasing the narcotic medication drawers. Narcotic drawers will always remain closed except when accessing a drug.
6. Pharmacy and the Nursing Designee shall inventory and record all narcotic count numbers onto the appropriate count sheets, both signing as actual count taken.
7. This log and the sign-out log for other medications will be kept in the Policy & Procedures Manual.
8. Nursing will log onto the appropriate sheet the date, name, ID #, physician name, nurse signature for each medication removed for a individual. (See attached.)
9. Nursing will require two signatures for the wasting of any controlled substance and an RN coming on duty and an RN going off duty will count all controlled substances at each change of shift. Numbers will be recorded onto a new paper, as needed, or change of shift, with a signature to attest to the transcriber. (See attached.)

Pharmacy will make rounds to view and refill as needed. Any repair or technical staff from the ADM company **MUST** be always accompanied by a Pharmacy member or Nursing Supervisor when servicing the equipment.

In the event of a malfunction (software or hardware problem) of a MedStation, i.e., not communicating with Pharmacy, the affected MedStation may be placed on "Critical Override".

This will allow nursing personnel to have override access to all medications in the MedStation. Pharmacy may establish a contingency for manually driven operations (i.e., Cart fill procedure).

Drawer Failure – Drawer failure can be addressed by nursing or pharmacy personnel. In the event there is a drawer failure which contains controlled substances, nursing personnel will be prompted to use a witness during the recovery phase.

20. After Hours Procedures – Obtaining Medication

The Nursing Supervisor must be contacted for new orders for medications not loaded into the ADM during hours when the on-site pharmacy is closed (Mon-Fri 1630 - 0800, weekends and holidays). The Nursing Supervisor can use their expanded override privileges to obtain additional meds directly from the MedStation. Medications not on override must be obtained from the pharmacy by the Nursing Supervisor.

21. Reports and Record Keeping

The pharmacy will generate reports from the console based on legal and administrative needs. Reports are filed in the pharmacy and kept for the time indicated in the chart below.

Nurse Managers may request customized reports from the Pharmacy. These reports are generated at the main console in the Pharmacy and may be sorted by medication removed, by nurse, by witness, by discrepancies, etc.

Activity can only be traced back at the console for 30 days. Non controlled and Controlled Medication use can be traced back through the CII safe/ Knowledge Portal for 7 years.

ADM Profile Reports			
Title	Frequency	Reviewed/Follow Up By	Time Period Maintained
Discrepancies	Daily in AM	Pharmacist/Technician	Only save narcotic discrepancies until resolved then discarded – Director of Pharmacy
All Station Events	Daily	Pharmacy technician	Discard after use
Refill List	AM and PM	Pharm Technician	Discard after use
CAS All Station Events	Daily in AM	Pharmacist	3 years
Profile Override	Daily & Monthly	Pharmacist	reviewed daily Saved for PI
Ordered Meds Not Loaded	Daily AM and PM	Pharm Tech	Discard after use
Archive Function (Data Retention)	Monday	System Manager	7 years
User Access Report	Quarterly	System Manager	Discard after use
Outdated Meds	At least Weekly	Pharm Tech	discarded after use
Inventory Verification Report By Station	Pharmacy: Monthly	Pharmacy	CII-CV 3 years

CII Safe Reporting			
Title	Frequency	Reviewed/Follow up by	Time Period Maintained
All CII Safe Events	Daily	System Manager	3 Years
Pyxis vs. CII Safe Compare	Daily	System Manager	3 Years
Review Resolve Discrepancies	Weekly	System Manager	3 Years
CII Safe Inventory	Monthly/Biannually	Pharmacy	3 Years

22. Quality Assurance

The Pharmacy will perform audits as follows:

AUDITS/INVENTORY: The Director of Pharmacy or designee, will review daily Controlled Substance Reports and compare this information to the Individual Medication Administration record. Any discrepancies will be immediately investigated, and the necessary reports filled out.

DISCREPANCIES: The Pharmacy will review the Daily Discrepancy/Inventory Log to confirm that all reported discrepancies have been resolved and incident reports have been completed for any unresolved discrepancies. Resolution explanations will be reviewed for valid reason compliance.

RETURNS: In order to confirm that Controlled Substances designated “Return to Rx” are signed back into the working-controlled substance inventory, the Pharmacy will review the All Station Events reports that automatically prints each day.

ACCESS: The Pharmacy will review User Access Reports monthly by printing a list of users for each MedStation for review by corresponding nurse managers. The Pharmacy will update the user database, if needed, based on feedback from the nurse managers.

OVERRIDES: The pharmacy will review overrides every day to assure that each medication overridden has a valid reason.

23. Archiving of Data

Using the application of Knowledge Portal- all data and reports are kept for retrieval and stored securely as required by Law.

24. CII Safe Access

To ensure safe and secure levels within the Pharmacy Department., the Pharmacy director-ADM system administrators and Pharmacy personnel shall be authorized to receive 'Master' Clearance - access to all screens and functions.

System Administrator will be responsible for the entry and deletion of all pharmacy personnel.

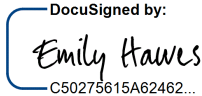
Attachments

Appendix A: Manual Use of ADM – Narcotic Sing-Out Log

Appendix B: ADM Medstation Access Statement of Responsibility and Password Verification

References

Joint Commission MM 03.01.01

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: Emily Hawes C50275615A62462...</p>	9/25/2024

Appendix A

- Manual Use of ADM Narcotic Sign-Out Log

Medication and Strength: _____ Starting Balance: _____

Verification Signature: 1. _____ 2. _____

Time	Date	Individual Name	Individual ID #	Physician Name	Administrator of Medication	Medication and Dosage	Waste Amount	1 st Waste Signature	2 nd Waste Signature

Appendix B

ADM Medstation Access Statement of Responsibility and Password Verification

This is to acknowledge receipt of my Pyxis ID and temporary password. This will allow me to access the ADM system to create my own confidential password. This confidential password will allow me to access medications. I understand that as a licensed practitioner with access to medications, including controlled substances, I am responsible for the following:

1. My password is to remain confidential and is not to be shared with any other employee or other person at any time, for any reason.
2. It is my responsibility to always protect the integrity of my password and report any purposeful attempt to breach this password to my supervisor promptly.
3. It is my responsibility to change my password, as the system requires, or as necessary according to my personal preference. I will not reuse previously entered passwords. The password must be four characters and/or numbers in length.
4. This password will be my electronic signature for all my transactions in the Pyxis system for documentation of both controlled substances and other individual specific medications.
5. I understand that unauthorized access, release, or dissemination of this information will subject me to disciplinary action.
6. Controlled substance records will be maintained and archived as per policies of Vermont Psychiatric Care Hospital and will be available for inspection by the Legal Department, the Drug Enforcement Administration, and the Vermont Division of Drug Control, as is currently the case with my handwritten records.
- 7. I understand that any action on my behalf to knowingly divert controlled substances or other medications for illegal purposes will fully make me liable for criminal prosecution and punishment of the law.**
- 8. I have received and accept the Controlled Drug Distribution policy.**

Below is a copy of your User ID and initial password for the Medstation System. It will be used to access individual medications on your assigned nursing unit. The first time you access the Station or Console you will be required to enter a new and confidential password. The System Managers will oversee maintaining the integrity of the system and will determine if initial passwords will have to be changed, when passwords will expire for groups of users, and day-to-day additions, deletion or changes needed to the system.

System Manager use Only, completed by: _____		
Date: _____/_____/_____	Username: _____	
Unit / Location: _____	Authorized By: _____	
User ID: _____	Password: _____	(4 to 7 characters; upper or lower case allowed; numbers allowed. NO special characters)

Signature Date Print Name