

# Med Control: Mission Impossible?



**Medi-Dose President Robert Braverman secures medication with their flagship system for solid oral medication.**

Managing medication dispensing, and all the inherent issues that come with it, can be harrowing without proper systems and equipment.

Every facility's mission of medication dispensing is fraught with problems: Securing medications, dispelling diversions all the while untangling tracking and compliance complications. These just scratch the surface with deeper problems stacking up right behind: funding, staffing, and medication issues themselves such as overdoses, over prescribing, and handling hazardous medications.

"Correctional facilities, regardless of their size, need an organized, effective method for safely distributing and administering high volumes of medications to their inmates on a daily basis,"

acknowledges Wendelyn R. Pekich, MBA, CCHP, director, Marketing & Communications, Wexford Health. "While medication distribution and administration is typically the responsibility of nursing staff, custody officers are often required to accompany them." Facilities are looking for the most efficient method to limit the time custody personnel are engaged. "It is also important that the medication is accurately given to each person and documented appropriately.

"As an experienced health care provider, Wexford Health recognizes that medication administration is a high-volume, high-risk component of correctional health

care programs," she says. "To address this, we created an Intensive Medication Pass Review (IMPReview) program. The goal of the IMPReview is to prepare nurses for the many distractions, security requirements, and sheer patient volume they will face every day as a correctional medication distribution nurse. By proactively addressing the challenges of medication administration, we are able to educate nurses on what to expect. This equips them to better manage the process, thereby increasing patient safety as well as job satisfaction and nurse retention."

Medical staff in nearly all correctional facilities are dealing



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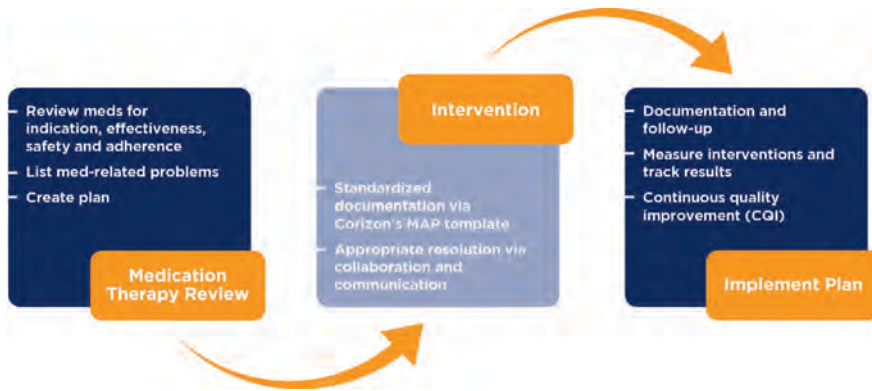
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A sample Corizon Medication Therapy Management Program report. To date the program has reviewed 1,227 patient profiles and, within those, flagged 1,437 potential medication-related issues for providers to further evaluate.

with limited resources in terms of funding or staff, inmate turnover and frequent medication changes, medication accuracy and security during administration, and state regulations around pre-pouring and repackaging drugs, assesses Craig Davis, senior program manager/product manager for Vial Filling Technologies, Parata Systems.

Pharmacy automation such as the Parata Max high-speed robotic dispenser automates the prescription filling process. "This allows even the busiest pharmacies to accommodate a higher volume and has a positive impact on safety and patient care. This is a vial-filling solution that would greatly benefit correctional facilities that use primarily a medication line or Keep-on-Person administration."

To control access to medications in the pharmacy, both Parata Max and Parata Mini support locking cells that restrict access based on operator permission levels, and replenishment, dispensing, and return-to-stocks are tracked and reported.

Further, says Davis, Parata PASS packaging, which organizes a patient's medications by date and time of dose in individual, clearly-labeled pouches, eliminates the need for pre-pouring and repackaging. For correctional facilities that use an EMR (electronic medical record), pharmacies can print an optional bar-

code on each pouch, which is scanned when those medications are administered to the patient.

A problem with administering in some facilities is the majority of inmates are prescribed medications, reports Rebecca Luethy, MSN, RN, director of Operations Development, Centurion, LLC. "This requires many hours of staff time to administer, especially when medications are administered a dose at a time."



**Wexford Health's Medication Pass Review (IMPReview) program prepares health care staff for the issues they will face as a correctional medication distribution nurses.**

## Human Error Reduced

If the facility is not using an electronic medication ordering system, the factors that lead to a delay in timely—possibly consequential—medication dispensing increase dramatically, says Dr. Gregg Puffenberger, PharmD, MBA, vice president of Pharmacy Management at Centurion. Human error and system malfunction can double the opportunity for mistakes. "Utilization of an Electronic Ordering and Medication Administration Record may alleviate some of the problems that occur due to staffing and the use of a manual paper system," he says.

And security problems such as lost/stolen medication can be diminished with bar code scanning, notes Vince Grattan, RPh, Centurion's director of Pharmacy Management, at each step of the way: as medications are checked into inventory at the site, again scanning with electronic medication administration records to track Keep-on-Person or DOT (Direct Observation Therapy) administration, and scanning to track returns.

Darrelle Knight, PharmD, MSM, CCHP, director of Clinical Pharmacy Services, Naphcare, Inc., concurs that the electronic health record (EHR) reduces issues with diverted medications because the medications can be tracked from the moment they leave the pharmacy to the administration to the patient. "The EHR has effectively closed the loop on the gaps that paper records left open."

Once medications are dispensed from the pharmacy, they are reconciled by staff at the site. This reconciliation verifies that everything that has been dispensed has been received at the jail. Tracking and diversion are controlled at every encounter with the medication recorded with a date and time stamp. The EHR gives clinicians opportunities to review compliance by

recording medication administrations. “The EHR we use, TechCare, gives our clinicians a unique advantage. After three consecutive missed doses of a medication, an alert is sent to the clinician’s daily work queue.”

### The Verification Process

Other than tracking/diversion, one of the biggest challenges is the verification process, contends Chris Bove, president, Local Detention Division, Correct Care Solutions (CCS). “As a company, our patients undergo a very thorough intake procedure and protocol which typically provides some context about the patient’s

“The industry needs a robust, dedicated and unified national database that incorporates shared correctional patient information between accredited community, regional and national healthcare agencies, and correctional medical professionals. The ideal system needs to digitally track correctional patient information. This would, of course, be a massive undertaking; however, it would go a long way to improving efficiencies and administrative procedures within correctional facilities across the United States,” Bove points out. “Think about it in the same light as a national crime database, but

methadone is administered during an incarceration to protect the fetus. Opioid withdrawal in general has become a very significant issue in the correctional health care environment. Addressing these issues is a priority for CCS’s team across the country.”

The ability to dispense medications efficiently and with the lowest possible error rate is the most important benchmark of service in corrections pharmacy, according to Zane Gray, Pharm.D, with Diamond Pharmacy Services. As the nation’s largest corrections pharmacy provider, serving over



medical background, but that information is not always reliable or verifiable.” Because a correctional facility is booking new patients on a 24/7 schedule, resources are not always available for verification purposes. “We can speak with a physician and provide a patient profile, however, this can be difficult with no familiarity with the patient’s background.

based on electronic medical records of those who have been incarcerated.”

In addition to verification, Bove notes the prevalent problem of opioid withdrawal and methadone administration. “By practice and by law, CCS does not continue a patient’s methadone treatment except in cases where the patient is pregnant and in that circumstance,

600,000 inmates in facilities across 45 states, the volume creates many medication control challenges that require customer- and technology-driven solutions.

Diamond utilizes a double verification process to assure accurate dispensing of all medication orders, they report. First, pharmacists review regimens and identify any therapy duplications and drug-drug interactions and





Centurion commends utilization of Electronic Ordering and Medication Administration Records to alleviate problems that may occur due to staffing issues and manual paper systems.

communicate them to the prescriber. Bar code scanning is then used to verify that the correct medication, dose and directions are dispensed and delivered to the correct facility and patient. The pharmacy further reduces medication errors by working with clients at the facility level individually to streamline both the sending of medication orders and reception of prescriptions.

Technology plays an important role in medication control and pharmacy-client relations, Gray says. "The Reconciliation program, for example, allows both Diamond and facility staff to track reception of medication into the facility through the bar code system. This system also allows the staff to instantly refill medication, reducing the time spent on medication ordering." Online Reporting software allows the staff to track medication utilization, ensuring facilities understand which exact medications are being used and the costs associated with them.

There are times manual dispensing overcomes issues, says Robert Braverman, president, Medi-Dose, especially for hazardous medications and for facili-

ties that can't afford automation. "If we're dealing with a sheriff's department jail or a small facility we're perfect for that; there's no machinery, no extensive in-service training." The flagship product is for solid oral medication—the blister pack. "The foil adhesive is an aggressive system, so it's the same degree of protection as the heat seal. It's similar for liquid packaging: it's a tamper-evident seal on top of the bottle with the screw top. We have a whole array of other products for tamper evidence: Labels, bags, etc."

As an added benefit, Braverman says the system labels the packaging to suit specifications. "For accountability, each dose can be numbered and you could even include an image of the inmate—checking from a privacy standpoint first, of course—as well as bar coding."

The aging inmate patient population becomes an issue with cancer and other diseases occurring due to age, he cites. New USP 800 drugs for cancer, AIDS, etc. are hazardous but need to be dispensed. "Medi-Dose ideally addresses the needs of these patients while protecting the health care professional or those

distributing oral chemo or medication such as Avodart which pregnant women can't touch."

## New Efficiencies

Polypharmacy—the over-prescription of medications—is a serious issue, Peter Lee, Pharm.D. MBA CCHP, vice president of Clinical Pharmacy Services, Corizon Health/PharmaCorr explains, especially when statistics show the average patient is prescribed five different medications, some of which may be contra-indicated or may simply be inappropriate, leading to unnecessarily higher pharmacy costs.

"At Corizon Health, we are adopting an exciting new Medication Therapy Management Program modeled after the program used by Medicare Part D, but tailored for corrections." To date, the program has reviewed 1,227 patient profiles and, within those, flagged 1,473 potential medication-related issues for providers to further evaluate.

In addition, Corizon Health/PharmaCorr is piloting a clinical pharmacy intervention program that utilizes technology to inform providers of the most cost-effective drug option, dose optimization, the latest clinical guidelines and other drug information. "Not only does this solution help minimize errors and ensure the most therapeutic solutions, this system already has saved clients more than \$1.2 in unnecessary pharmacy costs."

He adds that at one state contract they developed a medication refusal form that includes valuable information about possible consequences of refusing medications "and we hope will inspire a change of attitude and result in compliance. We anticipate this being converted to an electronic form that may be captured in the EHR to better inform providers of possible health issues with patients."

All in all, organizing these practices can neutralize med control concerns and transform the mission to: possible. ☘