

Managing Repackaged Medications, Smarter not Harder

The Problem

In order to support eMAR with BCMA, pharmacy needed to ensure that over 350,000 oral dosage forms per year get repackaged with a unique barcode on them. The pharmacy formulary also had several hundred line items that have to be repackaged that had a low annual usage <100 doses/year on the East Campus.

Aim/Goal

Centralize repackaging to the West Campus.
Decrease # repackaged doses by 30% per year.
Decrease quantity on hand of these medications by 50%.
Have par levels driven by patient usage, not manufacturer package size.

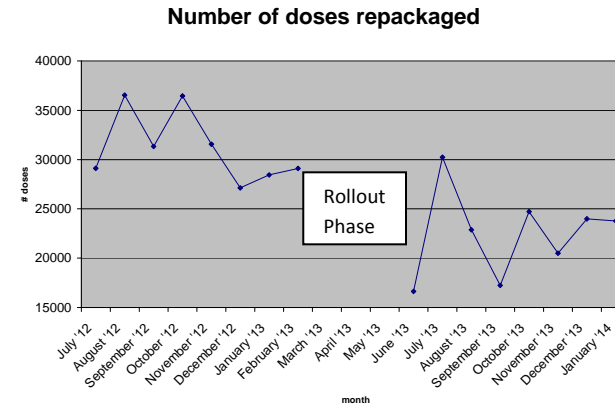
The Team

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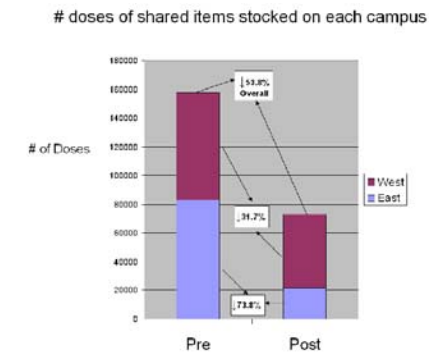
The Interventions

- Identified 321 line items on formulary that require repackaging that could be shared between campuses.
- Obtain actual usage data to inform par levels, not manufacturer package size.
- Re-deploy a repackaging machine that would provide medications in preferred package for nurses.
- Create a workflow that would enable sharing of inventory across multiple pharmacy locations.
- Resultant time saved by East Campus staff would be redirected to checking in barcodes of commercially unit dosed products to support BCMA.

The Results/Progress to Date



Average # of doses repackaged per month has decreased 28%



Total number of doses on hand in the main pharmacy of medications now centrally repackaged and shared, decreased by 53.8%.

Lessons Learned

- Approximately 100,000 doses per year will no longer need to be repackaged at BIDMC.
- By centralizing repackaging, \$149,648 of pharmaceuticals could come off the shelf
- Workflow improvements were made by staff delegated to open the area.
- An additional >30,000 doses per year could be split in advance by pharmacy, improving nursing workflow at the bedside.

Next Steps/What Should Happen Next

- Determine change in waste to assign a valuation of workflow change.
- Identify additional line items (Average Monthly Usage less than 0.25 Units of purchase per month) that could benefit from sharing inventory.