

ANALYZING OVERRIDE PATTERNS IN AUTOMATED DISPENSING SYSTEMS IN A CLINICAL UNIT OF A TERTIARY CARE HOSPITAL

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BACKGROUND AND IMPORTANCE

Decentralized **automated dispensing systems** (ADS) integrated with electronic prescribing improve medication safety.

However, unjustified use of **overrides** compromises traceability, therapeutic appropriateness, and **patient safety**.

ISMP recommends restricting this functionality to justified situations under institutional guidelines, including double verification and documentation.



AIM AND OBJECTIVES

To evaluate overrides appropriateness in a tertiary care hospital, analyze **Grifols Reporting NextGen** (GRN) data, and identify reasons for direct dispensing without prior medical prescription.



MATERIAL AND METHODS

Descriptive study (June 2025) in a clinical unit.

Recorded all medications dispensed without prescription.

Variables:

- Justified override
- Medication never prescribed
- Prior to prescription
- Prior to validation
- Incorrect circuit



RESULTS

6,845 ADS dispensations → 401 overrides (5,86 %)

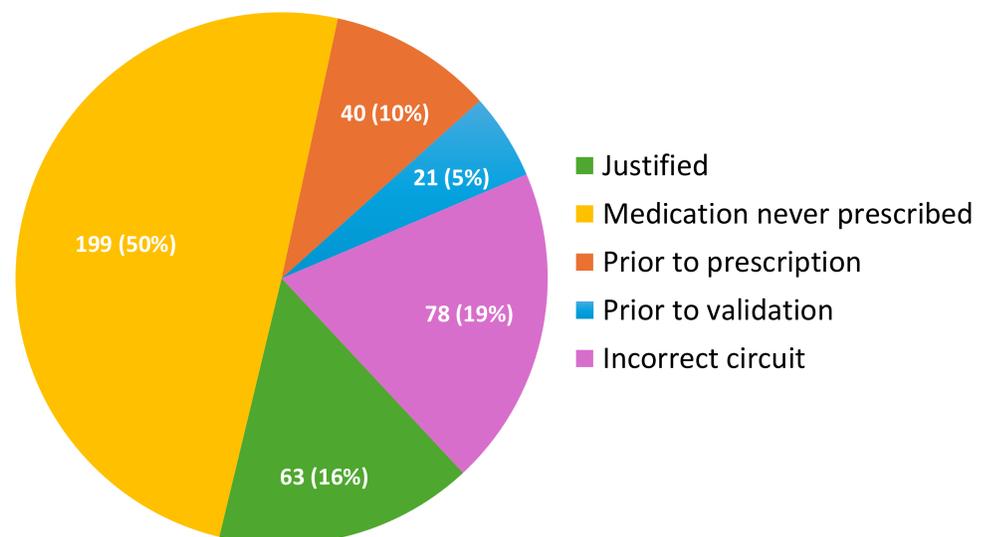


Figure 1. Distribution of Non-Prescribed Medication Dispensing (NPMD) by Category.

Justification rate per medication

Medication	Incorrect override	Justified override	Total override	% justified override
Paracetamol 1 g TAB	24	11	35	31.43%
Morphine 10 mg/ 1mL AMP	10	12	22	54.54%
Omeprazole 20 mg CAP	14	0	14	0%
Omeprazole 40 mg VIAL	13	1	14	7.14%
Dexketoprofen 50 mg/2 mL AMP	11	2	13	15.38%

Table 1. Justification Rate of NPMD by Medication.

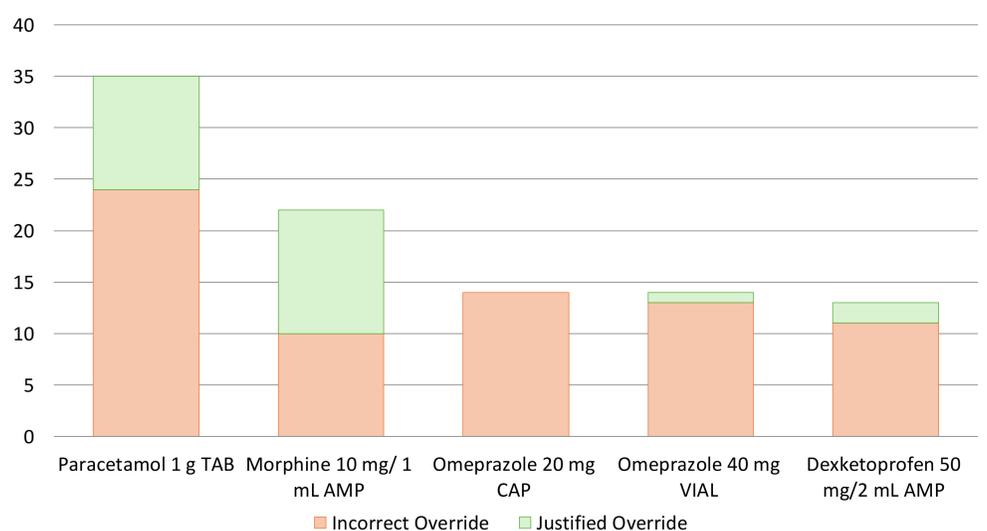


Figure 2. Distribution of Justified and Unjustified NPMD by Medication.

CONCLUSIONS AND RELEVANCE

Override rate exceed the 5% safety threshold (5.86%) (ISMP, 2020). Most cases lacked prescription or involved circuit deviations. Only 15.71% were justified.

Improvement measures:

Mandatory justification: documentation, staff training, and periodic review of override patterns to enhance patient safety and optimize ADS use.

