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Medication cost allocation after implementation of an automated dispensing system

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BACKGROUND

This is a general hospital of 450 beds, with unit dose dispensing system in 100% of inpatient wards until July 2010, when an automated dispensing system (ADS) incorporating most of the medication was introduced in the Great Burn Unit (GBU).

PURPOSE

To quantify allocation per patient variation in the medication expenses after implantation of an ADS in the GBU and to identify the products mainly influenced by this variation.

MATHERIALS AND METHODS

❖To quantify allocation variation in the expense, we compared two equal periods of four months, before implantation of the ADS (September-December 2009) and the first four months after (September-December 2010).

❖We used the average book price to calculate the cost of the Unit, by adding the cost of stock replenishing and unit dose medication dispensed in the case of the first period and extracted from ADS in the case of the second period.

RESULTS

PRIOR TO ADS IMPLEMENTATION
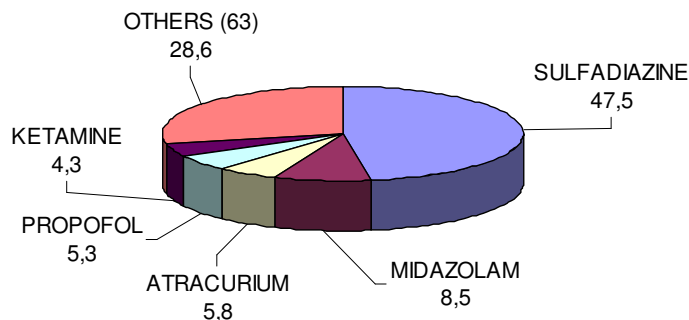
AFTER ADS IMPLEMENTATION

45% WERE ALLOCATED TO THE PATIEN

73% WERE ALLOCATED TO THE PATIEN

68 PRODUCTS WENT FROM DISPENSING STOCK TO ADS

The products that has mainly affected (%)

OTHERS (63) 28,6

KETAMINE 4,3

PROPOFOL 5,3

ATRACURIUM 5,8

MIDAZOLAM 8,5

SULFADIAZINE 47,5

CONCLUSIONS

✓ The medication that has mainly affected in economic terms the change in the allocation of medication belong to these ATC classification groups: D06, N05, M03 and N01, which were traditionally dispensed by replenishing stock. This has represented a significant reduction in the Unit stock.

✓The ADS improve the allocation per patient of medication expenses, including special units with prior unit dose dispensing, which enables the pharmacist to increase the level of knowledge about drug use in the Unit.