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What was done?

Drug distribution in our hospital has been switched from manual dispensing by ward staff to automated Unit Dose blister packaging by the pharmacy - so far unique in Austria. Our study investigates the impacts on medication safety, staff satisfaction, time and drug resources.

Why was it done?

Manual medication dispensing is a time-consuming, labour-intensive, error-prone process.¹ In November 2020 three wards with COVID-19 patients (91 beds, Fig. 1) were integrated into our Unit Dose blister service (Fig. 2) to assist the nursing staff and relieve the tight personnel situation. A multidisciplinary effort and long-established electronic patient records including medication data² enabled fast realisation. After transformation back to a surgical, internal and geriatric ward the service was continued due to highly positive feed-back and was further extended to the neurological unit (49 beds).

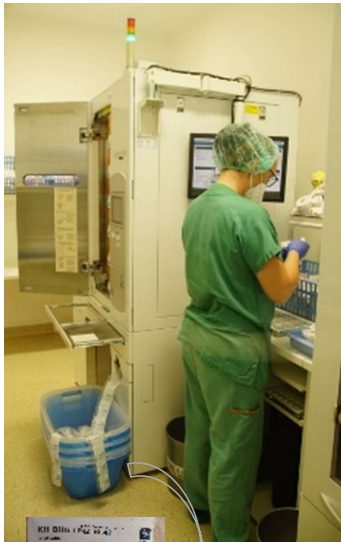


Fig.2 top: blister production with tablet packaging machine (Baxter® FDS Proud 336³) in a clean room cat. D; bottom: Sachets with individual medication for patients are produced and labelled.

How was it done?

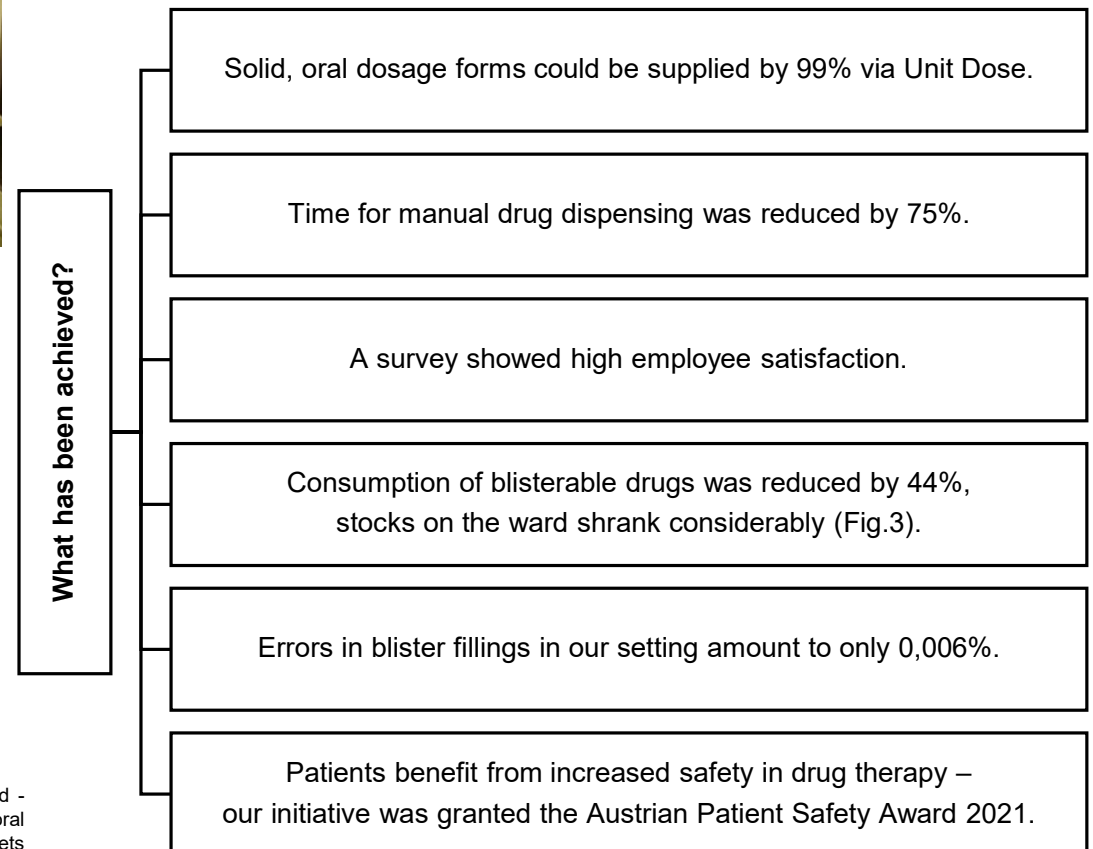
We analysed

- percentage of pharmacy-blistered drugs
- gain of time for nursing staff
- employee satisfaction
- reduced drug consumption and stock on the wards
- erroneous blister fillings and medication safety

Fig.1: access restrictions to isolation wards



Fig.3: medication storage on the ward - removal of many packages of solid oral dosage forms from medicine cabinets after start of pharmacy blister service



What is next?

We plan to extend Unit Dose to the remaining wards and to investigate patient satisfaction with the blisters, cost-efficiency and distribution of high-cost medications.