

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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FUNCTIONAL GROUP(S)	Medicines and Therapeutics
KEY TERMS	Barcode Scanning Medications iPharmacy
SUMMARY	Barcode scanning reduces the likelihood of dispensing errors through electronic verification of the selected product against the dispensing label. This procedure describes the principles for the use of barcode scanning during the Pharmacy dispensing process. It does not apply to supply of imprest or bulk medications.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE

Use of Barcode Scanning within the Dispensing Process in SESLHD Pharmacy Departments

SESLHDPR/078

1. POLICY STATEMENT

This procedure ensures that all SESLHD pharmacy staff are aware of the process for using barcode scanning during the dispensing process, to ensure that the technology effectively reduces dispensing errors as intended. This procedure does not apply to areas outside of Pharmacy departments. It also does not apply to supply of imprest or bulk medications.

2. BACKGROUND

All pharmacy services must have barcode verification incorporated into dispensing procedures to reduce the rate of product selection errors. Barcode verification must be used for all medications which have a barcode on the packaging. Barcode verification must be incorporated into the workflow in a way that it acts to confirm the correct product selection when the dispensing label is applied.

3. RESPONSIBILITIES

3.1 Directors of Pharmacy (or equivalent at SESLHD site) must:

- Ensure that all pharmacy staff members are made aware of the need to use barcode scanning during dispensing and undergo appropriate education and training.
- Monitor the use of barcode scanning and the occurrence of dispensing errors to ensure compliance with this procedure.
- Monitor the rate of unscanned and failed items to identify issues and optimise the rate of barcode scanning.

3.2 Pharmacy staff must:

- Use barcode scanners when dispensing medications in pharmacy in accordance with the agreed processes described in this procedure and a site specific standard operating procedure (SOP).
- Understand that barcode scanning is an aid to minimising selection errors but not a substitute for other checking procedures.

4. PROCEDURE

4.1

Barcode verification is incorporated into the dispensary workflow such that it acts as a checking process, rather than a product selection process.

The iPharmacy dispensing system has 2 types of medication barcode scanning methods that are used in SESLHD Pharmacies: -

1. **None** - the default and used unless the local site has opted for another barcode scanning method. "None" scanning is accessed through the menu: Dispensing > Medication Scan Check.
2. **Detailed Scanning** - "Detailed" is the most comprehensive scanning type, scanning is accessed via the patient's "Dispensing History Window". The visual prompts in "Detailed" scanning is more obvious to the user, which allows them

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to see more clearly what has been successfully scanning vs incorrect scan vs override scan. Detailed scanning can be non-mandatory or mandatory. The mandatory detailed scanning option has a parameter that can be switched on/off for different script classifications (e.g. inpatient, discharge, outpatient). "Mandatory scanning" means that the 'Prepare' to 'Authorise' workflow must be used, as the 'Authorise' button is greyed out (i.e. unavailable) until a product has been Prepared' and a successful scan check has been completed. At this point, the dispensing can be then be 'Authorised'.

The local site Pharmacy Department determines which type of barcode scanning is used at their site and has a local SOP for their option of barcode scanning.

An example of the dispensing process incorporating barcode verification is as follows but the order of selecting the product first or generating the label first may vary at different SESLHD sites and is outlined in the local SOP.

1. Ensure a check of the clinical appropriateness of the prescription has been performed prior to dispensing.
2. Process all the required medications for that patient in iPharmacy, generating dispensing labels.
3. Select the appropriate products, using the prescription to guide selection (not the labels).
4. For the first medication, attach the label to the container and add the medication into the container if required.
5. Scan the barcode on the dispensing label and the barcode on the product. Visually check iPharmacy to ensure that the product scanned matches.
6. Repeat steps 3, 4 and 5 for the next product.
7. Repeat until all products have been labelled.
8. Visually recheck all labels and products against the prescription.
9. Pass to the checking pharmacist for a final check (where possible) or double check your own work.

4.2

This process applies to dispensing of all inpatient medication orders, discharge, and outpatient prescriptions. Some medications, e.g. Special Access Scheme medicines, S19A medicines, extemporaneously prepared medicines are unable to be scanned. If the medication cannot be scanned, the process of escalation/ review should be outlined in the local site SOP.

5. DOCUMENTATION

Barcode scanning will be identified in iPharmacy system.

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6. AUDIT

The local site Pharmacy Department will have a SOP detailing the process for scanning to be completed contemporaneously for each product dispensed and processes to identify and rectify if a product cannot be scanned. At a minimum, a monthly audit is to be completed to monitor scanning activity with staff feedback mechanism in place.

7. REFERENCES

- [PSA Professional Practice Standards: Version 6 \(2023\)](#)
- [PSA Dispensing Practice Guidelines: June 2019](#)
- [Pharmacy Board of Australia: Codes and Guidelines- Pharmacy Guidelines for Dispensing of Medicines.](#)
- [NSW Ministry of Health Policy Directive PD2022_032 - Medication Handling Section 4.4.4.](#)
- [Clinical Excellence Commission July 2014:](#) Using Barcode Scanning to Reduce Medication Errors- Information for Staff.

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
19 June 2024	1.1	Transferred into Procedure template from SESLHDBR/078. Minor review by SESLHD Team Lead- Pharmacy Operations or delegate. Approved by Executive Sponsor and SESLHD Drug and Therapeutics Committee.