

Introduction

Hazards associated with handling of chemotherapy drugs are well documented¹⁻¹¹. Ensuring healthcare worker safety should be a priority and organizations are wise to invest significant time in development of a comprehensive HD safety programs.

Guidelines provided by NIOSH Alert¹, ASHP recommendations² and Proposed USP<800>³ offer a large number of steps needed to safely compound hazardous drugs. As healthcare shifts to a model where improved efficiencies and reduced labor and supply costs are critical, it is important that number of steps and time to compound a dose be considered when a closed system drug transfer device is being chosen.

Objectives

The key objective of this study is to clarify the misperceptions surrounding CSTDs. Over the last 15 years, CSTDs have evolved in technology and offer various mechanism for containing vapor and protecting healthcare workers. This study aims at assessing various technologies for Hazardous Drug Compounding by performing a Time-Motion assessment. The study looks at both total steps and total time to compound a simulated dose of chemotherapy using the following ONB approved CSTDs:

- BD PhaSeal
- ICU ChemoLock
- Equashield

The study will also qualitatively assess key attributes that lead to increase in efficiency.

Methods

Each of the 3 tested CSTDs were assessed across the same set of compounding protocol to prepare an IV Piggyback dose from a liquid dose vial. Table 1 below outline the high level method and Figure 2 shows the CSTD Setup Structure.

Table 1: CSTD Dose Compounding Method					
Use of CSTD Syringe	PhaSeal	ChemoLock	Equashield		
Number of Packages to Open	2	2	2		
Setup Step 1	Draw ambient air into a syringe	None	None		
Assembly	Luer-Lock syringe to PhaSeal Injector	Luer-lock syringe to ChemoLock	None		
Connecting Method	Push-Turn-Push	Push to lock	Push		
Setup Step 2	Inject air from syringe into the vial	None	None		
Additional Steps for Transfer of Liquids	None	Push-Pull-Push technique required during the whole injection procedure of diluents	None		
Flow Rate/Strains on User (relative)	Slow/high	Slow/high	Fast/low		
Disconnecting Method	Pull-Turn-Pull	Pinch two levers/pull Pull			

PhaSeal





Equashield



Figure 1: CSTD Setup

Comparing The Efficiency of Closed System Transfer Devices for Compounding

Adopted from "Assessing the Efficiency of CSTDs for Compounding" by Fouzia Berdi, et.al. July 2015. Pharmacy Practice & Products

Results

Figure 2 below summarizes outlines the process steps and time needed to compound a dose of chemotherapy using various CSTDs.

	Figure 2: Quantifying the HD Compounding Process Using ONB-Approved CSTDs				
Steps	PhaSeal	ChemoLock	Equashield		
1	Unpack PhaSeal protector	Unpack ChemoLock Genie vial spike	Unpack Equashield vial adaptor		
2	Remove green protective cap	Remove the protective cap	Attach vial adaptor to a 50 mL vial		
3	Place P50 on vial mounting device	Attach Genie to a 50 mL vial	Remove the protective cap		
4	Attach protector to a 50 mL vial	Unpack a 60 mL syringe	Unpack Equahsield 60 mL syringe unit		
5	Unpack a 60 mL syringe	Unpack a ChemoLock with Luer lock	Connect the syringe unit to the vial		
6	Draw 50 mL of ambient air	Remove the protective cap	Invert vial and draw 50 mL of liquid		
7	Unpack PhaSeal injector	Attach ChemoLock to syringe to form syringe unit	Disconnect syringe unit from vial		
8	Attach injector to syringe to form the syringe unit	Connect syringe unit to vial	Unpack spike adaptor		
9	Connect syringe unit to vial	Invert vial and draw 50 mL of liquid	Attach spike adaptor to an IV bag		
10	Inject 50 mL of air into the vial	Disconnect syringe unit from vial	Connect syringe unit to empty IV bag		
11	Invert vial and draw 50 mL of liquid	Unpack ChemoLock bag spike	Inject 50 mL of liquid into the bag		
12	Disconnect syringe unit from vial	Attach ChemoLock spike to empty IV bag	Disconnect syringe unit from bag		
13	Unpack infusion adapter	Connect syringe unit to bag			
14	Attach infusion adapter to empty bag	Inject 50 mL of liquid into the bag			
15	Connect syringe unit to IV bag	Disconnect syringe unit from bag			
16	Inject 50 mL of liquid into the bag				
17	Disconnect syringe unit from bag				
Total Steps	17	15	12		
Time	87.7 Seconds	62.8 Seconds	36.4 Seconds		

It must be noted that process steps and compounding mechanisms were different across CSTDs tested. The time required to compound a dose correlated with the number of steps needed to complete a preparation. Table 2 below outlines the key CSTD attributes that contribute the increase in efficiency of one system relative to another.

Needle-free vs. Needle-safeNeedle-Safe (needle within system and vial spike)Needle-freeNeedle-freeVolume of Air Displacement in syringe requiredYesNoYesVes (one-way engagement of Yes (system rotates 360° in eitherYes (system rotates 360° in either							
Containment SystemSealed diaphragmDiaphragm; Compartmentalization within vialCoNeedle-free vs. Needle-safeNeedle-Safe (needle within system and vial spike)Needle-free(neVolume of Air Displacement in syringe requiredYesNoYesYes (one-way engagement of syringe to device with reverseYes (system rotates 360° in either direction at the female hub of(pre-bo)	Table 2: Key CSTD Attributes for Efficiency						
Containment SystemSealed diaphragmCompartmentalization within vialCompartmentalization within Needle-freeCompartmentalization within Needle-freeCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization windCompartmentalization wi	Device Attribute	PhaSeal	PhaSeal ChemoLock				
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Syringe Safety Features syringe to device with reverse direction at the female hub of (pre-bo	•	Yes	No				
	nge Safety Features	syringe to device with reverse	direction at the female hub of	(pre-bonde			
Use of a Vial-Mounting Yes, recommended No Device No	•	Yes, recommended	No				
Device-to-Vial InterfaceNeedle spikePlastic spike	ce-to-Vial Interface	Needle spike	Plastic spike	Р			
Device-to-Device Interface Membrane-to-membrane with needle needle needle system)	e-to-Device Interface		elastomeric double membrane	Membrane			
User-to-Device Interface Push-turn-push Click-to-Lock Color-t	to-Device Interface	Push-turn-push	Click-to-Lock	Color-to-co			
Pre-Bonded Components No Yes (ChemoLock offers bonded IV sets) Yes (clearing the set set set set set set set set set se	onded Components	No		Yes (closed sy			

The process step that contributed to most time required to compound a dose with PhaSeal was the air displacement step. Due to product design, it was required to introduce premeasured air into the syringe prior to syringe adaptor connection. Similarly, for ICU the largest time consuming step was the Push-Pull-Push technique for injection procedure of diluents. It must also be noted that both PhaSeal and ChemoLock required use of standard syringe, while Equashield offered closed-syringe bonded to syringe devices. Equashield also required the least number of steps and overall time to compound a dose given design attributes that lead to optimal efficiency of the product for use when compounding hazardous drugs within a pharmacy.



Equashield				
yringe device; partmentalization				
Needle-safe lle within system)				
No				
Yes ded syringe-to-syringe device)				
No				
Plastic spike				
ne-to-membrane with needles				
color alignment, slide				
ed-syringe bonded to vringe device)				

Conclusion

CSTDs are proven to reduce exposure to HDs during the drug compounding and administration processes. Contrary to common belief, when staff is properly trained and are experienced CSTD users, the time required to compound CSPs using CSTDs does not differ significantly from the time it takes to compound with a needle and syringe. Although this analysis shows variability in the time required for compounding using the three CSTDs evaluated, all the CSTDs increase safety without adding an untenable amount of time to work to the process.

Understanding the impact of CSTDs on pharmacy compounding workflow and output is critical. In addition to safety, CSTDs should facilitate efficiency. Critically reviewing the steps for using each CSTD and summarizing the differences in mechanical manipulation can help assess the time required to compound CSPs using CSTDs.

Once the number of steps required and the time for the compounding process are determined, multiplying these metrics by number of doses compounded daily, weekly and annually will allow managers to quantify the time required for compounding over a given time period. In this way, managers can determine workload requirements and monitor the need for additional personnel or the reduction of hours based on changing compounding volume.

Key take away from the study can be summarized below:

- PhaSeal required the most steps to compound a dose (17 steps) while Equashield required the least (12 steps).
- Similarly PhaSeal required over twice the time to compound a dose compared to Equashield
- ChemoLock performed in the middle with 15 steps and 62.8 seconds to compound a dose

As hospital budgets are trimmed and focus on cost cutting increases, it is important to select a closed system that is both safe and efficient for compounding Hazardous Drugs.

References

- Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings. http://www.cdc.gov/niosh/docs/2004-165/. Accessed June 16, 2015.
- American Society of Health System Pharmacists Council on Professional Affairs. ASHP Guidelines on Handling Hazardous Drugs. Am J Health-Syst Pharm. 2006;63:1172-1193.
- United States Pharmacopeial Convention. General Chapter <800> Hazardous Drugs—Handling in Healthcare Settings. http://www.usp.org/usp-nf/notices/general-chapter-hazardous-drugs-handlinghealthcare-settings. Accessed June 16, 2015.
- Lamm MH, Eckel S, Daniels R, Amerine LB. Using lean principles to improve outpatient adult infusion clinic chemotherapy preparation turnaround times. Am J Health-Syst Pharm. 2015;72(13):1138-1146.
- Connor TH, Anderson RW, Sessink PJ, et al. Effectiveness of a closed-system device in containing surface contamination with cyclophosphamide and ifosfamide in an i.v. admixture area. Am J Health-Syst Pharm. 2002;59(1):68-72.
- Spivey S, Connor TH. Determination of sources of workplace contamination with antineoplastic drugs and comparison of conventional IV drug preparation versus a closed system. Hosp Pharm. 2003;38:135-139.
- Wick C, Slawson MH, Jorgenson JA, et al. Using a closed-system protective device to reduce
- personnel exposure to antineoplastic agents. Am J Health-Syst Pharm. 2003;60(22):2314-2320. Harrison BR, Peters BG, Bing MR. Comparison of surface contamination with cyclophosphamide and
- fluorouracil using a closed-system drug transfer device versus standard preparation techniques. Am J Health-Syst Pharm. 2006;63(18):1736-1744. Nyman H, Jorgenson J, Slawson MH. Workplace contamination with antineoplastic agents in a new
- cancer hospital using a closed-system drug transfer device. Hosp Pharm. 2007;42:219-225. Sessink PJM, Connor TH, Jorgenson JA, Tyler TG. Reduction in surface contamination with antineoplastic drugs in 22 hospital pharmacies in the US following implementation of a closed-
- system drug transfer device. J Oncol Pharm Pract. 2011;17(1):39-48. 11. Clark BA, Sessink PJ. Use of a closed system drug-transfer device eliminates surface contamination
- with antineoplastic agents. J Oncol Pharm Pract. 2013;19(2):99-104.

