

Taming the Sample Closet

Take control of your samples
before they take control of you.

Mitchell L. Cohen, MD



During a brief break between patients one day, I walked back to our office kitchen to grab a cup of coffee. Our kitchen happens to be near our drug sample area, and before I could even find my coffee mug, a startling sight caught my attention: A brown cardboard box lay on the floor with smaller boxes inside, each containing an even smaller bottle filled with a one-week supply of a proton pump inhibitor. Strewn over the counters were various sample bottles of the latest and greatest angiotensin II receptor blocker, a rudimentary log to keep track of sample dispensing and an array of pamphlets on the diagnosis and treatment of various conditions. Above the counter space, the doors to the sample cabinet stood open, the latches having not worked

for months. Inside the cabinet was a hodgepodge of medications to treat everything from osteoporosis to an enlarged prostate. With trepidation, I pulled a few pill bottles out of the deep recesses of the cabinet. Some of them had expiration dates from the Clinton administration. It was painfully obvious that we had neglected our sample area, and something had to be done.

Diving in

The first big overhaul of our sample area took me about four hours spread out over two days. During this time, I sorted and reorganized diligently between patient visits and during lunch. As I began to restore order,

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I realized we were probably not the only practice trying to tame the sample closet beast. If you can relate to the chaos I encountered, maybe it's time you paid a little attention to your practice's sample area. It isn't difficult to organize your samples, but it does require some time and effort. Following this step-by-step plan will guide you to a neatly organized sample closet.

Step 1: Learn the rules. Drug sample storage and distribution falls under individual state regulations, but in general, once the samples are in your hands, it's up to you to decide how they are stored and distributed. Some states, such as New Mexico, regulate record keeping for sample distribution, but others, such as Washington, have very few requirements once drug samples reach the physician. Contact your state medical society if you have specific questions or concerns, but keep in mind that it's our obligation to keep samples safe and dispense them properly and systematically.

Step 2: Check the dates. A good cathartic cleaning of the sample area first requires culling of all expired medications. This activity greatly pleased my obsessive-compulsive tendencies, but the sheer waste of throwing away hundreds and likely thousands of dollars in unused medicine was quite disheartening. Dispensing expired medications to your patients is certainly a liability. In the past, free clinics and medical missionary organizations have been willing to accept recently expired medications, but as medical liability issues arise, this is becoming a less appropriate option.

Disposing of medications is also tricky because of environmental concerns. Your

local hazardous household waste center may accept them, but if not, the wastebasket might be the best available option for now; flushing medications down the sink or toilet pollutes the wastewater system. Visit the Environmental Protection Agency's Web site at <http://www.epa.gov/nerlesd1/chemistry/ppcp/relevant.htm#disposal> for a list of resources on proper drug disposal.

Step 3: Choose a classification system. Organize your closet using the system that works best for your practice. One efficient organization method is to group samples by class. We chose to group all migraine medications together, all antihypertensives together, and so on. Make sure to place drugs with similar names away from each other so that you don't confuse them. If a particular medication comes in multiple tablet sizes, consider a separate bin for each to avoid accidentally distributing an unintended dosage.

Step 4: Protect the contents. No one wants to believe that our coworkers and staff might have sticky fingers, but it's a smart idea to keep drug samples protected. While it's probably not practical to keep the sample area locked during the day, I recommend that you lock it at night. Because we store our samples in the office's kitchen cabinets, we opted for small padlocks. Simple locks won't stop determined thieves, but they will help keep generally honest people honest. For medications that could be abused, of course, more secure storage is important even during the day. Other medications, such as those for erectile dysfunction, may also warrant special consideration if they have been known to magically walk away from the office during business hours. I also suggest designating a sample overflow area, which should be another secure cabinet, closet or drawer, to prevent samples from getting lost in random corners of the office, never to be found again.

■ Organizing your sample area takes time, effort and a step-by-step plan.

■ Before you begin, check whether your state has specific regulations for sample storage and distribution.

■ Dispose of expired medications at a household hazardous waste center, if possible, or in the wastebasket.

About the Author

Dr. Cohen is a private practice family physician and adjunct faculty member at St. Peter Family Medicine Residency in Olympia, Wash. Author disclosure: nothing to disclose.

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Drug reps can occasionally present problems for sample areas, so it doesn't hurt to be cautious when they visit your practice. We only see five to 10 reps each week. They wait for us near the sample area, and we have not had problems with them rearranging our sample area or removing competitors' samples. Depending on your practice location and size, you may want to set a limit on the number of drug reps you see each day and the hours you are available if you feel the need to keep a close watch on your sample area.

Step 5: Track your distribution. You need a documentation system if for no other reason than to be able to contact patients in case of a recall. We record sample dispensing in the patient's chart, but we also print a copy of our daily patient schedule from our practice management software with space to write in sample information (i.e., medication name, dose, lot number and expiration date) next to

the patient's name. This serves as our dispensing log, which we keep in a secure spot near the sample cabinets. Our log contains schedules from the past 18 months, but six months to one year is probably sufficient. The likelihood of a recall for a medication older than that is remote at best. When a drug is recalled, it has been amazingly quick and easy to look through the cabinets and our log to find the recalled medications and the patients who are taking them. Even with our manual, low-tech system, this whole process takes less than 30 minutes.

Other offices may choose to have more extensive written logs or to order triplicate forms to track their samples. The sample logs below illustrate one way of tracking incoming and outgoing samples. While somewhat more labor intensive up front, you can also create a Microsoft Access database or Excel spreadsheet to expedite the recall of medications, lot

FORMATS FOR SAMPLE-CLOSET LOGS

Samples Received Log

Medication	Dose	Lot number	Exp. date	Quantity	Today's date	Initials

Samples Dispensed Log

Patient name	Medication	Dose	Lot number	Exp. date	Today's date	Initials

■ Arrange your samples using a classification system that makes sense for your practice.

■ To keep track of your samples, keep them securely locked at night, and maintain a log of what you receive and dispense.

■ Establishing a regular routine will help keep your sample area clean and orderly.

numbers, patient names or any other data you want to track.

Step 6: Keep supplies handy. I suggest keeping pens and a notepad nearby for patient instructions. This will remind you to write out directions in addition to oral instructions. This will improve patient adherence. I also store a supply of small bags in our sample area. I generally give patients their sample medication in a brown bag or a plastic bag, and then I ask them to use it to bring all of their medications with them to their next visit. I explain to patients that when they bring their medications with them, I can compare what I have in their chart with what they brought. With such a complicated health care system and with patients often seeing multiple doctors, I like to make sure we're on the same page.

Step 7: Repeat as necessary. Many offices might find it works best to assign a nurse to be the sample area champion, but I've taken on this role for our office as I find it somewhat relaxing – in my obsessive-compulsive kind of way. I try to make disposing of expired medications a fairly continuous

process as I retrieve samples for patients throughout the day. If I encounter an expired medication, I toss it. Then, as part of a general cleaning each month, I spend about 30 minutes hunting through the samples that we don't distribute too often and purging the expired ones. During this time I also restock the shelves with the overflow samples.

The fruits of our labor

With the initial reorganization of our sample area complete, it's become much easier to maintain a semblance of order for our three-physician practice. It's also easier for us to find what we're looking for and provide our patients with the correct dose of the correct medication. With the new latches and locks in place, the expired bottles cleared away and the peace of mind that comes with completing a task, I could finally sit back and enjoy that cup of coffee I intended to have in the first place. **FPM**

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