

Description

BACKGROUND OF THE INVENTION

Field of the Invention

[0001] The invention is generally related to a medication dispensing unit, and more particularly to a device that dispenses medication and monitors compliance with a medication regime.

Description of the Related Art

[0002] Doctors commonly prescribe a regimen of pills to be taken by ill persons. For example, a regimen such as "take two of the blue pills every six hours and one of the green pills every four hours" or the like is not uncommon. For some persons, such a specific regimen or course of medication may be easily followed. For other persons however, confusion can arise both concerning the schedule and concerning whether or not the medication has been taken. This problem occurs frequently with elderly persons who may have suffered some loss of mental faculties, but can occur with other persons as well.

[0003] A variety of automated dispensers of pills which are purportedly aimed at some aspects of this dispensing problem are described in the related art. According to their respective descriptions these dispensers are intended to provide for dispensing of pills according to some specified regimen. In addition, in some cases, they have some described means to permit a determination of deviations from their programmed regimen. These dispensers, however have shortcomings in their complexity, cost, flexibility, ease of use, error resistance for use in many conventional medication dispensing needs.

[0004] For example, U.S. Patent 5,582,323 issued to Kurtenbach describes a medication dispenser and monitor system. According to its description, the Kurtenbach dispenser apparatus has a plurality of compartments which directly receive and hold pills for dispensing individual medication dosages. The dispenser provides an alarm alerting the patient that it is time to dispense his or her medication. If the medication is not dispensed the unit makes a call to a monitoring facility. The medication dispensing and monitoring system described in Kurtenbach also allows for recording non compliance by the patient.

[0005] However, Kurtenbach does not provide any protection against overdosing by the patient and, further, does not provide any emergency communication to a local caregiver who is more likely to quickly aid the patient than the central monitoring service. Also, the described medication apparatus directly stores pills in compartments which may become contaminated by residue.

[0006] U.S. Patent 5,646,912 issued to Cousin also

describes a medication dispensing apparatus. According to its description the apparatus has a plurality of pill dispensing units controlled by a microprocessor that is programmed with a patients medication schedule. According to its description, the pill dispensing apparatus can prevent overdosage or underdosage in the subject patient by altering the medication dosage dispensing schedule.

[0007] Cousin, however, has shortcomings which could render it inadequate for many anticipated uses. One shortcoming is that its apparatus uses compartments that directly contain the medication to be dispensed, and such compartments are readily susceptible to residue build up. Additionally, Cousin's described scheme and apparatus for preventing overdosage or underdosage in a subject patient is somewhat complicated and, accordingly, could be difficult to implement.

[0008] There is therefore a need for an improved dispensing system for home medication. The present invention is directed to this need, and provides further related advantages.

SUMMARY OF THE INVENTION

[0009] It is an object of this invention to provide an on-site medication dispensing unit that is readily programmable for dispensing pills to a patient over an extended period of time and which monitors patient compliance with the programmed medication regime.

[0010] Another object of this invention is to prevent overdosage or stacking of dosages in the unit's output mechanism by having a visual and/or audible alerting feature which notifies the patient at a prescribed dosage time in accordance with the regimen that is programmed into the unit and then, and having a limited time window during which the patient must press a button or similar input device to activate the unit's output mechanism to effect a physical dispensing of the canister from the unit. The time window is re-programmable. If the patient has not pressed the button or activated the input device when the time window ends the canister is dropped into an inaccessible bin located within the unit. A further feature of the unit alerts the patient in steps of escalating intensity, either audibly and visually, or both, if the button or similar input device is not activated.

[0011] It is another object of this invention to provide a medication dispensing unit which is linked to a 24 hour monitoring facility, whereby the monitoring facility can alert a caregiver if an occurrence that is defined by the unit's program to be an emergency situation arises. An example emergency situation is the patient's failure to activate the dispensing button which, as described above, causes the canister to be dropped to an inaccessible bin, more than a predetermined number of times over a predetermined time duration.

[0012] It is still another object of the present invention to provide an automatic prioritized order of contacting persons in the event of the on-site unit detecting an

emergency situation. Pursuant to this object, according to one example embodiment, the on-site dispensing unit first responds to the detection of an emergency by placing a telephone call to a first designated local caregiver such as, for example, a relative of the patient. An example response from the caregiver contacted consists, for example, of the caregiver depressing a telephone key, or sequence of keys programmed to be recognized by the on-site dispensing unit. If the first designated local caregiver is not reachable or does not respond to the call, the on-site unit then contacts, in sequence, a second, third and fourth designated local caregiver until one of them responds. If none of the designated caregivers respond to the calls, the on-site unit contacts the central monitoring facility. The central monitoring facility then responds in a manner depending on design choice, one response being to contact the local authorities. One benefit of the prioritized calling feature is that local caregivers, who can readily proceed to the patient's location, are notified first. Another benefit is a reduction in the frequency that the central monitoring facility notifies the authorities.

[0013] As described above, the present invention provides for monitoring of the patient's compliance with a prescribed medication regimen by alerting one or more caregivers and the central monitoring facility if a dosage is missed. A further contemplated feature is a periodic reporting by the dispensing unit to the central monitoring facility of a history of the unit's activity such as, for example, each dosage alert, each depressing of the unit's dispensing button, each detection of a canister being fully dispensed from the unit, and each missed dosage. A still further contemplated feature is for the on-site unit to receive a request-for-report signal from the central monitoring facility for either an entire activity history, or a specific subset of the activity, as well as a report of the current dosage regimen that is programmed into the unit.

[0014] A still further feature is for the central monitoring facility to have a record keeping service which, in addition to a record stored in the dispensing unit, records the patients compliance with the prescribed medication dosage regimen. This record would be available to the caregiver or patient physician from the central monitoring facility.

[0015] One embodiment of the on-site medication dispenser unit includes a rotating tube rack wherein the tubes may be loaded with at least a weeks worth of a particular type of medication or types of medication. When a medication dosage is to be dispensed, the tube rack is rotated so that the proper tube is positioned at a dispensing chute. At the prescribed dosage time the dispenser's program initiates an alert to the patient. As described above, when the patient is alerted, he or she is required to push a dispensing button within a programmable time window. If the button is pushed the aligned tube of the rotating mechanism releases the bottom-most canister (dispensing cup), which then drops into a

chute accessible to the patient. If the patient does not dispense the medication when alerted to do so, the dispenser first, for some embodiments, steps through a progressive alerting of audio (tones and pre-recorded voice messages) and visual alerts with increasing intensity, and if the medicine is not dispensed, the rotating tube mechanism drops the canister into an inaccessible bin and the unit attempts to contact, in order, a pre-programmed list of caregivers and then if not successful, notifies the 24 hour central monitoring facility.

[0016] A still further embodiment of the invention provides a dispensing unit programmable to notify a patient to take a medication which is not dispensed by the unit. One example is the dispenser prompting the patient to take insulin using the above-identified visual display, audible alarm and/or audio message such as a prerecorded voice.

[0017] According to one example embodiment, the on-site dispensing unit is loaded by first filling the appropriate plurality of canisters, or dispensing cups with the individual medication dosages, then transporting the filled canisters to the on-site unit, and loading them into the dispensing mechanism's tubes in the order in which they are to be dispensed. The plurality of canisters or dispensing cups can be loaded, and the dispensing units controller programmed accordingly, to provide either a large number of doses per day for up to, as an example, a week at a time, or for a smaller number of doses per day over multiple weeks. The canisters or dispensing cups may be filled at the location of the on-site unit, or pre-filled at a central distribution facility, or at a local station, such as a place within a nursing home.

[0018] After loading the canisters into the tubes, the unit is programmed using one of the following three methods; call the central monitoring facility and have the unit programmed remotely, use a setup panel to select a pre-programmed standard, use a setup control panel to enter in a customized schedule.

[0019] A control panel for programming the dispensing unit is preferably located under a cover of the dispensing unit thereby, preventing accidental or other altering of the stored medication dosage schedule.

[0020] In addition to the medication dispensing and monitoring functions of the dispensing unit, a further embodiment includes a wireless communicating device worn by the patient which is communicatively linked with the dispenser to provide additional emergency protection to some patients. In an emergency, the patient can activate the wireless communication device which would communicate with the dispensing unit. The dispensing unit would in turn send an emergency message to the central monitoring station. The personal communication device may be a pendant worn around the neck or any other suitable device that can be worn on the patient's body. The medication dispensing unit may optionally incorporate an emergency button that serves the same function as the personal communication device. Other embodiments of the wireless emergency commu-

nications device are a wall mounted wireless emergency button and a table top wireless emergency button.

BRIEF DESCRIPTION OF THE DRAWINGS

[0021] The foregoing and other objects, aspects and advantages will be better understood from the following detailed description of the preferred embodiments of the invention with reference to the drawings, in which:

Figure 1 is a high level system diagram of a medication dispensing and monitoring system according to the present invention;

Figure 2 is an isometric view of an on-site medication dispenser according to the present invention;

Figure 3 is an isometric view of the Figure 2 on site medication dispenser with the cover panel open;

Figure 4 is an exploded isometric view of the Figure 2 on site medication dispenser; and

Figures 5A and 5B show a detailed operational flow chart for an on-site dispensing unit and monitoring system according to the present invention.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS OF THE INVENTION

[0022] Figure 1 is a high level system diagram of an example medication dispensing and monitoring system according to the present invention. The Figure 1 system includes an on-site medication dispenser 2 which stores a plurality of canisters or dispensing cups, described in detail further below, each cup filled with one or several pills of one or more type for dispensing at a prescribed time. The canisters or dispensing cups are loaded into the on-site dispensing unit 2 by authorized persons from a visiting nurse facility or from a doctors office, or by a local caregiver. The specific apparatus and details of operation of the medical dispensing unit 2 are described further below in reference to Figures 2-4, 5A, and 5B.

[0023] The on-site dispensing unit 2 has a microprocessor-based controller (shown in Figure 4), which is described further below, the controller having a standard data storage function (not shown). The dispenser unit 2 data storage receives and stores a dispensing program, or receives data entries into a prestored user-prompt program, representing the patient's prescribed medication regimen. The program or data is entered into the unit 2 manually, by either the patient or the caregiver 4, or is received via modem (not shown) from one of several remote sites including the patient's physician office 6, a nursing facility 8, a central control/monitoring facility 20, or a retirement home facility 12. The on-site dispensing unit 2 then, by its example apparatus and operation described below, executes the entered dispensing program by alerting the patient, by a visual and/or audible means 3, at each of the programmed dosing times and, concurrent with each alerting operation, places or assigns one of its internally stored dispensing cups into a

ready-to-dispense mode or mechanical state. The controller concurrently establishes a window of time, relative to the alerting signal, during which the patient can input a dispensing signal 5 via, for example, a button, shown as item 68 in Figure 4, or other input device, such as a touchscreen (not shown). The duration of the time window is set by the entered program or by a default value. If the user input signal 5 is received before expiration of the time window the assigned dispensing cup is output from the unit, as shown by label 7. The apparatus and method of the on-site dispensing unit 2 for carrying out the patient alerting and dispensing operations are described in further detail below.

[0024] If the patient has not yet responded, e.g., pushed the button 68 of the medication dispensing unit 2, at the end of the time window, the unit 2 for the Figure 1 embodiment immediately transmits an alert 14 via, for example, a unit modem (not shown) to a first designated caregiver 16. In addition to generating the alert 14, the on-site dispensing unit 2 drops the dispensing cup that had been in the ready-to-dispense mode into an inaccessible storage of the unit 2, by an apparatus and operation described in further detail below.

[0025] If no response is received by the unit 2 from that first designated caregiver, the unit 2 sends another alert 14 to second designated caregiver (not shown) or to the retirement/nursing home monitoring facility 12 (if patient is in a retirement home environment). Alerting sequences different from the example above are readily written into the dispenser unit 2 microprocessor based controller to achieve different priority sequences. Referring to Figure 1, a preferred example notifies the central monitoring facility there is no valid response from any of the designated caregivers 16 or from the retirement home monitoring facility 12.

[0026] Instead of a unit 2 modem (not shown), communication with the remote sites, such as 16, 12 and 20 can be realized by direct a phone line or cellular phone connection. Regarding the specific form of receipt verification signal that the remote monitoring sites 16, 12 and 20 transmit back to the on-site dispensing unit 2, that is a simple design choice, with examples including a specific phone keypad (not shown) entry, or sequence of entries, or a designated key (not shown). Further, the dispenser unit 2 may be equipped with a voice-recognition feature, recognizing, for example, "I'll be right over." Various commercial voice recognition hardware/software modules, readily incorporated into a standard microprocessor based controller are available as off-the-shelf items.

[0027] In the description above of the Figure 1 example system, the on-site dispensing unit immediately transmits an alert signal 14 if there has been no user input of the dispensing signal when the time window ends. A further embodiment, which is described below in reference to Figures 5A and 5B, uses a plurality of, for example, two time windows during which the user may input the dispensing signal, e.g., press the button

68. In that further embodiment, the audio or visual alarm is generated at a first intensity during the first time window. If that first time window ends and the user has not yet entered a dispensing signal the unit increases the alarm level. The increased alarm level is continuous or, alternatively, is steadily increasing, until the end of the second time window. If the user, at the end of the second time window, has still not entered the dispensing signal then the unit 2 generates the alert signal 14 as described above.

[0028] Referring to Figure 1, the central monitoring facility 20 is connected to the on-site medication dispenser 2 via modem (not shown) and, in addition to receiving alerts 14 from the unit 2, unit 2 is optionally programmed for periodic reporting concerning the operation and status of the unit 2. The information transmitted by such a periodic reporting is a design choice, preferably including a history of all dispensing operations over a set time period. In addition, the central monitoring facility sends a query to the on-site dispensing unit 2 over the modem line requesting information. Still further, the patient's physician office 6 may request a record 18 of dosage schedule compliance from the central monitoring facility 20 to further enhance the treatment of the patient.

[0029] Figures 2-4 show as item 30 one example embodiment of on-site medication dispenser 2 according to the present invention. An operation of the Figure 2-4 unit is shown by the functional flow chart of Figures 5A and 5B, which are discussed further below. For purposes of this description, references to the example on-site dispensing unit 30 of Figures 2-4 refer also to the dispensing unit 2 within the system shown by Figure 1. Referring to Figure 4, the unit 30 has a LCD display 32 which displays information describing the medication dosage schedule to the patient, as well as other information that can assist the patient with the administering of a medication. An example of other such information is that when a specific medication is dispensed, the display may, if appropriate, indicate that the medication should be taken with food.

[0030] Referring to Figures 2-4, once the medication dispenser unit 30 has been loaded with dispensing cups 46, and the dispensing program has been loaded into its controller 58, and activated via the keypad 66, a patient alert will be generated by the light 81 indicating to the patient when each dispensing time occurs for a prescribed medication dosage. As will be understood from this description of the detailed structure shown by Figure 4, the one of the tubes 70 having as its lowermost dispensing cup 46 the cup having the medication to be taken when the light 81 is activated is rotated into alignment with the dispensing mechanism 72. If the patient depresses the dispensing button 68, or the equivalent button 34 of Figure 2, during the programmed time window the dispensing mechanism 72 is activated and that lowermost dispensing cup 46 is deposited into a chute 36 and thereby made accessible to the patient.

[0031] The Figure 2 example on-site dispensing unit

30 has an emergency button 38 incorporated into it. As will be understood from the description below, when the emergency button 38 is depressed an emergency call is automatically placed to one or more remote sites, such as the caregiver 16 or the central monitoring facility 20.

[0032] Figure 3 shows the medication dispenser 30 with the access panel 42 open. With the access panel 42 open the manual program keypad 44 can be accessed. Loading individual medication canisters 46 is also accomplished with the access panel 42 open. Each dispensing tube 48 is exposed in turn to be loaded with the individual medication canister 46. Also, access to the missed medicine canisters 45 is provided when access panel 42 unlocked and open. Access panel 42 can be locked to prevent unwanted access to the missed medication and manual program keypad 44.

[0033] Figure 4 shows an exploded view of the example on-site medication dispenser unit 30 wherein a dispenser tube carousel 50 having, for this example, a plurality of ten canister tubes 70 is connected to a drive gear 52 which is rotated by a motor 54 located in the base. The base 56 houses a controller 58 and a battery pack 62. The controller 58 can be one of several standard off-the-shelf microprocessor-based controllers having standard-type actuator or servo drive interfaces and detector inputs, such as, for example, Intel® 80C196KB 16 bit microcontroller device or equivalent.

[0034] The base 56 of the depicted example is also designed to accommodate an LCD display 64 and keypad 66 and a dispensing button 68, which is equivalent to the button 34 of Fig. 2.

[0035] The operation that results from pressing the dispensing button 68 depends on the programmed mode of the unit 30, as will be understood from the functional flow charts of Figs. 5A and 5B described below. For example, it is optional to program the controller 58 such that upon pressing the button 68 the carousel 50 is directly rotated to position an individual one of the tubes 70, into an operative relation to the dispensing mechanism 72. As described for the embodiments depicted by Figs. 5A and 5B, however, the computer 58 rotates the carousel 50 such that one of the tubes 70 is placed into a proper dispensing position based on an upcoming dispensing schedule requirement which the controller 58 reads from its memory (not numbered). In such a case, as will be described, when the dispensing button 68 is depressed at a proper time the carousel 50 is already in the correct position and the dispensing mechanism 72 is operated to dispense the container 46 having the scheduled dosage from the selected tube 70 into a chute 74 formed in the base 56.

[0036] The position of the carousel 50 is determined by a position detector 76 located under the carousel 50, which relays positional information to the controller 58. The positional information relayed to the controller 58 is used to determine which of the tubes 51 has the canister 46 having the medication dosage that is scheduled to

be released according to a dispensing program entered by a caregiver through the keypad 66 or received from a remote source, such as the doctors office 6 shown in Fig. 1.

[0037] The tube carousel 50 is protected against contaminants and tampering by the cover 78 which mates to the base 56 when installed over the tube carousel 50.

[0038] Each of the ten tubes 70 may contain up to six of the canisters 46, and the tubes may be loaded with the canisters 46 in a variety of different configurations in association with the dispensing schedule entered into the controller 58. For example, if a patient is to receive a first medication at noon, and a second medication twice daily, e.g., at eight in the morning and ten at night, then each day would require three canisters 46. Each of the tubes 70 could therefore conceivably hold two days of medication. The unit 30 could, depending on design choice, access two days in succession from one of the tubes 70 before rotating the carousel 50 to the next tube 70 or, alternatively, dispense three canisters 46 in a day from one tube 70, and then rotate to the next tube 70 for the next day, and repeat the cycle until all of the tubes 70 were completely emptied. Other variations are readily seen by one of ordinary skill in the art.

[0039] As will be understood from the flowchart of Figs. 5A and 5B described below, the controller 58 generates an audible or visible alert at each dosing time contained in the entered dispensing schedule. If the dispensing request button 68 is not pressed prior to a first predetermined time, the audible or visible alert will be increased. If the audible or visible alert is increased the controller waits again to detect whether the button 68 is pressed prior to a second time limit. If the button 68 is not pressed then the canister 46 is placed into the missed dose compartment below the base 56. After a canister 46 is placed in the missed dose compartment, the controller 58 initiates a sequence of calls to a caregiver's phone 16 and then, if there is no response, to the central controller 20.

[0040] Alternatively, the controller 58 can be programmed to allow a specific time window during which the medication may be dispensed such as, for example, a time window that straddles a nominal dispensing time of one o'clock PM, the window extending, for example, from 12:45 PM to 1:15 PM. The patient must then press the dispensing button 68 during that time window. If the patient does not press the button 68 then, in accordance with one embodiment, the selected canister 46 containing the medication scheduled for dispensing at the programmed time is placed in the missed dose compartment. In accordance with this embodiment, if the patient does not press the button 68 within the time window then the controller 58 becomes unresponsive to the button 68 until the next time window.

[0041] Figures 5A and 5B together depict an example high level operational flow chart of a first embodiment of a medication system as depicted by Fig. 1, with an on-site medication dispensing unit such as shown by

Figs. 2-4.

[0042] Referring to Fig. 5A, after power to the dispensing unit 2 is turned on at block 100, block 102 initiates an initializing process.

5 **[0043]** Initialization of the unit includes home positioning the tube carousel 50, home positioning the dispense mechanism 72, configuring the controller 58 hardware and embedded software performing built-in self tests, and informing the patient/caregiver of the successful completion of said initialization via pre-recorded voice message and LCD message 64.

10 **[0044]** After the initialization process decision, block 104 conducts a self-test operation. Self test of the unit includes the test of all controller 58 memory, loopback testing of the embedded controller 58 modem, battery 62 and power supply voltage measurements, and the carousel 50 and dispense mechanism 72 positioning sensor 76 and 82 calibration.

15 **[0045]** If the on-site medication dispensing unit 30 is not functioning properly, the user is notified in function block 106, the unit 30 is serviced (or replaced) in function block 108 and the process loops back to the start of the initialization process in block 102. If the unit is functioning properly the user, i.e., the caregiver operating the unit, is notified in function block 110. Next, at input block 112, the unit 30 is ready to be loaded with medication dosages by the caregiver and to receive medication dosage scheduling into its controller 58 on the circuit board assembly of Fig. 4, from either a remote source, such as the doctor's office 6 of Fig. 1, or by manual input from the caregiver through a keypad such as the assembly 66 of Fig. 4. Decision block 114 determines if the unit 2 is filled. If the unit 30 is not filled, the decision block 114 initiates a process loop back to block 112. Otherwise the medication is ready to dispense in function block 118, subject to decision block 116 which determines if the medication dosage schedule has been input into the controller 58 on the printed circuit board assembly 58 of Fig. 4. If the schedule has not been input, the decision block 116 initiates a process loop back to function block 112. Otherwise the medication is ready to dispense in function block 118.

30 **[0046]** Decision block 120 is carried out by the controller 58 executing conventional timer-based commands (not numbered) in accordance with the loaded dispensing schedule, and determines if it is time to deliver a medication according to that schedule.

35 **[0047]** If the answer at block 120 is no, decision block 124 determines whether it is time to check in with the central monitoring facility 20. The specific times and frequencies for such check are entered, for example, with the dispensing schedule at step 116. If it is time to check in with the monitoring facility 20, a call is initiated as shown in function block 126, otherwise a process loop is initiated back to decision block 120. The call is made via, for example, the patient's phone 14 shown in Fig. 1.

40 **[0048]** If the answer at block 120 is yes, the patient is alerted, as shown by the Fig. 5B function block 122, by

a first level attention getting signal (not shown). The attention getting signal may be an audible sound through a speaker 80 associated with the unit 30 and/or by a visible light signal emanated by a light emitting device 81 associated with and/or mounted to the unit 30. Additionally, a pre-recorded voice message is played by the unit.

[0049] Concurrent with the start of the first level attention getting signal at block 122, the controller at block 132 begins to measure the time that elapses until the patient presses the button 34. If the button 34 (68 in Fig. 4) is pressed prior to the first time limit, the selected canister is delivered through the chute 36 (74 in Fig. 4) to the patient. If a first attention getting time expires and the patient has not yet pressed the button 34, a second level alert is initiated in block 134, otherwise the first level alert remains active in block 122. The second attention-getting signal generated at block 134 is either a louder or changed frequency audible sound, a brighter light, louder and/or a more urgent pre-recorded message, or a combination of the three.

[0050] Decision block 135 detects whether or not the patient has pressed the delivery button 34, while block 136 determines if a second level attention getting time has expired prior to such detection. If the button 34 is pressed prior to the second level attention getting time expires, the process goes to block 130 and the medication canister is dispensed through the chute 36.

[0051] If the second level attention-getting time has expired, the medication is placed in an internal safe container, as shown by block 138, and the second level alert is deactivated.

[0052] After the medication is placed in the internal safe container 83, as shown by function block 138, a call is initiated to the primary caregiver, as shown by block 140. Referring to Fig. 1, the call by function block 138 is placed through, for example, the patient's phone 14. As to the identity of the primary caregiver, this could be the retirement home programming/monitoring facility 12 shown in Fig. 1 or, if the on-site unit is located in a private home, it could be the telephone 16 of designated primary care person, such as a relative or a private nurse.

[0053] Referring to Fig. 5A, decision block 142 determines how many calls will be attempted to the primary caregiver. If the preset amount of call attempts is exceeded without contacting the primary caregiver, function block 144 initiates a call to a second caregiver. Caregiver contact is complete when the caregiver depresses the appropriate telephone key after hearing the pre-recorded voice message enunciated over the telephone by the unit. If, on the other hand, the primary caregiver is contacted decision block 142 is satisfied and prepares for the delivery of the dose, decision block 146. Decision block 146 in Fig. 5A determines if the unit is empty of medication dosages. If the unit is empty a caregiver is contacted in function block 148 and the process loop returns to the start of the medication filling process in block 112; otherwise the process loop returns to the

ready to dispense medication mode in block 118.

[0054] As discussed above, if the primary caregiver is not contacted, a call to a second caregiver is initiated in block 144. Fig. 1 does not separately depict a second caregiver, as this would be, for example, simply another caregiver and caregiver's phone such as item 16. Decision block 150 determines how many calls will be attempted to the second care giver. If the preset programmable amount of call attempts is exceeded without contacting the second caregiver, an attempt will be made to call a third caregiver in function block 152. Decision block 154 then determines how many calls will be attempted to the third care giver. If the preset amount of call attempts is exceeded without contacting the third caregiver, an attempt will be made to call a fourth caregiver in function block 156. Decision block 158 determines how many calls will be attempted to the fourth care giver. If the preset amount of call attempts is exceeded without contacting the fourth caregiver, an emergency facility or a central monitoring facility, such as the monitoring facility 20 shown in Fig. 1, will be contacted in function block 160. After the emergency or central monitoring facility is contacted the process loop goes to decision block 146.

[0055] As shown by Fig. 5A, if a caregiver is contacted at anytime during the missed medication mode the process loop goes to decision block 146.

[0056] While the invention has been described in terms of its preferred embodiments, those skilled in the art will recognize that the invention can be practiced with modification within the spirit and scope of the appended claims. For example, the second level attention getting signal, shown an block 134 of the process depicted in Fig. 5A, could be omitted. Further, the number of caregivers which the on-site unit attempts to contact before contacting the emergency facility or central monitoring facility being four is for purposes of example only. The process could be easily modified to contact the emergency facility after attempting only one caregiver or more than 4 caregivers. Also note, that the four caregivers represent 4 programmable telephone numbers to call. These numbers may represent one or more actual caregivers and could be used for alternate telephone numbers for said first care giver (e.g. work telephone number, home telephone number, mobile telephone number, pager number)

Claims

1. A medication dispensing system comprising:

- a central monitoring station; and
- an on-site medication dispensing unit comprising:
 - a plurality of canisters for storing pills;
 - canister support means for supportably holding said canisters;

a main enclosure means for enclosing said canister support means, said main enclosure means having a movable access cover, and having a canister dispensing port, said access cover movable to an open position for manually placing said canisters into said canister support means, and movable to a closed lockable position for preventing manual access to said canisters;

a missed dose enclosure means for holding at least one of said canisters in a manually inaccessible manner, said missed dose enclosure means having a canister input port; means for storing a dispensing schedule information; means for generating a dispensing notification signal detectable by human senses based on said pill dispensing schedule; a human interface means for receiving a manually entered dispense request signal; means for selecting a first canister from among said containers within said canister support means and for dispensing said first canister through said canister dispense port based on receipt of said dispense request signal within a first predetermined time after generation of said dispensing notification signal; means for detecting a failure to receive said dispense request signal within said first predetermined time after generation of said dispensing notification signal; means for placing said first canister through said canister input port into said missed dose enclosure means based on said detecting a failure; means for transmitting a first alarm call to a first caregiver receiver based on said detecting a failure; means for receiving a first confirmation signal from said first caregiver; means for contacting said central monitoring station based on a failure to receive said first confirmation signal.

2. A medication dispensing system according to claim 1, wherein said on-site medication dispensing unit further comprises:

means for detecting and storing a compliance history including a history of the patient entering the dispense request signal with respect to the first predetermined time; and means for transmitting said compliance history to said central monitoring facility.

3. A medication dispensing system according to claim 1, wherein said on-site medication dispensing unit further comprises:

means for detecting whether said selected first canister completely dispenses through said canister dispensing port, and wherein said means for transmitting a first alarm call further comprises means for transmitting said first alarm based on a detected failure to completely dispense said selected first canister detected by said means for detecting.

4. A medication dispensing system according to claim 1,

wherein said canister support means comprises plurality of tubes radially spaced about a common axis, and wherein said means for selecting a first canister comprises means for selectively rotating said plurality of tubes to place a selected one of said plurality into an alignment with said canister dispensing port.

5. A medication dispensing system according to claim 1, further comprising means for manually entering the dispensing schedule information into said means for storing the dispensing schedule information.

6. A medication dispensing system according to claim 1, further comprising means for receiving an externally generated signal having the dispensing schedule information and for storing information into said means for storing the dispensing schedule information.

7. A medication dispensing system according to claim 1 wherein said dispensing notification signal is a recorded audio message.

8. A medication dispensing system according to claim 1 where said dispensing notification signal is a light display.

9. A medication dispensing system comprising:

a central monitoring station; and an on-site medication dispensing unit comprising:

a plurality of canisters for storing pills; canister support means for supportably holding said canisters;

a main enclosure means for enclosing said canister support means, said main enclosure means having a movable access cover, and having a canister dispensing port, said access cover movable to an open position for manually placing said canisters into said canister support means, and movable to a closed lockable position for preventing manual access to said can-

isters;
means for storing a dispensing schedule information;
means for generating a dispensing activation signal based on said pill dispensing schedule; 5
a human interface means for receiving a manually entered dispense request signal;
means for selecting a first canister from among said containers within said canister support means and for dispensing said first canister 10
through said canister dispense port based on receipt of said dispense request signal within a first predetermined time window relative to said dispensing activation signal;
means for detecting a failure to receive said dispense request signal within said predetermined time window; 15
means for transmitting a first alarm call to a first caregiver receiver based on said detecting a failure; 20
means for receiving a first confirmation signal from said first caregiver;
means for contacting said central monitoring station based on a failure to receive said first confirmation signal. 25

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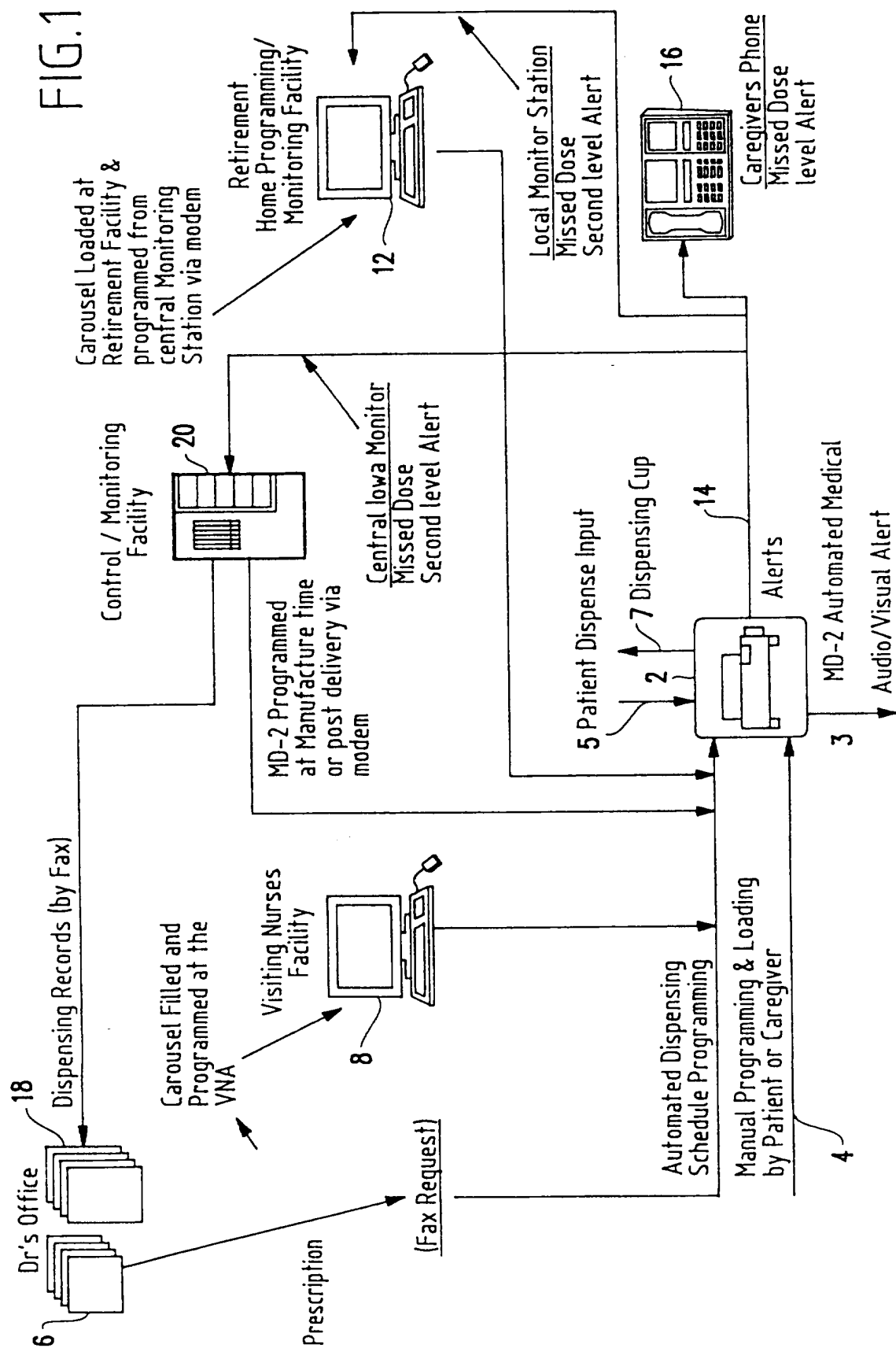
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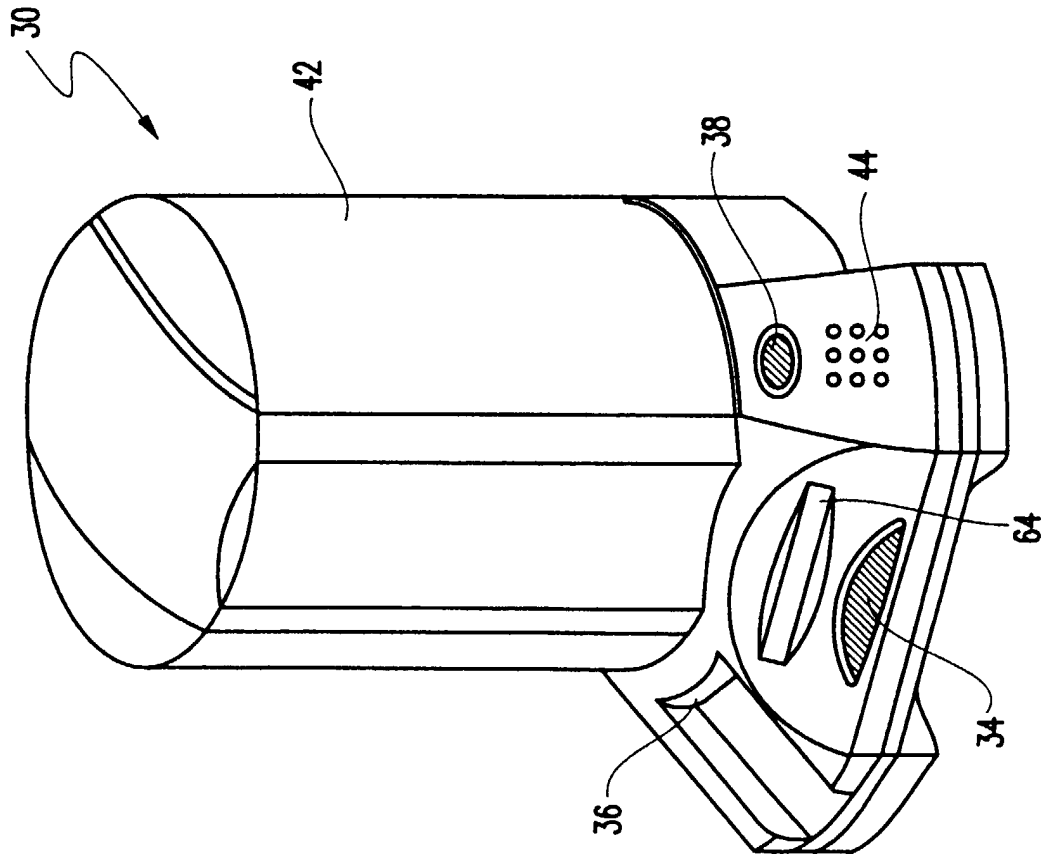


FIG. 2

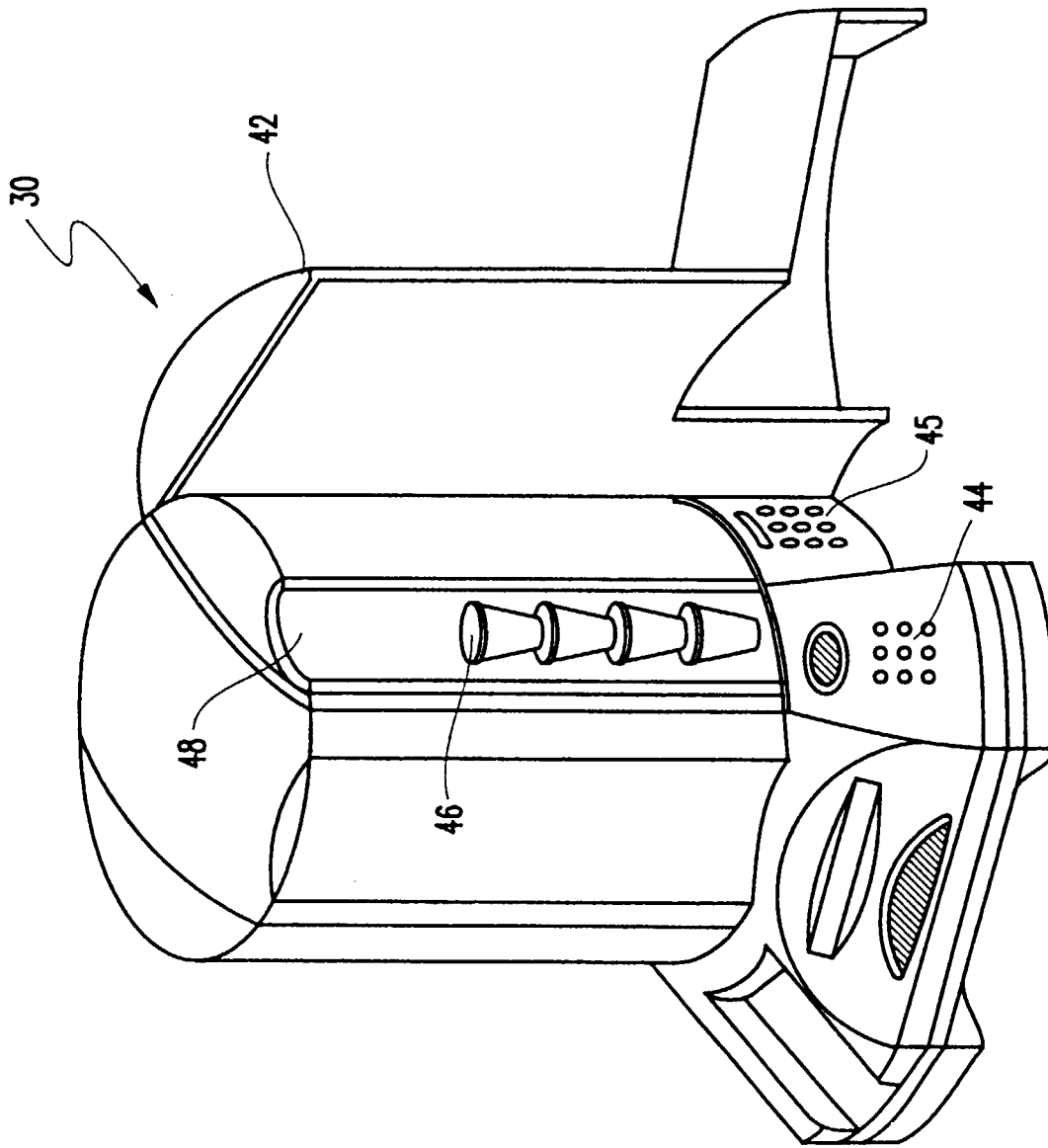
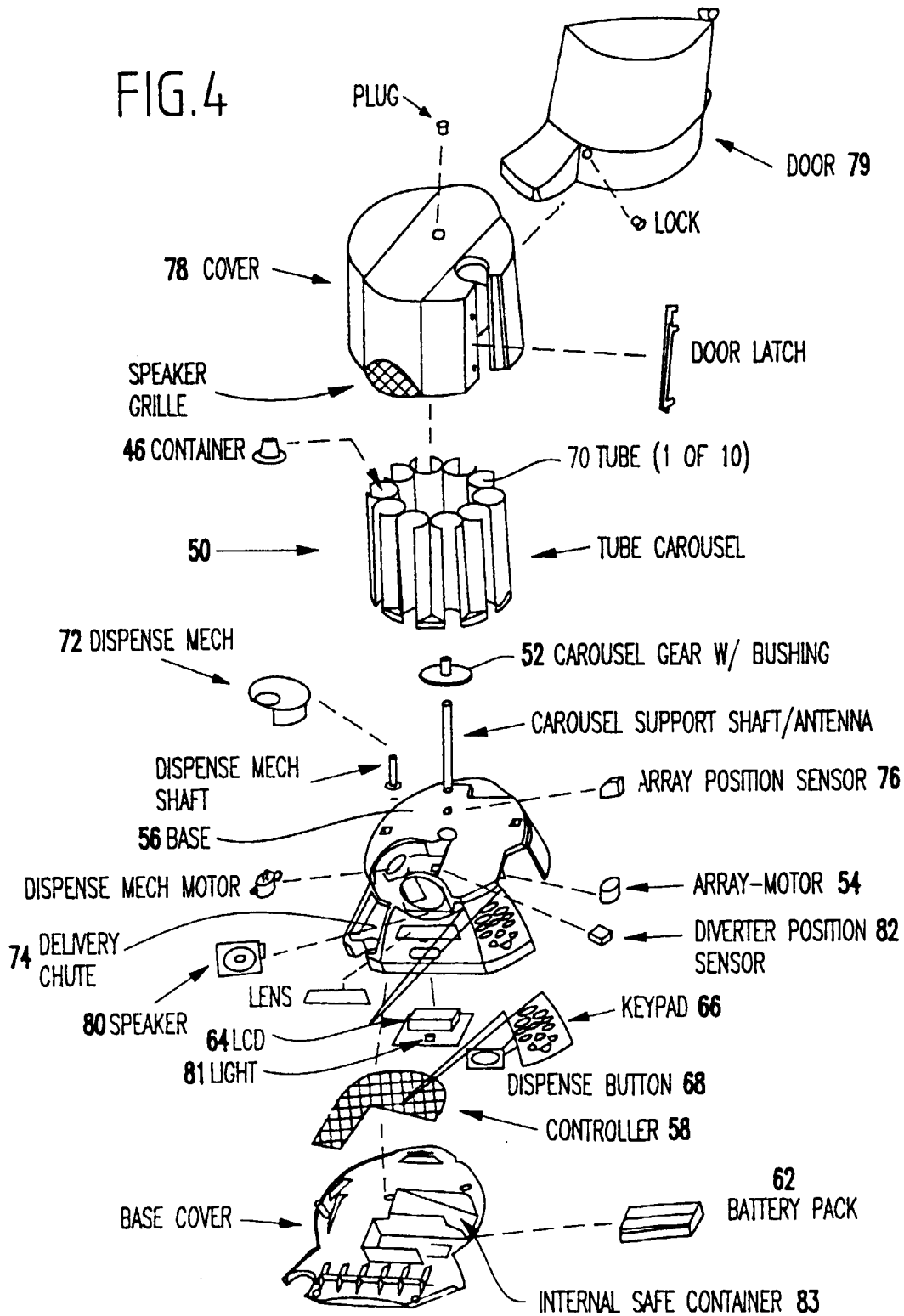


FIG. 3

FIG. 4



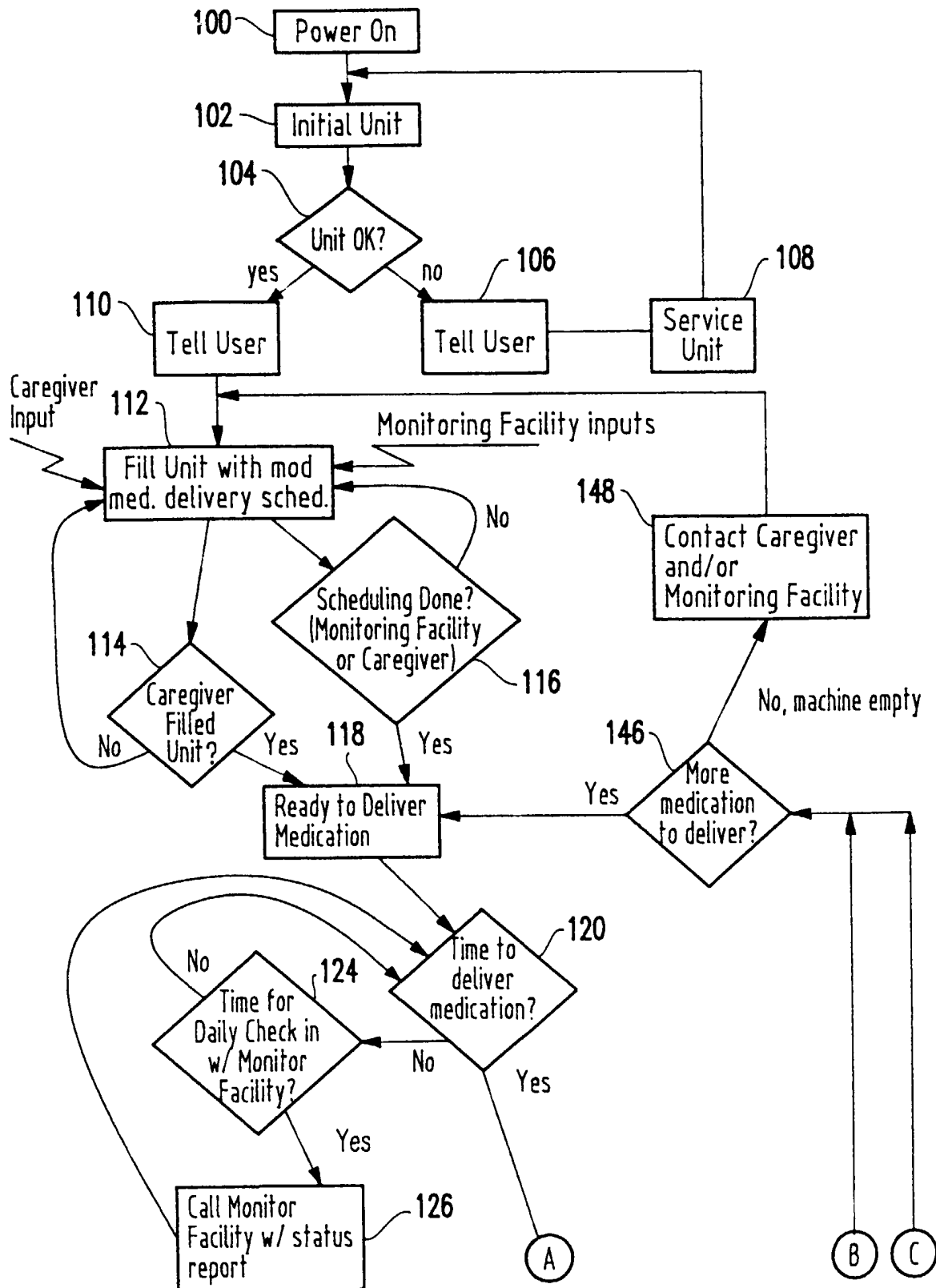
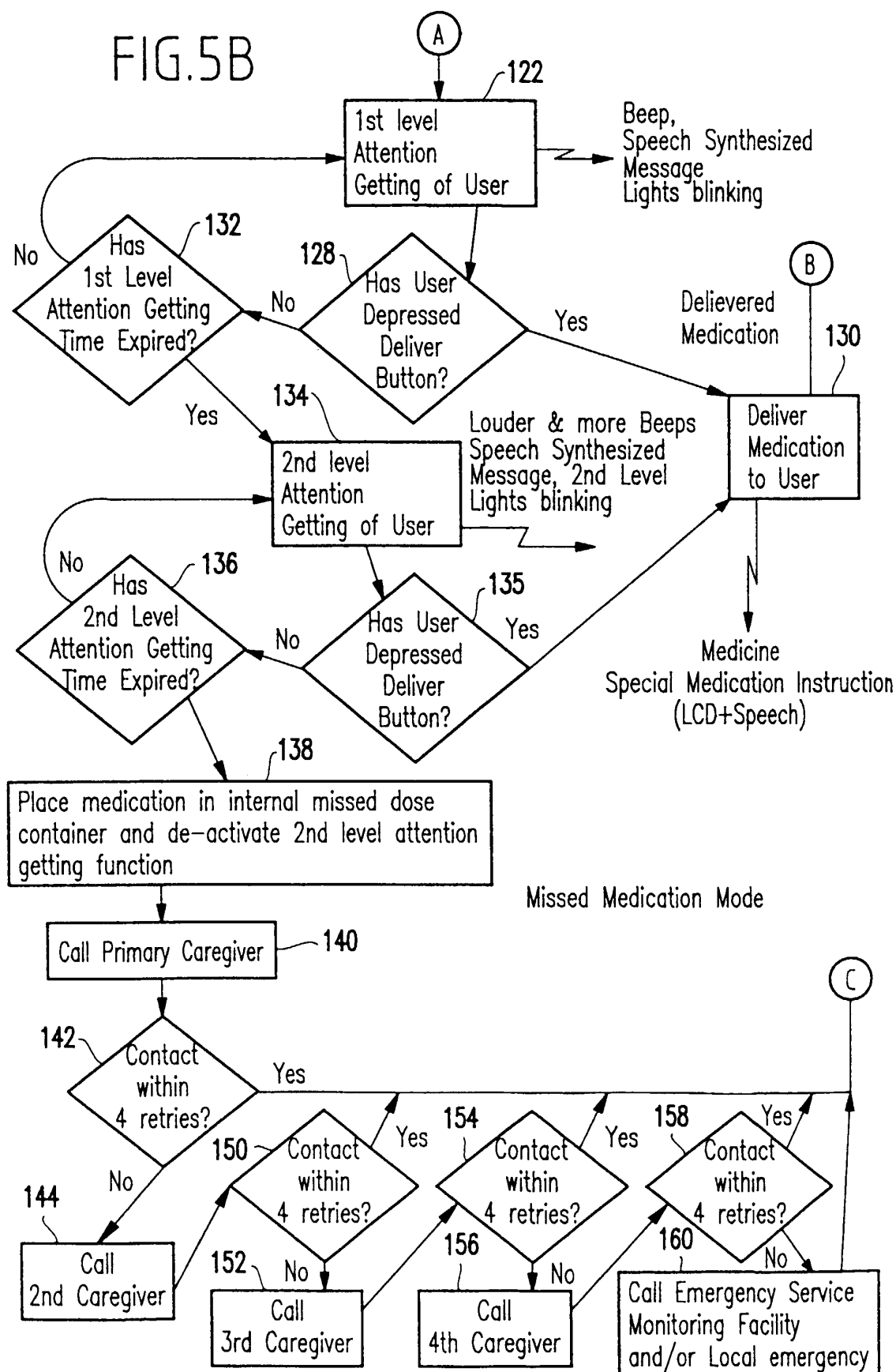


FIG.5A

FIG. 5B





European Patent
Office

EUROPEAN SEARCH REPORT

Application Number
EP 99 30 6383

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Y	* column 8, line 9 - column 9, line 68; figures * ---	9	
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Place of search THE HAGUE		Date of completion of the search 18 January 2000	Examiner Godot, T
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