Increasing Safety with Bar Coded Medication Administration

Background

According to the United States Agency for Healthcare Research and Quality, adverse drug events cause more than 770,000 injuries and deaths each year and may cost a hospital up to \$5.6 million. Medication administration is a complex process and has an enormous impact on patient safety. Approximately 450,000 adverse drug events occur each year. Twenty-five percent of these events are preventable.

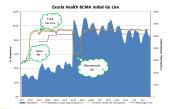
Purpose

Patient safety is at the forefront of Excela Health's corporate goals and a top priority throughout our health system. Bar Coded Medication Administration (BCMA) provides a higher level of patient safety through the "5 Rights" verification. BCMA utilizes a closed loop system which decreases administration and transcription errors, improves quality, accuracy, and safety of patient care, facilitating improved outcomes

- Methods
- Creation of a detailed Project Charter and Statement of Work
- Careful formation of Inter-professional teams, each with specific personnel, objectives and key functions

	Projec Final Ap	Committee t Oversight aproval of all ts of the project	
	Design ti Proje	ns Committee am structures ct Tracking Task Oversight	
	* Technical and IT	Training Team	Safety and Reporting
Nursing and Pharmacy	Support Center Team	Creation of a unique	Safety and Reporting
Team Establish Policies and Propedure	Device Selection, ordering and configuration	Education Strategy	Creation of Reports
		Development of Training	Develop Compliance and
Ascertain Clinical Workflows for all Disciplines	Development of functional patient wristband design	Curriculum and Resource Materials	Error Monitoring Plan
	-	in company there is a surger	Analyze Compliance and
Development of Go Live	Training of IT support staff	Education of all Nurses,	Error data
Strategy		Respiratory Therapy, and Physicians	Formulate plan of correction

- Innovative hands-on education plan
- Phased implementation strategy utilizing unit based super user support around the clock
- Real time individual and unit scanning compliance posted in each unit daily
- Ongoing monitoring of scanning compliance



Major Barriers and Solution

B: Medications not scanning due to custom packaging and barcode 3: Reconfiguring of all custom packaged barcodes 19: Stiff non-compliancy/lick/inowiedge 5: Realtines individual compliance reports with one one one reducation 19: Lack of reporting process for non-scanning medication



Scan the barcodes



Monitoring

Unit Level

- Daily Unit/staff specific compliance reports sent to each unit manager for posting for first two weeks of Go Live
- Then Weekly reports for one month
- Then Monthly unit reports for 3 months
- After 3 months unit specific reports only sent if below the 95% goal
 - System/Facility Level
- Monthly Compliance by unit and facility sent to Vice President of Clinical Services of each facility for two years
- Currently quarterly reports by unit and facility are completed and data reported at the System Medication Safety Committee

Conclusion

Our implementation and continued success can be attributed to the inter-professional collaboration among the clinical informatics, pharmacy, information technology team, and nursing staff. The meticulous planning and preparation, innovative education plan, outstanding super users, timely staff feedback for scanning compliance, and a clearly defined process for medications that do not scan created were all instrumental in paving the path to success.

Excela Health Nursing

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