Challenge #2:

Medical Errors
Who are you?

1. Physician
2. Nurse
3. Other clinician/hospital employee
4. Patient advocate
5. Other (secret service)
What is your organization?

1. Not-for-profit healthcare
2. For-profit healthcare
3. Administrator
4. Other
Have you or anyone close to you been harmed by a medication error?

1. Yes
2. No
3. Not sure, but I think so
If there was an error, was there full disclosure; did they give you the details?

1. Yes
2. No
3. Sort-of
The problem is:

1. Technology
2. Human errors
3. Systems
4. Other
Will tying payment to outcome improve safety?

1. Yes
2. No
3. I don’t know
Do we think the FDA has hampered or accelerated innovation?

1. Hampered
2. Accelerated
3. A bit of both
4. I don’t know
Leadership Plan

• The plan should include fundamentals of change outlined in the National Quality Foundation safe practices, including awareness, accountability, ability, and action.

• Hospital governance and senior administrative leadership must commit to become aware of this major performance gap in their own healthcare system.

• Hospital governance, senior administrative leadership, and clinical/safety leadership must close their own performance gap by implementing a comprehensive approach to the gap.
Leadership Plan

• A goal date should be set to implement the plan to address the gap with measurable quality indicators - “Some is not a number. Soon is not a time.”

• Specific budget allocations for the plan should be evaluated by governance boards and senior administrative leaders.

• Clinical/safety leadership should endorse the plan and drive implementation across all providers and systems.

• Overview of the 100,000 Lives Campaign. Institute for Healthcare Improvement.
Suggested practices and technologies are limited to those proven to show benefit or are the only known technologies with a particular capability. Other technology options may exist—please send information on any additional technologies, along with appropriate evidence, to info@patientsafetysummit.org
Practice and Technology Plan

- Multidisciplinary team including nursing, information technology, pharmacy, and physicians

- Technology:
  - Implement Computerized Provider Order Entry (CPOE)
    - End-to-end infusion pump programming (such as Epic® and Cerner®).
    - Implement electronic Medication Administration (most E.H.R. companies).
    - Implement Barcode Medication Administration Technology (most E.H.R. companies).
  - Implement drug libraries--such as Alaris®, Baxter®, Hospira®, Fresenius®, B.Braun® I.V. pumps or comparable systems).
Practice and Technology Plan

- Implement Pharmacy Workflow Manager (such as Doseedge® from Baxter Healthcare®).
- Implement infusion pumps that wirelessly communicate data back to the electronic Medication administration record--such as Alaris®, Baxter®, Hospira®, Fresenius®, B.Braun® I.V. pumps.
- Implement quality assurance reports to audit compliance with safe drug administration.
- Implement Point of Care Medication Error reporting systems (such as Institute for Safe Medical Practice’s Medication Error Reporting Program).
- Implement pharmacy robots to reduce safety problems associated with providers drawing up their own medications and risk associated with contamination from outsourced compounders (such as BAXA® Intellifil® Robot).
- Implement labels with a bar code that directly documents drug administration into anesthesia information systems and monitoring to make sure the syringe has not been used before on any other patient (such as Codonics® Safety Labeling System).
Thank You