

Performance Strategies



Automate Medication Safety from the Dockside to the Bedside

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St. Joseph's Sees Safety Gains with Limited Resources



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A HIGHER LEVEL OF CARE

Improving Medication Safety

[St. Joseph's Hospital Health Center](#) is a David-like organization grappling with a Goliath-like challenge. Like other healthcare providers, we are trying to eradicate medication errors — an industry-pervasive problem that often results in serious adverse events including death. Because we are a community-based organization, we have to work smart. We need to strategically address medication management by reinforcing a culture of safety and by implementing supporting technologies that will quickly provide us with both clinical and financial returns.

Working Strategically to Combat Errors

Like most community hospitals, we have to make the most of our limited human and financial resources. We quickly realized that we could not just wage a battle on medication errors using information technology, but instead had to engage physicians, nurses, pharmacists and other staff members in the quest to improve patient safety.

To stress that culture is the shoulder behind the IT wheel, I spent time with our professionals to explain there is no intrinsic value in information technology — the value is in how we use it. After staff members internalized this message, the project quickly went from being perceived as an IT-based venture to a collaborative – and successful – organization-wide initiative. In other words, physicians, nurses, pharmacists and other staff members did not sit back and wait for IT to make things happen, but instead, brought their expertise to the project — and became equally accountable for its success.

Making the Most of Limited Resources

Rallying the troops was just the start. We also needed to make the most of limited financial resources. Our plan is to ultimately automate the entire medication management process from dockside to bedside, but we began by incrementally implementing technologies that would be financially manageable while still reaping immediate results.

For example, we implemented medication administration technologies immediately, looking to a computerized provider order entry system as a later phase. Why? Almost 98% of the errors committed during the medication administration phase are at the bedside and can't be reversed once administered. When there is an error in a physician order, it is more likely to be flagged because orders are reviewed by nurses and pharmacists.

In addition to identifying technologies that provide out-of-the-gate benefits, we have made the most of existing systems. For example, adjustments to the nursing documentation system and the addition of a lab interface to the pharmacy system are enhancing medication management without requiring a significant capital investment. In essence, we identified these as the "low hanging fruit," the improvements we could make that would have an immediate impact on patient safety but would not drain our financial or human resources.

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