

# Performance Strategies



Improve Performance through Process and Culture Change

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## OhioHealth Finds Path to Clinical Transformation



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### Process Leads Technology

At [OhioHealth](#), we've always placed a high value on improving patient safety, so it came as no surprise when our governing board decided to prioritize the deployment of bar-code medication administration ahead of other projects and applications at three hospitals in the Columbus area.

Early on we realized that simply installing software and handing scanners to nurses was not going to create a safer environment in the three hospitals selected for implementation. We had to examine all the processes involved in medication administration, understand how each hospital was currently handling this process, and identify what had to change in order to ensure the process supported a single electronic health record.

The deployment was complicated by the reality that each of our three hospitals handled medication administration a little differently. For example, there was no common standard for handling missed medications if patients were out of their rooms. As we reviewed the entire process at all three of our hospitals, we soon found that policy and process changes were required that had nothing to do with implementing a technology solution.

### Rallying the Troops

As the need to create a set of standard practices became clear, we quickly realized that changes in the way people work can't be imposed from above. The changes had to address the day-to-day patient interaction, and the only people who can provide that knowledge are those who provide direct patient care.

We took a comprehensive approach to our project, engaging McKesson's [clinical consulting services](#) to help us tie the people, process and technology together. We brought together a team of clinician representatives from each hospital and discipline involved in the reengineering process, including staff from nursing, pharmacy and respiratory therapy. We wanted everyone who touched the medication process to have a say in the development of these new rules.

Not only did this process provide us with a wealth of knowledge, but it also ensured a much higher level of buy-in and support.

### Leadership Drives Compliance

We also knew that the level of compliance needed to make this system effective could only be achieved if it was clear that our leadership — board and administration — was committed to the success of this project. That's why early on we were adamant that willful failure to use these tools would be grounds for dismissal. That sent a strong message.

Not only did we say everyone had to use the system, but we measured it as well. Regular reports demonstrated who was complying, and that pushed better performance — either from competitive spirit or simple embarrassment.

### Training Everyone

If we expected everyone to use the system effectively, we knew that training was required.

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## OhioHealth Finds Path to Clinical Transformation (Cont.)

In most deployments of this kind, a few users receive direct training from experts, and then they are expected to pass along what they've learned to everyone else. We decided that a "train the trainer" solution wasn't enough. Every user had to be brought up to a specific standard of competency as quickly as possible.

### Measuring Success

In the end, we came up with two metrics of success:

- Scan at least 95% of all medications prior to administration.
- Reduce medication errors by 92% on units through process redesign and use of McKesson's [point-of-care medication administration application](#).

We quickly met each of these goals. We achieved 97% compliance in scanning medications, and almost 100% reduction in medication errors for four of the five rights (patient, medication, dose and route — we did not track against time).

Medications are now captured and charted electronically at the bedside. Records are legible, timed and immediately accessible to caregivers. This means the attending physician can access medication data through McKesson's [physician portal](#), whether at the hospital, the office, or even at home.

While some errors can't be eliminated solely by technology — such as removing an IV drip bag, for example — it's clear that OhioHealth patients are safer than ever before.

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### Results of Medication Safety Process Improvements

- ▶ Achieved average of 97% bar-coding compliance.
- ▶ Achieved almost 100% reduction in medication errors attributed to patient, medication, dose, route (4 of the 5 rights — time was not measured).

*Within 60 days of implementing the bar-code medication administration system, OhioHealth was able to reduce all of the following to almost 0 (zero) errors for medication administration: wrong patient, wrong medication, wrong dose and wrong route of administration.*

## Learn More

[Standardization to Drive Performance](#)

[Baptist Health Systems Improves Medication Safety](#)

[Healthcare Informatics: More than IT at Mercy Health Partners](#)