



Medication Management Council

Background

The Medication Management Council is a thought leadership initiative of Omnicell. Formed in June 2014, the Council's mission is to identify medication management best practices. For 2014-2015, the Council's goals are to generate top 10 lists of best practices in the areas of safety, compliance and efficiency.

With a paramount commitment to serve as an open forum for unbiased, objective discussion, the members of the Council were carefully selected. A majority of the Council members are not associated with Omnicell; three members are employees of academic institutions; one member is a nursing professor; and one member is a client of Omnicell's largest competitor. These are the members of the Council:

- Nilesh Desai, Director of Pharmacy, Hackensack University Medical Center
- Rodney Good, Director of Pharmacy, Poudre Valley Hospital
- Howard Montgomery, Pharmacy Consultant, Omnicell
- Ken Perez, VP of Healthcare Policy, Omnicell
- Jennifer Tryon, Executive Director of Pharmacy, University of Chicago Medicine
- Laura Wagner, Assistant Professor, School of Nursing, University of California, San Francisco
- Sara White, Omnicell board member and retired Director of Pharmacy, Stanford Hospital and Clinics

The Council devoted its four meetings (two in-person all-day meetings, two conference calls) during June-December 2014 to produce its first list, the Top 10 Safety Best Practices. Some 20 best practices were researched, analyzed, proposed, discussed, and voted on by the Council.



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Top 10 Safety Best Practices

1) Smart pump technology integration with the electronic health record.

Description: Information related to IV administration of medications should flow bi-directionally between the smart pump and the hospital's clinical information system. A prepared dose for administration through a smart pump should have a barcode on its label that allows the pump to read the information and choose the correct settings from the pump library. The pump should also transmit administration data back to the electronic health record flow sheet at defined intervals, rate changes and bag changes.

2) Identification of high-risk compounding and dispensing processes, incorporating technology to ensure a safe product.

Description: High-risk practices—such as compounding from non-sterile ingredients, batching or dispensing and compounding items that put the practitioner at risk, such as chemotherapy agents—should be identified. Policies and procedures should be in place and the proper environment and equipment used to ensure the quality and integrity of the product and the safety of the practitioner.

3) Real-time availability of dispensing information for use in medication reconciliation during the discharge process.

Description: Transfer of all relevant data via orders or the electronic health record to the information system used in the discharge process.

4) Minimum requirements for labeling pharmacy-prepared doses.

Description: The label of a medication leaving the pharmacy should include:

- Patient name, medical record number and location
- Medication name, strength and quantity

- Directions for use, accessory labels and cautionary statements
 - Expiration date and time
 - Barcode embedded with order number for lookup in the electronic health record
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5) Standardized barcodes on all medications.

Description: The barcode of each medication should contain FDA-approved standardized information, including the medication NDC, name, dose, form, expiration date (or beyond use date), manufacturer, and lot number where applicable. Facility barcode scanning systems should accept, read, track, and process all barcodes in one scan.

6) Effective, rather than unnecessary or unhelpful, alerts in the electronic health record.

Description: Alerts must be more clinically driven to support patient safety rather than causing alert fatigue. User-specific alerts should be allowed by patient as every patient profile should be treated differently.

7) Minimization of interruptions and distractions during the medication administration process.

Description: Poor design of the work environment can contribute interruptions and/or distractions, leading to medication errors. Additional randomized trials are needed to provide greater scientific support regarding the elements of this best practice.

8) Nursing adherence to the six safe practices to improve the accuracy of medication administration.

Description: While considerable technological advances (e.g., barcoding, medication management systems) have been made in the past several years to reduce medication errors, medication errors continue to occur at the point of care. Nurses should avoid workarounds and focus on the following six safe practices to achieve the “five rights” of medication administration:

- Compare the medication with the medication administration record

- Minimize distractions and interruptions during medication preparation and administration
 - Ensure that the medication is labeled throughout the process from preparation to administration
 - Check two forms of patient identification prior to administration of medication
 - Explain the medication to the patient or family as appropriate
 - Chart/document medication administration immediately after completion
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9) Scanning of all medications against the order or label when leaving the pharmacy and when restocked at the automated dispensing cabinet, and scanning of all items during the shelf-stocking process.

Description: Scanning of all medications at the time they leave the pharmacy supports inventory tracking and management and supports accuracy in shelf stocking. Ideally, the inventory management process would occur automatically from the automated dispensing cabinet and would reconcile with monthly drug expense. Use of barcodes in all steps of the distribution process should be used to ensure the highest level of safety.

10) Use of biometrics to access automated dispensing cabinets wherever feasible.

Description: Requiring biometrics, such as a fingerprint, to access automated dispensing cabinets will reduce the risk of diversion by preventing the use of compromised passwords.