

Inside Perspective

Helping you unleash the full power of MEDITECH

JJWild

Electronic newsletter published every 8 weeks

Advanced Clinicals—BMV, EMAR, and 24-Hour Pharmacy

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Not surprisingly, industry surveys indicate that patient safety initiatives are garnering substantial portions of healthcare provider capital budgets. Most notably, projects such as Bedside Medication Verification (BMV) and Electronic Medication Administration Record (EMAR) are being launched in an effort to reduce medication administration errors. Although a 24-hour pharmacy is not a limiting factor in the implementation of BMV and EMAR, it—like other critical decisions—can have a significant impact on the successful completion of your patient safety goals.

Studies show that the utilization of online MAR and BMV can reduce medication administration errors significantly. Other benefits of these initiatives include improved medication processes and systems, the establishment of meaningful reporting mechanisms, increased staff competencies, and the promotion of patient safety awareness. The achievement of these goals relies on the adoption of the significant technological and process-oriented changes required during the implementation phase.

Bar coding and online-MAR are both well-established and widely used technologies. Bedside Medication Verification combines these highly reliable tools to create a safety net at the patient's bedside. Establishing this safety net requires the bar coding of medications as well as an established quality assurance (QA) process to assure that the medications are properly bar coded before leaving the pharmacy. A 24-hour pharmacy assures that at least 99% of patients are administered medication that has been checked by a pharmacist. It also assures that the allergies and interactions are accounted for.

Does that mean that you can't implement BMV and EMAR if you don't have a 24-hour pharmacy? No, you can implement BMV and EMAR regardless, but there are a few important considerations when functioning without a 24-hour pharmacy:

- When the pharmacy is closed, nurses will be able to enter unverified medications for patients, bypassing the safety features for interaction and allergy checking. (MEDITECH has made great strides to mitigate this risk with improved functionality but the vulnerability is still a real issue.)
- Orders are unverified when they are given to the patient, therefore, the pharmacist needs to verify the order even if the wrong medication was administered.
- The workload for the pharmacy in the morning will increase significantly due to the reconciliation from the night before.
- The pharmacy will also have to catch up on nursing requests from the previous night (DCs, Holds, etc.).

Obviously, there are many things to consider when implementing BMV and EMAR at your facility. Implementation success can be measured in different ways and should be first defined by the facility's strategic goals. The impact of a non-24 hour pharmacy is just one of the key decision points. JJWild's project management experience can help you formulate a comprehensive project plan that considers all relevant "critical success factors" and helps you assure a successful outcome. Email us at editor@jjwild.com.

Kerri Cullity provides invaluable experience as an implementation specialist with a focus on the MEDITECH HCIS. She began her career in healthcare at MEDITECH as an implementation consultant where she served as the primary contact overseeing over 10 Pharmacy implementations nationwide. She also served as a project manager for the Patient Safety Initiative for Hospital Corporation of America (HCA). Kerri's years as a Pharmacy Tech allow her to maximize system capabilities while not losing sight of the impacts they may have on workflow and patient care.

Published by JJWild

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