Using Technology to Improve Patient Safety

Nicole Robillard, **BSN-RN-BC & Iracena Lopes, BSN-RN-BC**
The Miriam Hospital, a Lifespan Partner, Providence Rhode Island

Introduction

The Miriam Hospital (TMH) has been using the medication administration compliance (MAK) system to bring safety to the medication administration process since approximately 2007. The purpose of MAK is to ensure that the 5 patient rights are being met: right dose, route, time, drug, and patient. The Miriam Hospital uses a UDA software application to obtain reports, which include but are not limited to, uncharted medications, wrong patient scans, and patient ID overrides. The UDA application is a data system designed by Siemens that allows access to reports that provide data from the MAK system. In the last year there has been a growing hospital-wide initiative to decrease the patient ID override numbers.

Method

In October 2011, two units at TMH started to work towards reducing the number of patient ID overrides. They started using the monthly override report to target their staff that consistently overrides patient ID bands. One of the two units was more successful because they implemented an action plan. This particular unit would have staff contact the manager if they had to override the patient ID band and then they would have to write a MERS (Medical Event Reporting system) describing why they had to override the bar code. Our strategiy to further reduce our numbers is through communication with non-compliant staff and enabling managers to have quicker access to the UDA reports. The override numbers are shared monthly at the Nursing Safety Council and Clinical Informatics Committee meetings. Then the staff nurses bring back the information to their units. It is important to help make staff aware that they are impeding patient safety and that it is not acceptable to override patient ID bands. Also, the managers have recently gained access to the UDA application and have had the application placed on their computers for quicker access to the reports. Education was provided to nursing leadership and a PowerPoint email sent out to managers on how to use the application to obtain various reports.

Results

The unit that implemented an action plan to decrease overrides initially had from 150-170 overrides per month in 2010. They currently have around 20-35 overrides per month, a decrease of approximately 70% within the past year. Hospital-wide, our numbers ranged from 700 to 850 ID overrides per month in 2010. In 2011, after patient ID override initiatives began, a downward trend was noted. The hospital had 845 overrides in January 2011 and trended to 329 in December 2011. We have remained in the 300's consistently for the past four months. With these new methods in place we have already seen a further decline in patient ID overrides and we are working hard to see to it that they continue to decrease.