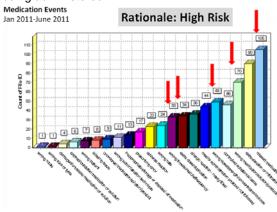
# Impact of an eMAR with BCMA on the PSRS reports

#### The Problem

A significant number of medication events in the Patient Safety Reporting System (PSRS) had themes of breakdowns in non-standard manual processes regarding medication administration and documentation; posting MAR labels, proper scheduling, recognition of due times, omission/co-mission and the wrong medication being administered.



Medication events in 2011, categories with red arrows represent manual processes that should be improved by eMAR.

#### Aim/Goal

To decrease these manual errors by further standardizing the medication administration and documentation process.

### The Team

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#### The Interventions

Develop an electronic Medication Administration Record (eMAR) together with Barcode Verification at Medication Administration (BCMA), informed by the ideal nursing/patient interaction and the 5 Rights of medication administration.

- Have the scheduling function be driven by the physician order and BIDMC policies and procedures.
- Allow flexibility for rescheduling due times of meds
- Clearly display due time
- Require barcode verification of each medication package before it can be administered.

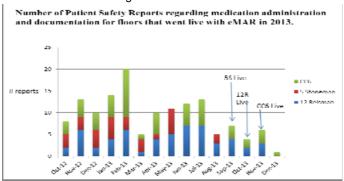






## The Results/Progress to Date

For each floor that has gone live such floor

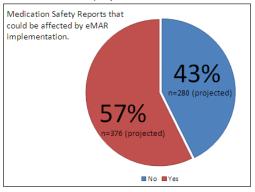


#### Lessons Learned

- The PSRS does have self reporting bias, so not all medication errors of this nature will be captured.
- The majority of PSRS reports after go-live were on patients coming from PACU.
- Published reports describe errors of a different nature that automation can cause.

# **Next Steps/What Should Happen Next**

- Continue rollout of eMAR to the remainder of the inpatient units in FY14 and FY15.
- Deploy eMAR to PACU's in FY14.
- Monitor Live floors for PSRS caused by eMAR.
- Full rollout annual projection:



#### For more information, contact:

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