

MEDICATION ORDER REVIEW IN NICU

Ongoing Communication and a Dedicated NICU Pharmacist Decrease Medications Removed Without Review

The Problem

The Joint Commission standard MM 4.10 states that medications in an automated dispensing cabinet (ADC) should receive appropriate pharmacist review and approval prior to removal, other than for emergency use.

Aim/Goal

Reduce the percentage of medications removed from the NICU ADC (Omnicell) without appropriate pharmacist review ('Overrides') to under 5%.

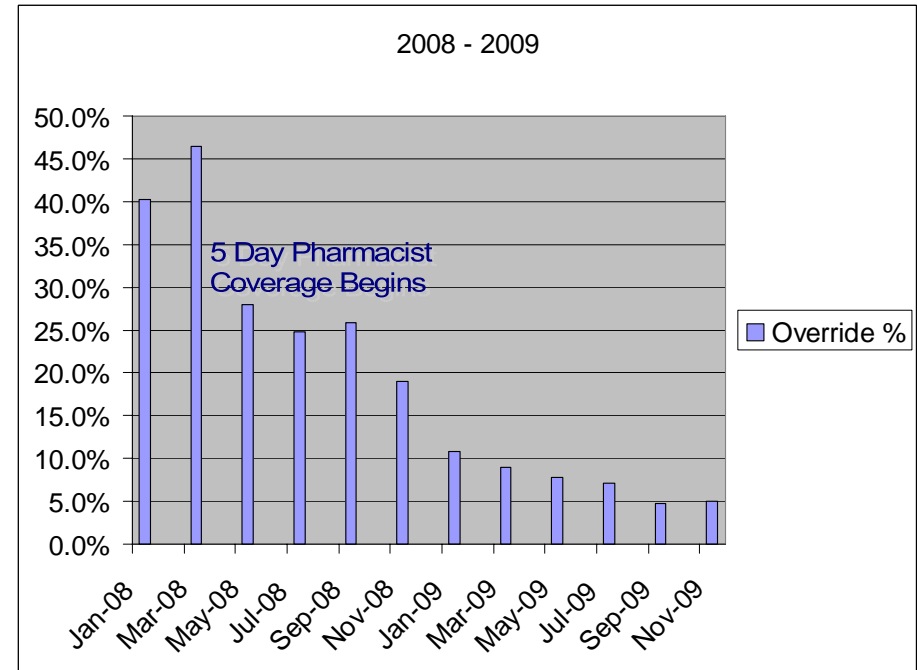
The Team

- Jean Beach, CPhT, Pharmacy Supervisor
- Holly Creveling, Pharm D, Clinical Pharmacist Supervisor
- Gregory Dumas, RPh, NICU Clinical Pharmacist
- Francis Mitrano, MS, RPh, Director, Pharmacy
- DeWayne Pursley, MD, Chief of Neonatology
- Mary Quinn, NNP, Neonatology
- Karen Smethers, Pharm D, BCOP, Clinical Coordinator, Medication Safety
- Susan Young, RN, NICU Clinical Nurse Specialist
- John Zupancic, MD, Neonatology
- East Campus Pharmacists
- NICU RNs

The Interventions and Results

- This is a one year follow up to our poster from 2009.
- Pharmacist coverage expanded to 5 days a week starting April 2008.
- Extensive education and communication with NICU Leadership Committee, NICU RNs and Pharmacists.
- Monthly override rates continue to be posted in the NICU break room and the main pharmacy.
- The percentage of overrides have decreased to below 5%.

Results/Progress to Date



Lessons Learned

With continued collaboration between the pharmacy and the NICU nurses, we have been able to achieve our goal of meeting The Joint Commission standard MM 4.10. The compliance has continued to remain below 5% even in times of increased census.

Next Steps

We are also continuing work on implementation of Computerized Provider Order Entry (CPOE) in the NICU, which should facilitate order review and further reduce need for overrides.



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