

NYSPFP GUIDING PRINCIPLES

FOR THE REDUCTION OF ADVERSE DRUG EVENTS & MEDICATION SAFETY



INNOVATE

Test new processes or protocols, organization or team approaches, hand-offs, and pharmacy-led or managed interventions.

Use smart infusion pumps for IV medication administration of all high risk medications (e.g., opioid PCA, epidural, antithrombotics, platelet inhibitors, insulin) with functionality employed to:

- Intercept and prevent wrong dose errors.¹
- Intercept and prevent wrong infusion rate errors.

Develop an internal business case for reorganized processes, including the establishment of a hospital-based medication management team. For example, this may include analyses of the potential reduction of waste (i.e. time, resources), the mitigation of risk, and the value of positive outcomes.

ENGAGE

Engage pharmacists in a pharmacy-led medication reconciliation and counseling process for high-alert drugs.

- Engage pharmacists in the medication reconciliation process on admission and at discharge.
- Establish a process to review medication orders at the time of transition for accuracy, necessity, potential side effects, and/or interactions for patients.

Confirm that the facility's patient and family education on anticoagulants, hypoglycemic agents, and opioids includes, at a minimum, indication, symptoms for monitoring, dietary issues, drug interactions, disease interactions, monitoring requirements, duration of therapy and potential adverse effects.

Incorporate a teach-back methodology into the facility's routine patient and family medication education process. Improve dissemination and sharing of strategies and results from your facility's quality improvement initiatives targeted at adverse drug event prevention across all levels of staff, and with other stakeholders.²

Ensure leadership sponsorship for the re-design of more effective processes to reduce ADEs.

HARDWARE

Develop and implement standard policies and practices for managing the initiation and maintenance of anticoagulation, insulin, and opioid therapy.

- Establish processes for addressing lab results that are out of the normal range in a timely manner.
- Develop opiate rescue protocols.
- Develop a process for the implementation of VTE prevention recommendations post high-risk screening.
- Utilize basal-bolus insulin management protocols.

Build internal systems to capture data on relevant ADE process and outcome measures to track performance over time.

- Develop EHR tools to enable provider access to real-time, integrated pharmacy-laboratory data to facilitate seamless access to pertinent medication and laboratory data and optimal inpatient medication management.
- Track adherence to protocols across all patients.

Implement clinical decision support tools specific to medication management.

Establish and/or utilize post-hospital Coumadin or anti coagulation, pain management, or diabetes self-education clinics.³

INTEGRATE

Establish hospital-based, high-alert drug management teams (for opiates, insulin, and anticoagulants) that include or are led by a pharmacist, or pharmacy technician.

- Ensure venous thromboembolism (VTE) reduction team(s) efforts are aligned closely to anticoagulant-related adverse drug event (ADE) prevention efforts.
- Ensure the integration and alignment of team efforts related to insulin management in developing and implementing standard processes and protocols for managing insulin in the surgical, critical care, and pharmacy departments.
- Ensure that ventilator-associated event (VAE) and delirium reduction teams, as well as pain management teams, are coordinating with all opioid-related ADE prevention efforts.

Integrate specific improvement goals for high-alert drugs into existing care transition models and processes.

Promote a multidisciplinary, coordinated, and systematic approach to inpatient medication management, e.g., "Anticoagulation rounds," pharmacist-/nurse-managed medication management services, "Anticoagulation Stewardship," and "culture of safety" around medication management.⁴

