



San Francisco Health Network  
Laguna Honda Hospital  
and Rehabilitation Center

# Laguna Honda Hospital Medication Error Reduction Plan

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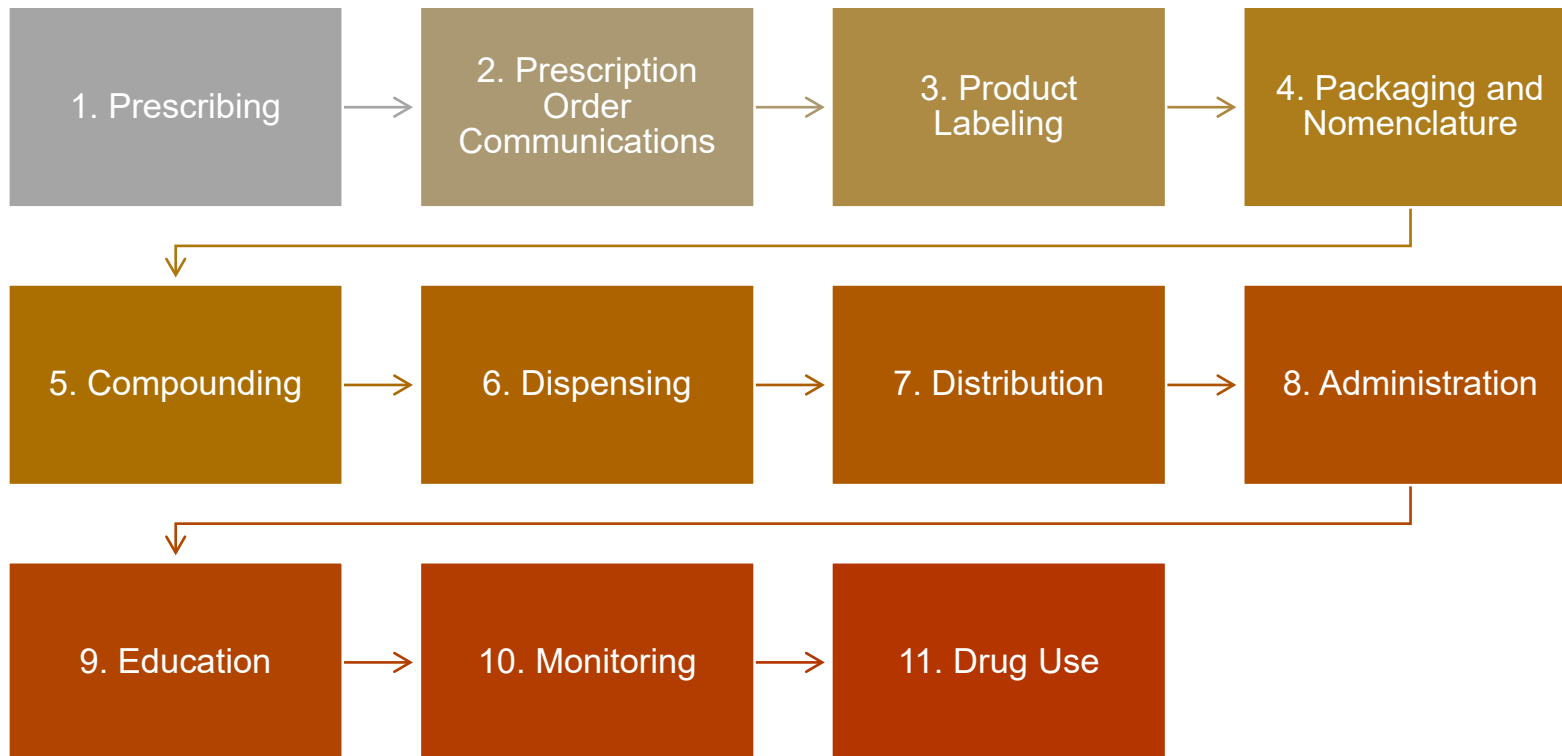
San Francisco Department  
of Public Health

# Background

- The 1999 report, *“To Err is Human”*, detailed prevalence of medical errors in healthcare and spearheaded the patient safety movement
- A Medication Error Reduction Plan (MERP) was developed in 2001  
To promote safe and effective medication use in healthcare facilities through reduction of preventable medication-related errors and adverse events
- Implementation and use of technology is required for MERP
  - Electronic prescribing and access to labs
  - Online drug formulary and drug information
  - National Drug Code (NDC) pharmacy software and TallMAN lettering
  - Automated unit dose packaging and dispensing cabinets

# MERP

There are 11 “procedures and systems” that general acute care hospital facilities assess to identify weakness areas that may contribute to medication errors



# Prescribing & Prescription Order Communication

- Development of order panels to minimize errors
  - Shingrix
  - COVID Vaccine
- Participation in network wide work group to optimize best practice advisories (pop ups)
- Updated Adult Electrolyte Replacement Guide



# Product Labeling

- Auto-population of expiration dating on Rx labels
  - Short dated items auto populates appropriate expiration when printed
  - Items that expire based on manufacturer date explicitly states this on the label



# Packaging and Nomenclature

- Planning for expanding unit of use liquid medications
  - Methadone (implemented pilot 3/2020)
- Capital equipment request to upgrade automated packager approved



# Compounding

Implementation of Powder Hood for non-sterile hazardous drug compounding



# Dispensing

- Splitting hazardous tablets prior to dispensing
- Implementation of barcode scanning for dispense preparation and checking of bulk items and first doses from pharmacy





# Distribution

Minor modifications to delivery model to limit movement in hospital during pandemic



# Administration-BCMA

**Decision Point:** LHH will revise hospital wide BCMA monitoring review to prevent the risk of medication errors.

**Metric/Target Details:** ≥95% BCMA compliance by increasing awareness among LHH LNs on BCMA practices and completing individualized re-education for staff who have the least BCMA compliance.

**Situation:** BCMA remains below target of 95%. The challenge in completing medication administration within a 2 hour window is more transparent when EPIC started.

**Background:** The Laguna Honda Hospital & Rehabilitation Center (LHH) has adopted the BCMA system when it transitioned to EPIC in 2019. Barcodes are supposed to prevent problems, but medication administration errors are still happening here at LHH. Quality metrics reveal that BCMA overrides are happening across the hospital. While LHH policies and procedures on medication administration, File J1.0 revised 03/2020, allows override of BCMA after careful judgment by the nurse, some practices of unnecessary overrides are noted in Epic. Some staff developed workarounds to speed care. Others are not aware about their BCMA compliance. From February to September, 21 observations of non-compliance related to BCMA were reported during the med spot check.

This Quality Improvement is part of the Immediate Jeopardy (IJ) Plan of Correction related to safe medication practices of LHH licensed nurses. Quality Management department conducted a review of the BCMA practices in North 1 to assess license nurses following correct medication pass protocols and found some inconsistencies and non-compliance practices. This findings led to reviewing the BCMA practices of other LHH units. LHH needs a standard process to track the compliance of licensed nurses in using BCMA to minimize unnecessary overrides and medication errors, which this QI aims to achieve.

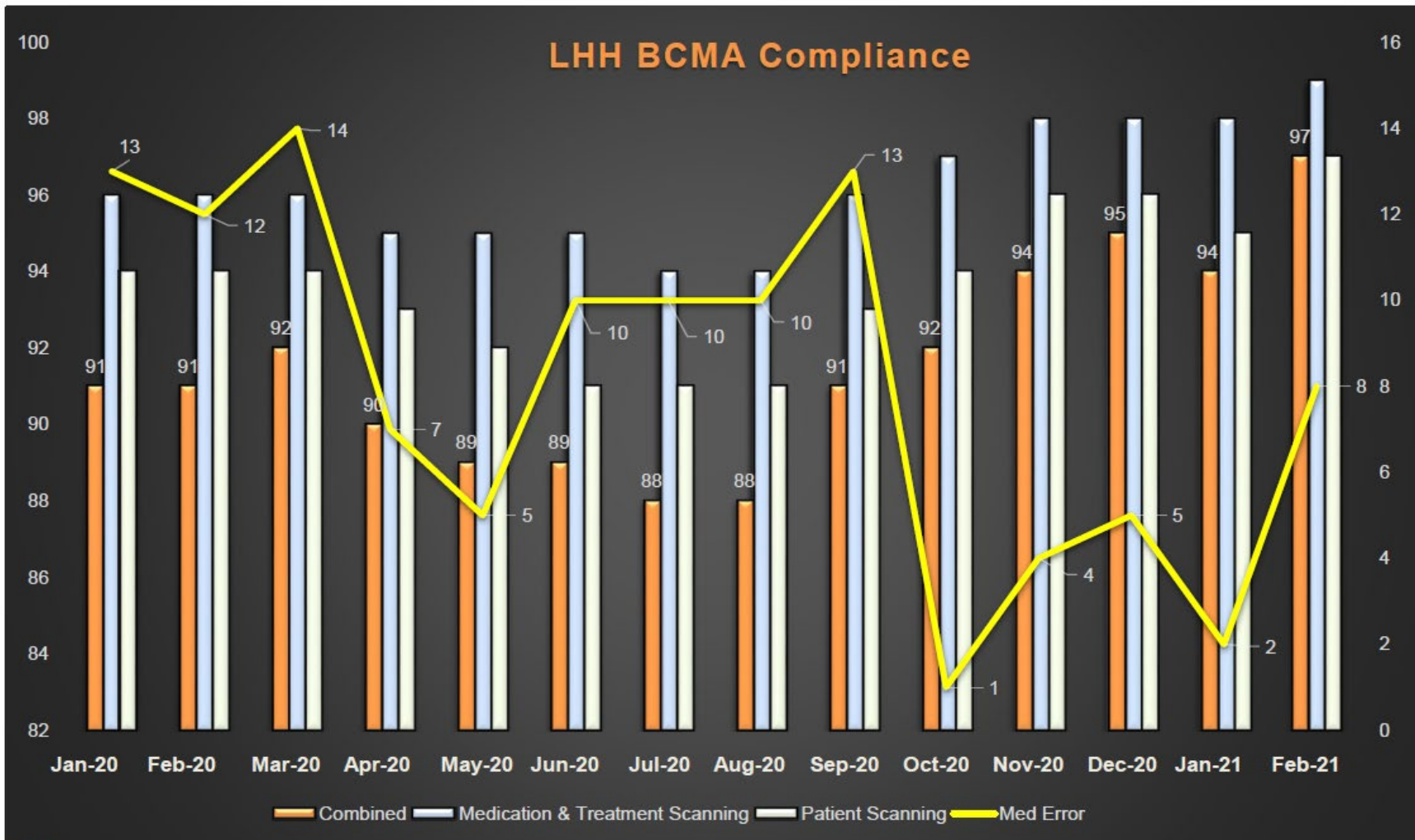


# Administration-BCMA

Action	Who	When	Status
Discuss measures to review each units' BCMA compliance & develop schedule for each unit	IM, NA, GM, RP	Sept 2020	Completed
Survey licensed nurses on self-report BCMA practices.	IM, NA	Sept 2020	Completed
Review on EPIC the BCMA practices of licensed nurses per unit. Follow LNs who were found to have unusual BCMA overrides' pattern.	N2, N3, S3, S5 N4, N6, PMS, S2, S4 NM, N5, N6  IM, NA	Oct 2020 Nov 2020 Dec 2020	Completed Completed Completed
Conduct BCMA educational discussions per unit (group or individualized)	NM, NA Unit Nurse Managers	Sept – Dec 2020	Completed
Refer LNs who are found to have unsafe med pass practices and no improvement in BCMA practices to DET for re-training.	Float and Unit Nurse Managers	Sept 2020 – Jan 2021	Completed



# Administration-BCMA



# Monitoring

- Developing minimal expectation of lab monitoring of medications for use during the Drug Regimen Review process
- Formalized Drug Diversion Prevention Monitoring Program
- Developed provider standard work for reviewing expiring medication orders, includes pharmacy safety net monitoring



# Drug Use

- Annual Antipsychotic Use
- Fentanyl Review
- Antimicrobial Stewardship
- Modified workflow to address gaps in medication reconciliation



# LHH Medication Related Committees



# LHH Resources for Improvement

## External

- FDA Med Watch
- CDPH All Facilities Letter
- Institute for Safe Medication Practices
- Best Practices
- National Organization List Serves

## Internal

- Review of adverse drug reaction data
- Review of medication error data
- Review of trigger drug reports
  - Monthly review of antidote (Narcan, D50W) use
- Medication pass observation
- Case reviews
- Omnicell audits
- CASPER reports
- Focus Groups



# Future Endeavors

