Implementing an Evidence Based Uninterrupted Medication Administration-MedPASS

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Problem

Environmental factors like interruptions and distractions can increase medication-related errors. The Burn Center developed a 2-step uninterrupted medication administration process to shield nurses from distractions and interruptions during the medication administration stage.

Evidence

The Agency for Healthcare Research and Quality (AHRQ) supports the development of processes that allow nurses to have "protected time" during the medication administration stage.

Strategy

A team of 3 RNs and 1 LPN developed an uninterrupted medication administration process by using the Iowa Model to Promote Quality. The 2 step process included developing a sign that created a safe zone in the Pyxis medication room and a visible symbol (orange belt) worn by the nurse administering medications as a visual signal to preclude interruption. A step-by-step protocol was created to ensure nurses followed the 7 Rights of Medication Administration and asked 2 Patient Identifiers. The MedPASS pilot was launched in February 2010 after 2 weeks of rapid cycle testing. Education about MedPASS was given primarily to nursing staff, but also included physicians, providers, ancillary staff and visitors.

Practice Change

In order to create an environment of safety that discouraged interruptions and distractions during the medication administration process, research articles on the complexities of memory during multitasking were presented as evidence.

Evaluation

Post-interventional data is to be collected after completion of the 90 day pilot. A 2% reduction in medication errors during the administration process is expected once it is compared with pre-interventional data. Additionally, the actual number of interruptions pre and post intervention will be compiled.

Results

Evaluation of results is ongoing.

Recommendations

Empowering nurses with processes that allow for "protected time" can promote a culture of safety. MedPASS--once validated—can be replicated for other high-risk nursing tasks like the preparation and administration of blood products.

Lessons Learned

Nursing staff voiced feelings of awkwardness when donning the orange belt. Overcoming resistance occurred once nursing staff recognized how interruptions and distractions impeded their ability to follow step-by-step medication administration protocols.

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