



Michael E. DeBakey Veterans Affairs Medical Center ER Nursing Medication Administration Documentation A Lean Management Project



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Problem Identification:

ER nurses are not documenting medication administration in a consistent manner. There are too many redundancies in documentation, with so many places to document; thereby creating shortcuts, non-compliance, and incomplete documentation process. Hard copy documents of medication administration records are not always scanned into the electronic record system thereby causing difficulty to track medications administered by healthcare providers and outside reviewers. This also poses a threat to patient safety and creates an environment of sub-standard nursing practice.

Purpose/Goal

100% of the medication documentation administration will be done by ER nurses using the ER electronic medication template by March 30, 2012.

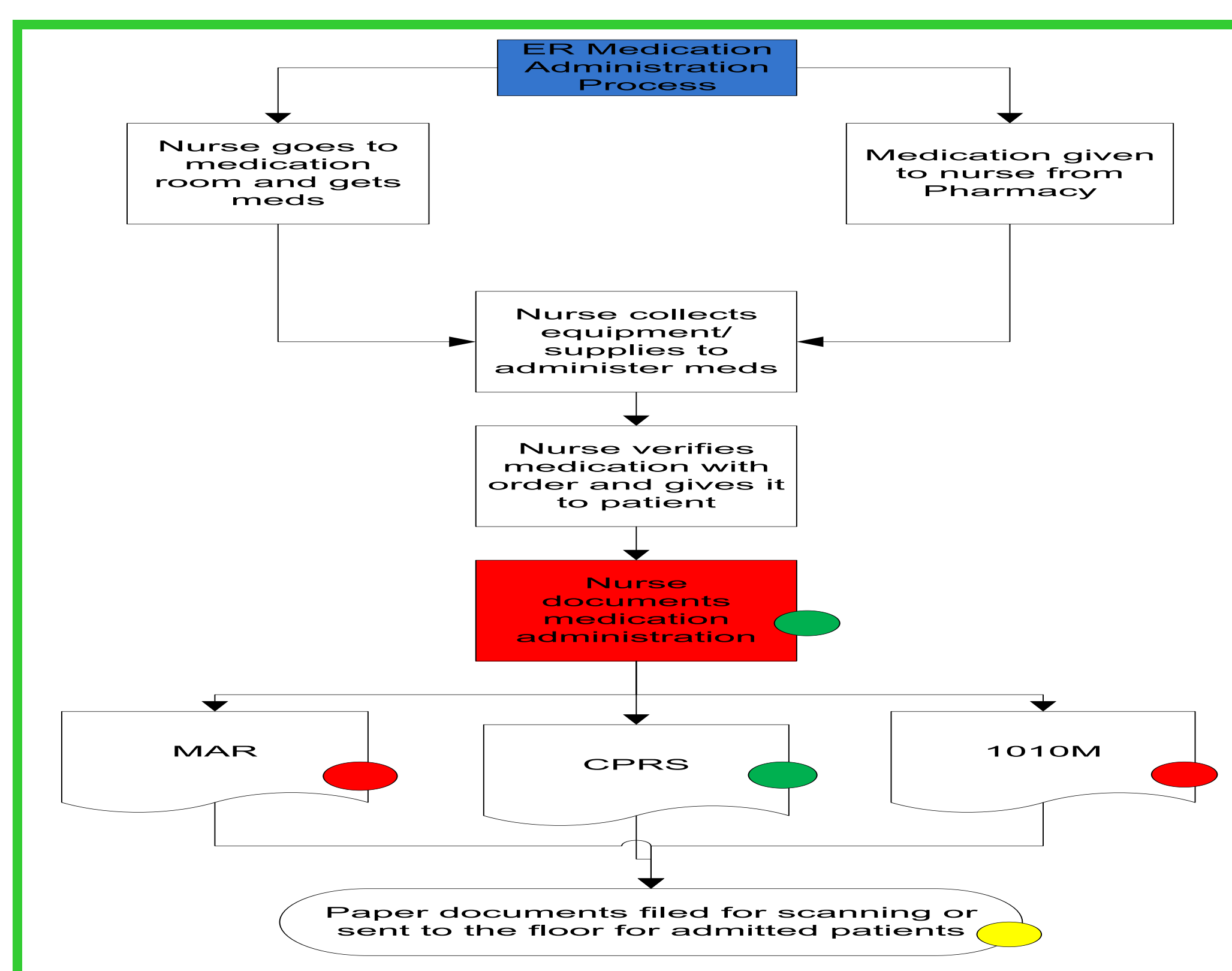
Significance:

The lack of standardized process for documentation of medications administered by ED nurses can present significant threat to patient safety. Healthcare team relies on the accuracy of the medical record, but if the information does not reflect this, potential serious adverse events can happen.

Strategy/Implementation

A team was formed to correct the issue identified through the use of Lean concept. The team was divided into several groups to study current processes of medication administration and documentation by process mapping, direct observations using a spaghetti diagram, and chart reviews. Weekly team meetings were scheduled to discuss findings and strategies. With the review of the current process, several non value added practices were identified. The team created a future state process to eliminate operational barriers. The Nursing Assessment note was revised to include the new electronic medication administration template for all medications including respiratory treatments. Staff education was conducted on the use of the template. Daily chart reviews were conducted until 100% compliance is achieved with minor adjustments to the template as needed. Random monitoring is continued and reported to nursing and administrative leadership for accountability and compliance

Current Process



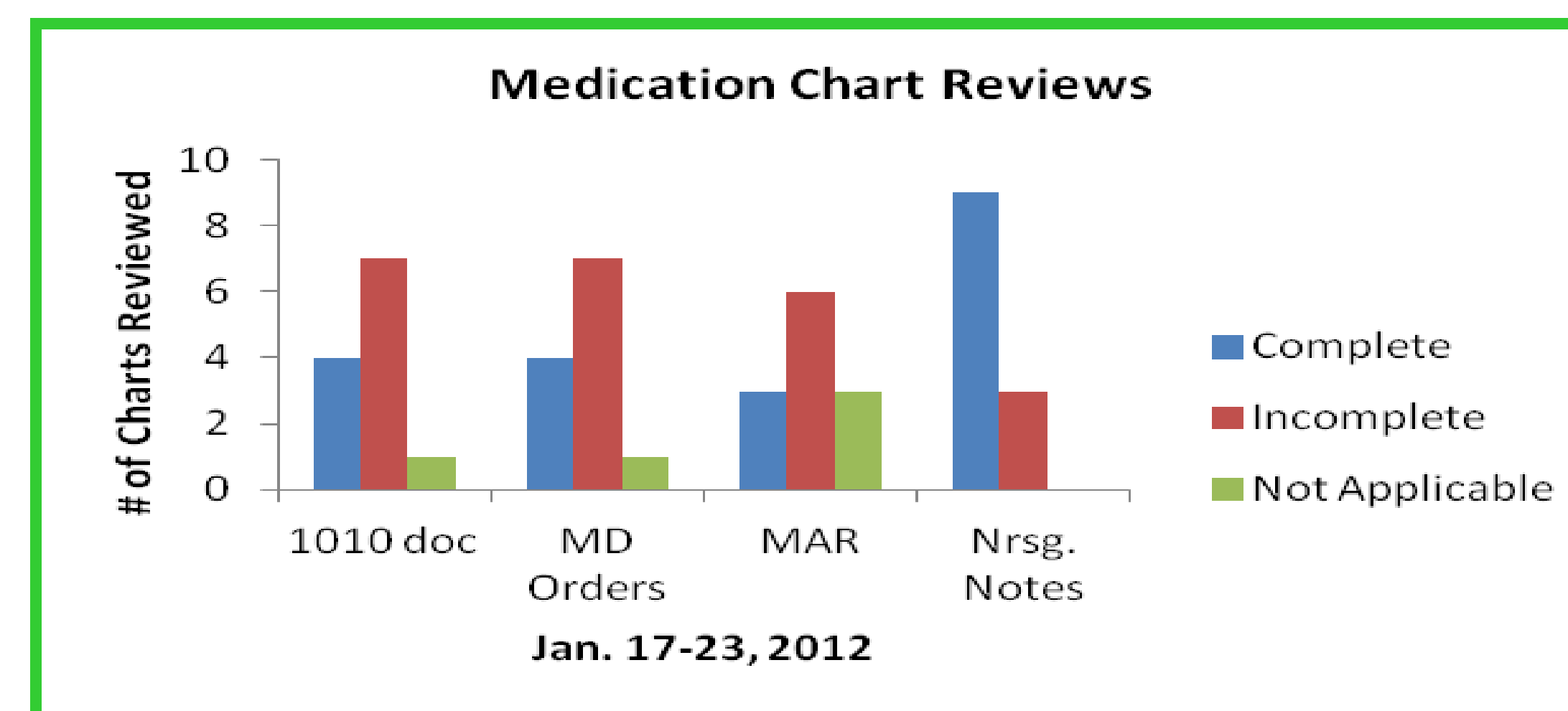
Legend:

- Non-Value added (unnecessary)
- Non- Value added (necessary)
- Value Added

MEASURE: Identify operational barriers and failure models in the current process

Based on observations conducted in the ER and review of patient charts, the following have been found:

- ◆ Redundancy in medication administration documentation
- ◆ No consistency of medication documentation in nursing notes when compared to the MAR
- ◆ MAR/IV forms and nursing notes does not match as to the number of IVs infused/administered
- ◆ No medication orders found, but medication administration documented in nursing notes
- ◆ Medications given, but does not mirror the actual MDs order
- ◆ Not all documents are scanned in the computerized patient record system (CPRS). Process inconsistent

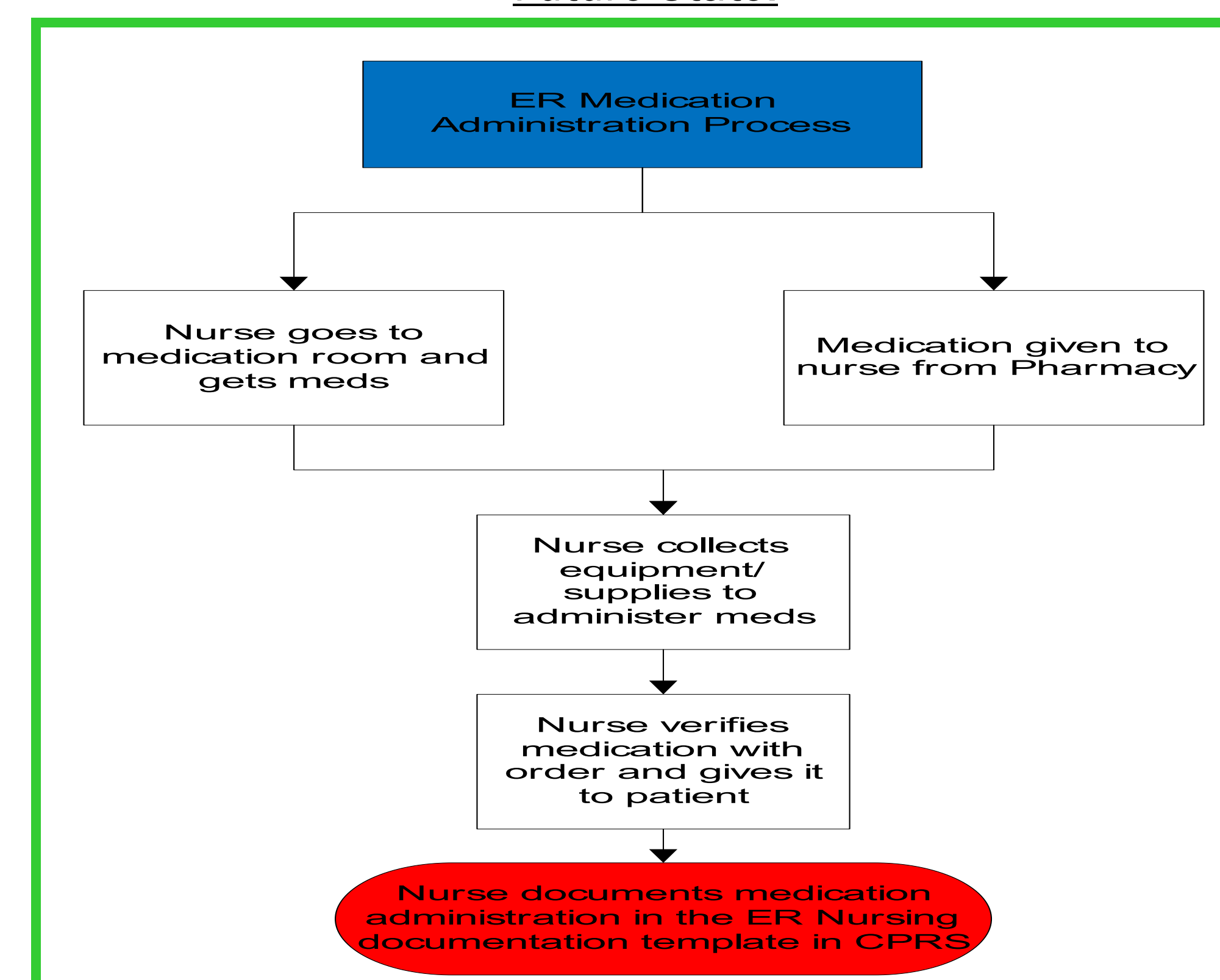


CHANGE: Improve Systems

Create a future state process by applying Lean techniques to eliminate operational barriers and failure modes

- ◆ The Nursing ER Assessment note was revised
- ◆ The team developed a new electronic medication administration template to document all the medications
- ◆ The Staff education was conducted to all the ER nurses on the new template that was developed
- ◆ The paper forms are only used as part of contingency plan when the CPRS is down

Future State:

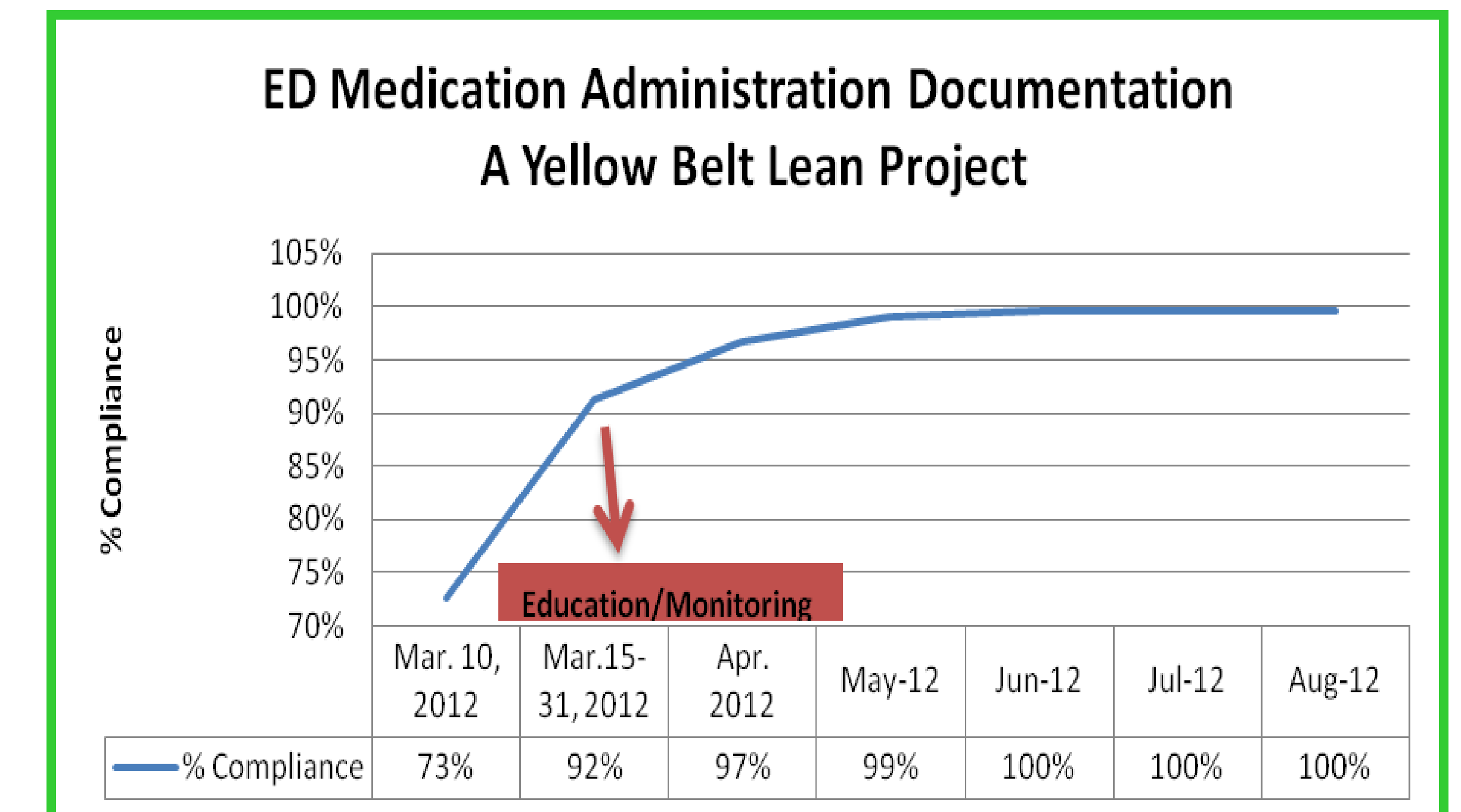


SUSTAIN: Sustainability Strategy

- ◆ Full implementation started 3/6/12
- ◆ Adjustments/revisions to the template will be made as appropriate
- ◆ Continuous staff education as issues are identified
- ◆ Monitoring will be done until 100% compliance with documentation requirement is achieved consistently
- ◆ Paper copies of MAR and IV forms removed, only to be used as a contingency when CPRS is down
- ◆ Random monitoring on a monthly basis for a year to be done by Nurse Manager or designee to ensure continued compliance. Findings will be reported to the Nurse Executive in-charge of the ER
- ◆ Continue to improve

Evaluation

Results of chart reviews and direct observations on the current process showed incomplete medication administration documentation by nurses. Once the electronic template was implemented, nurses found the documentation process easy. Compliance monitoring of documentation was continued until 100% goal is achieved consistently.



Implications for Practice:

Standardized process of medication documentation using electronic template will provide a reliable source of information to the healthcare team and outside reviewers. Omission and duplication of medications that can lead to serious adverse results can be prevented with the use of the electronic medication template.

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