




BCMA: It really does take a village: The multi-disciplinary approach.

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Who owns BCMA?

Nursing?
-pass the medications

Pharmacy?
-verify the orders controlling the eMAR

IT?
-make the hardware and software work

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 **It takes a village**



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 **When to start planning?**

- **As soon as you think about BCMA**
 - Policies and procedures
 - Work flow issues
 - Schedules
 - Equipment decisions
 - Training
- **When to stop planning**
 - Never
 - Updates
 - Competencies

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VA Approach- Mandated

- **BCMA Coordinator at each medical center**
 - POC for all BCMA related activities
 - Co-Chairs Clinical Bar Code Multi-Disciplinary Committee
 - Decisions reported to Clinical Executive Board
- **Clinical Multi-disciplinary Bar Code Committee meets at least monthly**

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Committee members

- **Limit to 10-12 members**
- **Pharmacists**
- **Nurses**
- **IT**
- **End users**
 - Different disciplines have different needs
- **Quality Management/Patient Safety Office**
- **MD**
- **Clinical Applications Coordinator**

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 **Committee functions** 


- **Resolve business and operational issues**
- **Advise management of BCMA processes**
 - Successes
 - Failures
- **Address policies and procedure issues**
- **Forum for end users to exchange ideas**
- **Planning**
- **Monitoring**

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 **How to run a smooth meeting** 

- **Agenda in advance**
- **Start on time**
- **Stay *FOCUSED***
 - Stick to the agenda
 - Keep track of open and completed items
- **Know who is responsible for action items**
- **End on time**



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Summary

- **Many areas of the hospital own parts of BCMA**
- **Start to plan early**
 - never stop
- **Working committee membership from all disciplines who interact with BCMA**
- **Keep management informed**
- **Conduct efficient meetings**

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Communication

“The single biggest problem with communication is the illusion that it has taken place.”

~George Bernard Shaw

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