



Guess this location



Establishing County-Wide Concentration and Dosing Unit Standards for IV Medications

John H. Eastham, PharmD
For the San Diego Patient Safety Consortium
Safe Administration of High-Risk IV Medications
Task Force

John Eastham, Pharm.D. has nothing to disclose.

Photo by Marc Balanky

San Diego Patient Safety Consortium (SDPSC)

- Comprised of participating hospital representatives
- Evaluated areas for local inpatient safety improvements
- Created task force for IV standardization
 - IV concentrations
 - Dosage units

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Participating Hospitals

Scripps System (6 hospitals)

Pamela Richter, PharmD
Christine Low, PharmD
Mark Parmenter, PharmD
Joan Atchison, RN

Sharp System (4 hospitals)

Albert Rizos, PharmD
John Johnson, PharmD
Nancy Pratt, RN

PPH (2 hospitals)

John Eastham, PharmD
Catherine Konyon, RN
Susan Dempsey, RN

UCSD (2 hospitals)

Kim Tallian, PharmD
Ellen Nyheim, RN

Alvarado Hospital

Daniel Page, PharmD
Diana Schultz, PharmD
Lori Turgeon, RN
Laurie McWay, RN

Tri-City Medical Center

John Gama, PharmD
Jan Weber, RN

VAMCSD

Jennifer Howard, PharmD
Kimberly Quicci-Roberts, PharmD

Seventeen of 22 adult hospitals were represented.

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Case for IV Standardization

- Joint Commission
- Safety literature
- San Diego hospital errors
 - Pump programming errors
 - Smart pumps with different libraries crossing between hospitals
- Temporary & per diem staff

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Process

- Reviewed individual hospital standards
- Checked references
- “Fist to 5” consensus vote
- Champions
 - Committed to make changes at their hospitals

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Baseline Findings

Concentration Variation:

n=6 Magnesium IVPB

n=4 Magnesium LVP, amiodarone,
fentanyl, furosemide, lorazepam

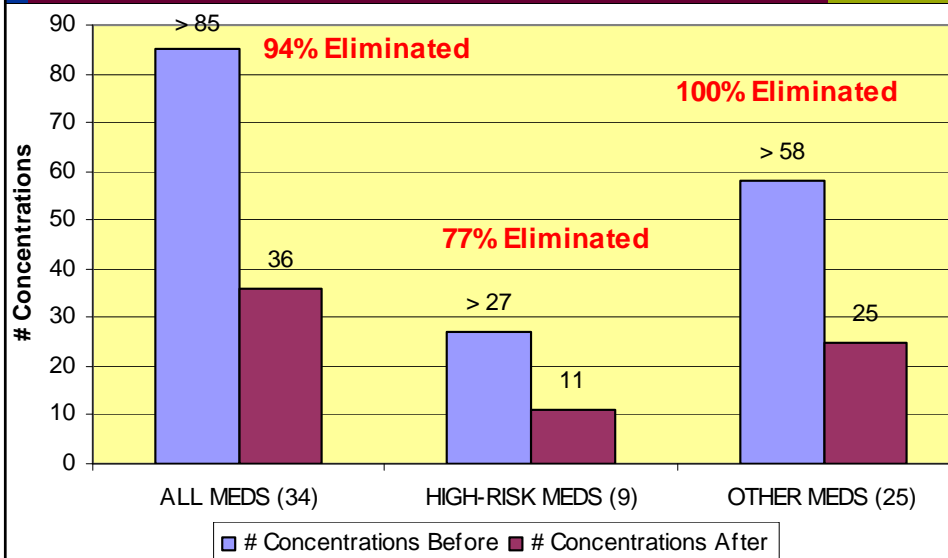
Dosage Unit Variation:

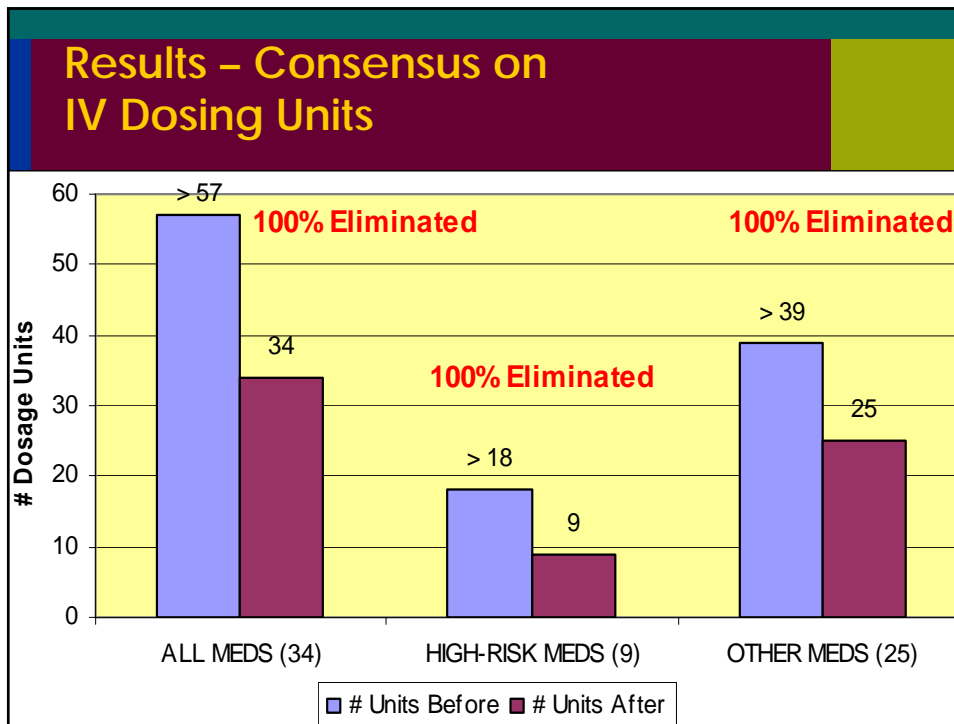
n=4 Fentanyl

n=3 Dobutamine, epinephrine, others

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Results – Consensus on IV Concentration Standards





Results – Adoption by Standards by Each Hospital

- Concentrations
 - 95 to 100% adopted
- Dosing Units
 - 0 to 100% adopted
 - Adoption usually occurs with smart pump implementation

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Benefits

- Multi-hospital systems adopt a single system-wide standard
- ↓ error potential with MD staff and temporary RNs
- Public exposure
 - Newspaper front page
 - Various pharmacy publications

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Findings

- Extensive education provided before changes
- Standards adoption often made with other changes
- Formal assessment not yet done

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