

Addressing Insulin in a Barcoding World

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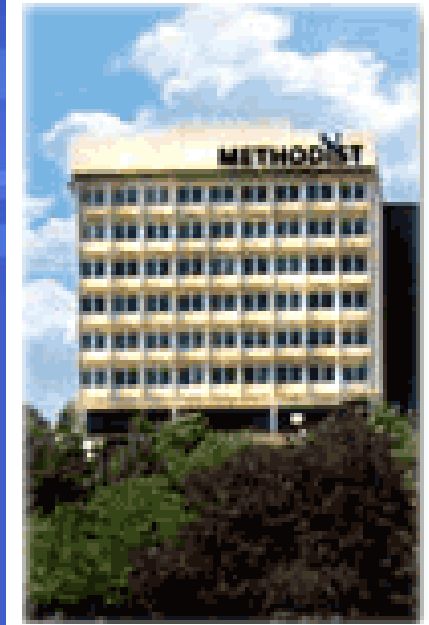
Nebraska Methodist Hospital

Omaha, Nebraska



Nebraska Methodist Hospital

- 110 year old, Not-for-Profit
- Licensed 440 beds; census ~350
- Primarily adult patients
- Areas of excellence
 - Women's services
 - Oncology
 - Cardiology
 - Orthopedics
 - Neuroscience
 - Urology
- Pharmacy Department
 - 52 FTE's, equating to 90 team members
 - 40 RPhs, 26 Techs, 10 Interns, 4 Anesthesia Techs, 1 LPN
 - Pharmacy Automation
 - Cerner computer system, McKesson MedDirect
 - Pyxis, AutoMed Carousel, AutoMed packaging equipment



Background

- Insulin vials stored in PYXIS unit
 - Multi-patient use
 - Reduced errors, lost vials
- Nurse removed as needed based on patient profile with witness required



Driving Factor for Change

Barcode Med Administration Initiative



Barcoding Challenges

- Insulin multi-dose PYXIS vials
 - Will vial be taken to bedside to scan?
 - Label syringes?
 - Who labels?
 - Will it get done consistently?
 - Correct barcode?

Our Solution

- Patient specific insulin devices



Supporting Rationale

- Manufacturer bar-coded
- Safety needles available
- Diabetes center recommendations
- Economic analysis
 - Process change will reduce PYXIS waste
 - Smaller size vials may reduce costs
 - Estimates
 - Novolog products, NPH, 70/30
 - Potential for \$12,000 savings
 - Lantus
 - No additional cost
 - Regular
 - **May break the bank!!**



Conversion Process

- Formulary standardized
- Nursing and pharmacy committee developed policy and procedures
 - Dispensing
 - Administration
- Staff education

Post-Conversion Findings

- Process Issues
 - Name labeling of devices
 - Location of barcode on product
 - Increased turn-around time
 - Initial increase in insulin errors
- 6 month economic analysis
 - Pharmacy costs doubled
 - Waste still significant
- Increased nursing satisfaction
- Increase the quality of double checks
- Safer process worth the increase in costs, but will continue to refine



Questions

