

# ASHP Standardize 4 Safety Initiative

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**Principal Investigator**  
**Midyear 2015**



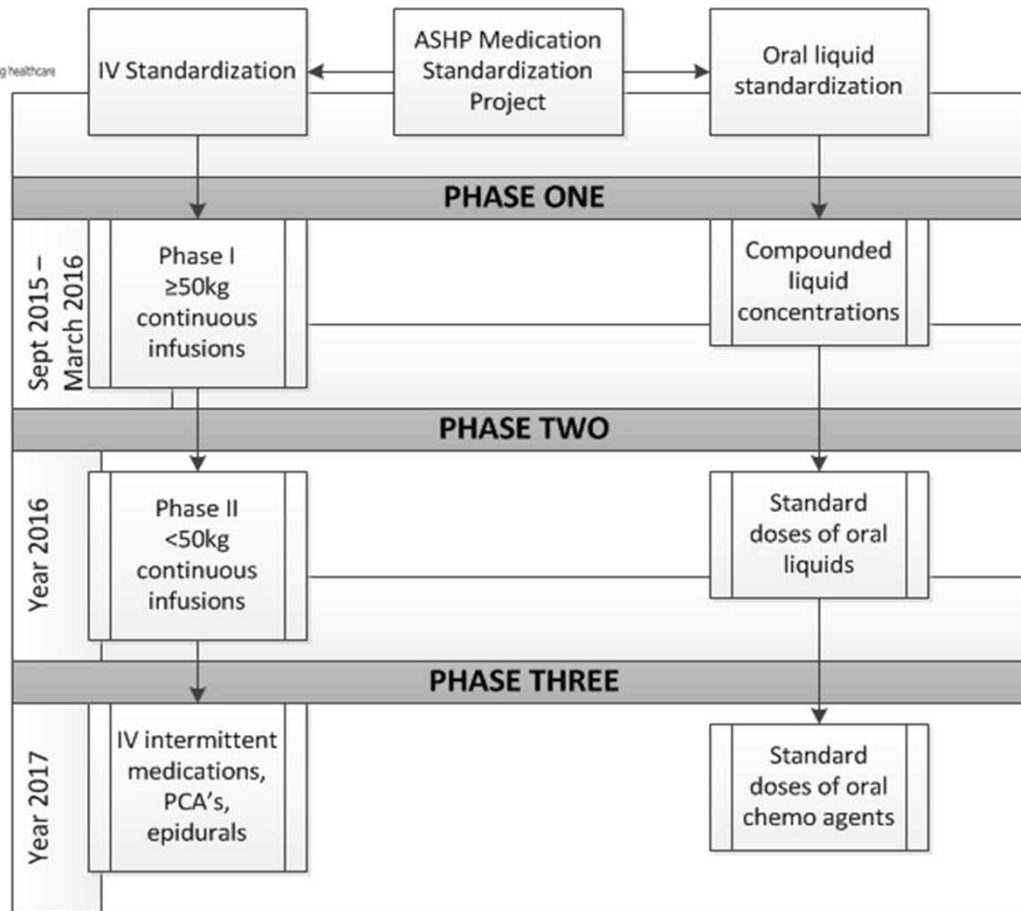
# Key partners



# Master plan



Deborah Pasko  
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V4



# Importance and goals

## Importance:

- This is the first national effort to standardize medication concentrations as an effort to reduce medication errors.

## Standardization Goals:

- Concentrations and dosing units for IV continuous medications for adult patients
- Concentrations of compounded oral liquid medications
- Concentrations and dosing units of continuous medications for pediatric patients
- Doses of oral liquid medications
- Concentrations of IV intermittent medications
- Concentrations of PCA and epidural medications

# IV medications arm

- **Continuous infusions**
  - Weight cut-off for peds and adults
  - Adult sized peds patients, peds sized adult patients
- **IV intermittent medications**
  - Many organizations do not have intermittent medications in pump libraries
  - Why not?
- **PCA's, epidurals**

# IV talking points

- **How to prepare / considerations IV continuous infusions:**
  - Do we have smart infusion pumps with libraries?
    - Don't necessarily need a pump to have standard concentrations
  - Do we have an inter-professional decision making team?
  - Who are our key stakeholders? (If multi-system consider all sister hospitals and satellites including offsite operating areas)
    - Providers – ED, OR, ICU, cardiac, general care
    - Pharmacists
    - Nurses
    - Informatics' teams (drug records, order-sets, etc.)
    - Administrators
    - Biomed / central distribution
    - Patients

# IV talking points con't

- **Gap analysis – how do the proposed standards compare with our own?**
  - Safety committee
  - P & T committee
- **How do we do library pushes – do you have a process?**
  - Wired
  - Wireless
- **When we implement changes, how will pharmacy operationalize, how will IT operationalize?**
  - One large push
  - Staged process
- **Ordering team**
  - Have providers been educated?
  - Are the dosing units different and education needs done?
    - Mcg/kg/min vs. mcg/min
    - Units/kg/min vs. units/min
- **Clinical considerations for patients**
  - Is the new concentration less or more concentrated?
  - Is the patient unstable at the time of the push that a change couldn't be made

# Oral liquid medication arm

- **Standardized list for compounded oral medications**
  - For all patients needing a liquid dosage form
  - Will use the Michigan effort as a starting point
    - [www.mipedscompounds.org](http://www.mipedscompounds.org)
- **Accurate measurement**
  - Smart phone App to show consumer a visual display of an oral syringe and appropriate measurement for patient specific dose
- **Looking for endorsement, support, collaboration**
- **What products could be commercially produced and how to keep cost down?**
- **Standardize liquid doses (example: Amoxicillin 256.5mg to 250mg)**
- **What other dosage forms could be developed (more solutabs, etc)?**



# Stakeholder categories

- **Partners (highest group)**
  - Limited to around 10
  - IV = AAMI
  - Oral = PPAG
- **Supporters**
  - Largest group
- **Vendors**
  - Smart pumps, PhRMA, EHR's, 503b, 503a
- **Regulatory/Accreditation groups**
  - CMS, TJC, FDA
- **Individual ASHP members**
  - Suggestions?

# How do we determine stakeholder category?

- **Level of commitment**
- **Invitation letter**
- **Process for enrollment**
  - Screening process
  - Organizational
- **Expert panel and consensus groups**

# Stakeholder definitions

## Partners

- ✓ There will be an ask from ASHP
- ✓ Greater obligation (not financial)
- ✓ Memorandum of Understanding (MOU's)
- ✓ Need their overall commitment and participation in promoting implementation and change management
- ✓ Examples:
  - ✓ Association for the Advancement of Medical Instrumentation (**AAMI**) and **PPAG**: project updates at major meetings, podcasts about the project, links to webinars for vendors, and dissemination of finalized list
  - ✓ ISMP: Newsletter possibilities, section to the use of standardization as an error prevention strategy, newsletter space or link when lists are generated
  - ✓ UHC, VA, etc: Implementation and change management throughout the enterprise



# Stakeholder definitions

## Supporters

- Primary role is communication
- Will communicate with members through regular organizational means
  - Initial blasts – ASHP “one pager”
    - Newsletters, social media, etc.
  - Send to the website for information
  - Sign on as a supporter and to be viewed on the list
  - Communicate milestones

# ASHP potential partners (initial list)

## IV standards

1. AAMI
2. ISMP
3. IPI (Purdue Regenstrief)
4. UHC
5. VA
6. Indianapolis Coalition for Patient Safety
7. San Diego Patient Safety Council
8. USP
9. NABP
10. Patient safety organizations (PSO)

## Oral liquid standards

1. PPAG
2. ISMP
3. IPI
4. UHC
5. VA
6. CHA, Solutions for Patient Safety (SPS)
7. CDC
8. USP
9. NABP
10. PSO's

# Vendors

## Infusion pumps:

- CareFusion
- Baxter
- Hospira
- Smiths Medical
- B. Braun

## EHR, Pharm Industry, 503b:

- Cerner
- Epic
- PhMRA
- Amerisource/  
Pharmedium
- CAPS

# Milestones for next 6 months

Description	Risks	Due Date	Status
Smart phone App	Competing work 3 <sup>rd</sup> floor	First version 10/30/15	Green
Expert panels	Names from other organizations	11/6/15	Yellow
Communication plan	Initial phase	12/6/15	Green
Vendor webinar	Schedules	12/21/15	Yellow
Expert panel meeting	Schedules	1/15/16	Green
Determine expert panels for second phase	Names from other organizations	2/28/16	Green
Finalize first phase lists	Consensus	3/30/16	Green
Kickoff meeting for second phase panels	Schedules	3/30/16	Green

# Communication methods

- **Website can sign up for informational pushes**
  - Will be open for general public
  - Will post supporter list on the site for everyone to view (competition is good)
- **ASHP Connect community**
  - Moderated, interactive discussion
  - Updates on the initiative
- **Midyear session**
  - Sunday morning 9am (will be in the App and news and views Sunday edition that is distributed ahead of time)
- **Expert panel**
  - Onsite kickoff meeting, 2 calls per month
- **Vendor**
  - Monthly webinars
- **Change management experts**



# What you can do

- **START TALKING!!!!**
- **Be a champion, cheerleader, sponsor**
- **Don't just get buy-in, take ownership**
- **Remember to take an inter-professional approach**
- **Start talking to the informatics team now**
- **Everyone can make a difference**
- **Resources: ASHP, IPI, ISMP, new potential tools in the pipeline**



# Expert pharmacists

## IV continuous (adult)

- Leigh Briscoe-Dwyer
- Dan Degnan
- Stephen Eckel
- Rhonda B. Liberto
- David Mangan
- Kathleen Morneau
- Tamra Pierce
- TBD

## Oral compound liquids

- Lisa Ashworth
- Jared Cash
- Elizabeth Farrington
- Brady Moffett
- Carol Taketomo
- Mark Thomas
- Heather Weese
- TBD

ASHP Staff: Renee Barnes, Bona Benjamin, Moyo (Caroline) Myers,  
Doug Scheckelhoff, Allie Woods

# Questions?

- AAMI: [www.aami.org](http://www.aami.org)
- PPAG: [www.ppag.org](http://www.ppag.org)

Deb Pasko: [dpasko@ashp.org](mailto:dpasko@ashp.org)

<http://www.ashp.org/menu/PracticePolicy/Standard-4-Safety.aspx>

