MSOS MEMBER BRIEFINGS JUNE 2017 UNANSWERED QUESTIONS

The following are the unanswered questions from the June 15, 2017 MSOS Member Briefings. Each of the speakers have kindly responded to them at this time. Thanks.

Technology Integration: Capturing the Full Safety Potential
Elizabeth Rebo, PharmD - WellStar Health System

Q: Why do you think that the alerts are increasing now and how do you plan to modify that?
A: Right now we’re in the process of getting 6 new hospitals ready to go up on Epic in early, 2018. The resource dedicated to this work has been unable to work on it the past few months. However, their bandwidth will soon allow them to re-prioritize this work.

Q: For your PCA, do you use the all the functions of the pump, such as loading dose?
A: Yes

Metrics is our new “Weigh” measure
Julie L. Kindsfater, PharmD, BCPS - Aurora Health Care

Q: What explains the discrepancy between the baseline data and the pre-implementation data?
A: Baseline data was collected in 2015, before we conceived the project – it was the data I first collected as I was investigating if we had/the magnitude of the problem. Pre-implementation data was that which we collected after the steering committee was formed but before we implemented our bundle of interventions. There was one intervention that was made before the steering committee formed that helps explain any discrepancy between baseline and pre-implementation data: after we recognized the problem but before the steering committee formed, we changed the EHR header from displaying pounds (kg) to kg (pounds). Among several other interventions, we have since modified the header to display metric weight only.

Q: Have you heard of an Epic facility requiring an independent double check if a nurses' aide gets the "weight change > 10%” warning? It would be nice to have this hardwired into the EHR.
A: I personally have not. Our stance is that if that alert fires, caregivers are to verify the weight entered. In some cases the alert will trigger immediate recognition that they made an error during transcription. If this is not the case, they are to reweigh the patient. The idea of hardwiring that, though, is certainly worth consideration.

Q: In the NICU population, how do nurses communicate weights to new parents?
A: Patients are exclusively weighed in grams, that is the only manner in which weight is communicated or documented between caregivers, and it is the weight the nurses provide parents. If the parents ask for pounds/ounces weight as a frame of reference they will provide it. For neonates, I think parents actually accept grams much better since it is a more refined way to track the child’s progress from day to day.
Safe Use of Insulin Pens in the Hospital: Multidisciplinary Strategies
Rachel L. Hensley, PharmD, MBA - SSM Health St. Joseph St. Charles

Q: Do you have turnaround time issues with sending all from the pharmacy?
A: We do not generally have turn-around time issues. Insulin is usually ordered prior to when the patient will need it (meal times or bedtime) giving us time to send it up. If it is needed immediately, then we have technicians who can get it taken up immediately. We have not seen any issues with the process.

Q: In most cases, barcodes on patient-specific labels are tied to a specific order rather than the patient. Also, when the dose change, the order number changes as well. How were you able to overcome this for insulin pens? Did the pens require relabeling if the order details were adjusted?
A: No, they don’t require relabeling. The label scans across all orders for that medication for that patient, even if the original order gets dc’ d. We use EPIC and it is possible for this technology to work in EPIC even though I can’t speak to the specifics of how this is done.

Q: Due to the focus to decrease drug cost, do you have any idea in-terms of increased drug cost when switching from vials to pens? Is the practice of using pens for all insulin products?
A: There was an increase drug cost to switch to pens but the safety around insulin administration went up so our organization was able to see the benefit in keeping the pens. We use pens for all insulin except regular insulin which we use rarely and if we use, we send up a 3ml vial specific to a patient (no shared vials).

FDA Update
Jo Wyeth, BSPharm, RPh - US Food and Drug Administration

Q: One the problem that I have seen in the naming is that many of the newly marketed drugs either have names that are unpronounceable and have nothing to do with their generic name. Have you seen this lead to med errors?
A: Medication errors associated with product names is multi-factorial. FDA published a guidance document that describes naming practices that may cause or contribute to medication errors. The document is available from: https://www.fda.gov/downloads/drugs/guidances/ucm398997.pdf. The concern FDA has regarding established (generic) names being similar to proprietary (brand) names is outlined in Section III.E of the document, United States Adopted Name (USAN) Stems. All proprietary drug names FDA finds acceptable are pronounceable.

Q: How do we report errors to DMEPA? Thru Medwatch?
A: You can report medication errors through Medwatch. DMEPA is most interested in errors associated with drug product names, labeling, packaging and design. You can also report medication errors (all types, including practice-related errors) to ISMP. DMEPA has a formal agreement with ISMP to share information so ISMP investigates the reports they receive, and
then shares that information with FDA. ISMP also communicates medication error information in their newsletters. The main point is to report errors – we need the reports to help identify and prevent errors.

Q: Is the barcode required to now have the lot and expiration date?
The linear barcode required under the Barcode Rule (21 CFR 201.25) is required to contain, at a minimum, the drug’s NDC number. The linear barcode must appear on the drug’s label as defined by section 201(k) of the FD&C Act meaning that FDA intends for the linear barcode to be on the outside container or wrapper, as well as on the immediate container, unless the barcode is readily visible and machine-readable through the outside container or wrapper. The 2-D data matrix barcode required under the Drug Supply Chain Security Act (DSCSA) is required to contain a lot number, expiration date, and standardized numerical identifier. The 2-D data matrix barcode is required on the “smallest individual saleable unit of product for distribution by a manufacturer or repackager that is intended by the manufacturer for ultimate sale to the dispenser of such product.”

It’s possible that manufacturers may voluntarily add the 2-D data matrix barcode to the immediate container so the immediate container will have both the linear barcode and 2-D data matrix barcode.