

For the C-Suite

Making Care Safer, More Reliable and Less Costly

As the facility's safety champion, you can drive change and ensure best practices by making an even greater commitment to patient safety, assuring your community that their care is your greatest concern.

In an effort to promote safe administration of medications to patients and to standardize medication labeling practices, the American Society of Anesthesiology (ASA) has developed medication labeling standards, and the Joint Commission (TJC) has initiated National Patient Safety Goals and Medication Management standards. However, despite a world of best practices, standards, and a hospital's pursuit to build a culture of safety, medication errors still exist. Organizations like the Anesthesia Patient Safety Foundation (APSF), Institute for Safe Medication Practices (ISMP) and the National Patient Safety Foundation (NPSF) have established initiatives **encouraging culture change and the application of technology to simplify and add consistency to preparation practices.**

KEY BENEFITS



Advantages of Safe Label System

- Standardizes medication preparation throughout your facility with barcode technology, hospital approved drug database and formulary, and compliant labeling at the point of care
- Complies with the Joint Commission National Patient Safety Goals and meets the intent of ISO 26825, ASTM 4774 Standards and ASA Guidelines for full-color labels
- Lowers the cost of morbidity through reduced ICU time and prolonged hospital stays
- Meets the 2014 ARRA barcoded medication guidelines to maximize reimbursements
- Helps manage overuse of expensive and limited commercially-prepared syringes while maintaining dose and concentration flexibility demanded by clinicians
- Decreases medical and financial risks

Codonics Safe Label System (SLS) is an award-winning, FDA approved class 2 medical device that enhances medication labeling, making hospital care safer, more reliable and less costly. An on-demand "point-of-patient-care" medication identification and management system, SLS is intended for placement and use anywhere medications are prepared for improved safety, consistency, and cost-efficiency. SLS places pharmacy and hospital medical staff oversight at the fingertips of anyone preparing medications in the ICU, patient floors, and perioperative areas. SLS provides visual and audible identification and validation of medications, and instantly prints full-color, easy-to-read labels to maximize safety and compliance to standards.

At administration, SLS performs a "triple check" to ensure that the clinician did not accidentally select the wrong syringe and does not require another clinician to be present to verify it, saving the hospital from having to employ a full-time clinician (FTE) or having a pharmacist present, and greatly reduces syringe swaps.

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SLS technology removes the element of human error and consistently meets compliance requirements. Wherever medications are prepared, especially in those fast-paced environments, errors in syringe preparation and selection as well as documentation inaccuracies can occur for a number of reasons. SLS technology adds the needed guardrails that make medication preparation, delivery and identification safer for patients yet keeps up with productivity goals while meeting TJC requirements. APSF has specifically called for barcode technology as a pillar of their new paradigm:

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APSF Hosts Medication Safety Conference
Consensus Group Defines Challenges and Opportunities for Improved Practice

Technology

- Every anesthetizing location should have a mechanism to identify medications before drawing up or administering them (bar code reader) and a mechanism to provide feedback, decision support, and documentation (automated information system).

Standardization

- High alert drugs such as phenylephrine and epinephrine should be available in standardized concentrations/dilutions prepared by pharmacy in a ready-to-use (bolus or infusion) format appropriate for both adult and pediatric patients.
- Infusions should be delivered by an electronically controlled smart device containing drug library, have standard fully compliant machine-readable labels.
- Ready-to-use syringes and infusors should have standard fully compliant machine-readable labels.

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Pharmacy/Prefilled/Premixed

- Routine provider-prepared medications should be discontinued whenever possible.
- Clinical pharmacists should be part of the perioperative/operating room team.
- Standardized pre-prepared medication kits by case type should be used whenever possible.
- Establish a "just culture" for reporting errors (including near misses) and discussion of lessons learned.

CONFERENCE REPORT

Persistent reports of medication accidents occurring in the operating room with resultant harm or potential harm to patients prompted the APSF to convene a consensus conference of 100 stakeholders from many different backgrounds on January 26, 2010, in

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useable labels.

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Safety: A Business Perspective

It has been documented that medication errors in the perioperative environment occur in 1 out of every 135¹ reported cases, and 1 in 250² medication errors result in death or permanent disability. ASA closed-claims database for drug medication errors reports that the **median settlement for these types of claims is about \$230,000³, but there is evidence that some claims are awarded a much higher amount, in excess of \$650,000⁴.** Aside from the obvious cost of life, there are widespread implications to errors that lead to injury, including costs associated with increased hospitalization, increased medication, lost wages, and decreased patient satisfaction.

Using the medication error statistics, let's assume a facility performs 35,000 procedures annually. Based on the numbers, this facility would pay one claim every 33,750 procedures (135 cases x 250 errors) due to a preventable medication error. Additionally, the same facility would pay a claim for a major medication error in the amount of about \$230,000 per year given the median settlement. Over a five year period, the facility would pay out over \$1,000,000 due to medication errors in addition to the smaller claim payouts.

¹ Webster CS, Merry AF, Larsson L, McGrath KA, Weller J. The frequency and nature of drug administration error during anaesthesia. Anaest Intensive Care 2001; 29: 494-500

² Stabile M, Webster CS, Merry AF. Medication administration in anesthesia: time for a paradigm shift. APSF Newsletter 2007;22:44-6

³⁻⁴ Sandnes DL, Stephens LS, Posner KL, Domino KB: Liability Associated with Medication Errors in Anesthesia: Closed Claims Analysis. Anesthesiology 109: A770, 2008

Go to APSF.org and click the 'New Paradigm' video:

www.apsf.org/resources_video2.php

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