

Medication Scanning Can Save Lives
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Problem Statement: The number of deaths in this country due to medication errors is approximately 7,000. Medication scanning at the bedside will reduce the number of errors that occur. Medication scanning was introduced in our facility 5 years ago but compliance has been slow and often times non-existent. The basis of this project was to find out why compliance was so low, remove barriers that were present and improve the scanning percentage from its current 69% (at the time the project began) to at least 80%, which is the current hospital standard. The Ace Star Model was used.

The first step in the process is discovery. We already knew the problem. What we didn't know was what exactly the literature was saying about the problem. Evidence summary is next, gathering all the articles that address medication scanning and summarizing it for presentation to the nurses. It is evident that the best way to ensure patient identification at this time in our facility is to scan the patient's bracelet and scan the medication.

Identifying barriers and other reasons for not scanning and educating the nurses on the benefits of scanning was the basis of this project. How can we transform this evidence that was gathered into practice on the frontline? The medication administration policy is being revised. The reasons nurses are not scanning are being addressed and guidelines will be implemented and barriers are being removed. This is the translation point of the Ace Star Model. Once the policies and guidelines are ready the integration phase will begin. The goal is to change individual practices and the organizational practice will change also. Scanning on some units has already improved but the evaluation part will take several months to complete. Support and commitment from both the organization and the frontline managers and nurses is essential to the success of this project.

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