“The development and implementation of a comprehensive and standardized list of pediatric i.v. medication concentrations across a large healthcare system are described.” Murray et al (2014).

Reference:

Murray, K.L., Wright, D., Laxton, B., Miller, K.M., Meyers, J. and Englebright, J. (2014) Implementation of standardized pediatric i.v. medication concentrations. American Journal of Health-System Pharmacy. 71(17), p.1500-1508.

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Abstract:

Purpose: The development and implementation of a comprehensive and standardized list of pediatric i.v. medication concentrations across a large healthcare system are described.

Summary: In accordance with National Patient Safety Goals, facilities affiliated with the Hospital Corporation of America system had independently standardized and limited the number of drug concentrations in use. This resulted in variation among facilities, which prevented the systemwide standardization of drug dictionaries within the computerized pharmacy and prescriber-order-entry systems, complicated the movement of providers among facilities, and contributed to inconsistency in medication prescribing. A team of experts collaborated to create a comprehensive standard list that included 119 medications and 372 concentrations for pediatric i.v. medications. Implementation of this standard list was driven through a financial incentive from the malpractice insurance provider; facilities that completed the required activities for this optional program could apply for a credit of a portion of their malpractice insurance cost. For the standardization of pediatric i.v. medications, required activities included approval of the standard medication list, incorporation of this list into facility pharmacy dictionaries, and update of all smart pump software to include only the new standard medications and concentrations. Of the 145 facilities that were eligible for the implementation of standard pediatric i.v. medication concentrations, 141 (97%) completed all requirements and received the 2% malpractice insurance cost credit.

Conclusion: The use of a financial incentive strategy, in the form of a malpractice insurance

credit, successfully motivated the implementation of standardized pediatric medication concentrations across a large healthcare system.

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