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midlines are
created equal...



“This self-assessment was designed to assist oncology practitioners in hospitals, ambulatory care centers, and office practice settings throughout the world to evaluate safe practices related to medication use in the oncology setting.” Greenall et al (2014).

Reference:

Greenall, J., Shastay, A., Vaida, A.J., U, D., Johnson, P.E., O’Leary, J. and Chambers, C. (2014) Establishing an international baseline for medication safety in oncology: Findings from the 2012 ISMP International Medication Safety Self Assessment® for Oncology. Journal of Oncology Pharmacy Practice. October 10th. .

International baseline for medication safety in oncology [@ivteam](http://ctt.ec/mc6xf+)
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Abstract:

BACKGROUND: In 2012, the Institute for Safe Medication Practices (ISMP) and the Institute for Safe Medication Practices Canada (ISMP Canada) collaborated with an international panel of oncology practitioners to develop the ISMP International Medication Safety Self Assessment® for Oncology. This self-assessment was designed to assist oncology practitioners in hospitals, ambulatory care centers, and office practice settings throughout the world to evaluate safe practices related to medication use in the oncology setting and to identify opportunities for

improvement.

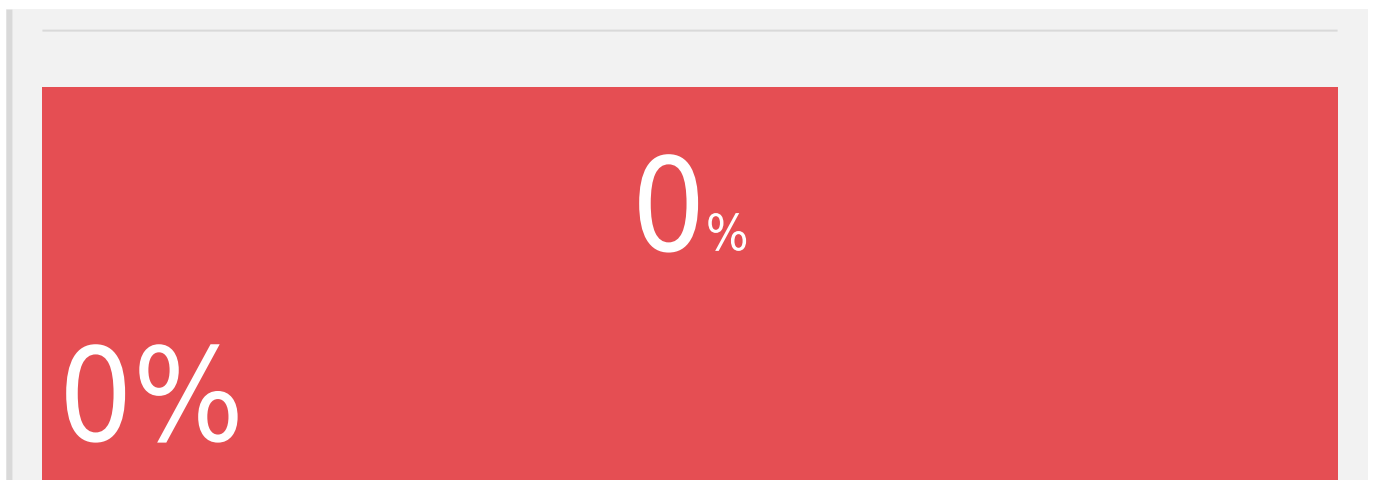
INSTRUMENT DESIGN: The self-assessment consists of 175 items organized into 10 key elements subdivided into 18 core characteristics of safe medication use. Assessment results were submitted via a secure online portal. The online program allows participants to print and graph their results and to compare their findings with those of similar organizations both nationally and internationally.

METHODS: Complimentary access to the self-assessment was made available for a seven-month “snapshot” period in 2012.

RESULTS: A total of 352 organizations from 13 countries submitted assessment results. Key opportunities for improvement were identified in five areas: implementation of the World Health Organization recommendations for management of vinCRISTine and other vinca alkaloids, safe management of oral chemotherapy, labeling of distal ends of intravenous tubing, implementation of technology-based safeguards, and patient education.

CONCLUSIONS: This international snapshot provides important data about the level of implementation of system-based safeguards in oncology practice, key improvement opportunities, and represents a baseline for future improvement efforts. A collaborative approach to identifying vulnerabilities and developing solutions for safe medication use in oncology will enhance the care of patients with cancer internationally.

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