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10 Reasons Digital Dosing Protects Patients and Boosts Your Bottom Line

Medication Dosing Errors are Harming Your Patients

The horrific toll of ADEs

1.3 million people injured by adverse drug events (ADEs) annually

Medical errors are third leading cause of death in the U.S.

Nearly 4 in 10 children suffered a harmful or fatal medication error during an emergency

4 Pillars of Medication Preparation and Administration

Getting these right promotes safe medication administration

Dilution | Dosage | Delivery | Dangers

Challenges of Traditional Medication Administration

- Often occurs in chaos of EDs
- Requires manual math calculations under stressful conditions
- Lack of relevant reference material directly at point of care
- Absence of pharmacy support for large periods of day

Children Are at Greater Risk for Medication Dosing Errors

- Many EDs lack pediatric expertise
- Variations in physical characteristics
- Lower body weight
- Less developed immune systems
- No fixed drug doses for children

Your EHR Alone Isn't the Answer

EHR usability is significant cause of medication errors according to recent study

9,000 SAFETY REPORTS ANALYZED FROM **2012-17**

3,243
noted EHR usability issues as likely cause

609
instances likely caused harm

84.5%
of errors involved improper dosing

Leading problems were SYSTEM FEEDBACK and VISUAL DISPLAY

10 Reasons Digital Dosing is the Solution

1 TAKES THE MATH OUT OF MEDICINE
- Average human math error rate is 3% jumping to 25% under stress
- Automatically calculates proper dose in mg & mL
- Accounts for exact weight and indication

2 INCREASES CLINICIAN CONFIDENCE IN PEDIATRIC MEDICATION ADMINISTRATION
- Clinicians are tentative because of lack of pediatric experience
- Displays exactly what to do and how to do it
- Eliminates need to interrupt colleagues asking for guidance

3 ACCELERATES LEARNING CURVE
- Need to deploy new nurses quickly often cuts orientation time
- Intuitive functionality gets nurses up to speed rapidly
- Enables new nurses to practice at a level similar to more experienced nurses
- Allows more time for other patient care needs

4 REDUCES COST
- Each ADE costs about $5,700
- An average of 214 ADEs per 10,000 stays originate in hospitals
- Adds $1.2 million in extra, non-reimbursable costs for every 10,000 stays

5 DRIVES PRODUCTIVITY
- Puts critical medication administration information in palm of clinician's hand
- Eliminates need to manually access on line or printed reference material
- Can save up to one hour per shift per clinician

6 MINIMIZES CMS SCRUTINY
- Increased ADEs means heightened CMS focus
- Surveys to address ADEs could spread to other areas
- Reduces chances of third-party audits
- Increases risk of reimbursement reduction

7 HELPS MAINTAIN JOINT COMMISSION ACCREDITATION
- Unannounced visits occur during any 39-month period
- Patients selected randomly to track their experience
- Key focus is medication safety
- ADE instances will raise red flags, jeopardize accreditation

8 BOOSTS HCAHPS SCORES
- Crucial component of Hospital Value-Based Purchasing Program that impacts Medicare reimbursement
- Collects patient feedback on care
- Five questions focus on medication administration
- Digital dosing solution enables patient education on medication being provided
- Can enhance positive responses from patients

9 IMPROVES COLLABORATION
- Provides nurses, pharmacists, physicians with identical drug reference material
- Ensures everyone using same formulary and guidelines
- Eliminates confusion and streamlines medication administration process

10 ENHANCES REPUTATION
- Patients now spend more time evaluating care options
- Reduced ADEs provides competitive advantage
- Excellent safety record makes you attractive option

SOURCES

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