2009

ISMP Medication Safety Self Assessment®

for Automated Dispensing Cabinets

An Invitation to Participate

Institute for Safe Medication Practices

a nonprofit organization

Dear Healthcare Provider:

The Institute for Safe Medication Practices (ISMP) is pleased to provide the nation's hospitals with the ISMP Medication Safety Self Assessment® for Automated Dispensing Cabinets.

This tool will help you assess the medication safety practices in your institution surrounding the use of automated dispensing cabinets, identifying opportunities for improvement, and comparing your experience with the aggregate experience of demographically similar hospitals.

The Assessment contains 12 core elements that support the safe use of automated dispensing cabinets in clinical settings. Many of the elements included in the tool represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, and problems identified during onsite ISMP consultations with hospitals.

Consistent with the use of data submitted from other ISMP Medication Safety Self Assessments, ISMP will use the aggregate findings of this self-assessment to plan curricula and other means of support to assist you and others in enhancing medication safety.

We welcome the opportunity to work with you as you assess the safe use of automated dispensing cabinets in your organization.

Sincerely,

Michael R. Cohen, RPh, MS, ScD, FASHP
President

Susan Paparella RN, MSN
Vice President

Safe utilization of automated dispensing cabinets (ADCs) involves practitioners from multiple disciplines and departments. With many hospitals using ADCs as the primary method of drug distribution, the evaluation of safety practices becomes an essential step in ensuring safety. Therefore, we strongly urge each organization to use the following process to complete this tool:

Establish a multidisciplinary team. (see page 4 for suggested members)

Assess your organization's use of automated dispensing cabinets through a consensus vote from all team members, after thoroughly investigating the level of implementation for each self-assessment core element.

Confidentially submit your data to ISMP. ISMP is a federally certified Patient Safety Organization (PSO) and has extensive experience working with confidential, sensitive data. When this self assessment activity is used for quality improvement purposes and patient safety activities, it is considered a patient safety work product and therefore privilege and confidentiality is conferred when submitted to ISMP. Data will be available for comparison by aggregate percent of score for A through E for the total assessment and for each core process at the end of the submission period.

Compare your experience with the aggregate experience of demographically similar hospitals.

Document your progress toward improvement by regularly using this tool in re-assessing your organization's use of automated dispensing cabinets.

Background

ISMP convened a national forum of practitioners from around the country with expertise in the safe use of ADCs. This led to the development of guidelines, http://www.ismp.org/Tools/guidelines/ADC_Guidelines_Final.pdf that are the basis for this self assessment. ISMP extends its appreciation for each individual's expertise and time spent on the guidelines and for those that provided additional guidance in the development of the self assessment tool. All hospital participants and vendor representatives were volunteers, and received no compensation except for travel and meeting expenses.

We would like to thank CareFusion (formerly Cardinal Healthcare), McKesson, and Omnicell for supporting the national forum and we would like to thank AmeriSource Bergen, CareFusion, and Omnicell for supporting the development of this self assessment.

AmerisourceBergen® CareFusion Omnicell®

Glossary

Automated Dispensing Cabinets (ADCs)
A drug storage device or cabinet that electronically dispenses medications in a controlled fashion and tracks medication use. An automated dispensing cabinet is equivalent to a unit-based cabinet (UBC), automated dispensing device (ADD), automated distribution cabinet, or automated dispensing machine (ADM).

Blind count
Upon the withdrawal of a controlled medication, the ADC prompts the user to physically count the number of remaining product in that location and enter this count at the time of drug removal.

High-alert medications
Drugs that bear heightened risks of causing significant patient harm when used in error. See ISMP's List of High-Alert Medications at http://www.ismp.org/Tools/highalertmedications.pdf.

Locked-lidded drawer
A drawer configuration that is used to isolate medications from one another and provide a high level of security, by restricting access to one pre-selected medication at a time.

Matrix drawer
A high-capacity, low-security drawer, suitable for holding large quantities of less-controlled medications. Its configuration allows the user open access to all medications within the drawer.

Override
The process of bypassing the pharmacist's review of a medication order to obtain a medication from the ADC, when assessment of the patient indicates that a delay in therapy (to wait for a pharmacist's review of the order) would harm the patient.

Passwords
Passcodes used to provide security and limit access to the ADC.

Profile
ADC software functionality that allows the pharmacist to review and approve medications before they are available for selection and administration by the nurse, respiratory therapist, or physician.

Profiled ADC
An ADC that allows a practitioner to select a drug from a patient-specific list on the ADC screen and obtain a medication only after the order has been verified by a pharmacist.

Tall man lettering
The use of mixed cases or enlarged font to visually distinguish the different portions of look-alike drug names.

Work-arounds
An action by a practitioner whereby normal safe processes are bypassed, trading safety for efficiency/convenience.

Self Assessment Instructions

1. **Download a PDF copy of the self assessment from the ISMP website at http://www.ismp.org/selfassessments/ADC/survey.pdf. Use this to make additional copies for members of the multidisciplinary team.**

2. **Establish a multidisciplinary team consisting of, or similar to the following:**
   - Staff nurses (2) from different clinical areas, (e.g., Intensive Care, Pediatrics, Emergency Department, Medical/Surgical unit). At least one of the nurses should be from an area with profiled ADC access
   - Staff pharmacists (2); one clinical pharmacist, and one from distribution services
   - Pharmacy technicians (2) with experience performing ADC restocking procedures
   - Risk management and/or quality improvement professionals (2)
   - Senior leadership with clinical oversight (1)
   - Medical staff member (1)
   - Anesthesia provider and RN provider if ADCs are used in the Operating Room
   - Pharmacy management (1)
   - Nursing management (1)
   - Clinical informatics (1)
   - Others as meets the needs of the organization

   Your team should be provided with sufficient time to complete the self assessment and be charged with the responsibility to evaluate, accurately and honestly, current ADC practices in your organization. Because medication use is a complex, interdisciplinary process, the value and accuracy of the self assessment is significantly reduced if it is completed by a single discipline involved in medication use. Past participants of ISMP self assessments report that it will take two to three team meetings to complete the self assessment.

3. **Read and review the self assessment in its entirety before beginning the assessment process.** If you have questions, please visit the "Frequently Asked Questions" (FAQ) on page 16 or http://www.ismp.org/selfassessments/ADC/FAQ.pdf, Contact ISMP at 215-947-7797 during normal business hours (Eastern Time) if you need additional assistance.

4. **Complete the "Demographic Information."** The team leader should verify the responses in this section with hospital administration as discussed in the FAQ on page 16.

5. **Convene the team**

6. **Discuss each core characteristic and evaluate the hospital's current success with implementing the self-assessment items.** As necessary, investigate and verify the level of implementation with other healthcare practitioners outside your team. When a consensus on the level of implementation for each self-assessment item has been reached, place a check mark (√) in the appropriate column using the scoring key and guidelines (page 5).

7. **Repeat the process for all self-assessment items.**

Scoring Key

A	There has been **no activity** to implement this item.
B	This item has been **formally discussed and considered, but it has not been implemented.**
C	This item has been **partially implemented in some or all areas** of the organization.
D	This item is **fully implemented in some areas** of the organization.
E	This item is **fully implemented throughout** the organization.

Important Scoring Guidelines

For self-assessment items with multiple components: Full implementation (score D or E) is evidenced only if all components are present in some or all areas of the organization. If only one or some of the components have been partially or fully implemented in some or all areas of the organization, self-assessment score should not exceed level C.

For self-assessment items with two distinct elements, each separated by the word "OR," and labeled (a) and (b): Answer either part (a) OR (b), but not both.

For self-assessment items where there is uncertainty: Consider holding focus groups or safety rounds that ask frontline staff members about the item. Medication error data may also be used.

Instructions for Submitting Data to ISMP

DATA SUBMISSION AND INFORMATION SECURITY

ISMP is a federally certified patient safety organization (PSO), providing legal protection and confidentiality for submitted patient safety data and error reports. We encourage each individual hospital to submit the results of their completed self-assessment using our special web-based survey form, available on the ISMP website at:

http://www.ismp.org/selfassessments/ADC/login.asp

Please submit your data by **February 28, 2010**

The site can be accessed from any computer with Internet capability; the web-based survey form may take several minutes to access.

Data submission must be completed at one session. You will not be able to save your information and return to complete the submission.

After entering all of your data please click the "submit and score" button, the program will then prompt you to **print the completed survey form, along with the resultant scores,** on your printer. **THIS WILL BE THE ONLY OPPORTUNITY TO PRINT YOUR SURVEY AND ITS SCORE.** The entire report is approximately 7 pages. Scoring will be numerical for each core process and for the entire assessment. Your score will represent your total score for the core process or entire assessment divided by the maximum score. The percentage of your score to the maximum score will also be displayed at the end of each core process and the assessment. Scoring for each item in the assessment is based on a scale of 1 to 5 for each answer of A through E. A represents a value of 1, B represents 2, C represents 3, etc. At the end of the submission period ISMP will publish the aggregate percent scores for each core process and the entire assessment.

Demographic Information

1. Please check the one category that best describes the number of beds currently set up and staffed for use in your organization.

- ☐ Fewer than 100 beds
- ☐ 100 to 299 beds
- ☐ 300 to 499 beds
- ☐ 500 beds and over

2. Please check the one category that best describes the type of organization that is responsible for establishing policy for the overall operation of your organization.

- ☐ State or local government
- ☐ Non-government, not-for-profit
- ☐ Investor-owned, for-profit
- ☐ Military – To which branch of service does your organization belong?
  - ☐ Army ☐ Navy ☐ Air Force
- ☐ Veterans' Affairs
- ☐ US Public Health Service
- ☐ Other:

_____

3. Please indicate the primary state or territory in which your organization or health system offers services.

_____

4. Please check the one category that best describes the location of your organization.

- ☐ Urban
- ☐ Rural

Is your organization a designated critical access hospital? (Optional)

☐ Yes ☐ No

5. Please check the one category that best describes the type of service that your organization provides to the majority of its admissions.

- ☐ General Medical Surgical
- ☐ Psychiatric
- ☐ Critical access
- ☐ Specialty – Pediatric
- ☐ Specialty – Oncology
- ☐ Other:

_____

6. Does your pharmacy provide 24-hour pharmacy services?

☐ Yes ☐ No

If you answered "No" to question #6:
Do you use telepharmacy services in conjunction with ADCs for after hour coverage?

☐ Yes ☐ No

Demographic Information (continued)

7. Please identify the one statement that best describes your current drug distribution model for inpatient use.

- ☐ Centralized pharmacy or satellite pharmacy with a cassette fill; ADCs used only for controlled substances and common prn medications
- ☐ Centralized pharmacy or satellite pharmacy with a cassette fill; ADCs used for controlled substances, common prn medications and most first doses
- ☐ ADCs are the primary means of medication distribution (i.e., most medication doses are obtained from this source)
- ☐ Other:

8. Which of the following patient care areas that exist in your organization do not have an ADC but store medications? (check all that apply)

- ☐ All patient care areas have automated dispensing cabinets (ADCs)
- ☐ Dialysis
- ☐ Emergency Department (ED)
- ☐ Endoscopy
- ☐ Catheterization Lab
- ☐ Newborn Nursery
- ☐ Radiology
- ☐ Labor and delivery units
- ☐ Neonatal intensive care units
- ☐ Oncology units
- ☐ Operating Room (OR)
- ☐ Outpatient ambulatory care clinics
- ☐ Pediatric units
- ☐ Post Anesthesia Care Unit (PACU)
- ☐ Same day surgery/pre-op
- ☐ Other:

9. Which of the following units that exist in your organization use an ADC without active profile functionality? (check all that apply)

- ☐ All patient care areas have active profile functionality
- ☐ Dialysis
- ☐ Emergency Department (ED)
- ☐ Endoscopy
- ☐ Catheterization Lab
- ☐ Newborn Nursery
- ☐ Radiology
- ☐ Labor and delivery units
- ☐ Neonatal intensive care units
- ☐ Oncology units
- ☐ Operating Room (OR)
- ☐ Outpatient ambulatory care clinics
- ☐ Pediatric units
- ☐ Post Anesthesia Care Unit (PACU)
- ☐ Same day surgery/pre-op
- ☐ Other:

Scoring Key

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B
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Core Process #1

Provide ideal environmental conditions for the use of ADCs

		A	B	C	D	E
1 FAQ	Sufficient numbers of automated dispensing cabinets (ADCs) are available throughout the organization to meet the needs of the medication distribution system. (FAQ on page 16)					
2	There is an interdisciplinary team that monitors, at least on a quarterly basis, the ongoing safe use of ADCs, (e.g., workflow issues, location of cabinets, quantity, and service).					
3 FAQ	ADCs are placed in areas that have minimal distractions, allowing staff to concentrate on the task of selecting medications from the cabinet. (FAQ on page 16)					
4a	Adequately-sized ADC tower units are appropriately utilized for the additional storage of IV infusion solutions and supplies.					
	OR					
4b	If ADC tower units are not used, the ADC is in close proximity to IV tubing, IV infusion solutions, and supplies.					
5	Refrigerated storage for medications and vaccines is in close proximity to the ADC.					
6	ADCs are located in an area with sufficient space to allow cabinet drawers and room doors to open without encumbrances.					
7	ADCs are located in a secure room with adequate space, ventilation, and temperature control.					
8	ADCs are located in an area with sufficient lighting available at all times of the day to easily read the screen, drug labels, and medication administration records (MARs).					
9a	A computer monitor with access to the electronic medication administration record (e-MAR) is available next to the ADC.					
	OR					
9b	If a paper MAR or portable electronic MAR is used, sufficient space is available to place the MAR so that it may be read while at the ADC.					
10	A phone is located next to the ADCs and is only available for outgoing calls.					
11	The ADC, or other information system at the ADC, contains up-to-date software for online drug information references, or hardcopy drug information references are available in close proximity to the ADC.					

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Core Process #2

Ensure ADC system security

		A	B	C	D	E
12	Policies exist for ADC access including how passwords are assigned, prohibiting sharing of passwords, and removal of access when an employee leaves the organization.					
13	The system database is updated daily to remove employee access codes that are no longer active and to update new passwords issued within the organization.					
14	Passwords to ADCs are not reused.					
15	Passwords for temporary employees have a finite time period.					
16	Access codes are practitioner specific and limit access to specific medications or categories of medications, (e.g., respiratory, Operating Room, emergency medical services, pain service team.)					
17 FAQ	Practitioner access is limited to defined clinical areas, (e.g., critical care, emergency department, pediatrics, Neonatal intensive care unit). (FAQ on page 16)					
18a	Biometrics (fingerprint identification) is used as the primary means of accessing the ADC.					
	OR					
18b	If biometrics is not used then individual passwords are changed at least quarterly.					
19	ADCs have a remote locking mechanism for refrigerated storage.					
20	Policies exist and are followed that require the documentation and destruction of medication waste be done at the time of product removal.					
21	ADC software requires that blind counts are necessary at the time of removal of all controlled substances from the ADC.					
22	Personnel are assigned to check and reconcile medication waste on a routine basis.					
23	Discrepancies with medication counts and waste are addressed at the time of discovery.					

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Core Process #3

Use pharmacy-profiled ADCs

		A	B	C	D	E
24	All ADCs have profile capabilities, (e.g., profile functionality available in ADCs located in the emergency department, endoscopy, interventional radiology, although it may not currently be activated).					
25	For ADCs that do not require pharmacy review before obtaining medications, each cabinet contains a limited variety and quantity of medications.					
26	Independent double-checks are employed and documented by staff when removing all organization-identified high-alert medications from non-profiled ADCs.					

Core Process #4

Identify information that should appear on the ADC screen

		A	B	C	D	E
27	Patients' full first, middle initial and last names are available on ADC screens. The field contains a sufficient number of characters to avoid truncating names for primary identification.					
28	ADC screens contain a second organization-defined patient identifier (which is not the room number), such as the medical record number or date-of-birth.					
29 FAQ	Patient allergies appear on the ADC screen. (FAQ on page 16)					
30	A warning is presented to the user if a medication is requested to which a patient is allergic.					
31	Medications that are available for administration appear first in the patient-specific screen profile.					
32	Medications not contained in the ADC are differentiated on the patient-specific profile, (e.g., different background).					
33 FAQ	The drug's generic name (and brand name if appropriate) appear on the ADC screens. (FAQ on page 16)					
34	Tall man lettering is used on ADC screen displays to help differentiate look- and sound-alike medications.					
35	The same drug name nomenclature (the identical expression of the drug name and dosage units) is used throughout the entire medication use process; in the pharmacy computer system, on the pharmacy shelving units, the ADC inventory printout, ADC screens, pharmacy-generated labels, and the MAR.					
36	Information on how to prepare medications that require manipulation is displayed on the ADC screens or MAR, or is available in close proximity to the cabinet.					

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		A	B	C	D	E
37	Abbreviated or truncated drug names are not used in ADC screen displays.					
38 FAQ	The patient-specific dose appears on the ADC screen. (FAQ on page 16)					
39	The route of administration of the medication appears on the ADC screen display.					
40	Instructions displayed on the ADC screens provide information regarding the composition of the medication dosage forms (e.g., 2 X 10 mg tablets = 20 mg) when patient-specific doses are not provided in the ADC .					
41	Special instructions on individual patient profiles such as "Do not crush" or "Take with food or meals" appear on the ADC screen.					
42	Selected warnings are displayed on individual patient profiles for look- and/or sound-alike medications.					
43	Selective warnings are displayed on ADC screens for those medications that require a double-check or a second witness to proceed, (e.g., high-alert medications).					
44	The location of the medication within the ADC is displayed on the ADC screen or the ADC leads the healthcare provider to the correct location.					
45	The time the last dose was removed from the ADC is displayed on the screen.					

Core Process #5

Select and maintain proper ADC inventory

46	The Pharmacy and Therapeutics (P&T) Committee, or other similar committee, approves the medications available in ADCs for each specific area of the organization and for any subsequent modifications to the inventory.					
47	Criteria exist for including or excluding medications in the ADC inventory, and are approved by the P&T or other similar committee responsible for medication use within the organization, (e.g., limits on medications that require multiple dilutions and extensive calculations or medications that are not needed for specific patient populations).					
48	All medications, including oral solutions, are available in ready-to-use, unit dose or unit-of-use containers. Bulk drug supplies are avoided.					
49	If a patient-specific dose is not available in the ADC, it is prepared by the pharmacy and delivered to the patient care area.					
50	ADC activity reports are analyzed on a routine basis, at least semiannually, to determine low usage medications that may be eligible for removal from ADC inventory.					

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		A	B	C	D	E
51	Maximum par levels are established for each medication to prevent multifold overdosing.					
52	Monthly pharmacy audits of complete inventory and expiration dates are performed.					

Core Process #6

Select appropriate ADC configuration

		A	B	C	D	E
53	Each individual medication and strength is stored in a separate storage location in the ADC that limits access only to the correct medication.					
54	If matrix drawers are used, they do not contain high-alert medications such as narcotics, neuromuscular blocking agents, vasopressors, insulin, or anticoagulants.					
55 FAQ	Non-medication related supplies are not stored in the ADC at the expense of storing additional medications. (FAQ on page 16)					

Core Process #7

Define safe ADC restocking processes

In the pharmacy

		A	B	C	D	E
56a	There is a sequestered location in the pharmacy for all stock designated for ADC distribution.					
	OR					
56b	If there is not a sequestered area of the pharmacy, then bar-code scanning is used in the pharmacy to confirm medication selection for ADC stock replenishment.					
57	A limited group of trained pharmacy staff are assigned to process the inventory requests for regular replenishment of ADCs.					
58	Pharmacy personnel are assigned to monitor par levels of ADCs for low critical values, and to replenish stock when necessary.					
59	Only one line item at a time, representing a single medication and dosage form, is selected from pharmacy stock for ADC distribution.					
60	Final verification of stock replenishment for ADCs is completed in an area of the pharmacy where interruptions or distractions are minimized.					

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		A	B	C	D	E
	Check process in the pharmacy					
61a	Each medication is checked individually by barcode scanning and placed in a separate bag to ensure that each line item; representing a specific medication, dose, and dosage form, is segregated before sending to the ADC in the patient care area.					
	OR					
61b	Each medication is manually double-checked and placed in a separate bag to ensure that each line item; representing a specific medication, dose, and dosage form, is segregated before sending to the ADC in the patient care area.					
62 **FAQ**	Medications dispensed from the pharmacy to the ADC are organized by patient care unit, cabinet, drawer, and pocket. (FAQ on page 16)					
63	A policy exists and is followed to regularly audit drug dispensing accuracy.					
	Delivery of medications to the ADC					
64	Delivery times for ADC stock replenishment are planned in conjunction with the workflow on individual patient care areas, (e.g., restocking is avoided during scheduled medication times).					
	Verification process					
65a	Bar code drug verification is used by pharmacy personnel when replenishing stock in the ADC.					
	OR					
65b	A nurse, or second person from pharmacy, verifies the accuracy of selected high-alert medications placed into the ADC.					
66	The process for restocking ADCs in the patient care area ensures only one line item at a time is refilled.					
67	Look- and sound-alike medications are differentiated within the ADC.					
68	Distraction and interruptions are minimized during the restocking process.					

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Core Process #8

Develop procedures to ensure the accurate withdrawal of medications from the ADC

		A	B	C	D	E
69	For ADCs with activated profile function, medications are not selected using the "inventory" or unit stock mode.					
70	Discrepancies among the medications contained on the ADC screen, MAR, and the pharmacy or medication label are reported immediately and investigated.					
71	Selecting medications for administration outside of their scheduled time requires a special check process, (e.g., independent double-checks for high-alert drugs).					
72	Practitioners remove only medications for one patient, and one medication administration time, during a single ADC transaction.					
73	Review the MAR at the time of obtaining medication from the ADC, to validate patient information and that the correct medication has been retrieved.					
74	Audits, such as observation, are used to evaluate whether policies and procedures are followed when obtaining medications from ADCs.					

Core Process #9

Establish criteria for ADC system overrides

		A	B	C	D	E
75	A policy with criteria for the use of ADC overrides is approved by the P&T or similar drug use committee in the organization.					
76	Unit-specific medications designated for override functionality, are based on a situation that requires an urgent need.					
77 FAQ	Documented rationale is required for each medication removed from ADCs via the override function. (FAQ on page 16)					
78	The drug and dose removed on override are checked against essential patient information, (e.g., allergies and weight).					
79 FAQ	An independent double-check is performed and documented by another healthcare provider for organization-established high-alert medications removed on override from the ADC. (FAQ on page 16)					
80	Override reports are routinely reviewed to identify and address the reasons for overrides, (e.g., barriers to the pharmacist's review of the medication order prior to drug administration or delays in transferring patients between patient care areas).					

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Core Process #10

Standardize processes for transporting medications from the ADC to the patient's bedside

		A	B	C	D	E
81	A standardized method is established, and is followed by all nursing personnel, to secure medications during transport from ADCs to the bedside.					
82	Practitioners hand carry medications for a single patient to the bedside or place the medications in a labeled transport bag or mobile cart.					
83 FAQ	Medications remain in their original unit-dose package during transportation to the patient's bedside except if the medication requires crushing. (FAQ on page 16)					
84	The MAR (hard copy or electronic), is available at the bedside or taken to the bedside to verify and document medication administration.					

Core Process #11

Eliminate the process for returning medications directly to their original ADC location

		A	B	C	D	E
85	All medications returned to ADCs are placed in a secure, one-way return bin that is maintained by the pharmacy.					

Core Process #12

Provide staff education and competency validation

		A	B	C	D	E
86 FAQ	All staff (pharmacy, nursing, physicians, respiratory, other personnel) with access to ADCs receive orientation and ongoing competency training on the safe and proper use of ADCs. (FAQ on page 16)					
87	A process is established to review internal medication errors and near miss reports associated with the use of ADCs, and the error trends acted upon by an interdisciplinary committee involving pharmacy, nursing, and other organization staff.					
88	A process is established to review external medication errors and near miss reports associated with the use of ADCs, and the error trends are acted upon by an interdisciplinary committee involving pharmacy, nursing, and other organization staff.					
89	Downtime procedures are in place for both hardware and software failures with ADCs, and all staff with access to ADCs are familiar with those procedures.					

FAQs

General Information

We are part of a multi-hospital system. Should we complete a self assessment for each hospital?

We recommend that each hospital complete their own self assessment unless they utilize the same distribution model and you can assure that there is standardization of all processes. Small variations may lead to different answers for many of the questions.

Demographic Information

Are there guidelines available for choices in this section?

Answers to questions such as staffed beds (#1), type of organization (#2), location (#3) and type of service (#5) should be consistent with the responses your organization submits to state and federal agencies for licensure, Medicare participation , and on accreditation surveys and applications.

Ho do I answer question 3 if my hospital is located outside of the United States?

The drop down menu under question 3 contains US Military Foreign and Others as choices. If you answered demographics question number 2 as Military then use "Military Foreign" as you response to the question. If you are a non-military hospital outside of the United States completing this assessment then answer "other".

Element #1. Monitor for lines in front of the ADC to access medications. Consider focus groups with nurses to determine if as a result of an insufficient number of cabinets, nurses withdrawal medications for more than one patient or for multiple medication rounds during their transaction time.

Element #3. ADCs are routinely located in hallways in high traffic areas. This allows for interruptions by staff, patients, and patient's family. Distractions can be reduced if the ADC is placed in a medication room or an area of the patient care unit with minimal foot traffic.

Element #17. A defined clinical area could include access to multiple areas, (e.g., nursing supervisors, respiratory therapists.)

Element #29. No known allergies should only display when the question about allergies has been asked and answered. It should not appear when no information has been obtained. If the ADC screen indicates that the patient does have allergies and directs the user for more complete information to the patient's chart, MAR or e-MAR, then this is an acceptable alternative.

Element #33. Brand names may be used for medications containing multiple ingredients or as a strategy to differentiate look- and sound-alike medications.

Element #38. The patient-specific dose is the actual dose prescribed for the patient. This is distinct from a commercially available unit dose that may need to be manipulated by the nurse prior to administration to the patient.

Element #55. An exception to this would be keys for a patient controlled analgesia device (PCA).

Element #62. If bar code technology is utilized for restocking then only sorting by patient care unit, cabinet and drawer is necessary.

Element #77. Documentation is required. This may be in the form of a drop down menu selection on the ADC screen.

Element #79. An independent double check may occur at a place other than the ADC, (e.g., at the bedside.)

Element #83. If the patient in isolation is receiving a medication from a multidose vial then medications can be prepared in the medication room. If they are prepared at any location other than the patient bedside then each dose of medication must be labeled.

Element #86. This would include temporary employees including agency staff and faculty that utilize the ADC.

About the Institute for Safe Medication Practices (ISMP)

The Institute for Safe Medication Practices (ISMP) is the nation's only nonprofit, charitable organization devoted entirely to medication error prevention and safe medication use.

ISMP is known and respected worldwide as the leading resource for independent and effective medication safety recommendations. The Institute's strategies are based on up-to-the minute information gained from analysis of reports to the national, voluntary ISMP Medication Errors Reporting Program, onsite visits to individual healthcare organizations, and advice from outside advisory experts.

ISMP's highly effective initiatives, which are built upon system-based solutions, include: four medication safety newsletters for healthcare professionals and consumers that reach more than three million total readers; educational programs, including conferences on medication use issues; confidential consultation services to healthcare systems to proactively evaluate medication systems or analyze medication-related sentinel events; advocacy for the adoption of safe medication standards by accrediting bodies, manufacturers, policy makers and regulatory agencies; independent research on evidence-based safe medication practices; and a consumer website (www.consumermedsafety.org) that provides patients with access to free medication safety information and alerts.

ISMP works with healthcare practitioners and institutions, regulatory and accrediting agencies, consumers, professional organizations, the pharmaceutical industry, and others to accomplish its mission. It is a federally certified patient safety organization (PSO), providing legal protection and confidentiality for patient safety data and error reports it receives.

As an independent nonprofit, ISMP receives no advertising revenue and depends entirely on charitable donations, educational grants, newsletter subscriptions, and volunteer efforts to pursue its lifesaving work. For more information or to make a donation that will make a difference to patient safety, visit ISMP online at **www.ismp.org**.