

Automating the Medication-Use Process: Leadership Required

For twenty years I was a minister. The past eleven years I have been studying, writing and consulting in the field of medication-use automation. Along the way, I have discovered that more hospital purchasing decisions have been vendor-driven than vision based. And that makes me want to preach.

It's been a while, but I have a pretty good text for a sermon—a position statement taken from the ASHP Bible:

Optimizing the Medication Use Process.

“To urge health system pharmacists to assume leadership responsibility and accountability for the quality, effectiveness and efficiency of the entire medication use process (including prescribing, dispensing, administration, monitoring and education) across the continuum of care.

“To urge health-system pharmacists to work in collaboration with patients, prescribers, nurses and other health care providers in improving the medication-use process.”¹

What else do I need but three points and a poem?

Each Christmas our family puts together a jigsaw. Some folks think it is cheating, but once we have turned all the pieces right side up, we fight over the box. We need a vision for the puzzle before us.

Applying automation to the medication-use process is like putting a jigsaw puzzle together.

1. A *clear* vision is needed

The medication-use process may be made more or less safe by applying technology. When automating any part of the process, here is the axiom: Any system implemented should be as safe or safer than the system being replaced. In other words, the new way should make it easier for caregivers to do right and harder for them to do wrong.

The automation picture we are putting together ought to result in *improving the medication-use process*.

In addition to a clear vision...

¹ Position Statement ASHP Council on Administrative Affairs (9903)

2. A *shared* vision is essential

This shared vision should be the result of pharmacists *collaborating* with prescribers and nurses.

Safe medication practice begins with the physician assessing and ordering; is followed by the pharmacist reviewing, approving, and (if necessary) consulting; and proceeds with the nurse verifying, administering and documenting. Too often all this ends up being a series of disparate handoffs between the three, without a clear and shared vision unifying the process.

Likewise, too many decisions to automate are made in isolation. Physicians focus on obtaining order entry systems, while pharmacists zero in on distribution technologies and nurses are become absorbed with dispensing cabinets and/or point of care scanning systems. Bits and pieces of automation are independently selected and installed without a master plan, as if it were three separate puzzles being put together.

When all three professions lay their fist full of pieces on the same table, the impact on medication safety stands to be greater than the sum of their individual contributions?

Such collaboration, however, does not just happen.

3. Leadership is *required*

On Saturday night a preacher was reviewing notes for his Sunday sermon, when he wrote in the margin: *weak point, yell like crazy*. There is no need for me to yell at this point.

If pharmacy does not provide the leadership, your hospital may never formulate the clear and unified vision required for a safer medication-use process. Likewise, applying automation in a way that fulfills rather than frustrates that vision, probably won't happen without intentional leadership from the pharmacy.

For lack of such leadership, too many hospitals settle for automation decisions that are, as we noted, vendor-driven, rather than vision based. This simply is not acceptable.

There are not enough holidays for any one person in our family to do the Christmas puzzle alone. So I am grateful that everyone pitches in. Yeah, we fight over the pieces. But we feel good along the way as sections we are working on fall together with our neighbor's. One yahoo always claims he did more work than the rest, and another holds out the last piece in boast that she finished the project. But we all are satisfied when the picture is complete.

As for me, well I take credit for this at least--I am the one who gets everyone into the living room to put the thing together.

In conclusion—as promised—a poem.

*Who will convene
the collaboration
to avoid
an automated elaboration
of the past?*

*If not the pharmacist
you
then I must persist
who?*

I kind of hope I am preaching to the converted.