Improving Nursing and Pharmacy Teamwork Through the Use of Order Message Manager (OMM)

BAYLOR SCOTT & WHITE HEALTH

BAYLOR SCOTT & WHITE MEDICAL CENTER – WAXAHACHIE

Texas Health Resources University

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2016 CLINICAL INFORMATICS SYMPOSIUM

REQUIREMENTS FOR SUCCESSFUL COMPLETION

Learning Outcome:
Attendees will gain knowledge and skills to assist them in the practice of nursing informatics in the clinical setting. Attendees will learn from presenter experiences with the ability to take content and ideas back to their respective health systems to make actionable changes. This knowledge will help drive patient care through the use of informatics.

To receive contact hours for this education activity, the participant must:

➢Sign in on the roster
  ➢Attend the entire program
    ➢Complete the evaluation form

Disclosures (Continued)

Once successful completion has been verified, a "Certificate of Successful Completion" will be awarded for 1contact hour.

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The toll free number is 1 (866) 262-9730.

LEARNING OBJECTIVES

1. Understand the impact of interruptions and distractions on the ability to safely complete medication orders.

2. Understand how the use of an EHR messaging tool can significantly decrease non-emergent phone calls to pharmacy.

BACKGROUND/PROJECT OVERVIEW

In February 2016, an opportunity to improve teamwork between pharmacy and inpatient nursing surfaced.

- Nursing reported that they always had to call pharmacy for missing medications.

- Pharmacy reported that they received phone calls all day, impacting their ability to process medication orders and handle emergent medication requests.

- Both groups reported that they knew about Order Message Manager (OMM).
  - Nursing said that even if they used it they still had to call pharmacy.
  - Pharmacy admitted that they didn't routinely monitor the OMM queue.

- Both groups expressed a desire to decrease the number of phone calls between nursing and pharmacy thus decreasing distractions and interruptions for both groups.

TEAM MEMBERS

Name	Position	Team Role
Cindy Murray, MBA, MHA, RN, CENP	Chief Nursing Officer, Chief Operating Officer	Executive Sponsor
Laura Mobley, PT, MS, MBA, CPHIMS	Director, Clinical Informatics	Facilitator
Cay Kubin, BSN, RN, CNML	Nurse Manager, Intensive Care Unit	Team Leader
Lance Richards, PharmD	Director, Pharmacy	Co-Leader
Tony Espinoza, BSN, RN, CCRN	Registered Nurse, Intensive Care Unit	Team Member
Darnisha Stafford, PharmD	Clinical Pharmacist	Team Member
Jennifer James, BSN, RN	Registered Nurse, Medical Surgical Unit	Team Member
Heather Rider, BSN, RN, CNOR	Informatics Resource Nurse	Team Member
Jodie Hughes, BSN, RN	Informatics Resource for Practitioners	Team Member

DISTRACTIONS AND INTERRUPTIONS
What does the literature say?

- Distractions during nursing medication administration and in dispensing by pharmacy may occur as frequently as every 2 minutes.

- One study cited that with each interruption, the risk of a medication error increased by 12.7%.

Acute Care ISMP Medication Safety Alert. (2012, November 29). Retrieved from Institute for Safe Medication Practices: https://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=37

BASELINE MEASUREMENTS
Pre-survey to Nursing

A pre-survey sent to nursing in February, 2016 returned the following results:

Survey Question	YES	NO
Do you utilize Order Message Manager (OMM)?	87%	13%
Are you satisfied with Pharmacy's responsiveness to OMM requests?	12%	88%
In general, are you satisfied with pharmacy's responsiveness to your medication requests?	40%	60%

BASELINE MEASUREMENTS
Tracking calls to Pharmacy

Pharmacy manually tracked calls during the day shift from 2/15/16 – 2/22/16 and recorded:

◦ The unit placing the call
◦ The amount of time spent on the call
◦ The reason for the call

Pharmacy then classified the call as either emergent (needed in less than 30 minutes) or non-emergent.

Tracking revealed that 88% of the calls received were non-emergent during the baseline period.

BASELINE MEASUREMENTS
Usage of OMM by Nursing

- Utilizing an internal EHR report on OMM usage, we found that approximately 95 messages were sent to pharmacy/week.

- This supported the pre-survey response from nursing that they were utilizing OMM.

GAP ANALYSIS

Areas of Greatest Opportunity

- OMM queue management by pharmacy

- Pharmacy communication regarding mode of delivery of medication

Gap Analysis
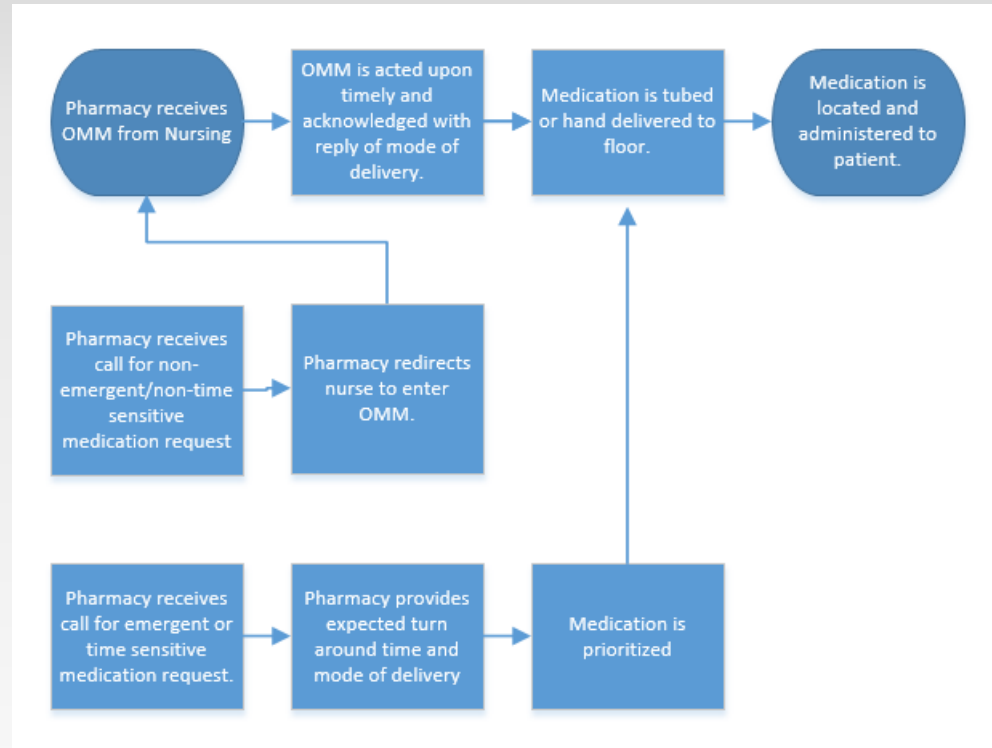Opportunities to Decrease Non-emergent Calls to Pharmacy
Priority Rating by Team 1 - 10

1 = No process exists
10 = Process is well defined
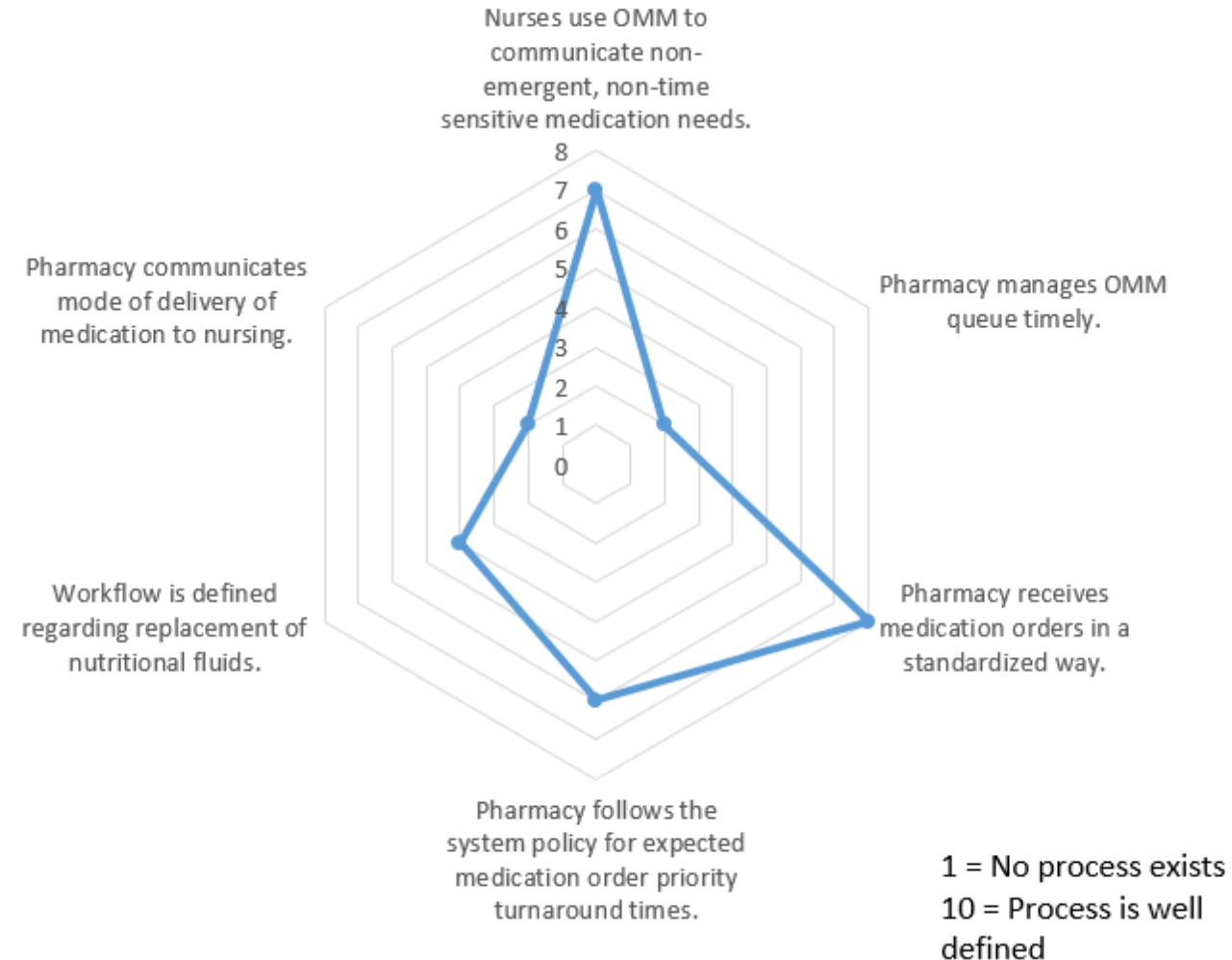
CURRENT PHARMACY WORKFLOW
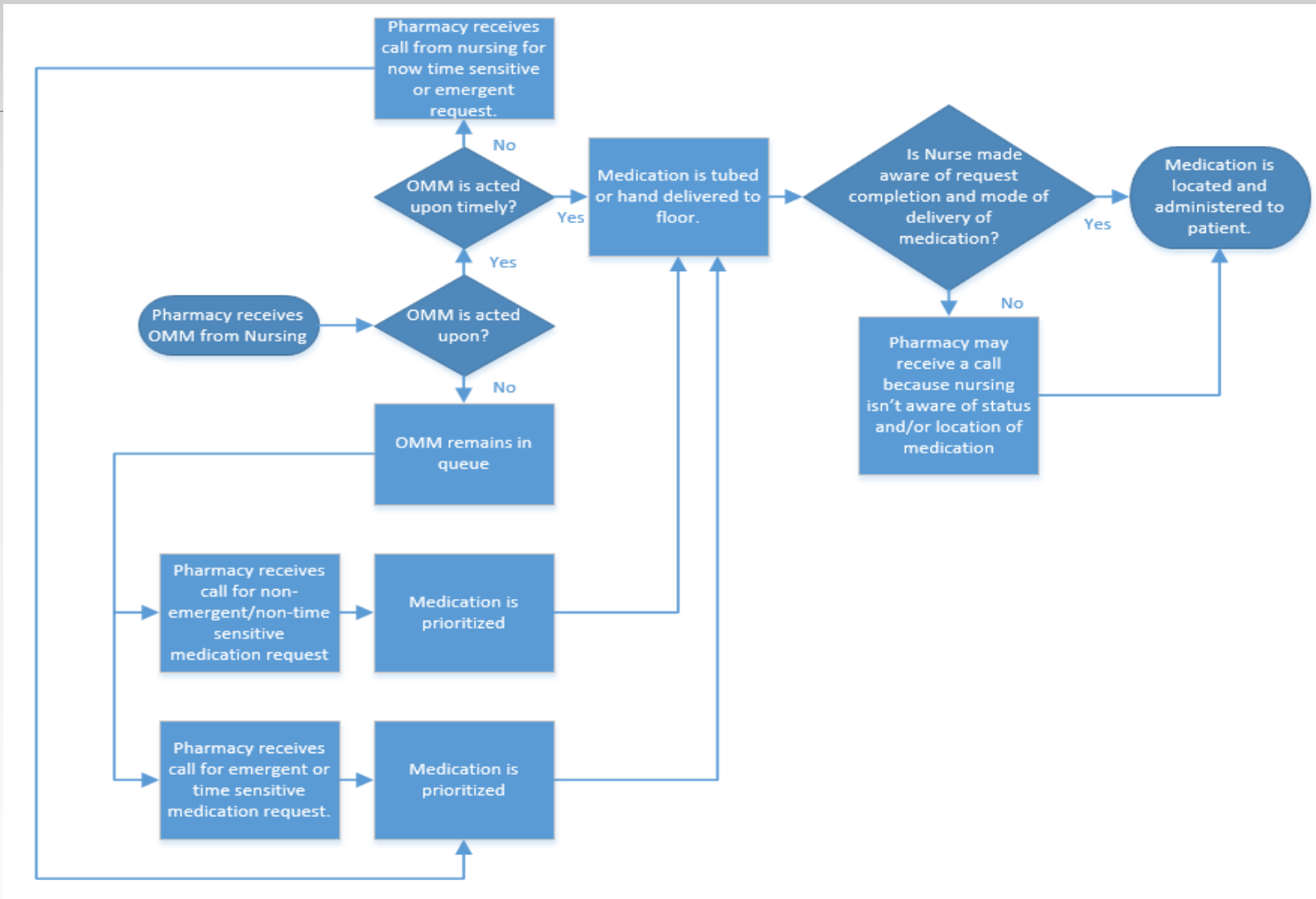
The current pharmacy workflow contributed to increased non-emergent calls.

PROPOSED PHARMACY WORKFLOW

Increased use of OMM should result in decreased calls and more efficient pharmacy workflow.

PROJECT GOALS
End date: May 20, 2016

The percentage of non-emergent phone calls to pharmacy will decrease from 88% to less than 50%

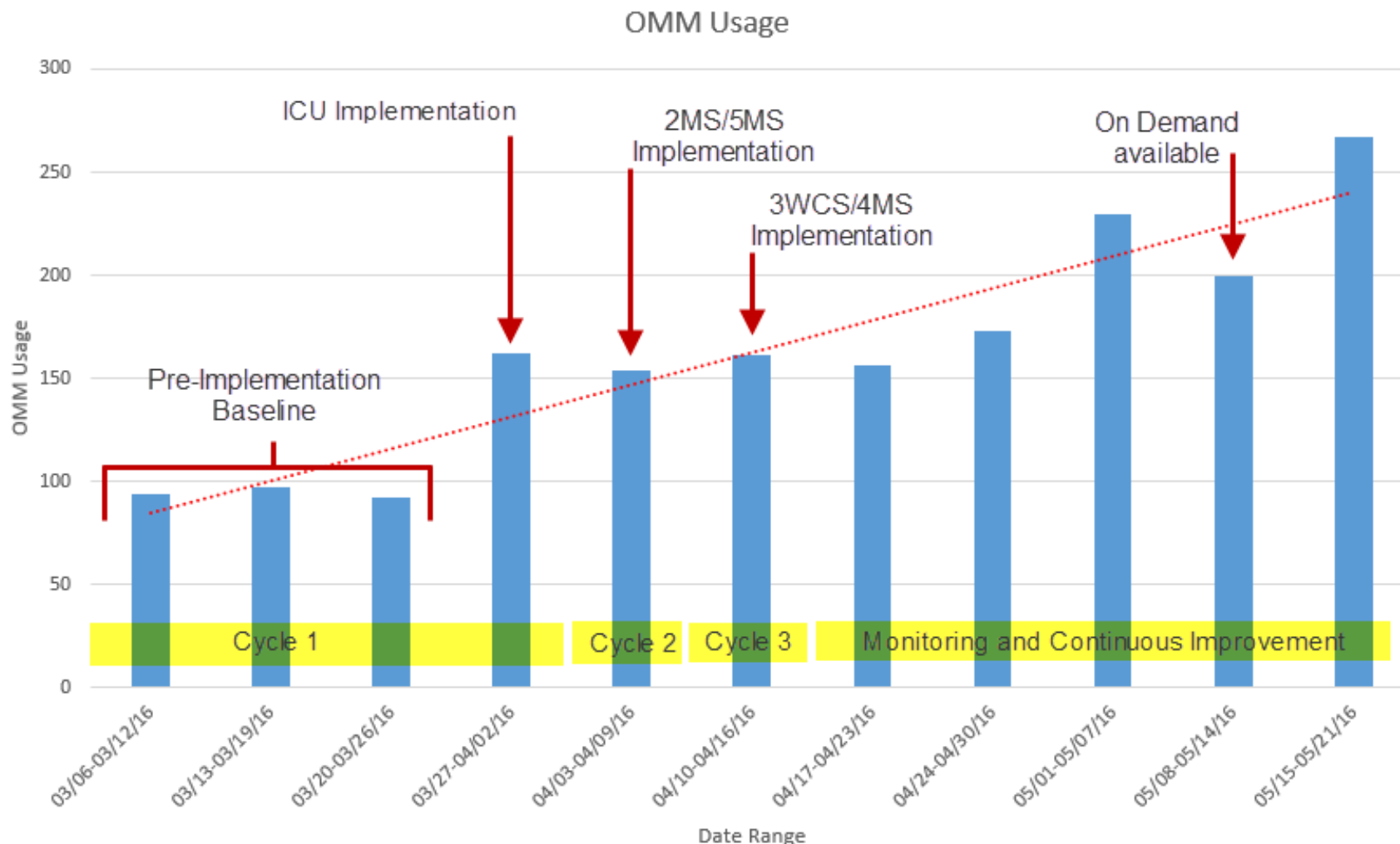Nursing satisfaction with pharmacy's responsiveness to OMM will increase from 12% to greater than 50%.

This will be accomplished through:

◦ Reinforcement of the use of OMM by nursing

◦ Scripting for any non-emergent calls made to pharmacy to support nursing reinforcement

◦ Implementing the new pharmacy OMM workflow.
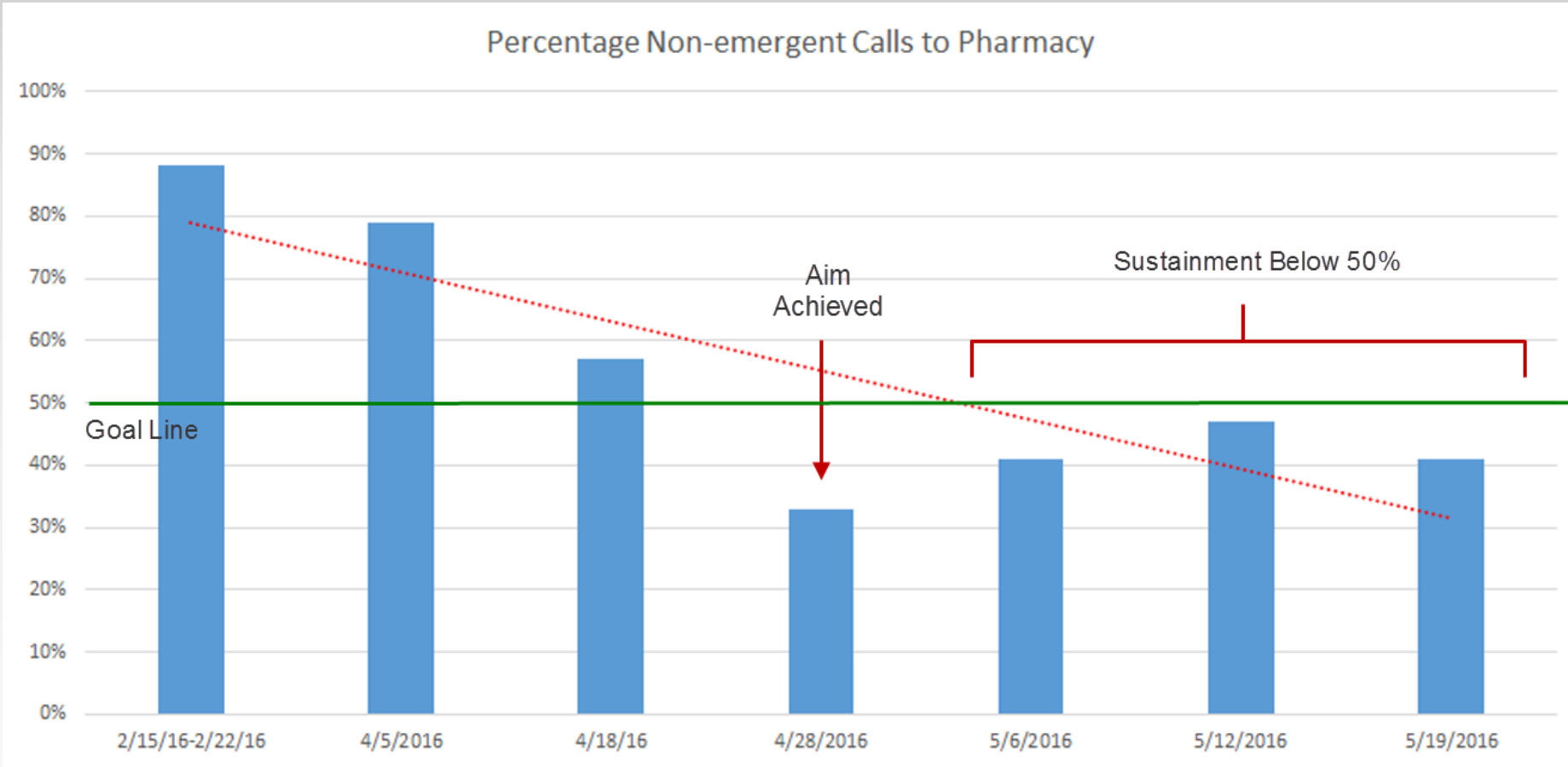
PROCESS MEASUREMENT
OMM Usage

OMM usage increased from 95 to 267 per week; 100% of nursing responded that they utilized OMM in the post-survey.

OUTCOME MEASUREMENT
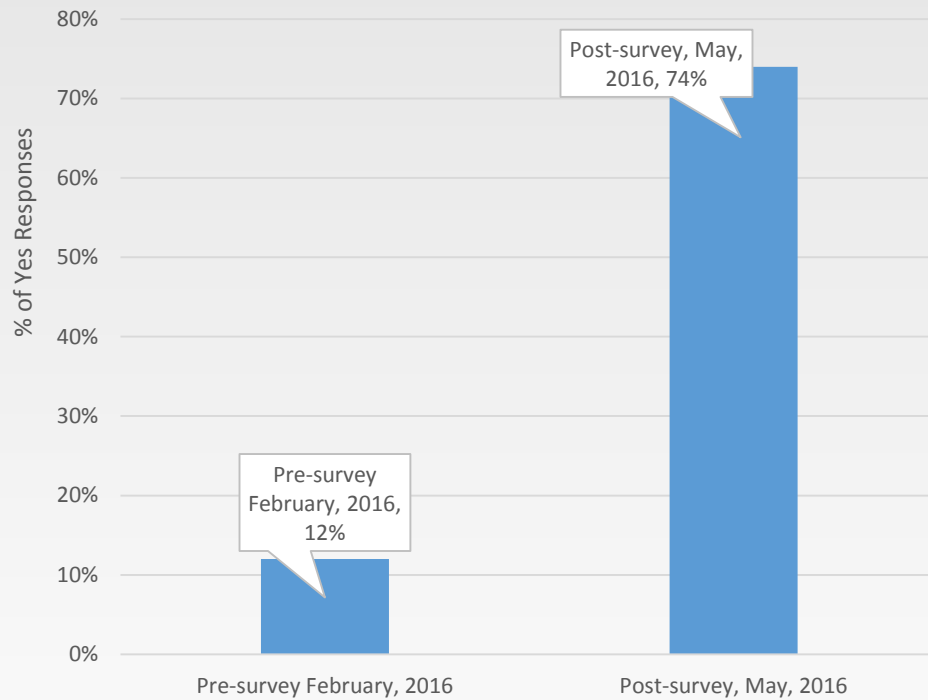## Percentage of Non-Emergent Calls to Pharmacy

The percentage of non-emergent calls dropped below our 50% goal after week 3 and has been sustained.
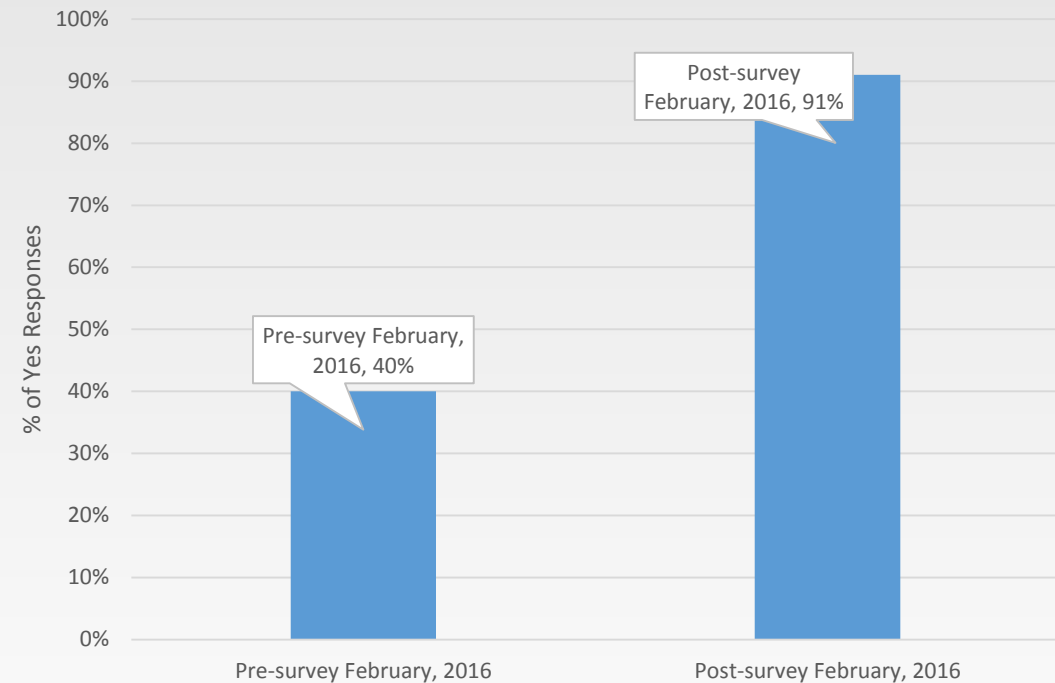
OUTCOME MEASUREMENT
NURSING SATISFACTION FOLLOWING PROCESS IMPROVEMENT

RESULTS

- Percentage of non-emergent calls dropped from 88% to 41% and has remained below 47%.

- Enhanced OMM management by pharmacy decreased their workflow around most medication requests from a potential of 9 steps to 3 steps.

- OMM usage by nursing increased from a baseline of 95 to 267 messages per week.

- Nursing satisfaction with pharmacy response to OMM increased from 12% to 74%.

NEXT STEPS

- Maintaining commitment to the process through continued use of OMM usage reports and monthly tracking of pharmacy calls.

- Including evening pharmacists in call tracking and now focusing education on evening staff.

- Analyzing and working to resolve the most common reasons for messaging to further reduce nursing and pharmacy distractions.

- Sharing and spreading workflow to other facilities within the healthcare system.

PRESENTER CONTACT INFORMATION

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QUESTIONS & DISCUSSION