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Chief Health Informatics Office, Bar Code Resource Office

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The Bar Code Resource Office champions the use of clinical business best practices for integrated technologies through technological innovation and process improvement to support the clinical bar code systems for Bar Code Medication Administration (BCMA) and Bar Code Expansion (BCE) assuring the delivery of safe, effective, and high quality patient care.

★ **BCE Coordinators Announced – Betty Mims**

On April 1, 2008, the Deputy Under Secretary for Health for Operations and Management (DUSHOM) distributed a memo on the Bar Code Expansion (BCE) positions. Specifically, the memo stated with the anticipated implementation of Bar Code Expansion, each stand-alone medical center, outpatient clinic, or health care system is required to establish the role and identify a BCE Coordinator primary point of contact in support of laboratory-related BCE applications: specimen collection (both clinical laboratory and anatomic pathology) and laboratory aspects of Blood Bank for blood administration.

With May 16 as the target to identify BCE contacts, we are pleased to announce that 144 BCE contacts are in place. Current breakout by discipline indicates 70% fall within various laboratory positions: Medical Technologist, Laboratory Information Manager (LIM)/Automated Data Processing Applications Coordinator (ADPAC). Thirty percent fall within other categories: Clinical Applications Coordinator (12%), Bar Code Medication Administration (BCMA) Coordinator (5%), Nursing (5%), and other (8%). The Position Memo along with the most current listing of BCE Contacts is posted on the BCRO website- Bar Code Coordinators webpage <http://vaww1.va.gov/bcmapmo/page.cfm?pg=17>. Please forward any changes to the BCE Contact list to Rhonda Boling at the BCRO.

For consistent communication, please note the following mail group for the BCE Coordinator/ points of contact - VHA 19 OI BCE Coordinators – and BCE Coordinator SharePoint work space, located at: <http://vaww.national.cmop.va.gov/bcma/BCEC/default.aspx>. Beginning September 15, 2008, what traditionally has

been known as the BCMA National Call will transition its emphasis on the 3rd Monday semi-monthly call from BCMA to BCE. BCRO will moderate the call and include educational components to facilitate staff transition to their newly founded roles.

★ **Anatomic Pathology Cross Functional Team Effort – Pattie Halliburton**

In May 2008, the BCRO spearheaded a Cross Functional Team (CFT) of subject matter experts and business owner representatives from Nursing, Pathology and Laboratory Medicine Service, and the National Center for Patient Safety to validate business requirements for BCE- Anatomic Pathology specimen collection application. The kick-off call was held May 19th and calls occurred twice weekly through June 13th. The goal for this initial effort was to validate anatomic pathology specimen collection business needs with current work processes. Thanks to the hard work and determination of the CFT, these requirements were delivered to the product vendor (CareFusion) on time on June 16th, 2008. Through this effort, we hope to have a prototype product for review from the vendor around November 2008. We want to thank Oyweda Moorer and Dennis Lahl for their assistance in providing the names of the subject matter experts who participated. We also wish to thank the subject matter experts who diligently attended these calls. Their participation, knowledge, and experience are truly appreciated.

★ **Process Improvement Grid FY08Q2- Quality Management Results – Betty Mims**

The BCMA Process Improvement Grid Areas for Improvement are designed to assist local BCMA Coordinators and BCMA Multidisciplinary Committees in identifying areas for performance improvement within





the medication management processes. One best practice area is distributed quarterly. The enterprise goal is to achieve 60% or higher “Fully Implemented/ All the time”.

This assessment addressed best practices associated with quality management. Each of the fifteen best practices was didactic from one of three resources: the Institute for Safe Medication Practices (ISMP), American Society of Health-System Pharmacists (ASHP), and Joint Commission. Eighty-five responses were received for this reporting period. Overall results show six best practices met or exceeded the goal; nine fell markedly below the goal:

- 48% of responses are Fully Implemented, 47% some of the time or partially, and 5% none of the time/ no activity. Areas that warrant further exploration and discussion amongst the Bar Code Multi-disciplinary Committee include two that scored high in the “none of the time/ no activity” category which include:
 - Best Practice 12.4: routine walking ward rounds are conducted by the BCMA Multidisciplinary Committee members to observe and obtain user feedback: 22% of facilities responded negatively to this best practice.
 - Best Practice 12.15: BCMA reports are routinely reviewed by the BCMA Multidisciplinary Committee to identify trends or issues; 13% of facilities responded negatively to this best practice.

For detailed results visit the BCRO website Performance Measures webpage.

★ **Special Report - Computerized Med Cart Selection and Purchasing: Lessons Learned** By Janine Purcell, M.S.I.E.O.R.

Over the past year, we’ve been fortunate to share in the experiences of several VISNs and facilities as they chose and purchased equipment to bring together BCMA software, bar code scanners, and medications at the patient’s bedside. Please use these lessons learned in your facility.

1. It’s never too early to start.
 - Assemble a multidisciplinary team as early in the first quarter of the fiscal year as possible.

- Anticipate that vendors will need to be scheduled 4 to 8 weeks in advance if you want to coordinate multiple vendors at a preliminary “fair” to narrow down the products you will have brought into your facility to be more rigorously worked through as potential solutions.
 - Getting all the vendors and users together requires you to locate a space either on or off site that is large enough for equipment and staff to mingle, push, and discover the path to future med cart satisfaction.
2. Not all the good ideas are under one hat.
 - Set your team to the task of envisioning the workflow that best suits the care areas and nursing models at your facility (or facilities). Learn about how pharmacy, nursing and other key individuals currently work.
 - Remember, it’s not just about large medication carts anymore – there are many point-of-care carts, computers on wheels, computer wall mounts, and nurse server possibilities that could lead to improved workflow for medication delivery and administration.
 - Gather intelligence into the specifics of the care areas, nursing models, medication delivery models, and architectural and electrical realities at the site(s) that will receive the new equipment.
 - Talk to those in your network or your peers via the BCMA Coordinators mail group to learn about their experiences with different vendors and equipment approaches.
 3. Include contracting insights at the appropriate times in the process
 - At the market research phase, you are learning about what solutions will serve your needs well. This step will hopefully be followed by an in-house evaluation of equipment, which may or may not best be included in the contracting process. This learning will be fed into a statement of objectives that will then be competed on by any vendor who chooses to reply to your detailed requirements.





4. Find ways to learn from as many users as possible which solutions best suit their work needs.
 - Get explicit support from the executives at the VISN and facility levels to allow nurses, pharmacists, pharmacy technicians, respiratory therapists, IRM, biomedical engineers, and any other staff that will interact with the carts to come to the initial market research opportunity.
 - When the narrowed field of carts come to your facility to be trialed in some way, again, get senior and mid level management support to ensure as many “stakeholder” staff as possible interact with the equipment AND fill out evaluation forms.
 - Use standardized evaluation forms for both the “cart fair” and the in-house cart evaluations.
5. Refer to the BCRO documents regarding Medication Carts under the Equipment Guidance section of the BCRO website.

<http://vaww1.va.gov/bcmapmo/page.cfm?pg=13>

- Med Cart Guidance and Recommendations
- Field Usability Evaluation of Medication Carts
- Medication Cart Evaluation Questions

With the combined knowledge and energy of your Bar Code Multidisciplinary resources, your frontline staff, leadership, Information Resource Management, and contracting staff, you will increase user satisfaction with your next point-of-care solutions.

★ **Equipment Guidance – Jonathan Bagby & Ron Schneider**

The BCRO recently evaluated and approved a new scanner from HandHeld Products (HHP). The HHP 4820HC-FIPS scanner is the successor to the HHP 4620

model approved by the BCRO several years ago. As the name implies, the 4820HC-FIPS is compliant with the federal information processing standard (FIPS) 140-2, which requires validation that devices meet defined specifications for encrypting sensitive data. This is the first FIPS compliant scanner evaluated by the BCRO and hopefully other vendors will be soon to follow. Some of the other updated features of this model include a thumbscrew to allow battery swapping without tools and a new outer shell created from hospital grade plastics, which means the scanner should hold up well to decontamination with common hospital grade disinfectants.

★ **BCMA Development: Managing Scanning Failures in BCMA (MSF) – Richard Singer & Marla Newman**

Patch PSB*3*28 (MSF) has completed coding, unit, and internal testing. The patch was sent to select test sites on Monday, June 16, 2008. Section 508 compliance testing is ongoing while usability studies commenced in early June at select test sites. Several suggestions from the usability studies aimed at aiding the use of the software and improving workflow will be incorporated into the final version prior to release. For more information on the status of this project, visit the project notebook at: <http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=956&Type=Active>



For more information on initiatives within VHA Office of Information, please visit:

<http://vaww.vhaco.va.gov/vhacio/>

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If you wish to receive future issues of “THE MESSENGER”, send your requests to Rhonda Boling at Rhonda.Boling@va.gov.

