Submitted Questions

Q: Is there a NICU or PICU at Great River?
A: Yes, we have an NICU. We did not implement autopump programming with our syringe pumps. Our syringe pumps are not capable of auto-pump programming.

Q: Were outpatient (e.g., infusion center) areas included?
A: Yes, we have a ‘Day Hospital’ area that gives infusions with auto-pump programming, as well as our ED.

Q: How did you collaborate with other departments during the planning period for pump integration? Did Nursing Informatics set up meetings with various departments (Biomed, IT, Pharmacy, etc) as needed? Or was there a Inter-Departmental Infusion Pump Committee that met on a regular basis?
A: Great River’s implementation was in coordination with our EHR conversion, which was a big bang implementation across the entire health system. We had a team designated to work with our EHR vendor along with our IV pump vendor which included Pharmacy, IT Pharmacy, Nursing, Biomed, Education, and Nursing Informatics. At that time we did not have an oversight group, the team coordinated by Nursing Informatics met and followed our EHR’s project tasks and timeline. About 12 months post our EHR implementation (early summer of 2015) we were able to prioritize this work and developed an oversight committee to meet bi-weekly to review data, prioritize issues, and develop action plans. Group membership includes Pharmacy, IT Pharmacy, Biomed, Nursing, Education, and Nursing Informatics with Nursing Informatics team members coordinating this oversight committee. Recently we have felt we are in a stable position and have changed our meetings to monthly. Nursing Informatics lead the project by coordinating meetings with various disciplines, following up with vendors on issues, and coordinating staff for testing. Several months after going LIVE, we coordinated a group to meet biweekly to review issues, and progress. This group includes Nursing Informatics, a nurse educator, pharmacist, our IT pharmacist, Nursing Director, Nursing Manager from ICU, and Biomed.

Q: How was the buy-in from the nursing staff? Pump integration involves more steps (more scanning) prior to administration. Was it a tough sell? or was it received well?
A: Because we had so many issues when we first went LIVE, and halted using the functionality, staff did not have much trust in it. We were able to get most of the issues resolved, then re-educated staff. We re-implemented in ICU several months later. Our ICU staff really like the feature of rate changes and intake being automatically available in the medical record, needing only to be reviewed and signed as being accurate. This is a huge time saver for them at the end of a really busy shift. Our ICU staff were
quicker to buy in for this reason. Almost a year later we re-educated the remaining staff, showing them the results of our analysis and the good catches that happened because of auto-pump programming. This patient safety feature caught their attention and really helped turn that around.

Q: What metrics do you monitor on a regular basis (weekly or monthly) now that you are 1.5 years after implementation?

A: We monitor on a weekly basis, randomly choosing 2 pumps per unit. We record room, pump id, a patient number, if the pump is connected to the wireless which can be seen on our BBraun dashboard, and through our dashboard for the server. We have been able to identify problem pumps this way, as well as identifying rooms with connectivity issues. We also record if the pump was associated using auto-pump programming, or if it was associated manually. This helps us identify staff that are not following the process.