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The VA's Multidisciplinary Approach to Bar Coded Medication Administration Implementation

When it comes to bar coded medication administration (BCMA), the Department of Veterans Affairs (VA) has taken the stance that it takes a village to ensure seamless BCMA use. All departments involved in the implementation, from pharmacy and nursing, to information technology, biomedical engineering, and quality management, play an important role in the process. Each of these stakeholders must act as an equal owner of the BCMA application to attain the ultimate goal of improving medication safety for our nation's veterans.

When BCMA was first instituted in VA medical facilities in 1999, the importance of taking a multidisciplinary approach was stressed. Each VA medical center was advised to form a BCMA Focus Group to discuss concerns and establish policies and protocols across disciplines to improve clinical practices pre-, during, and post-BCMA implementation. The group was directed to use a team approach to identify policy and procedure variations that could lead to compromised patient safety. So, how did VA facilities ensure a multidisciplinary team would provide the constant level of support required for BCMA to be executed safely and effectively?

Role of the BCMA Coordinator

The first step was to appoint a BCMA coordinator who is responsible for developing and implementing the processes to improve the safety, efficacy, and efficiency of medication management processes associated with BCMA. A mandate in October 2004 from the Veterans Health Administration's (VHA) Office of the Deputy Under Secretary for Health for Operations and Management (DUSHOM) required each medical center to have a BCMA coordinator. BCMA coordinators need to understand how the software functions and how pharmacy's finishing of orders affects what appears in BCMA. In addition, good communication and teaching skills along with the ability to multitask are musts. Currently, there are 146 BCMA coordinators within VA's health care system.

Multidisciplinary BCMA Committee

Once the BCMA coordinators were in place, the second step was to ensure they had ongoing multidisciplinary support to implement any necessary changes to promote the proper use of the software, affect oversight and maintenance of equipment, and provide guidance on business-related processes.

To accomplish this, DUSHOM mandated in December 2004 that each medical center form a BCMA multidisciplinary committee that meets monthly to resolve BCMA issues. This committee replaced the original BCMA Focus Group and is a subcommittee of the Pharmacy and Therapeutics Committee. Senior management at each facility is responsible for ensuring the committee is created and appropriately supported.

The BCMA multidisciplinary committee, which comprise end users and affli-

BCMA Coordinator Responsibilities

- Acts as a liaison between the Bar Code Resource Office and facility level management
- Serves as a liaison between administration, clinical staff, and IT regarding BCMA and the medication management process
- Monitors and reports effectiveness of change outcomes to local management and national oversight groups
- Recommends local procedural and policy changes as appropriate
- Tests and verifies updates, patches, and new releases of BCMA prior to activation
- Disseminates information to end users on policies and procedures relevant to BCMA and the medication management process
- Facilitates training, installation, implementation, maintenance, and overall use of BCMA throughout the medical center
- Provides user support to nursing, pharmacy, and other service lines by troubleshooting operational issues
- Plans and ensures initial and ongoing training for all BCMA users, students, and temporary staff
- Designs, develops, updates, and maintains training documents within the facility
- Actively participates in the local facility multidisciplinary committee
- Participates in national BCMA conference calls and training initiatives
- Develops, implements, and monitors a performance improvement plan for the medication management process as it relates to BCMA
- Actively participates in the Pharmacy and Therapeutics Committee

BCMA Multidisciplinary Committee Responsibilities

- Oversees medication management processes and interdependencies
- Creates accountability and an ownership approach to BCMA use
- Guides facility or health care direction
- Assesses, trends, and standardizes clinical, technical, and operational direction
- Recommends policy and procedural changes to optimize BCMA use
- Centralizes and streamlines systems and process channels
- Provides guidance to facility sponsors and end users
- Supports and maintains best practice models
- Provides early warning of performance deficiencies and makes recommendations for improving performance to achieve business results
- Facilitates alignment of BCMA performance objectives with facility or health care system strategic goals

BCMA Multidisciplinary Committee Membership

- BCMA coordinator
- Biomedical engineering
- Clinical applications coordinator
- End users authorized to administer medications
- Information technology
- Inpatient pharmacists/management
- Labor unions
- Nurse managers/management
- Quality management/patient safety officer
- Respiratory therapy
- Ad hoc members: Chief of staff representative
Physician
Engineering

ates who can act as change agents at the local facility, should be limited to 10-15 members, ensuring adequate representation of all BCMA stakeholders.

The BCMA multidisciplinary committee and the BCMA coordinator work together to ensure patient safety is optimized, and this teamwork is central to VA's success with BCMA. Part of this collaboration includes the BCMA coordinator facilitating the committee meetings. Among the topics currently being addressed in committee meetings are:

- Operational practices addressing problem resolution, missed doses, and work-arounds
- Staff training and education, including new employee orientation and annual staff competencies for nursing and pharmacy
- Equipment issues such as performance and response time, maintenance and repair, and life cycle replacement
- Bar code quality on patient wristbands and medications
- Performance measures, such as PRN effectiveness documentation, completion of IV documentation and medication variance reporting

Future Plans

As the VA moves to incorporate the positive patient identification safety aspects of BCMA to the collection of laboratory specimens and the administration of blood products, the multidisciplinary committee's membership has recently been expanded. It now includes laboratory staff (i.e., clinical laboratory specialists and pathologists), phlebotomists (i.e., blood bank technologists), and a bar

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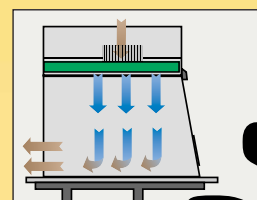
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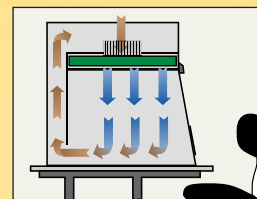
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BCMA



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Each stakeholder in BCMA must take an ownership approach to the process for medication safety to improve.

code expansion coordinator. To reflect this expansion, the BCMA multidisciplinary committee has been renamed the Clinical Bar Code Multidisciplinary Committee (CBCMC). It is recommended that this committee report to the clinical executive board or its equivalent.

Conclusion

The approach at the VA to all clinical bar code applications is defined by the premise that anyone who utilizes the system, regardless of their discipline, must be a partner in making the system work. Because no single discipline can have a complete understanding of another's responsibilities, expertise from every user is required to achieve success. This expert knowledge base that is shared among the work group is one of the reasons that BCMA has been so successful in the VA health care system. ■



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Tips to Ensure an Effective Meeting

- Issue an agenda to the committee in advance and stick to the agenda
- Include time for discussion of current issues and allot time to address any new topics
- Start meetings on time, regardless of whether all attendees have arrived
- End meetings on time as attendees will lose focus in long meetings
- Track action items assigned to members for follow-up and document their completion
- Do not schedule meetings when end users would be administering medications
- Report successes and failures to upper management on a regular basis as they must be informed of the committee's actions. You want to avoid the worst scenario, wherein a problem occurs and upper management is not properly notified of the issue.



Russ Carlson, RN, BSN, MHA, is the deputy chief health informatics officer for the Veterans Health Administration's Office of Health Information. Mr. Carlson, as part of the national team, has received multiple national honors for efforts contributing to the success of BCMA.



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