The purpose of the project was to:

1. Evaluate BCMA use in the psychiatric setting to identify BCMA workarounds and associated factors that negatively impact BCMA compliance.

2. The psychiatric population presents additional challenges to adhering to BCMA best-practice recommendations that are not present in other patient populations.

3. The purpose of the project was to: evaluate BCMA use in the psychiatric setting to identify BCMA workarounds and associated factors that negatively impact BCMA compliance.

Methods

1. BCMA use in a 24-bed in-patient psychiatric unit was evaluated by directly observing medication administration episodes and we created visual diagrams to depicting workflows.

2. Visual diagrams were compared to the BCMA Checklist and deviations were deemed workarounds.

3. The 5 Whys RCA methodology was used to determine workaround causes and guide policy revisions, workflow redesigns, and end-user education programs.

Results

1. 374 workarounds were identified during the 94 observed medication admission episodes.

2. 6 workaround categories identified: Inappropriate medication retrieval workarounds (n=141, 38%); Medication storage workarounds (n=99, 26%); Patient scanning workarounds (n=64, 17%); Medication scanning workarounds (n=29, 8%); Documentation workarounds (n=21, 5%); Other workarounds (n=20, 5%).

3. Patient specific challenges were the most common cause of patient and medication scanning workarounds.

Workaround Analysis

1. The 5 Whys: Patient Scanning Workarounds

Population Challenges to BCMA Use

1. Severely disorganized, delusional, or paranoid patients were frequently observed not wearing wristbands and/or refusing to be scanned.

2. Use of workstations on wheels when caring for aggressive patients.

3. Burdensome workflows related to the mobile nature of psychiatric patients.

Implications & Future Research

1. Psychiatric symptoms including paranoia, disorganized thought patterns, aggression, and delusions, as well as concerns related to medication compliance present additional challenges that impact best-practice BCMA use.

2. Although adherence to BCMA protocols remains integral to medication safety, patient specific considerations need to be considered when developing BCMA protocols.

3. Additional research is needed to determine how to account for these challenges to assure medication safety in the psychiatric population.

Selected References


