**MEDICATION ERROR REDUCTION PLAN (MERP)**
**SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER**
**2015 SB 1875 -- EXECUTIVE SUMMARY**

**2015 MERP Plan** -- Summary of *new or significant* elements

**Prescribing**
- Transfer pathway, e-Kardex, and nurse order acknowledgement implemented. CPOE in the ICU paused with the intention to relaunch after the move to the new hospital to address issues
- Continued development of policies/protocols and order forms for safe use

**Prescription Order Communication**
- Forms were revised to improve clarity, reflect standards of care, and to be optimized for transition to CPOE. A total of eight new forms were approved, thirty forms revised
  - Plan for hiring IT nurses, utilize omnicell applications that incorporate “Safety Stock” (into and out of omnicell bar coding) in 2016

**Product Labeling**
- List of Hazardous Drugs per NIOSH and Handling Policy & Procedures updated and pending approval

**Compounding**
- Perioperative concentrations changed to match institution standard concentrations
- Neonatal morphine concentration changed to commercially available concentration to decrease manual pre-packing
- Second generation Equashield products implemented to improve safety in compounding and administration of cytotoxic medications
  - Plans for new hospital pharmacy include carousels for unit dose medications, a chemotherapy compounding robot, barcoding technology in the compounding process (DoseEdge), new electronic inventory system (WorkFlow Rx), and a clean room for IV compounding with laminar flow hoods in 2016

**Dispensing**
- Preparation of patient specific doses of pediatric and adult oral liquid medications done by pharmacy, reducing risk for inadvertent medication overdoses

**Distribution**
- New electronic monitoring system (TEMP Trak) throughout campus. Implemented with out of range alerts via paging system
  - Plan for implementing barcoding technology to dispense from pharmacy into ADM in the new hospital scheduled to open in 2016

**Administration**
- MAK implemented in 6H (NICU) and 6A (Pediatrics)
  - Plan for implementation of barcoding technology in the distribution process in new hospital pharmacy scheduled to open in 2016

**Education**
- Critical Point implemented and plan for incorporation into annual competencies in 2016
- Pharmacy Residency program accredited for 6 years
  - Obtained funding for Meduca® (on-line software) to strategically target discharge medication counseling of high risk patients by team-based pharmacists
Monitoring

- Plan for increase hospital implementation of discharge counseling, a transitions process, and a discharge hub in 2016

Use

- LEAN methodology and concepts (5S, standard work, 3P, A3) applied to improve processes to be implemented in new hospital, which potentially can identify and reduce medication errors