**ABSTRACT**

With the implementation of the eMAR (electronic medical administration record), the learning needs of the leadership teams on the units differ from those of the front line nursing staff. All unit staff and leaders attend an eMAR Basics Class prior to their unit rollout. Unit leaders, however, need a deeper understanding of how the eMAR functions in order to perform chart audits or investigations into medication issues. The investigative tools of this process change with the transition to an electronic medication administration system.

**GOALS**

To arm the leadership teams on the inpatient units with the tools they need:

**For surveillance**
- To obtain an overall situational awareness on staff performance in relation to medication administration
- To be able to troubleshoot eMAR roadblocks on a unit-level.

**For investigation**
- To fully understand the eMAR and to perform thorough chart investigation
- To reduce the need for external support in investigation

**INTERVENTIONS**

- Develop training content based on incident report data and eMAR feedback topics
- Simulate an “error-filled” eMAR for demonstration purposes
- Dedicate time for unit-specific questions and concerns to be addressed by the eMAR team
- Provide 4 training classes at a variety of times to the PCS department
RESULTS

• At the time of the classes, 14 units were live
• 26 members of the leadership teams on those units attended
• Each live unit was represented

<table>
<thead>
<tr>
<th>Attendance Based on Leadership Role</th>
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<tbody>
<tr>
<td>Nurse Director</td>
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<tr>
<td>16</td>
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LESSTONS LEARNED

• Coaching is a valuable model to learning complex systems
• After training, attendees reported increased understanding of chart surveillance and decreased length of time spent “hunting” through the records during investigations
• Reference materials need to be accessible for real time investigations
• Class preparation is time-consuming and complicated

NEXT STEPS

• Query staff regarding barriers to attending the classes, in particular the Nurse Director group, and orient our classes towards their responses
• Offer the class on a continuing basis to the leadership teams on each new unit and to new hires to those teams
• Automate or take screen shots of the teaching points to make the class preparation sustainable and easy to replicate
• Develop a way to make the content of this class accessible to all appropriate users on an ongoing basis and at any time
• Collaborate with the RL6 Solutions Group to design quick tips, point out common areas of incidents, and chart investigation processes
DO YOU WANT TO TRY?
CAN YOU FIND THE ERRORS?

1. Ciprofloxacin HCl
   - 500 mg PO/NG Q12HR
   - Start: 05/26/15, First Dose: First Routine Administration Time
   - Standard Administration Times: 10:00 and/or 22:00 Space 2 hrs apart from daily aluminum, iron, magnesium, zinc and calcium products.

2. Cefazolin
   - 1 g IV Q8H
   - Duration: 3 Doses Start: 05/26/15, First Dose: First Routine Administration Time
   - INFUSE OVER 15-30 MINUTES
   - BIDMC Cefazolin Guidelines

3. Metoprolol Tartrate
   - 25 mg PO/NG TID

4. Senna
   - 8.6 mg PO/NG DAILY
   - 8.6 mg = 1 tab = 4.9 mL oral liquid. May discolor urine.
Make sure you correctly schedule the Next Dose.

Documenting a dose as “Not Given” counts against one of the ordered doses. The patient will only receive 2 doses!
Pay attention to the “First Rescheduled Dose to be Given”. If you schedule it for tomorrow at 8am, the patient misses a dose.