

# Children's Hospital of the King's Daughters

## Reducing the Risk of Drug Diversion

Research shows that even a mid-sized hospital can expect to have six to eight diversion events each year. Hospitals need to get ahead of this problem before it becomes a reality. Meeting the baseline requirements isn't enough. And many hospitals are only working with partial data or a highly manual process—or both.

Children's Hospital of The King's Daughters in Virginia saw a unique opportunity to take a leading role in the fight against drug diversion and the associated negative impacts that can result for staff, patients, and the hospital as a whole. In addition, they saw the potential to streamline their daily tasks and create new efficiencies while getting a complete and detailed view of their controlled substance usage.

### Combining Efficiency and Vision

Children's Hospital of The King's Daughters (CHKD) had a pharmacy-led manual controlled substance audit process in place for the OR. Dr. Andrew Stanley, Pharmacy Support Manager at CHKD, explained the process: "In our OR pharmacy satellite, staff would check out what they needed for upcoming procedures, and then have to account for items as used, wasted, or returned on a paper form. The pharmacist would then review the hard copy documents in real time, so if there was a discrepancy, it could be resolved then and there."

While this process gave CHKD a good view of a closed medication loop, it took a lot of time: one pharmacist was dedicated full time, Monday through Friday, to dispense medications, verify medication orders, and check anesthesia records manually. CHKD liked having the control over the chain of custody for controlled substances, but was concerned about the staff time required to achieve it.



Their first change was to implement Automated Dispensing Cabinets (ADCs) for anesthesia. While this improved operational and staff efficiency, it no longer gave the pharmacy the detailed, real-time view of narcotic use that they had with the manual, paper process.

### Combining EMR and Dispense Data

Dr. Stanley found himself in a quandary. The hospital needed to automate their processes and make the best use of their pharmacists' time, but they also needed to get a comprehensive view of the whole system—the EMR administration record alongside dispense information. And any solution would need to meet federal regulatory compliance rules for controlled substance tracking.

“Before, we were fighting fires, but could never be sure that they the right ones. Having data from multiple sites all in one place and a report that is easy to read and understand is beneficial.”

**Dr. Andrew Stanley, Pharmacy Support Manager**

“I thought, ‘There must be a better way,’” said Dr. Stanley. “I wondered how we could tweak our monitoring procedures and what we could pull together from other processes and enterprise IT systems.”

CHKD had already successfully implemented Kit Check’s medication tracking system and had a good working relationship with the company.

As it happened, Kit Check was in the process of developing what would become Bluesight for Controlled Substances when Dr. Stanley was looking for an automated controlled substance solution. As CHKD’s resident subject matter expert on medication tracking and automation technology, Dr. Stanley was the perfect partner to collaborate with Kit Check on a controlled substance tracking and reconciliation solution. He worked closely with Kit Check during the development and production of Bluesight for Controlled Substances, acting as contributor, collaborator, and beta tester.

## Time Savings and More Control

Bluesight for Controlled Substances pulls together patients’ EMR administration information alongside data from the dispensing cabinets solution, which has allowed CHKD to see an increase in the accuracy of their data analysis and charge capture. Improved analytics mean that the staff has the data to show potential problem areas—not only by provider, but also by medicine—and to look for trends over time.

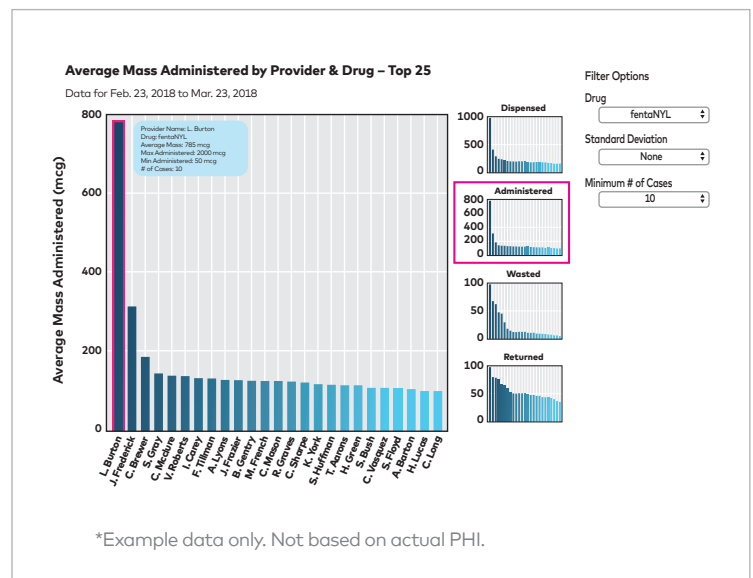
The hospital has also vastly reduced the amount of paper they were previously using, and are better able to track the path toward issue resolution. “Before, with the paper system, we were always concerned about the possibility of losing records,” said Dr. Stanley. “Now we have reproducible reports at our fingertips.”

Another benefit comes in the form of time savings. Even after CHKD switched to ADCs, a tech had to spend eight hours a day on documentation and records reconciliation. “[Bluesight for Controlled Substances] frees up my staff to take care of additional compliance

reports, which extends our operations oversight even further,” said Dr. Stanley.

Bluesight for Controlled Substances allows CHKD to see a broad spectrum of issues in any given department. With the ability to pull and analyze data from all ADCs and the EMR throughout the hospital, Bluesight CS can show patterns that illustrate inefficient processes, as well as identify anomalies that could indicate more serious concerns.

Customizable dashboards like the one depicted below\* enabled CHKD to look at trends in the quality of the documentation in specific departments. After noticing some discrepancies, the hospital made a change in their administration-to-waste documentation process, resulting in a 30% drop in variances. This also saved a lot of departmental time and effort that would have been spent in chasing down possible issues.



## Fighting the Right Fires

Bluesight for Controlled Substances gave CHKD the ability to look at a number of data points at once. It is impossible to get a real look at possible issues from just one data system—validation with EMR administration data is the key to knowing if a potential issue needs to be investigated or escalated.

After the initial successful implementation of Bluesight for Controlled Substances in the OR, CHKD is expanding the solution for use on inpatient units. “Kit Check is good at anticipating hospitals’ needs and using that information to create better products,” said Dr. Stanley.