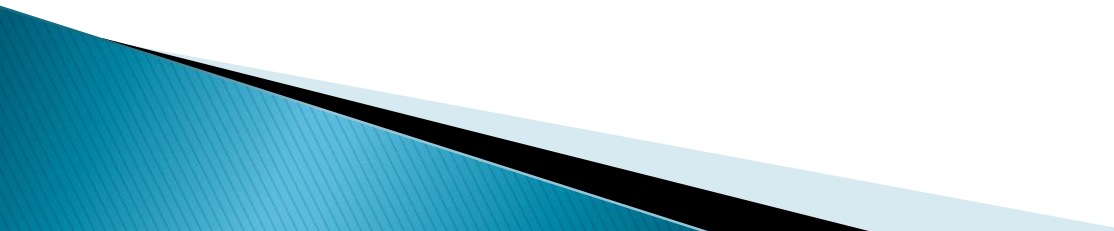


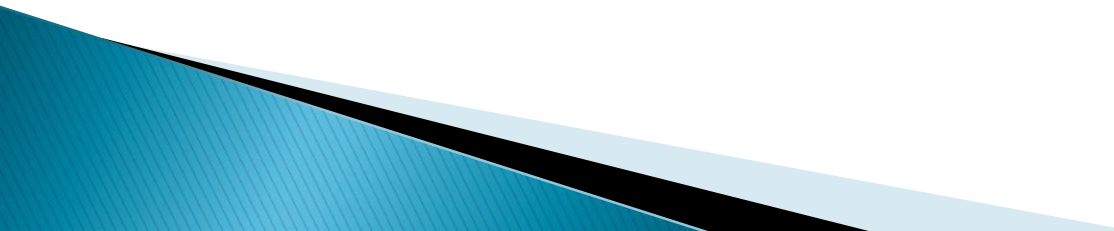
# Implementation of E-MAR



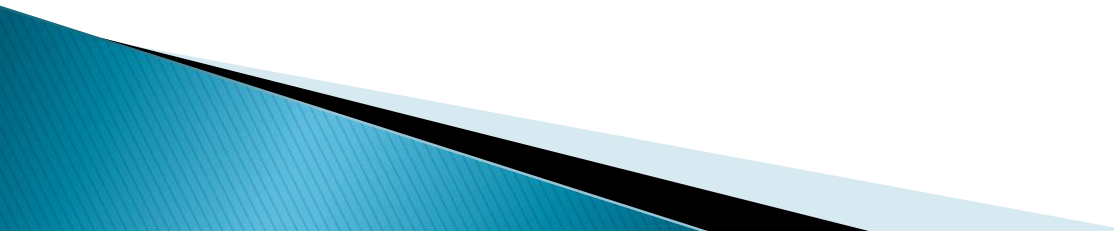
# Presenters

- ▶ Robert Campbell  
Director of Care  
Leisureworld Tullamore Nursing Home
  - ▶ Seh-Hwan Ahn  
Consultant Pharmacist  
MediSystem Pharmacy
- 

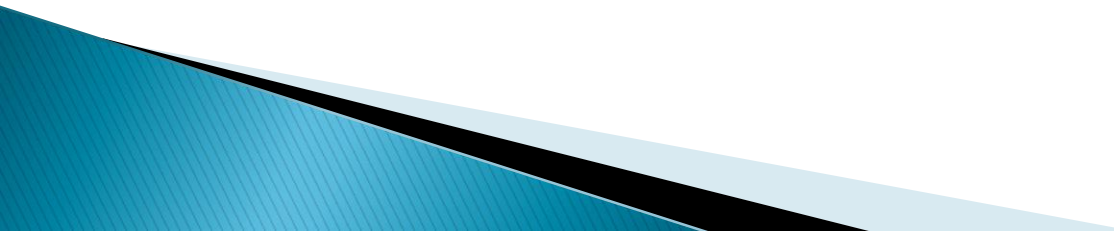
# Overview

- I. Objectives
  - II. Implementation Process
  - III. Benefits
  - IV. Better Outcomes for Residents
  - V. Reports
  - VI. Lessons Learned
- 

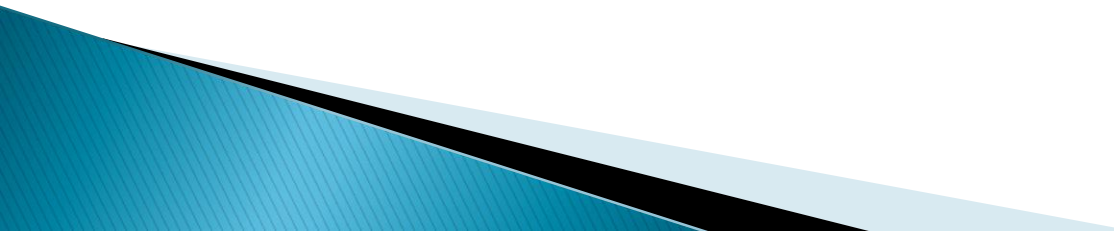
# I. Objectives

- ❑ **To minimize errors** in administering of medication for safe care.
  - ❑ **To improve documentation** electronically.
  - ❑ **To enhance communication** with pharmacy and interdisciplinary team members.
- 

# Background

- ▶ Tullamore is a one-story brick nursing home
  - ▶ Located in Brampton, Ontario
  - ▶ 4 home areas
  - ▶ 2 nursing stations
- 

# Rationale:

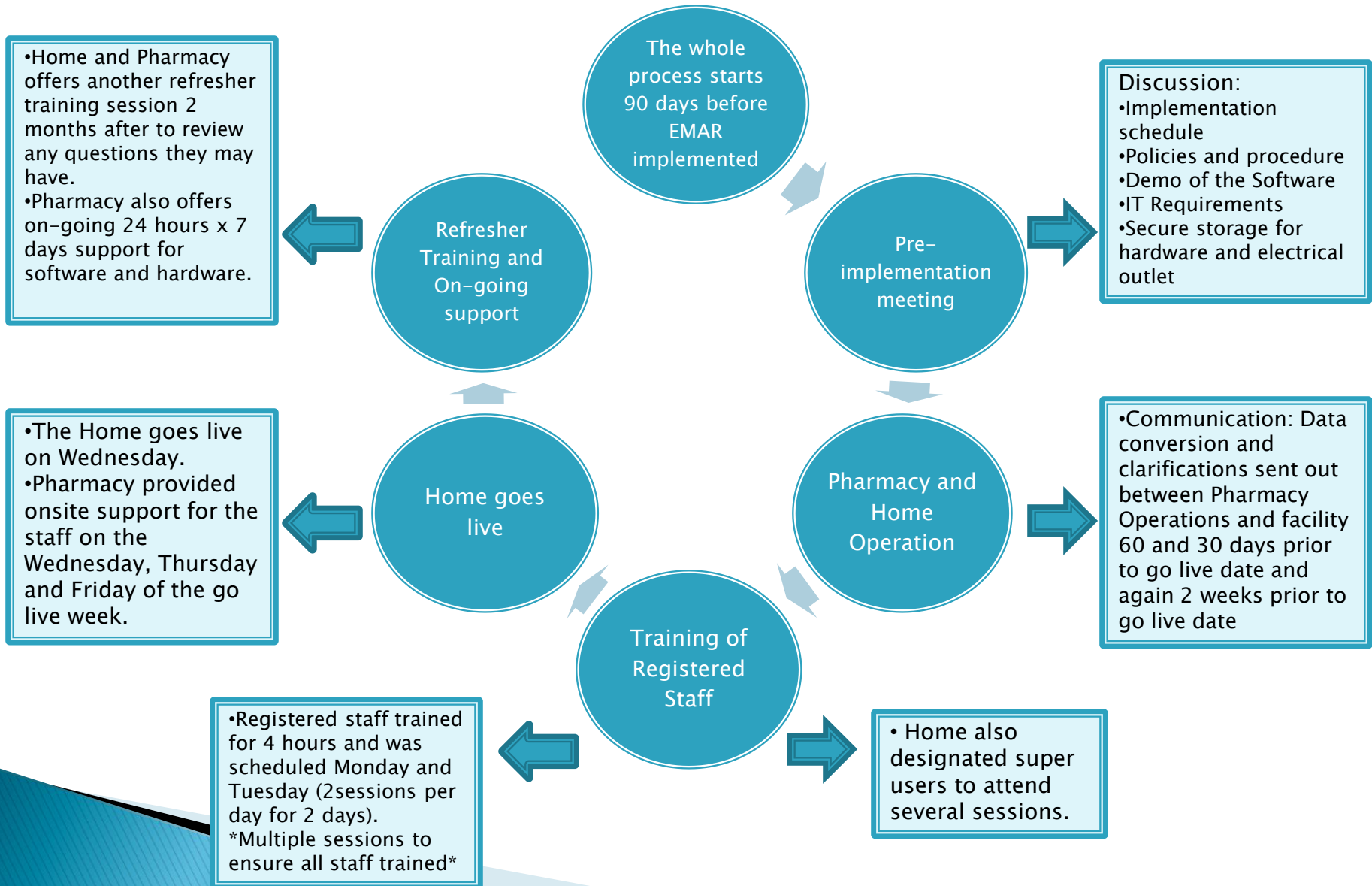
- ▶ Tullamore was interested in being an early adopter of an electronic MAR system
  - ▶ Prior to EMAR: there were documentation lapses such as missing signatures despite education and reminder tools
  - ▶ ISMP –MMSA (Medication Safety Self-Assessment) for Long Term Care suggests the use of EMAR to increase the accuracy of medication administration
- 

# Definition:

What is *EMAR*?

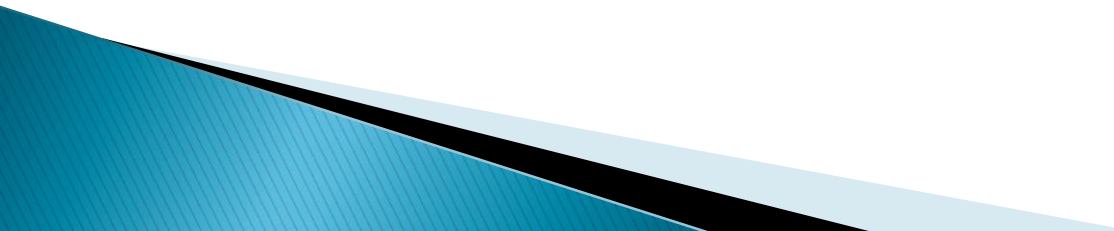
- ▶ Refers to “electronic medication administration record”
- ▶ Indicates that the record and medication administration documentation are kept electronically or on-line

# II. Implementation Process





# III. Benefits

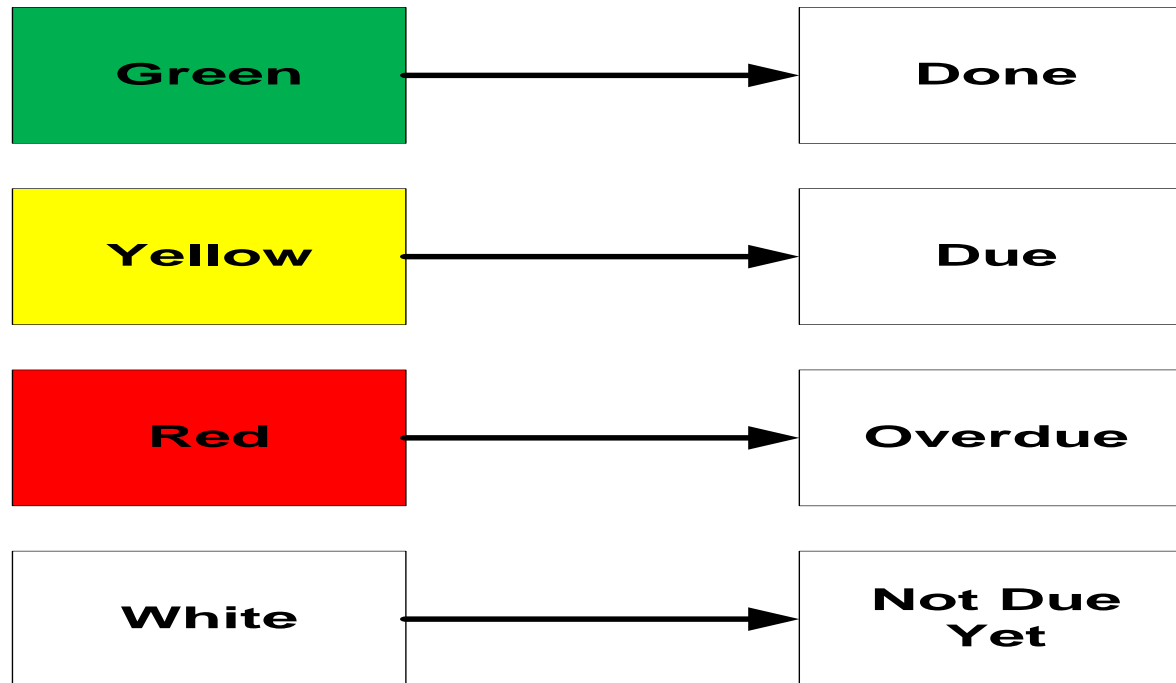
- A. User Friendly
  - B. Easier Information Access
  - C. Complete Documentation
  - D. Enhanced Communication
  - E. Error Prevention and Safe Care
  - F. Potential Time Savings
- 

# A. USER FRIENDLY

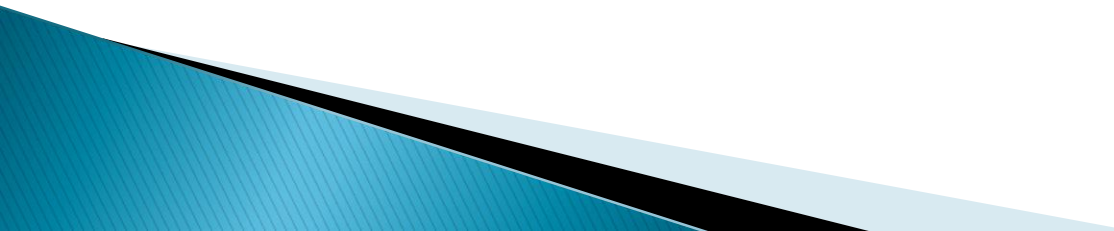
- ❑ Tools to help complete the nursing “8 rights” for administering medication:
  - ❑ Right **RESIDENT**
  - ❑ Right **MEDICATION**
  - ❑ Right **DOSE**
  - ❑ Right **ROUTE**
  - ❑ Right **TIME**
  - ❑ Right **DOCUMENTATION**
  - ❑ Right **REASON**
  - ❑ Right **RESPONSE**

# A. USER FRIENDLY cont'd

Prompts for administration times



## B. Easier Information Access

- ▶ With paper MAR, only the nurse administering medication would have access to documentation during a medication pass
  - ▶ With EMAR: All health professions can have access
  - ▶ Nurses, physicians, dietitians, physiotherapists, pharmacists, and others can all simultaneously access documentation to provide better resident care
  - ▶ Meets MSSA Self-Assessment Item # 41
- 

# C. Complete Documentation

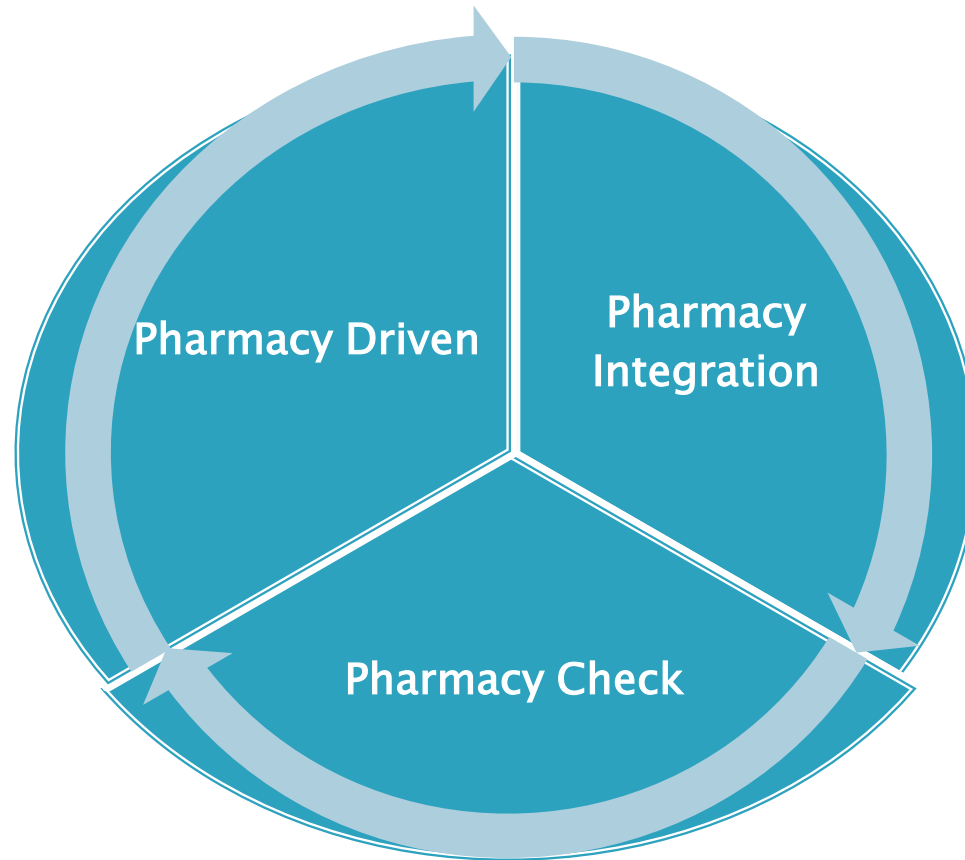
The greatest asset of having an EMAR product is “Live Documentation”. The ability to document as you go improves:

- EFFICIENCY
  - COMPLIANCE
  - ERROR REDUCTION
  - SUPPORTS SAFE RESIDENT CARE
- 

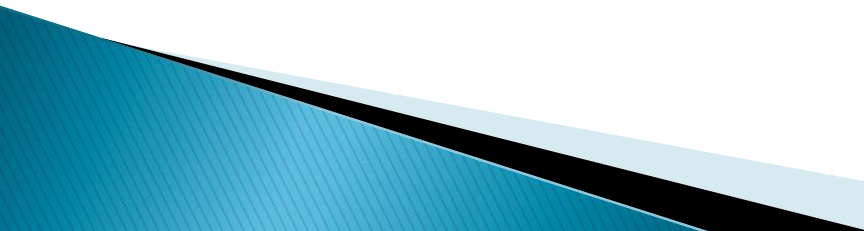
## C. Complete Documentation cont'd

- ❑ Easier documentation
- ❑ Med's documentation is complete and readily seen.
- ❑ Tablets/ laptops on carts allows immediate entry of progress note, assessment, vitals and other documentation.
- ❑ Information is clear and concise
- ❑ Privacy– lock button can be selected and the screen is locked so no one can see EMAR

# D. Enhanced Communication with Pharmacy



# E. Error Prevention/Safe Care

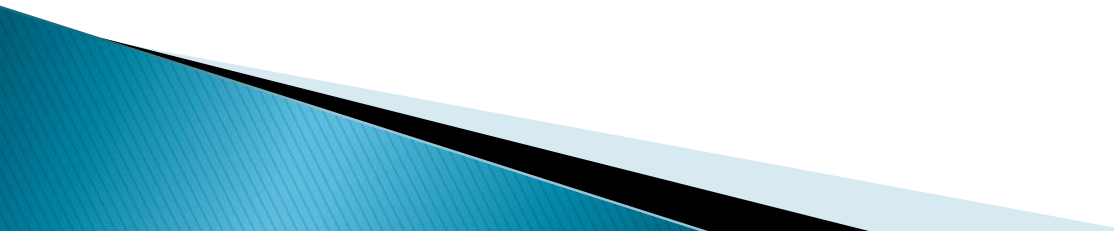
- ❑ Photos on Med cart bins match up to photo on EMAR (right resident)
  - ❑ After selecting time of med pass, you only see meds for that med pass (right medication)
  - ❑ After selecting time of med pass, only residents due for their medication are seen on EMAR (right resident, right medication & right time)
- 



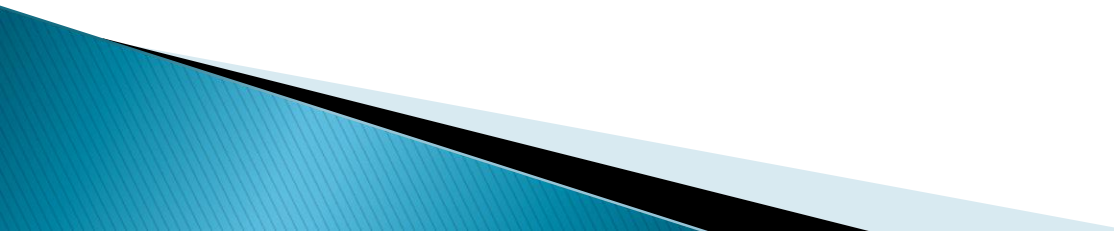
## E. Error Prevention/Safe Care cont'd

- ❑ Resident allergies and other alerts are highlighted on the screen as medications administration is documented
- ❑ Real time information at your fingertips

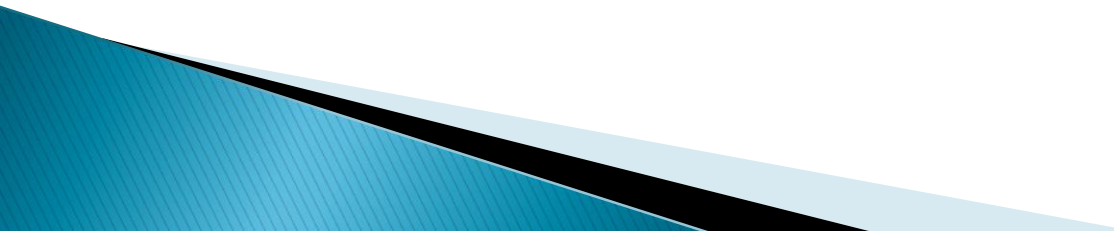
# IV. Better Outcomes for Residents

- ❑ Administration/documentation of all medication mandatory– through reminders
  - ❑ PRN effectiveness must be documented
  - ❑ Allergies are red & bolded
- 

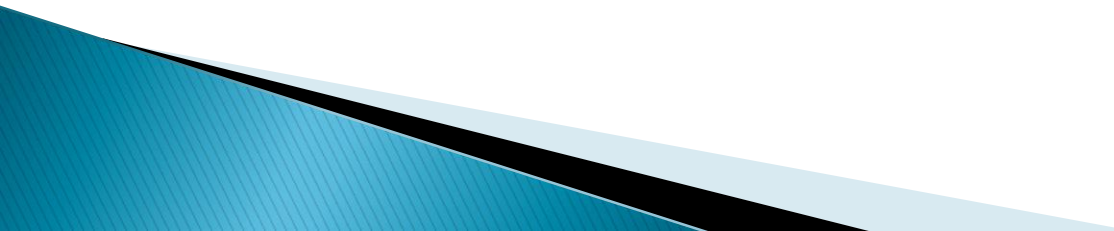
## IV. Better Outcomes for Residents cont'd

- ❑ Alerts triggered in last 24 hours (eg. BM & Pain) can be easily seen
  - ❑ Glucometer readings and vitals are linked and flows to the weights and vitals module automatically once updated
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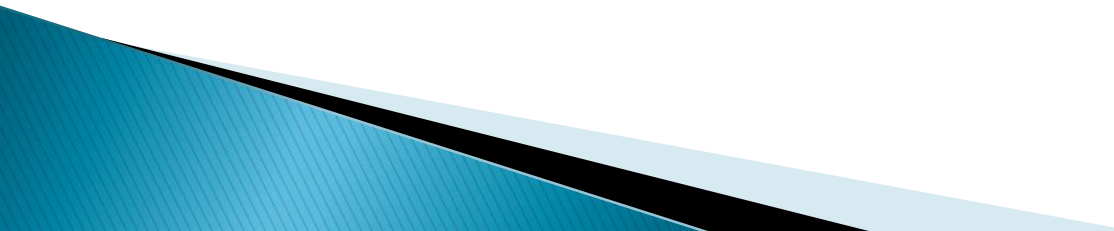
## IV. Better Outcomes for Residents cont'd

- ❑ Sites of Administration (injection site and treatment creams) are tracked and user is alerted of last 3 sites when administering next dose
  - ❑ INRs can be added and easily accessed
  - ❑ Physician can review resident's medication history detail quickly with a couple clicks of a mouse or have detailed report printed
- 

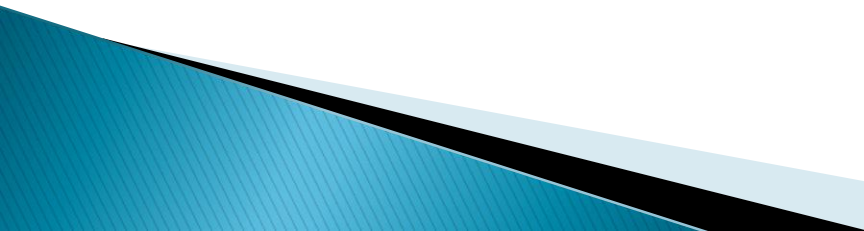
# V. Reports

- ❑ Missed or late documentation signature reports can be generated at any time and tracked by nurse/unit/facility
  - ❑ Location of administration report will show whether patch, injection is applied in different areas
  - ❑ Type of Medication (e.g. anti-psychotic can be tracked in the system showing number of doses, strength taken)
- 

## V. Reports cont'd

- ❑ PRN medication can be tracked for usage, reason for the use and out comes
  - ❑ Reports can be generated quickly for resident going to hospital, dental visits and doctor's appointments
  - ❑ Many other reports can be generated to audit nursing efficiency and accuracy
- 

# Nursing staff quotes:

- ▶ “Quick and easy to use”
  - ▶ “User friendly”
  - ▶ “I was afraid to use EMAR, but my computer and typing skills actually improved”
  - ▶ “More efficient”
  - ▶ “I have more confidence. It’s harder to make mistakes”
  - ▶ “It’s easier to identify residents. This is good for new nurses”
- 

# VI. Lesson Learned.

- ▶ Planning is Key (training, internet stability, hardware selection)
  - ▶ Go back and review after using E-MAR
  - ▶ Before implementation is the best time to review and strengthen processes
  - ▶ Clean up and eliminate unneeded information in your MARS/TARS.
- 