

N395 QI Action Plan

VII Sharps

Group Leader: Sara Levy

Recorder: Michelle Gurdon

Group Members: Diana Guerra, Jadore Mancinimattis, Mallory McCarthy, Maryann Mariano,

Shirin Kohanim

Long Island University

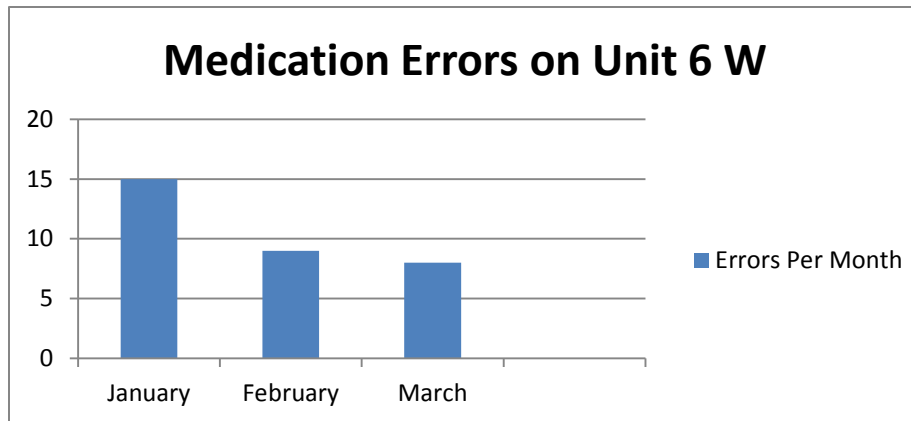
1. **What are we trying to accomplish?** We want to reduce medication errors in the hospital.
2. **How will we know that a change is an improvement?** We will track the incident reports which document medication errors and review over time using a bar graph will indicate whether or not the change implemented has led to an improvement.
3. **What changes can we make that will result in improvement?** While the nurse is at the medication cart, no one may speak with him/her or interrupt the medication administration process. Also, stringent adherence to the 7 rights of medication administration such as the right patient, right time, right medication, right dose, right route, right to refuse, and right documentation will reduce errors. Also, the hospital should implement a monthly meeting in each unit for staff nurses where medication errors that occurred during the month are reviewed and nurses are taught how to avoid them in the future.

Plan: Hold a training session for nurses to teach them the new medication procedures.

DO: Implement the changes in question three on one unit over a three month period to test the plan.

Check: Review the three month results and retrain the staff nurses or modify plan as needed.

(See example bar chart to evaluate results of PLAN and DO sections of the PDCA.)



Results: The bar chart indicates a steady fall in medication errors per month. This indicates that the interventions to reduce medication errors are effective and should be implemented hospital wide.

ACT: Implement final plan hospital wide.