

# Medication Safety for Ophthalmic ASCs

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**A** recent Centers for Disease Control and Prevention (CDC) report published in the *Journal of the American Medical Association* (JAMA) discussed infection control assessment of ambulatory surgery centers (ASCs). The report, published on June 9, 2010, found that among a sample of U.S. ASCs in three states, lapses in infection control were common, particularly in the category of medication handling. Lapses in infection control continue to be frequently cited deficiencies on surveys of ASCs. Even ASCs with a scope of care limited to ophthalmology deal with scores of medications daily. The high-throughput nature of the ophthalmic ASC operation

demands implementation of best practices in medication management and infection control to ensure patient safety and optimal outcomes.

## Starting points

The starting point is a complete and accurate formulary. This is a list of all medications approved for use in the facility. This list should be reviewed, updated, and approved by the governing body at least annually. The Institute for Safe Medication Practices (ISMP) publishes a list of **Confused Drug Names**. This list includes look-alike and sound-alike drugs and drugs frequently associated with medication errors. This list should be available as a reference, and you should identify drugs in

your facility on the Confused Drug Names list. High-alert medications should be marked in some fashion. For example, look-alike medications are labeled with a red dot sticker and sound-alike with a blue dot sticker.

The Medicare Conditions for Coverage 416.48 states, *“The ASC must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.”* The ASC should have a written agreement with a consulting pharmacist who is available for consultation on pharmaceutical services and makes regularly scheduled visits to inspect medication management and documentation in your facility. The frequency of these inspections varies based on state regulations. The inspections should be documented and reported in your governance meetings.

Identification of medication allergies is an important part of the nursing pre-op assessment and should be included in the patient identification process. Identified medication allergies and reactions should be clearly and prominently documented in the patient record. This note should be updated at each surgical encounter. Using colored ID bands to identify medication allergies is a practice that helps ensure patient safety.

## Avoiding complacency

The routine nature of the ophthalmic ASC operation lends itself to *continued on page 14*

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## **The current economic and regulatory environments are increasing pressure on ASC providers to produce optimal patient outcomes.**

complacency. Most ASCs work with standard, preprinted pre-op orders for admission, eye dilation, etc. Remember that these orders are not authorized unless the physician signs them for each patient. Ideally, signed orders should be obtained the day before surgery so they are available on the patient chart at admission. A nurse who implements orders that are not signed is technically practicing outside the scope of practice. Documented and signed physician orders are required for all medications administered by the nursing staff in the ASC. This applies to all types of procedures performed, including lasers.

Identification and documentation of medication allergies and signed physician orders will help to eliminate medication errors. However, if you do have a medication error it must be documented as an incident, and a follow-up investigation to identify causative factors must be conducted.

Appropriate management of controlled substances is critical. An opening and closing count should be conducted and documented by two licensed personnel. Access should be controlled at all times. One of the most frequent deficiencies we see is splitting doses between patients. Most controlled substances are labeled single dose and should be used for only one patient. The unused portion must be wasted, and the wastage witnessed and documented by two licensed personnel.

We are often asked questions around eye drop administration. You should have a policy on instillation of eye medications (drops and ointments), and the nursing staff should be trained in proper administration technique. Only licensed personnel (nurses) can administer eye drops in the ASC. Gloves should be worn during administration and hand hygiene performed before and after administration.

Single-dose medications can only be used on one patient. This is non-negotiable based on guidelines and position statements published by the CDC. Multi-dose medications (i.e., eye drops) can be used on multiple patients as long as proper aseptic technique is employed.

### **Guidelines and standards**

The Medicare Conditions for Coverage require ASCs to base their infection control program on nationally recognized guidelines and standards. The National Patient Safety Goals (NPSG), first published in 2002 by The Joint Commission (TJC), are such a reference point. The goals focus on problems in healthcare safety and how to solve them. Updated annually, the NPSGs are the nationally recognized best practices to ensure patient safety in healthcare settings. The 2011 goals are available on [The Joint Commission website](#).

“Use medicines safely” is one of the NPSG for ambulatory healthcare. Specifically, the standard (03.04.01) states

*Label all medications, medication containers, and other solutions, on and off the sterile field in peri-operative and other procedural settings (medication containers include syringes, medicine cups and basins).*

Ensure proper labeling of all medications in your facility. This includes all open medication containers, syringes, balanced salt solution, and medications on the sterile field, etc. Multi-dose medications must be “re-labeled” once opened. Relabeling means annotating the label with the following information:

- date opened,
- initials of who opened it, and
- revised expiration date (28 days from opening unless required otherwise by the manufacturer).

In our experience, surveyors are particularly focused on proper use of single-dose medications (no splitting between patients) and proper labeling of all medications.

The current economic and regulatory environments are increasing pressure on ASC providers to produce optimal patient outcomes. The best way to ensure those outcomes is consistent adherence to best practices in medication management. Vigilance is required to remain current on changes in regulations, standards of care, and best practices. Working together, ASC management and staff can create a safe environment for our patients. **AE**



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