



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **BCMA Pharmacy Training**

## **Detailed Agenda**

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Office of Information Technology  
Division of Information Technology  
Albuquerque, New Mexico

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## 1.0 RPMS-EHR – Order Entry

Topic	Highlights	Local site notes
Order entry via Medication Dialog		
Order entry via Quick Orders	<ul style="list-style-type: none"> <li>• More standard; decrease potential error</li> </ul>	
Unit Dose Orders	<ul style="list-style-type: none"> <li>• Will appear on Unit dose tab in Bar Code Medication Administration (BCMA) GUI</li> </ul>	
IV orders	<ul style="list-style-type: none"> <li>• Check Medication Route set up for IV routes: <ul style="list-style-type: none"> <li>– IV FLAG: YES//</li> <li>– PROMPT FOR INJ. SITE IN BCMA: YES//</li> <li>– DSPLY ON IVP/IVPB TAB IN BCMA?: YES//</li> </ul> </li> </ul>	
IVP (IV Push) IVPB	<ul style="list-style-type: none"> <li>• Consider adding “IVP” as a route</li> <li>• Will appear on IVP/IVPB in BCMA GUI</li> </ul>	
IV Infusion	<ul style="list-style-type: none"> <li>• Will appear on IV tab in BCMA GUI</li> </ul>	Delayed orders from ER/OP Transfer from OP
Transferred orders	<ul style="list-style-type: none"> <li>• Delayed orders from ER/OP</li> </ul>	Delayed orders from ER/OP Transfer from OP

## 2.0 Pharmacy RPMS – Order Finish

Topic	Highlights	Local site notes
In General	<ul style="list-style-type: none"> <li>• Only ACTIVE orders will appear in BCMA</li> <li>• ALL meds dispensed from Pharmacy must be bar coded</li> <li>• Set up Pharmacists to “Auto-verify”</li> <li>• Inpatient Pharmacists to monitor “Non-Verified Orders Queue” for orders generated through “BCMA Med Orders Button”.</li> <li>• Consider assigning “RPMS Synonym” Menu within PDM to Inpatient Pharmacists that will be Troubleshooting BCMA</li> <li>• Inpatient Pharmacists to generate “Failure to Scan” BCMA Report at the beginning of each shift and troubleshoot for scanning failures.</li> </ul>	Half-tab prepacks
Schedule (8) – Admin Time	<ul style="list-style-type: none"> <li>• Schedule is associated with a default Admin Time, which determines when the dose is due</li> <li>• Admin Time associated for all orders except PRN and IV infusions</li> <li>• need to consider Admin Time in relation to when the first dose/order is to start</li> </ul>	Consider adjustments per local policy, e.g., insulin/meal times

Topic	Highlights	Local site notes
<p>Start Date/Time (3) - (discussion will use the site parameter – default of now)                      *(3)Start: 03/19/13 09:14                      REQUESTED START: 03/20/13 09:00                      *(5) Stop: 04/18/13 12:00</p>	<ul style="list-style-type: none"> <li>• Site parameter determines when the order becomes effective</li> <li>• Inpatient Ward Parameters Edit:                              DEFAULT START DATE CALCULATION:?                              Choose from:                             <ul style="list-style-type: none"> <li>– 0 USE CLOSEST ADMIN TIME AS DEFAULT</li> <li>– 1 USE NEXT ADMIN TIME AS DEFAULT</li> <li>– 2 USE NOW AS DEFAULT</li> </ul> </li> <li>• Requested start is when first dose will be due</li> </ul>	
<p>Daily (assume Admin Time is 0900)</p>	<ul style="list-style-type: none"> <li>• Order entered up to 0859, order start will be order entry time, first dose will be due Today@0900</li> <li>• Order entered after 0901, Med will be due Tomorrow @0900</li> </ul>	<p>If you have local policy you can back-up the start time, or you can get a separate NOW order for “today’s” dose</p>
<p>BID (0900-1700)                      Q6H (0600-1200-1800-2400), etc.</p>	<ul style="list-style-type: none"> <li>• First dose will be the first scheduled Admin Time after the order entry/start time:                             <ul style="list-style-type: none"> <li>– e.g., order @1001, BID due T@1700</li> <li>– Q6H due T@1200</li> </ul> </li> </ul>	
<p>Q3D, Q7D, etc., (@0900)</p>	<ul style="list-style-type: none"> <li>• Order entered up to 0859, order start order entry time, first dose will be due Today@0900</li> <li>• Order entered after 0901,                             <ul style="list-style-type: none"> <li>– Med will be due +3 days@0900</li> </ul> </li> </ul> <p>Or:</p> <ul style="list-style-type: none"> <li>– Med will be due +7 days@0900</li> </ul> <p>e.g., fentanyl patch – determine when the next patch is due and adjust the start date accordingly</p>	

Topic	Highlights	Local site notes
Weekly vs. Day-of-Week	<ul style="list-style-type: none"> <li>• “Qweek” vs. a schedule which specifies the Day-of-the-week (e.g., MO@0900) – the Day-of-the-week is much clearer in identifying what day the doses are due</li> <li>• MO-WE-FR schedule – system will know which days are Mon, Wed, Fri, etc.</li> </ul>	
NOW orders	<ul style="list-style-type: none"> <li>• Review the “now” time relative to the next scheduled dose (calculated start date/time) if any.</li> </ul>	Check policy – if the NOW order is in the Provider comment – do you create a NOW order, back-time the current order, or require the provider to enter the NOW order.
Complex Orders (duration type – titration or taper) (3)Start: 03/20/13 09:00 Calc Start: 03/19/13 09:14 *(5) Stop: 03/22/13 09:00 Calc Start: 04/20/13 12:00	<ul style="list-style-type: none"> <li>• Multiple orders generated in Pharmacy</li> <li>• The orders are linked, so once all order components are verified, no changes can be made to any component</li> <li>• When reviewing, check the Start &amp; Stop</li> <li>• Start is when first dose will be due</li> <li>• Stop is when order stops, Note – NO doses will be due at this time</li> <li>• Calc Start &amp; Stop would have been the defaults</li> <li>• The second component Start should be the Stop of the first component, etc.</li> </ul>	
Dispense drug (12) -- Units / dose	<ul style="list-style-type: none"> <li>• The Dispense Drug on the order must be what is dispensed for the order</li> <li>• Units/dose identify the number of units dispensed, e.g. 2 (tabs) or 0.5 (half-tab) for the dose</li> </ul>	
Multiple dispense drugs	<ul style="list-style-type: none"> <li>• May have multiple dispense drug to make up dose, e.g., 10mg plus 5mg to make 15mg dose</li> </ul>	

Topic	Highlights	Local site notes
Fractional Doses	<ul style="list-style-type: none"> <li>• BCMA will prompt for a fractional dose – half tab, fraction of “ml”, UD cup, etc.</li> <li>• Half tab “doses” are NOT fractional, if pharmacy provides the “split tab”</li> </ul>	
Changing dispense drug on verified order	<ul style="list-style-type: none"> <li>• If your stock availability changes, you may want to change the Dispense Drug</li> <li>• Be aware of the Admin Time of the next dose, if the nurse still has sufficient supplies, do not change the Dispense Drug until their supply is exhausted</li> <li>• The original dispense drug must be Inactivated by entering a date; then select the new Dispense Drug</li> </ul>	
Provider comments and Special Instructions (11)	<ul style="list-style-type: none"> <li>• Electronic Health Record (EHR) Provider comments may be copied into the Special Instructions field, which will appear in RED on the Virtual Due List (VDL)</li> <li>• Special Instructions may be “flagged” with an “!” to “pop-up” the instructions in a box in BCMA</li> <li>• Be aware of alert fatigue – make sure the Special Instructions are important to warrant a pop-up</li> <li>• PRN orders – per TJC – indications are required, should be included in the Special Instructions</li> </ul>	<p>Consider process on what should be flagged                      Include dosage reminder, e.g., 10mg= 0.5ml, if that is your policy; does not require pop-up</p>
IVP and IVPB orders	<ul style="list-style-type: none"> <li>• As they are scheduled with Admin Times, will behave as the UD orders do relative to start date and due date/times</li> <li>• “WS” bag numbers may be generated from scanning the components – IV additive and IV solution, if pharmacy does not provide IV label/bag, e.g., if pharmacy is closed</li> </ul>	

Topic	Highlights	Local site notes
IV Admixture orders	<ul style="list-style-type: none"> <li>• Does not have a schedule, so order is active &amp; available on BCMA as soon as pharmacy verifies the order</li> <li>• “WS” bag numbers may be generated from scanning the components – IV additive and IV solution, if pharmacy does not provide IV label/bag, e.g., if pharmacy is closed</li> <li>• If solutions are ward stocked (in Automated Dispensing Cabinets), pharmacy does not have to print label (does not need to generate IV bag number)</li> </ul>	If WS consider how the bag is to be labeled – patient’s name, rate, etc. as required by TJC
Hyperal (TPN) orders	<ul style="list-style-type: none"> <li>• Similar order entry/finishing as IV Admixtures</li> <li>• No “schedule”, adjust start date/time if it is to be hung beginning at a specific time</li> </ul>	

### 3.0 BCMA GUI

Topic	Highlights	Local site notes
In General	<ul style="list-style-type: none"> <li>• Should be available in Pharmacy (follow Nursing BCMA training)</li> <li>• BCMA full vs Read-Only Access for pharmacist</li> <li>• “Test scanning” can create med errors and throw off Managing Scanning Failures (MSF) reports, however “given” can be “undone”</li> <li>• Nurse scan patient’s wristband to bring the patient’s record</li> <li>• May use BCMA Limited Access if nurse would like to pull meds ahead or document prn effectiveness, mark doses held or refused</li> </ul>	
VDL – Virtual Due List	<ul style="list-style-type: none"> <li>• Meds will be available once the medication order is Active, on the appropriate Tab, and Time Interval</li> </ul>	
Unit Dose tab	<ul style="list-style-type: none"> <li>• All UD, aka, NOT IV type orders</li> </ul>	
IVP/IVPB tab	<ul style="list-style-type: none"> <li>• IV push and IVPB orders</li> </ul>	
IV tab	<ul style="list-style-type: none"> <li>• IV Infusions, TPN, no “schedule”</li> </ul>	
Cover Sheet	<ul style="list-style-type: none"> <li>• Summary of active, recently expired &amp; future (not yet due) orders</li> </ul>	
Fractional dose / Multiple dose	<ul style="list-style-type: none"> <li>• Separate dialog will display to remind nurse of the fractional or multiple dose (additional scanning required for each unit)</li> </ul>	
Missing Dose Request	<ul style="list-style-type: none"> <li>• Nurse is able to request a “missing dose” from VDL – should print in Pharmacy</li> </ul>	

Topic	Highlights	Local site notes
"Unable to Scan" (UTS or UAS)	<ul style="list-style-type: none"> <li>If bar code scan displays an error, or "unable" to get a good scan, nurse may use this option to be prompted to either type in the bar code or verify the 5 rights manually of the medication package(s) available before administering the dose</li> </ul>	
CPRS Med Order Button (if turned on)	<ul style="list-style-type: none"> <li>Allows nurse to scan the medication package, in urgent or emergent situations, to generate an ACTIVE order in BCMA, and an alert in EHR for provider signature.</li> <li>Order will appear in Pharmacy as a Non-Verified order for retrospective review, &amp; Pharmacist verification (report to be made available soon)</li> </ul>	Only allow for drugs on the Override list?
RN Finish key (if assigned)	<ul style="list-style-type: none"> <li>Allow RN to finish orders, in the absence of a pharmacist</li> <li>Order still needs pharmacist verification???</li> </ul>	

## 4.0 Special Considerations

Topic	Highlights	Local site notes
"First" dose of med (TJC)	<ul style="list-style-type: none"> <li>Consider that a BLANK Last Action column in the BCMA VDL means that it is the FIRST dose, whether patient received as an outpatient or not</li> </ul>	
Sliding scale insulin – Continuous vs PRN order	<ul style="list-style-type: none"> <li>Continuous orders will always prompt nurse to check blood glucose on schedule, if not needed enter dose of "0" units or mark order Held</li> <li>PRN orders will only require dose documentation if administered, but will not prompt for blood glucose checks</li> </ul>	
Fill on Request items –	<ul style="list-style-type: none"> <li>Used for multi-dose dosage forms, i.e., inhalers, topicals, etc., BCMA labels may be printed to include patient's name (TJC requirement)</li> <li>Missing Dose Request may be used to request additional</li> </ul>	
IV Label Reprint vs New Label	<ul style="list-style-type: none"> <li>New label will create a new IV bag number ("V")</li> <li>Reprint label will also create a new IV bag number, but also invalidate the original bag number</li> </ul>	Add IV bag expiration to IV label
PCA Infusion	<ul style="list-style-type: none"> <li>Finish a PCA as an IV fluid – easier for documentation</li> <li>Finish a PCA as PRN IV Push med - will require a "one-time" PRN Effectiveness in BCMA, which does not really provide accurate documentation of the assessment of pain/pain relief over the course of the infusion. A flow sheet or progress note document would be necessary</li> </ul>	

Topic	Highlights	Local site notes
Auto-cancellation of orders on ward transfer	<ul style="list-style-type: none"> <li>• May be managed within EHR parameters or Pharmacy parameters</li> </ul>	
Order verification process /obtaining meds when Pharmacy is closed	<ul style="list-style-type: none"> <li>• Remote Pharmacy finishing               <ul style="list-style-type: none"> <li>– RN Finish?</li> <li>– CPRS Med Order button?</li> <li>– Automated Dispensing Cabinets and Ward Stock</li> </ul> </li> </ul>	
Pharmacist auto-verification of orders	<ul style="list-style-type: none"> <li>• Must be set for individual pharmacist</li> <li>• Allows “accepting” and “verification” of order in one step</li> </ul>	An order left “unverified” by the pharmacist may be verified by a nurse, which will make it available on BCMA
Contingency Plan	<ul style="list-style-type: none"> <li>• Back up of Health Summary or Medication Administration History (MAH) to a Contingency PC at pre-determined times (e.g. hourly); MAH would be printed if BCMA was unavailable</li> <li>• Print MAH from Pharmacy reports</li> <li>• Print Pharmacy Medication Profile</li> <li>• Use daily Pharmacy cart fill pick list</li> </ul>	
Policy consideration – variable doses	<ul style="list-style-type: none"> <li>• Not recommended by TJC – use separate orders, including parameters, e.g., Percocet-5, 1 -2 tabs q4h prn pain – would be Percocet-5, 1 tab q4h prn for pain 2-5 &amp; Percocet-5, 2 tabs q4h prn for pain 6 or greater</li> </ul>	
Policy consideration – variable schedule	<ul style="list-style-type: none"> <li>• Adjust if your policy allows – e.g. morphine 2mg iv q4-6h prn pain &gt; morphine 2mg iv q4h prn pain</li> </ul>	
“Flagged” orders	<ul style="list-style-type: none"> <li>• Red flag block will appear on the BCMA GUI cover sheet, but not on the med/iv tabs</li> </ul>	

## 5.0 Troubleshooting

Topic	Highlights	Local site notes
Scanners	<ul style="list-style-type: none"> <li>Recommend that the scanners used throughout the facility, including Pharmacy are the same model</li> </ul>	When a med does not scan for nurses at the point of care, a response from Pharmacy like "It scans in Pharmacy" doesn't cut it with nurses.
Bar code scan, but error message "Drug Not Found"	<ul style="list-style-type: none"> <li>Check patient med order – is the dispensed product the same as the Dispense Drug, including strength?</li> <li>If the product was repackaged – is the bar code on the package correct for the Dispense Drug?</li> </ul>	
Drug File Inquiry [PSB DRUG INQUIRY]	<ul style="list-style-type: none"> <li>Scanning bar code here will display the Dispense Drug associated with it, if the product is marked for Unit Dose use</li> <li>If "???" display, the bar code is not recognized or drug not marked for Unit Dose use</li> </ul>	
Synonym Enter/Edit [PSS SYNONYM EDIT]	<ul style="list-style-type: none"> <li>Scanning bar code here will display multiple Dispense Drugs if the bar code (most often NDC) has been entered as Synonyms in multiple drugs; the NDC may only be associated with ONE Dispense Drug</li> </ul>	
PSD Patients on Specific Drug(s) [PSJ PDV]	<ul style="list-style-type: none"> <li>If an Orderable Item or Dispense Drug is found to be a problem, this option may be used to find other orders for the same product</li> </ul>	

Topic	Highlights	Local site notes
Bar Code Quality	<ul style="list-style-type: none"><li>• Damaged bar code – printer printing too dark, or “misprints” of lines/spaced</li><li>• Bar codes on shiny/reflective paper – will be difficult to scan</li><li>• Insufficient “white space” around the linear bar codes</li><li>• -White bar codes on bags of clear IV bags may be difficult to scan. Try a dark background behind the bag when scanning.</li><li>• Manufacturer package bar code may be submitted to VA Bar Code Resource Office for analysis</li></ul>	
IV bag labels	<ul style="list-style-type: none"><li>• Order changes may invalidate the bar code – review BCMA parameters for EACH IV type –IVPB, Admixture, Hyperal, Chemo &amp; Syringe</li></ul>	Do you want the IV bag bar code to be valid if the only change is the schedule?

Topic	Highlights	Local site notes
Order is NOT appearing on BCMA VDL	<ul style="list-style-type: none"> <li>• Is order still pending pharmacy review?</li> <li>• Check start date/time of order (in RPMS Pharmacy)</li> <li>• Check Admin Time of order – relative to Start date/time</li> <li>• Review the BCMA Cover sheet for summary of current, future and expired orders</li> <li>• Check the Virtual Due List Parameters - Start &amp; Stop time – does this include the Admin Time associated with the order?</li> <li>• Check the Schedule Type on VDL parameters – especially if the order is PRN, one-time or On-call</li> <li>• Check the tab being viewed – UD, IVP/IVPB or IV</li> <li>• Occasionally “unknown” errors occur with an orders, where it appears in Pharmacy but not in BCMA – however error messages are generated which are sent to the designated mail group; also can be found in the BCMA Unknown Action report</li> <li>• Also possible to have provider enter a nursing “text” order for a medication (which will never get to pharmacy), instead of a medication order</li> </ul>	

## 6.0 Reports

Topic	Highlights	Local site notes
BCMA Unable to Scan (Detailed) On BCMA GUI	<ul style="list-style-type: none"><li>Will provide report of when MSF is used, including the reason, can sort for meds only</li></ul>	May be useful for troubleshooting
Missing Dose Follow-up [PSB MISSING DOSE FOLLOWUP]	<ul style="list-style-type: none"><li>May be used to document follow up on missing doses and get report</li></ul>	
Pick List Menu [PSJU PLMGR]	<ul style="list-style-type: none"><li>Pick List, which includes the Dispense Drug on the order, may be printed to identify what drugs are to be dispensed</li></ul>	

## Acronym List

<b>BCMA</b>	Bar Code Medication Administration
<b>EHR</b>	Electronic Health Record
<b>MAH</b>	Medication Administration History
<b>MSF</b>	Managing Scanning Failures
<b>RPMS</b>	Resource and Patient Management System
<b>VA</b>	Department of Veterans Affairs
<b>VDL</b>	Virtual Due List