

# MSOS Member Briefing

## May 2025

## MSOS Member Briefing

### May 2025

Moderated by: E. Robert Feroli, PharmD, FASHP



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The University Health logo, featuring a stylized white flower-like icon to the left of the text "University Health" in white.  
**Thinking beyond**

### Improving The Safety of Heparin Infusion Therapy A Multidisciplinary Journey

**Presenters:**

A portrait of Rukhsar Banu, a woman with long dark hair wearing a white lab coat.

Rukhsar Banu, PharmD, Medication Safety Officer

A portrait of Crystal Franco-Martinez, a woman with long brown hair wearing a black top.

Crystal Franco-Martinez, PharmD, BCPS, Clinical Pharmacist III, Anticoagulation

A portrait of Michael Dodd, a man with a beard wearing a white lab coat.

Michael Dodd, DNP, MHA, BSN, RN, Executive Director and Epic Nursing Champion

A portrait of John Rees, a man with glasses wearing a suit and tie.

John Rees, DBA, RN, CNML, Executive Director of Nursing Administration

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### Key Abbreviations

- **ADE:** Adverse Drug Event
- **CDS:** Clinical Decision Support
- **EHR:** Electronic Health Record
- **eRAF:** Electronic Risk Assessment Form
- **MAR:** Medication Administration Record
- **MSO:** Medication Safety Officer
- **OPA:** Our Practice Advisory
- **PAL:** Peripheral Arterial Line
- **SIP:** Smart Infusion Pump



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### About Us

- > 1,000-bed public teaching hospital located in the San Antonio Texas Medical Center
  - Level I Trauma Center
  - Women's & Children's Hospital
    - Level IV NICU
    - Level IV Maternal Center

[Hospitals & Outpatient Clinics in San Antonio | University Health](#)

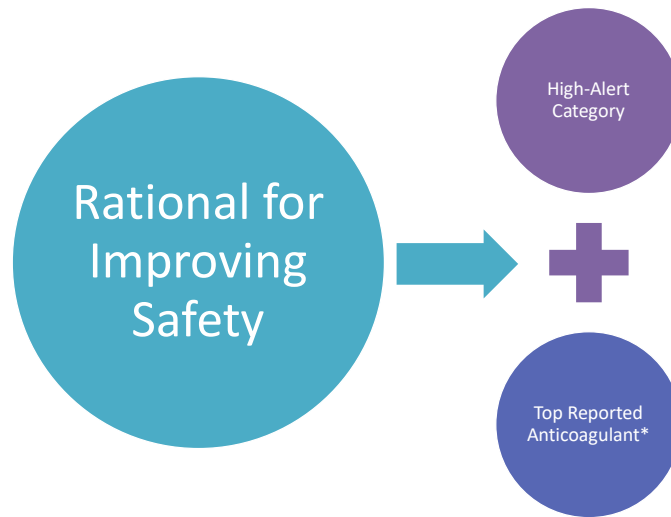


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### Heparin Infusion Therapy

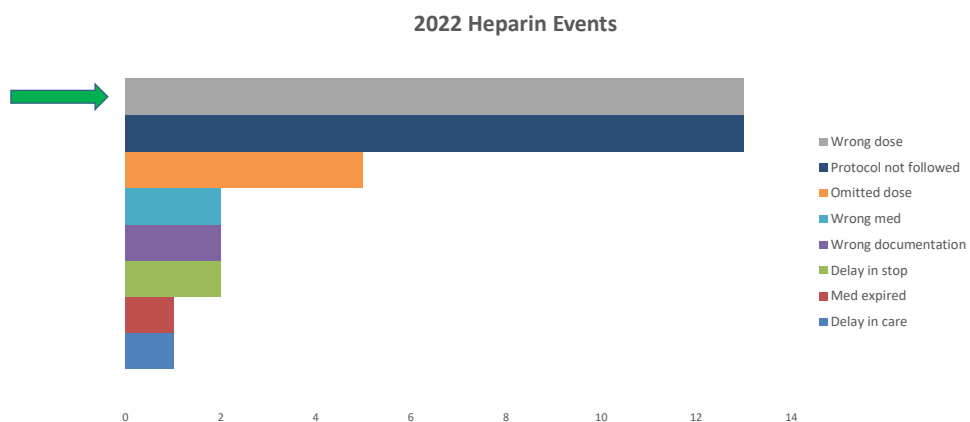


\*Top reported agent as per institutional data



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### Challenges and Complexities

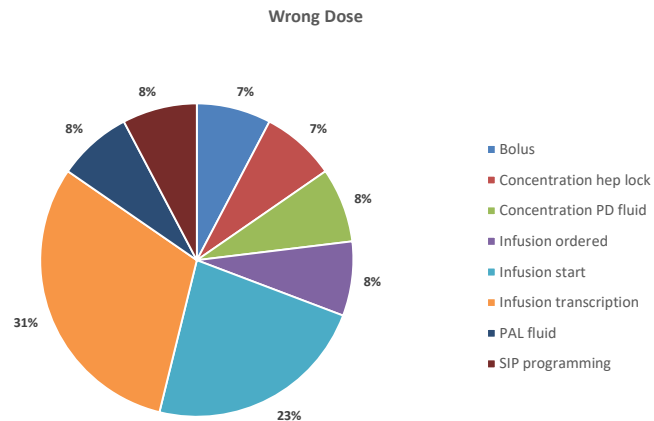


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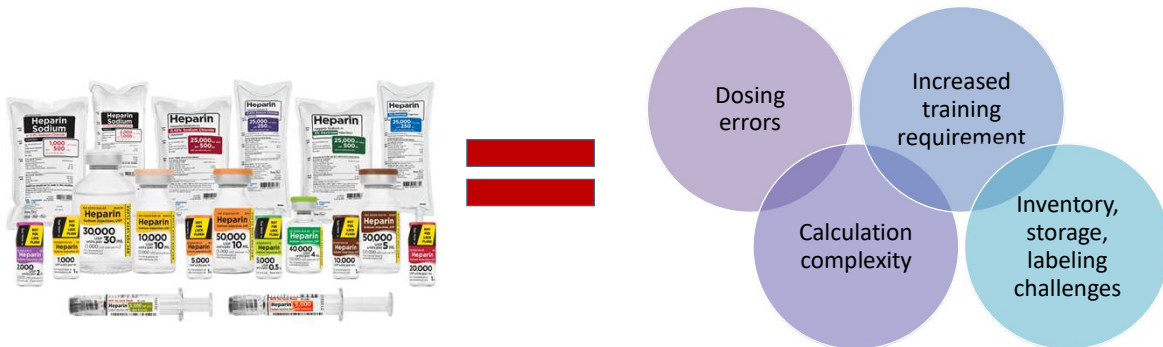
## May 2025

### Challenges and Complexities



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### Challenges and Complexities



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### Challenges and Complexities

heparin infusions (ACS, DVT/PE/AFib, Surgical Trauma/Vascular ICU & Flat Rate)

If transitioning from apixaban (ELIQUIS) or rivaroxaban (XARELTO) to a heparin infusion, please select options for patients transitioning from a DOAC with aPTT titrations below.

- ☐ heparin protocol for ACS treatment using anti-Xa levels
- ☐ heparin for DVT/PE/AFib
- ☐ Heparin infusion - for high risk Surgical Trauma/Vascular ICU VTE - NO boluses
- ☐ heparin infusion - not titrated
- ☐ heparin for patients transitioning from a DOAC with aPTT titrations



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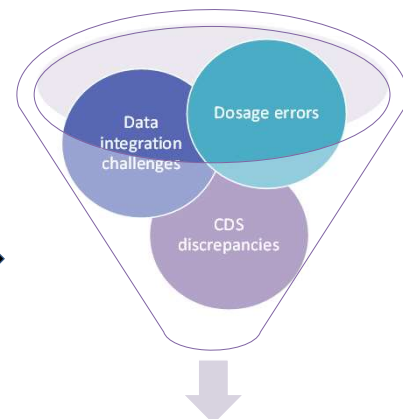
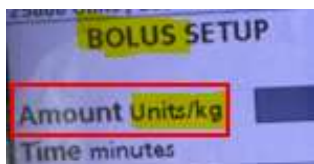
### Challenges and Complexities

- Difference in unit of measure

**EHR**

Heparin bolus from pump 10,000 Units

**SIP**



**Patient Safety Risks**



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### Challenges and Complexities

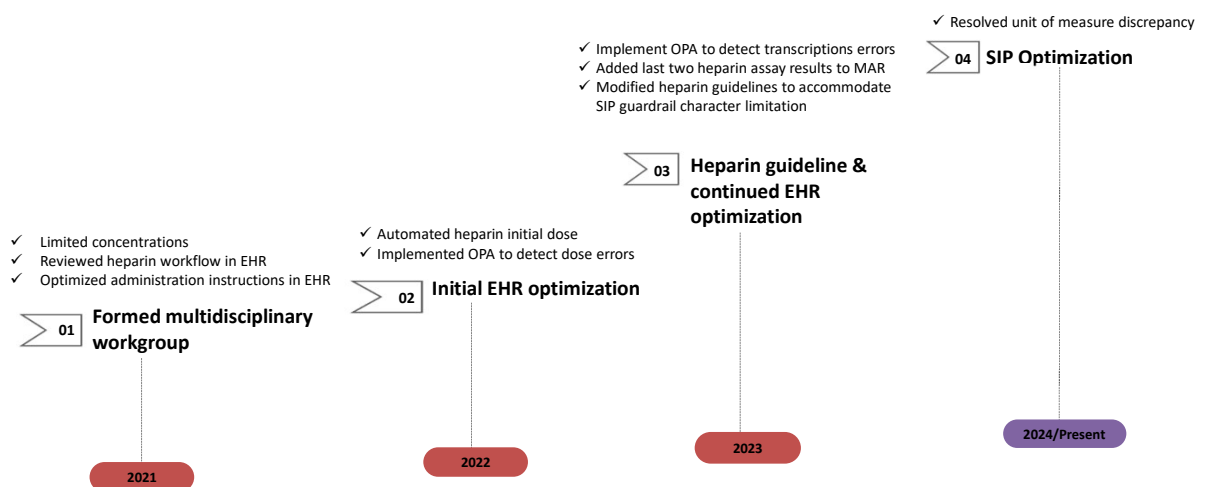
- Max bolus dose 10,000 units while SIP guardrail has 4 character **limitation**

	Amount	Time
<input checked="" type="checkbox"/> <b>Allow Bolus</b>		
Lower Hard Limit		
Lower Soft Limit	2000	1
Starting Bolus		7
Upper Soft Limit	10000	10
Upper Hard Limit		10
<input checked="" type="checkbox"/> <b>Allow Loading Dose</b>		
Lower Hard Limit		
Lower Soft Limit		
Starting Loading Dose		7
Upper Soft Limit		10
Upper Hard Limit		10



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### Heparin Journey



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# Facilitating Practice Change

```
graph TD; A[Prospective Guidance] <--> B[Retrospective Action]; A <--> C[Real Time Automation]; B <--> C;
```

The diagram illustrates a cyclical relationship between three key components of practice change:

- Prospective Guidance** (Red box at the top)
- Retrospective Action** (Purple box at the bottom left)
- Real Time Automation** (Green box at the bottom right)

Interactions are shown by double-headed arrows:

- A purple double-headed arrow connects **Prospective Guidance** and **Retrospective Action**.
- A red double-headed arrow connects **Prospective Guidance** and **Real Time Automation**.
- A green double-headed arrow connects **Retrospective Action** and **Real Time Automation**.

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# Prospective Guidance

The diagram illustrates the process of standardizing heparin concentrations. On the left, there is a collection of various heparin products, including bags and bottles of Heparin Sodium in different concentrations (e.g., 1000, 5000, 10000, 25000, 50000 units/mL) and two syringes. A large green arrow points from this collection towards the right, with the text "Limited Concentrations" written inside it. On the right side of the arrow, there is a smaller, more uniform set of heparin products, specifically bags and bottles of Heparin Sodium at standardized concentrations of 1000, 5000, 10000, and 25000 units/mL.

Limited Concentrations

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### Prospective Guidance

- Evidence-based clinical guidelines
- New-hire education

#### Heparin Guidelines

- [ECMO Heparin Management Guideline for Adults](#) (rev. 06/2024)
- [ECMO Heparin Management Guideline for Pediatrics](#) (rev. 09/2021)
- [Infusion Protocol for Adults in Surgical/Vascular ICU with High Bleed Risk](#) (rev. 4/2022)
- [Infusion Guideline for Adults VTE/Afib/ACS](#) (rev. 12/2023)
- [Infusion Protocol for Pediatrics](#) (rev.10/2021)
- [Subcutaneous Heparin for VTE Treatment](#) (rev. 12/2023)



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### Real Time Automation

heparin in 1/2 NS 25000 units/250 mL (100 units/mL) infusion (premix)

**Order Information**

Admin Instructions:  
Heparin DVT/PE/Afib Protocol  
Check heparin anti-Xa assay. Begin 6 hours after the infusion is started and continue every 6 hours until 2 consecutive heparin anti-Xa assays are at goal, then check once daily.  
Call provider for rates greater than 40 units/kg/hr.  
Product Instructions:  
Premix bag

Ordered Admin Dose: 0-2,812 Units/hr  
Frequency: Titrated  
Route: Intravenous  
Ordered Dose: 0-40 Units/kg/hr + 70.3 kg  
Ordered Infusion Rate: 0-28.1 mL/hr  
Administration Window: 60 minutes from the due time

**Order Questions/Answers**

Initial Dose (units/kg/hr): 18  
Maximum Initial Dose (units/kg/hr): 2000

Heparin Anti-Xa assay less than 0.15: Increase rate by 4 units/kg/hr and give 60 unit/kg bolus. Recheck instructions: heparin anti-Xa assay in 6 hrs.  
Increase rate (units/kg/hr): 4  
Bolus dose (units/kg): 60  
Max bolus (units): 10000

Heparin Anti-Xa assay 0.15-0.29: Increase rate by 2 units/kg/hr and give 40 unit/kg bolus. Recheck instructions: heparin anti-Xa assay in 6 hrs.  
Increase rate (units/kg/hr): 2  
Bolus dose (units/kg): 40  
Max bolus (units): 10000

Heparin Anti-Xa assay 0.3-0.7: No Change. Recheck assay in 6 hours. After 2 consecutive assays in range at constant rate, check heparin anti-Xa assay once daily.  
Instructions:  
At goal (no rate change): 0  
No bolus (units/kg): 0

Heparin Anti-Xa assay 0.71-1: Decrease rate by 2 units/kg/hr. Do not stop, do not bolus.  
Instructions:  
Recheck heparin anti-Xa assay in 6 hrs.  
Decrease rate (units/kg/hr): -2

Clean Up Verbiage

heparin in 1/2 NS 25000 units/250 mL (100 units/mL) infusion (premix)

**Order Information**

Admin Instructions:  
Heparin DVT/PE/Afib Order  
IF INITIAL BOLUS WAS ORDERED, ADMINISTER BOLUS DOSE FIRST THEN START INFUSION.  
Check heparin anti-Xa assay. Begin 6 hours after the infusion is started and continue every 6 hours until 2 consecutive heparin anti-Xa assays are at goal, then check once daily.  
Call provider for dose greater than 40 units/kg/hr.  
Product Instructions:  
Premix bag

Ordered Admin Dose: 0-3,448 Units/hr  
Frequency: Titrated  
Route: Intravenous  
Ordered Dose: 0-40 Units/kg/hr + 86.2 kg  
Ordered Infusion Rate: 0-34.5 mL/hr  
Administration Window: 60 minutes from the due time  
Order ID: 1345726

• DISPOSE PARTIAL: BLUE  
• DISPOSE EMPTY: TRASH  
• HIGH ALERT MEDICATION

Order Start Time: Today 05/12/23 at 0945  
References: [Lexicomp Drug Info](#)  
[Formulary Info](#)  
Linked Line: [Not Linked](#) (as of Today 05/12/23 at 0952)



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### Real Time Automation

- OPA alert for pharmacist to review and edit initial dose to prevent exceeding maximum

High Priority (1)

- Patient's weight exceeds 111.1 kg. **Initial Dose exceeds the 2000 Units/hr maximum.**
- Recalculate **Initial dose**. Divide 2000 Units/hr by patient weight (kg).
- Round **DOWN** to the nearest 0.5 Units/kg/hr.
- Update the **Initial Dose** Order Question. Do NOT change the 0-40 Units/kg/hr Order Dose range.

Acknowledge Reason

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### Real Time Automation

- Initial dose calculator on MAR
  - Auto-populates for nurse based on initial dose verified by pharmacist
- Dose entry only!
  - Rate field **grayed out** and cannot be edited

Associated Flowsheet Rows

Initial Dose Calculator - Use when starting a new heparin infusion order.

New Start?

Initial Dose (units/kg/hr) 18 Units/kg/hr

Administration Details

Action: New Bag Date: 09/12/2023 Time: 1145 Comment:

Route: Intravenous Site:

Dose: 18 Units/kg/hr Rate: 17.2 mL/hr

Calculation: 18 Units/kg/hr \* 95.3 kg (Weight as of Sat Sep 9, 2023 0915) = 1,715.4 Units/hr \* 1 mL/100 Units = 17.154 mL/hr

Order Concentration: 100 Units/mL

Associated Flowsheet Rows

Time taken: 9/12/2023 1145 Responsible: Restore

Initial Dose Calculator - Use when starting a new heparin infusion order.

New Start?

Initial Dose (units/kg/hr) 18 Units/kg/hr

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### Real Time Automation

- OPA alerts if dose entered by RN does **NOT** match dose from calculator

**Administration Details**

Action: New Bag Date: 05/21/2024 Time: 1449 Comment:

Route: Intravenous Site:

Dose: 18 Units/kg/hr Rate: 27.9 mL/hr

Concentration: 100 units/mL (Weight as of Wed Aug 21, 2024 1300) = 2.790 Units/hr = 1 mL/100 Units = 27.9 mL/hr

Order Concentration: 100 Units/mL

**Associated Worksheet Rows**

Time taken: 05/21/2024 1449 Responsible: Restore Show Details

If no new assessment is needed, check the box to link worksheet rows to the previous assessment. Use All Previous Values

Initial Dose Calculator: Use when starting a new heparin infusion order.

New Start? No Yes

Initial Dose (units/kg/hr): 12.5 Units/kg/hr

Dose Change/Adjustment Calculator: Use to titrate dose according to the ordered heparin protocol. Enter new heparin Anti-Xa assay and follow instructions below.

Heparin Anti-Xa assay:

Maintenance Dose Instructions:

Maintenance Dose (units/kg/hr):

Bolus Dose Instructions:

**Alert**

Charted dose and calculator dose do not match.  
To change charted dose, click the Cancel button and then edit the Dose.

Order Name	Dose	Dose from Calculator
heparin in 1/2 NS 25000 units/250 mL (100 units/mL) infusion (premix)	18 Units/kg/hr	12.5 Units/kg/hr

Accept Cancel



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### Real Time Automation

- Automatically pull in most recent heparin assay results

heparin in 1/2 NS 25000 units/250 mL (100 units/mL) infusion (premix)

**Order Information**

Admin Instructions:

Heparin DVT/PE/AFib Orders:

IF INITIAL BOLUS WAS ORDERED, ADMINISTER BOLUS DOSE FIRST THEN START INFUSION.

Check heparin anti-Xa assay. Begin 6 hours after the infusion is started and continue every 6 hours until 2 consecutive heparin anti-Xa assays are at goal, then check once daily.

Call provider for dose greater than 40 units/kg/hr.

Product Instructions:

Premix bag

Ordered Admin Dose: 0-3.448 Units/hr

Frequency: Titrated

Route: Intravenous

Ordered Dose: 0-40 Units/kg/hr = 86.2 kg

Ordered Infusion Rate: 0-34.5 mL/hr

Administration Window: 60 minutes from the due time

Order ID: 1345726

DISPOSE PARTIAL: BLUE

DISPOSE EMPTY: TRASH

**HIGH ALERT MEDICATION**

Order Start Time: Today 05/12/23 at 0945

References: Lexicomp Drug Info

Formulary Info

Linked Line: Not Linked (as of Today 05/12/23 at 0952)

**Recent Result Components**

Heparin, Unfractionated: 0.4 IU/mL collected at 05/12/23 0642 (Final)

0.4 IU/mL collected at 05/11/23 2327 (Final)



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### Retrospective Action

- Max bolus dose modified to overcome pump guardrail character limit

Table 1: Deep Vein Thrombosis, Pulmonary Embolism and Afib  
(Target AntiXa 0.3 - 0.7 unit/mL)<sup>1,2</sup>

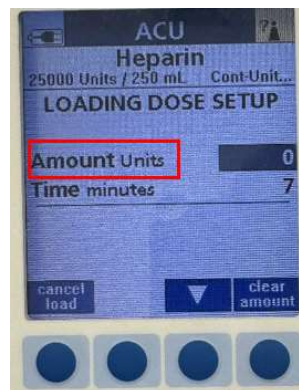
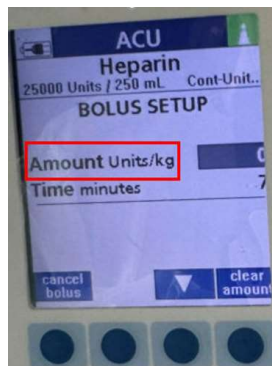
Initial Bolus: 80 units/kg* (Max Bolus 10,000 units)	
Initial Infusion Rate: 18 units/kg/hr (max initial rate 2,000 units/hr)	
Monitor: Heparin Assay at least 6 hours after initiation and 6 hours after each dosage change	
Heparin Assay AntiXa (unit/mL)	Action
< 0.15	80 units/kg bolus*, then increase by 4 units/kg/hr
0.15 - 0.29	40 units/kg bolus*, then increase by 2 units/kg/hr
0.3 - 0.7	No Change
0.71 - 1	Decrease by 2 units/kg/hr
> 1	Stop infusion 1 hr then decrease by 3 units/kg/hr

\*Providers have the option to order infusions without boluses in patients deemed to be at high risk of bleeding. Heparin assay of 0.3-0.7 currently corresponds to an aPTT range of 62-100 seconds. Therapeutic aPTT range may change based on the aPTT reagent used in lab. Heparin assay therapeutic range will not change.

Indication	Initial Bolus*	Initial Infusion Dose	Maximum Doses
DVT/PE/Afib	80 units/kg*	18 units/kg/hr	Max bolus = 9,900 units** Max initial dose = 2,000 units/hr
• Standard Intensity	NONE	16 units/kg/hr	
• High Bleed Risk*	60 units/kg*	12 units/kg/hr	Max bolus = 4,000 units Max initial dose = 1,000 units/hr
ACS			

### Retrospective Action

- Align unit of measure for bolus dosing in SIP and EHR

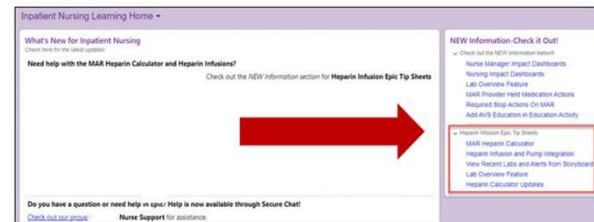
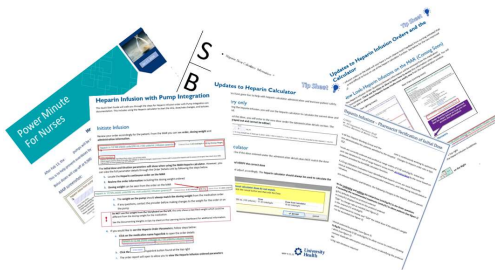


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### Retrospective Action

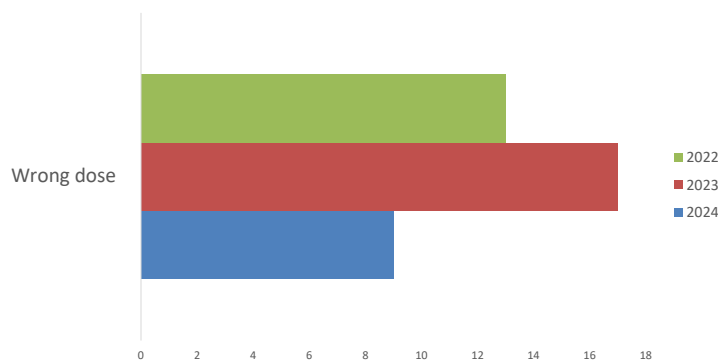
- Staff education



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### Assessing Progress

- Safety rounds
- Monitoring error reports
- Routine meeting to review, refine, and enact vital process improvements



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### Key Takeaways



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### References

- ISMP Medication Safety Self Assessment ® for High-Alert Medications General High-Alert Medications Neuromuscular Blocking Agents Concentrated Electrolytes Injection Magnesium Sulfate Injection Moderate Sedation in Adults and Children, Minimal Sedation in Children Insulin, Subcutaneous and Intravenous Lipid-Based Medications and Conventional Counterparts Methotrexate for Non-Oncologic Use Chemotherapy, Oral and Parenteral Anticoagulants Neuraxial Opioids And/or Local Anesthetics Opioids. Accessed June 01, 2024. [https://online.ecri.org/hubfs/ISMP/Resources/ISMP\\_HighAlert\\_Self\\_Assessment.pdf](https://online.ecri.org/hubfs/ISMP/Resources/ISMP_HighAlert_Self_Assessment.pdf).
- ISMP List of High-Alert Medications in Acute Care Settings. Accessed June 01, 2024. [https://www.ismp.org/system/files/resources/2024-01/ISMP\\_HighAlert\\_AcuteCare\\_List\\_010924\\_MS5760.pdf](https://www.ismp.org/system/files/resources/2024-01/ISMP_HighAlert_AcuteCare_List_010924_MS5760.pdf)



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### Respiratory Therapists: A Vital Link in Your Medication Safety Efforts



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### Trust, But Verify: Reassessing Autoverification of Medication Orders in the Emergency Department

Kara Thornton, PharmD, MEd, CPPS  
Medication Quality, Performance Improvement and Safety Pharmacist



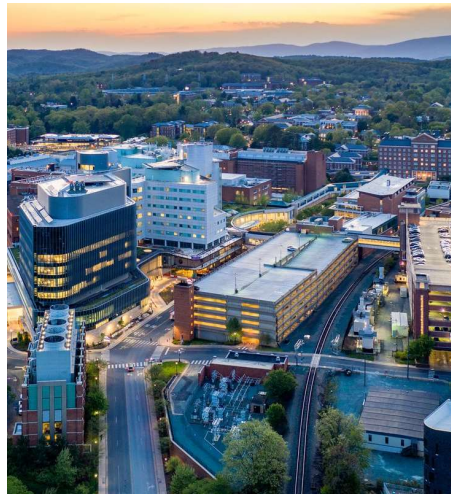
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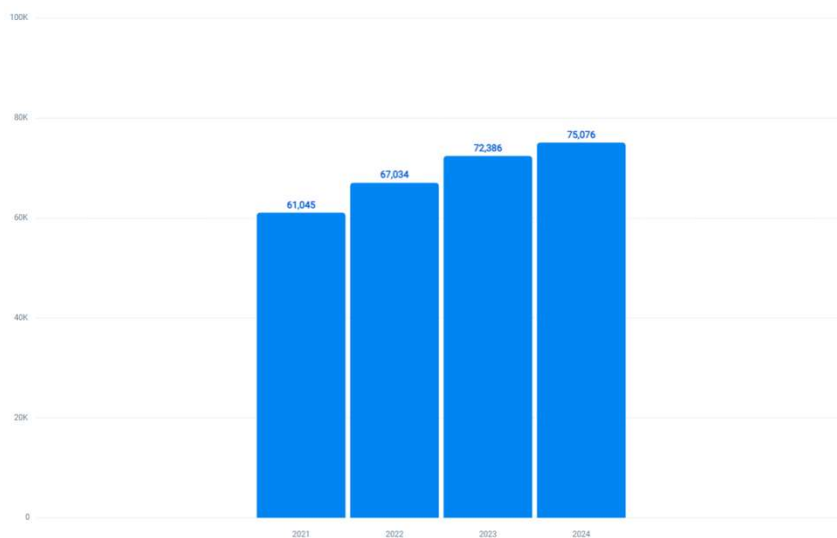
### UVA Health Medical Center

- 659 bed academic medical center
- 70 bed, Level 1 Trauma emergency department
- 75,000 ED visits/year (and rising)
- 50,000 ED medication orders/month
- Epic/Pyxis facility



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### Number of ED Encounters by Year



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### UVA Health ED Pharmacist Coverage

- 5-6 dayshift pharmacists --> 4 x 10 hour shifts/week
- 2 nightshift pharmacists --> 7 on/7 off 10 hour shifts

Time	ED	ED Mid	ED-e	ED Nights
00:00				
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				800
08:00	730			
09:00		830		
10:00				
11:00				
12:00				
13:00			1230	
14:00				
15:00				
16:00				
17:00	1800			
18:00		1900		
19:00				
20:00				
21:00				
22:00			2300	2200
23:00				



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### How It Started...

**ADC = Autoverified**

- Limited what medications could be in the ADCs
- Potential delays in care



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But then!

### Software upgrade helped

- "Exclude from autoverification" list for meds in ADCs
- Difficult to maintain
- New safety risks

Medication List: EMERGENCY PYXIS MED LIST [408200023] (Read-Only)

Open Inactive Packages Link Pref. List Refresh

The medication list is currently in read-only mode.

Medications	ADS	Billing	Related Information
P ID	Medication		
38703	ADENOSINE 6 MG/2ML IV SOLN		
250	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU		
17837	ALBUTEROL SULFATE HFA 108 (96 BASE) MCG/ACT IN AERS		
310	ALLOPURINOL 100 MG PO TABS		



Medication List: EMERGENCY RX VERIFICATION LIMIT TO MED LIST [408200502] (Read-Only)

Open Inactive Packages Link Pref. List Refresh

The medication list is currently in read-only mode.

Medications	ADS	Billing	Related Information
P ID	Medication		
38703	ADENOSINE 6 MG/2ML IV SOLN		
8981	ALBUMIN HUMAN 25 % IV SOLN		
8982	ALBUMIN HUMAN 5 % IV SOLN		



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What would it look like to have nothing autoverify?



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### What and How Much?

#### Fluids and basics

- Highest volumes were "easy" meds
- Average # autoverifications per day ~200
  - Out of total 1300-1400 per day
- ED pharmacists made the decision to turn off autoverification in August 2023

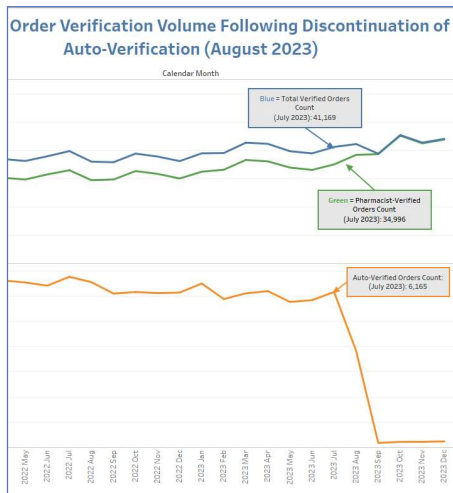
#### What was being auto-verified at the time we turned it off?

Medication	2023 Jul
SODIUM CHLORIDE 0.9 % IV BOLUS [400291]	885
ACETAMINOPHEN 325 MG PO TABS [101]	796
LACTATED RINGERS IV BOLUS [400296]	690
ONDANSETRON HCL 4 MG/2ML IJ SOLN [105966]	687
ONDANSETRON 4 MG PO TBP [27697]	366
IBUPROFEN 200 MG PO TABS [3841]	163
ALUM & MAG HYDROXIDE-SIMETH 200-200-20 MG/SML P..	161
DIPHENHYDRAMINE HCL 50 MG/ML IJ SOLN [2508]	155
SODIUM CHLORIDE 0.9 % IV SOLN [27838]	96
PROCHLORPERAZINE EDISYLATE 10 MG/2ML IJ SOLN [131..	92
HALOPERIDOL LACTATE 5 MG/ML IJ SOLN [3584]	84
SODIUM CHLORIDE (PF) 0.9 % IJ SOLN [133145]	81
IBUPROFEN 600 MG PO TABS [3844]	79
DEXTROSE 5 % IV SOLN [2364]	75
METOCLOPRAMIDE HCL 5 MG/ML IJ SOLN [5002]	64
FOLIC ACID 1 MG PO TABS [3233]	63
CYCLOBENZAPRINE HCL 10 MG PO TABS [2017]	63
MULTI-VITAMIN/MINERALS PO TABS [5206]	61
HYDROXYZINE HCL 25 MG PO TABS [3774]	59
POTASSIUM CHLORIDE 20 MEQ PO PACK [6434]	53
POTASSIUM CHLORIDE ER 10 MEQ PO TBCR [12184]	52
DIPHENHYDRAMINE HCL 25 MG PO CAPS [2509]	48
NITROGLYCERIN 0.4 MG SL SUBL [5604]	46
FAMOTIDINE (PF) 20 MG/2ML IV SOLN [140045]	46
FLUORESCIN SODIUM 1 MG OP STR [27663]	45
PANTOPRAZOLE SODIUM 40 MG IV SOLR [26226]	42
TETRACAIN HCL 0.5 % OP SOLN [7795]	39
FAMOTIDINE 20 MG PO TABS [10011]	38

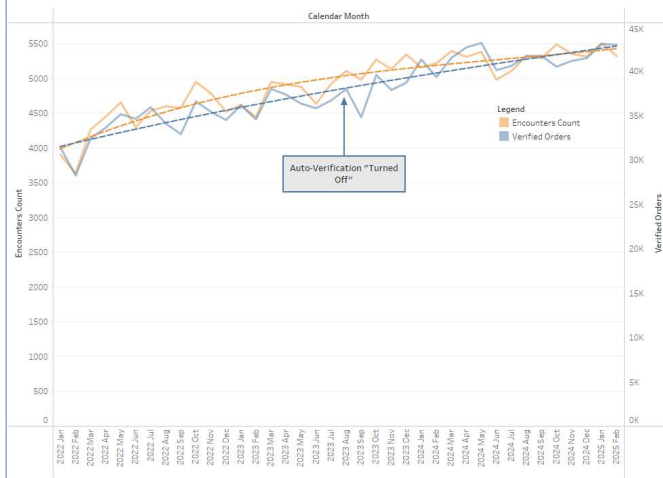


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### What happened?



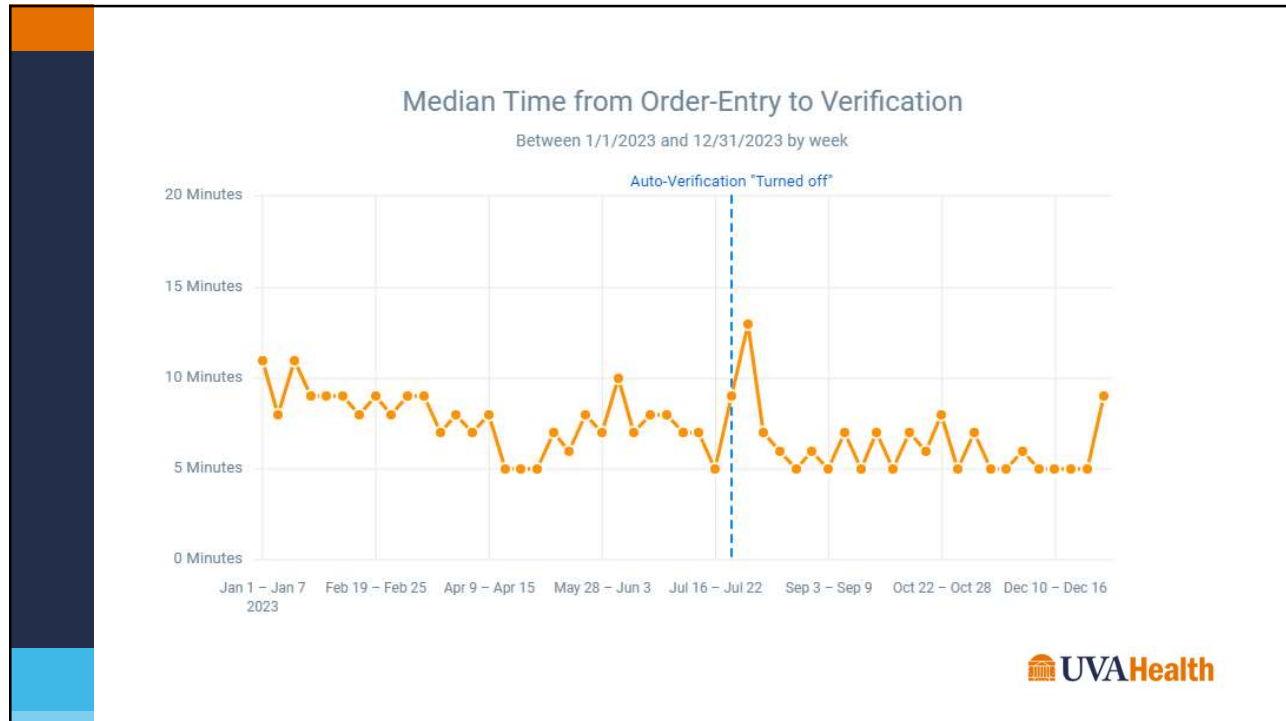
#### Order verification volume has increased over time but tracks closely with patient encounter volume.



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## Thoughts from the Pharmacists



First week or so was a noticeable increase, but then felt normal

More likely to stay in the verification queue



Workload increase more noticeable in the form of pages from nursing to verify acetaminophen/ibuprofen/etc while at bedside

Some concern that the "easy" orders aren't getting sufficient attention

UVAHealth

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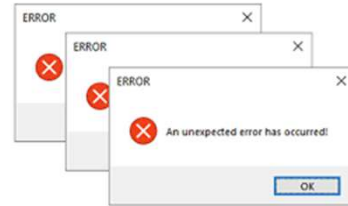
### Error prevention?

#### Reported autoverification errors pre-2023

- Sulfamethoxazole/trimethoprim ordered on patient in severe AKI
- Duplicate vancomycin ordered for patient in AKI
- Adult dose midazolam ordered for pediatric patient
- Unintended high heparin dose ordered

#### What we're catching now

- Ketorolac and pregnancy
- Inappropriate formulations
- Home medication timing



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### Conclusions

- Removal of autoverification in the ED at UVA Health has improved pharmacist coverage of our patients
- Time to verification has not been impacted
- Previously undetected errors are being caught
- Maintenance-free

THANK YOU to Nate Hedrick, Derek Burden, and Chris Shelton for their contributions to this presentation



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The image is a presentation slide with a solid blue background. In the top-left corner, there is a logo for ISMP (Institute for Safe Medication Practices), which includes a stylized multi-colored arrow icon and the text "ISMP Institute for Safe Medication Practices" and "An ECRI Company". The main title of the slide is "ISMP Update MSOS Briefing May 2025", written in large, bold, white sans-serif font. Below the title, there is a horizontal white line, followed by the name and title of the presenter: "Rita K. Jew, PharmD, MBA, BCPPS, FASHP", "President", and "Institute for Safe Medication Practices", all in white sans-serif font. In the bottom-left corner, the number "42" is displayed in small white font. In the bottom-right corner, the text "©2025 ISMP | Confidential" is displayed in small white font.

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## May 2025

### Counterfeit Drugs Online - Semaglutide

May 22, 2025 | Volume 30 • Issue 10

**Acute Care**

**ISMP Medication Safety Alert!**<sup>®</sup>

Educating the Healthcare Community About Safe Medication Practices

**Call to action: Practitioners need to warn patients about purchasing counterfeit drugs online**

**PROBLEM:** Practitioners should be on guard for patients who may present to different healthcare settings with adverse reactions after knowingly or unknowingly taking substandard and falsified (SF) drugs. SF drugs are counterfeit or fake drugs made to resemble genuine pharmaceutical manufacturers' medications. We warned of this growing threat to patient safety in our May 16, 2024 article, *ISMP urges increased action at the practice level to halt the growing danger of counterfeit drugs*, and our April 10, 2025 article, *Implement strategies to prevent persistent medication errors and hazards: 2025*. We are concerned that not all practitioners recognize this risk, and we urge organizations to implement measures to proactively educate patients about illegal, so-called "online pharmacies" and websites selling drugs at discounted prices. Below is a recent case reported to ISMP. While reading about this event, look for indicators that the product was not genuine and consider what changes could be implemented within your organization to protect patients from being harmed by SF drugs.

**SAFETY briefs**

1 **Diazepam 10 mg/2 mL prefilled syringe label design may result in incorrect dose.** A nurse reported concerns with diazepam 10 mg/2 mL prefilled syringes by Natco (NDC 69339-0136-34, lot number A4740003). The graduated markings with the dose volume are printed on a label (i.e., sticker) that is placed onto the syringe. This sticker also acts as a tamper-evident seal that breaks when practitioners remove the syringe cap. Since the tamper-evident mechanism and the graduated markings are on the same sticker, when the nurse twisted off the syringe cap, the sticker shifted and the syringe markings moved (**Figure 41**). The nurse who submitted the report

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### Patient Safety Alert

- Anesthesia Patient Safety Foundation (APSF) and ECRI/Institute for Safe Medication Practices (ISMP) issued an urgent alert regarding medication vial coring and fragmentation risks after receiving numerous recent reports of medication vial coring incidents.
- See Interim Practice Recommendations to Minimize the Risk of Coring When Using Needles to Access Medication Vials via this link: <https://www.apsf.org/news-updates/patient-safety-alert-urgent-alert-regarding-medication-vial-coring-and-fragmentation-risks/>

Report any instances of coring directly to ISMP:  
<https://home.ecri.org/pages/ecri-ismp-error-reporting-system>

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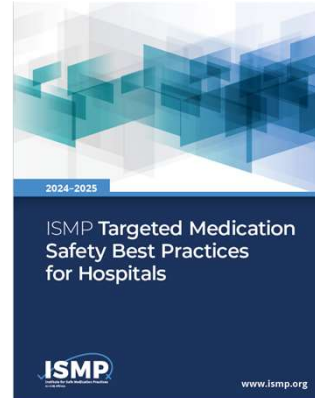


# MSOS Member Briefing

## May 2025

### Survey Reminder

- Survey on implementation status of ISMP Targeted Medication Safety Practices for Hospitals 2024-2025.
- Deadline: June 5, 2025.
- ISMP plans to present the results of this survey during the American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting and Exhibition in December 2025.



**LINK TO SURVEY:** [https://ecri.iad1.qualtrics.com/jfe/form/SV\\_dcBW5zm8ygXIKou](https://ecri.iad1.qualtrics.com/jfe/form/SV_dcBW5zm8ygXIKou)

**LINK TO TMSBPS:** <https://home.ecri.org/blogs/ismp-resources/targeted-medication-safety-best-practices-for-hospitals>

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### Upcoming Educational Programs

#### ISMP Live Webinar

- Applying Best Practices for Injection Safety: A “How To” Roadmap
- Wednesday, June 11, 2025
- **Time:** 1:00 pm - 2:00 pm ET
- **TO REGISTER:**  
<https://home.ecri.org/blogs/ismp-upcoming-events/june-2025-applying-best-practices-for-injection-safety>

#### ISMP On-Demand Education (Pharmacy CE available)

- Ensuring Medication Safety in Parenteral Nutrition: The Role of Multi-Chamber Bags and Alternative Lipids
- **ACCESS WEBINAR:**  
<https://home.ecri.org/blogs/ismp-on-demand-events/tagged/webinars>

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# MSOS Member Briefing

## May 2025

### Upcoming Educational Programs

<https://home.ecri.org/products/medication-safety-intensive-workshop>

- Medication Safety Intensive Workshops (Virtual)
  - August 14 & 15
  - October 16 & 17\*
  - December 4 & 5
- Medication Safety Intensive Workshops for Community & Specialty Pharmacies
  - Sep 26 & Oct 3

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### Ochsner Children's & ISMP Safe Medication Management Fellowship

#### DEADLINE EXTENDED TO MAY 30

- One-year program beginning in summer of 2025
- Unparalleled opportunity to learn from and work with nation's top experts in medication safety, while supporting medication safety initiatives and error prevention strategies in pediatrics
- Requires working on site at Ochsner Health in New Orleans, LA, with additional remote work with ISMP



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<https://home.ecri.org/pages/safe-medication-management-fellowships>

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# MSOS Member Briefing

## May 2025

### Med Safety Board Director Job Posting

- Med Safety Board (MSB) is an ISMP company powered by ECRI that provides consulting services to life science organizations to improve the safe use of pharmaceuticals and medical devices
- Position: Full-time, fully remote leadership position
- Responsibilities:
  - Provide leadership and oversight for MSB projects and consultations
  - Participate in collaboratives, summits, and educational programs
  - Help develop new tools and resources
  - Develop strong partnerships with key stakeholders
- Application:  
<https://www.paycomonline.net/v4/ats/web.php/jobs/ViewJobDetails?job=135080&clientkey=C58BBB9614530727D8D9D756DDF51F1F>

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## Questions?



- A copy of today's slides will be posted on our website.
  - Next MSOS Briefing date – **July 24<sup>th</sup>, 2025.**



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