Organization: Mercy Medical Center  
Solution Title: Multi-Dose Vial Labeling

Program/Project Description: What was the problem to be solved? How was it identified? What baseline data existed? What were the goals—how would you know if you were successful? 
During the Joint Commission survey in October of 2010, Mercy received a finding around multi-dose vial labeling. Two vials of open insulin were lacking the expiration date. All multi-dose vials should be labeled with the open and expiration date, which is 28 days from the date opened, unless the manufacturers expiration date occurs sooner than 28 days. Baseline audits were completed on October 27, 2010 and November 1, 2010 and compliance rates of 87% and 50% were reported.

Process: What methodology or process was used to develop the Solution? 
Once the baseline audits were completed, staff members were educated on the importance of correctly labeling a multi-dose vial, process or preparing medications from a multi-dose vial, and label requirements. The "Preparation and Dispensing of Pharmaceuticals" policy was updated to ensure labeling process was clearly defined. Posters on multi-dose vial labeling and calendars with 28 day reminders were posted in departments, practices and units where multi-dose vials were stored.

Solution: What Solution was developed? How was it implemented? 
Nursing areas and physician practices were educated on proper labeling and 28 day calendars were distributed to assist nurses and medical assistants with the labeling of vials. The Quality/Patient Safety Department, Physician Practices, and Nursing Department conducted weekly audits evaluating compliance with labeling multi-dose vials with correct expiration date. At least 70 multi-dose vials per month were audited from all locations where multi-dose vials were stored.

Measurable Outcomes: What are the results of implementing the Solution? Provide qualitative and/or quantitative results to data. (Please include graphs, charts, or tools as attachments.) 
With the use of weekly audits, education flyers and the 28 day calendars, hospital compliance met the 90% goal in December of 2010, and since then compliance has remained above 90%.

Sustainability: What measures are being taken to ensure that results can be sustained and spread? 
Nursing Departments continue to submit weekly audits and the Quality/Patient Safety Department completes monthly audits. Results of the audit are reported at Quality Patient Safety Council and monthly Physician Practice meetings.

Role of Collaboration and Leadership: What role did teamwork and collaboration play in the Solution? What partners and participants were involved? Was the organization’s leadership engaged and did they share the vision for success? How was leadership support demonstrated? 
Nursing, physician practices and the quality department were required to submit a weekly multi-dose vial audit to track hospital compliance. Results of the multi-dose vial audit were reported to monthly Physician Practice meetings and Quality and Patient Safety Council.
Innovation: What makes this Solution innovative? What are its unique attributes?
The multi-dose vial calendars were an easy solution to this Joint Commission finding.

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