



## CASE STUDY

Bedford Hospital NHS Trust Implementation of  
Baxa ExactaMed® Oral/Enteral Dispensers



Bedford Hospital was officially opened in August 1803, the result of its generous benefactor Samuel Whitbread I, who bequeathed the sum of £8,000 when he died in 1796. Starting out with one physician, two surgeons in-ordinary (as they were then known), and one house surgeon, the hospital grew steadily such that by 2006 it consisted of 441 beds and a total staff of 2,150.

Today Bedford serves a population of approximately 200,000 in the mid and north Bedfordshire area, providing a wide range of acute hospital services to the local community. Patients also come from many other parts of the region to receive their care.

The hospital prides itself on its progressive approach to patient safety, which encourages reporting of incidences through a 'no blame' or 'just blame' culture. The Hospital has a self-appointed 'Safe Medication Group,' chaired by the Deputy Chief Pharmacist, which meets on a bi-monthly basis with representatives from Infection Control, Risk Management and Nursing, as well as a patient representative.

One of the areas that had been of concern for the Group was that of 'wrong route errors,' so when in March 2007, the National Patient Safety Agency (NPSA) issued an Alert titled 'Promoting safer measurement and administration of liquid medicines via oral and other enteral routes,' this was cause for immediate action. The Trust Management charged Pharmacy and Clinical Nursing to ensure implementation.

The Alert specifically affected the type of syringes used when delivering liquid medication. Clear differentiation between those used for oral/enteral liquids versus those used for intravenous medication was a requirement. Intravenous syringes should no longer be used to measure and administer oral or enteral liquids. The Alert further stated that alternative syringes would need to be available by September 30<sup>th</sup> 2007 in all clinical areas.

Syringe specifications in the document included a requirement for syringe tip to be incompatible with intravenous or any other parenteral devices. In addition, syringes filled with oral liquids must be clearly labelled 'oral' and/or 'enteral' to distinguish them from their intravenous counterparts. The value of colour was also highlighted with the use of purple recommended to assist with further visual identification.

Bedford quickly identified Baxa as the preferred partner to supply the complete range of Oral/Enteral Dispensers across the Trust; for both in-patient and out-patient use. Baxa products were chosen for their clear and consistent labelling on the product and on the packaging, with their distinctive purple plunger for visual differentiation and a non-luer tip. All dispensers used in the Hospital would be single-use only in line with Infection Control requirements. Baxa also offered a range of bottle adapters to facilitate easy drawing up of liquid from a bottle into the dispenser.

Implementing the change-over to oral/enteral syringes from intravenous syringes across the whole Trust was a challenge for the team at Bedford Hospital and it was immediately identified that clear and consistent communication would be the key to success. To ensure that communication, notices were placed on the 'Safe Medication Group' notice-board, emails were cascaded by the Deputy Chief Pharmacist to all Ward Managers advising them of the standardisation to Baxa Oral/Enteral Dispensers, and information was included in the Chief Executive's weekly update. The Group set up a display stand near the main entrance of the Hospital to provide more information about the change and to answer any questions from the staff. Conducting weekly project team meetings and having a well-documented action plan helped move the implementation forward swiftly and efficiently.

However, Bedford Hospital also received invaluable support, assistance and advice from Baxa. Not only were sample products available for trial, but a Baxa team visited each ward over a three-day period to provide training and awareness sessions. Literature and other reference material were also made available.

Baxa and the Trust worked closely to ensure the wards were made aware of how to purchase the new Dispensers. It was agreed they would purchase via NHS Logistics, and the wards would order on the existing 'top-up' system.

The close liaison between Baxa and Bedford ensured the policy change was adopted across the whole Trust and well in advance of the NPSA's deadline. The joint efforts of both parties made Bedford the first Trust to adopt the Baxa Dispensers for single use across all wards. Through standardisation on the Baxa product range, they have now ensured they are fully compliant with the NPSA Alert #19 requirements; thereby taking one more step in improving patient safety.