Some Things Work Better Together

Your smart pumps help enhance safety through guidance at the bedside. Your barcode system, connected to electronic health records (EHR), electronically verifies the five rights. And you rely on your documentation systems to access data. On their own, these elements are good. Together, they are powerful.

Integrate your systems with ICU Medical’s IV-EHR Interoperability solution to ensure your ICU Medical smart pumps with ICU Medical MedNet™ safety software are programmed with accurate orders and every infusion setting is documented.

Your nurses, physicians, and pharmacists can trust, verify, and support one another in what matters most—patient care.

Infusion-related errors are a bitter pill. They put your patients, clinicians, and finances at risk. Yet, eliminating them is a challenge. Manual processes leave you susceptible to errors and stretched for time, which would be better spent on caregiving. Not so with ICU Medical’s IV-EHR solution—its Smart Pump Programming and Infusion Documentation* help alleviate the challenges of manual processes.

Bring Advancements To Life.

When you implement IV-EHR Interoperability, you connect your ICU Medical IV pumps with ICU Medical MedNet safety software to your patients’ pharmacy orders and EHR. This connectivity enables the system to program pump settings from the order onto the IV pump and provides infusion information in near real time to the EHR—helping you improve safety, speed up workflows, and bolster financial health.

*Functionality dependent on EHR system capability.
Smart Pump Programming

Bypass drug errors by populating your IV pumps with patient orders already vetted by your pharmacists. Smart Pump Programming with IV-EHR Interoperability allows for the pharmacy-validated order to flow into the pump and populate onto the screen. The result? Your nurses and pharmacists can be assured that the pump settings match the patient’s order.

› Now, you can rely directly on the pharmacy-validated order—rather than your notes. All that’s left to start your infusion is to verify and confirm the settings.
› Free up nurses to give more direct attention to patients. Reduce the number of steps and time spent programming.

Document with accuracy.
Access right away.

Put the days of writing IV information on scrub legs, bed sheets, or the back of your hand behind you. Our IV-EHR Interoperability solution allows you to capture infusion activity, such as start times, titrations, etc. and provides near real-time access through your EHR’s documentation system.

› Drive best practices and compliance down to the individual caregiver, thanks to a new level of detail in CQI data mining.
› Optimize critical thinking with seamless, automated sharing of infusion data and medication information, which can lead to more confident decision-making while providing the opportunity for safer patient care.
› Boost efficiency. Give your entire team a shared view of patient treatment information through dashboards so that pharmacists can prepare IV medications well in advance and nurses can keep up with patient status.

Supporting your integrated infusion system.

ICU Medical is dedicated to providing you with the infusion system connectivity that meets your needs.

Our strategy includes:

› Tailored functionality, supporting connectivity to a broad range of EHR vendors and systems
› Front- and back-end interoperability, enabling flexible integration with third-party systems and devices

See Why Our IV-EHR Interoperability Is Strong Medicine.

Your mission is to deliver the best medication therapy. Ours is to help make it possible.

That’s why you get the expertise of our highly skilled team of nurses, pharmacists, IT specialists, field engineers, and project managers to serve and support you and your use of our IV-EHR interoperability.

› Implementation Services
Get up to speed faster with the help of our multidisciplinary team of clinical and technical experts who work with you to understand your needs and requirements.

› Clinical Services
Gain highly valuable insight provided by our data analysis and benchmarking, clinical product usage assessments, gap analysis, clinical education, and clinical implementation services.

› Support Services
Maximize the value of your ICU Medical infusion pump and ICU Medical MedNet safety software investments. Our dedicated support organization provides a wealth of knowledge, resources, and technical training opportunities to help you.
Minimize Errors. Maximize Outcomes.

ICU Medical Device Only
- IV PUMP
- SAFETY SOFTWARE NOT INCLUDED
- ICU Medical Device Only
- IV PUMP
- SAFETY SOFTWARE NOT INCLUDED
- ICU Medical MedNet
- IV PUMP
- DRUG LIBRARY AND INFUSION
- ICU Medical MedNet
- IV PUMP
- DRUG LIBRARY AND INFUSION
- Safety Software
- PERFORMANCE DATA ADDED
- Safety Software
- PERFORMANCE DATA ADDED
- IV-EHR Interoperability
- IV PUMP
- PUMP INTEGRATED TO EHR
- IV-EHR Interoperability
- IV PUMP
- PUMP INTEGRATED TO EHR

CHALLENGES
- Did I make a mistake?
- How is the medication being administered?
- I can’t gauge if errors are being corrected.
- I can help prevent errors.

RECOVERY**
- About 2 million hospital stays each year are affected by ADEs1
- ADEs prolong hospital stays by 1.7 to 4.6 days1
- 303 significant medication alerts averted2
- 35% of nurses’ time spent on documentation3
- 17.2% of nurses’ time spent on medication administration3

PHARMACIST
- 35% fewer heparin errors6
- 58% fewer programming steps6
- Preventing ADEs avoids significant cost7
- Reduced time to document Code Blue from 120 to 5 minutes8

CLINICIAN
- PHARMACIST
- CNO

STARTING POINT

DESIRED STATE

MINIMIZE ERRORS.

MAXIMIZE OUTCOMES.
Some Things Work Better Together

A strong partnership—between you, your EHR vendor and ICU Medical—is key to the successful deployment of an IV-EHR Interoperability solution.

For more information, visit www.icumed.com

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Westbrook J, Duffield C, Li L, Creswick N. How Much Time Do Nurses Have for Patients? A Longitudinal Study Quantifying Hospital Nurses’ Patterns of Task Time Distribution and Interactions with Health Professionals. BMC Health Services Research. 2011;11:319.