

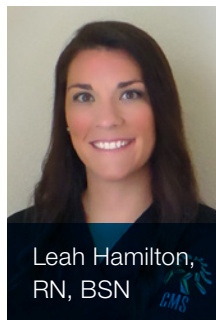


Cordless Versus Coded Scanning From A Nurse's Perspective

With the nationwide adoption of Electronic Medical Record (EMR) and Meaningful Use (MU) well underway, there is increased focus on barcode scanning and positive patient identification. The Joint Commission's #1 National Patient Safety Goal is to Identify Patients Correctly. While hospital policies and practices may vary, the basic workflow for medication administration is 1) scan the patient, 2) scan and prepare medications, and 3) document. Barcode scanning of the patient and medication ensures positive patient identification and ensures the five rights of medication administration are met.

I've had the pleasure of traveling to many different hospital sites, gathering feedback from nursing and IT staff all over the country, and am continually amazed that many of the bedside challenges are identical. With the evolution of EMR systems, the bedside clinician's workload is increasing nationwide and nurses spend more time with medication related activities than any other task, an estimated 25% of their day. Nurses now must juggle quality patient care with new technologies and workflows. It is an adjustment which certainly improves patient safety, if done properly, but takes time to adapt and relies heavily on device functionality and connectivity. Giving the bedside clinician the best devices available – while considering workflows and location of devices – can make all the difference in safety, usage, and satisfaction.

In my facility, most departments use corded scanners attached to workstation-on-wheels (WoW) carts. Newer and more acute departments have deployed cordless scanners and they are envied! Carts can be very difficult to maneuver down the hall and through doorways. When using a corded scanner, the cord must be long enough to reach the patient. This may seem like an obviously simple statement but there are other elements



Leah Hamilton,
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Nurses and other clinicians are responsible for patient care and safety every day. In this piece, Leah Hamilton RN, BSN, shares her perspective on the importance of consulting clinicians from the start when planning to introduce new devices and procedures into their workflows. As a practicing nurse at Indian River Medical Center and the Director of Clinical Operations at Creative Mounting Solutions, Leah also offers insights into the workflow advantages of securely mounting barcode scanners and label printers at every clinician workstation, whether it's stationary or a workstation on wheels.

to consider: a long cord might solve the range dilemma, but drags on the hospital floor, gets caught on the bed, cart and other equipment in the room in an effort to reach the patient.

A bedside table, chair for visitors, bedside commode, patient belongings and various monitoring equipment are most commonly found in a patient's room. These become obstacles when trying to navigate the cart close enough to the patient for proper scanning and items frequently need to be moved to do so. Wristband scanning is even more challenging if the patient has moved out of their bed and are in the corner of the room.

Repeated tugging on the cord at the base of the scanner weakens the connection point and, over time, the cord can become loose and can fall out. The scanner will lose power or miss scans – a common frustration. To a nurse, the scanner is broken; however there is still a job to do and a patient who needs their medications. Workarounds are created, bypassing the automated checks of barcode scanning and negating the safety initiative.

I have personally ran over the scanner cord at just the right angle coming out of a patient room, launching it across the hallway like a torpedo! Fortunately, no one was hit by the projectile but the scanner came crashing down and the noise was startling. I'm just glad it didn't hit someone!



Corded scanners often snag on WoW carts.

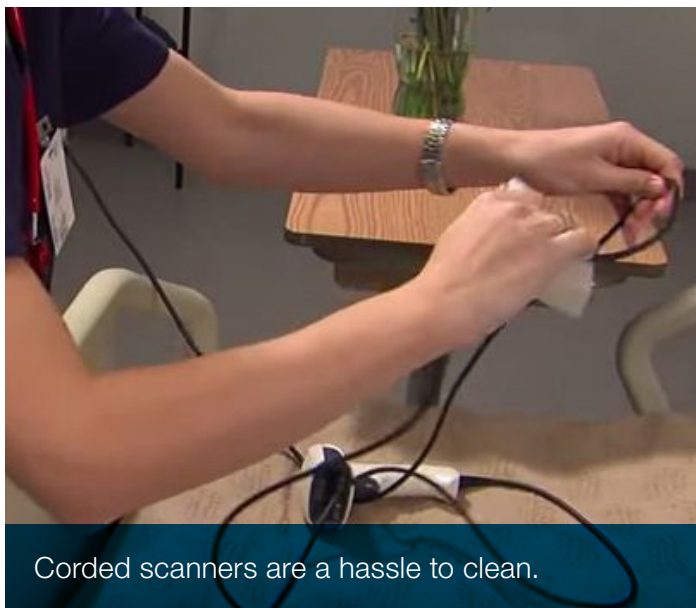
If devices are not easy to use, nurses are very resourceful and will find another way. Not because they don't want to follow the rules, but because there are many other patients to see and tasks to complete. It is very easy to get distracted by a phone call, call bell,

physician rounding or alarm that needs immediate attention. The faulty scanner becomes low priority and clinicians often do not report this issue in a timely fashion. I have seen many taped and propped devices in my visits... because sometimes that's what you have to do to get through your day.



Corded scanners often snag on WoW carts.

The cord can also be a contaminate source, after it drags on the floor it may touch the patient and/or bed sheets when reaching across to scan the patient wristband. This is concerning for all patients but especially immunocompromised and surgical. For example, a cord that has been dragged on the hospital floor coming even close to a fresh incision could be harmful to the patient and is nauseating. Coiled cords help by giving elasticity to the cord without dragging, but are difficult to effectively clean.



Corded scanners are a hassle to clean.

Preparation and documentation of administration often requires use of both hands with access to drawers, keyboard and mouse. After touching other obstacles in the patient room, the entire cart can become unintentionally contaminated and then brought into the next patient room, repeating these sequence and spreading microorganisms. The best practice is to wipe down the cart and devices between rooms, but the process is lengthy and frequently overlooked.

Older hospitals have smaller rooms and were not constructed with these new technologies in mind. For these reasons, more and more hospitals are placing computers and scanning devices in each patient room. Wall units and corded scanners solve some of the maneuverability issues but add a safety concern, leaving a long loose cord in an unmonitored patient room. Some issues persist with corded scanners, dragging cords across patients and snagging on obstacles in the room. Wall space in hospital rooms is limited and not every barcode is within reach of the fixed scanner, so barcodes must then be brought to the scanner – decreasing efficiency and optimal workflow.

These issues greatly decrease or are resolved with implementation of cordless scanners. Cordless scanners have many benefits; freedom of movement around patients and around equipment, utilization in isolation rooms without risking contamination to

the entire cart, overall faster and easier to disinfect, and are associated with increased clinician use and satisfaction. Statistics found that nurses typed in the patient ID or looked up the patient by name far less when they had a cordless barcode scanner on their cart or in the room, compared to when they only had access to a corded scanner. Additionally, workflows are enhanced with proper mounting and easy access to devices.

IT staff and nursing administration are very receptive to paging and pairing advancements. These make it nearly impossible to lose cordless scanners, with the ability to set range limits so both the scanner base and scanner beep if separated. Clinicians also cannot take the scanner into the room and ignore the computer monitor, with safety alerts, completely. There is also a decreased rate of failure and extended scanning – today's cordless scanners, such as the Enhanced Xenon 1902h, are capable of 50,000 scans on a single charge. Night nurses love 'quiet mode,' which allows the scanner to easily switch into a mode with lowered or no sound, minimizing disruption to patients, and is easily reverted to full sound with a simple scan. The scan gun can also be used as a flash light!

Investing in cordless scanners will increase usability and enhance clinician workflows, while decrease safety concerns and overrides. It will also go a long way with employee and patient satisfaction.

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AB Rev A 09/15
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