Optimize safety, workflow and quality

Alaris® EMR interoperability

Well-positioned as the next integration leader, CareFusion delivers on the full promise of true electronic medical record (EMR) interoperability by offering seamless two-way connectivity between the Alaris System and Cerner Millennium® EMR or EpicCare EHR.

Despite advanced technology such as computerized physician order entry (CPOE), barcode medication administration (BCMA) and smart infusion pumps, there is still the risk for manual programming errors on the infusion pump. With an additional scan of the pump, Alaris EMR interoperability extends medication safety to the point of infusion administration by ensuring that the initial programming matches the physician’s order. Furthermore, infusion data flows back to the patient’s EMR to ensure that every member of the care team can access accurate and timely infusion administration information.

75% infusion-related medication errors could be avoided with interoperability.
Protection for all infusion types

Interoperability for large volume and syringe pumps features:

- Protection by Guardrails® software for 100% of infusions, including intermittent and multi-ingredient compounds
- Syringe interoperability that extends safety to NICU and PICU areas
- Near real-time* access to accurate infusion data for decision support, and for effort alignment in a fast-paced, multi-disciplinary environment
- Data that can be further analyzed, enabling pattern identification to reduce variability, eliminate waste and improve care
- Every titration, every pause, every start and stop—they are all there, providing a single record for maximized reimbursement opportunities, and reduced risk of potential ADEs

Reduced steps in the workflow process

Alaris EMR interoperability provides an 86% decrease in the number of manual keystrokes on the pump.³

An estimated 56% of medication errors are IV-related, and 61% of these errors are life-threatening.⁴

* Subject to internet connection, device variability and selected settings.
Reduced risk of manual error helps increase patient safety

Manual programming errors and overrides can result in adverse drug events (ADEs), negatively impacting patient safety and quality of care while increasing overall hospital costs. By eliminating manual pump programming, hospitals can reduce the opportunity for medication errors and related ADEs. Hospitals can leverage the existing BCMA system and smart pump technology to ensure the right medication is verified throughout the whole medication management process.

1. Scan the patient’s wristband.

2. Scan the medication.

3. Scan the module.

4. Review, confirm and start the infusion.
Implementation

CareFusion supports your implementation from start to finish, offering:

- A joint process involving project team members from the hospital, EMR vendor and CareFusion
- Clinical workflow consulting to ensure a successful and smooth implementation
- Infusion order assistance to align the Alaris dataset to the integrated pharmacy information (PIS) system formulary
- CareFusion implementation teams that include a project manager, pharmacy consultant, nursing consultant, technical support engineer, network support engineer and integration engineer

A unified approach to the medication process

Alaris System EMR interoperability is backed by the CareFusion SmartWorks platform, which enables HIT integration, analytics and surveillance that helps drive standardization and accountability enterprise-wide. As infusion technologies generate essential data to help optimize workflow and contain costs, the platform captures, consolidates and analyzes this data while standardizing system management to drive continuous improvement. The CareFusion Coordination Engine (CCE) integrates CareFusion products and HIT systems. By drawing on clinical and administrative expertise, it delivers intelligent solutions in a single facility or across an Integrated Delivery Network (IDN).

Alaris EMR interoperability is a capability of the Alaris System—communicating with multiple devices and systems while meeting the key needs of hospitals from an individual facility to an IDN.

References