

CRASH CART MEDICATION MAINTENANCE SIMPLIFIED

REAL SOLUTIONS TO REAL CHALLENGES

A 2017 survey of medical professionals identified four major challenges in crash cart medication maintenance:

RISK - Without proper cart maintenance, necessary medications might not be available in the event of an emergency.

TIME - Manually checking and ordering medications isn't efficient for clinic staff members.

COST - Most individuals surveyed had little knowledge of actual costs

PROCESS - It's difficult to manage the contents and status of multiple crash carts.

RISK: WHAT IF THE CRASH CART ISN'T STOCKED?

This is the worst-case scenario. Not only could someone's life be in danger, but the organization could face high-risk exposure. After all, crash cart preparedness isn't optional. It's a directive from the Joint Commission for accreditation. The Joint Commission also recommends and encourages the use of technology for documentation and compliance.¹

DRAMATICALLY SHRINK THE CRASH CART MEDICATION MANAGEMENT TIME DRAIN

With a central platform to manage crash cart medication, organizations have real-time status of the medications. "What once was noted on paper and hung by each cart is now available at a glance with OnTraq dashboard. I can see all my crash carts contents and status online, anytime," said one charge nurse. "This is especially helpful at accreditation inspection time."

HOW IT WORKS:

- The OnTraq web application tracks the expiration dates of the items currently in the crash cart.
- Prior to expiration, the system automatically places a reorder of the soon-to-expire item.
- Replacement items are shipped, and the new items and expiration dates are updated in the system.
- The status of each medication by name, NDC, and expiration date are available online in OnTraq anytime.
- Any medication that is on National Backorder is flagged in the system (Substitutes and/or alternative medications are provided where applicable).

HOW COSTS ADD UP

There are tangible and intangible costs associated with crash cart medication maintenance.

TANGIBLE COSTS:

- Having to purchase in bulk versus smaller quantities (for example, \$100 for a box versus \$4 for single item).
- Wasted medications purchased in bulk that expire; or medications that are short dated by the manufacturer.
- Shipping costs can sometimes be as much as the actual medication when ordered and shipped individually.

INTANGIBLE COSTS:

- Wages paid to check and document inventory, and order replacements (At average wages of \$50 an hour).
- If the staff spends one hour per month checking and ordering medications, that's \$600 per year.
- Potential fines or shutdown for non-compliance.
- Patient harm.

1. <https://www.jointcommission.org/>

A CRASH CART AUTO-REPLENISHMENT PROGRAM REDUCES EMERGENCY MEDICATION MANAGEMENT COSTS

To reduce costs and compliance risks, the Crash Cart Auto-Replenishment (CCAR) program is the ideal solution.

COST REDUCTION BENEFITS INCLUDE

- Flat fee versus monthly fluctuation in expenses. Paid quarterly or annually, provides a flat, pre-budgeted expense item that is easy to predict and manage.
- Reduced costs, saving an organization as much as \$1,851 a month as you can see in this example (not including wasted product).

ONE CLIENT COMMENTED,

"With the replenishment program, I automatically receive new medications right before the expiration date, without having to worry if somebody remembered to place the reorder."

(ACTUAL CUSTOMER LIST)		CCAR	Vendor B (\$)	Vendor C (\$)	Unit of Sale
Med/Item Name	Qty Needed		Ext. Cost	Ext. Cost	
Epinephrine 1:10000 (0.1mg/ml)	4	✓	40	40	
Atropine 1 mg (0.1mg/ml)	4	✓	40	37	
Calcium Chloride 1 gm (100mg/ml)	4	✓	40	53	
Magnesium Sulfate 5gm/10ml (4Meqmg+/ml)	2	✓	20	47	
Sodium Bicarbonate 8.4% 50meq (1MEq/ml)	1	✓	10	15	
Adenocard (Adenosine) 6mg/2ml (3mg/ml)	4	✓	40	292	
50% Dextrose 25gm (0.5/ml)	3	✓	30	49	
Epinephrine 1mg/mL SQ/IM	1	✓	10	12	
2% Lidocaine 100mg (20mg/ml)	4	✓	40	24	
2% Lidocaine Jelly	1	✓	10	28	Box
Pediatric 25% dextrose 2.5gm	1	✓	10	40	Box
NaCl Syringe	6	✓	60	n/a	
Digoxin 500mcg/2ml	1	✓	10	11	
Etomidate 20mg 2mg/ml	1	✓	48	48	Box
Levophed	1	✓	30	180	Box
Amiodarone 150mg (50mg/ml)	3	✓	30	30	
Benadryl 50mg/ml	1	✓	10	5	
Narcan 0.4mg/ml	2	✓	60	76	
Glycopyrrolate 0.2mg/ml	2	✓	20	356	Box
Flumazenil .05mg/ml	2	✓	20	55	Box
Verapamil 2.5mg/ml	2	✓	60	85	
Diltizem (cardizem) 25mg	4	✓	40	n/a	
Albuterol 0.083% 2.5mg/3ml	2	✓	60	139	
Dopamine 400mg/5% D5W	2	✓	20	14	
Lactated Ringers 500ml	2	✓	120	120	Box
0.9% NaCl 250ml	1	✓	120	120	Box
0.9% NaCl 1000ml	1	✓	60	60	Box
Hetastarch 6% 500ml	2	✓	176	176	Case
Intralipids	3	✓	749	749	Case
Totals			\$1650	\$1983	\$2901
Labor			\$0	\$600	\$600
Total			\$1650	\$2583	\$3501
CCAR SAVES YOU:			\$933	\$1851	
Not including waste			\$333	\$1251	

AVOID RISK WITH A SYSTEM THAT WORKS

The best way to avoid risk is to know the crash cart is ready to go at all times. The Crash Cart Auto-Replenishment program provides this peace of mind. Mitigate risk better by using a better process for crash cart management. Practices realize savings and reduce waste by choosing to automate crash cart medication management.



Learn more about
Crash Cart Auto-Replenishment **today.**