



SEALING THE SAFETY GAP

Title: Impact of Medi-vault Standardization on Medication Safety Practices
in ward

RN Gowdham Pannirselvam
Sr. Nurse Educator & Patient Safety Coordinator
Kauvery Hospital, Marathahalli



10TH EDITION

CAHOCON

20
26

INTRODUCTION



Medication safety is a key priority in patient care. While strict practices are followed in ward & pharmacy storage areas, a **loophole exists** where high-alert medications are often kept at the patient bedside, leading to significant health & safety risks.



10TH EDITION

CAHOCON

20
26



To improve medication safety practices in ward settings by eliminating bedside storage of medication / high-alert medications through the implementation of the Medi Vault system.

PRE - STATUS

What: Patient medications, including high alert drugs, were stored in bedside lockers.
(unlocked)

Where: In all inpatient wards at the patient bedside.

When: During routine medication storage and administration across all shift



10TH EDITION

CAHOCON

20
26

OBJECTIVES



1. To assess existing practices related to high-alert medication storage in wards.
2. To implement a structured Medi Vault system.
3. To evaluate the effectiveness of the intervention using a medication audit tool.
4. To compare pre- & post-intervention medication safety practices statistically.



10TH EDITION

CAHOCON

**20
26**

INCLUSION & EXCLUSION CRITERIA



INCLUSION CRITERIA	EXCLUSION CRITERIA
All wards	ICU & ER
Nursing staffs working in ward	Nursing staffs in OPD, ER, ICU.

VARIABLES

DEPENDENT VARIABLES	INDEPENDENT VARIABLES
Medication safety practices	Medi Vault system



10TH EDITION

CAHOCON

**20
26**

METHODOLOGY



RESEARCH DESIGN

- Quasi-experimental (one-group pre-test and post-test) design

SETTING

- Ward

POPULATION

- Nursing staffs working in selected ward

SAMPLING TECHNIQUES

- Convenience Sampling (Non-probability sampling)

SAMPLE SIZE

- 20

INTERVENTION

- Medi Vault System

STUDY PERIOD

- 1 month

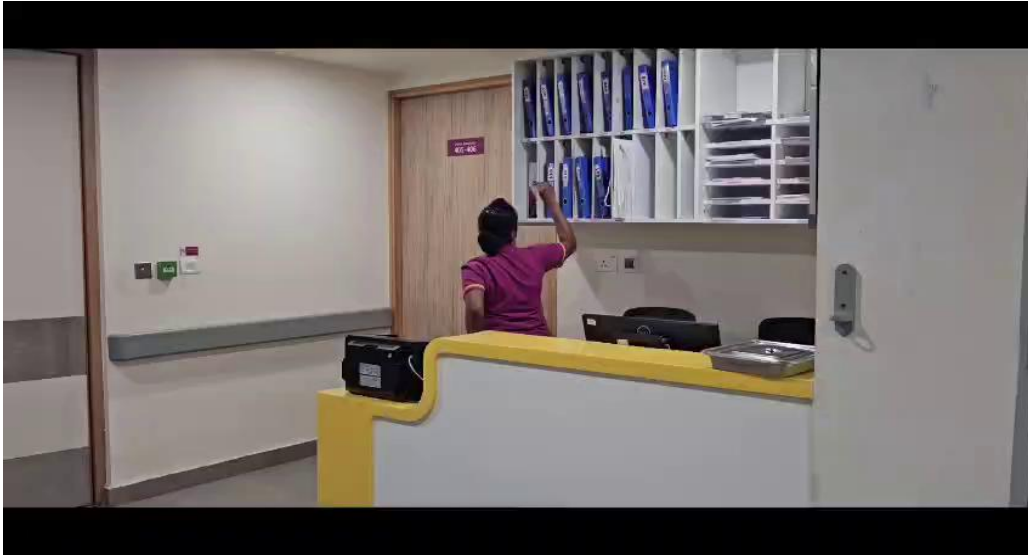


10TH EDITION

CAHOCON

**20
26**

INTERVENTION



- Not organized work place
- No proper place for dilution drugs
- Distraction range is high
- No BMW management bins are there
- High Alert medication not under supervision
- No double check.

- Organized work place
- Dilution area kept
- BMW management bins are there.
- All medication including High Alert medication under lock with CCTV coverage.
- Double verification done
- Staff confidence and satisfaction will be high.

RESULT

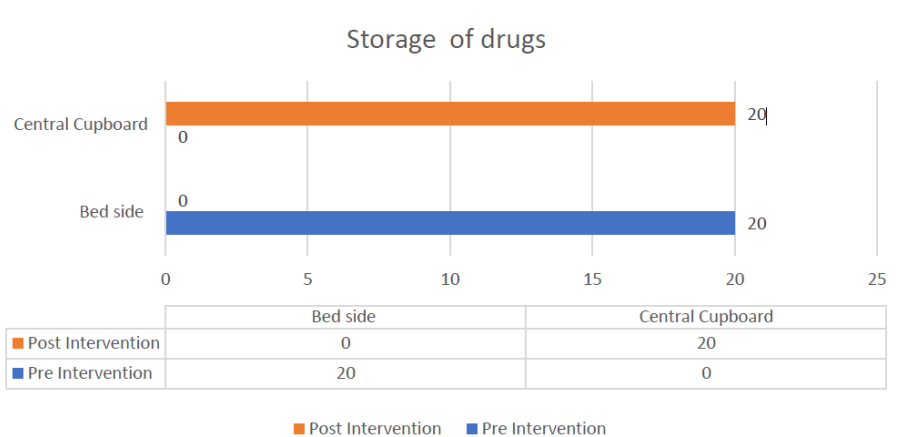


Parameter	Pre (n=20)	Post (n=20)
Storage of drugs (Central cupboard)	0 (0%)	20 (100%)
Storage at bedside	20 (100%)	0 (0%)
Drug searching time < 1 min	14 (70%)	20 (100%)
Drug searching time > 1 min	6 (30%)	0 (0%)
Accessibility to patients/attenders (Yes)	20 (100%)	0 (0%)
Accessibility restricted (No)	0 (0%)	20 (100%)
Dilution at bedside	20 (100%)	0 (0%)
Dilution in clean area	0 (0%)	20 (100%)

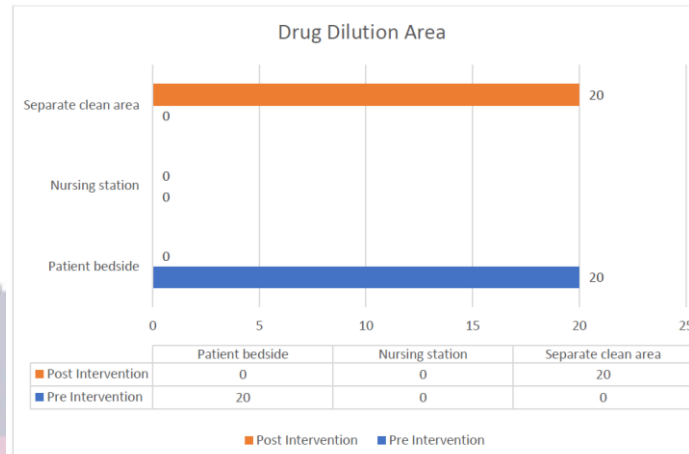
INTERVENTION



Graph 1. Storage of Drugs



Graph 2. Drug Dilution Area



STATISTICAL ANALYSIS

1. **Test used:** Paired t Test
2. **Mean Score:** Pre - 7.6; Post - 16.0
3. **p Value:** 0.038
4. **r value :** - 0.32 (Greater improvement observed in areas with poor baseline practices)
5. **p < 0.05** → Statistically significant

CONCLUSION



The Medi Vault system proved to be an effective and sustainable intervention for improving high-alert medication safety. By eliminating bedside storage and standardizing practices, it enhanced compliance and reduced risks to patients and healthcare workers. This highlights that simple, cost-effective solutions can significantly improve patient safety.

REFERENCES

1. Institute for Safe Medication Practices. High-alert medications in acute care settings. Horsham (PA): ISMP; 2018.
2. World Health Organization. Medication without harm: WHO global patient safety challenge. Geneva: WHO; 2017.
3. Kohn LT, Corrigan JM, Donaldson MS, editors. *To err is human: building a safer health system*. Washington (DC): National Academies Press; 2000.
4. Hughes RG, editor. *Patient safety and quality: an evidence-based handbook for nurses*. Rockville (MD): Agency for Healthcare Research and Quality; 2008.

