

The smart-pump team is seeking feedback from nursing staff on use of the CHI smart-pump drug library. **Participation is voluntary and anonymous.** Answers will be used to optimise use of smart-pumps enhancing patient safety and user experience. We would appreciate if all staff using the Drug Library for a minimum of 3 months could please complete this survey at your earliest convenience.

1. **Staff Grade:** CNM3 CNF CNS CNM2 CNM1 Senior Staff Nurse Junior Staff Nurse

2. **Ward/Clinical Area:** _____

3. **Prior to Drug Library implementation, emails and posters were issued. Do you think this communication was:**

Very Informative Quite Informative Somewhat Informative Not Informative No notice received

If you did not know about implementation in advance, how do you think this could be improved?

4. **The communication about the Drug Library implementation was issued:**

Too frequently At appropriate intervals Not frequently enough No notice received

5. **Please rate the Drug Library training session (NOT BBraun pump training) you received** by indicating if you *agree*, neither agree nor disagree (*neutral*) or *disagree* with the following statements:

	Agree	Neutral	Disagree
a There was adequate time for me to understand the theory behind the drug library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b There was adequate time for me to practice using the pump during training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Practicing on the pump was beneficial to my understanding of the drug library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d I felt confident to ask questions during my training session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e The training was effective in giving me knowledge on how to use the drug library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Overall, was the Drug Library education that you received (NOT BBraun pump training):**

Excellent Good Fair Poor Did not meet my learning needs

7. **How often would you like to receive Drug Library refresher training?**

Annually Every 6 months By request With each drug library update

8. **During preparation of medications, do you find:**

	Yes	No
a SCI Tables are easy to locate	<input type="checkbox"/>	<input type="checkbox"/>
b SCI Tables are easy to use	<input type="checkbox"/>	<input type="checkbox"/>
c Dosing information (CHI Formulary) is easy to access	<input type="checkbox"/>	<input type="checkbox"/>
d CHI Formulary is easy to use	<input type="checkbox"/>	<input type="checkbox"/>
e Drug Index list (A-Z content list) is reviewed to check if Drug Library can be used	<input type="checkbox"/>	<input type="checkbox"/>

9. **When using the Drug Library, what supporting material do you refer to before the preparation of infusions?**

(please tick as many boxes as apply)

SCI Table CHI Formulary CHI guidelines Drug index list None

If you answered 'None', please provide more information:

10. **When preparing a medication for the Drug Library, which of the following do you find most useful to review?**

SCI Table CHI Formulary Both Neither

11. When you are delivering a medication that is available on the Drug Library, do you use the Drug Library:

*Please select **one option** only.*

Always Most of the time Occasionally Rarely Never

12. Are there any medications for which you choose to not use the Drug Library, despite the medication being available on it? Yes No *If 'Yes', please provide more information:*

13. When programming the Drug Library on a smart-pump, do you find it easy to use?

Strongly agree Agree Neutral Disagree Strongly disagree

14. How do you experience the following smart-pump messages:

	Useful	Neutral	Not Useful
a Reminder to use a filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Maximum dose/rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c For CVC use only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Reminder of the final concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Do you think using the Drug Library will enhance patient safety in your area?

Strongly agree Agree Neutral Disagree Strongly disagree

16. Are there any aspects of the Drug Library that you have encountered issues with or find difficult?

Yes No *If 'Yes', please provide more information:*

Please leave any comments you may have in the box provided below. If the comments relate to a question above, please number your comment accordingly.

Many thanks for completing this survey – we appreciate your time!
Please put the completed survey in the drug library envelope or email completed survey to
pump.training@olchc.ie

CHI Smart-Pump Team

0873730966 • 01 409 6696 • 01 409 6100 Bleep 813 • pump.training@olchc.ie / eimear.mcgrath@olchc.ie