

# Increasing Compliance Emptying Locked Medication Drawers in Patient Rooms at the Time of Discharge



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## BACKGROUND

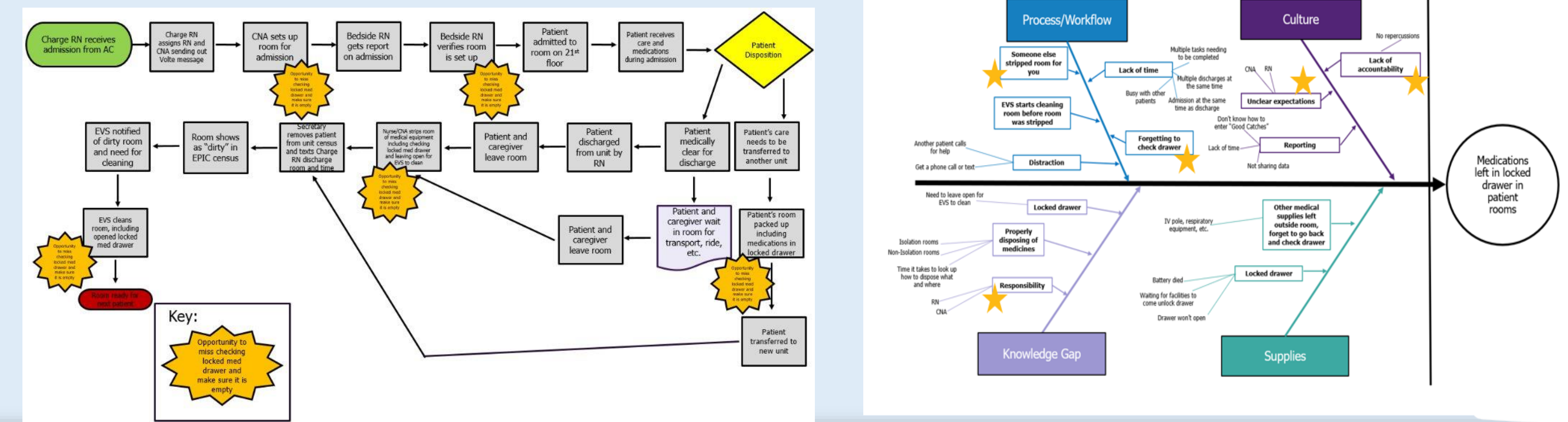
Medication errors in the pediatric setting have serious implications as these patients are more vulnerable and require more care. Leaving medications in the locked drawer after a patient is discharged increases the risk for medication errors when a new patient is admitted into the room.

On LC 21, a 48-bed pediatric general medicine/pulmonary unit, during January and February 2025, we had an average of 8.5 discharges per day. On average, 2.5 discharge rooms had medications left in the locked drawer in the patient rooms. Leaving medications in the locked drawer after a patient is discharged increases the risk for medication errors when a new patient is admitted into the room.

### Current State Analysis

The process map outlines when an admission is assigned through discharge, and the room is ready for the next patient. Five opportunities were identified to empty/double check the drawer is empty.

A barriers assessment was completed with 42 staff members, both RNs and CNAs. The #1 barrier found was unclear expectations of whose responsibility it was to empty the drawer and strip the patient room when a patient is discharged.

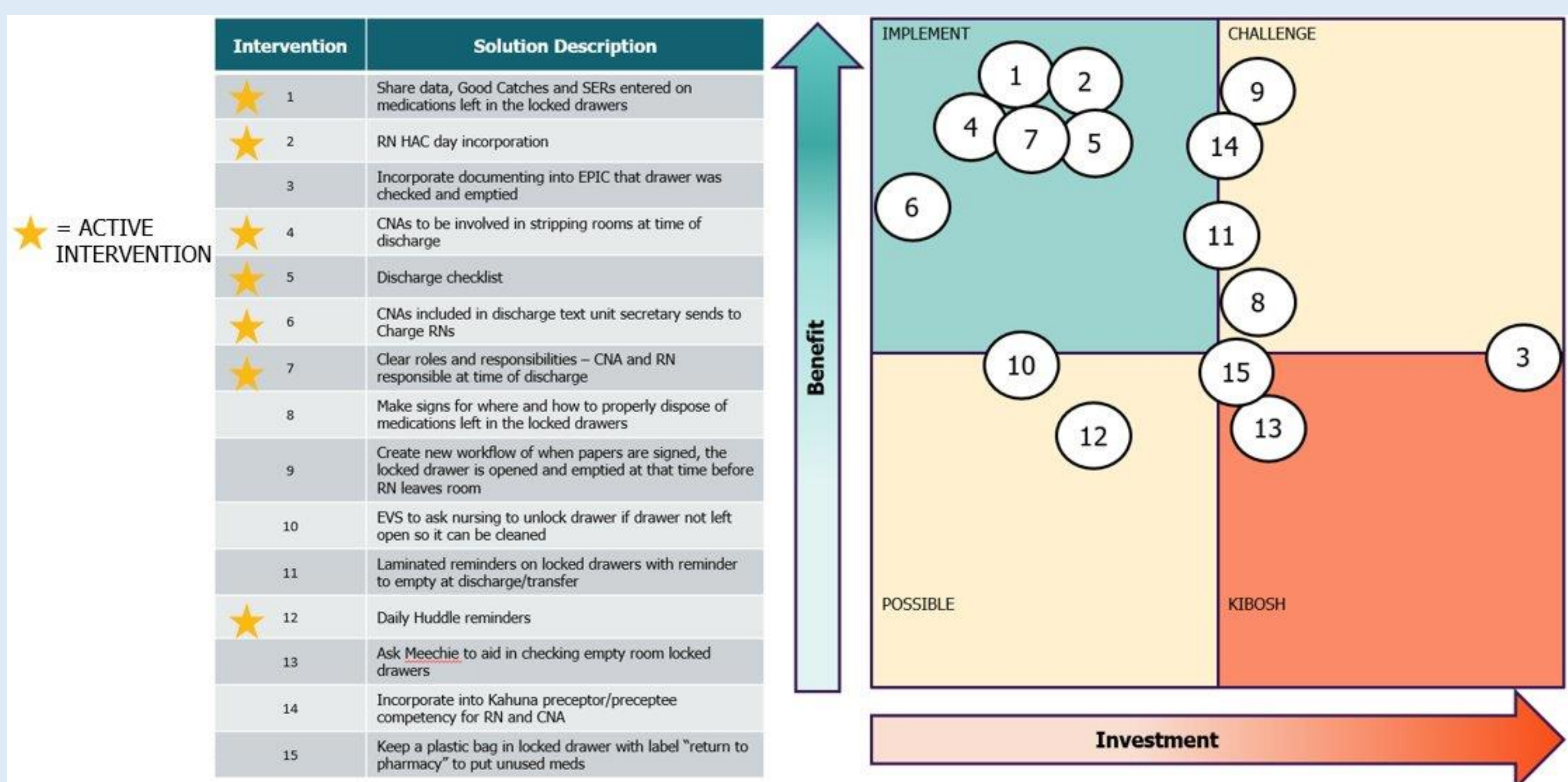


## SMART AIM

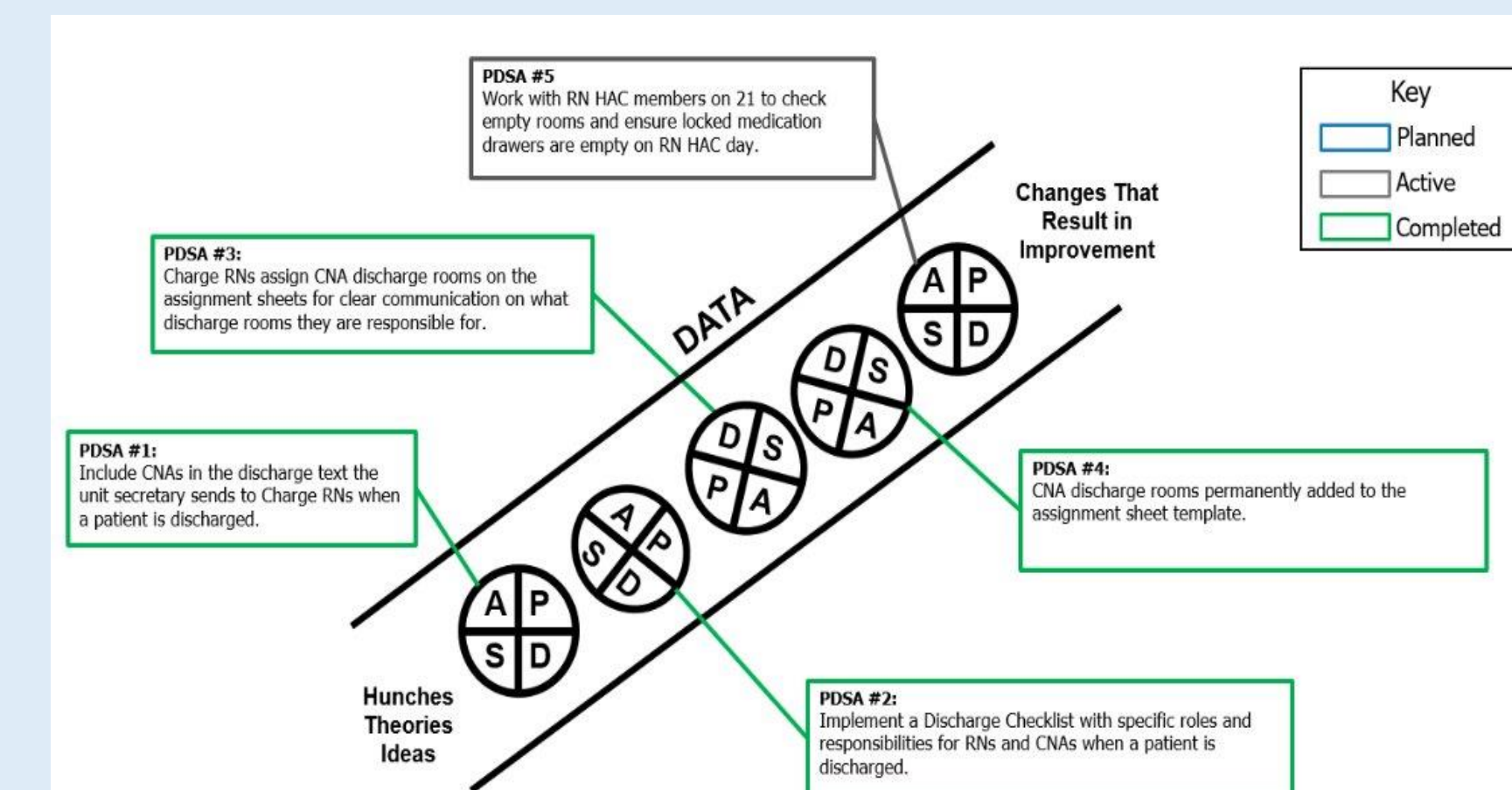
- Increase compliance emptying medications from the locked drawer in patient rooms at the time of discharge from 71% to 90% on LC21 by August 2025.

## STRATEGY/IMPLEMENTATION

After establishing key drivers, we narrowed factors within each key driver that can be targeted for change. From there, interventions were brainstormed and plotted on a PICK chart to help prioritize what interventions would promote the goal.



Using PDSA cycles, the following interventions were implemented. The largest impact interventions include the implementation of Discharge Checklists to standardize the discharge process as well as permanently adding CAN discharge rooms to the assignment sheets.

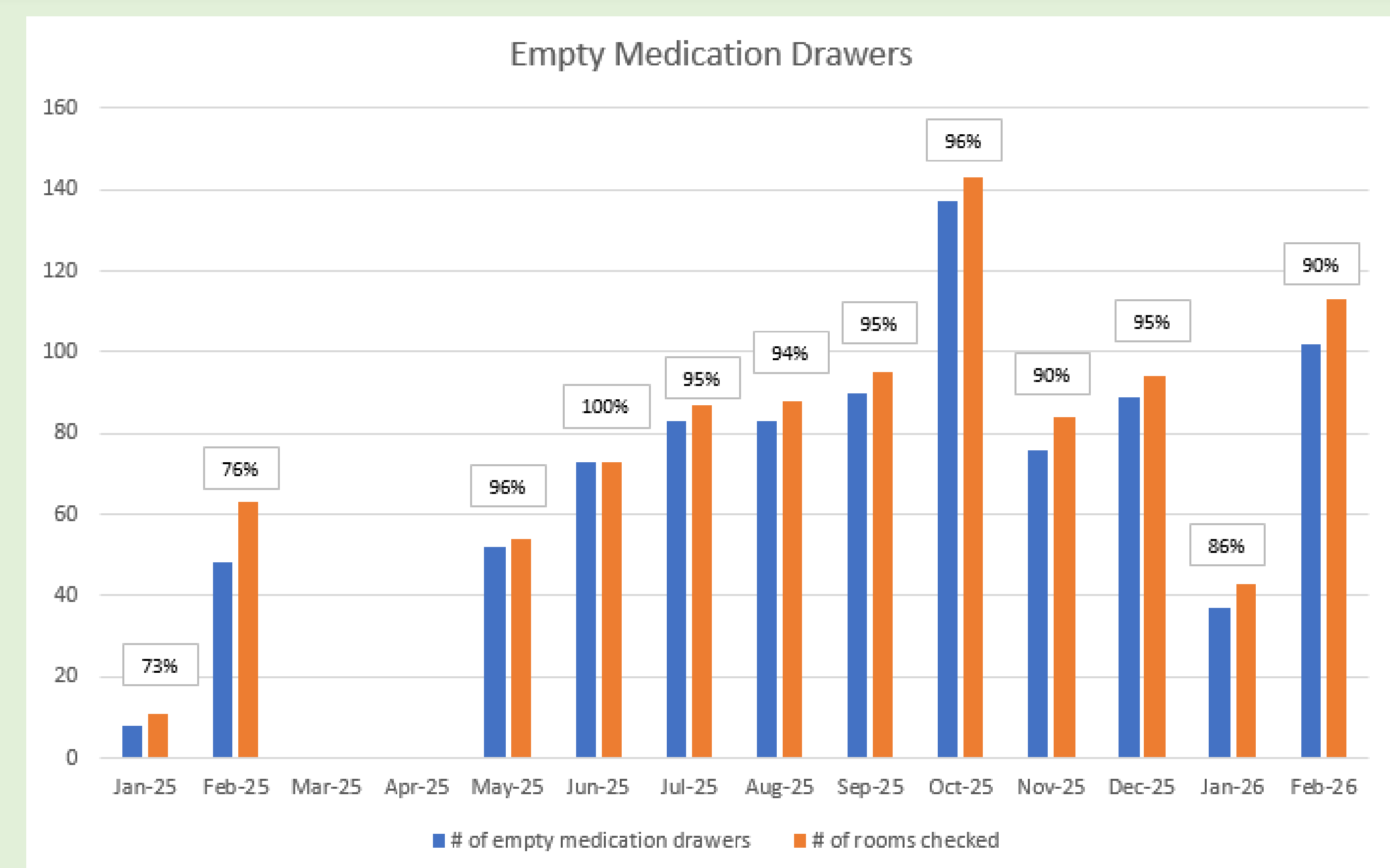


### Intervention #2 – Discharge Checklists

### Interventions #3 & #4 – CNA Discharge Assignments

## DATA/RESULTS

- January and February baseline data collection via manual audits
- Break from manual audits in March and April to work on interventions
- Discharge Checklists went live in April
- After discharge checklists were implemented, the goal of reaching 90% compliance was reached in May, June, July, and August



## CONCLUSION

- Standardizing the discharge process of stripping rooms when a patient is discharged improved compliance of emptying the locked medication drawers in patient rooms.
- The discharge checklists did increase the staff's workload; however, the interventions significantly reduced the risk of medication errors.

### Next Steps

- The project monitoring is still ongoing, with staff recognition used to reinforce compliance.

### References & Contact Info

