

# NATIONAL INFUSION COLLABORATIVE

## ***State of Infusion Practice Report*** ***Q1 - Q2 2026***



# State of Infusion Practice Report - Q1 - Q2 2026

To the NIC Community,

Over the past six months, the National Infusion Collaborative has continued to grow both the breadth of its data and the conversations taking place across the network. This report reflects more than 44 million infusions, providing a unique view into how smart infusion pumps are being used across the country.

What stands out is that many of the challenges facing health systems extend beyond the technology itself. Our 2026 survey found that improving smart pump safety metrics and advancing interoperability remain the most common operational challenges. At the same time, members identified stronger governance, multidisciplinary collaboration, better data and dedicated resources as priorities for improving smart pump management.

We hope the data and perspectives in this report help you benchmark your own practice, identify opportunities for improvement and continue the conversation with peers across the NIC.

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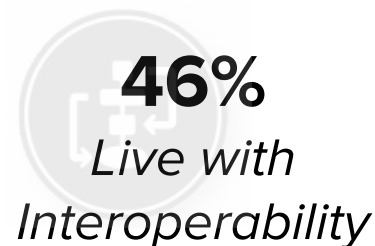
## PART I.

# Network Benchmarking



*A six-month view of infusion practice  
across the NIC*

# National Infusion Collaborative Network



The National Infusion Collaborative programmed

**44,544,233 infusions**

January 1, 2026 through June 30, 2026

*Thank you to the academic and industry organizations that participate in the NIC*



## Data in this Report

Data is from a vendor agnostic data set from over 800 hospitals across the United States. Data is being shared on a semi-annual basis to provide insight into infusion pump metrics and alert trends. Data in this report is from January 1, 2026 through June 30, 2026.

# Network Benchmarking

January 1, 2026 through June 30, 2026

|                                                    | DERS*<br>Compliance | Alert<br>Rate | Override<br>Rate | Interoperability<br>Utilization** |
|----------------------------------------------------|---------------------|---------------|------------------|-----------------------------------|
| NIC Network                                        | 90.2%               | 5.9%          | 69%              | N/A                               |
| Adult Hospital Type                                | 90.3%               | 5.4%          | 70%              | N/A                               |
| Pediatric Hospital Type                            | 89.5%               | 7.7%          | 66%              | N/A                               |
| NIC Network Not live with Interoperability         | 89.3%               | 6.6%          | 68%              | N/A                               |
| NIC Network Live with Interoperability             | 91.2%               | 5.2%          | 71%              | 64.7%                             |
| Adult Hospital Type Live with Interoperability     | 91.2%               | 5.4%          | 71%              | 63%                               |
| Pediatric Hospital Type Live with Interoperability | 90.8%               | 4%            | 69%              | 75.7%                             |

\* **DERS:** Dose Error Reduction Software

\*\* **Interoperability Utilization:** The rate at which interoperability pump programming occurred compared to the rate of all infusions programmed on the smart infusion pump  
Range = 24.7 – 86.4%

## Alerts

2,327,438

**15% of all alerts were cancelled.**  
Cancelled infusions after an alert may represent additional infusions that are non-compliant with DERS.

| Infusion Type | Alert Rate | Override Rate |
|---------------|------------|---------------|
| Continuous    | 5.8%       | 67%           |
| Intermittent  | 7.3%       | 69%           |
| PCA           | 39%        | 79%           |

## PART II.

# 2026 National Infusion Collaborative Survey



*What health systems are prioritizing,  
measuring, and changing*

# 2026 National Infusion Collaborative Survey

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**The National Infusion Collaborative conducted a survey in July 2026** to better understand the thoughts that contribute to smart infusion pump decisions, in addition to learning general challenges health systems face while managing smart infusion pumps on a regular basis.

Many challenges face those working with smart infusion pumps, including transitioning to new infusion pumps, new EHR vendors, and/or planning and implementation of smart pump interoperability.

## **Areas of Focus**

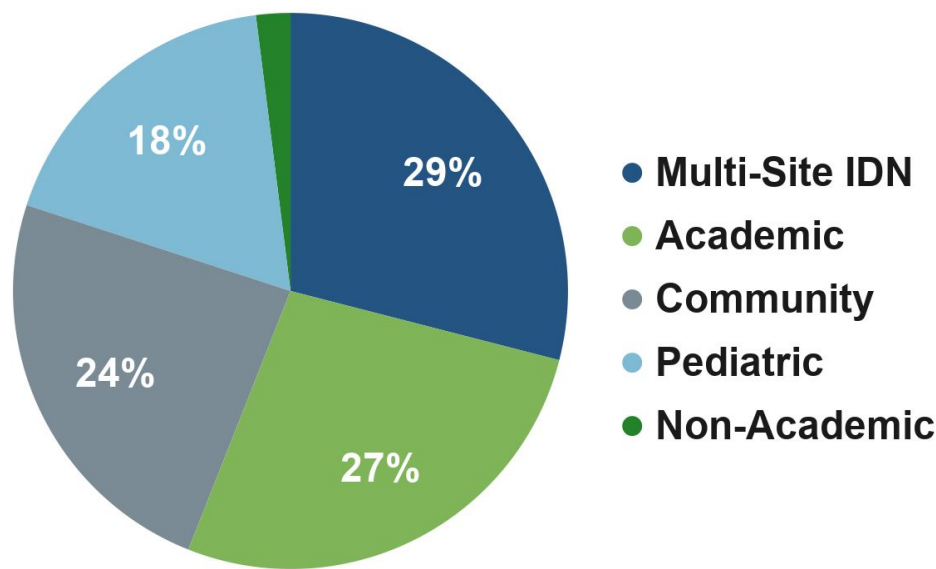
- Demographics
- Challenges
- Safety Metrics
- Smart Infusion Pump Selection
- Interoperability
- Desired Changes in Smart Infusion Pump Management

# 2026 NIC Survey

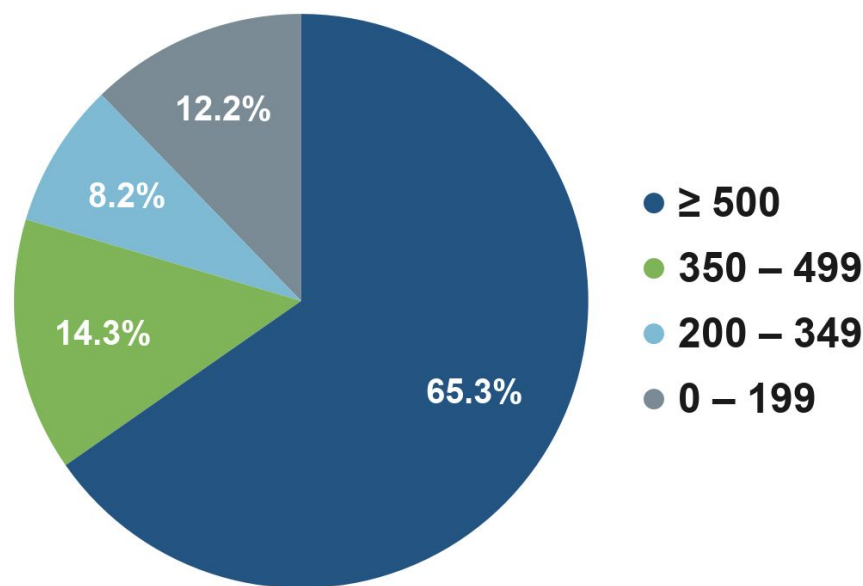
## Respondent Demographics

**Respondents represent over 50 diverse healthcare delivery systems,**  
with nearly two-thirds operating large health systems with  $\geq 500$  total beds

### Health System Categories



### Health Systems by Total Bed Size

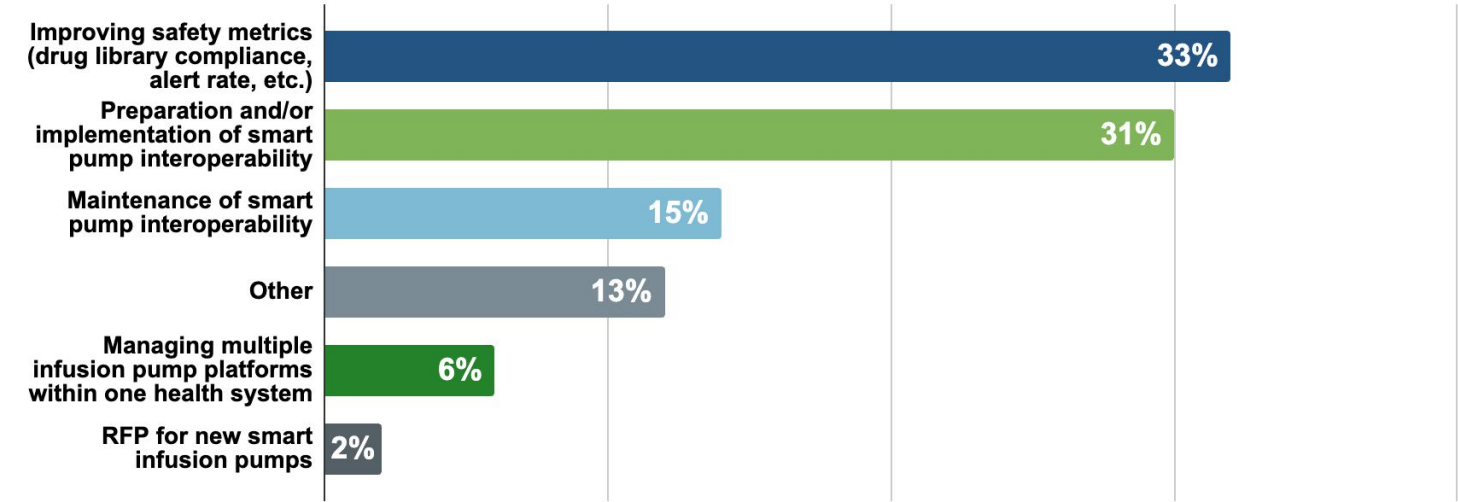


# 2026 NIC Survey

## Challenges & Valuable Safety Metrics

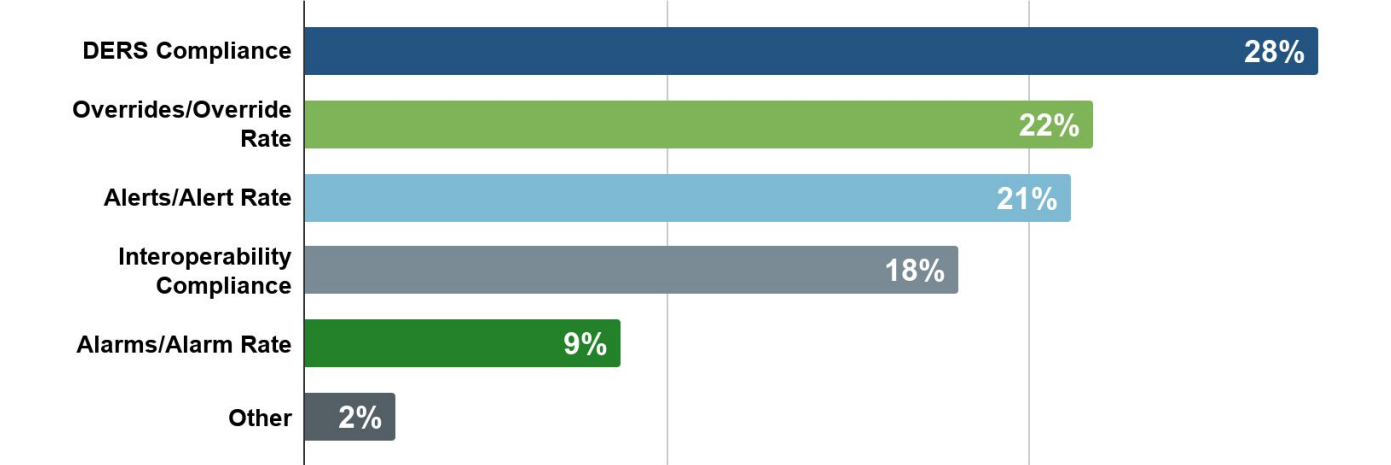
The focus for health systems is overwhelmingly on two operational priorities: optimizing smart infusion pump safety metrics and advancing EHR interoperability, which together account for 77.6% of primary challenges.

### Biggest Challenges with Smart Infusion Pumps



Other: Nursing interoperability adherence, drug library/EHR alignment

### Most Valuable Safety Metrics To Track Regularly



Other: Reprogramming Response, Cost/Harm Averted

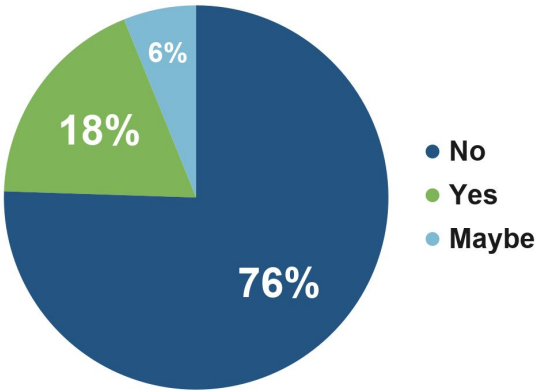
# 2026 NIC Survey

## Smart Infusion Pump Selection

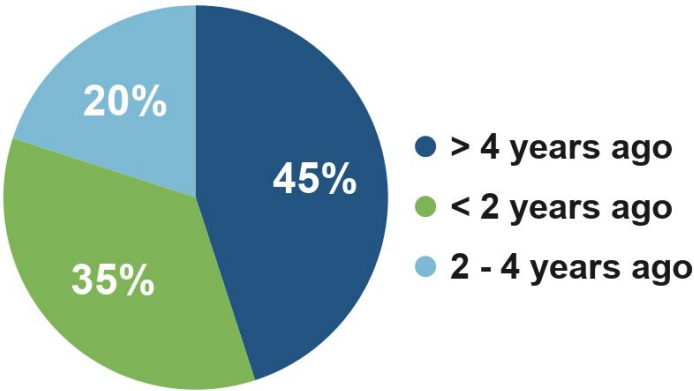
18% of respondents report they are considering new smart infusion pumps in the next 2 years, compared to over 60% of respondents from the [2024 NIC Survey](#)

### Smart Infusion Pump Selection Timing

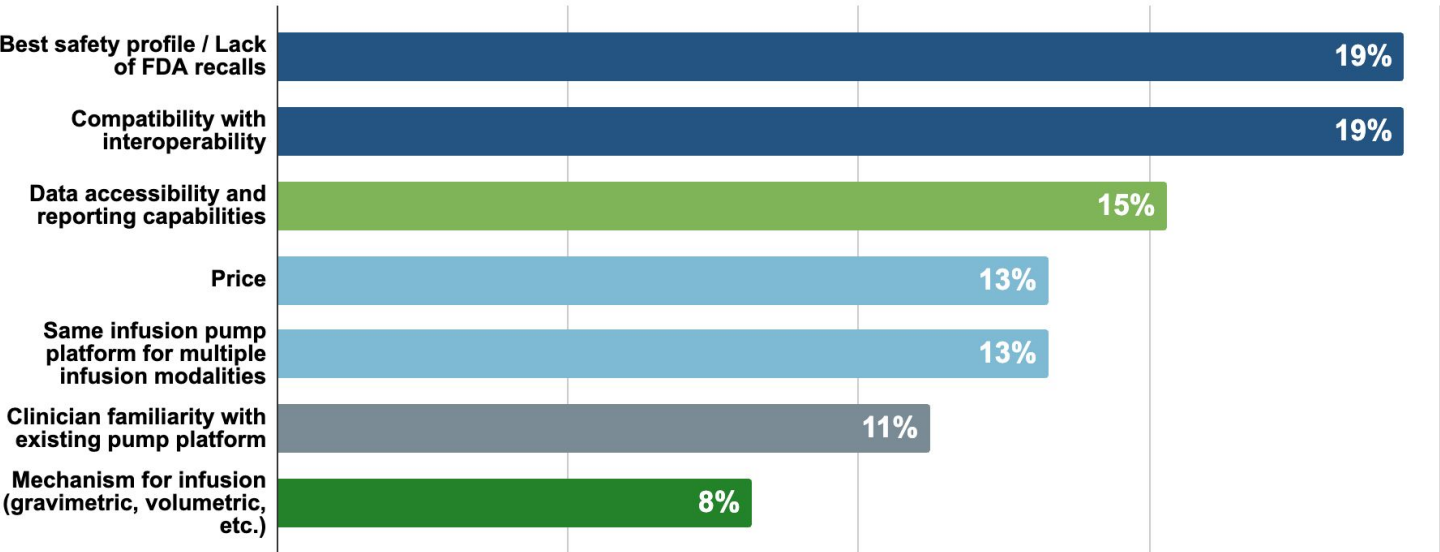
Are you considering new smart infusion pumps in the next 2 years?



When was the last time you selected new smart infusion pumps?



### Top Factors in Smart Infusion Pump Selection



# 2026 NIC Survey

## Interoperability

51% of respondents are live with Interoperability

64% of those respondents have been live for > 5 years

### Barriers to Implementing Interoperability

While many respondents selected multiple barriers to implementing interoperability, **Capital** remained the biggest barrier

| Barrier                 | Percent of Total |
|-------------------------|------------------|
| Capital                 | 48%              |
| Staff Resources         | 30%              |
| Incompatible Technology | 13%              |
| Competing Priorities    | 9%               |
| Total                   | 100%             |

### Pump Types and Care Areas Live With Interoperability

| Patient Care Areas Considered In-Scope: |      |
|-----------------------------------------|------|
| Acute Care                              | 100% |
| Emergency Department                    | 96%  |
| Outpatient / Ambulatory Care            | 76%  |
| Procedural Areas (OR)                   | 12%  |

The majority of Health Systems live with interoperability are live with both **Large Volume** and **Syringe** modules

### Inconsistency in Defining Interoperability Compliance

Health Systems rely on multiple methodologies to evaluate and report interoperability compliance, with some reporting this metric in more than one way

| Compliance Approach*                                                                                     | Percent of Total |
|----------------------------------------------------------------------------------------------------------|------------------|
| <b>Denominator</b> is all infusions                                                                      | 32%              |
| <b>Denominator</b> is all infusions from in-scope interoperable care areas                               | 24%              |
| <b>Denominator</b> is all infusions from in-scope interoperable care areas for in-scope medications only | 24%              |
| <b>Denominator</b> is all infusions excluding out of scope medications (black listed)                    | 20%              |
| Total                                                                                                    | 100%             |

\* **Numerator** is interop compliant infusions

# 2026 NIC Survey

## Desired Changes

Health systems want a clear focus on **strengthening multidisciplinary governance and leadership** while leveraging enhanced **data analytics, standardized workflows, dedicated resources, and advancing interoperability** to fully optimize smart pump management.

## Smart Infusion Pump Management Priorities

| Theme                                                                                                                                                                           | % Respondents |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Program Leadership &amp; Collaboration</b><br>→ Increase governance, leadership support, nursing engagement, multidisciplinary committees, and accountability                | 33%           |
| <b>Technology, Data &amp; Analytics</b><br>→ Tools for better reporting, dashboards, analytics, AI-assisted review, audit reports, pump functionality, and trend identification | 20%           |
| <b>Standardization &amp; Optimization</b><br>→ Standardized drug libraries, standard workflows, education, competency, best practice sharing, and ongoing optimization.         | 18%           |
| <b>Capacity &amp; Resources</b><br>→ Additional FTE support, protected time, dedicated pump teams, and workload relief                                                          | 16%           |
| <b>Advance Integration &amp; Connectivity</b><br>→ Improve EHR integration, auto-programming process, PCA interoperability, OR interoperability, and wireless connectivity      | 14%           |

# NIC Updates

*Next Meeting & Listerv*

## Save the Date: Next NIC Meeting

### The Drug Library Build Process for Investigational Medications

**When:** September 23, 2026 - 12pm ET - 1pm ET

***Invites Coming Soon!***



## NIC Listserv Featured Discussions

We've seen great conversation over the last few months. [Learn More & Join Here.](#)

- What pump do health systems use for **PCA**? For **Epidural**?
- How do sites **reduce risk of diversion with controlled substance infusions** outside of PCA? Do they use lock boxes, portless tubing, etc.?
- How do sites build and administer **Subcutaneous Treprostinil**?
- What are common dose limits for **Thiotepa**?
- Is there a common practice for a **standard variance allowed for dose/duration limits in Pediatric Patients**?
- Has anyone been successful **integrating orders for investigational medications**?

## Miss a Meeting?

The [NIC Meeting Archive](#) is accessible to all NIC members.

[June 2026](#): Balancing Safety and Clinical Flexibility with PCA Medication Delivery

[March 2026](#): The PumpIQ Innovation Story

## Questions?

Future **topic ideas** or **general feedback** can be sent to [joannehatfield@bainbridgehealth.com](mailto:joannehatfield@bainbridgehealth.com).

## **About The National Infusion Collaborative**

The National Infusion Collaborative™ (NIC) is the largest vendor-agnostic collaborative in the United States focused on advancing the safety and stewardship of medications. Formed in 2022 through a partnership between Bainbridge Health and Purdue University Regenstrief Center for Healthcare Engineering, the NIC brings together pharmacy, nursing, quality, and safety leaders from health systems nationwide.

The NIC leverages a unique national infusion dataset and a growing community of practitioners to support benchmarking, knowledge-sharing, and the identification of emerging best practices. Through peer collaboration and data-driven insight, the NIC helps health systems strengthen infusion safety programs and improve medication delivery for patients.

## **About Bainbridge Health**

Bainbridge Health's mission is to solve Pharmacy's Biggest Challenges. Through our Med O.S.® software and services, we help health systems unlock the full value of their data to improve the safety, efficiency, and reliability of medication delivery. We were founded in a Philadelphia-based health system on the central belief that pharmacy leaders don't need more data, they need the answers to the test. Our solutions automate the labor intensive process of analyzing data, instead providing actionable interventions.

**NATIONAL INFUSION**  
**COLLABORATIVE**