NATIONAL INFUSION
COLLABORATIVE

State of Infusion Practice Report

January 2026

National Infusion Collaborative Network

46
States

800+
Sites

150,000+
Beds

47%
Live with Interoperability

The National Infusion Collaborative programmed

35,532,273 infusions

July 1, 2025 through December 31, 2025

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

PURDUE UNIVERSITY
Regenstrief Center for Healthcare Engineering

ashp

UMassAmherst
Elaine Marieb Center for Nursing and Engineering Innovation

eitan medical
care & beyond™

B|BRAUN
SHARING EXPERTISE

FRESENIUS KABI

Baxter

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 July 1, 2025 through December 31, 2025.

Network Benchmarking

July 1, 2025 through December 31, 2025

	DERS* Compliance	Alert Rate	Override Rate
NIC Network	89.8%	6.2%	69.2%
Live with Interoperability	90.4%	5.3%	71.9%
Not live with Interoperability	89.2%	7%	66.9%
Adult Hospital Type	89.9%	5.5%	70%
Pediatric Hospital Type	89.3%	8.3%	66%

** DERS: Dose Error Reduction Software*

Alerts

1,927,584

Patient Controlled Analgesia (PCA) have the highest number of alerts per infusion, likely due to increased intricacy and availability of alert limits

Infusion Type	Alert Rate	Override Rate
Continuous	6%	67.5%
Intermittent	8.1%	68.5%
PCA	36.6%	76%

Interoperability Utilization

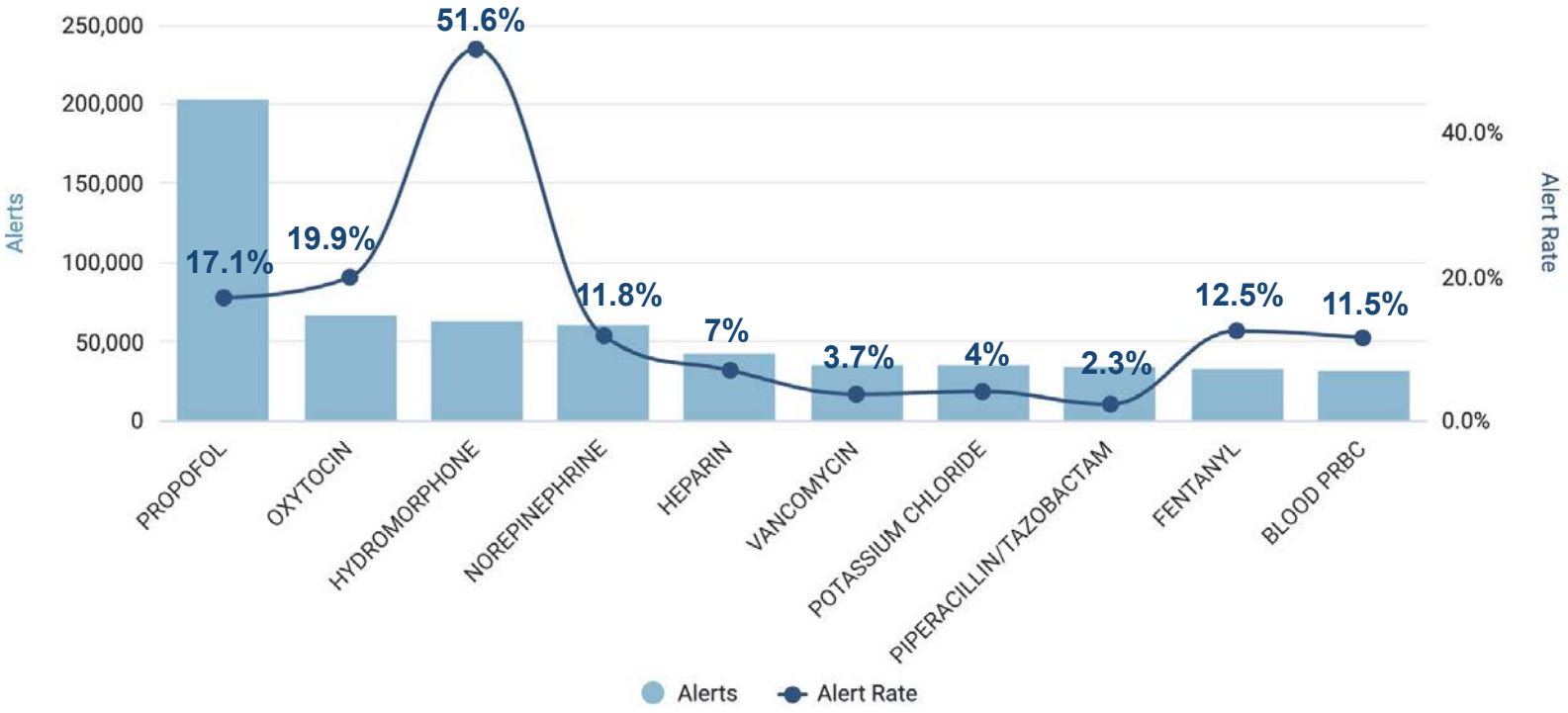
62.3%

Interoperability pump programming occurred in **62.3%** of all infusions within health systems live with smart pump interoperability. (Range 23.6 – 86.3%)

Alert Metrics

July 1, 2025 through December 31, 2025

High Alert and Alert Rate Entries in Adult Patients



Hard Limit Alerts for Continuous Infusions in Adult Patients

Medication Name	Alerts	% Hospital Systems with Upper Hard Dose Limits
OXYTOCIN	4,663	63%
PROPOFOL	4,542	74%
HEPARIN	1,742	84%
DEXMEDETOMIDINE	1,663	78%
VASOPRESSIN	1,093	67%
AMIODARONE	831	69%
INSULIN	745	86%
NOREPINEPHRINE	675	55%

A Closer Look at Alert Trends

- **Hydromorphone** alert rate remains consistently > 50%
- The two highest alerting medication entries, **Propofol** and **Oxytocin**, are also entries with a high utilization of upper hard dosing limits
- 55% of hospital systems within the adult NIC Network utilize upper hard dose limits for **Norepinephrine**

Alert Metrics

July 1, 2025 through December 31, 2025

High Alert and Alert Rate Entries in Pediatric Patients

Hard Limit Alerts for Continuous Infusions in Pediatric Patients

Medication Name	Alerts	% Hospital Systems with Upper Hard Dose Limits
PROPOFOL	313	76%
FUROSEMIDE	292	77%
DEXMEDETOMIDINE	275	80%
INSULIN	129	83%
MIDAZOLAM	125	81%
MORPHINE	84	74%
FENTANYL	60	81%
HEPARIN	52	92%

A Closer Look at Alert Trends

- **Hydromorphone** alert rate remains consistently high in pediatric patients
- There has been an increase in alert rate for **Midazolam** over the past 6 months, primarily due to bolus from continuous infusion alerts
- There is more utilization of hard dose limits across pediatric drug libraries than in adult drug libraries

NIC Meetings Recap

NIC Resources Archive Here

Interoperability Best Practices and Evaluating RTU Products

December 2025 | Watch Here

December's NIC meeting featured a **two-part program** focused on evolving infusion practices.

First, clinicians from **Rady Children's Health – Orange County** shared how they used infusion data to evaluate and adopt ready-to-use (RTU) IV products.

The session concluded with a moderated Q&A on **smart pump interoperability,** featuring practical tips and lessons learned from Parkview Health System.

PARKVIEW HEALTH

Jacob Balyeat, PharmD, BCGP
Med Safety Drug Use Policy Coordinator

Rady Children's Health

Melody Sun, PharmD
Pharmacy Safety & Quality Specialist

Michael Shaaw, PharmD, BCPS
Pharmacy Operations Manager

Increasing DERS Compliance

September 2025 | Watch Here

This quarter, the NIC was joined by NIC members from **ChristianaCare** and **Stony Brook Medicine** to share how their organizations used different strategies to increase DERS compliance.

Dose error reduction software (DERS) compliance is a key indicator of how often infusions are programmed within the drug library of smart infusion pumps. Best practice guidelines recommend a goal DERS compliance of 95% or greater to ensure the safest delivery of intravenous medications to patients.

ChristianaCare and **Stony Brook Medical Center** have been successful in improving their DERS compliance through a combination of novel mechanisms and multidisciplinary engagement.

Stony Brook Children's

Randi Trope, DO, MBA, CMSO, FAAP
Vice-Chair, Pediatric Quality and Safety
Pediatric Medical Director of Patient Safety

ChristianaCare

Maha O. Kebir, PharmD, MS, BCPS, CPHQ, CPPS
Clinical Pharmacist Specialist and Quality and Performance Improvement

Dean A. Bennett, RPh, CPHQ, LSSGB
Medication Safety Officer, Clinical Effectiveness Administration

2025 ASHP Midyear Event Recap

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Bainbridge Health

To kick off ASHP Midyear 2025, the National Infusion Collaborative and Bainbridge Health hosted an event at Topgolf Las Vegas.

It was great to see many of you outside a meeting setting and connect before the full conference schedule began.

We hope to see many of you again at conferences throughout the year and at ASHP Midyear at the end of the year!

NIC Listserv Featured Discussions

We've seen great conversation over the last few months. **Learn More & Join Here.**

- How do sites with **pediatric patients build out blood product library entries?**
- How **quickly do sites go live with interop** after transitioning to a new pump vendor?
- How do sites build **Epoprostenol for anticoagulation during CRRT**?
- Has anyone had **success integrating Epoprostenol**? (i.e. does this medication work with interop?)
- The NIC has noticed an **increase in alert rate for Bivalirudin**. Has anyone identified a contributing cause for this alert trend?

Questions? Miss a Meeting?

Future **topic ideas** or **general feedback** can be sent to **joannehatfield@bainbridgehealth.com**.

The **NIC Meeting Archive** is accessible to all NIC members.

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.

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