CLINICAL RISK MANAGEMENT THROUGH THE "UNIT DOSE" SYSTEM

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Background and importance

In clinical practice, the Unit Dose (UD) system allows to minimize potential errors during prescription, preparation and therapy administration phases.
In this context, the intervention of a Pharmacist in clinical choices, may optimize this process by assessing the appropriateness of prescriptions. At the time of UD therapies validation, the Pharmacist takes part in the evaluation of the most appropriate therapeutic options through the inclusion of annotations on each individual prescription for each patient.

Aim and objectives

The aim of this work is to demonstrate how the intervention of Pharmacists in this process is essential for patient safety and improving clinical risk management

Material and methods

Therapies of all patients in UD in the period between 01/03/2019 and 28/02/2020 were analyzed and all the annotations included by the Pharmacist have been reviewed. The annotations have been then classified in 7 subgroups, based on the type of potential errors identified regards:

1. Duration of therapy
2. Dosage/frequency of administration
3. Interactions
4. Therapeutic indications
5. Method of reconstitution/dilution
6. Type of formulation
7. Double prescriptions

These subgroups have been further divided based on the potential risk of event/error, latent/active, high and low risk (HR,LR) where high risk refers to potentially dangerous effects for patients.

Results

In the observed period, 11.881 patients were admitted to the UD regimen, of which 5.414 carried one or more annotations by the Pharmacist, requesting specific changes to the prescriptions.In particular, based on the indicated subgroups, 10.537 notes were inserted and divided as follows:
1) Notes 1235; (HR) 531(43%); (LR) 704(57%)
2) Notes 4558; (HR) 1595(35%); (LR) 2963(65%)
3) Notes 2329; (HR) 2073(89%); (LR) 256(11%)
4) Notes 192; (HR) 192(100%); (LR) 0(0%)
5) Notes 1396; (HR) 1368(98%); (LR) 28(2%)
6) Notes 603; (HR) 30(5%); (LR) 573(95%)
7) Notes 224; (HR) 137(61%); (LR) 87(39%)
From this analysis, it resulted that 38% of prescriptions were modified as specifically indicated by the Pharmacist.

Conclusion and relevance

This analysis demonstrates how the role of the Pharmacist is critical in identifying potential errors that may occur at the time of prescription. This is necessary for minimizing adverse effects for patients during specific therapeutic treatments.

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