National monitor for the quality of medication surveillance

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What did we do?

We developed a monitor to test the suspected quality of the local 'safety net' for medication surveillance by hospital pharmacies.

How (2)?

Every 3 months 2 test patients are sent to the participating hospital pharmacies by email. These test patients have to be considered as real patients. The pharmacies are asked to detect the errors and report them within 1 month using a Google docs form.

The reported results are assessed by the 2 partners of the working group and after 2 months, feedback is send to the participants. It is left to the participants to draw conclusions on the feedback, since medication surveillance is not always black or white.

How (1)?

A working group created test patients, described on paper as patients with a medical history, laboratory parameters and with a medication list. Real patients were used as an example.

Subsequently, some prescribing errors were intentionally added to the medication lists. It was defined how these errors had to be handled, according to Dutch guidelines.

Test patients



Prescribing errors

Platform

Ca. 55% of all hospital pharmacies make use of this monitor. This platform could be expanded when we would promote this monitor.

CPOE / Pharmacy computer system

Medication review

Protocols

Manual dosage checks

'Clinical rules'

Pharmacotherapeutic knowledge

Detected by hospital pharmacy

Not detected by hospital pharmacy

Handled according to national guidelines

<u>Not</u> handled according to national guidelines

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