

USING EDUCATIONAL TOOLS TO INCREASE THE REPORTING RATES OF PRESCRIBING, DISPENSING AND ASSOCIATED ERRORS IN A GENERAL HOSPITAL

S. Amarneh, B. Olsburgh, R. Levy. Pharmacy Department, Laniado Hospital, Netanya, Israel.

Background

Prescribing, dispensing and associated errors may cause serious consequences for patients, occasionally fatal. Reporting errors has significant educational benefits and is a part of risk management. The authors have found few examples of educational tools being used to increase reporting rates. It was also felt that the present rate of error reporting is inaccurate.

Purpose

- To increase the reporting rate of errors by the introduction of educational tools.
- To improve standards in prescribing .

Materials & Methods

Data concerning the frequency of error reporting was collected over an initial ten week period to create a baseline.

There were three areas of reporting.

- * From staff within the pharmacy department.
- Pharmacy staff reporting on hospital departments.
- * Hospital departments reporting on the pharmacy.

Three educational tools were then introduced:

- Project Explanation distributed to all areas. This was necessary to describe to all departmental staff the reasoning behind the project and to help them understand that error reporting is an educational tool which should lead to improved practice.
- Prescription Writing Standards to physicians only. A number of physicians were not following the accepted guidelines, therefore this document was re-distributed.
- Anonymous Reporting Forms distributed to all areas (an example of one form is shown on the right). Anonymity was thought to be important in trying to create a no-blame culture.

The data was collected again after a second ten week period.

Department report on errors made by the Pharmacy Department and comments on the service provided by the Pharmacy Department

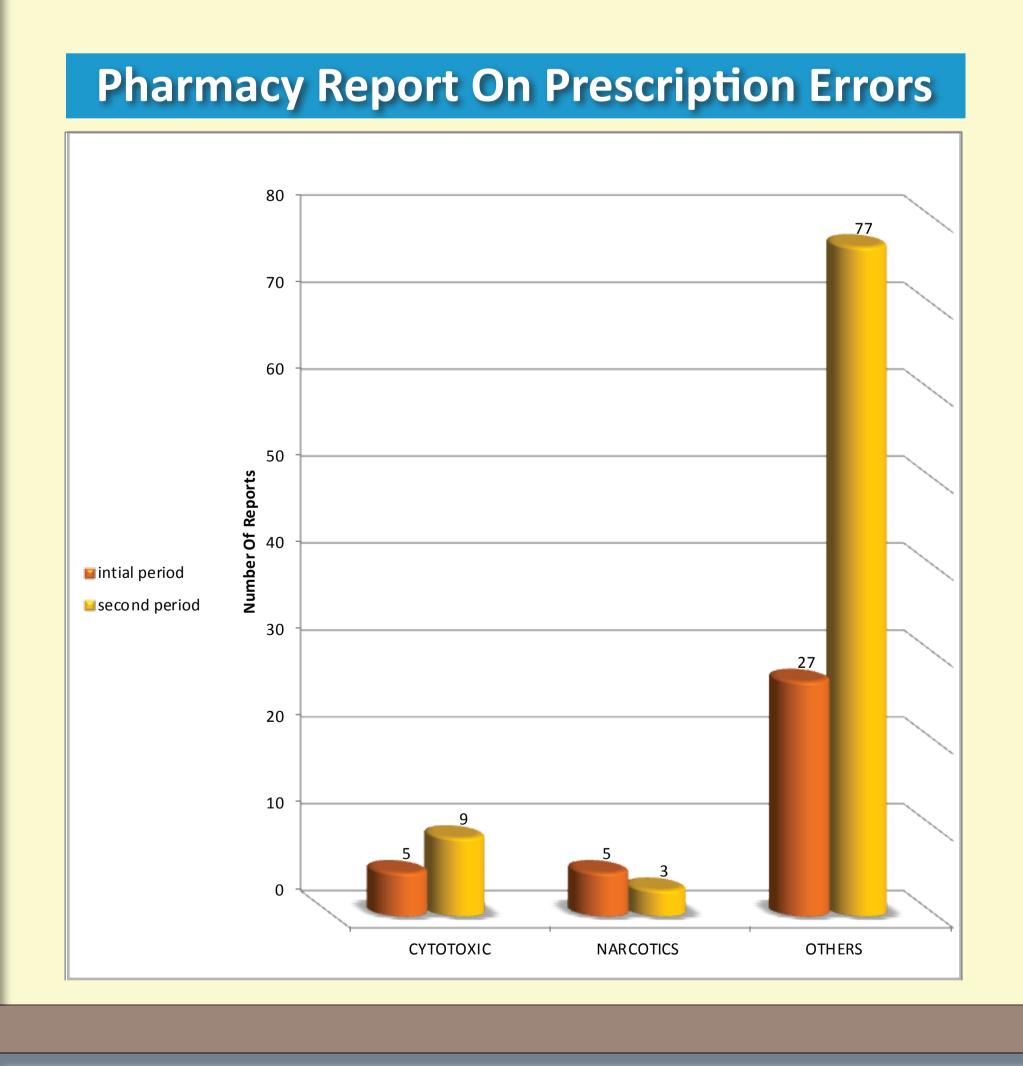
Date and time of reporting		
Report originating from		
(which hospital department?)		
What is your job description?		
Positive comments about and	Pharmacy Department	
report on errors and/or poor service by		
What is the job description of the		
person you are making the report about ?		• 1
PART 1 Error Report	please circle yes or no	
Do all the following appear on the label?	yes	no
Date, patient's name, dose, medication, frequency, cautionary warnings; are they correct?	yes	
Is the medication correct?	yes	no
Has the patient's medical history been checked and compared with the medication?	yes	no
(e.g. renal / liver function, pregnancy)		
Is the dosage correct?	yes	no
(e.g. checked against body weight for paediatrics) Is the prescribed quantity correct?	VOS	no
	yes	no
Is the form of presentation correct?	yes	no
(tablets, capsules, syrup, suppositories, injection etc) If a diluent has been used/requested; is it correct?	VOS	no
	yes	no
Is the medication within its expiry date?	yes	no
Will the medication expire within 3 months?	yes	no
Will the medication need special storage conditions?	yes	no
Has the medication been sent to the correct department?	yes	no
If you are aware, what was the cause of the error?		
If error is not listed above please describe		
PART 2 Service Provision		
Please enter any comments (positive or negative) you wish to make about the service provision of		
the pharmacy department		
Please enter any complaints you wish to make concerning the service provision of this department		

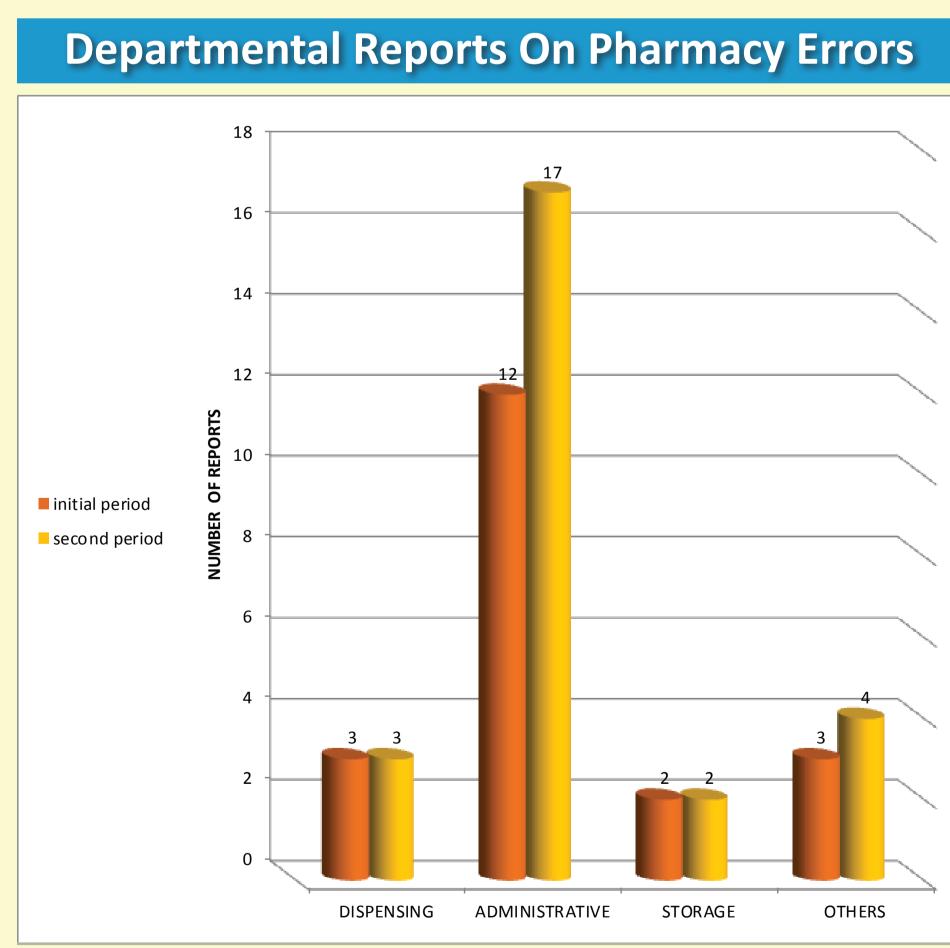
Results and Discussion

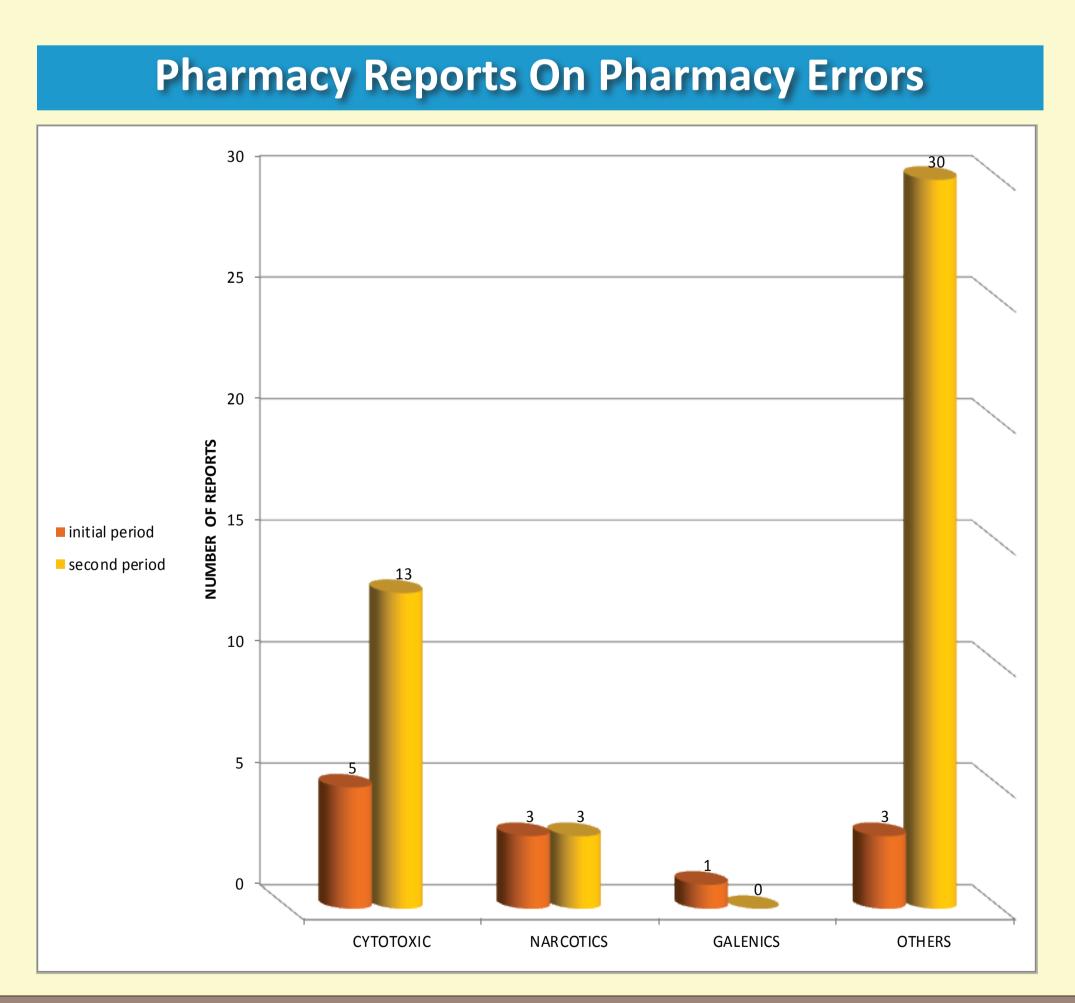
Internal Pharmacy reporting increased by almost 300 %, mainly in two areas, 'Cytotoxics' and 'Others'; the latter identified as mainly the incorrect use of equipment.

Pharmacy reports on Departments increased by 100% plus. The number of reports was also high.

The reporting of prescription errors has increased by 140% from the first to the second period, but the total prescription numbers dispensed during the two periods did not significantly change. Departmental reports on the Pharmacy increased by 30%. The majority identified as basic administrative errors. The number of reports was low.







Conclusions

- There has been a significant improvement in error reporting rates, as a result of
 - Use of educational tools
 - * Increased awareness * Anonymity
- Some departments found the explanatory and education tools difficult to use, and this may partly explain their low rate of reporting. • A review of practice initiatives and improving the different methods of communication between departments is under way in order to
- improve standards and increase patient benefit. • The increase in prescription errors may be due to three possibilities.
 - ★ An increase in reporting ★ an increase in errors
- * or a combination of the two.

Further investigation is required to explain the possibility of a decrease in prescribing standards.

Acknowledgments

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