VOLUNTARY MEDICATION ERRORS REPORTING SYSTEM IN AN ORTHOPEDIC SURGERY AND TRAUMATOLOGY UNIT

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BACKGROUND

Voluntary incident reporting has proven to be a **useful tool** to identify contributing factors and establish improvement actions. Surgical patients have one of the **highest rates of MEs** because of their vulnerable profile and their multiple care transitions.

AIM AND OBJECTIVES

- **Analyze** the voluntary ME notifications made in the Orthopedic surgery and Traumatology unit of a tertiary level hospital with electronic prescription, validating and administration system
- **Identify** the most important **contributing factors**
- Describe **improvement actions**

MATERIALS AND METHODS

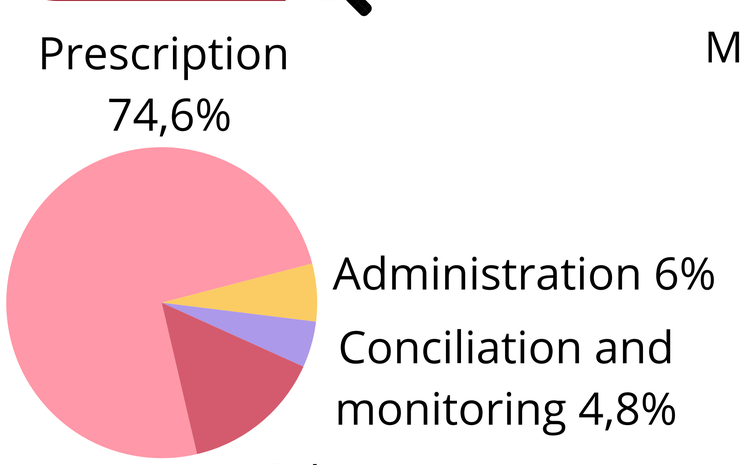
ME reported in the Orthopedic surgery and Traumatology unit from **February 2022 to June 2023**

1. Classification according to causality, severity and notifying personnel
2. Contributing factors identification
3. Improvement actions proposal

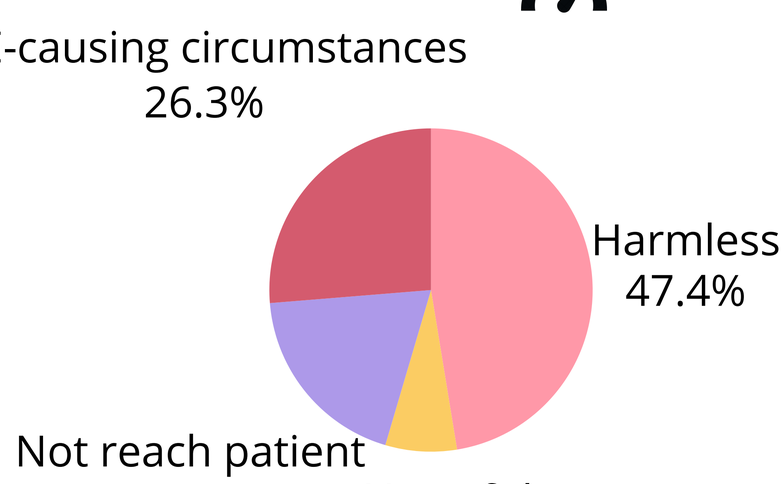
RESULTS

83 ME reports were analyzed

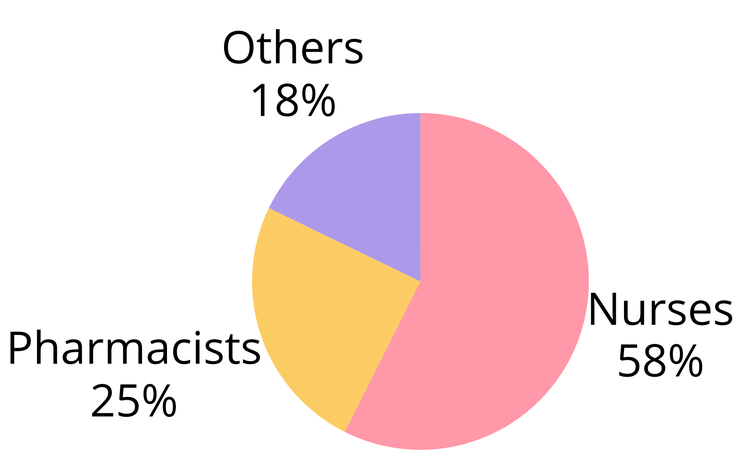
Causality



Severity



Notifying personnel



Contributing factors

- Daily review electronic prescriptions failure
- Lack of reconciliation of the patient's regular medication
- Variability in pediatric patient prescriptions

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Improvement actions

- Specific protocol for the management of pediatric trauma patients
- Multidisciplinary study of prescription errors

CONCLUSION

The analysis of the reported ME has allowed us to **identify the contributing factors** and to **establish recommendations** to modify them. Further studies of prescription errors will allow us to monitor the impact of the implemented actions.