

# INVESTIGATING ERROR REPORTING RATES BY ALL PHARMACY STAFF IN THE PHARMACY DEPARTMENT OF A GENERAL HOSPITAL

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

## BACKGROUND

- Errors, including near misses, occur in everyday practice. Our previous study in 2015 showed that using educational tools improves error reporting rates.
- The last year has shown a decrease in error reporting rates (ERRs), suggesting the previous study's positive effect has not been maintained. Other studies have concentrated mostly on medication errors, and have not covered all errors made within the pharmacy department by both qualified and non-qualified staff.

## PURPOSE

1. To determine the present ERR and identify the difference in ERRs between this and the previous study.
2. To identify the reasons for under reporting errors.
3. To produce a protocol for error reporting and to measure the effect.

## MATERIALS AND METHOD

- Staff received a pre-study questionnaire as a tool to document their reasons for not reporting, and received an explanatory tool showing the importance of error reporting.
- The study covered two 3 month periods.
- Staff received a personal monthly report showing their ERRs.
- Guidelines for error reporting were introduced at the end of the first period

## EDUCATIONAL TOOL FOR ALL PHARMACY STAFF

- THE RISK OF ERRORS AND NEAR MISSES IS PRESENT IN EVERY PROCESS INVOLVED IN YOUR DAILY SCHEDULE.
- REPORTING ALL ERRORS AND NEAR MISSES IMPROVES OUR WORK AND PATIENT SAFETY. SO IT IS ESSENTIAL TO REPORT EVERY ERROR AND NEAR MISS.
- STUDIES HAVE SHOWN THAT CLEAR WRITTEN GUIDELINES FOR REPORTING ERRORS AND NEAR MISSES IMPROVES REPORTING RATES. GUIDELINES WILL BE INTRODUCED FOR ALL STAFF TO FOLLOW.
- THE QUESTIONNAIRE \* DETAILS THE MAIN REASONS FOR NOT REPORTING ERRORS AND NEAR MISSES. PLEASE CONSIDER HOW YOU CAN OVERCOME YOUR REASON(S) FOR NOT REPORTING.

N.B. (\* PLEASE SEE RESULTS FOR QUESTIONNAIRE AND RESPONSES)

## GUIDELINES FOR ALL PHARMACY STAFF REGARDING ERROR REPORTING

1. ALL ERRORS AND NEAR MISSES (DEFINED BELOW), TO BE REPORTED ON THE REPORTING FORM, AND SUBMITTED TO THE HEAD PHARMACIST AS SOON AS POSSIBLE.
  - AN ERROR IS.....A PREVENTABLE EVENT OCCURRING IN ANY AREA OF WORK WITHIN THE PHARMACY DEPARTMENT .
  - A NEAR MISS IS ..... A PREVENTABLE EVENT OCCURRING IN ANY AREA OF WORK WITHIN THE PHARMACY DEPARTMENT , AND IS RECTIFIED WITHIN THE PHARMACY DEPARTMENT OR ANOTHER DEPARTMENT.
2. WHATEVER REASONS YOU MAY HAVE FOR NOT REPORTING ERRORS OR NEAR MISSES, (INCLUDING ANY LEVEL OF WORK LOAD), YOU MUST SUBMIT A REPORT.
3. IF UNSURE WHETHER OR NOT TO REPORT AN ERROR OR NEAR MISS, THIS MUST BE REFERRED TO THE HEAD PHARMACIST AS SOON AS POSSIBLE.

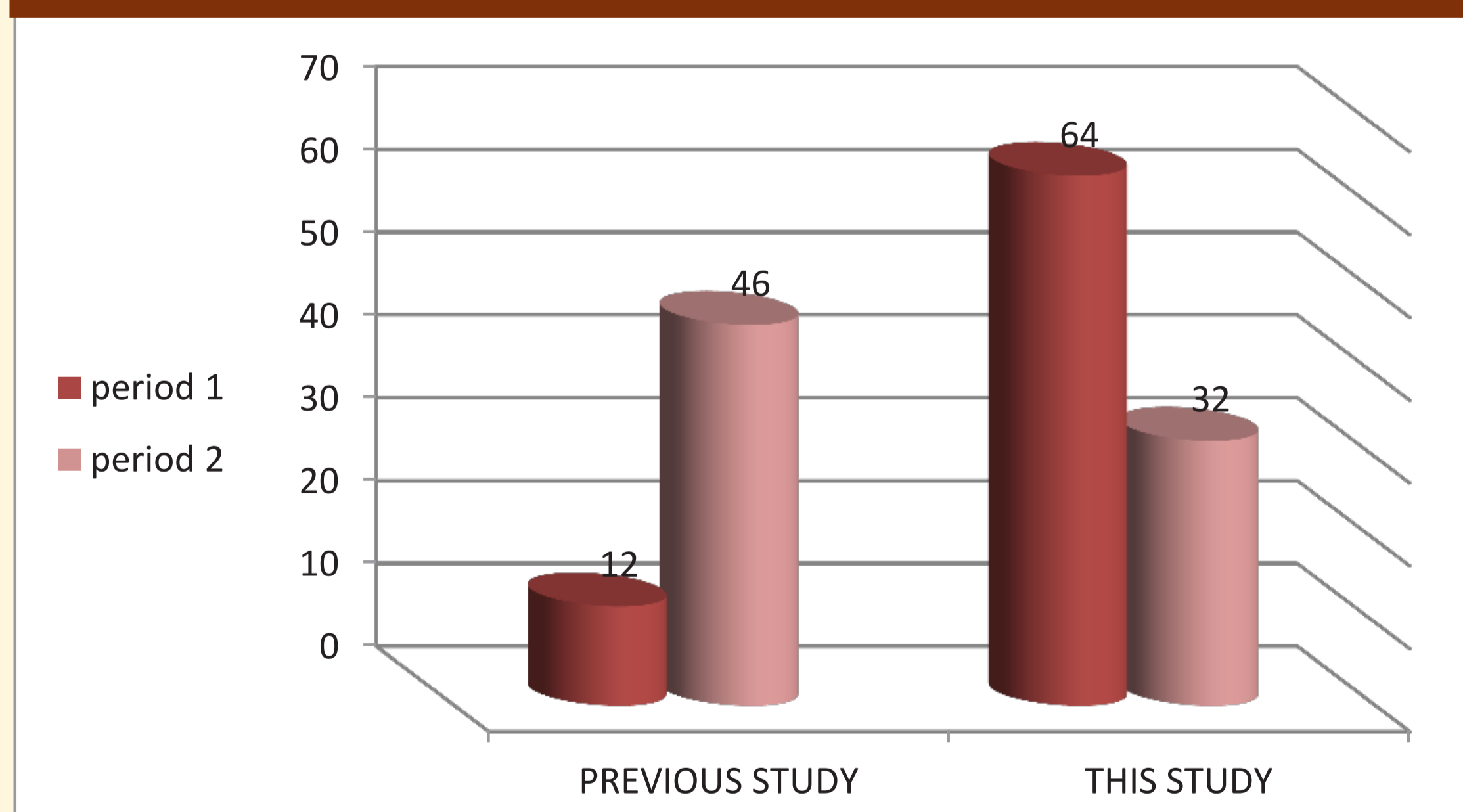
## RESULTS AND DISCUSSION

1. The first period of monthly reports initially increased, then decreased. (17 > 29 > 18).
2. The second period started lower and remained static. (11 > 10 > 11)
3. The previous study produced 12 reports during the first period and 46 during the second. (380% increase)
4. This study produced 64 and 32 respectively. (50% decrease)
5. The two commonest reasons for not reporting were;
  - a) No need to report an error if immediately corrected (33%).
  - b) Not wanting a colleague reprimanded (19%).

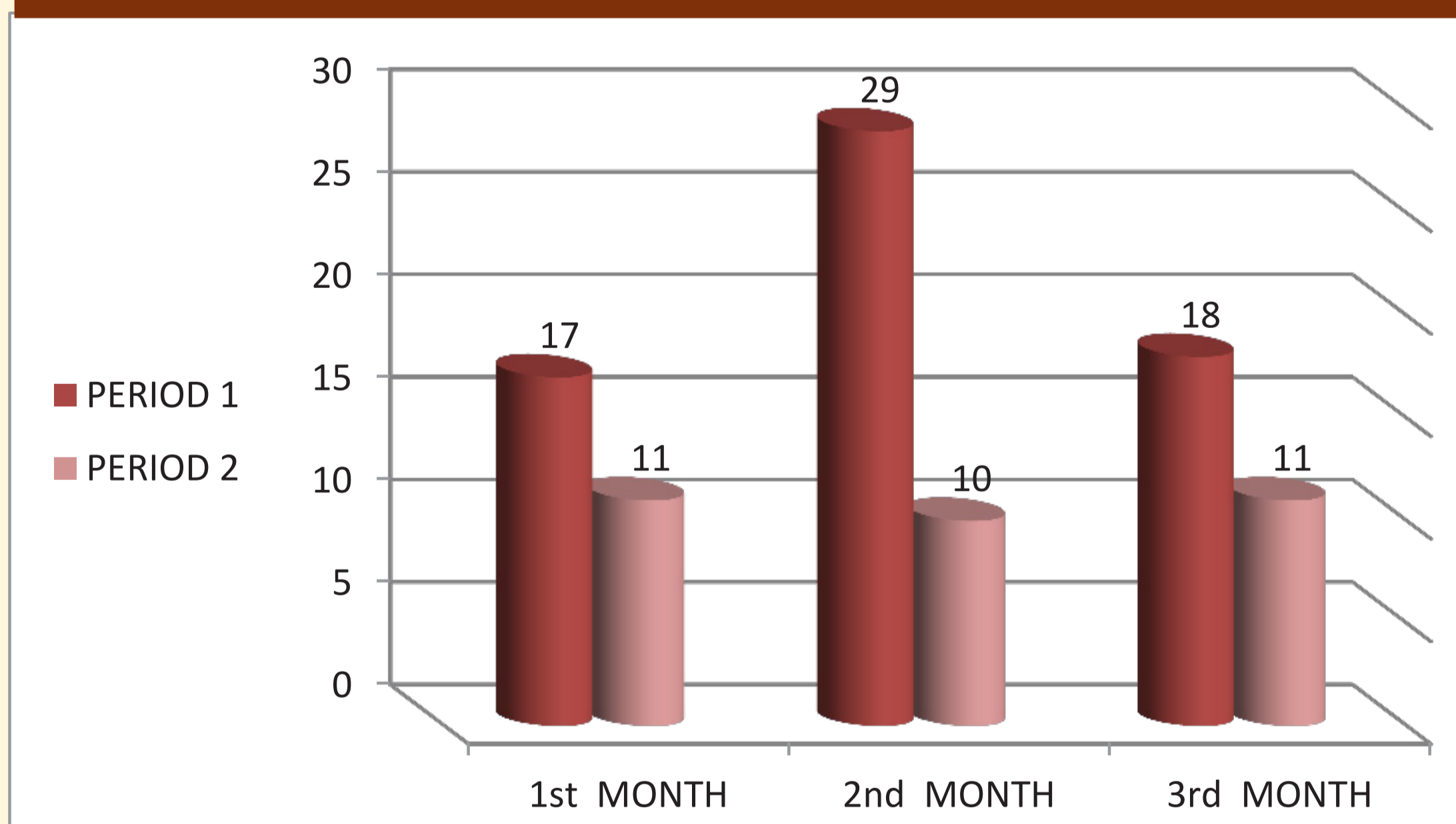
## QUESTIONNAIRE AND RESPONSES

I AM AFRAID THAT I WILL BE EMBARRASSED OR REPRIMANDED.	10%
I DO NOT WANT A COLLEAGUE TO BE EMBARRASSED OR REPRIMANDED.	19%
MY WORK LOAD IS TOO HEAVY TO MAKE TIME TO FILL A REPORT	10%
I DON'T THINK IT IS IMPORTANT TO REPORT AN ERROR IF I AM ABLE TO CORRECT IT IMMEDIATELY	33%
I DON'T THINK IT IS IMPORTANT TO REPORT ERRORS WHICH I CONSIDER TO BE MINOR .	14%
I HAVE A PAST NEGATIVE EXPERIENCE OF REPORTING AN ERROR OR NEAR MISS	14%

## TOTAL NUMBER OF REPORTS FROM PREVIOUS AND PRESENT STUDY



## NUMBER OF MONTHLY ERROR REPORTS IN PRESENT STUDY



## CONCLUSIONS

1. The initial rise of ERRs in the first period was probably due to the study having a positive behavioural influence. The second period decrease was probably due to a holiday effect. Those deputising had an increased workload, and less time or inclination to report. Advanced planning is required.
2. Constant reminders of the importance of reporting, are required to improve and maintain ERRs. Reasons for not reporting need to be further addressed.
3. The guidelines had no positive effect. The method of introducing the guidelines needs reviewing.
4. The comparative results between the two studies show that the beneficial effect on the ERRs of the first study was maintained into the first period of this study.

## ACKNOWLEDGEMENTS

The authors wish to thank all personnel in Laniado Hospital who participated in this study.