A toolbox for patients safety challenge

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What was done?

At the Mauriziano Hospital a multilevel system has been developed to prevent, early identify, resolve and monitor the problems that, in different steps of patients path, can generate risks related to therapy at transitions of care.

Why was it done?

Errors in drug therapy affect the entire drug management process. The literature show that 56% of patients are at risk of having medications discrepancies and errors at transitions of care. Ineffective communication between healthcare professionals and patients/care-giver or interprofessional, can generate patient intake errors, sub-adherence and therapeutic failures. This harms are avoidable and the aim of this work was to minimise errors and optimise medicines use by different strategy, as recomands by the World Health Organization (WHO) in The Global Patient Safety Action Plan 2021–2030.

How was it done?

Different tools has been developed and implemented in the patients clinical path in order to assurance risk management for patients in transition of care:

1. Hospital pharmacist consulting has been activated to support physician in for in patients medical reconciliation;

2. Therapeutic reconnaissance and reconciliation electronic card (SRR-T) has been developed and integrated in the dicharge letter;

3. Classification of the hospital pharmacists interventions in the transition of care to avoid medical errors was created as risk management tool.

4. Telepharmacy service to monitor patients follow-up at distance was activated.

5. Educational paths have been implemented to improve patient medication literacy throught professional counselling by pharmacists in discharges.

What has been achieved?

- Medication safety tools implemented have improved communication between healthcare professionals (intra and inter-hospital) and between healthcare professionals and patients.
- The patient-centred approach allows to focus on key points in the medication process to correct intake therapy and minimized correlated risks.
- Physician was supported by pharmacists and facilitated in the correct management of prescriptins.
- In 4 months the pharmacists carried out 470 corrective interventions of which 31 with possible clinical impact for the patient.
- Appropriate process put in place allow to minimize expenditure of supplementary health resources by National Healthcare Service.

What next?

In the future it will be useful to develop specific pathways for polytherapy patients and invest in automation of processes such as drug logistics.