

Development of a hospital pharmacist led re-evaluation of medication errors

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What was done

The hospital pharmacy initiated an alternative procedure to improve the classification of medication errors in the reporting system. The procedure was implemented after an initial validation.

Why was it done

- Medication errors which occur at the department level have not been aggregated nor analysed at an overall level. This fact makes it difficult to systematically implement preventive measures
- Since relevant terms for classification of medication errors are not included in the reporting system and consensus guidelines on how to classify medication errors are missing, a single type of error can be classified in several different categories
- The aim was to introduce and use the skills of hospital pharmacists in medicines management procedures to re-evaluate medication errors

How was it done

- A predefined medication management process (figure 1) with subcategories was developed and used as a re-evaluation tool
- The process was validated. Consistency in the assessment was evaluated and the process was adjusted as needed
- Medication errors or errors containing the word "medication" were exported from the reporting tool to Microsoft Excel, re-evaluated and classified by hospital pharmacists

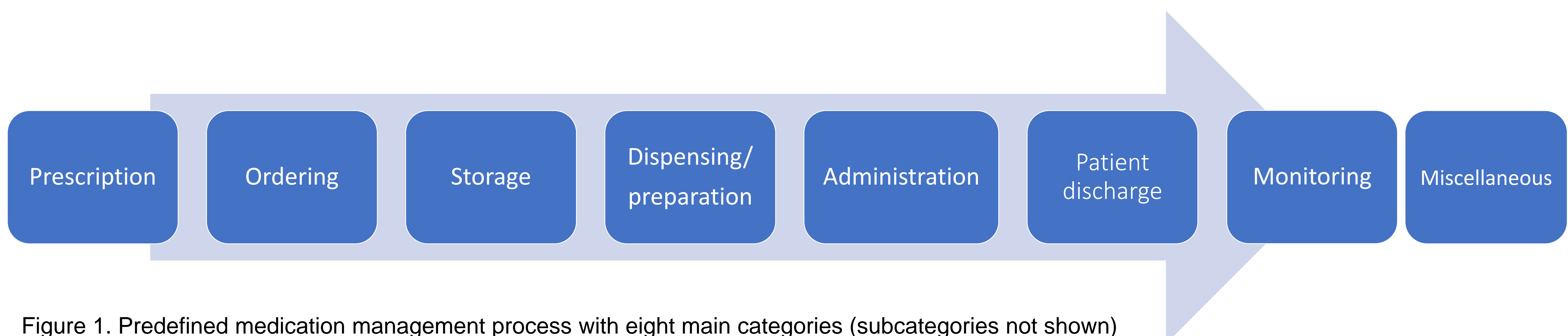


Figure 1. Predefined medication management process with eight main categories (subcategories not shown)

What was achieved

- 819 errors were in 2022 classified as medication related and distributed across 65 different activities
- 52 errors were excluded after review of a pharmacist
- An additional 303 errors were identified by pharmacists in the free text search
- In total 1 070 medication errors were classified and distributed according to the medication management process (figure 1)
- The highest risk of error was associated with dispensing/preparation followed by storage and prescription (figure 2)

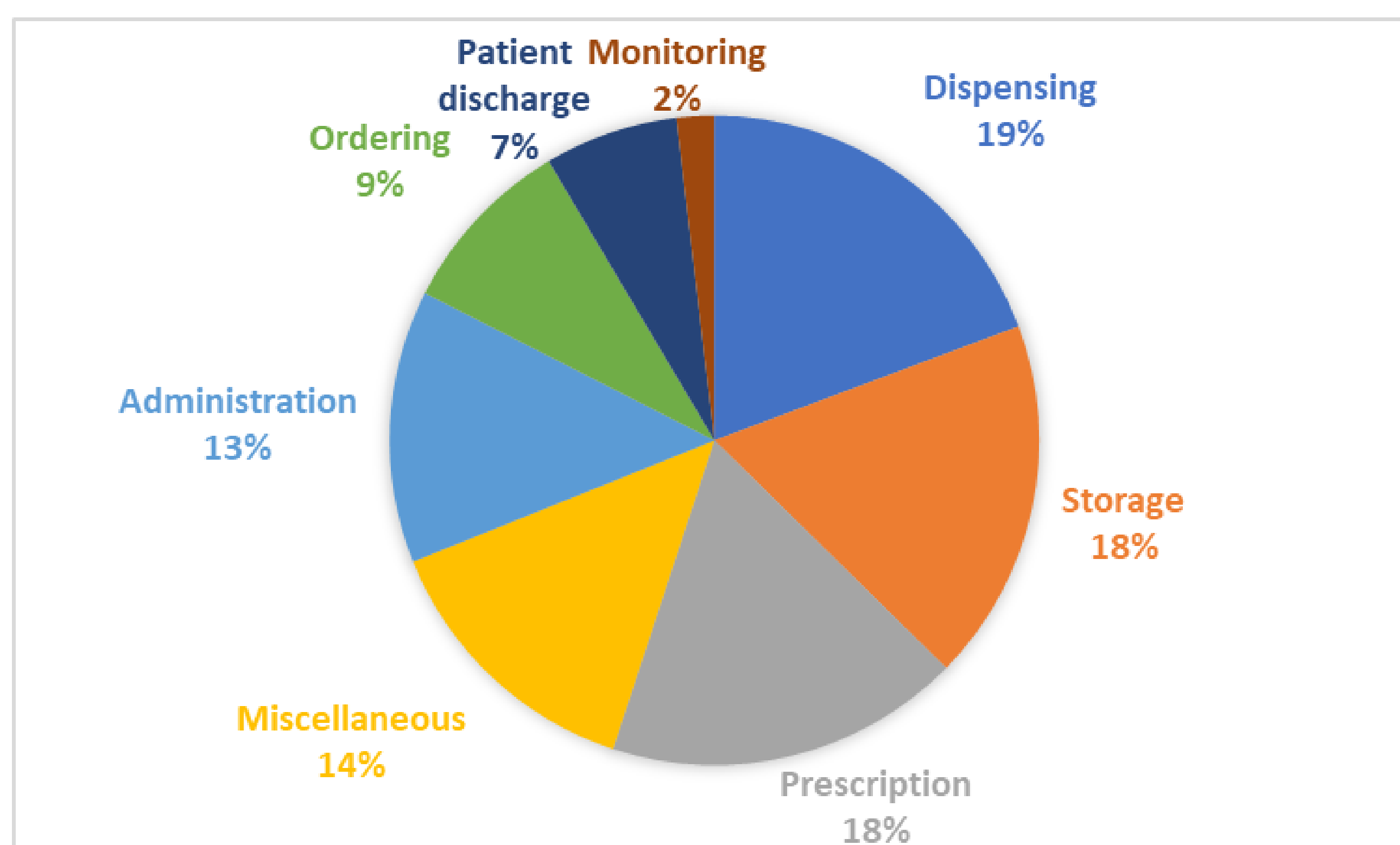


Figure 2. Distribution of medication errors reported in 2022 (subcategories not shown)

What is next

- Creating a multiprofessional team for the classification of medication errors
- Gathering more data to be used in the discussion with the software developer

