Closing the Loop on Prescribing Errors through a Culture of Reporting

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17/10/2014
Introduction

• Medication errors are under-reported

• AIMS data represented 1.7% of all errors

• Standard 4.4.1: Medication incidents are regularly monitored, reported and investigated

• Standard 4.4.2: Action is taken to reduce the risk of adverse medication incidents
Introduction

Prescribing error rates:

- 1 large study demonstrated 0.2% per pt
- Smaller studies have shown 1 prescribing error per pt
- Discrepancies with med histories compared with reconciled hx: 60-80% of pts
- Error rates on admission 1-2.5 per pt
- Omission has been shown to be most common discrepancy (40-60% of the errors)
Purpose

- To increase reporting of prescribing errors
- To increase awareness of prescribing errors and to close the incident reporting loop
- To improve prescribing practices
- To reduce medication errors & improve patient safety
Methods

• At SCGH the electronic Clinical Incident Management System, Datix, went live in Feb 2014

• Pharmacists were encouraged to report prescribing incidents using Datix
Methods

- Increase in reporting noticed
- Senior pharmacists allocated to investigate SAC 3 medication prescribing incidents
- Change in reporting tree required
Methods

Statistics and trends of reported prescribing errors are presented at:

- Morbidity and Mortality meetings
- Medication Safety Meetings
- Hospital’s Open Staff Forums
- JMO education sessions – top 10 drugs
Results

SCGH Total Medication Incidents Reported

- 2013
- 2014
Results

Prescribing Incidents by Month and Severity Assessment Code (Confirmed)
Results

- Incorrect duration of treatment: 2%
- Incorrect formulation: 6%
- Incorrect frequency of dose: 10%
- Incorrect dose: 34%
- Incorrect medication/fluid: 29%
- Prescription illegible: 5%
- Contraindication due to history of allergy: 3%
- Contraindication due to interactions with other medications: 2%
- Contraindication due to medical condition: 3%
- Incorrect timing of dose: 2%
- Incorrect route: 2%
- Incorrect rate of administration: 1%
- Incorrect patient: 1%
- Prescription illegible: 5%
- Contraindication due to history of allergy: 3%
- Contraindication due to interactions with other medications: 2%
- Contraindication due to medical condition: 3%
Results

Top Medications Involved in Prescribing Incidents
1/2/14 - 30/9/14

Atorvastatin
Buprenorphine
Enoxaparin
Glyceryl Trinitrate
Heparin
Metformin
Metoprolol
Frusemide
Limitations

• Medication incidents are still under reported
  – system is voluntary
  – time constraints
  – perception that some incidents may not be considered clinically significant
  – technical issues with Datix
  – clinical pharmacists have to investigate incidents

• Barriers to reporting need to be further investigated
## Conclusions

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easier Reporting</td>
<td>Proprietary product therefore difficult to make changes</td>
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<tr>
<td>Easier Access to Reports</td>
<td>Omission is not a tier 3 option</td>
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<tr>
<td>Identification of Trends</td>
<td>Workaround created to handle volume of reporting therefore place of incident inaccurate</td>
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<tr>
<td>No paperwork involved therefore can’t be misplaced</td>
<td>Follow up of 3rd party comments difficult to track</td>
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<td></td>
<td>Difficult to report up to date information due to 2 month timeframe to close reports</td>
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<td></td>
<td>Technical issues</td>
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Conclusions

Further education on reporting is required and should be extended to all staff to;

- improve the quality of reporting
- to allow meaningful data to be extracted
- to allow identification and management of risk
Conclusions

• At SCGH medication incidents are now the most reported tier one incident type

• Awareness has been raised and discussions are being had. Prescribing incidents are on agendas!

• Unable to show improvement in prescribing practice & reduction in actual medication error rates at this stage

• Continue to work towards a culture of reporting
Work in Progress

• Plan to produce quarterly reports for divisions/specialties

• Central body (CIMSBAG) working on reporting templates

• Monthly Performance Report Cards will include Medication and Prescribing Incidents

• Plan to add prescribing assessment to Drs end of term assessment
Acknowledgements

• Chris Hopps, former A/Deputy HOD Pharmacy SCGH
• Lesli Burns, Head CRM, SCGH
• Máire Connolly, A/Director SQP, SCGH
References

Thank you

• Questions??