HOSPITAL ADMINISTRATION THESIS ON MEDICATION ERRORS

MEDICATION ERRORS PREVENTING MEDICATION ERRORS MEDICATION ERRORS SAFETY IN MEDICATION USEMEDICATION ERRORS MEDICATION ERRORS AND HOW TO AVOID THEMNURSES PROCESS FACTORS CONTRIBUTING TO MEDICATION ERRORS 200 MEDICATION ERRORS AND HOW TO AVOID THEMNURSES PROCEDITIONS OF AND EXPERIENCES WITH MEDICATION ERRORS THE NURSE'S ROLE IN MEDICATION SAFETY PREVENTING MEDICATION ERRORS WITH MEDICATION RECONCILIATION: A REVIEW ARTICLE MEDICATION MANAGEMENT IN OLDER ADULTS MICHAEL RICHARD COHEN INSTITUTE OF MEDICINE NEIL M. DAVIS MARY PATRICIA TULLY ROBERT NAYLOR ZANE ROBINSON WOLF PATRICK KIMUYU CHARLES D. HEPLER MICHAEL RICHARD COHEN MICHAEL R. COHEN FELICIA DUNBAR NITHUSHI RAJITHA SAMARANAYAKE INSTITUTE OF MEDICINE ALAN ESCOVITZ KAREN S. MUTSCH MICHAEL RICHARD COHEN MARY JO MAURER LAURA CIMA MOHAMED FATHI ABDEL AAL SUSAN KOCH

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IN 1996 THE INSTITUTE OF MEDICINE LAUNCHED THE QUALITY CHASM SERIES A SERIES OF REPORTS FOCUSED ON ASSESSING AND IMPROVING THE NATION S QUALITY OF HEALTH CARE PREVENTING MEDICATION ERRORS IS THE NEWEST VOLUME IN THE SERIES RESPONDING TO THE KEY MESSAGES IN EARLIER VOLUMES OF THE SERIES? TO ERR IS HUMAN 2000 CROSSING THE QUALITY CHASM 2001 AND PATIENT SAFETY 2004? THIS BOOK SETS FORTH AN AGENDA FOR IMPROVING THE SAFETY OF MEDICATION USE IT BEGINS BY PROVIDING AN OVERVIEW OF THE SYSTEM FOR DRUG DEVELOPMENT REGULATION DISTRIBUTION AND USE PREVENTING MEDICATION ERRORS ALSO EXAMINES THE PEER REVIEWED LITERATURE ON THE INCIDENCE AND THE COST OF MEDICATION ERRORS AND THE EFFECTIVENESS OF ERROR PREVENTION STRATEGIES PRESENTING DATA THAT WILL FOSTER THE REDUCTION OF MEDICATION ERRORS THE BOOK PROVIDES ACTION AGENDAS DETAILING THE MEASURES NEEDED TO IMPROVE THE SAFETY OF MEDICATION USE IN BOTH THE SHORT AND LONG TERM PATIENTS PRIMARY HEALTH CARE PROVIDERS HEALTH CARE ORGANIZATIONS PURCHASERS OF GROUP HEALTH CARE LEGISLATORS AND THOSE AFFILIATED WITH PROVIDING MEDICATION SAND MEDICATION RELATED PRODUCTS AND SERVICES WILL BENEFIT FROM THIS GUIDE TO REDUCING MEDICATION ERRORS

AN ESTIMATED 1 IN 20 PATIENTS ARE ADMITTED TO THE HOSPITAL DUE TO PROBLEMS WITH THEIR MEDICATION AND 1 IN 100 HOSPITALIZED PATIENTS ARE HARMED DUE TO MEDICATION ERRORS DURING THEIR STAY THE PRESCRIBING OF MEDICATIONS IS THE MOST COMMON HEALTH CARE INTERVENTION AND MEDICATION SAFETY IS RELEVANT TO ALL HEALTH CARE PROFESSIONALS AND PATIENTS IN ALL

ADVERSE EVENTS IN PATIENTS CAUSED BY MEDICAL MANAGEMENT ARE A SERIOUS AND GROSSLY UNDERREPORTED PUBLIC HEALTH PROBLEM ONE PATIENT IN TEN ENTERING HOSPITAL WILL SUFFER AN ADVERSE EVENT OF IMPAIRMENT DISABILITY OR DEATH THIS BOOK IS A MAJOR COMPREHENSIVE EXAMINATION OF THE INCIDENCE AND CAUSES OF ADVERSE EVENTS USING DATA OBTAINED FROM HOSPITALS WITHIN THE UNITED KINGDOM UNITED STATES AND OTHER DEVELOPED COUNTRIES IT EXAMINES THE RISK FACTORS LEADING TO ERRORS THE HUMAN AND FINANCIAL COSTS AND THE SCOPE TO REDUCE ERRORS IN PARTICULAR IT FOCUSES ON THE NEED FOR A CRITICAL REAPPRAISAL OF UNDERGRADUATE TEACHING AND CLINICAL TUITION ALL HEALTHCARE PROFESSIONALS THROUGHOUT PRIMARY AND SECONDARY CARE INCLUDING CLINICIANS MANAGERS AND POLICY MAKERS AND PATIENT AND CARER GROUPS CAN BENEFIT FROM READING THIS BOOK IT IDENTIFIES POSSIBLE SOLUTIONS AND HOW ADVERSE EVENTS AND MEDICATION ERRORS CAN BE REDUCED RESULTING IN IMPROVED PATIENT CARE

THIS BOOK FEATURES ACCOUNTS OF NURSES EXPERIENCES WITH MEDICATION ERRORS PRACTICAL APPROACHES AND ADVICE REGARDING ERRORS AND SUGGESTIONS FOR RISK REDUCTION AS WELL AS POSSIBLE SOLUTIONS TO PROBLEMS PRODUCT NOW DESIGNATED AS A KIP KEEP IN PRINT EDITION AS OF $9\ 20\ 00$ WILL BE REPRINTED BASED UPON CUSTOMER NEED DEMAND

SCIENTIFIC ESSAY FROM THE YEAR 2016 IN THE SUBJECT HEALTH PUBLIC HEALTH GRADE 1 EGERTON UNIVERSITY LANGUAGE ENGLISH ABSTRACT MEDICATION ERRORS REMAIN LIFE THREATENING MISTAKES AFFECTING THE DELIVERY OF HEALTH CARE MEDICAL ERRORS ARE CONSIDERED AS A GLOBAL PROBLEM CAPABLE OF INCREASING THE LENGTH OF HOSPITALS STAY MORTALITY RATE AND OTHER RELATED COSTS THOUGH MEDICATION ERRORS CAN BE CAUSED BY ANY HEALTHCARE PROFESSIONAL A HIGH PERCENTAGE OF SUCH MISTAKES ARE MADE BY NURSES ESPECIALLY DURING DRUG ADMINISTRATION THE CURRENT RESEARCH INDICATES THAT THOUSANDS OF AMERICANS DIE ON AN ANNUAL BASIS OWING TO MEDICATION ERRORS NURSES COMMIT MAJORITY OF ERRORS DURING INTRAVENOUS INJECTION OF DRUGS WHILE POOR HAND WRITING WITNESSED AMONG PRIMARY CARE GIVERS OFTEN RESULTS TO DOSING ERRORS OTHER PRIMARY CARE GIVERS USE ABBREVIATIONS DURING PRESCRIPTIONS MAKING IT HARD FOR PHARMACISTS TO INTERPRET HENCE RISING THE RISK OF MEDICATION ERRORS MEDICATION ERRORS CAN ALSO BE ATTRIBUTED TO INADEQUATE PHARMACOLOGICAL KNOWLEDGE AND LACK OF AWARENESS OF THE ROUTE OF THE ADMINISTRATION FURTHER MEDICATION ERRORS ARE ALSO ATTRIBUTED TO COMPLEXITIES WITHIN THE HEALTHCARE ENVIRONMENT PARTICULARLY MULTIPLE PROCESSES INVOLVED IN THE MEDICATION PROCESS RANGING FROM PACKAGING TO THE ACTUAL ADMINISTRATION OF THE DRUG HEALTH SERVICES SUPPORT AGENCY 2012 THIS RESEARCH PAPER DISCUSSES MEDICATION ERRORS WITH WARFARIN AND ITS CONSEQUENCES

READ THIS BOOK IN ORDER TO LEARN WHY MEDICINES OFTEN FAIL TO PRODUCE THE DESIRED RESULT AND HOW SUCH FAILURES CAN BE AVOIDED HOW TO THINK ABOUT DRUG PRODUCT SAFETY AND EFFECTIVENESS HOW THE MAIN PARTICIPANTS IN A MEDICATIONS USE SYSTEM CAN IMPROVE OUTCOMES AND HOW PROFESSIONAL AND PERSONAL VALUES ATTITUDES AND ETHICAL REASONING FIT INTO

IN THE SECOND EXPANDED EDITION OF THE ACCLAIMED MEDICATION ERRORS 1999 MICHAEL R COHEN BRINGS TOGETHER SOME 30 EXPERTS FROM PHARMACY MEDICINE NURSING AND RISK MANAGEMENT TO PROVIDE THE BEST MOST CURRENT THINKING ABOUT MEDICATION ERRORS THEIR CONTRIBUTIONS MAKE THIS THE MOST COMPREHENSIVE AUTHORITATIVE EXAMINATION IN PRINT OF THE CAUSES OF MEDICATION ERRORS AND STRATEGIES TO PREVENT THEM MEDICATION ERRORS PROVIDES THE HEALTH CARE COMMUNITY ACUTE CARE LONG TERM CARE AMBULATORY CARE THE PHARMACEUTICAL INDUSTRY REGULATORY AFFAIRS AND ACADEMIA WITH PRACTICAL GUIDANCE TO MAKE PATIENTS WHO TAKE OR RECEIVE MEDICATIONS SAFER KEY FEATURES NUMEROUS INSIGHTS INTO THE CAUSES OF MEDICATION ERRORS INCLUDING DRUG NAMES DRUG PACKAGING AND LABELING AND ERROR PRONE ABBREVIATIONS AND DOSE EXPRESSIONS IN DEPTH ANALYSES OF PRESCRIBING ERRORS DISPENSING ERRORS DRUG ADMINISTRATION ERRORS AND ERRORS RELATED TO DRUG DELIVERY DEVICES USING EXAMPLES OF ACTUAL ERRORS FOR ILLUSTRATION DETAILED DISCUSSIONS OF SPECIALTY AREAS FRAUGHT WITH RISK CANCER CHEMOTHERAPY PEDIATRIC AND NEONATAL PATIENTS AND IMMUNOLOGIC DRUGS A COMPREHENSIVE CHAPTER ON HIGH ALERT MEDICATIONS THOSE DRUGS MOST FREQUENTLY INVOLVED IN HARMFUL EVENTS WITH PRECAUTIONS THAT SHOULD BE TAKEN TO AVOID SUCH MISHAPS DOZENS OF TABLES AND FIGURES THROUGHOUT PLUS A COLOR PLATE SECTION CAPTURING KEY INFORMATION CONCISELY

MEDICATION ERROR RATES INVESTIGATES THE PRESSING ISSUE OF MEDICATION ERRORS WITHIN HOSPITALS HIGHLIGHTING THEIR FREQUENCY CAUSES AND IMPACT ON PATIENT SAFETY AND HEALTHCARE OUTCOMES THESE ERRORS WHICH CAN OCCUR DURING PRESCRIBING DISPENSING OR ADMINISTRATION NOT ONLY ENDANGER PATIENTS BUT ALSO IMPOSE A SUBSTANTIAL FINANCIAL BURDEN ON HEALTHCARE SYSTEMS THE BOOK EMPHASIZES THE NECESSITY OF UNDERSTANDING THE FACTORS THAT CONTRIBUTE TO THESE ERRORS FROM WORKLOAD AND COMMUNICATION BREAKDOWNS TO INADEQUATE TRAINING AND TECHNOLOGY RELATED ISSUES TO IMPLEMENT EFFECTIVE PREVENTION STRATEGIES THE BOOK UNIQUELY INTEGRATES DIVERSE DATA SOURCES PROVIDING A COMPREHENSIVE VIEW OF MEDICATION ERROR TRENDS IN CLINICAL SETTINGS IT CONNECTS CONCEPTS FROM PHARMACOLOGY HEALTHCARE ADMINISTRATION AND HUMAN FACTORS ENGINEERING TO ADDRESS SYSTEMIC INADEQUACIES AND DESIGN SAFER SYSTEMS BY ANALYZING SPECIFIC ERROR TYPES SUCH AS WRONG DOSE ADMINISTRATIONS AND DRUG DRUG INTERACTION OVERSIGHTS THE BOOK PINPOINTS HIGH RISK MEDICATIONS AND PATIENT GROUPS FOR INSTANCE ERRORS RELATED TO HIGH ALERT MEDICATIONS LIKE INSULIN AND ANTICOAGULANTS CAN HAVE PARTICULARLY SEVERE CONSEQUENCES STRUCTURED TO SYSTEMATICALLY ADDRESS MEDICATION SAFETY THE BOOK BEGINS WITH FUNDAMENTAL CONCEPTS AND ERROR CLASSIFICATION IT PROGRESSES THROUGH THE ROOT CAUSES AND SPECIFIC ERROR TYPES CULMINATING IN EVIDENCE BASED PREVENTION AND MITIGATION STRATEGIES THESE STRATEGIES INCLUDE TECHNOLOGICAL SOLUTIONS POLICY ENHANCEMENTS AND STAFF TRAINING PROGRAMS ALL AIMED AT IMPROVING MEDICATION MANAGEMENT AND REDUCING PREVENTABLE MEDICATION ERRORS

THIS DISSERTATION MEDICATION SAFETY IN HOSPITALS MEDICATION ERRORS AND INTERVENTIONS TO IMPROVE THE

MEDICATION USE PROCESS BY NITHUSHI RAJITHA SAMARANAYAKE WAS OBTAINED FROM THE UNIVERSITY OF HONG kong pokfulam hong kong and is being sold pursuant to creative commons attribution 30 hong kong LICENSE THE CONTENT OF THIS DISSERTATION HAS NOT BEEN ALTERED IN ANY WAY WE HAVE ALTERED THE FORMATTING IN ORDER TO FACILITATE THE EASE OF PRINTING AND READING OF THE DISSERTATION ALL RIGHTS NOT GRANTED BY THE ABOVE LICENSE ARE RETAINED BY THE AUTHOR ABSTRACT MEDICATION ERRORS ARE AN UNNECESSARY THREAT TO PATIENT SAFETY THE AIM OF THIS STUDY WAS TO ASSESS THE EPIDEMIOLOGY OF MEDICATION ERRORS AND TO ASSESS THE EFFECTIVENESS OF INTERVENTIONS INTENDED TO AVOID MEDICATION ERRORS IN A TERTIARY CARE HOSPITAL IN HONG KONG THE EPIDEMIOLOGY OF MEDICATION ERRORS INCLUDED THE STUDY OF THE PATTERN OF INTERCEPTION OF MEDICATION ERRORS AND THE STUDY OF TECHNOLOGY RELATED medication errors using medication incidents reported during years 2006 2010 34 1 of all MEDICATION ERRORS THAT WERE REPORTED IN THE STUDY HOSPITAL WERE NOT INTERCEPTED AND 92 4 OF ALL DRUG ADMINISTRATION ERRORS REACHED THE PATIENT 17 1 OF ALL REPORTED MEDICATION ERRORS WERE TECHNOLOGY RELATED AND MOST WERE DUE TO HUMAN INTERACTION WITH TECHNOLOGY THE EFFECTS OF A BAR CODE ASSISTED MEDICATION ADMINISTRATION BCMA SYSTEM WHEN USED WITHOUT THE SUPPORT OF COMPUTERISED PRESCRIBING STAND ALONE ON ITS USERS AND THE DISPENSING PROCESS WAS STUDIED USING DIRECT OBSERVATIONS QUESTIONNAIRES LIKERT SCALE AND INTERVIEWS IT WAS FOUND THAT THIS SYSTEM INCREASED THE number of dispensing steps from 5 to 8 and dispensing time by 1 9 times potential dispensing errors ALSO INCREASED PAVOIDING THE USE OF INAPPROPRIATE ABBREVIATIONS IN PRESCRIPTIONS WILL HELP TO REDUCE MEDICATION ERRORS THEREFORE THE EFFECTIVENESS OF A DO NOT USE LIST A LIST OF ERROR PRONE ABBREVIATIONS USED IN THE STUDY HOSPITAL AND ATTITUDES OF HEALTH CARE PROFESSIONALS ON USING ABBREVIATIONS IN PRESCRIPTIONS WAS STUDIED USING PRESCRIPTION REVIEW AND QUESTIONNAIRES RESPECTIVELY THE USE OF ABBREVIATIONS INCLUDED IN THE DO NOT USE LIST DECREASED SIGNIFICANTLY PTHE USE OF ABBREVIATIONS IN PRESCRIPTIONS AND ATTITUDES OF PHARMACISTS IN THE STUDY HOSPITAL WAS COMPARED WITH A DIFFERENT MEDICAL SYSTEM TO DETERMINE THE APPROPRIATENESS OF DEVELOPING A UNIVERSAL ERROR PRONE ABBREVIATION LIST IT WAS FOUND THAT THE TYPES AND FREQUENCIES OF USING INAPPROPRIATE ABBREVIATIONS VARY AMONG DIFFERENT MEDICAL SYSTEMS IN CONCLUSION ADDITIONAL INTERVENTIONS SUCH AS TECHNOLOGICAL INTERVENTIONS ARE NEEDED TO MINIMISE DRUG ADMINISTRATION ERRORS BUT PROPER PLANNING AND CAREFUL MONITORING ARE NEEDED TO AVOID UNINTENDED ERRORS WHEN USING TECHNOLOGIES IMPLEMENTING A STAND ALONE BCMA SYSTEM AIMED AT REDUCING DRUG ADMINISTRATION ERRORS MAY AFFECT THE DISPENSING PROCESS THEREFORE EFFECTS OF A TECHNOLOGY ON ALL RELATED PROCESSES NEED TO BE CONSIDERED BEFORE IMPLEMENTATION AND MONITORED AFTER IMPLEMENTATION THE INTRODUCTION OF A DO NOT USE LIST IS EFFECTIVE IN REDUCING INAPPROPRIATE ABBREVIATIONS IN PRESCRIPTIONS AND MOST HEALTH CARE PROFESSIONALS AGREE THAT AVOIDING INAPPROPRIATE ABBREVIATIONS MAY HELP TO REDUCE MEDICATION ERRORS HOWEVER FORMUL

IN 1996 THE INSTITUTE OF MEDICINE LAUNCHED THE QUALITY CHASM SERIES A SERIES OF REPORTS FOCUSED ON ASSESSING AND IMPROVING THE NATION S QUALITY OF HEALTH CARE PREVENTING MEDICATION ERRORS IS THE NEWEST VOLUME IN THE SERIES RESPONDING TO THE KEY MESSAGES IN EARLIER VOLUMES OF THE SERIES? TO ERR IS HUMAN 2000 CROSSING THE QUALITY CHASM 2001 AND PATIENT SAFETY 2004? THIS BOOK SETS FORTH AN AGENDA FOR IMPROVING THE SAFETY OF MEDICATION USE IT BEGINS BY PROVIDING AN OVERVIEW OF THE SYSTEM FOR DRUG DEVELOPMENT REGULATION DISTRIBUTION AND USE PREVENTING MEDICATION ERRORS ALSO EXAMINES THE PEER REVIEWED LITERATURE ON THE INCIDENCE AND THE COST OF MEDICATION ERRORS AND THE EFFECTIVENESS OF ERROR PREVENTION STRATEGIES PRESENTING DATA THAT WILL FOSTER THE REDUCTION OF MEDICATION ERRORS THE BOOK PROVIDES ACTION AGENDAS DETAILING THE MEASURES NEEDED TO IMPROVE THE SAFETY OF MEDICATION USE IN BOTH THE SHORT AND LONG TERM PATIENTS PRIMARY HEALTH CARE PROVIDERS HEALTH CARE ORGANIZATIONS PURCHASERS OF GROUP HEALTH CARE LEGISLATORS AND THOSE AFFILIATED WITH PROVIDING MEDICATION SAND MEDICATION RELATED PRODUCTS AND SERVICES WILL BENEFIT FROM THIS GUIDE TO REDUCING MEDICATION ERRORS

OPEN UP IMPROVING THE QUALITY OF THE MEDICATION USE PROCESS ERROR PREVENTION AND REDUCING ADVERSE DRUG EVENTS AND YOU LL GAIN INSTANT ACCESS TO CRUCIAL DATA PERTAINING TO THE PREVENTION DETECTION AND RESEARCH OF ERROR IN HEALTH CARE SPECIFICALLY IN THE PHARMACY PROFESSION UNDER THE DIRECTION OF THIS COLLECTION OF CURRENT AND TIMELY CHAPTERS YOU LL FIND THAT YOU CAN BECOME MORE ADEPT AT DEFINING ERROR DETERMINING THE FACTORS THAT CONTRIBUTE TO ERROR AND DECIDING HOW MEDICATION ERRORS CAN BE REDUCED AND EVEN COMPLETELY PREVENTED EACH YEAR AN ESTIMATED 120 000 PREVENTABLE DEATHS AND NEARLY 1 000 000 INJURIES OCCUR DURING THE COURSE OF MEDICAL TREATMENT A STAGGERING AND ALARMING FIGURE IMPROVING THE QUALITY OF THE MEDICATION USE PROCESS TAKES A HARD LOOK AT SUCH MISGUIDED HEALTH CARE AND PROPOSES QUICK AND EFFECTIVE METHODS FOR INTERVENTION ON THE PART OF THE INDIVIDUAL PROFESSIONAL AND THE HEALTH CARE COMMUNITY AT LARGE THESE AND OTHER TOPICS WILL HELP YOU IN YOUR EFFORTS TO IDENTIFY ERROR AND DESIGN METHODS OF ERROR PREVENTION THE CAUSES OF MEDICATION ERRORS STRATEGIES RELATIVE TO SYSTEM MODIFICATIONS PRACTICE STANDARDS PACKAGING LABELING AND PRODUCT IDENTITY ACCOUNTABILITY ISSUES FROM VARIOUS MULTIDISCIPLINARY HEALTH CARE SECTORS THE MEDICAL ETHICAL AND PUBLIC POLICY CONSIDERATIONS ASSOCIATED WITH MEDICATION ERRORS AND PATIENT

INJURIES VARIOUS SYSTEM AND PRACTICE INITIATIVES CURRENTLY BEING IMPLEMENTED TO FACILITATE THE MEDICATION USE PROCESS IMPROVING THE QUALITY OF THE MEDICATION USE PROCESS IS A BOOK FOR PHYSICIANS PHARMACISTS NURSES HEALTH CARE SYSTEM MANAGERS THE PHARMACEUTICAL INDUSTRY AND THE AVERAGE CITIZEN WHO HAS BEEN IN THE HEALTH CARE SYSTEM AND WANTS TO BE INFORMED BEFORE THE NEXT TRIP TO THE OFFICE OR DRUGSTORE READ IT AND YOU LL FIND THAT YOU MORE CLEARLY UNDERSTAND THE PROBLEMS LEADING UP TO ADVERSE DRUG EVENTS YOU LL ALSO FEEL MORE DEDICATED TO TAKING THE PROACTIVE MEASURES THAT WILL MINIMIZE OR EVEN ELIMINATE MEDICATION ERRORS

MEDICATION ERRORS ARE A PRIMARY CONCERN IN TODAY S HEALTHCARE ENVIRONMENT OVER SIX OF EVERY 100 PATIENTS ADMITTED TO THE HOSPITAL SUFFER A DRUG RELATED INJURY BATES AND ALL 1999 IN ORDER TO IMPROVE PATIENT SAFETY MEDICATION SYSTEMS HAVE TO IMPROVE THE PURPOSE OF THIS STUDY IS TO DETERMINE THAT FACTORS CONTRIBUTE TO MEDICATION ERRORS THIS WAS A NON EXPERIMENTAL DESCRIPTIVE STUDY FOCUSING ON THE WAYS IN WHICH MEDICATION ERRORS CAN OCCUR THE QUALITY ASSURANCE MODEL USING RESEARCH IS THE CONCEPTUAL FRAMEWORK USED FOR THIS QUANTITATIVE STUDY THIS STUDY WAS CONDUCTED IN THE RISK MANAGEMENT DEPARTMENT OFFICE IN A MID WEST HOSPITAL APPROXIMATELY 820 INCIDENT REPORTS FROM TWO QUARTERS IN 2000 WERE REVIEWED THE SAMPLE SIZE WAS 109 OCCURRENCE REPORT FORMS INVOLVING 132 MEDICATIONS FROM TEN DIFFERENT PATIENT SERVICE AREAS DATA WAS COLLECTED USING A RESEARCHER CREATED DATA COLLECTION FORM THAT INCLUDED PATIENT SERVICE AREA DRUG CLASS AND ADMINISTRATION ERRORS THE DATA COLLECTION TOOL ALSO IDENTIFIED THE MEDICATION PROCESS AREA IN WHICH THE MEDICATION ERROR WAS MADE THE DATA WAS DESCRIBED USING DESCRIPTIVE STATISTICS THE COMPLETION OF THIS PROJECT PROVIDED CURRENT DATA AND INFORMATION THAT WILL BE USEFUL IN IDENTIFYING THOSE FACTORS CONTRIBUTING TO MEDICATION ERRORS PRACTICAL IMPLICATIONS WERE IDENTIFIED TO AID IN THE PREVENTION OF RELATED MEDICATION SYSTEM ERRORS

THE PURPOSE OF THIS STUDY WAS TO EXPLORE THE RELATIONSHIP BETWEEN NURSE CHARACTERISTICS AND MEDICATION ERRORS THE STUDY EXAMINED NURSES PERCEPTIONS OF FACTORS WHICH CONTRIBUTE TO MEDICATION ERRORS BARRIERS TO REPORTING AND FACTORS THAT INCREASE THE REPORTING OF MEDICATION ERRORS WHETHER MEDICATION ERRORS SHOULD BE REPORTED TO THE PATIENT FAMILY OR AN OUTSIDE AGENCY AND MEDICATION ADMINISTRATION TECHNOLOGY FOR REDUCING MEDICATION ERRORS A SURVEY WAS MAILED TO A RANDOM SAMPLE OF 800 REGISTERED NURSES RN FROM ACROSS THE UNITED STATES WHO WERE MEMBERS OF THE AMERICAN NURSES ASSOCIATION A RESPONSE RATE OF 49 WAS ACHIEVED USING A THREE WAVE MAILING THE PRIMARY CAUSES OF MEDICATION ERRORS IDENTIFIED WERE INTERRUPTIONS DURING MEDICATION PASS SHORT RN STAFFING NURSES CARING FOR HIGH ACUITY PATIENTS NURSES WORKING MORE THAN 12 HOURS IN ONE SHIFT AND NURSES KNOWLEDGE OF MEDICATIONS DISPENSED APPROXIMATELY ONE FOURTH OF NURSES REPORTED THEY HAD MADE AT LEAST ONE ERROR THAT HAD RESULTED IN SOME TYPE OF HARM TO A PATIENT IN THE PAST 12 MONTHS WHILE APPROXIMATELY 60 OF NURSES REPORTED MAKING ONE OR MORE MEDICATION ERRORS THAT DID NOT CAUSE HARM TO A PATIENT RANK ORDERING IDENTIFIED THREE MAJOR BARRIERS TO REPORTING MEDICATION ERRORS FEAR OF CONSEQUENCES THAT MAY RESULT IF A MEDICATION ERROR IS REPORTED FEAR OF BLAME IF SOMETHING HAPPENS TO THE PATIENT DUE TO A MEDICATION ERROR AND FEAR OF A REPRIMAND IF THEY REPORTED A MEDICATION ERROR HAD BEEN MADE NURSES PERCEIVED THAT MEDICATION ADMINISTRATION TECHNOLOGIES WOULD DECREASE MEDICATION ERRORS IN THEIR HOSPITAL THE MAJORITY OF NURSES OVERWHELMINGLY AGREED THAT MEDICATION ERRORS SHOULD BE COMMUNICATED TO PATIENTS OR FAMILIES AS WELL AS HOSPITALS BEING RESPONSIBLE FOR COMMUNICATING THEIR ERROR RATES TO THE PUBLIC RESULTS OF THIS STUDY HAVE SERIOUS IMPLICATIONS FOR INDIVIDUAL STAFF NURSES. NURSE ADMINISTRATORS AS WELL AS HOSPITAL ADMINISTRATION AND HOSPITAL SYSTEMS IN TERMS OF ERROR REDUCTION AND PATIENT SAFETY

WRITTEN ESPECIALLY FOR NURSES IN ALL DISCIPLINES AND HEALTH CARE SETTINGS THIS SECOND EDITION OF THE NURSES S ROLE IN MEDICATION SAFETY FOCUSES ON THE HANDS ON ROLE NURSES PLAY IN THE DELIVERY OF CARE AND THEIR UNIQUE OPPORTUNITY AND RESPONSIBILITY TO IDENTIFY POTENTIAL MEDICATION SAFETY ISSUES REFLECTING THE CONTRIBUTIONS OF SEVERAL DOZEN NURSES WHO PROVIDED NEW AND UPDATED CONTENT THIS BOOK INCLUDES STRATEGIES EXAMPLES AND ADVICE ON HOW TO DEVELOP EFFECTIVE MEDICATION RECONCILIATION PROCESSES IDENTIFY AND ADDRESS CAUSES OF MEDICATION ERRORS ENCOURAGE THE REPORTING OF MEDICATION ERRORS IN A SAFE AND JUST CULTURE APPLY HUMAN FACTORS SOLUTIONS TO MEDICATION MANAGEMENT ISSUES AND THE IMPLEMENTATION OF PROGRAMS TO REDUCE MEDICATION ERRORS USE TECHNOLOGY SUCH AS SMART PUMPS AND COMPUTERIZED PROVIDER ORDER ENTRY TO IMPROVE MEDICATION SAFETY RECOGNIZE THE SPECIAL ISSUES OF MEDICATION SAFETY IN DISCIPLINES SUCH AS OBSTETRICS PEDIATRICS GERIATRICS AND ONCOLOGY AND WITHIN PROGRAM SETTINGS BEYOND LARGE URBAN HOSPITALS INCLUDING LONG TERM CARE BEHAVIORAL HEALTH CARE CRITICAL ACCESS HOSPITALS AND AMBULATORY CARE AND OFFICE BASED SURGERY

PREVENTING MEDICATION ERRORS WITH MEDICATION RECONCILIATION A REVIEW ARTICLE

MEDICATION USE IS THE PREDOMINANT FORM OF HEALTH INTERVENTION IN OUR SOCIETY AND AS WE AGE THE likelihood of medication use increases dramatically with more than 80 percent of those over age 65USING ONE OR MORE MEDICATIONS ALONG WITH THAT THE POTENTIAL FOR MEDICATION ERRORS ALSO INCREASES INDEED ADVERSE DRUG REACTIONS ADRS AND ADVERSE DRUG EVENTS ADES ARE A SIGNIFICANT PROBLEM IN OLDER ADULTS WRITTEN IN A PRACTICAL FORMAT BY CONTRIBUTORS FROM AUSTRALIA AND THE UNITED STATES MEDICATION MANAGEMENT IN OLDER ADULTS A CONCISE GUIDE FOR CLINICIANS PRESENTS THE AVAILABLE EVIDENCE ON RESEARCH INTERVENTIONS DESIGNED TO REDUCE THE INCIDENCE OF MEDICATION ERRORS IN OLDER ADULTS WITH A FOCUS ON ACUTE SUBACUTE AND RESIDENTIAL LONG TERM CARE SETTINGS BECAUSE MEDICATION ERRORS CAN OCCUR AT ALL STAGES IN THE MEDICATION PROCESS FROM PRESCRIPTION BY PHYSICIANS TO DELIVERY OF MEDICATION TO THE PATIENT BY NURSES AND IN ANY SITE IN THE HEALTH SYSTEM IT IS ESSENTIAL THAT INTERVENTIONS BE TARGETED AT ALL ASPECTS OF MEDICATION DELIVERY CHAPTERS COVER THE PRINCIPLES OF MEDICAL ETHICS IN RELATION TO MEDICATION MANAGEMENT COMMON MEDICATION ERRORS IN THE ACUTE CARE SECTOR MEDICATION MANAGEMENT IN LONG TERM CARE SETTINGS NUTRITION AND MEDICATIONS THE OUTCOMES OF A SYSTEMATIC REVIEW DOSE FORM ALTERATIONS ELECTRONIC HEALTH RECORDS EHR COMPUTERIZED ORDER ENTRY COE BEERS CRITERIA AND PHARMACOKINETICS AND PHARMACODYNAMICS FOR THOSE CLINICIANS ESPECIALLY CONCERNED WITH PROVIDING THE BEST POSSIBLE OUTCOMES FOR THEIR OLDER ADULT PATIENTS MEDICATION MANAGEMENT IN OLDER ADULTS A CONCISE GUIDE FOR CLINICIANS IS AN INVALUABLE RESOURCE AND A SIGNIFICANT CONTRIBUTION TO THE BURGEONING LITERATURE ON MEDICATION FRRORS

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