The secret to implementing Standard 4

A medication safety pharmacist is the key to successful implementation of Standard 4.

There is wide acknowledgment that the number of medication errors is underreported. The reported medication error rate ranges from 1.6% to 38% of all medications administered, and it is estimated that only 25% of errors are reported.1 Currently, self-reported medication errors provide minimal information to organisations because discrepancies, in terms of reported-to-actual rates, are widespread. Medication errors are typically reported through institutional reporting systems such as incident reports. It has been estimated that organisations relying on incident reports to provide data miss up to 95% of medication errors.

It is data such as this which has cast serious doubts on the value of this reactive approach to dealing with medication errors. A proactive approach such as the National Safety and Quality Health Service (NSQHS) Standard 4, has proved to reduce medication errors by implementing systems and processes to deal with this increasing problem.

As the number and complexity of medicines in use in hospitals is increasing, the questions in regard to a systematised process for reducing the chances of medication error then become:

1. Which system/process should be introduced?
2. How is the system best implemented?
3. Who should be responsible for coordinating and monitoring effectiveness of the chosen system?

I’d suggest the answers to these questions could be:

1. Which system/process should be introduced?

Although there are a number of systems that hospitals have introduced to increase medication safety, [e.g. Failure Mode and Effects Analysis (FMEA)], Clinical Excellence Commission and NSW TAG Medication Safety Self-Assessment] the fact that ACHS is now accrediting all hospitals and day procedure services against the NSQHS Standards which includes Standard 4, speaks volumes for the value of this system in the Australian health care context.

2. How is Standard 4 best implemented?

The Australian Commission on Safety and Quality in Health Care has developed safety and quality improvement guides for each of the 10 NSQHS Standards to assist health service organisations align their quality improvement programs using the framework of the NSQHS Standards. Accreditation workbooks have also been developed. These are designed to assist hospitals and day procedure services determine if they meet the requirements of the NSQHS Standards.

3. Who should be responsible for coordinating and monitoring the Standard 4 system?

Standard 4 is a significant piece of work to implement and monitor. It requires someone with a focus and a passion for medication safety to work constructively with many other health care professionals to ensure the systems are in place and that responsibilities are shared and coordinated to achieve the objectives of the standard. I’d suggest that this person should be a pharmacist. Over the last few years the issue of medication safety has become so prominent that many hospitals have seen the value of appointing a medication safety pharmacist as the most effective means of decreasing medication errors.

The core tasks of a medication safety pharmacist according to the Society of Hospital Pharmacists of Australia (SHPA) are to ensure systems are in place for
activities such as leading the development and review of policies to enhance medication use, taking a leading role in the governance of medication safety committees, leading the development and implementation of improvement initiatives using change management techniques, promoting a ‘just culture’ in developing safety systems for medication use, sharing knowledge with other health professionals, and other activities related to reporting, risk identification, education and monitoring trends.

The key aspect of this role is to co-ordinate but not do the work that Standard 4 requires. It is appropriate that the medication safety pharmacist report to the Medication Safety Committee which may be a subcommittee of the Drug & Therapeutics Committee or more frequently these days, the Quality and Safety Committee.

One of the advantages of having a pharmacist in this role is the contact a pharmacist can have with a large network of others working in this area plus access to the tools, techniques and systems that SHPA makes available to its members such as SHPA’s Medication Safety Tool Kit. This is designed for those new to medication safety and for those with experience but who want to know more. It provides links to sites and documents that are essential resources when working in a medication safety role and provides access to content such as learning about medication safety, learning about change and improvement, reviewing and reporting adverse medicines events, implementing safety-based initiatives, measuring and auditing safety practices, high risk medicines and medication safety organisations and websites.

We should not forget the assertion made by the US Institute of Medicine in its 2000 publication, ‘To Err Is Human’ in that the problem in medical errors is not bad people in health care - it is that good people are working in bad systems that need to be made safer.

The information, guides and advice are all there. It just needs the right person with enthusiasm and access to the right information and networks with support from an effective multidisciplinary group to deliver the benefits of the Standard 4.

Sources
2 FMEA (available at: http://www.ismp.org/Tools/FMEA.asp

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