

ANALYSIS AND IMPROVEMENT OF PRESCRIPTION AND ADMINISTRATION IN HOSPITAL TRANSITIONS

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Objectives

At admission and discharge from ICU(intensive care unit) to other services, information concerning the correct medicines has to be transferred between health professionals. If this information is incomplete or lost, the correct pharmacological treatment is at risk; so it's necessary to analyze adverse events at the inpatient interface in order to optimize the medical treatment at these critical steps.

To analyze the pharmacological errors and inconsistencies that occur in medical orders of transferred patients in order to optimize the medical treatment and to implement measures to avoid pharmacological errors.

Methods

Prescription and administration orders

To analyze the frequency and severity of medical errors

Establishment measures on the reported errors

Results

- ✓ 94 patients evaluated
- ✓ 158 errors detected
- ✓ 64% (60) patients with an error
- ✓ ICU discharge report information, concerning post-discharge medicines, was only available in 60%(56)

✓ The prescription was correct in the 93% of the cases and the average number of errors per patient was 2.6

Type of errors	%
Error of omission	28% (44.2)
No administration for more than 24-36 hours	21% (33)
Medication not needed	20% (31.6)
Double administration	19% (30.2)
Error of dose	12% (19)

Modifications to optimize treatment at the in-/out-patient interface

Schedule of drugs administration

PNT's and role of physicians defined

New role for the clinical pharmacist

Conclusions

In order to achieve a higher level of pharmacological safety, some processes of the medical prescription and administration were modified. The pharmacist plays an important role in the task of detecting and avoiding errors in prescriptions and administrations in hospital transitions.