INTRODUCTION

In our country, a Platform for Continuous Improvement of Quality of Care and Patient Safety has set the following target for hospitals by the end of 2018, 100% of the High-risk medicines (HRMs) will be correctly identified and stored in a pilots unit according to the established procedure. The internal medicine ward was the pilot unit chosen for this work.

OBJECTIVES

To evaluate through a monthly audit, the compliance with the tidying procedure of HRMs established in the pilot unit.

METHODS

The tidying procedure of HRMs implemented in this unit includes:

- The withdrawal from the unit of all concentrated electrolytes.
- The storage of each HRM in a labelling area on which appears an HRM symbol in addition to the usual drug information (Fig 1).
- The HRM storage in a zone marked “HRM”, except insulins, narcotics and infusions which are respectively stored in the fridge, the narcotic chest and the infusion cabinet.
- The remoteness of HRMs “Look Alike - Sound Alike” from each other.

RESULTS & DISCUSSION

After the withdrawal from the unit of all concentrated electrolytes, the 44 remaining HRMs in the unit were identified, tidied and audited by the pharmacist.

![Fig 1: Other information on the labels](image)

The compliance for all 44 HRMs stored in the unit (64-73%) was not significantly different between the different audits (p>0,05).

Main barriers to compliance with the tidying procedure:

- Lack of staff (pharmacists, nurses)
- Variation of staff responsible for storing the HRMs in the unit cabinet
- Restricted storage space in the fridge compared to the amount of insulins
- Lack of staff awareness actions about HRMs

CONCLUSION

This work allowed highlighting the improperly stored HRMs. To further secure their storage in a care unit, more improvement and awareness-raising actions need to be carried out.

References