

MEDICATION SAFETY

World Patient Safety Day 2022: Medication without Harm

Keeping sight of the big picture



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The Medication Safety Standard requires organisation-wide systems to support safe and effective medicines use through actions that include:

- **Applying safety and quality systems** to support medication management
 - Using quality improvement systems to **monitor, review, and improve medication management**
- and
- **Defining and verifying the scope of clinical practice** for prescribing, dispensing, and administering medicines for relevant clinicians
 - **Training, educating, and supporting clinicians** to understand their **roles and accountabilities** in delivering safe and effective use of medicines.¹

'COVID normal' has been an uncertain and changing operating environment coupled with workforce disruption, depletion, and exhaustion. There is a risk that the above critical functions which underpin safe and effective medication management may take too much of a back seat to the distractions and disruptions of COVID-19 whilst addressing the immediacy of medication supply and clinical pharmacy services. With these latent risks prevalent in our workplace, it is arguably more important than ever to sustain these elements of clinical governance.

Incident monitoring

Under current circumstances, there are greater risks of human (slip/lapse) errors arising from pressures or distractions and 'at-risk behaviours' such as workarounds or deviations from safety-based policies and procedures in order to 'get the job done'.

There have been many systems and process changes necessitated by COVID-19. *However, have we evaluated the impact and potential unintended consequences of these changes, and taken steps to mitigate any new risks?* How many errors are due to gaps in knowledge, skill, or competency? Or due to a lack of awareness of correct (safe) procedures? What systems changes can help address these gaps?

Learning and Development

The importance of effective onboarding and support for new employees cannot be underestimated for ensuring the delivery of safe, high-quality care. Hospital pharmacy practice involves frequent use of a number of [high-risk medicines](#)² not routinely used in primary or residential care. Staff competencies also include safely navigating the

complex systems and processes of acute health care services, such as electronic medicines management systems and the range of [medication charts](#)³, [documentation](#)⁴, and [communication processes](#)⁵ that vary between health services.

Similarly, learning and development of existing hospital pharmacy staff that move into leadership roles is crucial. The move from a clinical to management role requires a shift in responsibility and competency: from working in clinical teams to deliver care to patients, to leading and coordinating the workforce and implementing safe and effective systems and processes for the delivery of care.⁶

For medication incidents and ‘near misses’, this means moving from basic reporting and self-reflection to developing skills in incident analysis of systems and processes, and both identifying and implementing risk mitigation strategies. This transition requires support and appropriate training.

But the challenge is: how we can support employees more efficiently under resource constraints?

Some suggestions include:

- Consider **rapid deployment** orientation programs covering highest priority education, with a robust system to monitor completion of all other necessary elements over a defined timeframe. Don't forget your new leaders!
- Collaborate — share resources and expertise between sites, and through communities such as the SHPA Specialty Practice forums.
- Keep it simple — ‘Don't let perfect be the enemy of good’.

COVID-19 and resource constraints has put significant strain on existing hospital pharmacy practice, however there are steps we can take to support staff and our workplaces and implement safe processes for the delivery of care.

References

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