

Challenges of a Medication Safety Officer

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**Government
of South Australia**

SA Health

Children's Youth and Women's Health Service



Personal Perspective

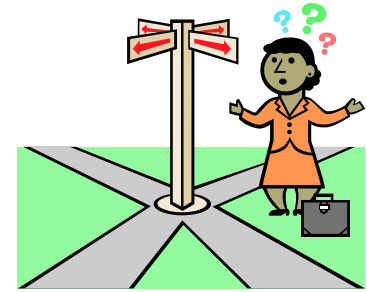




Creation of Medication Safety Officer

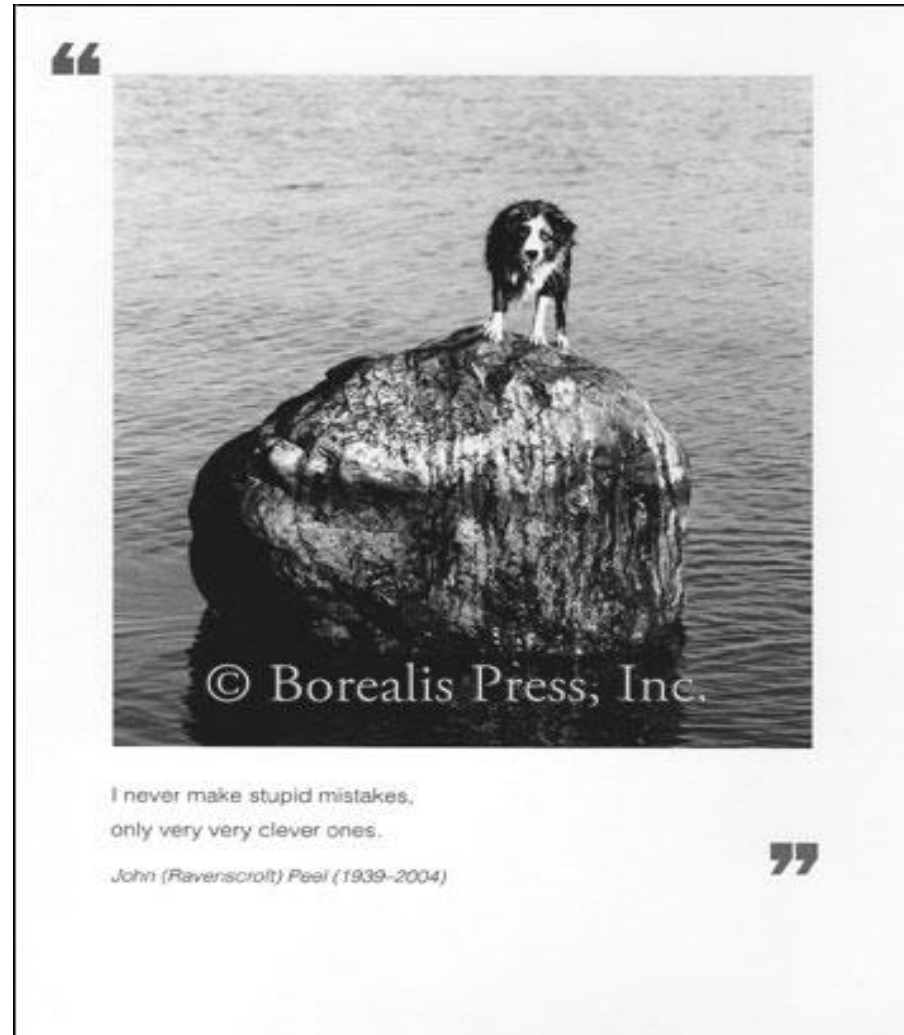
- > 0.5 FTE
- > Funding for 2 years through Pharmacy
- > Sole purpose – Medication Safety
- > Nurse or Pharmacist

What is the Role?



- > Reduce the incidents of medication adverse events in the hospital, which are a significant cause of patient morbidity and potentially mortality
- > Provide leadership for the change required to ensure maximum uptake of medication error reduction strategies
- > Critically analyse current literature to highlight potential areas where medication incidents may occur

We Don't Make Mistakes Here!



Initial Perceptions

> Role Title !



How to Change Perception



**Establish
Relationships**

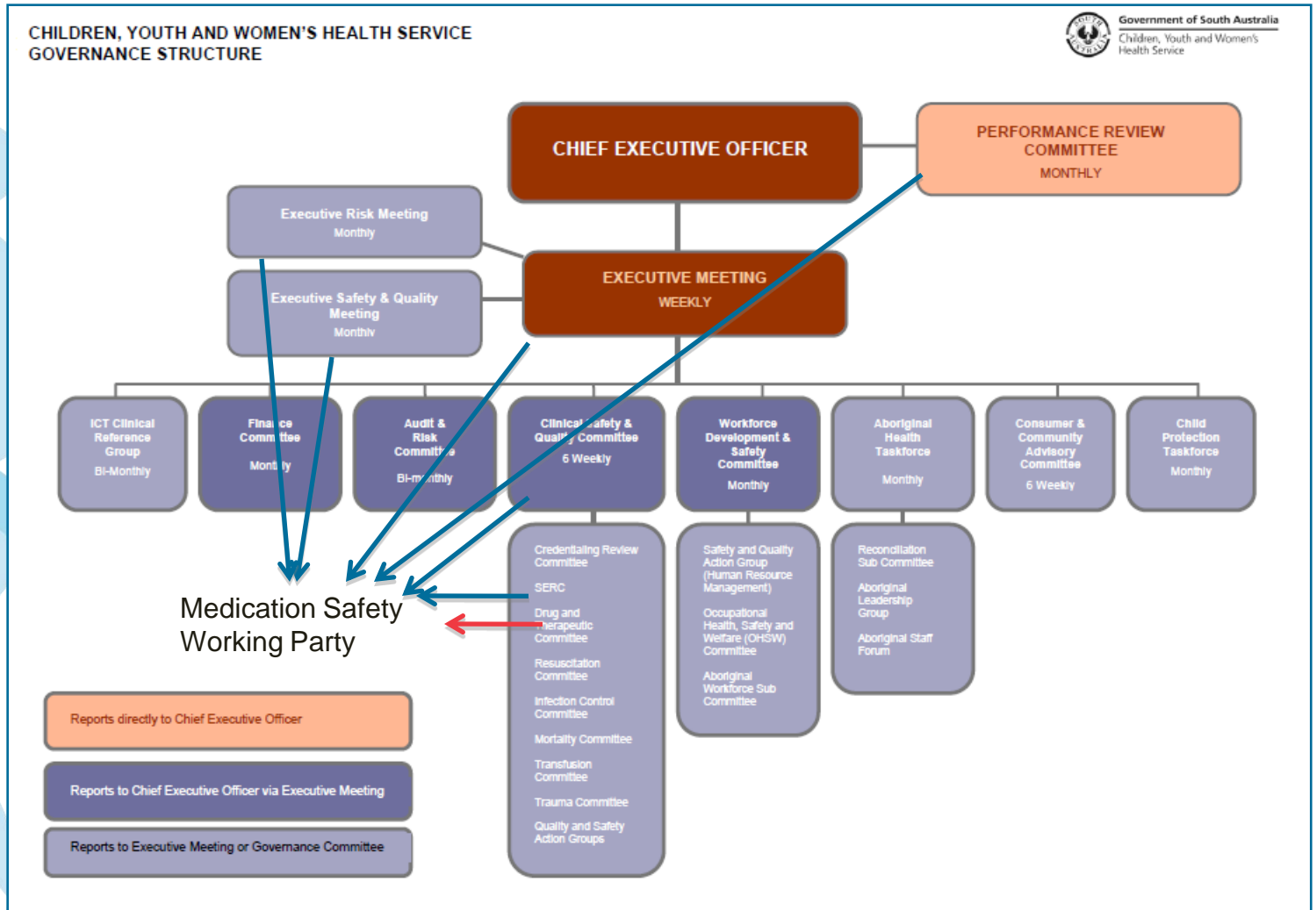
**Support No
Blame**

Feedback

Everyone Wants to Comment



Making Sense Of It All



Incidents

Projects

Changes



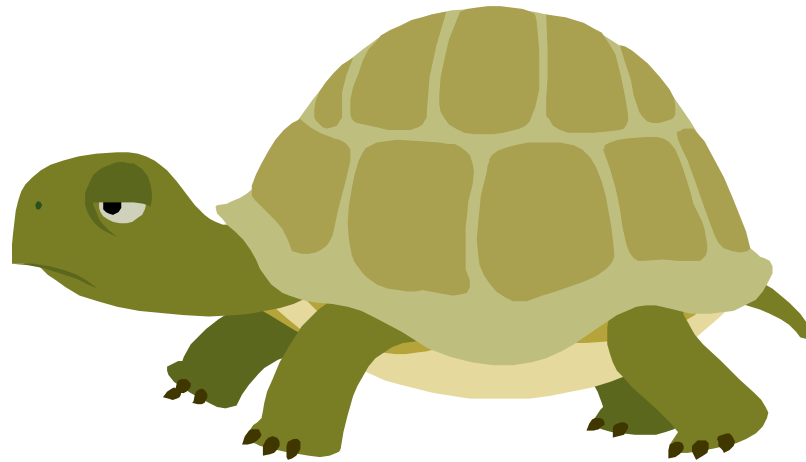
***How do
you deal
with this?***

All of a sudden!!!!!!!



Everything may seem

> SLOOOOOW



Thru the Haze





Look Back On Achievements

Yearly NIMC Audits



Medication Safety
SELF ASSESSMENT
for Australian Hospitals



Medication Safety
Working Party

Clinical Alert

Tramadol Oral Drops
CAUTION there is an increased risk of overdose in children due to the use of concentrated drops.

Recommended dose for children:
1-2mg per kg, orally, 4 - 6 hourly

- > Only use **1mL ORAL SYRINGE** to measure dose and administer
- ⚠ **NEVER GIVE MORE THAN 1mL - 100mg ADULT DOSE**
- > Each dose requires 2 nurses to check the correct dose has been prescribed and correct amount to be given before administration.



Medication Safety Working Party October 2009

Undergraduate Nursing
Lectures

Clinical Alert

Potassium Chloride Ampoules 10mmol/10mL

To reduce the potential risk of life-threatening patient harm associated with the use of intravenous potassium:



Always use Pre-Mixed intravenous solutions where possible.

- > 5% Glucose + 20mmol Potassium Chloride (1litre)
- > 0.9% Sodium Chloride + 20mmol Potassium Chloride (1litre)
- > 5% Glucose, 0.45% Sodium Chloride + 20mmol Potassium Chloride (1litre)
- > Neonatal Use Only:
10% Glucose, 0.225% Sodium Chloride + 10mmol Potassium Chloride (500mL)

Caution

- ⚠ If premixed potassium solutions do not meet clinical needs, staff shall ensure:
 - > Medication order is discussed with Medical Consultant prior to prescribing.
 - > For special administration and monitoring requirements refer to Radiatic IV Guidelines (contact M&T nurse for advice if needed) or Neonatal Medication Manual.
- > During Pharmacy hours - ampoules will only be dispensed from Pharmacy with a medication order.
- > Outside Pharmacy hours ampoules are to be obtained from PCU only with a medication order.
- > Obtain only exact number of ampoules needed.
- > Store ampoules in a locked cupboard (not impreg).
- > Return all unused ampoules to Pharmacy as soon as no longer required.

All medication orders to be independently double checked prior to patient administration.

Medication Safety Working Party October 2009

Orientation /Teaching/ In-service Sessions



CYWHS High
Risk Drugs

Online drug info in
drug rooms

Drug Calculations =
Medication Management
Program



Women's
Diabetic Focus
Group

Incident
Investigation




SA Health





Recommendations

- ✓ Clearly define the role/direction
 - ✓ Clear reporting structure
 - ✓ Communication channels
 - ✓ Focus on harm NOT numbers
- 

What We Did Well





Clear Plan

- ◆ MSSA
- ◆ NIMC Audit
- ◆ Medication Safety Working Party
- ◆ Alerts
- ◆ High Risk Drugs
- ◆ Incidents
- ◆ SA Health Medicines Advisory Group

What Keeps You Going?

- > Keeping them safe - You Do and Can make a BIG difference





This Keeps Me ON Track

SA Health