

COMPARISON OF MONTHLY MEDICATION PRACTICE AUDITS AND

IMPACT OF INTERVENTION

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INTRODUCTION

Medication Errors are one of the most common yet preventable amongst all medical errors all over the world, which not only impose a danger to lives but also put an undue burden on health care provision. This is the comparison of the monthly audit reports done from August 2019 to December 2019, of patients admitted in the Adult Mental Health Unit, Cork University Hospital, Cork, with reference to the quality improvement initiatives taken for identified deficiencies.

OBJECTIVE

The main objectives are:

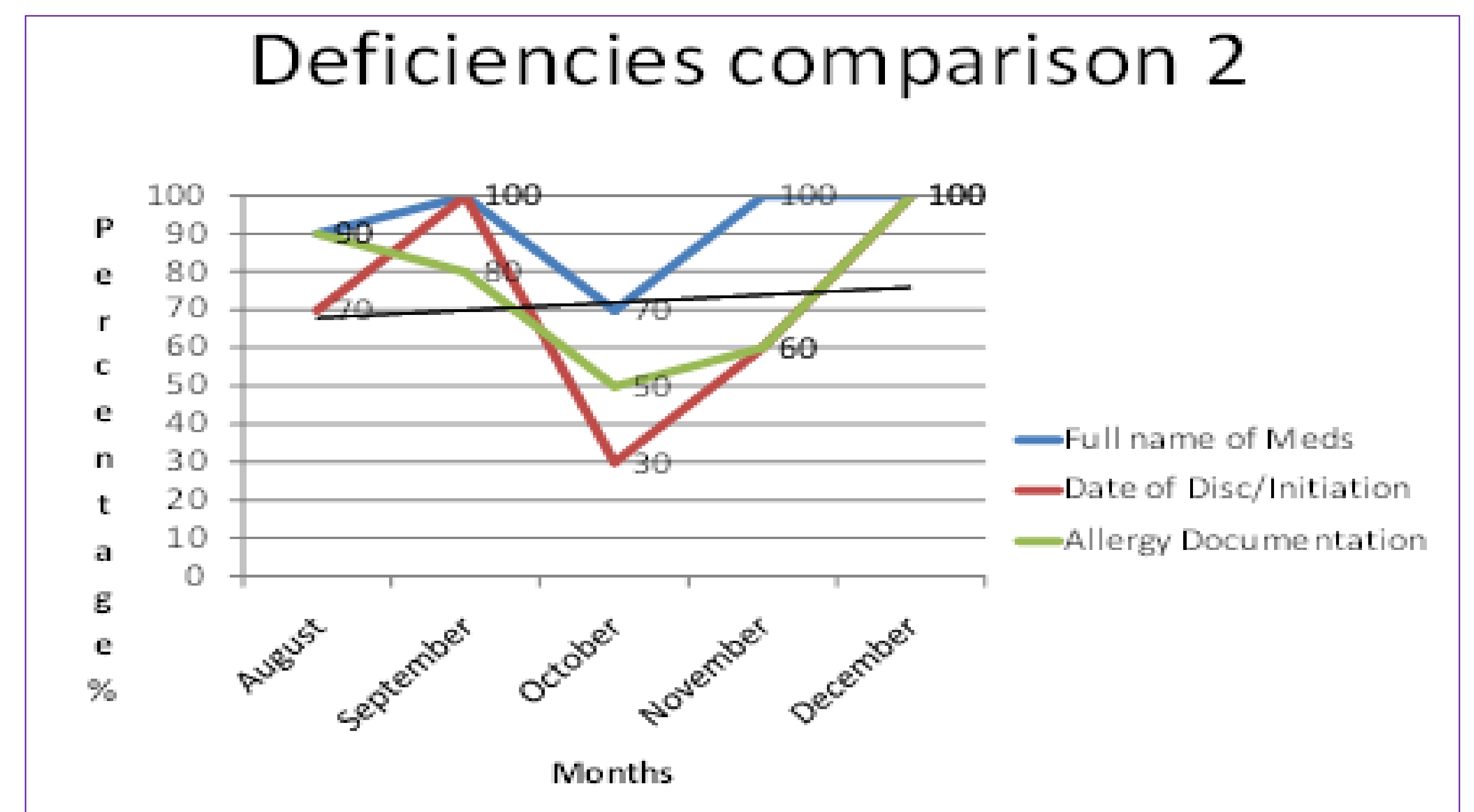
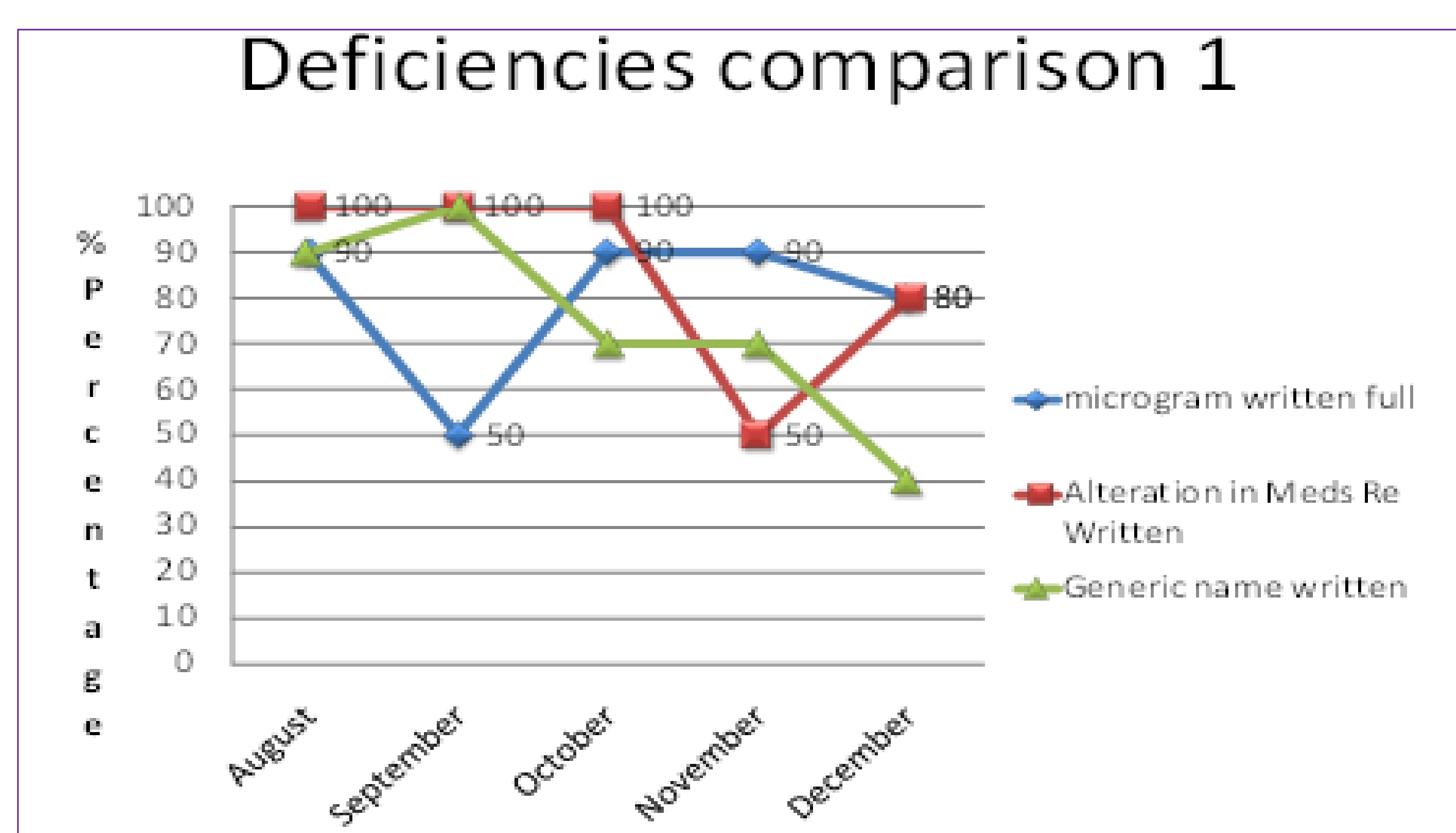
- 1: to compare the audit reports to identify the pattern of deficiencies.
- 2: to see the impact of different interventions done at department level to rectify the identified medication errors.

METHOD

All the monthly audit reports done from August 2019 to December 2019 were collected and reviewed. Out of total 27 different variables that were assessed, 19 were related to Medication Practice and Administration Records (MPAR) and 9 were related to management compliance. All variables were recorded in percentages against each month. The results were compared with reference to the actions taken and interventions applied.

RESULTS

Comparison of All 5 months data showed practice of 'Micrograms written in full' was steady at 80-90 % in all these months. 'Allergies recorded' practice declined gradually in initial 4 months, with sudden rise to 100% in December. 'Generic name of medication written' showed a gradual fall during last 3 months from October to December from 100 % in September to 40 % in December.



The practice of 'date of initiation and discontinuation of medication written' showed rise and fall throughout the period with maximum fall at 10 % in December. 'Signature done in with medication order written' showed a dip of 30 % in November with sudden rise to 100 % in December. 'Any alteration in medications re-written' was maximally practiced in initial 3 months and declined in the next 2 months with drop to a lowest point in November (40 %). It was observed that most of the deficiencies were in month of October, while the results were most compliant in November.

Quality Improvement Action Plan

Months	Memo Issued to All staff (By Clinical director)	Email reminder sent to all staff	Educational session arranged	Working Group monthly meeting held
Aug.	No	YES	No	No
Sept.	No	No	Yes	No
Oct.	No	No	No	No
Nov.	Yes	No	Yes	No
Dec.	No	Yes	No	No

CONCLUSION

- Action and intervention plans are important to improve the medication practice and it should be done regularly.
- Teaching and awareness sessions are equally effective as the departmental memos and notifications to make improvement in medication practice, as a quality improvement plan.

Disclaimer: Conflict of interest: None; Permission from Director: taken

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