HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: XI-114 MEDICATION ERROR REPORTING	**POLICY #**: 1270
	VERSION: 1
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DATE APPROVED: 09/15/2017	

PURPOSE: To provide guidelines for the reporting of medication errors and to establish a systematic approach to monitoring, prevention, reduction and management of medication errors.

POLICY: All health professionals, who either commit or discover medication errors, shall report the error to the attending physician or Anesthesiologist and enter it into The Safety Intelligence Network (SI).

DEFINITION:

Medication Errors are drug misadventures that should be preventable through effective systems control and may include:

- Dose omission
- Wrong drug
- Wrong dosage, strength/concentration
- Wrong technique, route of administration, rate, duration, time, patient
- Monitoring errors

PROCEDURE:

1. Upon the discovery of a medication error, the health care professional encountering the error must immediately notify the attending physician or Anesthesiologist.

2. Whenever a medication error has reached a patient (as per description in C, D, E, F, G, and H in the Table), whoever discovers the event shall notify the prescriber or ordering provider. The prescriber or ordering provider must take prompt corrective measures as deemed necessary.

3. The prescriber or ordering provider will notify the patient and his/her family, if appropriate.

4. All health professionals who a) notice circumstances or events that have the capacity to cause error in the use of a medication, b) commit a medication error or c) discover a medication error shall notify their supervisor and complete a PSN report.

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CATEGORIES AND SEVERITY LEVELS OF MEDICATION ERRORS:

HARM SCORES USED IN THE SI

Physical Harm

9. **Death** – Death at the time of assessment
8. **Severs Permanent Harm** – Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with functional ability or quality of life. Prognosis at the time of assessment.
7. **Permanent Harm** – Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at the time of assessment.
6. **Temporary Harm** – Bodily or psychological injury, but likely not permanent. Prognosis at the time of assessment.

No Physical Harm

5. **Additional Treatment** – Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery and/or expected in future as a direct result of event.
4. **Emotional Distress or Inconvenience** – Event reached patient; midland transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as by observation; physical examination; laboratory testing, including phlebotomy; and/or imaging studies). Distress/inconvenience since discovery and or expected in future as a direct result of event.
3. **No Harm evident, physical or otherwise** – Event reached patient, but no harm evident.
2. **Near Miss** (requires selection of one of the following)
    - Fail-safe designed into process and/or a safeguard worked effectively
    - Practitioner or staff who made the error noticed and recovered from the error (avoiding any possibility of it reaching the patient).
    - Spontaneous action by a practitioner or staff member (other than the person making the error) prevented the event from reaching the patient.
    - Action by the patient or patient's family member prevented the event from reaching the patient.
    - Other
    - Unknown
1. **Unsafe Condition**

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CRITICAL EVENT: Critical events resulting in severe injury, death or unanticipated outcome to the patient or non-patient shall be reported up the chain of command when an emergency situation is over, if applicable, or within 4 hours as follows:

1. Enter into the PSN
2. Report to Risk Management Department at extension 14235
3. Report to immediate supervisor
4. Supervisor to report to appropriate administrative staff/

DOWNTIME REPORTS:

When the internet access is not available, downtime reports can be done using SI blank forms available on the UHC website but must subsequently be entered into the SI system by the reporter or manager.

REFERENCES:

DHS Policy No. 311 and 311.2

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