Olive View-UCLA MEDICAL CENTER

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

Policy Title:	**MEDICATION ERRORS**		
Category:	10 - Medication Management	**Policy No.:**	1019
Originally Issued:	11/13/2012	**Update (U)/Revised (R):**	2/10/2017
Distribution:	**Hospital-Wide** ☒	**If not Hospital-Wide, Other:**	

PURPOSE:

To ensure the organization makes timely notifications of medication error events, initiates appropriate corrective actions and educates staff on safe medication management practices

DEFINITION(S):

Medication Error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.

POLICY:

Medication errors are uniformly defined across the institution and are reported through the UHC Safety Intelligence (SI) system.

PROCEDURE:

I. Medication Error Reporting

a. Medication errors, including near misses, and adverse drug reactions (ADRs) are reported to the UHC Safety Intelligence system.
b. Pharmacy Interventions are documented in ORCHID to identify near misses and potential errors due to prescribing errors.
c. Any individual discovering a medication error will immediately communicate this finding to the responsible physician. The involved parties will discuss steps required to avoid additional patient harm.
d. Either of the involved healthcare providers will enter the required information regarding the medication error into the UHC Safety Intelligence System.

II. Patient Notification

a. The responsible physician will notify patients of medication errors that occur in the inpatient setting. A pharmacist will notify patients of outpatient pharmacy errors after reviewing the event with the Pharmacy Director.

III. Medication Error Review

a. An investigation of medication errors shall commence as soon as reasonably possible, but no later than 2 business days from the date the medication error is discovered. All medication errors discovered shall be subject to a quality assurance review.
b. In the event of any potential serious consequences, a prompt, corrective measure must be taken. Two business days should not lapse before the situation is remedied.

IV. Quality Assurance

a. The record of the quality assurance review, as provided above, shall be immediately retrievable in the pharmacy for at least one year from the date the record was created.
b. Assigned pharmacist(s) will keep statistics and identify trends for evaluation at the Medication Use Evaluation Committee. The MUE committee performs a systems-based review of medication errors/potential errors and recommends appropriate corrective action to prevent medication errors from occurring.
c. Reports are forwarded quarterly to the Medication Safety Committee and Pharmacy and Therapeutics Committee for review and implementation of corrective action, if deemed appropriate.
d. In an effort to minimize recurrence of medication errors, the pharmacy will prepare educational material for distribution. This may include Institute for Safe Medication Practice (ISMP) Alerts, The Joint Commission Sentinel Alert bulletins as well as articles in the pharmacy newsletter pertaining to medication errors and safe medication practices.

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

National Coordinating Council for Medication Error Reporting and Prevention.
United Healthcare Consortium. www.uhc.edu

APPROVED BY:

Dellone Pascascio (Chief Nursing Officer)
Anne Robinson (Compliance Officer)
Shannon Thyne (Chief Medical Officer)