



An Effective Tool to Enhance a Culture of Patient Safety and Assess the Risks of Medication Use Systems

Julie Greenall, David U and Robert Lam

Full article available here: <http://www.longwoods.com/product.php?productid=17663&cat=399&page=1>
Healthcare Quarterly, 8(Sp) 2005: 53-58

INTRODUCTION

Adverse events involving medication use represent a significant patient safety issue in Canada. This was most recently identified through the findings of the Canadian Adverse Events Study, released in May 2004 (Baker et al.) One strategy for addressing this issue is to utilize a systems approach to patient safety rather than focusing on individual performance. Practitioners, however, need tools to assist them in identifying system weaknesses as well as guidance and direction for improvement. This paper describes the Canadian experience with such a tool; namely, the acute care hospital Medication Safety Self-Assessment™ (MSSA), which was designed to assist hospitals to identify areas of risk in their medication use systems.

The MSSA, originally developed by the Institute for Safe Medication Practices (ISMP) in the United States, was adapted for use in Canada in 2002 by ISMP Canada (with support from the Ontario Ministry of Health and Long-Term Care). The MSSA is a comprehensive survey tool for use by a multi-disciplinary hospital team. The tool consists of 195 evaluative characteristics that serve to assess the safety of medication practices within the hospital and identify opportunities for improvement. Most of the characteristics represent system improvements ISMP and ISMP Canada have recommended in response to analysis of medication errors or problems identified during on-site consultations.

SURVEY FORMAT AND METHODOLOGY

The MSSA is divided into 10 key elements of safe medication use and then subdivided into 20 core characteristics (see Appendix 1). Each core characteristic section is made up of representative individual characteristics. Hospitals are asked to rate their compliance with each individual characteristic using the following scale:

- A: No activity to implement this characteristic
- B: Discussed, but not implemented
- C: Partially implemented in some or all areas
- D: Fully implemented in some areas
- E: Fully implemented throughout

Each response is assigned a weighted score. The scores were developed by ISMP through an assessment of the impact on patient safety and the ability of the characteristic to ensure sustained improvement (Smetzer 2003.) The higher weighted score indicates a greater impact on the safety of the medication use system as a whole. Completion of the self-assessment requires a three- to five-hour commitment by a team of physicians, pharmacists, nurses and senior administrative staff. Once the completed survey has been submitted via the ISMP Canada website, individual users can compare their results to those of other respondents, on both a national aggregate and provincial/regional aggregate basis.