

Medication Safety in Long-Term Care Facilities

By Annette Down

Medication safety is not a new phenomenon. However, awareness of the issues regarding medication safety in long-term care has warranted little attention from researchers and the popular press to date. As our population ages and more and more individuals move into long-term care facilities with multiple care needs, medication safety will quickly become a topical issue for administrators, risk managers, front-line staff and those involved with continuous quality improvement initiatives in long-term care facilities. The importance of educating long-term care employees about medication errors cannot be stressed enough as medication errors result in needless suffering and preventable costs. In fact, American researchers have estimated that for every dollar spent on drugs in nursing facilities, \$1.33 in health care resources is consumed in the treatment of drug-related problems.¹

Presently, it is difficult to quantify the problem of medication errors in both long-term care facilities and hospitals, as there is no national reporting mechanism. However, the Institute for Safe Medication Practices Canada (ISMP Canada), is working with other professional organizations and government agencies to improve the situation. In the meantime, it is important for employees in long-term care to recognise the issues unique to medication safety in their sector and to be able to operationalise how these issues affect their professional practice.

National Perspective

At the national level, the Canadian Council on Health Services Accreditation has demonstrated their commitment to patient safety by capturing medication error prevention, monitoring and reporting in their Achieving Improved Measurement standards. However, not all long-term care facilities are accredited. Similarly, not all institutions providing long-term care services across the country are licensed. In some facilities, it is questionable if registered staff are the individuals administering medications.

Provincial Perspective

At the provincial level, it is difficult to compare long-term care services across the country as each province's system of long-term care has evolved independently. The levels of care vary across the country, as do the names of the institutions providing care. For example, Nova Scotia offers two levels of care while Prince Edward Island offers five. Similarly, confusion ensues because the term 'long-term care facility' is not synonymous across the country. Care may be provided in institutions that offer similar services but the facilities are called a variety of terms including nursing home, extended care facility, and long-term care facility. Likewise, each province is governed by different legislation and the Acts vary regarding medication error reporting. It is not mandatory that provincial Pharmacy Acts or respective Nursing Home Acts contain regulations regarding medication error reporting.

The Role of Long-Term Care Facilities

While inconsistencies and lack of coordination are apparent across the country, long-term care facility administrators and employees can be proactive in recognizing medication errors and assessing their impact on residents.

Numerous long-term care facilities outsource their pharmacy services. In fact, the interaction between a consultant pharmacist and a long-term care facility has been shown to reduce costs, reduce the average number of medications per resident and improve drug regimens. However, facilities with contracted pharmacy services must examine the adverse drug events (medication

errors that have caused patient harm) and look for contributing factors to do a proper follow-up. Among other incidents, long-term care facilities with contracted pharmacy services must be able to monitor and report incidents related to missed doses, omitted doses, incorrect doses, and medication administered to the wrong resident. Responsibilities for reporting to each facility's Pharmacy & Therapeutics committee must be clearly delineated and constructive feedback should result.

Physicians, pharmacists and front-line staff should also be aware of inappropriate prescribing practices and common medications associated with error. Several Canadian and American researchers have produced literature on these topics. Likewise, health care professionals should be aware of residents at risk of experiencing a medication error. These residents may include those who consume multiple medications, exhibit aggression, and have low body mass.

Effective Leadership

Considering that medication errors are by definition preventable, it is essential that leaders play a proactive role in promoting medication safety in long-term care facilities. First and foremost, leaders need to express to employees that error-free practice is not realistic and medication errors will occur. While leaders need to acknowledge that long-term care employees have a heavy workload and are plagued by interruptions, they must also do their best to make system improvements to minimize potential harm reaching the patient.

Some organisational cultures support incident reporting, while others do not. Leaders can reduce barriers to reporting medication errors in health care organisations by increasing the level of trust in an organisation; thereby creating an atmosphere where individuals are not blamed for mistakes but systems are examined to determine the root cause of error. Similarly, leaders should take steps to simplify medication incident forms so that the time to report an error is reduced. Documentation should be viewed as a means to improving communication among interdisciplinary teams.

Ideally, processes should be streamlined so that the number of handoffs between employees are reduced and reliance on memory is decreased. Medication error monitoring and reporting can be an integral component of an organisation's continuous quality improvement program and the use of performance indicators should be maximised so that the potential for system error is reduced.

Reference:

1. Harrison, D.L., Bootman, J.K. & Cox, E. R. (1997). Cost-effectiveness of consultant pharmacists in managing drug-related morbidity and mortality at nursing facilities. American Journal of Health-System Pharmacy, 55, 1588-1594

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