MEDICATION INCIDENT REPORTING in residential aged care facilities: Limitations and risks to residents' safety

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Medication is the most common therapeutic intervention in aged care facilities. The reporting of medication incidents is hence a critical safety care process. A medication incident is defined as "any preventable event that may cause/lead to inappropriate medication use/patient harm while the medication is in the control of the healthcare professional, patient/consumer". This may be related to professional practice, healthcare products, procedures and systems, including prescribing, order communication, product labelling, packing, etc.

Medication incident reporting (MIR) is important because it offers providers a means to describe/document incidents resulting from system failures. The report collects information that can be analysed to identify/address safety risks by understanding the types, possible/actual effects and incident causes.

This summary details findings from an Australian study[1] undertaken between May to July 2011 of three aged care facilities.

Some of the Study's Findings include:

Gaps in the Medication Incident Report's Design

- Had limited areas to include causal/contributory factors (i.e., how one error can lead to another – such as a missed signature resulting in a missed dose administered, etc.);
- Failed to indicate system features available/needed to prevent future incidents from occurring; and
- Did not record the incident's impact on the resident.

Gaps in the MIR Process

- **Double handling of information:** Data which needed to be input/transferred to different platforms (i.e., paper to paper, paper to electronic, etc.) were done manually, increasing the risk of errors.
- **Temporal constraints in MIR completion:** A delay from the time of identification to the time of incident reporting may have occurred if staff were busy.
- **Heterogeneity in information storage practices:** Different sites had their own ways/places for storing reports, leading to potential missing information.
- **Information loss:** When it came to summarising the contents of the reports for submission to headquarters, judgement was left to the manager on what needed to be included, resulting in potential information loss.
- **Reliance on verbal handover of information:** Lack of formal handover meetings increased the manager's responsibility to verbally convey information about incidents to incoming staff.

Recommendations:

Better Designed Medication Incident Reports

- Reports should facilitate root cause identification and allow an analysis of the interrelationship between different factors (i.e., an incident's cause may be related to other stages of medication management); and
- Include standard checklists to reduce reporting bias, identify common breakdown points and eliminate unnecessary narrative information.

Integrate MIR Process with Existing Systems

- Facilitate seamless flow of information by integrating the MIR process with an organisation's information and communication technology (ICT) systems;
- Ensure well-designed, integrated and carefully implemented electronic reporting which can increase accessibility, accuracy, eliminate ineligible forms, ease use and automate reporting;
- Automate recording of process efficiency measures (i.e., total response time for the incident, etc.) to help evaluate MIR process rigour organisation-wide; and
- Use handheld devices to reduce MIR delays.

Proactive Exchange of Information with Key Stakeholders

- Maximise information exchange between key stakeholders through the use of ICT and in its absence, automated alerts (through pagers/ mobile devices) to facilitate a multi-disciplinary approach to MIR.

[1] Limitations of the study can be found on page 14 of the journal article.

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