Medication errors PCDA

Medication errors are defined as a failure in the treatment process, which could be dispensing, administering, or prescribing medication and could lead to or harm the patient. The most common form of medication error is the use of over the counter drugs. These are the most common medication errors because one does not need a prescription to get them. There are detrimental health effects of medication errors such as excessive bleeding or liver damage and, ultimately, death. Additionally, the patients also face the risk of getting addicted to such medication, negatively impacting their social aspect. In the world today, we have over 200,000 people who die out of medication error, making the problem quite significant (Top & Cam, 2016). It affects the patient and the health institution such as spoils the institution's reputation, creates a lack of trust between the patients and the facility, increases cost in medication, and reduces the confidence in healthcare providers. Following the magnitude of the problem, the paper will seek to address medication errors, types of the error, outcomes, current trends, and how to reduce the errors to improve safety and quality of health care in the organization using the PDCA tool.

**What are medication errors?**

A medication error is defined as the inappropriate dispensing, administration, or prescribing of drugs to a patient and later causing harm to the patient. The error can either be done by the medical personnel or the patient himself when self-prescribing, such as OTC drugs. There are various forms of medication errors such as mismatch of patients with the medicine, wrong medicine administration, omitted medicine, wrong formulation, and wrong frequency or dosage.

**Possible causes of medication errors**

Studies show that patients' misidentification brings about the most common form of medication error. Nurses have the responsibility to ensure that measures directed to the patient are followed to the latter. The accuracy of the nurse is quite crucial since it influences medication use in patients. Correct capturing of the patient's information could be the solution to stop medical errors. Information such as age, allergies, and previous infections give avenues for the right diagnosis by medics hence choosing the appropriate drug (Top & Cam, 2016).

Nurses also are in charge of all the routine checks in the health facilities hence having the oversight on dosage administration and frequency. It is also essential for nurses to understand things that affect the patient, such as their history and allergies, which could negatively affect the patient if the information is not considered when administering drugs. Information relating to patients should also be correctly interpreted since the wrong interpretation may lead to medical errors. An example of inaccurate lab results has resulted in some bacterial infections becoming resistant to treatments raising the cost of treatment for such patients.

Miscommunication is also another way in which medication errors can occur in health facilities. Lack of proper communication between the nurses and other medical personnel may cause medication errors since information may be distorted, causing misunderstanding when administering medication (Top & Cam, 2016).

Environmental factors are also a significant cause of medication errors. Lack of proper organization and schedules in medical facilities causes stress to the health providers and may interfere with their working schedules causing some of them to work more hours than required hence causing fatigue, promoting medication errors.

Nevertheless, getting a patient's information has become more accessible, especially with the introduction of technology. Health Information systems ensure patient data is recorded electronically and creates designs such as the introduction of armbands with a barcode scanning machine used to identify patients and make retrieving their information a lot easier, reducing medication errors in patients' data.

**Possible solutions to Medication Errors**

Firstly, hospitals should provide and introduce proper communication channels between the patients and the nurses. In language barriers, services such as translations can help understand the patients' medical history and allergies, hence preventing any form of misdiagnosis that may arise from miscommunication.

Hospitals can introduce Health Information Systems that could be integrated with all the medical personnel, especially nurses since they are the primary caregivers in these institutions. The HIS is more accurate since they have the patients' information such as age, allergies, medical history, and previous doctors' prescriptions. The systems also record the frequency of medical dosage offered to the patient, creating fewer medication errors.

Effective communication is also another way of an adequate and effective method of preventing medication errors. There should be clear communication between the patients and the medical personnel between the nurses and other medical providers since communication plays a significant role in reducing medication errors. The language barrier can also cause medication errors, making it essential for nurses to understand their grievances (Efstratios, 2020).

It is introducing systems that will prevent the overworking of medical personnel. The designs ensure a schedule gives each medical personnel ample time to relax, preventing them from making medication errors that may result from stress and fatigue. Orderliness in the workplace has been known to make medication administration easier and precise, minimizing medication errors in Health facilities.

**Practical approach and Implementation**

To prevent medication errors, organizations should introduce proper systems that ensure appropriate communication among medical providers and patients. One way of achieving adequate communication is through Health Information Systems since they are practical and timely. HIS has minimal risk in the communication chain since all information is online and is easily retrieved.

The other reason for using HIS is because the system creates schedules for every personnel giving them ample time to relax and prevents work logs that are often a cause of medication errors. The system also has the patient's information giving medical personnel the background of patients in terms of allergies, medical history, and medical prescriptions giving nurses and doctors an easy time determining the medication they will administer the patient.

Conclusion

Despite medication errors being prominent in our health care system, it is essential not to judge the parties involved since human is to era. Instead of playing the blame game, institutions should develop ways to handle the errors and educate their people on the importance of proper administration of medication. Integrating healthcare with information systems seems to be the way forward of reducing medication errors since it holds everyone accountable for administering drugs to patients. It reduces the workload that ensures the medical personnel is focused on minimizing mistakes. Lastly, it stores information applicable in the coming days in cases where there is a change of medical personnel, ensuring continuity in the treatment process. It is also important to note that medication errors are caused by medical personnel and the patients, hence the urgency to conduct more research.

References

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