

Are QIP's Improving Healthcare Outcomes?

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INTRODUCTION

Medication error is a preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is under the nurse (National Coordinating Council for Medical Reporting and Prevention, 2015).

Administering medications have become more complex over the years due to new processes and due to many changes, there has been an increase in medication errors. (NMIC, 2016)

Medication errors occur from prescription, to entering medication order information, to pharmacy dispensing, to the nurse administering the medication. (NCC MERP, 2015)

Errors can cause death, life-threatening situations, hospitalizations, disability. (FDA, 2019)

SIGNIFICANCE

- On average, a hospital patient is subject to at least one medication error per day (FDA, 2019)
- The U.S. Food and Drug Administration (FDA) receives more than 100,000 U.S. reports each year associated with a suspected medication error. (FDA, 2019)
- National Medicines Information Center found that there is 1 medication error in every five doses, reporting a 500% increase in medication errors in the past decade. (NMIC, 2016)

POSITION STATEMENT

QIP such as medication reconciliation, nursing calculation classes, and proper medication dispensing technology can improve healthcare outcomes for patients.

SUPPORT FOR POSITION

- “This work highlighted the importance of MR in reducing UMDs; pharmacists should be engaged in developing and delivering a MR service. In addition, this project also stressed the need for a structured quality improvement approach that favours close collaboration and continuous communication between healthcare professionals” (Curatolo, 2015 p. 118)
- “Before administering any medication, clinicians should review the medication, its purpose, and the dose with the patient and ask them to verify that all are correct. The clinician should offer an opportunity for the patient to ask questions or raise concerns, and if anything is unclear the administration should be delayed until everything is resolved. This extra line of defense before the last step can be crucial in preventing adverse drug events.” (Institute for Healthcare Improvement, 2021)
- “By dispensing each dose from the pharmacy in a single unit that is ready for administration without further steps, the risk of an administration error leading to an adverse drug event can be significantly reduced.” (Institute for Healthcare Improvement, 2021)

IMPLICATIONS FOR PRACTICE

QIP that work towards decreasing medication errors are an important practice of nursing. In order to evaluate the quality of nursing medication administration, quality indicators were made.

- Medication errors are quality indicators. The pharmacists, doctors, and nurses must work together to decrease medication errors. Involving each other in the patient's MAR, decreases errors (Buerhaus, 2015, p. 28)
- QIP can better educate nurses on dosage calculations, understand the MAR, and proper patient education. A proper MR is needed upon arrival to the hospital to better understand home medications, allergies, and purpose of new medications in the hospital. Proper medication management by the nurse decreases risks, patient stays, and even death. (Institute for Healthcare Improvement, 2021)
- A safe prescribing guide (SPG) was developed to educate new healthcare professionals' proper dosages and highlighted side effects that are common. SPG is used in many hospitals nationwide to help with changing technology. (NMIC, 2016)



(WHO, 2021)

CONCLUSION

QIP such as medication, reconciliation and inter-disciplinary team collaboration can decrease medication errors and improve patient outcomes by minimizing extra hospital stay time and preventing any never events.

It is the nurses' goal to limit distracts while administering medications to reduce error. Medication reconciliation is mandatory between doctors, nurses, and pharmacists to reduce error. The nurse is mainly responsible for medication error, so it is important to take the time to teach and review medications with patients and calculating proper dosages before administration.

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