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DOCUMENTATION OF PRESCRIBING PROCESSES USED IN A LONG TERM PSYCHIATRIC SETTING

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INTRODUCTION

It has been shown that prescribing for in-patients in a psychiatric setting maybe extremely poor[1].

AIMS

To identify risks, both perceived and actual, which lead to errors during drug prescribing for in-patients in a psychiatric institution where electronic prescribing and drug prescribing systems are not available.

METHOD

The study was divided into two phases.

Phase 1—Direct observational studies were undertaken during which 57 patient ward rounds were followed. These observational studies were performed using a checklist that had been first validated. Four visits were performed at each of the 3 acute wards chosen. For each ward round performed, 17 actions were followed. The same patient and patient file were not recorded twice.

Phase 2—A questionnaire was disseminated to 14 healthcare professionals, namely physicians (6), nurses (6) and pharmacists (2) practising at the psychiatric institution to evaluate the root causes contributing to prescribing errors. Healthcare professionals were asked to identify three main causes of prescribing errors at the psychiatric institution and three best ways on how to avoid these errors.

RESULTS

During the first phase of the study treatment charts were consulted in 45 of the cases The consultant met the patient on 58% (n=57) of the cases although the patient was always met by the rest of the healthcare team. With respect to the patient file, both treatment charts as well as drug histories were legible in 77% (n=57) of the cases. None of the files contained illegibility in both the treatment chart as well as the drug histories.

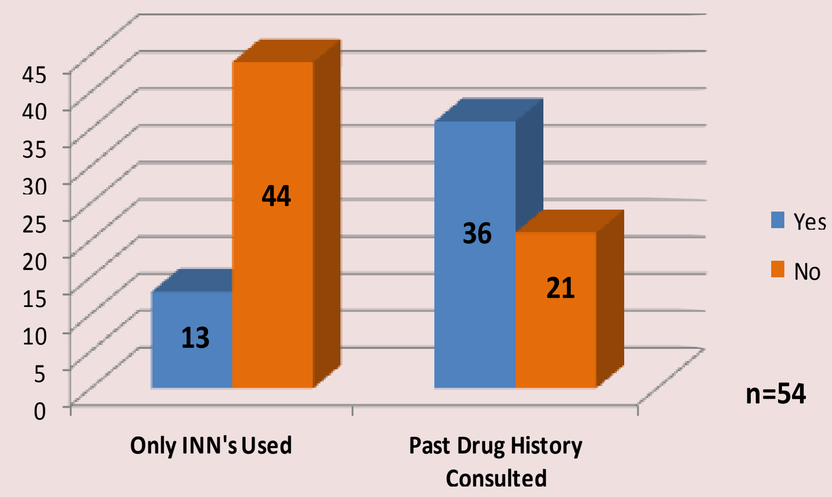

Figure 1—Only INN's Used in treatment charts and Past Drug History Consulted

In the second part of the study, the three main concerns of healthcare professionals for factors that increase the risks for prescribing errors include unclear communication between the healthcare professionals making up the consultant's team (7), which also included illegible handwriting, lack of personnel (6) leading to an increase in workload for the rest of the healthcare professionals and cluttered drug treatments charts (6).

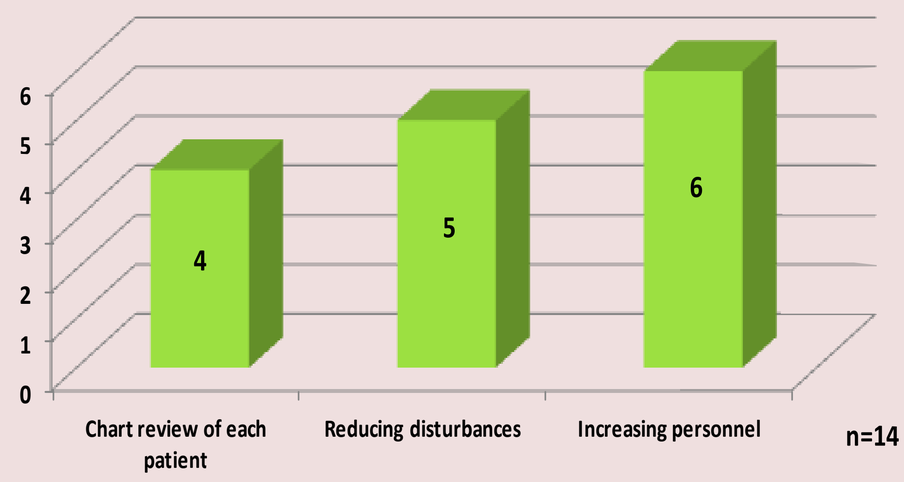

Figure 2—Three main ways on how to avoid drug prescribing errors

CONCLUSION

The study sheds light on the need for pharmacists to propose an updated version of the drug treatment chart so as to reduce clutter as well as modernising the patient file to electronic versions to reduce the possibility of illegibility as well as reducing error risk. Communication with other health care professionals on the need to consult treatment charts and drug histories during ward rounds and subsequent prescribing can also be co-ordinated.

REFERENCES

1. Nirodi P, Mitchell A.J. The quality of psychotropic drug prescribing in patients in psychiatric units for the elderly. Aging and Mental Health 2002; 6(2):191-6.