

ENHANCING PATIENT SAFETY THROUGH INTERACTIVE EDUCATION

Annalise Attard¹, Francesca Wirth², Lilian M Azzopardi², Anthony Serracino-Inglott¹

¹Malta Medicines Authority, San Gwann, Malta

²Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

email: annalise.a.attard@gov.mt

INTRODUCTION

Pharmacy practice is evolving to incorporate a patient-centred approach to the scientific background.

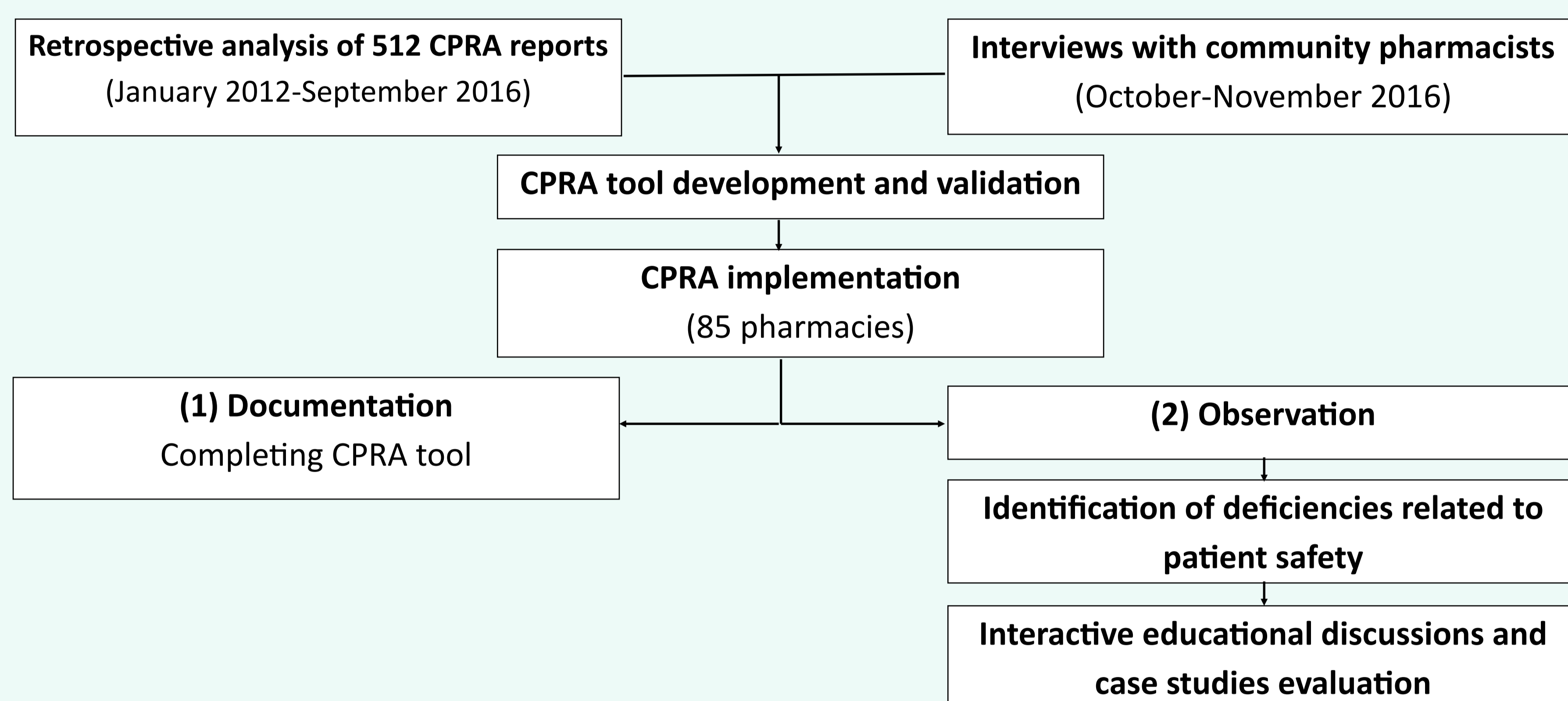
The evaluation of community pharmacy practice to enhance patient safety by carrying out the assessment in an interactive educational way is envisaged.

AIMS

To develop and implement a tool for community pharmacy regulatory audits (CPRAs), and

To identify case studies from CPRAs to recommend improvements to patient safety.

METHOD



RESULTS

The seven case studies identified are: four dispensing problems, two inventory deficiencies and one inequity of treatment. Following educational interventions (N=44) by the auditor, concordance through interactive educational discussions with the pharmacist was reached and corrective and preventive actions (N=46) were taken to address the deficiencies. Standard operating procedures were developed, such as for temperature recording identifying who is responsible for the procedure, record-keeping and recording supervision of pharmacy staff, rotation and recording of expiry dates with methods for alerts were devised and methods to communicate with patients, including when a possible error is detected, were identified.

Case study	Educational Interventions (N=44)	Corrective and Preventive actions (N=46)
Dispensing error of methotrexate 2.5mg instead of methyl dopa 250mg	5	7
Near-miss medication error	5	3
Dispensing POM without prescription	6	7
Filling of NHS prescriptions by non-pharmacist staff	6	6
Expired vaccines	7	8
Inappropriate storage temperature: Refrigerator temperature below 2° C	9	11
Inequity of treatment between private and NHS patients	6	4

CONCLUSION

Interactive evaluation helps towards promoting patient safety by identifying errors, near-misses, inappropriate prescriptions, unsupervised pharmacy staff, expired items, inappropriate storage of medicines and treatment inequity. The educational interaction evolved in instituting methods to prevent recurrence of these patient safety issues. These real case scenario case studies could be used as a tool to teach in pharmacy practice patient safety interventions.