ISMP Survey Reveals Pharmacy Interventions Key to Reducing Hospital Medication Errors

Barriers remain despite best efforts of pharmacy managers

Huntingdon Valley, PA July 12, 2002----While pharmacy interventions can play a key role in reducing hospital medication errors, a national survey conducted by the Institute for Safe Medication Practices (ISMP) revealed that barriers to optimizing this powerful medication strategy are present in all hospitals, regardless of size, type, or teaching affiliation.

According to Michael R. Cohen, RPh, MS, ScD, ISMP surveyed more than 600 hospital pharmacy managers to learn how well pharmacy interventions were implemented in their facilities. “This is the first such survey of its type and the findings clearly show that pharmacy interventions have a foothold in healthcare and are well received by the medical staff”.

While the survey revealed broad support for pharmacy interventions, it also uncovered system barriers that prevent pharmacists from having the impact on patient safety that could result from more effective clinical intervention services. Among the barriers cited were: poor technology support, inadequate staffing, lack of clinical skills
and motivation, and an inefficient documentation process. Respondents cited access to information as the least frequent barrier, but 30-45 percent of pharmacists still felt that they did not have easy access to information about drugs and patient, respectively.

On the positive side, 94 percent of respondents felt that the medical staff responded well to pharmacists’ interventions. In fact, about a third reported that physicians accepted more than 95 percent of recommendations, and only 10 percent reported that physicians accepted less than 80 percent of pharmacy recommendations. Specifically, the most common types of pharmacy interventions performed in hospitals fell into two categories: Routine (performed in the pharmacy) and Targeted (performed on patient care units).

Routine:

▪ Assuring orders were complete
▪ Checking for allergies
▪ Dose verification

Targeted:

▪ Antimicrobial therapy
▪ Renal dosing
▪ Monitoring special populations (e.g. pediatrics)

The least common targeted pharmacy interventions included anticoagulation and pain management monitoring.

“Although our survey discovered considerable barriers exist to implementing pharmacy interventions, we also found that vital clinical pharmacy activities are occurring daily in hospitals of all sizes. However, the information is not being used to its
fullest capacity to improve the systems involved in prescribing medications. Hospitals
need to make concerted efforts to review their pharmacy intervention services and
maximize their benefits,” according to Judy Smetzer, RN, BSN Vice President of ISMP.

For more information, visit the ISMP website at www.ismp.org. Complete
statistical information may be found at: www.ismp.org/MSAarticles/Survey.htm;
www.ismp.org/MSAarticles/Survey2.htm