

Flies on the Wall



Our experience implementing the
Auburn Medication Error Detection System

Margaret Ellis, PharmD & Mary Lou Parks, RPh
Certified Medication Observers
North Mississippi Medical Center
Tupelo, MS

AU Meds Observer Training Program

- Three-day, on-site observer training program
- Software for data entry, analyses and reports
- Tech support, program updates
- Follow-up support throughout year

Observation Method

How does it work?



- Hospital nurse or pharmacist trained to become observer
- Observer goes to selected nursing unit during peak workload period
- Record medications as actually given

Observation Method
How does it work?

- Record current orders from patient chart

- Compare observation notes with original orders to identify errors.

- Data entered into error analysis software program

**Medication Administration
Error**

Any deviation from the
physician's written order

Opportunity for Error

A dose administered or omitted.

Opportunity for Error

Don't count these doses:

- Doses left at bedside
- Un-interpretable physician orders
- Doses given by students
- Medication refused by patient

**ERROR
CATEGORIES**

Omission
Error

Failure to give an ordered dose

Unordered Drug
Error

Administration of a medication
that was never ordered for that patient

Extra Dose
Error

Dose given in excess
of the total number of times ordered

Wrong Dose
Error

An amount of medication is given that is different from that ordered

Wrong Time
Error

Administration of a dose more than 60 minutes before or after it is due

Wrong Route
Error

Medication is administered using a different route than ordered

Wrong Form
Error

Dose in different form than
ordered is given

Wrong Technique
Error

Incorrect or omitted action
during preparation or administration
of a dose that does not result in
another type of error

Error Determination

- Review current patient orders on chart
- Compare orders to Med Pass data
- Deviations = Error
- Categorize error
- Calculate accuracy rate

Clues to cause: Pharmacy

- Medication not available
- Wrong strength provided

Clues to Cause: Nursing

- Drug information deficiency
- Workload demands high
- Interruptions
- Error in judgment
- Procedure not followed
- Transcription error
- Technique error
- Stolen ("borrowed") dose

Clues to Cause: Systems

- Arm band not scanned/checked
- Override
- Hardware failure
- Pyxis/dispensing cabinet failure
- Software failure
- Bar code failure

**Advantages
of Direct Observation**

- Real-time reporting
- Objective
- If observed, will be reported

Advantages of Direct Observation

- Independent of awareness of error
- Defensible: every dose witnessed
- Reporting done by observers
- Proactive

Advantages of Direct Observation

- Better understanding of what happened
- Ease in using data for trending,
benchmarking
- System oriented-errors viewed as system
defects

Limitations of Direct Observation

- Cost
- Fatigue
- Influence of observer

Concerns of Direct Observation Method

- Nurses will do better if you're watching them.
- Nurses will make more mistakes when you're watching them.
- Only insignificant errors are detected.

How do nurses feel about being observed?



Most don't mind if:

- Results are being used to evaluate systems
- Use is non-punitive
- Observers are non-obtrusive

Observing Nurses

- Busy nurses soon ignore unobtrusive observers.
- Special training is used to minimize the effect of the observer (Flies on the wall)

Successful Observers

- Nurse or Pharmacist with recent experience in a staff position
- Familiarity with medications being used, and maintain knowledge base of this information
- Ability to be non-judgmental as you record data
- Willingness to act & dress unobtrusively

Successful Observers

- Willingness and ability to maintain confidentiality of results
- Willingness to adhere to the observation methods taught
- Good vision
- Ability to stand on your feet for several hours straight, and move quickly to stay out of the nurse's way

Successful Observers

- Good interpersonal skills
- Adapt to unexpected developments
- Computer skills useful
- Ability to perform detailed work in an accurate, efficient, organized manner
- Must learn to be a fly on the wall

FAQs

Should we still observe for errors if we have bar code med verification?

Do observers intervene when they see an error?

Are self-report systems still needed?

Why collect data on all errors instead of just significant ones?

Interesting Findings

- Look alike / Sound alike
- Pharmacy inventory
- Medication timing
- Multi dose vial dispensing
- DO NOT CRUSH meds
- Physician orders not entered


