

New blood-thinner measures may cut medication errors

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Blood thinners are the preferred treatment option to prevent heart attacks, blood clots and stroke, but they are not without risk, and not just because of their side effects. These high-risk drugs, known as anticoagulants, account for nearly 7 percent of medication errors in hospitalized patients.

With [health care organizations](#) facing greater pressure to ensure the safe and effective use of anticoagulants, new guidelines have been developed by a panel of health care experts led by Edith Nutescu, [clinical pharmacy](#) professor at the University of Illinois at Chicago and director of UIC's Antithrombosis Center, and endorsed by the board of directors of the Anticoagulation Forum, a group dedicated to optimizing anticoagulation care.

The eight procedures have been published in the *Annals of Pharmacotherapy*.

- Standardized dosing protocols should be available on each hospital floor or be accessible through the hospital's [electronic medical record](#) or intranet site. Technology – computerized physician order entry, bar code scanning, programmable infusion pumps, and examining a patient's range of dosage – can also be used in reducing medication errors. In the absence of technology-based systems, having a pharmacist on patient rounds has been shown to reduce errors by up to 78 percent, Nutescu said.

- A multidisciplinary team comprised of physicians, nurses, and pharmacists should care for each patient. Clinicians in quality and safety, laboratory, dietary, and information technology should also be considered for the team. A team leader will provide better communication about the anticoagulation management system to team members, or other specialized practitioners, should complex therapeutic situations arise.
- The anticoagulation management system must incorporate a reliable means (electronic whenever possible) of identifying and tracking [patients](#) receiving therapy. It should be integrated with all patient-care resources in the [health care system](#) to ensure accurate and efficient communication of patient information and optimal care.
- Evidence-based standards of practice should be used to ensure the appropriate management of all drug therapies. The clinical use of all treatments should be organized on a drug-specific basis using protocols, guidelines, policies and procedures, Nutescu said. Clinical standards should be periodically reviewed and updated to ensure they reflect current evidence and are coordinated with other policies and procedures.
- Inadequate knowledge of a patient's medication or condition is one of the most frequently cited causes of medication prescribing errors, said Nutescu. Therefore, the anticoagulation management system should provide staff training, ongoing educational development and documented competency assessment for all multidisciplinary personnel involved in the therapy.
- To achieve better patient outcomes, patient education is vital. "Many patients have inadequate knowledge regarding their medication therapy," Nutescu said. "Improved outcomes have been reported when patients take responsibility for, understand, and adhere to an anticoagulation plan of care." Patient education may include face-to-face interaction, group training sessions, and written and audiovisual materials. Written materials should be

developed at an appropriate reading level and, when possible, in the patient's native language.

- Procedures should be designed for patients' safe transition from inpatient to outpatient, or to other settings. Patients with complex or chronic medical conditions, including those on high-risk anticoagulation therapy, are prone to adverse outcomes from inadequate care transitions, Nutescu said. Three elements of effective care transitions include: education on blood thinning agents; timely follow-up care with the primary care physician or specialist; and communication between patient and health care provider.
- Continuous quality improvement is essential to improving patient safety and optimizing outcomes while reducing costs, Nutescu said. Reviewing how well the system works and what impact it ultimately has on the patient are two components that should be employed to show how quality is being improved.

Provided by University of Illinois at Chicago

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