

MEDICATION SAFETY

World Patient Safety Day 2022: Medication without Harm

Five things we can do to support patient safety every day



Bonnie Tai¹, B Pharm (Hons), M Clin Pharm, Adv Prac Pharm, MSHP

1. Medication Safety Leadership Committee, The Society of Hospital Pharmacists of Australia, Collingwood, Australia

"People, safety, and quality are more than a priority; they are a value."

- Anon.

Our healthcare system has been challenged significantly by the COVID-19 pandemic. Clinicians are in survival mode, feeling stressed and exhausted. No one has the capacity to start new initiatives, or plan for quality improvement.

Medication safety systems and processes that were developed over past decades — such as standards for medication documentation, naming and labelling, standardised medication charts, high-risk medication clinical decision support, and integration of clinical pharmacists in healthcare teams — have all been put to the test. Anecdotally, these systems and processes have demonstrated robustness and resilience, supporting clinicians in providing safe and effective care despite being under tremendous pressure.

The pandemic has re-directed clinicians back to basics and our core values when resources are sacred. Each day pharmacists and pharmacy technicians work tirelessly to ensure patients receive safe, appropriate, and effective medication management. Here are five things we can do to support this important work:

1. Medication access is patient safety business

Medication shortages have been a major patient safety risk in recent years. Prolonged shortages, frequent recalls, constant brand changes, and non-registered products — just to name a few. One of the most important, yet under-recognised, values of pharmacy is our role in managing procurement, performing safety checks, communicating changes, recommending alternative therapy, and planning for contingency. Ensuring continuity of access to the right medication at the right time for the right patient is core patient safety business.

2. Patients know best

Talk to patients, families, and carers whenever possible. It does not only help build rapport, but also helps gather useful information quickly, enable prioritisation, and identify opportunities for intervention. Also, observe patients' appearance, movement, and mood. Their non-verbal cues tell us so much more, like treatment response, side effects, or changes in condition. What reads okay in medication charts or medical records may not fully reflect the patient's experience.



3. Communicate!

Communication breakdown is one of the common contributing factors to adverse events. Document essential medication information clearly in clinical records and share with healthcare teams consistently. Utilise the SBAR tool (Situation, Background, Assessment, Recommendation). Never make assumptions. If you're feeling unsure about something, speak up and seek clarifications. If something seems odd, share observations and feedback with colleagues.

4. "If knowledge is power, then curiosity is the muscle"

Be interested, ask questions, and learn from other disciplines — particularly their priorities, processes, and clinical considerations. Spending time in 'small talk' may seem counter-productive, but it's about building trust and understanding, and enhancing healthcare teamwork and collaboration. As a result, our patients benefit.

5. Self-care comes first

Clinician burnout has been shown to increase patient safety risk.^{1–3} Professional exhaustion, empathy fatigue, and depersonalisation may lead to poor communication and decision-making, and negative attitudes, which adversely affects teamwork climate and safety. Remember — we are humans, not robots. Looking after ourselves is as important as looking after our patients. It's normal to feel tired and uncomfortable during this testing time. **Halt if feeling Hungry, Angry, Late and/or Tired.** Ask for help if needed.

To all pharmacists and pharmacy technicians: Thank you for keeping patients safe every day.

References

- 1. Garcia CL, Abreu LC, Ramos JLS, Castro CFD, Smiderle FRN, Santos JAD, et al. Influence of Burnout on Patient Safety: Systematic Review and Meta–Analysis. *Medicina (Kaunas)* 2019; **30**: 553.
- 2. Dewa CS, Loong D, Bonato S, Trojanowski L. The relationship between physician burnout and quality of healthcare in terms of safety and acceptability: a systematic review. *BMJ Open* 2017; **7**(6): e015141.
- 3. Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. *PLoS One* 2016; **11**(7): e0159015.