

Medication Misadventures

Just Culture (1115)

Source: *Council on Pharmacy Practice*

To recognize that the principles of *just culture* promote an environment in health care organizations in which safety is valued, reporting of safety risks is encouraged, and a fair process is used to hold staff and leaders accountable; further,

To encourage hospitals and health systems to include *just culture* as a component in organizational safety culture surveys and quality improvement initiatives.

Standardization of Device Connections to Avoid Wrong-Route Errors (1018)

Source: *Council on Pharmacy Practice*

To advocate for development and use of medication administration device connectors and fittings that are designed to prevent misconnections and wrong-route errors; further,

To support the use of oral syringes that are readily distinguishable from injectable syringes and connect only to oral or enteral adapters and fittings; further,

To oppose the use of injectable syringes for other than injectable routes of administration; further,

To identify and promote the implementation of best practices for preventing wrong-route errors.

Medication Safety Officer Role (1019)

Source: *Council on Pharmacy Practice*

To advocate that accountability for development and maintenance of a medication safety program in hospitals and health systems be assigned to a qualified individual (i.e., a medication safety officer or leader of a medication safety team); further,

To advocate that individuals in these roles have the authority and autonomy to establish priorities for medication-use safety and make the necessary changes as authorized by the medical staff committee responsible for medication-use policy; further,

To affirm that pharmacists are uniquely prepared by education, experience, and knowledge to assume the role of medication safety officer or other leadership role in all activities that ensure the safety, effectiveness, and efficiency of the medication-use process; further,

To support all pharmacists in their leadership roles in organizational medication-use safety, reflecting their authority over and accountability for the performance of the medication-use process.

Just Culture and Reporting Medication Errors (1021)

Source: *Council on Pharmacy Practice*

To encourage pharmacists to exert leadership in establishing a just culture in their workplaces and a nonpunitive systems approach to addressing medication errors while supporting a nonthreatening reporting environment to encourage pharmacy staff and others to report actual and potential medication errors in a timely manner; further,

To provide leadership in supporting a single, comprehensive, hospital- or health-system-specific medication error reporting program that (1) fosters a confidential, nonthreatening, and nonpunitive environment for the submission of medication error reports; (2) receives and analyzes these

confidential reports to identify system-based causes of medication errors or potential errors; and (3) recommends and disseminates error prevention strategies; further,

To provide leadership in encouraging the participation of all stakeholders in the reporting of medication errors to this program.

(Note: A just culture is one that has a clear and transparent process for evaluating errors and separating events arising from flawed system design or inadvertent human error from those caused by reckless behavior, defined as a behavioral choice to consciously disregard what is known to be a substantial or unjustifiable risk.)

This policy supersedes ASHP policy 0910.

Minimizing the Use of Abbreviations (0604)

Source: *Council on Administrative Affairs*

To support efforts to minimize the use of abbreviations in health care; further,

To collaborate with others in the development of a lexicon of a limited number of standard drug name abbreviations that can be safely used in patient care.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Pharmacist's Responsibility for Patient Safety (0227)

Source: *Council on Professional Affairs*

To affirm that individual pharmacists have a professional responsibility to ensure patient safety through the use of proven interventions and best practices; further,

To affirm that employee performance measurement and evaluation systems should incorporate measures that support and encourage a focus on patient safety by pharmacists.

This policy was reviewed in 2006 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Statutory Protection for Medication-Error Reporting (0011)

Source: *Council on Legal and Public Affairs*

To collaborate with other health care providers, professions, and stakeholders to advocate and support federal legislative and regulatory initiatives that provide liability protection for the reporting of actual and potential medication errors by individuals and health care providers; further,

To seek federal liability protection for medication-error reporting that is similar in concept to that which applies to reporting safety incidents and accidents in the aviation industry.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Drug Names, Labeling, and Packaging Associated with Medication Errors (0020)

Source: *Council on Professional Affairs*

To urge drug manufacturers and FDA to involve practicing pharmacists, nurses, and physicians in decisions about drug names, labeling, and packaging to help eliminate (a) look-alike and sound-alike drug names, and (b) labeling and

packaging characteristics that contribute to medication errors; further,

To inform pharmacists and others, as appropriate, about specific drug names, labeling, and packaging that have documented association with medication errors.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Medication Errors and Risk Management (0021)

Source: Council on Professional Affairs

To urge that pharmacists be included in health care organizations' risk management processes for the purpose of (a) assessing medication-use systems for vulnerabilities to medication errors, (b) implementing medication-error prevention strategies, and (c) reviewing occurrences of medication errors and developing corrective actions.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Medication Misadventures (9805)

Source: Council on Administrative Affairs

To affirm that pharmacists must assume a leadership role in preventing, investigating, and eliminating medication misadventures across the continuum of care.

This policy was reviewed in 2007 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Human Factors Concepts (9609)

Source: Council on Professional Affairs

To encourage pharmacists to apply human factors concepts (human errors related to inadequate systems or environment) in the prevention, analysis, and reporting of medication errors; further,

To encourage research (in conjunction with other groups, as appropriate) to identify human factors causes of medication errors and opportunities for their prevention.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.