

Medication Misadventures

Reporting Medication Errors (0910)

Source: *Council on Public Policy*

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 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 recognizes that individual practitioners should not be held accountable for system failings over which they have no control, and that many individual or “active” errors represent predictable interactions between human operators and the systems in which they work. However, a just culture does not tolerate conscious disregard of clear risks to patients or gross misconduct.)

This policy supersedes ASHP policy 9918.

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.

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 2004 by the Council on Legal and Public Affairs 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 2004 by the Council on Professional Affairs 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 2004 by the Council on Professional Affairs 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 2004 by the Council on Professional Affairs and by the Board of Directors and was found to still be appropriate.