

THE MEDICATION-USE-SYSTEM SAFETY STRATEGY (MS³)

INTRODUCTION AND TASK ANALYSIS

A Project of the American Society of Health-System Pharmacists (ASHP) Center
on Patient Safety

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THE MEDICATION-USE-SYSTEM SAFETY STRATEGY (MS³)

Introduction

The Medication-Use-System Safety Strategy is a systematic approach for health care organizations wishing to design, implement, and maintain safe medication-use systems. This proposed strategy should be used by hospitals and health systems as an integral part of the organization's overall approach to patient safety.

The Medication-Use-System Safety Strategy provides practical guidance for action. It includes currently theorized and known principles necessary for designing, implementing, and maintaining safe medication-use systems. Implementation of this new strategy is the function of a highly skilled interdisciplinary team. The typical health care organization will form a team of several individuals, with each member assuming some of the responsibilities of a medication-use safety coordinator as described in the job responsibilities and associated tasks that follow.

Effective medication-use-safety teams should include at least one pharmacist, one nurse, and one physician who, in their roles as practicing clinicians, have a thorough knowledge and understanding of the organization's medication-use system. The team should also include other key individuals who interact with the medication-use process. For the Medication-Use-System Safety Strategy to be effective, organizations will need to grant the team authority to make decisions and carry them out in a coordinated fashion. Doing this will require a meaningful commitment to patient safety by health-system administrators and boards of directors.

Interpreting the Task Analysis

- The purpose of a task analysis is to gain a thorough understanding of a specific area of work performance and then to accurately describe it.
- The intent in this task analysis is to cover the full scope of work---job responsibilities and associated tasks---were a health care organization to engage in the design, implementation, and maintenance of a safe medication-use system.
- This task analysis assumes that an individual---but more likely a team---might fulfill the total set of job responsibilities.

- A job responsibility is defined as a broad, sweeping statement about an area of work. The responsibility itself does not need to be an observable, measurable behavior.

- The sum of tasks listed under a particular job responsibility answers the question, “What would an individual or team have to do in order to fulfill this job responsibility?” Each task statement must describe a single observable, measurable behavior. One would expect the task statements to be included in job descriptions to specify precisely what the individual is expected to do and to serve as the basis of a performance appraisal.
- The presentation of this task analysis is sequential, adding more detail with each subsequent section. The first section shows the framework of categories under which the job responsibilities have been placed. The second section adds the job responsibilities. The third adds the tasks.
- Because there is no universal agreement on the terminology used in medication-use-safety discussions, this document offers a short glossary to clarify the definitions assigned to selected terms used in this task analysis.

How to Use the Task Analysis

The task analysis can be used by a health care organization’s administrators and others in the organization concerned with the creation of a safe medication-use system to frame an overall approach to designing, implementing, and maintaining such a system. The job responsibilities clarify all the broad areas that must be addressed if all components of a fully functioning system are to be in place. If the health care organization is already working on its medication-use process, the task analysis can be used as a diagnostic tool to identify missing pieces in the organization’s overall strategy.

The catalog of job responsibilities and task statements provides a guide to assigning responsibilities to team members. The responsibilities and tasks are worded to support the direct transfer into job descriptions.

ESTABLISHING A MEDICATION-USE-SYSTEM SAFETY STRATEGY (MS³)
TASK ANALYSIS

CATEGORIES OF JOB RESPONSIBILITIES

Patient and Medication Information

Prescribing and Monitoring

Communication of Medication Orders

Medication Labeling, Packaging, and Nomenclature

Medication Standardization and Storage

Medication Preparation, Distribution, Dispensing, and Administration

Medication Delivery Device Acquisition, Use, and Monitoring

Environmental Factors

Staff Competency and Education

Patient Education

Quality Processes and Risk Management

Legal and Regulatory Compliance

Management and Organizational and Public Liaison

JOB RESPONSIBILITIES BY CATEGORY

Patient and Medication Information

JOB RESPONSIBILITY 1: Ensure that all patient-specific and medication-specific information needed to support effective medication-related patient care decisions is readily available in a useful form to physicians, nurses, pharmacists, and other pertinent health care providers.

JOB RESPONSIBILITY 2: Ensure that all formulary decisions critically consider medication safety.

Prescribing and Monitoring

JOB RESPONSIBILITY 3: Ensure that processes for prescribing and monitoring medication therapy minimize the potential for medication errors.

Communication of Medication Orders

JOB RESPONSIBILITY 4: Ensure that methods for the communication of medication orders minimize the risk of errors.

Medication Labeling, Packaging, and Nomenclature

JOB RESPONSIBILITY 5: Minimize the potential for errors associated with medication products due to labeling, packaging, or medication names that look or sound alike.

Medication Standardization and Storage

JOB RESPONSIBILITY 6: Ensure that i.v. solutions, medication concentrations, doses, and administration times are standardized whenever possible.

JOB RESPONSIBILITY 7: Ensure that medication storage is safe and secure throughout the institution.

JOB RESPONSIBILITY 8: Ensure the safety of product changes.

Medication Preparation, Distribution, Dispensing, and Administration

JOB RESPONSIBILITY 9: Ensure that double-checks and other verifications are in place to ensure the safety of medications requiring special preparation (e.g., medications requiring extemporaneous compounding, antineoplastic agents, and new medications with unique preparation requirements).

JOB RESPONSIBILITY 10: Ensure that medications are delivered to patient care areas in a safe and secure manner and are available for administration within a time frame that meets essential patient needs.

JOB RESPONSIBILITY 11: Ensure that double-checks and other verifications are in place to guarantee the safety of dispensed medications.

JOB RESPONSIBILITY 12: Ensure that double-checks and other verifications are in place to guarantee the safe administration of medications.

Medication Delivery Device Acquisition, Use, and Monitoring

JOB RESPONSIBILITY 13: Ensure that all decisions for the purchase of medication delivery devices include critical consideration of medication safety, including the appropriate level of human factors evaluation.

JOB RESPONSIBILITY 14: Ensure that medication delivery devices are properly used.

JOB RESPONSIBILITY 15: Ensure that the operational performance of medication delivery devices is maintained in accordance with a written plan.

Environmental Factors

JOB RESPONSIBILITY 16: Ensure that medications are stored, prescribed, transcribed, prepared, dispensed, and administered in a physical environment reflecting careful consideration of the principles of human factors engineering so that space, airflow, moisture, temperature, and lighting are appropriate; distractions and noise are minimized; and infection control is provided.

JOB RESPONSIBILITY 17: Ensure appropriate health care provider staffing levels for safe prescribing, preparing, dispensing, administering, and monitoring of medications.

Staff Competency and Education

JOB RESPONSIBILITY 18: Ensure the proficiency of medication-use-safety work groups in required analytical tools and process-improvement techniques.

JOB RESPONSIBILITY 19: Ensure the competency of health care providers and other pertinent health-system staff in safe medication-use practices.

Patient Education

JOB RESPONSIBILITY 20: Ensure that patients and their caregivers are included as active, educated partners in their care.

Quality Processes and Risk Management

JOB RESPONSIBILITY 21: Identify the extent of the health system's adherence to published best practices and guidelines relevant to medication-use safety.

JOB RESPONSIBILITY 22: Identify opportunities for proactive change in the medication-use system suggested by published events or recommendations focused on medication-use safety.

JOB RESPONSIBILITY 23: Ensure health-system adoption of modifications to the medication-use system on the basis of comparisons with best practices, guidelines, published events, and recommendations.

JOB RESPONSIBILITY 24: Facilitate the adoption of a health-system-wide nonpunitive approach to medication error reporting.

JOB RESPONSIBILITY 25: Improve the health system's medication-use system on the basis of analysis of medication error-reporting data.

JOB RESPONSIBILITY 26: Ensure that root-cause analysis is conducted for significant medication errors.

Legal and Regulatory Compliance

JOB RESPONSIBILITY 27: Ensure compliance with accreditation standards and with federal, state, and local regulations related to medication-use safety.

Management and Organizational and Public Liaison

JOB RESPONSIBILITY 28: Periodically assess and report the status of efforts to improve medication-use safety to health-system leaders, decision-makers, and staff.

JOB RESPONSIBILITY 29: Serve as a member of significant health-system entities focused on medical error reduction.

JOB RESPONSIBILITY 30: Serve as the health system's liaison with other health systems and external nongovernment organizations focused on improving medication safety.

JOB RESPONSIBILITY 31: Serve as the health system's representative in interactions with the media and third-party payers on topics related to medication-use safety.

JOB RESPONSIBILITY 32: Represent the health system's organized effort to improve medication safety in discussions with patients who have experienced a medication error and their families.

JOB RESPONSIBILITY 33: Serve as a conduit to all levels of health-system staff on current developments in safe medication use.

JOB RESPONSIBILITIES AND TASKS BY CATEGORY

Patient and Medication Information

JOB RESPONSIBILITY 1: Ensure that all patient-specific and medication-specific information needed to support effective medication-related patient care decisions is readily available in a useful form to physicians, nurses, pharmacists, and other pertinent health care providers.

TASK 1.1: Effectively present the safety benefits of an integrated patient and medication information system.

TASK 1.2: In collaboration with information technology professionals, physicians, nurses, pharmacists, and other pertinent health care providers, define patient and medication information system requirements to support effective medication-related patient care decisions by physicians, nurses, pharmacists, and other pertinent health care providers.

TASK 1.3: For those aspects of the health system's patient and medication information collection, storage, and retrieval system that are not automated, create a systematic process that ensures that all required information is readily available in a useful form to physicians, nurses, pharmacists, and other pertinent health care providers.

TASK 1.4: Formulate a plan that ensures the ongoing currency of the health system's patient and medication information system

TASK 1.5: Formulate a plan that ensures the availability of complete, up-to-date medication information references in the pharmacy and in all patient care areas where medications are prescribed or administered.

JOB RESPONSIBILITY 2: Ensure that all formulary decisions critically consider medication safety.

TASK 2.1: As a member of the health system's pharmacy and therapeutics committee, provide the committee with an accurate assessment of the potential for error of each of the proposed formulary additions.

TASK 2.2: Formulate an effective strategy to ensure that the health system develops and formally approves guidelines, dosing scales, and checklists before initial use of high-alert medications.

TASK 2.3: Formulate an effective strategy to ensure that medication-use evaluations are conducted after formulary introduction of medications

identified as having heightened error potential in order to monitor compliance and success with established safeguards.

TASK 2.4: Formulate an effective strategy to ensure that medications admitted to the formulary within less than six months of their marketing date are monitored in the literature for safety problems for a 6- to 12-month period.

TASK 2.5: Formulate a policy or strategy for monitoring unlabeled dosage regimens of approved medications.

TASK 2.6: Coordinate the selection of appropriate medication alternatives when required by medication shortages.

TASK 2.7: Implement safe procedures for the use of alternative medications selected in response to medication shortages, including the dissemination of information to physicians, nurses, pharmacists, and other pertinent health care providers.

Prescribing and Monitoring

JOB RESPONSIBILITY 3: Ensure that processes for prescribing and monitoring medication therapy minimize the potential for medication errors.

TASK 3.1: Formulate an effective strategy to ensure acceptance by health-system decision-makers of direct involvement of pharmacists in the prescribing process and in monitoring activities to ensure the safety and effectiveness of medications prescribed.

TASK 3.2: Formulate an effective strategy for facilitating the needed change in practice in cases in which pharmacists, nurses, physicians, or other health care providers must, to implement safe medication use, make significant changes in their practice model.

TASK 3.3: Formulate an effective strategy for adopting a prescribing policy that requires (in all but emergency situations) that all medication orders be entered into a computer and screened electronically and by a pharmacist against the patient's current clinical profile for contraindications, interactions, and appropriateness of dosages before medications are administered.

TASK 3.4: Formulate an effective strategy for adopting a policy by which nurses, pharmacists, and other pertinent health care providers have a clear, easy, and effective path to follow to resolve conflicts when prescribers or supervisors do not agree with their expressed concerns for the safety of an order.

TASK 3.5: Formulate an effective strategy for adopting a policy by which all patients at high risk for medication errors are identified and monitored.

TASK 3.6: Formulate an effective strategy for adopting a policy by which all medications likely to cause significant adverse drug reactions are identified and their use monitored.

Communication of Medication Orders

JOB RESPONSIBILITY 4: Ensure that methods for the communication of medication orders minimize the risk of errors.

TASK 4.1: Collaborate with physicians, nurses, pharmacists, and other pertinent health care providers to standardize the health system's processes for communicating medication orders so that the risk of errors is minimized.

TASK 4.2: Formulate an effective strategy for ensuring the approval of a plan for the standardized communication of medication orders by health-system decision-makers.

TASK 4.3: Formulate an effective practice change strategy to ensure that health-system staff adopt the established standardized methods of communicating medication orders.

Medication Labeling, Packaging, and Nomenclature

JOB RESPONSIBILITY 5: Minimize the potential for errors associated with medication products due to labeling, packaging, or medication names that look or sound alike.

TASK 5.1: Design a systematic approach for assessing medication products used in the health system for potential errors due to labeling, packaging, or medication names that look or sound alike.

TASK 5.2: Design strategies, including application of principles of human factors engineering, that eliminate or minimize the possibility for error with medication products identified as creating potential problems due to labeling, packaging, or medication names that look or sound alike.

TASK 5.3: Effectively apply the principles of practice change to implement strategies identified as necessary to eliminate or minimize medication errors due to labeling, packaging, or names that look or sound alike.

Medication Standardization and Storage

JOB RESPONSIBILITY 6: Ensure that i.v. solutions, medication concentrations, doses, and administration times are standardized whenever possible.

TASK 6.1: On the basis of an analysis of the health system's current practice, devise a plan for standardizing the concentrations of high-alert medications, use of commercially prepared premixed i.v. solutions, and use of manufacturers' prefilled syringes.

TASK 6.2: On the basis of an analysis of the health system's current practice, devise a plan for standardizing medication administration times.

TASK 6.3: Formulate an effective strategy to ensure the approval of a standardized schedule for medication administration.

TASK 6.4: Effectively apply the principles of practice change to ensure the adoption by health care providers of an approved standardized schedule for medication administration.

JOB RESPONSIBILITY 7: Ensure that medication storage is safe and secure throughout the institution.

TASK 7.1: Design and periodically improve the storage of medications to eliminate the potential for error.

TASK 7.2: On the basis of an assessment of access to hazardous chemicals, devise policies and procedures that ensure these are safely sequestered from patients and not accessible in medication preparation or administration areas.

JOB RESPONSIBILITY 8: Ensure the safety of product changes.

TASK 8.1: Conduct routine evaluations of the potential for errors due to product changes secondary to changes in the group purchasing organization, wholesaler, purchasing contracts, and so forth (especially "generic equivalents").

Medication Preparation, Distribution, Dispensing, and Administration

JOB RESPONSIBILITY 9: Ensure that double-checks and other verifications are in place to ensure the safety of medications requiring special preparation (e.g., medications requiring extemporaneous compounding, antineoplastic agents, and new medications with unique preparation requirements).

TASK 9.1: Write policies and procedures for double-checks and other verifications of medications requiring special preparation.

JOB RESPONSIBILITY 10: Ensure that medications are delivered to patient care areas in a safe and secure manner and are available for administration within a time frame that meets essential patient needs.

TASK 10.1: Assess the pharmacy's level of performance for delivering medications to patient care areas in a safe and secure manner and ensuring medication availability for administration within a time frame that meets essential patient needs.

TASK 10.2: Where needed, redesign the pharmacy's process for delivering medications to patient care areas in order to ensure that medications are safe, secure, and available for administration within a time frame that meets essential patient needs.

TASK 10.3: Formulate an effective practice change strategy to ensure the adoption of the established delivery procedures.

JOB RESPONSIBILITY 11: Ensure that double-checks and other verifications are in place to ensure the safety of dispensed medications.

TASK 11.1: Write policies and procedures for double-checks and other verifications of medications during distribution and dispensing processes.

JOB RESPONSIBILITY 12: Ensure that double-checks and other verifications are in place to guarantee the safe administration of medications.

TASK 12.1: In collaboration with nurses and other pertinent health care providers, write policies and procedures governing the administration of medications that ensure double-checks and other verifications before administration.

TASK 12.2: In collaboration with nurses and other affected health care providers, formulate an effective practice change strategy that ensures that nurses and other affected health care providers administering medications adopt the practices specified in the policies and procedures.

Medication Delivery Device Acquisition, Use, and Monitoring

JOB RESPONSIBILITY 13: Ensure that all decisions for the purchase of medication delivery devices include critical consideration of medication safety, including the appropriate level of human factors evaluation.

TASK 13.1: Formulate an effective strategy to ensure acceptance by health-system decision-makers so that, at a minimum, physicians, biomedical engineering staff, risk management staff, pharmacists, and

nurses are actively involved in all purchasing decisions for medication delivery devices.

TASK 13.2: Coordinate the presentation to health-system entities charged with medication delivery device purchasing decisions of an accurate assessment of the safety-to-risk ratios of devices based on failure analysis or literature review.

TASK 13.3: Present to health-system entities charged with medication delivery device purchasing decisions an accurate assessment of the safety benefit of standardization of medication device purchases (e.g., limiting to one the number of types of general-purpose infusion pumps).

TASK 13.4: Formulate a strategy that ensures that medication delivery devices that have been introduced to the health system are monitored for unanticipated safety problems for 6 to 12 months.

JOB RESPONSIBILITY 14: Ensure that medication delivery devices are properly used.

TASK 14.1: On the basis of an analysis of safe operations and in collaboration with nursing, write policies and procedures regarding the operation of medication delivery devices.

TASK 14.2: Formulate a practice change strategy that will ensure that end users of medication delivery devices adopt the specified procedures for safe operations.

JOB RESPONSIBILITY 15: Ensure that the operational performance of medication delivery devices is maintained in accordance with a written plan.

TASK 15.1: Coordinate the design of a plan for the inspection and testing of all of the health system's electronic medication delivery devices.

Environmental Factors

JOB RESPONSIBILITY 16: Ensure that medications are stored, prescribed, transcribed, prepared, dispensed, and administered in a physical environment reflecting careful consideration of the principles of human factors engineering so that space, airflow, moisture, temperature, and lighting are appropriate; distractions and noise are minimized; and infection control is provided.

TASK 16.1: Coordinate assessments of the areas of the health system in which medications are stored, prescribed, transcribed, prepared, dispensed, and administered for problems with space, lighting, airflow, moisture, temperature, distractions, noise, or infection control.

TASK 16.2: In collaboration with facilities experts and with consideration of human factors engineering guidelines, formulate a plan for the redesign of spaces identified as presenting problems with space, lighting, airflow, moisture, temperature, distraction, noise, or infection control.

TASK 16.3: Formulate an effective strategy to ensure that health-system decision-makers accept a plan for the redesign of spaces on the basis of safety needs.

JOB RESPONSIBILITY 17: Ensure appropriate health care provider staffing levels for safe prescribing, preparing, dispensing, administering, and monitoring of medications.

TASK 17.1: Assess pharmacy staffing for levels that match clinical workload and promote patient safety.

TASK 17.2: In collaboration with nursing, assess nurse staffing for levels that match clinical workload and promote patient safety.

TASK 17.3: In collaboration with the medical staff, assess physician staffing for levels that match clinical workload and promote patient safety.

TASK 17.4: In collaboration with other pertinent health care providers, assess their staffing for levels that match clinical workload and promote patient safety.

TASK 17.5: In collaboration with representatives of the affected disciplines, formulate a plan for staffing levels that match clinical workload and promote patient safety.

TASK 17.6: Formulate an effective strategy for gaining acceptance by health-system decision-makers of a plan for improved staffing based on safety needs.

Staff Competency and Education

JOB RESPONSIBILITY 18: Ensure the proficiency of medication-use-safety work groups in required analytical tools and process-improvement techniques.

TASK 18.1: Design effective training in analytical or process-improvement techniques required by the tasks of a particular medication-use-safety work group.

TASK 18.2: Exercise skill in the delivery of training in analytical or process-improvement techniques required by the tasks of a particular medication-use-safety work group.

JOB RESPONSIBILITY 19: Ensure the competency of health care providers and other pertinent health-system staff in safe medication-use practices.

TASK 19.1: Design a competency assessment system, including tools and a schedule for assessment, for evaluating the staff's ability to perform tasks associated with medication safety.

TASK 19.2: Design customized orientation programs in safe medication practices for each category of relevant health-system staff.

TASK 19.3: Design effective, ongoing training for all pertinent health care personnel as necessitated by changes in the organization's medication-use system.

Patient Education

JOB RESPONSIBILITY 20: Ensure that patients and their caregivers are included as active, educated partners in their care.

TASK 20.1: Design a program of medication-use-safety education for patients and their caregivers.

TASK 20.2: Formulate an effective strategy that ensures the adoption by health-system decision-makers of a plan for the systematic education of patients in medication-use safety.

TASK 20.3: Formulate an effective practice change strategy that ensures that all pertinent health care providers adopt the patient education strategy.

Quality Processes and Risk Management

JOB RESPONSIBILITY 21: Identify the extent of the health system's adherence to published best practices and guidelines relevant to medication-use safety.

TASK 21.1: Explain how each of the best practices and guidelines published by respected organizations regarding medication-use safety and having relevance for the health system are or are not implemented.

TASK 21.2: Use selective monitoring of high-risk medication procedures to determine the degree of variation in day-to-day implementation of the procedures from the original design.

JOB RESPONSIBILITY 22: Identify opportunities for proactive change in the medication-use system suggested by published events or recommendations focused on medication-use safety.

TASK 22.1: Use published events or recommendations to identify applicable proactive opportunities for reducing medication error.

JOB RESPONSIBILITY 23: Ensure health-system adoption of modifications to the medication-use system on the basis of comparisons with best practices, guidelines, published events, and recommendations.

TASK 23.1: Formulate an effective strategy for securing health-system adoption of needed modifications to the medication-use system.

JOB RESPONSIBILITY 24: Facilitate the adoption of a health-system-wide nonpunitive approach to medication error reporting.

TASK 24.1: Assess the health system's current system for medication error reporting for a match with criteria for an effective nonpunitive medication error-reporting system.

TASK 24.2: Design a nonpunitive approach to medication error reporting that integrates with the health system's patient safety-reporting approach.

TASK 24.3: Design an effective strategy for ensuring the adoption of a nonpunitive approach to reporting medication errors with the support of the board of trustees, directors, senior administrators, and managers.

TASK 24.4: Formulate an effective practice change strategy that ensures that everyone at all levels in the health system adopt the nonpunitive approach to medication error reporting.

JOB RESPONSIBILITY 25: Improve the health system's medication-use system on the basis of an analysis of medication error-reporting data.

TASK 25.1: Using statistical tools, accurately analyze data generated by the health system's medication error-reporting approach.

TASK 25.2: Redesign processes targeted for improvement by quality analysis in collaboration with other pertinent members of the health care team.

TASK 25.3: Formulate a strategy that ensures the implementation of a plan for improving the medication-use system on the basis of analysis of reported medication errors.

JOB RESPONSIBILITY 26: Ensure that root-cause analysis is conducted for significant medication errors.

TASK 26.1: When a significant medication error occurs in the health system, formulate an effective strategy that ensures that the organization conducts root-cause analysis of the error.

Legal and Regulatory Compliance

JOB RESPONSIBILITY 27: Ensure compliance with accreditation standards and with federal, state, and local regulations related to medication-use safety.

TASK 27.1: Formulate an effective strategy for facilitating, through collaboration with other managers, health-system compliance with all applicable federal, state, local, and organizational regulations and policies related to medication-use safety, as well as with the standards of accreditation organizations.

Management and Organizational and Public Liaison

JOB RESPONSIBILITY 28: Periodically assess and report the status of efforts to improve medication-use safety to health-system leaders, decision-makers, and staff.

TASK 28.1: Periodically assess the health system's progress in achieving its medication-use safety goals and report the findings to the health system's leaders and decision-makers.

TASK 28.2: Periodically report the results of an assessment of the health system's progress in achieving its medication-use safety goals to its staff.

JOB RESPONSIBILITY 29: Serve as a member of significant health-system entities focused on medical error reduction.

TASK 29.1: Formulate a strategy to effectively collaborate with significant health-system entities charged with reducing medical errors.

TASK 29.2: Assist in the development of the organization's strategic plan for assessing and implementing medication-use-safety initiatives.

JOB RESPONSIBILITY 30: Serve as the health system's liaison with other health systems and external nongovernment organizations focused on improving medication safety.

TASK 30.1: Effectively communicate the health system's activities relevant to medication-use-safety information to other health systems with an expressed interest in that information.

TASK 30.2: Formulate a strategy to facilitate the health system's contributions to external nongovernment organizations focused on improving medication-use safety.

JOB RESPONSIBILITY 31: Serve as the health system's representative in interactions with the media and third-party payers on topics related to medication-use safety.

TASK 31.1: Formulate an effective strategy for communicating the health system's actions regarding medication-use safety to the media and to third-party payers.

JOB RESPONSIBILITY 32: Represent the health system's organized effort to improve medication safety in discussions with patients who have experienced a medication error and their families.

TASK 32.1: Formulate effective and caring communications that accurately reflect the truth of a medication error and the health system's efforts to improve medication-use safety in discussions with patients who have experienced a medication error and their families.

JOB RESPONSIBILITY 33: Serve as a conduit to all levels of health-system staff on current developments in safe medication use.

TASK 33.1: Provide periodic summaries of current public discussions of safe medication use for all levels of health-system staff.

GLOSSARY

- Adverse drug event: An injury resulting from medical intervention related to a drug. (Source: Bates DW, Boyle, DL, Vander Vilet M et al. Relationship between medication errors and adverse drug events. *J Gen Intern Med.* 1995; 10:199-205.)
- High-alert medications: Medications with a high potential for a serious adverse drug event, either as a result of a narrow therapeutic range or a high rate of reported serious errors in the past.
- Medication error: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. (Source: National Coordinating Council for Medication Error Reporting and Prevention; 1995 Sep 21.)
- Multiple medications: Five or more medications.
- Practice change: A change in the practice model, or, within the practitioner's model of practice, a significant change in how tasks are performed, the addition of tasks, or the deletion of tasks. (Source: Holland RW, Nimmo CM. Transitions, part 1: beyond pharmaceutical care. *Am J Health-Syst Pharm.* 1999; 56:1758-64.)
- Practice model: The overriding framework within which a health care professional approaches his or her practice. The choice of model answers the following questions:
 1. What are my appropriate job responsibilities?
 2. To whom am I ultimately responsible in my work?
 3. What social values do I serve in my work?
 4. What relationship should I maintain with other health care providers?
 5. What relationship should I maintain with patients?
 6. What responsibility do I have to my profession?

An individual may change the performance of tasks in a practice model without changing the model. Examples of pharmacy practice models include the distributive, drug information, clinical pharmacy, self-care, and pharmaceutical care models. (Source: Holland RW, Nimmo CM. Transitions, part 1: beyond pharmaceutical care. *Am J Health-Syst Pharm.* 1999; 56:1758-64.)

- Significant adverse drug reaction: Any unexpected, unintended, undesired, or excessive response to a drug that
 1. Requires discontinuing the drug (therapeutic or diagnostic),
 2. Requires changing the drug therapy,
 3. Requires modifying the dosage (except for minor dosage adjustments),
 4. Necessitates admission to a hospital,
 5. Prolongs a stay in a health care facility,
 6. Necessitates supportive treatment,
 7. Significantly complicates the diagnosis,
 8. Negatively affects the prognosis, or
 9. Results in temporary or permanent harm, disability, or death.

(Source: ASHP guidelines on adverse-drug-reaction monitoring and reporting. *Am J Health-Syst Pharm.* 1995; 52:417-9.)