Medication Safety Officer's Handbook
By Larson, Connie M., PharmD; Saine, Deb, MS, RPh, FASHP, FSMSO

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[REVIEWER’S EXPERT OPINION]
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**Description**
This is an in-depth overview of the role of medication safety officer and its many responsibilities. With a goal of providing a go-to resource to improve medication safety in practice, the book presents practical tools, tips, and examples that can be tailored for individual workplaces.

**Purpose**
The book aims to address the responsibilities of a medication safety officer, how to prioritize in this role, how to make change happen without formal authority, what to include in a medication safety assessment for a formulary review, how to design a template for a modified root cause analysis, what to include in medication safety orientation for staff, and where to find more information on medication safety. These are worthy objectives as this is a rapidly evolving field, with more positions opening for medication safety officers, particularly in hospitals.

**Audience**
It is written for pharmacists, nurses, and other healthcare professionals who oversee medication safety and it is an essential reference for all medication safety officers. It also could serve as a reference for students, residents, or managers who are interested in learning more about medication safety. Both authors fill roles in this field at prominent institutions.

**Features**
This book covers organization involvement in medication safety, including how to start a program, implementing change, and addressing regulatory compliance and accreditation concerns. It also delves into promoting an overall culture of safety and prevention of human error by continuous quality improvement standards and staff education. It discusses safety as it relates to medication use technology, medication error reporting, root cause analysis, and event management. The format is the best aspect of the book. Chapters include
headings for each topic so readers can quickly locate information without re-reading the entire chapter, clear tables and figures that further illustrate each topic, and concise summaries to reiterate and reinforce information. The index, glossary of terms, and glossary of acronyms enhance the value of the book as a reference. The figures and tables further detail the information discussed throughout the book. However, chapters seem longer than they need to be and the book has the effect of making medication safety seem more of a burden than an asset.

**Assessment**

There are few books that specifically discuss the role of a medication safety officer. This makes this book particularly valuable. It is useful as a reference for facilities that already have a medication safety officer or medication safety role in place, and it is useful for an institution looking for great detail on starting and maintaining a program.

Weighted Numerical Score: 82 - 3 Stars
**Medication safety Officer’s handbook**  
*By Connie M. Larson and Deb Saine*

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Reviewer: Laurence A. Goldberg

Larson and Saine’s book offers expert guidance in most areas of the work carried out by medication safety professionals, from setting up safety systems to dealing with personnel issues. It deals with strategies for making changes, setting up systems for reporting and analysing errors and helping on managing adverse outcomes.

Attempts are made to answer a number of key questions, such as what the responsibilities of a medication safety officer are and how issues are prioritised. Each chapter begins with some key terms, followed by a brief introduction, and ends with a list of practical tips. Occasional case examples can be found within some of the chapters.

One of the most useful chapters is on safety in the medication-use system. The author lists the components of the medication-use system as procurement, outdates and recall management, storage control, ordering and prescribing, order and prescription review, preparation, distribution, administration and documentation, and monitoring. At each stage, risks are identified and prioritised and approaches are suggested to address the critical high-risk medication use processes.

The chapter on medication error reporting and analysis defines a medication error, discusses the detection of medication errors, looks at voluntary reporting and, finally, discusses the analysis of medication error reports. Although the chapter is fairly comprehensive, it could have been improved by including some of the original groundbreaking work developed and introduced by the National Patient Safety Agency over 10 years ago.

The book is structured to provide a guide for both newly appointed medication safety officers and those already working in the field. Experienced practitioners will gain little benefit from the book, but students and those healthcare workers beginning a career in medication safety or with an interest in medication error reduction would benefit from including this book in their libraries.