**MNSA Medication Safety Meeting Feb 2nd**

 **(88 people in attendance)**

**Attended**: Julia, Rachel, Stephanie, Teresa, Jackie, Sam, Emily, Doctor Moore, Doctor Emeghebo, Professor Mullarkey

**Excused**: Phil, Katelyn

**News**:

* Ronald McDonald House Feb 6th 9:30am
* EKG Class 2/16
* Book Fair 2/23-2/24
* Gear Sale 2/22-2/24
	+ - * Monday: 10-5
			* Tuesday 1-5
			* Wed 1-6

**Speaker Brain Malone**

* Medication Safety
* How to properly identify medication errors
	+ Key identifiers
		- Name, Date of birth, asking past history if questioning medication
* Monitoring of the drug, which is done by proper
* 60% percent of medication errors are due to poor communication
* Swiss cheese theory
	+ - Doctor writes an order
		- Technical/Individual error
		- Undesired outcomes
* Reasons for mistakes
	+ - Distraction
		- High volume
		- High activity
		- Multiple individuals involved in care
* No harm if medication error is reported
	+ - Committee meets and sees how the issue could be resolved/avoided.
* Everyday there are over 1200 medications being given at Winthrop
	+ - In 3 months there were only 98 reported errors of 1million at Winthrop
			* 34 were mis-prescribed dose
			* The rest were transcription error
			* 40 did not hurt the patient at all
				+ Missed dose, wrong dose, etc
* Joint Commission
	+ They create medication safety goals, if a hospital has multiple errors they get accredited
	+ Government regulations
* High Risk drugs
	+ Drugs that have high potential for abuse
		- Insulin
		- Heparin and Anticoagulants
		- Anti- neoplastics
		- Opioids
		- Propofol
		- Benzodiazepines
* Look a like-sound alike meds
	+ They might look similar but they DO NOT act the same
	+ Tall Man lettering
* Reconciliation Medication
	+ Needed the complete list of Medication taken at home (home list)
	+ To make sure the right dose and right medications are given
* Telephone orders
	+ Rarely allowed, one time orders only, or in a code
* Some abbreviations are unacceptable
	+ Causing medication errors
		- U (for unit)
		- U.D, Q.I.D, Q.O.D
		- Trailing Zeros
* Medication Management
	+ Computer system that double checks common errors
* Goals
	+ Reduction of Floor stock
* Bar Code Medication administration
	+ Proven to reduce errors
	+ Provide valuable near misses
	+ Provided an automated accuracy of medication
	+ Shows the missed dose
* Alaris Smart Drip
	+ Prevents infusion errors of high risk medications
	+ If error is present, medication will not administer
* What are ADR?
	+ Adverse drug reaction
		- Unintended, unexpected reaction to a medication
			* S&S: Trouble breathing, hypotension, hypoglycemia
			* Should be reported

There is a hotline regarding ADR

Prevents effects of drugs

* Medication addictions
	+ Prevented now by inspections
	+ Divergent is a program offered to help health care professionals who are addicts
* In 2014, 51 deaths are reported for Heroin Deaths
	+ Running rapid now because perception drugs are hard to come by.