



# Pittsburgh Regional Healthcare Initiative

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## Purchasing community examines medication error

### Clarity: the 25% solution

According to the Institute for Safe Medication Practices (ISMP), 25% of prescriptions are difficult to decipher. What if a quarter of prescription errors could be eliminated by improving legibility and providing complete, unambiguous orders? Employers who purchase health care considered the question at a recent meeting convened by PRHI.

Healthcare purchasers from Giant Eagle, Demegen, H. J. Heinz, Mellon, Pittsburgh Business Group on Health and SMC Business Councils met with PRHI CEO Paul O'Neill to discuss ways that they could help advance regional improvement quickly. While the cost of healthcare is among employers' top concerns nationwide, the increasing involvement of PRHI employer partners mainly reflects their deeper desire to prevent harm to the people who work for them.

The employers discovered that hospital pharmacies are still plagued with illegible and incomplete prescriptions. And where well designed and executed computerized physician order entry programs (CPOE), such as at the VA and Children's Hospital, will largely eliminate basic legibility problems, such systems are expensive and may introduce other problems. Must the region wait for CPOE to address the 25% or errors caused by illegibility? The employers considered these examples:

- 1) In an experiment in one local hospital, every order entering the pharmacy was examined and depending on the shift, from 16% to 26% of medication orders were difficult to read or were not complete. (Pharmacists did not seek clarification on all of these orders).
- 2) At another local institution, over a 3-1/2 week pilot period, pharmacists decided to intervene in 191 orders. Illegibility and incompleteness caused 25% of the interventions.
- 3) Pharmacists and other healthcare workers do not seek clarification of every illegible or incomplete order because they fear backlash from the prescriber. On this last point, the purchasers learned that problem orders are exacerbated by systemic cultural problems including fear of reprimand if they question an order. One news report says:

*Physicians who intimidate or berate caregivers are contributing to medication errors by reducing the likelihood that nurses, pharmacists and other healthcare professionals will act on concerns about orders, according to a survey of 2,099 healthcare professionals by the Institute for Safe Medication Practices.*

*At least once in the past year, 40% of respondents with concerns about the safety of a medication assumed the prescription was correct rather than bring the matter up with a physician or other prescribing clinician with a reputation for reacting with intimidation.*

*And when they did express concerns, 49% said they felt pressured to dispense or administer the medication regardless.*

*Often, the memory of past confrontations was threat enough -- nearly half of respondents said past experiences with intimidation have altered how they handle questions or clarifications.*

*The consequences: 7% of respondents said they were involved in a medication error "in which intimidation clearly played a role," according to the institute.*

The employers (and healthcare purchasers) had a dynamic discussion about what their role could be in helping to transform healthcare in the Pittsburgh region.

- ✧ If they saw a chance in their own organizations to reduce one kind of error by 25% all at once, what would they do?
- ✧ If, in their own organizations, they discovered that fear of reprimand could prevent workers from exerting their best judgment, or doing what was in the best interest of clients, how would they handle it?
- ✧ Could they help by sharing their knowledge with hospital leaders?

The employers agreed that a practical and relatively simple first step would be for them to send letters to the hospital CEOs. These letters will discuss the incontestable goal of addressing the legibility and completeness of medical orders, offer support and invite dialogue. Some employers may ask to visit the hospitals by summer's end, in an effort to understand the process and progress. ✧

For further information about PRHI's Buying Healthcare Value Committee, contact Diane Frndak, 412-535-0292, ext. 111.