High-Alert Medication Monitoring

Question
We’ve had several “near misses” occur recently in our practice related to either the dosing or follow-up of high-alert medications that we have prescribed for our patients. What safeguards can we implement to prevent a medication error that may cause severe patient harm?

Answer
According to the Centers for Disease Control and Prevention, adverse drug events (ADEs) cause approximately 1.3 million emergency department (ED) visits and 350,000 hospitalizations annually.¹ Studies show that insulin, anticoagulants, narcotics/opioids, and sedatives are the high-alert medications responsible for the majority of harm resulting from medication errors.²

Further, the Agency for Health Research and Quality notes that antidiabetic agents, oral anticoagulants, antiplatelet agents, and opioid pain medications account for more than half of ED visits for ADEs in Medicare patients.³

Consider pursuing these risk strategies to minimize the potential for harm to your patients that take high-alert medications:

- First and foremost, if your practice does not already have a written standard procedure for test tracking, develop one that includes guidance for reviewing test results and documenting communication and follow-up with patients.
- Identify all high-alert medications that your practice prescribes or administers. The Institute for Safe Medication Practices provides a list of high-alert medications in community and ambulatory healthcare settings.
• Develop standard protocols for monitoring patients receiving high-alert medications. At a minimum, standard protocols should include frequency of assessment and blood monitoring, parameters for tracking lab results and adjusting medications, and guidance for patient/family education. Consider using a medication monitoring service or implementing one of your own (e.g., a warfarin clinic).

• If you have an electronic health record system, enable pertinent medication alerts and track pending test results and patient notifications, as well as other elements of your standard medication safety protocols.

• Conduct medication reconciliation during each patient encounter and resolve medication discrepancies when they are discovered.

• Use data obtained from prescription monitoring programs and pain management contracts when prescribing narcotics, or refer patients to pain specialists as appropriate.

• Define and communicate each healthcare team members’ role relative to medication management, especially when high-alert medications are involved. Provide staff with medication management education.

• Design a process for tracking ADEs. Debrief “near misses” and actual events with your team to learn from each occurrence and to prevent future ADEs from happening.

Resources

• FDA’s Safe Use Initiative: Collaborating to Reduce Preventable Harm from Medications (U.S. Food and Drug Administration)

• Medication Safety Best Practices Guide for Ambulatory Care Use (Creighton Health Services Research Program)

• Medication Safety Program (Centers for Disease Control and Prevention)

• Medication Safety Tools and Resources (Institute for Safe Medication Practices)

• Patient Safety Primer: Medication Errors and Adverse Drug Events (Agency for Healthcare Research and Quality)


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