


EUNetPaS WP4

Medication Safety

ISQua 2009

EUNetPaS is a project which has received funding from the European Union in the framework of the Public Health Programme




WP 4 Pilot Implementation on Medication Safety


- European Federation of Hospitals HOPE (leader), Finland, Belgium, Austria, EFN (nurses), PGEU (pharmacists)
- Pilot testing: Finland, Belgium, Austria, Lithuania, Denmark, Netherlands, France, Portugal, Greece, Ireland.

Objectives:

To identify good practices in reducing medication errors in hospital, select a number of those and implement them in hospitals (3 hospitals in each of the 10 participating member states)

To create a community with those hospitals to exchange at the level of the health professionals directly involved in clinical care








WP 4 Pilot Implementation on Medication Safety

Work plan

- Oct.08 Collection and selection of good practices
- Jan.09 Translation of good practices into implementation tools
- March 09 Selection of participating hospitals
- April 09 Field implementation
Mid term evaluation process going on
- March 10 Recommendation








WP 4 Pilot Implementation on Medication Safety

Agreement on terminology (report of the Council of Europe):

“Medication errors”:
preventable ADE, potential ADE, trivial medication errors
NOT adverse drug reactions

Agreement on terminology “good practices”

Matrix for GP selection




Systemic process

- prescription
- communication
- administration

Actors' involvement

- doctors
- nurses,
- pharmacists
- patients

Transferability
question of refinement and resources



Indicators of transferability and of evaluation


Two main indicators of transferability:

- the good practice should not be too complicated and then easy to adapt in clinical settings
- the good practice should not require legislative changes

Evaluation

- qualitative measurement needed (standardised feedback document will be developed)



Collection and selection of good practices


- 1) Template (February - March 2008)


Description of the example, reason, evidence, cost of the implementation, hospital contacts
- 2) Data collection in two stages (98 templates collected from 23 MS):

1st round 11 April - 5 June 2008 (29 templates)
2nd round 5 June - 12 July 2008 (34 templates)
43 additional templates received after the 12 July
- 3) Pre-selection of "good practices" (11 templates)

Matrix on transferability developed and filled in by the Core Group
- 4) Selection of the final 7 good practices to be implemented by hospitals

WP4 meeting, Paris, 22 Sept. 2008


PHEA 

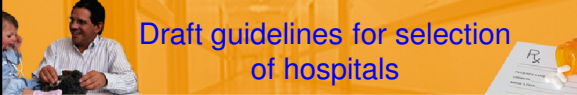


GP selection

7 good practices have been selected and transformed into implementation tools

- the safety vest (do not disturb during medicine preparation in wards)
- the sleep card (guide line to reduce unnecessary treatment by sleeping pills)
- bed dispensation (preparation and administration of medicines by the same person reduces the risk of confusion)
- medication reconciliation at discharge (written discharge medication given to the patient and sent to the GP and community pharmacist) and at admission.


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Draft guidelines for selection of hospitals

Member state or organisation involved in the EUNetPaS project as national contact point takes the decision which hospitals to include in the field implementation.

The hospital should commit itself to evaluate the implementation of the good practice.

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Hospital selection

5 to 25 hospitals have been selected in 11 MS:

Austria	Belgium
Denmark	Finland
Greece	Ireland
Lithuania	Netherlands
Portugal	Italy
France	

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WP4 latest developments

- List of selected hospitals and corresponding GPs
- Midterm evaluation process of the field testing going on
- Development of an Extranet forum for participating hospitals.

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