

Commentary

Methods for Detecting Medication Errors and its Risk Factors

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DESCRIPTION

Medication Error means an error that occurs during the process of drug selection, drug prescribing, transcription, resident selection, dispensing, administration, and drug monitoring in the absence of a valid prescription. Such errors in drug dispensing at the facility are reported on the drug error report. A medication error also refers to an incorrect or incomplete diagnosis or treatment of an illness or other condition. Serious medication errors are unacceptable and may lead to hospital discharge.

Poor communication and unclear responsibilities among doctors, nurses and other service providers also contribute to this. Disparate reporting systems within a hospital can result in a fragmented system where high patient handoffs lead to poor coordination and errors.

Other factors include the perception that other groups within the organization are taking action, reliance on automated systems to prevent failures, inadequate systems for sharing information about failures, Root cause analysis and remediation strategies become difficult. Cost cutting by hospitals to meet reduced reimbursement can put patient safety at risk. In emergencies, patient care can be provided in areas not suitable for safe surveillance. The American Institute of Architects has identified concerns regarding the safe design and construction of medical facilities. Infrastructure failure is also an issue. According to World Health Organisation (WHO), 50% of medical equipment in developing countries is only partially operational due to lack of skilled operators and spare parts. As a result, diagnostic procedures and treatments are not available and poor treatment is provided.

According to the 2015 EU Good Practice Guide (GPG), a

medication error is an unintentional error in the medication treatment process that harms or may harm the patient. The GPG further clarifies that drug treatment process failure does not refer to lack of drug efficacy, but to human or process-related errors.

The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) defines a medication error as a medical practitioner, patient, or consumer administering medication that results in inappropriate medication or harm to the patient. defined as a preventable event that could result in Such events include professional practices, health care products, processes and systems, including prescribing, order communication, product labelling, packaging and nomenclature, composition, dispensing, distribution, administration, training, monitoring and use.

A medication error is an avoidable occurrence that may result in improper use of medication or harm to the patient while the medication is under the control of a healthcare professional or patient. Errors can occur during prescribing, dispensing, solution preparation, administration, or monitoring. Many ADRs are retroactively considered "avoidable" if they are implemented more carefully or aggressively. In other words, an adverse event that one prescriber considered her unhappy ADR may be considered a prescribing error by another prescriber.

Medication errors are very common. Medium-sized hospitals issue and manage thousands of prescriptions every day. A recent study in the UK suggests that between 7% and 9% of hospital prescriptions are in error and mostly written by young doctors. A common prescribing error in hospitals is medication leakage (especially not prescribing regular medications during admission or discharge.

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