

Safety is a global and European issue

Various aspects of patient safety were aired at a recent European conference. **Pamela Mason** reports

Patient safety, including medication safety, is an important issue and a hot topic on the European political agenda, said Marja Airaksinen, chairman of the committee of experts on safe medication practices at the Council of Europe. Describing a draft document launched by the Council of Europe in April 2005 — “Prevention of adverse events in health care, a system approach” — she explained that medication safety was highlighted in this document as an example of a specific strategy to promote patient safety. The document recommends putting patient safety at the core of all relevant health policies, she said.

Professor Airaksinen went on to emphasise that introducing patient safety topics into pharmacy undergraduate and postgraduate curricula is fundamental to the development of an appropriate safety culture. Pharmacists can promote patient safety in all settings by, among other things, encouraging multidisciplinary co-operation and innovative use of information technology. When thinking about medication safety, it is important to be clear about the difference between adverse drug reactions and medication errors, she said. Poor labelling and packaging are significant sources of medication errors. Generic oral medicines with poorly differentiated packaging are a particular problem, which can be addressed by effective use of colour and design, she added.

In due course, the recommendations of the Council of Europe document may be launched across Europe with translation into national languages. Another possibility is the establishment of a task force to co-operate with the World Alliance on Patient Safety and the development of a model framework for a national safety report. “Both patients and health care professionals must be kept close to the action,” Professor Airaksinen concluded.

The pharmacist as a key player

Flora Giorgio-Gerlach, secretary general of the Pharmaceutical Group of the European Union (PGEU), described the activities of the PGEU in relation to patient safety and medicines with a particular emphasis on promoting the pharmacist as a key player in this area. The group is raising awareness at European level among various stakeholders and policy makers, including the European Health Forum, the European Medicines Evaluation Agency (EMA) and also at the EU presidency UK ministerial summit in November this year.

“Community pharmacists are in the picture. Now it’s time to deliver solutions to patients and policy makers at a global, EU and national level,” she said. This can be achieved by increased error reporting, identification of

issues relevant to safe labelling and effective medicines management. “Patients should continue to trust medicines. Pharmacists can help,” Ms Giorgio-Gerlach concluded.

The US context

In a presentation looking at patient safety in the US context, Kasey Thompson, of the American Society of Health-System Pharmacists (ASHP), said that sufficient evidence exists that pharmacists are essential to ensuring safe and effective medication use. He highlighted research showing a 65 per cent reduction in medication errors with an increase in the number of pharmacists providing patient care services, and a 41 per cent reduction in drug costs in a cohort of patients receiving pharmaceutical care. Further evidence showed that pharmacists involved in anticoagulant monitoring could reduce bleeds by 27 per cent and admissions to hospital by 14 per cent.

However, achieving quality in this area requires interdisciplinary engagement, he emphasised. He described a strategy developed by the ASHP (www.ashp.org/patient-safety/MS3-1.pdf) which recommends the formation of hospital medication safety teams. Each member of the team — pharmacist, physician and nurse — has specific roles in the team. “Integrated education and training of health practitioners must become standard and access to patient medical information must be available to all care providers and the patient,” Dr Thompson concluded.

New contract geared to patient safety

Colette McCreedy, of the UK National Pharmacy Association, told conference participants how the new contractual framework in England is geared to patient safety. Clinical governance, which is one of the essential services, involves risk management and clinical audit, she said. Pharmacists must conduct a patient satisfaction survey and if patients are critical of the service provided by the pharmacy, there must be a strategy to improve it.

There is also a requirement to record all patient safety incidents, she added. These could be dispensing errors or prescribing errors and significant issues should be communicated to the National Patient Safety Association. Any error must be analysed, managed and learnt from, so that the risk can be minimised for the future. Another requirement in the UK, she said, is for standard operating procedures to be in place for all major activities in the pharmacy, including dispensing and sale of medicines.

Clinical governance specifically addresses all the safety and quality issues related to the provision of services within the contract, she explained.

Pharmacists can decide what safety and quality standards they want to follow in their pharmacy. These will not be questioned unless something goes wrong. However, monitoring is essential to ensure that safety and quality standards have not only been set but are also being met, she concluded.

Patients manage their own medication

“Medication related problems in the US continue to grow, but it is the patient, not the pharmacist, who manages these,” said John Gans, executive vice-president of the American Pharmacists’ Association. Problems include untreated indications, non-compliance, inappropriate doses and adverse drug reactions.

Turning to current US statistics, he said that 10 of every 100 patients in a hospital at any moment are there because of a medication-related problem, and \$177bn is now the cost estimate for preventable drug-related problems in the US ambulatory population. Twenty US states spend more on managing drug-related problems than on the medicines themselves, he added. For every US dollar spent on medication for ambulatory patients, an additional two dollars are spent in treating preventable medication-related problems.

He also highlighted the problem of poor compliance, with research showing that only 55 per cent of diabetic patients remain on therapy after 12 months, only about 50 per cent of prescribed doses for cardiovascular disease are actually taken and only 40–60 per cent of patients with HIV take 80 per cent or more of their doses. Failure to comply with antibiotic regimens adds to the threat of resistance, he added.

Pharmacists can have an impact on these figures, but they must remember that the patient is the user of the medicine and the ultimate outcome of the therapy is determined by the patient, he said. “Patients on drug therapy ultimately manage their own care,” he pointed out.

Dr Gans went to describe a US project where pharmacists working with patients had led to improved results with lipid-lowering therapy, reduced admissions to hospital and visits to doctors, and reduced annual sick leave among diabetic patients. Patient satisfaction with care increased at the same time, he added. In conclusion, he said that the pharmacist’s role is changing “from making drugs to making drugs work better and getting the patient to understand all the complexities of care.”

 The EuroPharm Forum 2005 conference took place in Riga, Latvia, on 8 October