

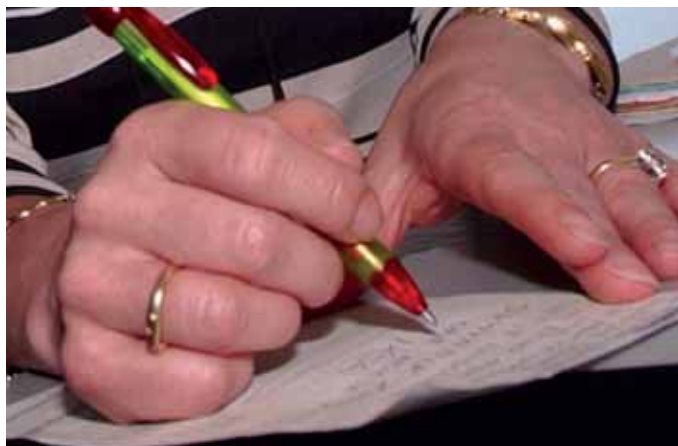
NPSA discourages the use of abbreviations on prescriptions

Use of the abbreviations “u” and “iu” when issuing handwritten prescriptions is formally discouraged by the National Patient Safety Agency. The Patient Safety Observatory fourth report on medication safety incidents, published earlier this month, claims that such abbreviations can be misinterpreted as numbers resulting in 10-fold overdoses. “The incidents reviewed reported misunderstandings due to the use of abbreviations or illegible, incomplete or ambiguous prescription instructions,” it says.

The report found that 28 per cent of reported medication incidents in hospitals involved an incorrect dose, strength or frequency — the most common types of incident — at all stages of the medication process.

The report describes seven key priority areas on which the NHS should take action to improve medication safety. These are:

- Increasing reporting and learning from medication incidents
- Implementing NPSA safe medication practice recommendations
- Improving staff skills and competence



Abbreviations on handwritten prescriptions can be misinterpreted

- Minimising dosing errors
- Ensuring medicines are not omitted
- Ensuring the correct medicines are given to the correct patients
- Documenting patients' medicine allergy status

The NPSA says that even small improvements in these areas can make a difference to reduce harm to patients.

According to the report, communication between wards and the hospital's pharmacy is important in ensuring that supply of medicines is appropriate, safe and timely. “Incidents may occur when a hospital medicines supply system

fails or when hospital pharmacy opening or closing times lead to a delay in the right dose and medicine being administered to the patient,” the report points out.

It acknowledges that “active working relationships” have been developed between pharmacists and nurses in some hospitals, working to improve patient safety.

The NPSA also recommends that NHS organisations ensure there is a quality assurance process in place, where chief pharmacists take the lead on improving medicines safety.

The report can be accessed via *PJ Online* (www.pjonline.com/links/hp).

brief

■ Jeremy Holmes has been appointed Chief Executive and Registrar of the Royal Pharmaceutical Society. Mr Holmes is a former managing director of the Economists Advisory Group (a think tank and economic research organisation) and was most recently a director of the strategy consultancy PMSI. He will take up his new post on 1 September.

■ Information for patients about where they can receive medical treatment is available on a new website launched by the Department of Health last month. NHS Choices (www.nhs.uk) also provides information about medical conditions and treatment options.

■ The Department of Health has published a good practice guide for those involved in NHS procurement. “Beyond procurement: connecting procurement practice to patients” contains practical advice to help commissioners and procurement staff promote equality through procurement. It can be accessed via *PJ Online* (www.pjonline.com/links/hp)

■ New advice to NHS organisations about standardising hospital wristbands has been issued by the National Patient Safety Agency. The agency recommends that all NHS acute organisations in England and Wales take immediate action to implement the advice. Accessible via *PJ Online* (www.pjonline.com/links/hp)

■ Views on the development of a national stroke strategy for England are being sought by the Department of Health. The consultation is open until 12 October. Accessible via *PJ Online* (www.pjonline.com/links/hp).

Two hospital teams are winners of care awards

Two projects from County Durham and Darlington NHS Foundation Trust were among the winners of this year's Pharmaceutical Care Awards, organised by *The Pharmaceutical Journal* and sponsored by GlaxoSmithKline and the Company Chemists' Association.

A project by Inga Andrew, Macmillan senior clinical pharmacist, and her team, was designed to improve the care of patients with anorexia-cachexia

syndrome, by developing a standard resource to be used by any health care professional.

Another project, by Margaret Ledger-Scott, clinical directorate and chief pharmacist, and her team, involved designing a patient-held medication booklet to reduce errors on patient transfer between care settings. Coverage of the awards was published in *The Pharmaceutical Journal* earlier this month (2007;279:10–14).

Readership survey winners

Hospital Pharmacist would like to thank all those who completed the readership survey that was sent out with the May issue of the journal and appeared on *PJ Online*. Three respondents were selected at random to receive Marks and Spencer vouchers to the value of £25. They are: Lyn Taylor (North Shields), Adrian Barker (Ipswich) and Sian Collins (Leeds). Survey responses are being analysed and the results will be published in the next issue of *Hospital Pharmacist*.

(permissions@pharmj.org.uk)

Spot checks on the hygiene of NHS trusts

Unannounced inspections are to be carried out at 120 NHS trusts over the coming year as part of the Government's drive to reduce health care-associated infections.

The Healthcare Commission announced the programme of inspections last month and has so far carried out 11 visits and issued one improvement notice.

The commission is checking compliance with the Government's hygiene code, which specifies 11 compulsory duties to prevent and manage infections like meticillin-resistant *Staphylococcus aureus* and *Clostridium difficile*.

The assessors will look at cleanliness as well as practices and procedures, such as isolating patients, hand washing and cleaning equipment. They will also examine whether trusts

have proper organisational structures in place and whether infection control is a priority.

Trusts that are in breach of the code will be required to draw up an action plan to resolve problems within a specific time. Failure to do so will result in the commission issuing an improvement notice, a new legal power under the Health Act 2006.

Compliance with the hygiene code will form part of the commission's annual assessment of NHS trusts and both inspection programmes will be co-ordinated to ensure that trusts are not visited unnecessarily.

The first round of reports are expected to be published shortly on the Healthcare Commission's website (www.healthcarecommission.org.uk).

Staff turn to BNF-C first

Recent research shows that the British National Formulary for Children (BNF-C) is the first resource that 74 per cent of health care professionals turn to when seeking information about the use of medicines in children.

Results of a survey of 600 health care professionals, including 200 pharmacists, show that the BNF-C is used at least once a day by 38 per cent of hospital pharmacists, 82 per cent of hospital nurses and 46 per cent of hospital doctors. A total of 53 per cent of those surveyed said that the availability of the BNF-C has reduced the number of times they need to seek advice from other health care professionals. The research was conducted independently on behalf of the BNF.

□ Speaking at the launch of the third edition of the BNF-C this month, Martin Kendall, chairman of the development committee for the BNF-C, said that there is a real risk that children may not be given the right

prescriptions for the medicines they need unless all prescribers consult the latest edition of the BNF-C.

"When sick children need drug treatment it is important to ensure that they get the right drug, the right dose, and in the right form. Up-to-date guidance, approved by national experts, is only available in the BNF-C," he said. "Prescribers, whether doctors, nurses, pharmacists, dentists or others, should always consult the BNF-C when in any doubt before treating children."

The latest edition includes details of a new immunisation schedule for vaccination against meningitis and other fatal infections, updates on the management of meticillin-resistant *Staphylococcus aureus* and new advice on the management of childhood obesity. Guidance on attention deficit hyperactivity disorder, asthma and epilepsy has also been revised. For further details see <http://bnfc.org>.

New measure for cardiac risk

Researchers have developed a new way of predicting the risk of developing heart disease that they say gives a lower, and more realistic, risk forecast than the currently accepted US Framingham algorithm or the recently developed Scottish ASSIGN score.

The new system includes variables such as social deprivation, body mass index, family history of heart disease and the effect of existing antihypertensive treatment, which are not included in the Framingham model.

Julia Hippisley-Cox, professor of clinical epidemiology and general practice at the University of Nottingham, and colleagues worked out their new QRISK system from the records of 1.28 million patients aged 35 to 74 years registered at 318 practices who had no record of diabetes or heart disease. They then validated it by looking at 610,000 patients from 160 other practices.



Body mass index is one of the risk factors included in the new system

In the validation cohort the observed 10-year risk of a cardiovascular event was 6.60 per cent (95 per cent confidence interval 6.48 per cent to 6.72 per cent) in women and 9.28 per cent (9.14 per cent to 9.43 per cent) in men. Overall, the Framingham algorithm over-predicted cardiovascular disease risk at 10 years by 35 per cent, ASSIGN by 36 per cent and QRISK by 0.4 per cent.

"QRISK performed at least as well as the Framingham model for discrimination and was better calibrated to the UK population than either the Framingham model or ASSIGN," the researchers say.

"QRISK is likely to provide more appropriate risk estimates to help identify high risk patients on the basis of age, sex and social deprivation."

New paediatric medicines research centre

A paediatric medicines research centre has been launched by University Hospitals of Leicester NHS Trust.

The Centre for Therapeutic Evaluation of Drugs in Children is being led by Hussain Mulla, senior clinical pharmacist and researcher in clinical pharmacology based at Glenfield Hospital.

He said: "The aim of the new centre is to optimise treatment for children providing the maximum benefit while minimising side effects. This will include looking at new and established medicines, and developing formulations that are more appropriate for children, such as liquids."

The centre will initiate studies into medicines for children and will collaborate with other researchers and industry.

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Computerised orders reduce medicine errors

Using computerised orders, rather than handwritten ones, reduces prescribing errors by as much as two thirds, a study suggests.

Researchers from the University of Minnesota's school of public health examined 12 studies comparing prescribing medicine errors in hand-written and computerised physician orders. They found that the use of computerised orders was associated with a 66 per cent reduction in total prescribing errors in adults. Larger benefits of computerised orders were seen when there has been higher level of errors in the handwritten orders.

However, the authors warn readers against drawing unwarranted conclusions from their findings. "Despite a significant reduction in medication errors in most studies, the results should be interpreted

with caution. Nonrandomised uncontrolled interventions may provide biased overestimated effects of computerised physician order entry that are difficult to use for evidence-based decision making."

In addition, they say, it is hard to generalise the impact of the introduction of computerised physician order entry systems in the 12 studies examined. "As is often the case with innovations, they were primarily conducted in teaching hospitals," they explain. "Computerised physician order entry's effects in more typical practice settings where the level of care may be different remains to be determined."

The authors also point out that replacing handwritten notes does not eliminate errors. They recommend research into other error reduction techniques, such as changes to clinical pharmacy and drug administration systems.