

Training Session for Policy Implementation

Learner's Name

Capella University

Health Care Law and Policy

Training Session for Policy Implementation

May, 2019

Training Session for Policy Implementation

Sound policy and practice guidelines for the management of medication errors are critical for a premier medical center such as Mercy Medical Center. For the successful implementation of the policy on managing medication errors, members of the nursing staff at the medical center who will be responsible for enacting the policy must thoroughly understand the strategies prescribed by the policy. A training program designed for staff members will ensure effective dissemination of the knowledge and skills required to implement the policy guidelines. The training program outlined in this paper will be conducted for a pilot group of 20 members of the nursing staff from the pediatric division of the medical center.

Policy on Management of Medication Errors

Policy Guidelines and Strategies

The policy on the management of medication errors states the procedure that must be followed in case of a medication error. The scope of the policy extends to the nursing, emergency care, and medical staff employed at Mercy Medical Center (Black County Partnership, 2015). The policy requires that the medical center form a multidisciplinary committee. This committee will assess potential discrepancies and address shortfalls in medication processes (Weant, Bailey, & Baker, 2014).

The strategies to be implemented at the medical center include installing automated dispensing cabinets and setting up a standardized medication error analysis system. To set up a standardized medication error analysis system, the multidisciplinary committee should classify, prioritize, and regularize the process of reporting medication errors. Understanding the causes of medication errors through medication error analysis becomes simpler with the availability of accurate data.

Automated dispensing cabinets are computerized systems for medicine management and are installed in health care units. These cabinets are used to manage errors that occur when dispensing medication. The cabinets store and dispense medication and electronically track drug inventory (Weant et al., 2014).

Significance of the Policy

Medication errors are indicative of poor-quality health care services in a medical center. The proposed policy can prevent medication errors, ensure patient safety, help the medical center avoid litigation for medical negligence, prevent harm to the medical center's reputation, and reduce unnecessary expenses (Black County Partnership, 2015). This will increase the efficiency of the nursing staff, thereby decreasing the effort and time spent on medication procedures. Less time spent and more efficiency would increase the job satisfaction of the members of the nursing staff.

Early Indicators of Success

Three types of indicators can project the success of the policy at an early stage: structural indicators, process indicators, and outcome indicators. Structural indicators emphasize the quality of organizational aspects, for example, the availability and effective functioning of equipment such as automated dispensing cabinets. Process indicators focus on the process of care delivery. Efficiency in prescription management and in diagnosis management are two process indicators that measure the effectiveness of the policy. Outcome indicators are result oriented. Reduction in readmission rates, reduction in postsurgical wound infection rates, and patient experience are a few outcome indicators that can measure the success of the policy (Grol, Wensing, Eccles, & Davis, 2013).

Concerns Over the Policy

The pilot group selected will be trained on the two strategies: installation and use of automated dispensing cabinets and standardized medication error analysis. Staff members could be apprehensive about reporting errors considering the degree of fatality of the error and the disciplinary action as a consequence of underreporting (Chu, 2016). Such apprehension may cause the nursing staff to object to the establishment of a standardized system for medication error analysis. Implementation of the second strategy, installation of automated dispensing cabinets, would be beneficial for medication management and prevention of errors; however, automated dispensing cabinets can potentially cause errors in the retrieval of medication in case of mismanagement of medical inventory (Weant et al., 2014). This could be a potential concern for the nursing staff.

Nursing Staff and Management of Medication Errors

Role of Nursing Staff in Policy Implementation

Nursing staff plays an important role in the implementation of a medication error management policy because of their proximity to patients and medication processes. A nurse is the last person involved in the administering of drugs. A nurse is responsible for physically administering the right drug to a patient and can therefore easily identify and correct any error in the medication process (Ofusu & Jarrett, 2015). In order to ensure that the policy on managing medication errors is implemented efficiently, the nursing staff must focus on maintaining accuracy and regularity in reporting medication errors. The nursing staff can prevent errors in drug administration by practicing the five rights: right dose, right patient, right time, right drug, and right route. The nursing staff can ensure that there are no medication errors while administering medication. Some ways the nursing staff can contribute positively toward policy implementation include calculating the amount of drugs accurately, reducing distractions while

administering medication, informing patients about the effects of a drug, and continuous revision of pharmacological knowledge (Chu, 2016).

Importance of Training Nursing Staff on the Policy

Nursing staff is involved in medication processes such as prescription and administration of medication. During drug administration, a nurse is the last person who may be able to rectify errors. While patient safety is a priority for nursing staff, they cause most medication errors because of constant distractions and interruptions in their work routine (Ofusu & Jarrett, 2015). It is important to train the nursing staff on the guidelines of the policy as inexperienced and untrained staff may not be able to anticipate or identify a medication error. The policy on managing medication errors requires that automated dispensing cabinets be set up and medication error analysis be performed. For the successful implementation of automated dispensing cabinets, it is crucial that the nursing staff be trained on the safe use of these devices. While automated dispensing cabinets are introduced to reduce errors, their incorrect usage can create problems in dispensing medication (Hamilton-Griffin, 2016). To implement the second strategy, namely medication error analysis, nursing staff must be trained on new procedures that will enable them to accurately and regularly report medication errors. Reinforcing the importance of reporting during training will encourage nurses to adopt the medication error reporting procedures, ensuring the availability of adequate data to perform a medication error analysis.

Training Process

A 2-hour workshop will be conducted to train the nursing staff on the use of automated dispensing cabinets and medication error analysis. A day before the training, a questionnaire will be circulated to the pilot group to assess their understanding of the two strategies. This workshop

will be divided into two sessions of an hour each. The first session will be conducted by *local opinion leaders*, who are individuals recognized as clinical experts in a specific field of medication. The opinion leaders will discuss the technical know-how required to operate automated dispensing cabinets and the steps that must be followed for medication error analysis. This session by local opinion leaders would have an influential impact on the nursing staff because of the presence of a familiar figure whose credentials are known.

The second session will involve simulation-based training. Here, the staff will participate in situations in which they have to operate automated dispensing cabinets and perform a mock medication error analysis. This session will give the staff real-world experience and provide insights into potential complexities they may encounter while using the automated dispensing cabinets or conducting a medication error analysis (Grol et al., 2013).

Training Material for Skill Development

Each participant will be given a handout containing the policy guidelines, a document listing the steps to follow while conducting a medication error analysis, and a user manual for the use of automated dispensing cabinets. In addition, a printed version of the content covered by the opinion leader will also be provided to the staff for future reference. In order to ensure continuous learning, the nursing staff will be given access to a virtual classroom using a log-in ID and password to access lectures and self-learning exercises (Grol et al., 2013). The handouts and the virtual learning material will be designed to help the staff members develop skills such as critical thinking and attention to detail and the confidence required to implement the strategies of the policy.

Interpreting the Policy for Nursing Staff

One of the complexities of implementing the strategies of the policy is deciding to report an event as a medication error. The lack of standard definitions for medication errors leads to unidentified errors because there is uncertainty around whether an error needs to be reported. The implementation of a standardized system for medication error analysis would require that medication errors be clearly defined. This would help nurses identify medication errors accurately and report them (Chu, 2016).

The number of medication errors in Mercy Medical Centre's medical and surgical units increased by 50% from 2015 to 2016. Most medication errors occur during medication administration by nursing staff (Ofusu & Jarrett, 2015). The training program on policy implementation, therefore, intends to familiarize the nursing staff with complex sections of the policy such as the repercussions of negligence and the protocol to be followed while addressing medication errors. The nursing staff will also be clearly informed of the chain of command for the purpose of reporting errors.

Conclusion

The policy on the management of medication errors was proposed by the leadership of Mercy Medical Center to reduce and prevent the occurrence of medication errors. For the successful implementation of the policy, it is essential to design a training program for the hospital staff on the various strategies of the policy. The program will help staff members understand the importance of managing medication errors, thereby improving patient safety, the medical center's reputation, and the staff's job satisfaction.

References

- Black County Partnership, NHS Foundation Trust. (2015). *Medication error policy*. Retrieved from <https://www.bcpft.nhs.uk/documents/policies/m/973-medication-errors/file>
- Chu, R. Z. (2016). Simple steps to reduce medication errors. *Nursing 2016*, 46(8), 63–65. <https://doi.org/10.1097/01.nurse.0000484977.05034.9c>
- Grol, R., Wensing, M., Eccles, M., & Davis, D. (2013). *Improving patient care: The implementation of change in health care*. Retrieved from <https://ebookcentral-proquest-com.library.capella.edu/lib/capella/reader.action?docID=1153537>
- Hamilton-Griffin, K. (2016). *Developing improvement strategies on the use of automated dispensing cabinets to reduce medication errors in a hospital setting* (Doctoral dissertation). Retrieved from ProQuest. (Order No. 10127834)
- Ofusu, R., & Jarrett, P. (2015). Reducing nurse medicine administration errors. *Nursing Times*, 111(20), 12–14. Retrieved from https://www.nursingtimes.net/Journals/2015/05/10/t/l/q/130515_Reducing-nurse-medicine-administration-errors.pdf
- Weant, K. A., Bailey, A. M., & Baker, S. N. (2014). Strategies for reducing medication errors in the emergency department. *Open Access Emergency Medicine*, 6, 45–55. <https://doi.org/10.2147/OAEM.S64174>