

# Medication Errors Related to Anticoagulation Therapy

by Med Event Team

Unfractionated heparin accounts for 66.2 percent of anticoagulation medication errors and 1.67 medication errors occurred for every 1,000 patients receiving anticoagulation therapy according to a study done by J. Fanikos, et. al. Of the patients who experienced an anticoagulation related medication error, 6.2 percent required some type of medical intervention and 1.5 percent experienced prolonged hospitalization as a direct result of anticoagulant errors.

In another study by Forster et.al., the risk of adverse drug events (ADE) were evaluated post hospital discharge in 400 patients. Of the documented ADEs, 7 percent were caused by warfarin. All ADEs were considered preventable; one was considered serious and three others deemed life threatening.

Anticoagulation errors can be dangerous, even deadly. The two-nurse independent verification method of dose, medication, and patient for all IV anticoagulants is imperative for safe patient care. The patient also must be monitored closely to include pertinent lab values and signs, and symptoms of bleeding. In addition, a good medication history, nutrition history and consistent patient education are required. Take time to check out the new anticoagulation policy in Lucidoc introduced recently by the pharmacy and therapeutics committee.

*References: Fanikos J. et.al. (2004) Medication errors associated with anticoagulant therapy in a hospital. Am J Cardiol. 94(4):532-5.*

*Forster AJ, et. al. (Apr 2005). Adverse drug events occurring following hospital discharge. J Gen Intern Med.; 20(4):317-23.*

Community Hospital

# Nurse to Nurse



Community Hospital Nurses:  
**Driven to Excellence,  
 Compelled by Compassion**  
*Non Sibi Sed Omnibus (not alone, but together)*

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 Volume 2

## Magnet Council Meetings

Evidence-based Practice  
 3rd Tuesday • 3:30 p.m.  
 May 19 • Board Room

Nurse Leadership  
 3rd Wednesday • 3 p.m.  
 May 20 • Board Room

Education  
 4th Wednesday • 2 p.m.  
 May 27 • Board Room

Nurse Practice  
 1st Wednesday • 3:30 p.m.  
 June 3 • Board Room

Recruitment & Retention  
 2nd Wednesday • 3 p.m.  
 June 10 • Board Room

**Diabetes Resource Program** This is a 2-day course offered by Terri Thompson, RN, CDE & Katherine Cholet, MSN, RN and approved by the Magnet Education Council. Please contact Terri at ext. 6381 or Katherine at ext. 6197 for more information.

**Diabetes Resource Program, Session 1**  
 May 26, 28  
 Tuesday & Thursday  
 8:15 a.m. – 3 p.m.  
 Location TBD

**Diabetes Resource Program, Session 2**  
 Monday & Tuesday  
 June 1, 2  
 8:15 a.m. – 3 p.m.  
 Location TBD

## Recruitment & Retention: Does Magnet Help?

By Magnet Steering Committee

The American Nurses Association (ANA SmartBrief, April 20, 2009) reports that hospitals that attain Magnet designation have an advantage in recruiting and retaining well-qualified nurses. The reason, according to experts, is that Magnet designated organizations have strong leadership, educational resources, and a work environment in which nurses can grow, challenge themselves, and be involved in problem-solving. One cannot help but notice how descriptive the terms **grow**, **challenge**, and **involved** are in describing the work environment.

We, at Community Hospital, are well on our way to Magnet designation. Our work environment should reflect these descriptors daily. Are you seeing it?

If you have questions about our Magnet journey, please contact one of the members of the Magnet Steering Team, which include RNs Julie Simmons, Eric Cox, Sheryl McGhghy, Joan Dorrance, Annie Morris, Kathy Olsen, Sheryl Kleven, Susie Schultz, Susan Crawford, Misty Young, Tami Roberts, Kristen Gundt, Kay Hicks, and our CNO, Beth Bricker.





## Council Minutes Now Available

Nurse Practice Council has been busy. The minutes of these meetings are now available for nurses on the hospital intranet under the Events & Minutes folder. Check it out today!

## Quotable Quote

“Excellence is to do a common thing in an uncommon way.”

~ Booker T. Washington

## Beth's Corner

April is over and another cycle of employee evaluations has been completed. We are thrilled with our new pay for performance evaluation model, which, thanks to a lot of hard work on the part of Laurie Sinner, human resource director, has become a tool used to reward our staff for the level of job performance they display on a day-in-day-out basis. This tool wonderfully complements our Magnet Career Ladder. We now can encourage and support nurses in their quest for broadening their education through certification and degree progression, as well as for being a great nurse on a daily basis throughout the year.



In our journey towards Magnet status, our goal for nursing retention is 6 percent. Our year-to-date nursing retention is 6.1 percent for RNs, which means we are making great advancements on our journey, and with our new pay for performance, we will travel even farther. Please take the opportunity to express gratitude to Laurie Sinner and company for the implementation of this new performance evaluation tool.

I would also like to remind every nurse in the building that you own total responsibility for your progress on the career ladder. Neither human resources nor the nursing leadership maintains data on the number of years you have been a RN or of your readiness to progress to a higher level. Please make sure that you understand how the ladder works; don't miss an opportunity to advance to a higher level. As we reviewed personnel records for the evaluation process, we noted that several nurses who qualified to progress hadn't taken any steps to make it happen. We want to recognize your accomplishments, but it's up to you to inform us.

We are also excited to have added two more career ladders at Community Hospital. Therapy Works and the radiology department have instituted career ladders similar to the nursing ladder in an effort to recognize and encourage their staff's certification and degree progression.

Non Sibi Sed Omnibus

## Hand-off Communications

By Misty Young, RN

In 2006, the Joint Commission recognized the need for hand-off communications in hospitals nationwide. That recognition became National Patient Safety Goal 02.05.01. This standard was implemented because patients move from caregiver to caregiver and provider to provider, and it is critical that information about their treatment goes with them.

Unfortunately, that doesn't always happen. Whether the move is within the hospital's walls or to another department or facility, errors may occur.

Although the Joint Commission recognized this need based on sentinel events that occurred in other institutions, we have experienced problematic hand-offs within our own organization.

Busy clinicians sometimes omit important patient information during shift change; they may not have up-to-date information on medications recently administered, or they simply become too busy with tasks and fail to

communicate.

A recent Joint Commission analysis found that 65 percent of sentinel events occurred because of communication breakdowns, half of those occurred during a hand-off.

The SBAR form has been revised based on input from each department. The form was approved by Nurse Practice Council on March 4 and implemented on March 6. Initially, there were problems with how the report would be communicated from one department to another. However, the nurses provided valuable feedback and the process was tailored to meet the needs of each department.

In a recent chart review, the SBAR was found on each of the charts with pertinent information resulting in safe patient transfers.

Thanks to our nurses for their expertise and cooperation in creating an effective system that insures patient safety.

