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### **Identifying barriers to medication error reporting in the long term care home setting**

Prevention of medication errors in long term care (LTC) homes can avoid unnecessary and costly injury to residents. The objective of this U.S. based study, by Handler et al, was to have healthcare professionals in LTC homes identify organizational-level and individual-level modifiable barriers to medication error reporting, as an initial effort to improve error reporting frequency, and therefore medication safety. Most U.S. based LTC home policies and procedures specify the use of voluntary incident reporting, which may result in a low frequency of formal reporting, unless barriers to such reporting are understood and addressed. Such incomplete reporting and documentation can prevent healthcare organizations from understanding the underlying causes of errors and from appropriately prioritizing the opportunities to correct and prevent errors.

The study explored medication error reporting from the perspective of U.S. LTC home professionals who were involved in different stages of the medication use process: physicians, pharmacists, nurse practitioners, physician assistants, and nurses. Surveys were developed and mailed to professionals at four LTC homes. The survey included twenty items that identified potential barriers to medication error reporting.

Based on the researchers analysis of the twenty survey items, fourteen (70%), had scores that categorized them as barriers that should be addressed to increase medication error reporting. The three considered most modifiable were (1) lack of a readily available medication error reporting system or forms, (2) lack of information on how to report a medication error, and (3) lack of feedback to the reporter or rest of the home on medication errors that have been reported.

The study results provide a broad-based perspective of the barriers to medication error reporting in the LTC home setting that Administrators and clinicians might use to make changes in their homes. The author of this study has identified several U.S. paper-based and Internet-based medication error reporting systems that address the majority of barriers identified in the study that are already available and being used by some U.S. healthcare organizations and coalitions.

Handler S., Perera S., Olshansky E., Studenski S., Nace D., Fridsma D., Hanlon J.  
Identifying modifiable barriers to medication error reporting in the nursing home setting.  
Journal of the American Medical Directors Association. 2007;11(8):568-74.

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