

**Optimierungspotential
der Medikationsprozesse
im ambulanten Bereich**

**Analyse und Projektierung
am Beispiel von zwei
Spitex-Organisationen
im Kanton Luzern**

Masterarbeit

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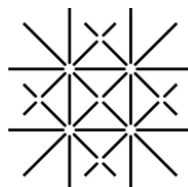
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1. Abstract

BACKGROUND: Medication errors are a well discussed issue in the current literature. However, research has focused almost exclusively on hospitals and nursing homes, with few studies addressing home care.

OBJECTIVES: The aim of this study was to analyze the complexity of medication management and its potential risks and errors in two home care organizations in the Swiss canton of Lucerne. In a second step, possible future scenarios for the improvement of the medication use process were developed, considering legal and organizational aspects.

METHODS: Direct observation, a structured piloted interview, the analysis of medication lists, an analysis of the incident reporting system, and a failure modes and effects analysis using the delphi approach were used to analyze the medication management and to detect and prioritize potential risks and errors. Future scenarios for the improvement of the medication use process were devised based on an analysis of legal and organizational requirements.

RESULTS: The medication process in home care is complex – the bigger the organization the more complex the communication with other health care providers. Disturbances during drug preparation, omission of a drug and patients not taking a drug were the most commonly reported medication errors. Changes of drug regimens by the physician, review of the medication list by the physician and administering medications by home health nurses were considered the most critical steps in the medication use process. Only one of four devised scenarios is able to account for legal and organizational requirements without necessitating too many changes in the current process.

CONCLUSION: Incident reporting and failure modes and effects analysis are good methods to identify medication errors and to devise strategies to reduce medication errors. The most promising scenario is the appointment of a pharmacist, allowing the organization more freedom in handling drugs and enabling proactive medication safety activities. Uniform solutions for Switzerland should be found to observe the law in the home care setting and to improve organizational safety structures. Last but not least, more research in home health care is necessary.