

**Implementierung eines permanenten
Critical Incident Reporting Systems CIRS
bei einer Home Care Organisation in der Zentralschweiz**

Masterarbeit

16. Januar – 08. Juni 2012

Evelyne Krummenacher

Betreuerin

Dr. Carla Meyer-Massetti

Fachliche Unterstützung

Barbara Hedinger

Pharmaceutical Care Research Group

Prof. Dr. Kurt Hersberger



Universität Basel

Abstract

Background

Patient safety is an important topic in literature. Therefore medication errors are often mentioned but most researches were done about errors in hospitals, primary care and nursing homes. There is little information available on studies of medication errors in home health care like the Spitex organisation.

Objectives

The aim of this master thesis was to implement a permanent critical incident reporting system for the Spix Stadt Luzern and to test it during one month. Afterwards an evaluation had to be done. Further aims were to build a solid feedback system and to write an alert for the employees. The alert contained information about how to avoid further critical events. Additionally, training material for the employees was developed. To ensure the reliability of the process, a standard operating procedure was written.

Methods

Based on literature research and established CIRS an adapted form for the Spix Stadt Luzern was developed. It was tested in a pilot and then evaluated and improved. The reported events were statistically analysed and discussed in a meeting with employees from the Spix. During this meeting recommendations for a specific critical event were elaborated. The recommendations were distributed among the employees through the Spix newspaper.

Results

During the pilot it was highlighted that with 54.1% most events occurred during dispensing of the drug. There were many reasons for this like inattention or distraction through the patient. A further problem was the communication. This was mentioned to be the cause in totally 36.2% of the cases. Of all 43 reported events 47.5% reached the patient but they didn't harm him. Temporarily hurt was one patient (2.5%).

Conclusion

A well-integrated CIRS can minimize the occurrence of events. The printed edition of the CIRS is a good quality reassurance instrument. For the future, there should be established an electronic CIRS edition. Thereby the reporting procedure as well as the analyses of the events will be simplified.