



USE IT OR LOSE IT

THE ROLE USER UNFAMILIARITY WITH ELECTRONIC MEDICATION SYSTEMS PLAYS IN MEDICATION ERRORS



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INTRODUCTION

Paper-based medication charts in hospitals have been replaced by **Electronic Medication Management** (EMM)

The **benefits of EMM** include:

- Legible, complete and uniform prescriptions
- Ease of access to patient records
- Real time clinical decision support
- Lower rates of medication errors (1-4)

However, EMM simultaneously introduces new system-related errors - errors that were highly unlikely or unable to occur with the use of paper records

AIM

To explore how incident reports of system-related errors related to user unfamiliarity with EMM change over time

No research has examined:

How system-related errors change over time

Whether errors related to user unfamiliarity with EMM decrease over time

METHODOLOGY

EMM-related incidents occurring at three hospitals in a Local Health District between 1 January 2010 and 31 December 2019 were extracted from the NSW Health Incident Information Management System

Incidents where it was clear that the EMM was involved

For example: Clinician selected the wrong item from a drop-down menu

Each hospital had introduced the EMM at different time points (one, three and 12 years prior)

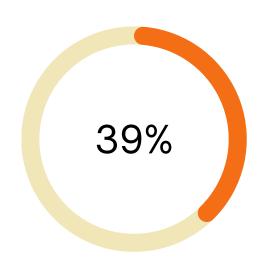
Factors contributing to these EMM-related incidents were extracted and classified, including user 'misunderstanding or unfamiliarity with EMM or EMM workflow' and 'inadequate training or education'

RESULTS

444 EMM-related incident reports identified described 694 contributing factors

After hospital-wide EMM implementation, user unfamiliarity and inadequate training were associated with at least 6 incidents every year (range 6 – 38 incidents)

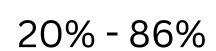
In 2019, user unfamiliarity and inadequate training were **still contributing to 41% of reported incidents** in the hospital that had had EMM in place for over 12 years



The percentage of EMMrelated incident reports that were classified with either user unfamiliarity, inadequate training or both



The number of EMM-related incident reports related to user unfamiliarity or inadequate training fluctuated over time but never dissipated





The range of EMM-related incident reports each year associated with user unfamiliarity, inadequate training or both

EXAMPLE INCIDENT REPORT DESCRIPTIONS

USER UNFAMILIARITY

'Discussion with the nurse involved highlighted being unfamiliar with the system as a key component and misreading the order'

INADEQUATE TRAINING

'Education and training for system use were specifically identified as weak point amongst several medical officers'

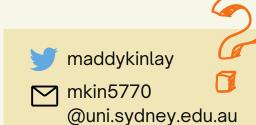
CONCLUSION

EMM become more embedded in hospitals with long-term use, but our results indicate that user unfamiliarity with the system is an ongoing issue, despite long-term use

EMM are not set-and-forget systems

Organisations are required to invest in:

- Ongoing training for new and rotating staff
- Refresher training with the addition of new or updated functionality to systems



References

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