Medication Errors

Student’s Name

Institutional Affiliation

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When interning at a local medical facility, I witnessed a medical error in the form of misdiagnosis. The doctor I was working with was familiar with treating many elderly people, and multiple sclerosis, such as Alzheimer’s disease, was a common diagnosis among his patients. Therefore, when one elderly lady came in complaining of headaches, joint and muscle pains, fatigue, and a tingling sensation, the doctor diagnosed the patient with fibromyalgia without any brain scans to accompany the diagnosis. Had it been done, we would have been aware of the condition the lady was suffering from and treated her for multiple sclerosis instead of fibromyalgia. Human is to error, and that applies to even medical practitioners. Medical errors are inevitable and have accounted for 98,000 deaths annually, without considering the side effects that this has on the patients, the reputation of the nurses, and the hospital. Building a safe healthcare environment is founded on the principle of creating a safe environment from which patients get protected from accidental injury. It is of utmost importance that, to change the statistics, medical practitioners should understand the causes of medical errors to address them effectively. Changes need to get made on existing approaches that do not yield results, and through this paper, an analysis of five evidence-based practices on potential interventions proven to reduce medical errors will help draft a strategy applicable within the villa health scenario.

Not all resources related to medical information and research are considered credible. There is a standard requirement for all resourceful work and a matrix to which it must adhere. One, the authors of such sources need to be credible professionals with enough background knowledge to warrant an opinion or interest in the matter. Also, the sources need to be up-to-date, ensuring that the issues discussed are still relevant. When narrowed down to evidence-based practice in healthcare, there are also guidelines and a matrix in which a source should fit. Notably, the concepts and organizations within it need to be concise and well laid out. Secondly, a diagrammatic representation of the topics discussed in an organized, chronological, and sequential manner is necessary to follow up and assimilate the central idea. Another critical factor to consider is that the work is comprehensive enough across all its developmental and implementation stages, culminating in an outcome. Also, it should be easy to use and not complicated. Lastly, it should be comprehensive enough to be applicable across multiple populations without compromising the success rate of the interventions brought forward. The sources I selected have incorporated all of the above criteria, critically addressing medical errors and evidence-based practice strategies proven to work.

The first journal by the global journal of health science seeks to address the potential causes of medication errors and strategies that may get used to prevent them (Gorgich, Barfroshan, Ghoreishi & Yaghoobi, 2016). The study encompassed 327 nurses and 62 nursing interns within a hospital. Using a questionnaire, the data collected was scientifically computed to provide reliable statistics. From the results, methods that were proven to reduce medication errors significantly included the input by managers to address human resources conflict actively. Secondly, training through workshops and in-service guidance on medicinal preparations, side effects, and basic pharmacological information will also create a foundation on factual information which will guide the nurses, eliminating errors.

The second journal, titled *Preventing the medication errors in hospitals,* sought themes that addressed medical errors through wrong administration of drugs. The evidence of the success of the possible intervention got done using 16 nurses and a physician who qualified for selection after sampling. Through interviews to obtain data, the researchers analyzed the feedback to extract two key themes, reducing the probability of a medical practitioner making an error. From this analysis, the researchers established two key themes. They were acting professionally and presenting technical strategies (Salar, Kiani & Rezaee, 2020). Many reasons contribute to medical errors, but by acting professionally and literally revising technical strategies like accreditation, causes of medical errors get identified and stopped.

The third journal article, *Effectiveness of clinical nurses’ interventions in reducing medication errors in a pediatric ward,* concluded that eliminating medical errors can be successfully achieved by integrating several interventions simultaneously (Alomari, Sheppard‐Law, Lewis & Wilson, 2020). Focusing on just one intervention happened to be limiting, and the optimum positive results were obtained from combining several of them. The solutions to reducing clinical errors lay in the aggregate reduction of errors occurring in drug administration. Also, engaging the nurses actively for research purposes empowers a culture of problem-solving, increasing their efficiency and simultaneously reducing medical errors.

Evidence-based practice is essential, and its effectiveness relies on the attachment of tangible evidence to the research (Gawlinski & Rutledge, 2008). It, therefore, guides doctors and nurses to implement the best strategies and outcomes possible, which will work to the maximum benefit of the patients (Gawlinski & Rutledge, 2008). In this particular case of medical errors, several researchers table and test their hypothesis on a practical level to link their thoughts to the actual world. Through a spirit of inquisitiveness, they have tested possible causes of medical errors, their prevalence, and ways to eliminate the rate of occurrence of the problem. The evidence is a sealing deal to the fundamental research as it shows the success rate of intervention when weighed against another. Therefore, any medical practitioner can look up published information that may align with their interest, borrowing information and interventions from principles that have been proven to yield fruit.

In a nutshell, the sources settled for were credible enough to be used for research on how one can reduce medical errors. They qualified and met all basic requirements of standard acceptable research. They were up to date, authoritative, precise, and to the point. Also, they all incorporated measures and interventions that have been tested and proven to work. Most importantly, the three sources collectively address the issue of how nurses and other medical professions can reduce the probability of occurrence of a medical error. By implementing the offered solutions, cases of misdiagnosis can be avoided. Nurses should act professionally, be included in decision making, actively undertake training on basic pharmacological rules and requirements, with the management ensuring that they create a healthy environment at all times. When these measures are applied, it is beyond doubt that the probability of making medical errors will reduce significantly.

References

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