

AIMING FOR

**ZERO**  
**PATIENT**  
**HARM**

# National Medication Chart

Lessons learnt  
14<sup>th</sup> August 2011

# Re-charting

1. Starting point important
  - CMDHB – old chart had ‘stick on’ admin pages so very rarely had to re-chart. The re-charting requirement (after 7 days) seen as a new burden on RMOs and we did not have processes to ensure timely re-charting.

# Re-charting - burden

## 2. Estimate numbers staying $\geq 7$ days

Service	% $\geq 7$ days	Number per week $\geq 7$ days
Surgery	12.7	60
Medicine	18.0	64
Women's Health	2.0	6
Paeds	5.1	6
ARHOP	87.2	21
Mental Health Services	72.7	15

# Re-charting- burden cont.

Burden: chart/re-chart tasks after hours

- 2 weeks prior to the introduction of the NMC there were 267 (average 19 per evening/night shift) such tasks, and after this had risen to 421 (average of 30). Not all of these are re-charting as it also includes charting new medications, but as we have no reason to expect that this had changed in the period, then the increase is most likely due to the NMC.

# Re-charting

## 3. Transcription errors

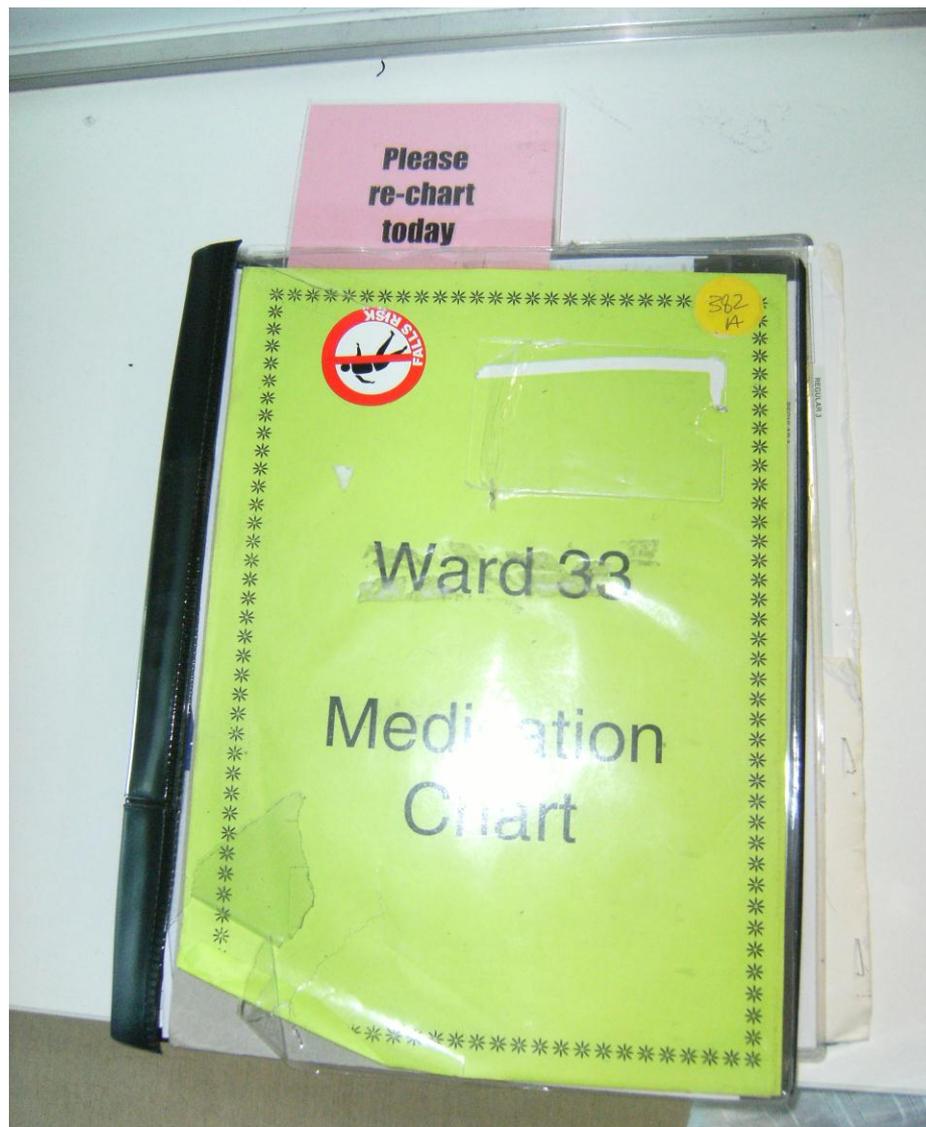
- If re-charting is onerous, or if it is done after hours, RMOs can make transcription errors

“Today I mistakenly switched the glipizide and simvastatin doses around for one of my pts, charting Glipizide 40mg po bd instead of the usual 10mg bd. Thankfully the nurse picked up the error”

# Re-charting

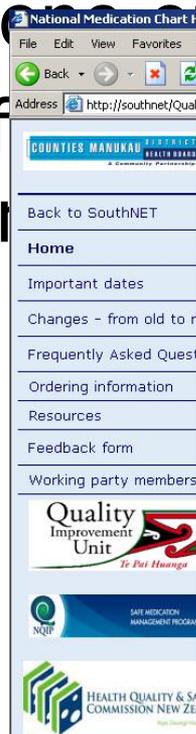
What have we done:

- Worked with nurses – they know when admin sheet is nearing end
- Pink reminder sheet
- Advocated change to national group – 8 day chart and develop long stay chart



# Training

- Need multiple ways to represent presentations at handover
- how to booklets, ...
- Emphasize need for consistency between nurses and doctors



Using the decimal point properly will save time and avoid confusion

•Dose box and decimal point

	Dose 1 . -	Units g		Dose 1 . 0	Units g
	Dose 0 . 5	Units mg		Dose - . 5	Units mg
	Dose .	Units puffs		Dose 1 / 11 .	Units puffs
	Dose .	Units mg		Dose 10 - 20	Units mg

A Guide to prescribing on the New National Medication Chart



# Overall

- Expect some resistance especially if major change
- Need to ensure that RMOs and nurses see it as a joint responsibility to identify early the charts that need re-charting
- Need to be aware of new errors that may be introduced – does not mean that NMC is not a safer chart than previously – legibility is certainly improved.