D-1437 Omission Impossible; A Snapshot of Medication Dose Omissions in an Australian Teaching Hospital

Background: Medication errors are a continuing burden on the Australian health care system. Medication dose omissions account for a significant portion of hospital related medication errors and can occur for a variety of therapeutic or non-therapeutic reasons. Non- therapeutic medication dose omissions have been reported at high levels and have been shown to have potential for patient harm.

Purpose: To determine the frequency of medication dose omissions in an Australian tertiary hospital and identify the reasons for omission.

Methods: A retrospective audit of medication charts of discharged patients was conducted across 5 wards (3 medical, 2 surgical) in a tertiary teaching hospital. Data was collected between March 2013 and May 2013. Medication dose omissions of medications prescribed for regular administration were identified, and their characteristics were recorded (for example; the reason for omission). Reasons for omission were classified as non-therapeutic or therapeutic using their National Inpatient Medication Chart code. Additional demographic and medication factors were recorded, such as age and medication classification.

Findings: 286 patients were included (medical=160, surgical=126) of which 235 (82.1%) had at least one medication dose omission. A total of 2,836 omissions were recorded from 23,942 regular medication doses, giving an omission frequency of 11.8%. 1,941 (68.4%) of omissions were identified as non-therapeutic which accounted for 8.1% of all doses. The most common reason for omission was ‘refused’ (38.5%), followed by ‘withheld’ (23.7%). 535 (18.9%) medication dose omissions had no documented reason for omission. Paracetamol was the most commonly omitted medication accounting for 19.9% of all omissions with 75.8% of these due to patient refusal.

Conclusion: 1 in 13 medication doses were omitted for non-therapeutic reasons which raises potential issues for patient safety and treatment efficacy. The high level of omissions with no documented reason suggests a need for more rigorous documentation of medication administration.

Location of Primary Work: Australi