



Improving patient safety wherever care occurs

● Nurses, providers, and pharmacists collaborate to improve patient safety.

PATIENT SAFETY is critical to quality care. Since the publication of the Institute of Medicine’s landmark report, *To Err is Human*, 15 years ago, most patient safety efforts have concentrated on acute-care settings. However, most healthcare is delivered outside of hospitals in settings where safety issues are quite different than those in hospitals. Ambulatory settings are environments susceptible to safety hazards. For example, although little research exists on medical errors in primary care, studies indicate that medication errors are common and that adverse drug events occur in up to 25% of patients within 30 days of being prescribed a drug.



Problem of polypharmacy

My areas of responsibility at the University of North Texas Health Science Center include several ambulatory care clinics. My attention to safety, which always has been an area of professional interest, has been heightened by understanding just how different ambulatory care is from acute care. Did you know that a key medication safety issue in ambulatory settings is polypharmacy in older adults? *American Nurse Today* has published many articles on polypharmacy, and based on what I experience every day, we can’t stop bringing this important nursing issue to the forefront.

Adverse drug events continue to increase in the geriatric population, who account for more than one third of all prescription medications in the United States. Seniors are at especially high risk for medication errors because of their high incidence of polypharmacy. The unacceptable level of harm experienced by this vulnerable group in both acute and ambulatory settings must

change through evidence-based practices and new interventions that hold promise for sustainability.

Collaborative care

Medication-related patient safety is difficult to manage in the time-constrained, primary care environment. Current research provides no reliable guidance on how to improve prescribing, medication management, or patient self-management. Most studies conclude that more and better research is needed to improve patient safety. This conclusion also is true when it comes to pharmacist-led interventions.

Based on the current state of the literature and the reality of current practice, the team where I work is piloting an intervention that capitalizes on the interprofessional team concept and expands the role of the pharmacist in the clinic setting.

Focusing on patient education and medication adherence, the pharmacist becomes a central part of the care team. The intervention starts by identifying high-risk patients and creating a safety net around them by combining the talents of the provider, nurse, and pharmacist. This strategy also promotes “top of license” practice for each profession.

New challenges, new practices

New challenges drive us to try new practices, especially when past practices don’t work anymore in a fast-paced, consumer-centric world. Nursing always steps up to the plate when the going gets hard, and bringing our interprofessional colleagues to the table to create solutions is rewarding for them, for nursing, and most of all for patients. As more care moves from inpatient settings to settings all across the healthcare continuum, the practice rigor and discipline that characterizes our acute-care experience can help transform post-acute care. I see that reality through the role of nurse practitioners all the time.

If you have a successful acute-care to ambulatory-care innovation or story to share, email me at lgelinas@americannursetoday.com. No matter where it occurs, patient safety is critical to quality patient care.

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