Use computerized systems to cut adverse drug events: report

Patients who experience an ADE are hospitalized, on average, 8 to 12 additional days at an extra per-patient cost of US$16 000 to US$24 000. The total cost of ADEs is as high as US$5.6 million annually per hospital.

“I’ve been using this [computerized system] for 8 years now and it has prevented me from making mistakes,” says Meyer, a physician at the Walter Reed Army Medical Center in Washington. “It has added value to my ability to practise.”

All US military and veterans’ hospitals and 5% of civilian hospitals now use computerized monitoring systems. The challenge “is to get the other 95% on board,” says Meyer, but cost is a major deterrent: a 200-bed hospital could spend up to US$2-million on a start-up system. Their scope varies from systems that allow direct entry of prescriptions into a computer to an all-encompassing system that uses bar codes on patient wrist bands and warns of drug interactions and other potential problems.

ADE incidence ranges from 2% to 7% of admissions, and 1 study estimated that 9.7% of ADEs cause permanent disability (Medical Care 2000;38:261-71). The most commonly documented errors that cause ADEs involve dosage problems (58%), failure to recognize known allergies (13%) and giving the wrong drug or treating the wrong patient (5%).

The report says that entering prescriptions into a computer instead of writing them out can prevent up to 84% of dosage errors. Dr. Patrick Croskerry, Halifax’s regional head of emergency medicine, is unaware of any computerized monitoring systems in use in Canada, but agrees that “There’s no question that these systems would reduce error.” He is organizing an international symposium on recent developments in correcting medical error, to be held at Dalhousie University Aug. 11–12 (skerry@accesscable.net). — Barbara Sibbald, CMAJ

Nurse practitioners may reduce FP burden in Nova Scotia

Nova Scotia has opened the door for nurse practitioners to assume wider responsibilities: its Registered Nurses Act now allows certified nurse practitioners to see patients, make diagnoses and write some prescriptions. Health Minister Jamie Muir says the result will be improved health care and greater efficiency. “Nurse practitioners can help tremendously in rural areas by working with family physicians to address a range of health concerns of patients, providing continuing care and sharing the patient load,” he said.

“This will leave doctors free to use their special skills where they are most needed.”

The Medical Society of Nova Scotia has given qualified support to the legislation. In theory, the use of nurse practitioners will benefit physicians and patients. But the details — including funding — have yet to be fleshed out, said society President Louise Cloutier. She stressed that the nurse-practitioner concept framed in the legislation is team based. “This is not nurses going into stand-alone practice. We all agree we can’t replace doctors with nurses — our roles are complementary.”

At present, 19 specialty nurse practitioners are working in 2 Halifax hospitals and 4 primary health care nurse practitioners are involved in pilot projects around the province. — Donaltee Moulton, Halifax