5PSQ-096

KEY STAKEHOLDERS, PERSPECTIVES ON MEDICATION SAFETY PRACTICES AND ERROR REPORTING IN QATAR – AN EXPLORATORY SEQUENTIAL MIXED-METHOD STUDY

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Background Medication errors are major global issues adversely impacting patient safety and health outcomes. Medication safety practices are evolving rapidly. It is imperative to explore the views of the healthcare workforce, key stakeholders and their knowledge, attitude and practice towards strategies, and standards, to prevent medication errors.

Purpose To explore the key stakeholders' (e.g. policy-makers, professional leaders and managers, lead educators and trainers) views on strategies, standards, standardisation, priorities and the political landscape to promote patient safety and medication error reporting.

To explore their perceptions of processes of implementing change to routine practice to promote patient safety.

Material and methods The quantitative phase was done using a Hospital Survey on Patient Safety Culture questionnaire. Eighteen, in-depth interviews with a purposive sample of key stakeholders (e.g. policy-makers, professional leaders and managers, lead educators and trainers) were conducted using a topic guide derived from the previous phases of the study (focus group and questionnaire). Qualitative data analysis was undertaken using the Framework Approach.

Results One-thousand, six-hundred and four questionnaires were received, there were statistically significant scores in terms of age, experience (were more confident in reporting errors) $p < 0.001$ and profession (pharmacists were more confident) $p < 0.05$. The interviewed key stakeholders shared a common view that increased error reporting could significantly improve patient safety and they were also aware concerning the seriousness of under-reporting and thus building a non-punitive, fair-blame culture was imperative. Management support for patient safety was clearly evidenced during the interviews. Feedback and communication about errors was repeatedly recognised as key to promoting a culture of patient safety. The key stakeholders also recognised that the current medication error-reporting processes and systems were grossly sub-optimal in preventing or minimising medication errors.

Conclusion This study of key stakeholder perspectives has highlighted the key stakeholders' concern about the positive and negative aspects of organisational culture, and has informed the importance of the development of interventions

to promote patient safety and the sustainability of a patient safety culture.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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TRIPLE WHAMMY INTERACTION: IMPROVING PATIENTS' SAFETY

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Background Concomitant treatment with renin-angiotensin system inhibitors (ACEI/ARB), diuretics and non-steroidal anti-inflammatory drugs (NSAID) has been named as triple whammy (TW). This interaction can produce acute kidney injury (AKI).

Purpose To implement a strategy in order to avoid the development of AKI due to TW interaction.

Material and methods A so-called 'Avoiding TW strategy' was implemented including the following activities: a multidisciplinary group (nephrologists, general practitioners (GP) and clinical pharmacists (CP)) was established to design the strategy; evidence on TW interaction and AKI was assessed; criteria for selection of candidates for intervention was agreed (concomitant use of ACEI/ARB, diuretics and NSAID); CP presented the programme to GPs; patients who were candidates for intervention were retrieved through an in-house developed software (OBSERVA) integrated in electronic clinical records in our region; a deprescription proposal was included in all retrieved clinical records with information about the risk of developing AKI due to the combination, suggesting the doctor to withdraw the NSAID and, if this was not possible, monitoring renal function and serum potassium levels was recommended; and valuation of NSAID withdrawal was planned.

Results The TW optimisation strategy was created and 1699 proposals were sent in August 2018. NSAID deprescription proposals were distributed among the different groups: M01AE (propionic acid derivatives): 54.3%; M01AH (coxibs): 27.8%; M01AB (acetic acid derivatives): 15.0%; M01AC (oxi-cams): 2.7%; M01AG (fenamates): 0.1%; and M01AX (other NSAID): 0.1%.

Preliminary results, 2 months after the implementation, showed that 15% of proposals were evaluated by GPs, with an acceptance rate of 82%.

Conclusion Pharmacological interactions must be considered even more when they cause important morbidity such as AKI.

CP intervention through electronic clinical records optimises pharmacotherapy and may reduce adverse events and improve patients' safety.

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