



ACCREDITATION CANADA AND ROPs

Accreditation Canada has recently introduced the 2013 edition of the *Required Organizational Practices (ROPs) Handbook*. A ROP, as defined by Accreditation Canada, is “an essential practice that organizations must have in place to enhance patient/client safety and minimize risk.” Accreditation Canada has categorized ROPs into six patient safety areas: Safety Culture, Communication, Medication Use, Worklife/ Workforce, Infection Control, and Risk Assessment.

The next few issues of the *Tablet* will review some of the important ROPs and provide tips for effective implementation.

COMMUNICATION STRATEGIES FOR SAFE PRESCRIPTION INTERPRETATION

The goal of communication strategies with respect to ROPs is to: “Improve the effectiveness and coordination of communication among care and service providers with the recipients of care and service across the continuum.”

In this issue we will focus on reducing the prevalence of failed communication among health professionals that has the potential to lead to medication incident.

Failed communication leading to medication incident can have many root causes, including:

- Patient name confusion (always double-check with two different methods)
- Handwriting issues (strongly encourage typed orders)
- Drugs with similar names (see the September Pharmacy QI)
- Decimal points placed or interpreted incorrectly (always ensure double independent check)
- Trailing zeros or lack of leading zero (i.e., never use a zero by itself after a decimal point but always use a zero before a decimal point)
- Ambiguous or incomplete orders leading to assumptions (never assume, always clarify)
- Use of abbreviations (see below)

ABBREVIATIONS AND SHORT FORMS

Approximately 5% of medication errors have been caused by use of abbreviations. The Institute for Safe Medication Practices (ISMP) has published a list of “DO NOT USE” dangerous abbreviations, symbols, and dose designations (see this month’s Pharmacy QI). This list must be strictly adhered to in order to meet Accreditation Canada patient safety standards.

As shown in the Pharmacy QI, drug names must not be abbreviated. In addition to the drugs listed in the Pharmacy QI, use of the following abbreviations has resulted in patients receiving the wrong medications and should not be used:

- **AZT**: zidovudine, azathioprine, or azithromycin
- **HCT**: hydrochlorothiazide or hydrocortisone
- **MTX**: methotrexate or mitoxantrone

Following are examples of abbreviations that should not be used (in addition to those found in the Pharmacy QI), because they have resulted in patients receiving medication in a manner that is different from its intended use:

- **X3d**: meaning **for 3 days** but has been mistaken as meaning **for 3 doses**
- **AU**: meaning **both ears** but has been mistaken for **both eyes**
- **BT**: meaning **bedtime** or **breakthrough** but has been mistaken for **BID**
- **Sub q: q** meaning **cutaneous** but **q** can be mistaken as meaning **every**

You can probably think of many more abbreviated drug names and short forms that have been used, or are still being used, that have the potential to lead to medication incidents. A master list of these should be kept at your place of practice in a readily accessible area that all health professionals are made aware of. In addition, a periodic review of the Institute for Safe Medication Practices (ISMP) website at www.ismp-canada.org can keep you up to date with recent reports. **MPT**

Calcitonin Availability and Indications

On July 31, 2013, Health Canada published an alert informing Canadians that calcitonin nasal spray products would no longer be available for sale in Canada as of October 1, 2013.¹ This action is in response to safety reviews concluding that there is a slightly increased risk of cancer associated with the prolonged use of calcitonin products. This risk is perceived to outweigh the benefit of calcitonin nasal spray for treating osteoporosis.

Calcitonin injectable products will continue to be available in Canada, as benefit of their use for the shortest possible time at the minimum effective dose in treatment of Paget's disease and hypercalcemia is deemed to outweigh cancer risk. Treatment of symptomatic Paget's disease with calcitonin should be limited to those individuals who are unable to use other indicated treatments. **DN**

Increased Risk of Dermatologic Reactions with Carbamazepine in Certain Asian Populations

In 2008 it was reported that use of carbamazepine in certain Asian populations carries an increased risk of serious and sometimes fatal dermatologic reactions.² These include toxic epidermal necrolysis (TEN) and Stevens-Johnson syndrome (SJS). Although there is a risk of SJS and TEN in all patients, normally it is extremely small. In some Asian countries the risk has been estimated to be ten times higher than in Western countries. The increased risk is due to the presence of the HLA-B*1502 allele found almost exclusively in the genetic make-up of individuals with Asian ancestry. The prevalence of the allele is estimated to range from 1% to over 15% in various Asian ethnic populations.

Over 90% of individuals treated with carbamazepine who experience SJS/TEN have the reaction within the first few months of treatment. A test for HLA-B*1502 genotyping exists, and it should be considered for patients genetically at risk. A negative test does not completely negate the risk for a reaction, nor does a positive test assure that a reaction would take place. However, Health Canada recommends that the use of carbamazepine and other anti-epileptic drugs associated with SJS/TEN should be avoided in patients who test positive for the HLA-B*1502 allele. **DN**

Oral Fluoroquinolones and Retinal Detachment

A pharmacoepidemiological study suggests that there is a small increased risk of retinal detachment with the use of fluoroquinolones.³ Symptoms associated with retinal detachment include light flashes, floaters and peripheral visual field loss. Health Canada is urging healthcare professionals to report any such adverse reactions suspected of being related to oral fluoroquinolone use.⁴ **DN**

1. Health Canada. Important Changes to the Availability and Conditions of Use for Drugs Containing Calcitonin. Available online at <http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2013/34843a-eng.php>
2. Health Canada. New Safety Information for the anti-epileptic drug TEGRETOL (carbamazepine) – For Health Professionals. Available online at <http://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2008/14522a-eng.php>
3. Etminam M, Forooghian F, Brophy JM, et al. Oral Fluoroquinolones and the risk of retinal detachment. *JAMA* 2012; 307:1414-1419
4. Health Canada. Canadian Adverse Reaction Newsletter, V. 23 (3), July 2013. Available online at http://hc-sc.gc.ca/dhp-mps/medeff/bulletin/carn-bcei_v23n3-eng.php#f7