

Drugs

Proposed prescription bar-code plan would save lives, experts say

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Bar codes have become a necessity in grocery stores, helping cashiers easily identify products and allowing customers to quickly get on their way.

Now, some health-care organizations are aligning their efforts to bring that technology to hospitals and pharmacies across the country in order to reduce preventable medication errors.

The Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute announced yesterday (Wednesday) they have created a national plan to roll out bar coding for medication throughout the country.

The plan, called the Canadian Pharmaceutical Bar Coding Project, was developed with pharmacy supply chain companies, and represents a major step toward standardizing the delivery of medication and reducing the chance of human error, said David U, president and chief executive officer of ISMP Canada.

"It's a preventable thing we could do to prevent [medical errors] happening," Mr. U said. "This is very important."

Bar codes aren't entirely new to medication in Canada. Many pharmacies dispense prescriptions that have bar codes on the outer packaging. In addition, some hospitals have their own bar-coding systems.

But the system is patchwork and leaves several major holes, particularly in hospitals, where bulk packages of medication are typically repackaged manually before being distributed to patients. The absence of bar-coding technology means there isn't much of a safety net if a patient is being given the wrong dose or incorrect medication, said Pierrette Leonard, senior adviser, national partners, with the Canadian Patient Safety Institute.

"Nobody goes to work wanting to make a mistake and yet they happen," Ms. Leonard said.

Under the new program, however, health-care workers would scan the bar code on a patient's medication to make sure it's being delivered in the right form and dose to the correct person in a hospital or health-care facility. Scanning the medication would also automatically alert health-care workers to potentially dangerous drug interactions.

"It's like an automated double check," Ms. Leonard said.

While some may be surprised such a system isn't already in place across Canada, Ms. Leonard said many health-care organizations have competing priorities and that, in the past, the issue of modernizing patient safety programs has sometimes fallen by the wayside.

But recently, that has begun to change as the issue of medical errors has been subject of increasing attention.

A 2004 study by the Canadian Institute for Health Information, for instance, found that nearly a quarter of the population said they or a family member had been affected by a preventable adverse event in a hospital. The study found that one in nine adults reported receiving the wrong medication or wrong dose by a doctor, hospital or pharmacist in the previous two years.

A high-profile incident in 2007 involving American actor Dennis Quaid also thrust the reality of medical errors into the spotlight. Mr. Quaid's newborn twins nearly died after receiving an overdose of a blood thinner. Mr. Quaid subsequently became a vocal supporter of bar-coding technology to prevent future errors.

Although a national plan for medication bar coding has been established, it could take a significant amount of time before it's in place across Canada, Mr. U said. That's because health-care organizations, including hospitals, have to buy into the project and be willing to invest the funds necessary to get the technology up and running.

And it seems the road ahead could be fraught with challenges. Some U.S. reports suggest many hospitals are slow to adopt the technology and that the incidence of medical errors remains high. In addition, health care is delivered differently across Canada, creating potential challenges for universal adoption.

But Mr. U said he believes Canadian health-care organizations will recognize the benefits of this updated system and its life-saving potential.

"I think we've come a long way already in terms of the mentality and attitude of practitioners," he said.