

encapsulate

Welcome to 'encapsulate'

Welcome to the fifteenth edition of **encapsulate**. This issue looks at a study which has identified increased risks when nurses are interrupted during medication administration. We also provide further details regarding the recent changes to the scheduling of codeine-containing products, and we look more closely at the impending introduction of the Australia Health Practitioner Regulation Agency, which will simplify the regulation and registration of health professionals across the country.

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Interruptions Associated with Medication Administration Errors

The publication of a recent study has shed light on the impact of interruptions on the medication administration process by nursing staff. The study, conducted in Sydney, and published in the journal *Archives of Internal Medicine*ⁱ, found that each time a nurse is interrupted during the process of administering medications, the risk of procedural failure or clinical error increases by approximately 12%.

This finding is significant because the study found that nurses are interrupted in more than half of all medication administrations undertaken by them. Medication administrations had procedural failure and clinical error rates of 69.6% and 25.3% respectively when no interruptions occurred, which increased to 84.6% and 38.9% when 3 interruptions occurred. In addition to this, the error severity increased with the frequency of interruptions, with the risk of a major error

occurring being 2.3% with no interruptions, which increased to 4.7% with four interruptions.

Interestingly, the study found that the amount of experience a nurse has provides no protection against making a clinical error when interrupted, and is in fact associated with higher procedural failure rates. This is in contrast to commonly held beliefs that more experienced nurses are at lower risks of being involved in medication errors.

To help reduce the risk of medication administration errors occurring, nursing staff should ensure that they prepare medications prior to administration in an area that is as quiet and distraction-free as possible, and that they refrain from interrupting colleagues who are preparing or administering medications.

Change in Codeine Scheduling

Due to increasing concerns over the potential misuse of codeine, the National Drugs and Poisons Schedule Committee has decided to enact tighter controls and regulation of codeine containing products. Effective from 1st May 2010, restrictions were applied to the pack size, amount of codeine present and advertising for these products. In summary, these restrictions includeⁱⁱ:

- The removal of all codeine-containing medications from schedule 2 (pharmacy medicines).
- Codeine products containing up to 5 days treatment, up to 12mg of codeine per dosage unit (0.25% for liquid preparations) and labelled with a recommended total daily dose of up to 100mg of codeine being listed in schedule 3 (pharmacist only medicines).
- Codeine products containing more than 5 days treatment and/or greater than 12mg of codeine per dosage unit, or labelled with a total daily dose of greater than 100mg of

encapsulate

codeine being listed in schedule 4 (prescription only medicines).

- No direct to consumer advertising of codeine-containing products.

These changes will impact on patients, pharmacies and prescribers, in that some codeine preparations previously available in the pharmacy will now only be available on prescription, and those products remaining in the pharmacy will require the personal intervention of a pharmacist for supply. It should be noted that these changes in scheduling do not affect codeine when listed as a schedule 8 medication.

For further information on the change to the scheduling of codeine containing products, please refer to the pharmacy department of your hospital.

Introduction of the Australian Health Practitioner Regulation Agency

Australia's new national registration and accreditation scheme for health practitioners commences on 1st July 2010. The new agency will include 10 new professional boards covering practitioners in dentistry, medicine, nursing and midwifery, optometry, osteopathy, pharmacy, physiotherapy, podiatry, psychology and chiropractorsⁱⁱⁱ.

The effect of these changes will mean a simplification of Australia's professional regulatory system and strengthening of public protection. It will consolidate the work of more than 85 current state professional boards across Australia governed by 66 separate pieces of legislation, to a single national system. This process will benefit practitioners who wish to work or move interstate as they will not require re-registration in new jurisdictions.

Commensurate with its functions, the new national boards will publish registration standards and practice guidelines which will apply to health professionals. This may include more stringent standards than currently apply, and may require health professionals to undertake additional continuing professional development activities.

Registration with the current state professional boards will be replaced with registration under the new national system progressively over the next 12 months. Health professionals are advised to consult with the new boards regarding profession-specific registration and practice requirements.

ⁱ Westbrook JI, Woods A, Rob MI, Dunsmuir WTM, Day RO. Association of Interruptions With an Increased Risk and Severity of Medication Administration Errors. *Arch Intern Med* 2010; 170: 683-690.

ⁱⁱ National drugs and poisons Schedule Committee. NDPS record of reasons, 56th meeting 16-17 June 2009. Available: <http://www.tga.gov.au/ndpsc/record/rr200906.htm> [Accessed: 24/5/10]

ⁱⁱⁱ Australian Health Practitioner Regulation Agency. Available: <http://www.ahpra.gov.au/index.php> [Accessed: 24/5/10].