

Medication Management: Strategies to Maximize Patient Safety

References

1. Definitions: patient safety. AHRQ WebM&M: Morbidity & Mortality Rounds on the Web. http://webmm.ahrq.gov/popup_glossary.aspx?glytm=entireglossary (last accessed 2/19/03).
2. The Leapfrog Group. Factsheet: Computer Physician Order Entry (CPOE). November 2000. www.leapfroggroup.org/FactSheets/CPOE_FactSheet.pdf (last accessed 3/5/03).
3. Bates DW, Leape LL, Cullen DJ, et al. Effect of computerized physician order entry and a team intervention on prevention of serious medication errors. *JAMA* 1998; 280:1311-6.
4. Cardinal Health, Inc. Reducing the human and economic costs of drug therapy complications: responding to the medication safety issue. Revised edition, published 5/00. www.cardinal.com/content/industrytopics/WhitePaper_ADE_PDF.pdf (last accessed 3/5/03).
5. Classen DC, Pestotnik SL, Evans RS, et al. Adverse drug events in hospitalized patients: excess length of stay, extra costs, and attributable mortality. *JAMA* 1997; 277(4):301-6.
6. Kimmel KC, Sensmeier J. White paper: A technological approach to enhancing patient safety. Healthcare Information and Management Systems Society 2002. www.himss.org/content/files/whitepapers/patient_safety.pdf (last accessed 3/5/03).
7. ADE Prevention Study Group. Incidence of adverse drug events and potential adverse drug events: implications for prevention. *JAMA* 1995; 274(1):29-34.
8. ADE Prevention Study Group. The costs of adverse drug events in hospitalized patients. *JAMA* 1997; 277(4): 307-11.
9. Committee on Quality of Health Care in America, Institute of Medicine. Priority areas for national action: transforming health care quality. National Academy Press 2003; www.nap.edu/catalog/10593.html (last accessed 3/5/03).
10. Evans RS, Pestotnik SL, Classen DC, et al. Prevention of adverse drug events through computerized surveillance. *Proc Annu Symp Comput Appl Med Care* 1992; 437-41.
11. Phillips J, Beam S, Brinker A, et al. *Am J Health Syst Pharm* 2001; 58(19):1835-41.
12. Goodman, E. Safeguarding against medical errors. *Boston Globe* 2/27/03. www.boston.com/globe (last accessed 3/4/03).
13. Committee on Quality of Health Care in America, Institute of Medicine. To err is human. National Academy Press 2000. www.nap.edu/catalog/9728.html (last accessed 3/5/03).
14. The James S. Brady Press Briefing Room. Press Briefing by Senior Administrative Officials on President's Initiative to Reduce Medical Errors. February 22, 2000. www.ahrq.gov/wh22200brf.htm (last accessed 3/5/03).

(Continued on page 2)

A University of Washington / Harborview Medical Center Drug Information Center publication
Distributed monthly by authority of the Pharmacy and Therapeutics Committee
Editor: Nelda A. Murri, Pharm.D. (206) 598-6612 – Asst. Editor: Elizabeth Rudy, D.V.M., R.Ph.
Department of Pharmacy Services / School of Pharmacy

Copyright © 2005 by the University of Washington
Also published on the World Wide Web at <http://uw.prnrx.org/therapyTopics.asp>
No material may be reproduced in whole or in part without written permission from the editor.

References (continued)

15. Three fortune 500 companies join Empire Blue Cross and Blue Shield to recognize and reward hospitals that achieve Leapfrog safety standards [press release]. Empire BCBS, October 19, 2001. www.empireblue.com/about_empire/publicaffairs/2001_press/release_1019_2001.shtml (last accessed 3/5/03).
16. Bates DW, Teich JM, Lee D, et al. The impact of computerized physician order entry on medication error prevention. *J Am Med Inform Assoc* 1999; 6(4):313-21
17. Committee on Quality of Health Care in America, Institute of Medicine. Priority areas for national action: transforming health care quality. National Academy Press 2003. www.nap.edu/catalog/10593.html (last accessed 3/5/03)
18. US General Accounting Office. Prescription Drugs and the Elderly: many still receive potentially harmful drugs despite recent improvements. HEHS-95-152. Washington, DC. 1995. www.druglibrary.org/schaffer/GOVPUBS/gao/gao22.htm (last accessed 3/5/03).
19. Kaushal R, Bates DW, Landrigan C, et al. Medication errors and adverse drug events in pediatric inpatients. *JAMA* April 25, 2001; 285: 2114-20. <http://jama.ama-assn.org/issues/v285n16/rpdf/joc01942.pdf> (last accessed 3/5/03).
20. Boodman SG. Medical errors come home: mistakes grow after release from hospital. *Washington Post* February 18, 2003; HE01. www.washingtonpost.com/ac2/wp-dyn/A22308-2003Feb17 (last accessed 3/4/03).
21. Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Ann Intern Med* 2003; 138(3): 161-167. www.annals.org/issues/v138n3/abs/200302040-00007.html (last accessed 3/5/03).
22. Institute for Safe Medication Practices. Safe Practice Recommendations. ISMP Medication Safety Alerts! 1/24/01; 1/9/03; 10/30/02; 7/10/02. www.ismp.org (last accessed 3/5/03).
23. Sentinel event alerts: the problem of look-alike/sound-alike drug names - stop, look, and listen! *Drug Therapy Topics* 2001; 30(9): 35-37, 40.
24. National Association of Chain Drug Stores. 5 things you can do. <http://65.217.254.118/clients/nacds8059/srv7.asp?respid=36928#action> (last accessed 3/5/03).