

USING BARCODE SCANNING TO REDUCE MEDICATION ERRORS

INFORMATION FOR STAFF

Choosing the wrong product when dispensing can cause significant patient harm. Patients can receive the incorrect medicine, or the incorrect strength or formulation of the intended medicine.

The use of barcode scanning identifies the majority of these errors and enables correction before medications are administered to patients.

Review of dispensing errors within NSW IIMS data revealed that over 60 per cent of errors could have been prevented had barcode scanning been in use.

Barcode scanning is recommended as a safe practice by the Society of Hospital Pharmacists of Australia and the Pharmaceutical Society of Australia.

It is considered to be standard practice by the Pharmacy Board of Australia and is a requirement of hospital accreditation under the National Safety and Quality Health Service Standards.

When a medicine is dispensed in iPharmacy, a dispensing number is generated, identifying the medicine dispensed and other relevant data. This number can be presented as a barcode.

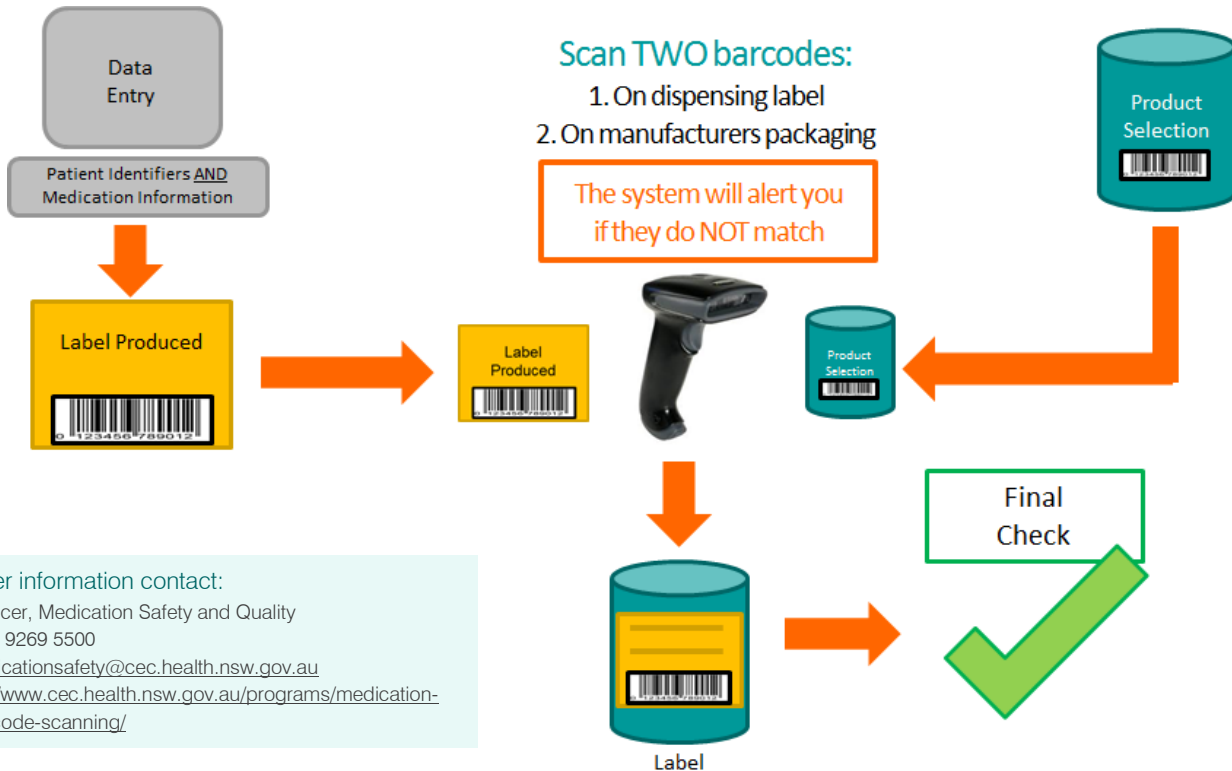
When this barcode and the barcode on a manufacturer's label are scanned, iPharmacy compares them and determines whether the medication is the same. In this way, iPharmacy matches what was recorded in the system and what was taken off the shelf.

Barcode scanning should be done during the final stages of dispensing i.e. "just prior to attaching the label" (*PSA recommendations*).

It should be completed by the person involved in the final stages of the dispensing process i.e. the person attaching the dispensing label to the product.

A mechanism should be put in place to identify those medicines that have been scanned as correct (e.g. by crossing out the barcode) so that everyone involved in the dispensing process knows what has and has not been scanned.

Figure 1: Dispensing medications using barcode scanning.



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