As we advance into an age of ever increasing access to medical care the susceptibility to error associated with medication is becoming more common place. Patient safety, which plays a prominent role in health care, has been highlighted in recent times for the wrong reasons as increasing reports of medication error coupled with well-publicised cases have raised public concern about the safety of modern health care delivery.

Medication use is a multifaceted process that begins with prescribing, processing of the prescription, dispensing and monitoring the effects of medication. The process flow is vulnerable to a number of elements ranging from patient information, drug information and its proper communication; storage, standardisation and dispensing of drugs, environmental factors, staff training and inbuilt quality controls. It is no wonder that substantial morbidity, mortality, a significant loss of income, productivity and escalation of health care costs are some of the outcomes of medication error. Research, quality control, ethics, legislation are some of the diverse factors that can be modified so as to have a bearing on the genesis and results of error. In order to recognize error and to reduce its incidence health care providers and researchers must learn to identify the causes, devise solutions and measure the success of improvement efforts.

Medication error has been defined by the food and drug administration (FDA) as, “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labelling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.”

The institute for safe medication practices (ISMP)- an independent non-profit agency based in Philadelphia, USA that works closely with United States Pharmacopoeia (USP) and food and drug administration in “analyzing medication errors, near misses, and potentially hazardous conditions” as reported by health care providers and practitioners. The institute then provides feedback to the manufacturers and regulators, collects expert opinion about prevention measures, and publishes its recommendations.

The website of the organization (www.ismp.org) is an extension of the effort to provide cutting edge information to regulatory authorities, health care professionals and consumers on the current status of medication errors. The home page of the website has a number of links highlighting current activities and projects of the ISMP. The “quick links” section is the best way to explore the site. It opens with a brief historical account of the thirty year old organisation, its achievements and its mode of working in conjunction with the national medication error reporting program (MERP).
A separate link leads on to some white papers, testimonials and selected articles from the print publication- ISMP Medication Safety Alert!

The “Education and Awareness” link has explorative sections on educational programmes, professional development and consumer awareness. On this page is a useful self-assessment tool that can help assess the level of medication safety practices in an institution, suggest improvement, and compare it with similar organizations. The “Medication Safety Tools and Resources” page contains links to a number of highly readable and thought provoking articles, documents, links and free learning resources. Some of the subjects addressed include, confused drug names list, drugs that have black-box warnings, error-prone medications, and dosage forms that should-not- be-crushed. A link to FDA videos on safety alerts, high alert medications and a list of dosage errors reported in standard published text-books makes for interesting and insightful information. The information available on this page is substantial; it aims to educate about medication error and to address its various facets by providing appropriate resources. The needs of both, small traditional practices and that of large technologically-intensive multi-specialty hospitals are met by appropriate articles and white papers. The problems and needs of developing nations are however not included in the scope of the articles and academic resources.

A message board which hosts messages and exchange of information on sub-categories of medication imprecision is available to members of ISMP. These exchanges also provide early warnings on emerging medication errors as well as information on ongoing post-marketing surveillance. A page for reporting medication error to the MERP is available for online use. The range of consulting services being provided by the ISMP figure on another link with details of the type of services offered under the each type.

The site provides good quality information on medication error and its solutions. It is essential as a valuable learning resource for researchers, clinical pharmacologists, clinicians, pharmacists, nurses and allied health care professionals.

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**Update Ayurveda ’06**

**Date** : 22\(^{nd}\) – 24\(^{th}\) November 2006

**Venue** : Nair Hospital Auditorium, D- Block, College Bldg.,
TN Medical College & BYL Nair Ch. Hospital,
Mumbai Central, Mumbai – 400 008.

The conference will include invited lectures from eminent scientists, research workers, academicians, ayurvedic and allopathic practitioners’ as well as industry stalwarts. Last date for submission of abstracts (250 words) is 15\(^{th}\) September 2006. For registration form and further details please visit our website www.nair.edu

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