



Intervention Plan

PGTM Clinical Intervention Model (CIM):

Abbreviations and symbols used on prescriptions in Quebec's university teaching hospitals

Document title: Intervention plan for PGTM Clinical Intervention Model (CIM): *Abbreviations and symbols used on prescriptions in Quebec's university teaching hospitals*

Background: Undertake concerted actions at the provincial level (specific interventions) regarding abbreviations with a view to coercive measures. Institute measures that will apply to all five Quebec university teaching hospitals (UTHs) (a PGTM abbreviations CIM).

Decision of the PGTM's Executive Committee following the report on abbreviations: Address the four abbreviations requiring priority action within the upcoming months, including, ultimately, refusing all prescriptions bearing any of these abbreviations.

It was proposed that ties be established with the professional orders and universities for additional support in instituting these measures. However, the PGTM will not wait for their answer regarding their involvement in this matter before it proceeds.

The four abbreviations to be addressed on a priority basis: cc, µg, U/IU (for "unit") and qd.

Objective: To completely eliminate these four abbreviations on prescriptions in Quebec's UTHs.

Order of priority: The order of priority in which action is to be taken on the abbreviations in question will be decided locally according to the situation at the UTH, as will the amount of time devoted to a given abbreviation. Furthermore, it is advisable to observe the results of the interventions concerning a given abbreviation before taking action on the next one.

Intervention measures: The different proposed interventions are suggestions. Each institution is to determine which interventions apply to its situation and make one or more of them priorities.

Timetable for instituting the measures: Within 6 months, commencing with April 2013. There will be an update in the fall.

Summary of the intervention plan for the PGTM's abbreviations CIM:

1. Have the Pharmacy and Therapeutics Committee circulate a reminder notice listing the dangerous and prohibited abbreviations and symbols to be proscribed and eliminated.

Call attention to the Institute for safe medication practices (ISMP) list and disseminate the local list to the health professionals.

Include examples of poorly written abbreviations in the notice.

Print the list of abbreviations at the top of each prescription form.

Do an "abbreviation of the month".

Create new preprinted prescription forms that are compliant in terms of the abbreviations in question.

2. Send a written document in the form of a personalized report to the personnel in each service or department detailing the use of dangerous and prohibited symbols and abbreviations specific to their unit.

Meet with all of the services and departments to discuss the abbreviations.

Conduct intensive reminder campaigns (opinions sent to all the prescribers) consisting of an intervention focusing on one abbreviation per day.

Before taking action, send warnings targeted by unit. Warn the care units of the interventions in advance.

3. Refuse prescriptions bearing dangerous and prohibited abbreviations or symbols.

Different authorities at the UTHs have proposed seeking coercive measures, including completely refusing prescriptions. This measure is presently under consideration and evaluation.

For clinical, organizational and safety reasons, it is hoped that this measure will not have to be used.



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The pharmacy is reluctant to apply such a measure, and it is a measure of last resort (last course of action) when the other intervention measures have not yielded the desired results.