

CHAPTER 5

RECOMMENDATION

Limited by study limitations, obstacles and problems, the following recommendations are made for further research.

1. For similar study

1.1 A long study period is required to obtain more data for a genuine continuous improvement.

1.2 For the efficiency management and protection system of medication error, the researchers should continue to study and develop on the prevention and the reduction of medication error and focus on certain types of medicine which are considered as high risk to patient. This includes medicines that have been reportedly made serious allergies to patients and those that are narrowed- therapeutic index medicine group such as Digoxin. Medical related professions; such as doctors, pharmacists and nurses have to brainstorm and share their opinions to set up the rank of medicines in medical list for the hospital. Besides their simplicity, the above operations are widely accepted to be the appropriate operations to prevent and to solve problems.

- 1.3 Besides reporting Medication errors by Professional point of view, There should be the system that approach to Customer complaint too. Because sometimes patients can know what wrong or uncomfortable things that had occurred to them and can tell the doctors or nurses about that situation
2. There should be systems or facilitators in order to stimulate, support, and advise staffs for more efficient outcomes of group meeting. The head or supervisor of the group should shift from an old to a new approach in which people can share their ideas and opinion, show their own visions, create new idea, and accept new idea. Although, this is difficult, it can be challenging.
3. There should be knowledge and skills provided to people who are in group meeting to promote positive thinking, creativity and awareness of accepting any change and new ideas. It is believed that if the above requirements are fulfilled such conclusive and acceptable ideas will be achieved.
4. For nurses, they are in the profession whose tasks are usually performed in different time. That means that tasks responsible by nurses continue for 24 hours and all nurses will not conduct their tasks in the same time. The meeting is needed to be adapted to fit this constraint. That is a brainstorming in different time should be performed. It can be done by using a special a technique in which head of sector or a representative of the group interview nurses on duty unofficially both in opening hours and closing hours. The technique can also be applied in slightly different way by writing questions on the paper and distributing to every nurse on duty.

At the end of each shift, head of sector collect all paper, which have answered, from all nurses and the concluded results will be presented in each monthly meeting where everyone will attend. In the meeting, more opinion and new ideas can be added and developed before final conclusion is made. This can reduce time conflict schedule and decrease opinion controversy.

5. There should be Internal Surveyor and follow-up procedure, which uses friendly-formatted evaluation or Quality Round. Also there should be the cancellation of the approach in focus on human error, affiliation, pessimism that will create the traditional problems. For evaluation, the head of sector who are considered as the most skillful coordinates with pharmacists for sharing different point of view and in depth assessing about medicine usage. In most cases, the coordination is done unofficially with profession in relevant fields to create ideas, seek for causes, and develop methods to prevent and resolve the problems as primary ideas. Then his or her superior will simulate and verify these ideas for more applicable and robust models. Finally, a representative will present this model in the monthly report for better ideas, robust methods and applicable regulations.
6. The installation of “Continuous Quality Improvement” (CQI) should be a priority consideration of a organization. This includes total-involvement management system in a hospital, understandable policy, quality control, risk management, information center service. All sets of information include statistical reports, operating results, problems and obstacles are progressively reported by using figures of medication error as benchmark

for the hospital. Also, there should be incentives for staffs who performed in their duty, such as admiring the person who reports the medication error in each monthly meeting as high responsible persons. It is believed that all of these factors will stimulate and push all departments in an organization to a new culture where people feel more challenging to deal with problems for better quality outcomes.