# Reducing Medication Errors in Emergency Care: A Multisectoral Approach Involving EMS, Pharmacy, and Laboratory Services

Abdullah Manbah Ali Wushayli<sup>1</sup>, Hussain Hassan Hussain Abu Shaqarah<sup>2</sup>, Yahya Mohammed Yahya Zurayqan<sup>3</sup>, Amal Saeed Al Badan<sup>4</sup>, Mohammed Thiban Thiab Alazizi<sup>5</sup>, Amer Faqih Hassan Alribi<sup>6</sup>, Wael Abdu Ibrahim Bakkari<sup>7</sup>, Riyadh Mohmmad Mater Al-Zahrani<sup>8</sup>, Amin Amer Ahmed Albadwi<sup>9</sup>, Ali Mesfer Alalyani<sup>10</sup>, Amjad Ali Mansour Algomian<sup>11</sup>, Husam Eissa Jaber Madkhali<sup>12</sup>

- 1 Emergency Medical Services, Emergency Care And Coordination Management (Jizan Health Cluster)
- 2 Emergency Medical Services, Emergency Care And Coordination Management (Jizan Health Cluster)
- 3 Emergency Medical Technician (Emt), Emergency Care And Coordination Management (Jizan Health Cluster)
- 4 Pharmacy Technician, Maternity And Children Hospital In Dammam
- 5 Pharmacist Technician, Althager Hospital
- 6 Pharmacist Assistant, Al-Thaghr Hospital
- 7 Pharmacy Technician, Althagar Hospital
- 8 Pharmacy Technician, Althagar Hospital
- 9 Pharmacy, Ministry Of Health, Aseer Health Cluster
- 10 Laboratory Technician, Althager Hospital
- 11 Laboratory Technician, Maternity And Children's Hospital
- 12 Laboratory Specialist, Alfarsha General Hospital

# **Abstract**

Medication errors in emergency care settings pose significant risks to patient safety, particularly due to the complexity of urgent care situations and the rapid decision-making required. A multisectoral approach, incorporating Emergency Medical Services (EMS), pharmacy, and laboratory services, is essential for minimizing medication errors in these environments. This paper discusses strategies to improve medication safety by fostering collaboration across these sectors, implementing standardized protocols, utilizing technology, and enhancing communication. The implementation of these strategies can significantly reduce medication errors, ensuring better patient outcomes and a safer emergency care environment.

**Keywords:** Medication Errors, Emergency Care, Emergency Medical Services (EMS), Pharmacy Services, Laboratory Services, Patient Safety.

#### Introduction

Medication errors remain a leading cause of adverse patient outcomes in emergency care settings. With the fast-paced, high-stakes nature of emergency medicine, the risk of such errors is heightened. Errors may occur at multiple points in the care continuum, from pre-hospital settings (EMS) to the emergency department (ED) and even after discharge.(1)

A comprehensive, multisectoral approach is necessary to tackle these errors effectively, incorporating collaboration among EMS, pharmacy, and laboratory services. Each of these sectors has a critical role to play in preventing medication errors, improving patient outcomes, and enhancing overall safety in emergency care.(2)

Reducing medication errors in emergency care is a critical issue that requires a coordinated, multisectoral approach. In the fast-paced and high-pressure environment of emergency care, medication errors can lead to adverse outcomes, prolonged hospital stays, and even fatalities. (3)

Addressing this challenge requires the involvement of multiple sectors, including Emergency Medical Services (EMS), pharmacy, and laboratory services. Here's a comprehensive strategy for reducing medication errors in emergency care:(4)

# 1. Collaboration Across Sectors

A multisectoral approach involves integrating the efforts of EMS, pharmacy, and laboratory services into a seamless system that prioritizes patient safety.(5)

- **EMS**: EMS personnel are often the first point of contact in emergencies and play a critical role in medication administration during transport. They need upto-date training, protocols, and access to accurate patient information to ensure proper medication use.
- **Pharmacy**: Pharmacists ensure that the medications prescribed are accurate, appropriate, and safe for the patient's condition. Their role extends to emergency departments, where they can provide expertise in drug interactions, dosages, and patient-specific considerations.
- Laboratory Services: Laboratory services provide crucial diagnostic information that can affect medication decisions. Timely and accurate lab results can guide clinicians in adjusting medications or avoiding harmful interactions based on the patient's condition, allergies, or pre-existing conditions.(6)

### 2. Education and Training

Regular training and education are vital for all personnel involved in emergency care. This should include:(7)

- EMS Personnel: Training on drug indications, dosages, routes of administration, and emergency drug protocols. EMS should also be educated about proper documentation practices to ensure accurate handoff of medication information.
- **Pharmacy**: Pharmacists should receive ongoing training in emergency care protocols, especially in the rapid identification and management of drug interactions or contraindications in acute care settings.
- **Laboratory Services**: Laboratory staff should be trained to work closely with emergency care teams to prioritize urgent tests, such as blood gas measurements, electrolytes, and drug levels, which can impact medication choices.(8)

#### 3. Standardized Protocols and Guidelines

Clear, standardized medication protocols should be developed and communicated across all sectors. These protocols should address:(9)

- **Drug administration guidelines**: Emergency medication protocols should be established for common conditions treated in the emergency setting, including the use of weight-based dosing, appropriate medications for specific patient groups (e.g., pediatric or geriatric patients), and drugs that require specific monitoring.
- Clinical decision support tools: Systems like electronic health records (EHRs) and computerized physician order entry (CPOE) systems can flag potential medication errors and drug interactions before they occur. Integrating decision support tools across the EMS, pharmacy, and laboratory interfaces can reduce errors in prescribing and administering drugs.(10)

Abdullah Manbah Ali Wushayli<sup>1</sup>, Hussain Hassan Hussain Abu Shaqarah<sup>2</sup>, Yahya Mohammed Yahya Zurayqan<sup>3</sup>, Amal Saeed Al Badan<sup>4</sup>, Mohammed Thiban Thiab Alazizi<sup>5</sup>, Amer Faqih Hassan Alribi<sup>6</sup>, Wael Abdu Ibrahim Bakkari<sup>7</sup>, Riyadh Mohmmad Mater Al-Zahrani<sup>8</sup>, Amin Amer Ahmed Albadwi<sup>9</sup>, Ali Mesfer Alalyani<sup>10</sup>, Amjad Ali Mansour Algomian<sup>11</sup>, Husam Eissa Jaber Madkhali<sup>12</sup>

# 4. Technology Integration

Leveraging technology is a key element in reducing medication errors:(11)

- **EMS Data Integration**: EMS systems should use mobile health technology that provides real-time access to a patient's medical history, including allergies, previous medication lists, and lab results, before they arrive at the emergency department.
- **Electronic Medication Records**: Integrating EMS and emergency department pharmacy systems with electronic medication records allows pharmacists to track patient medications and alert clinical staff to potential drug interactions or dosing errors.
- Laboratory Information Systems (LIS): These systems can provide real-time lab results to the emergency care team, allowing clinicians to adjust treatments accordingly. Additionally, LIS can send automatic notifications when critical lab results are available, reducing delays in medication adjustments.(12)

# **5. Improving Communication**

Effective communication between EMS, pharmacy, and laboratory services is essential to preventing medication errors.(13)

- **Handover Protocols**: Develop standardized handover procedures for EMS to communicate patient information accurately to emergency department staff. This includes medication lists, allergies, and the specifics of the emergency situation.
- **Interdisciplinary Collaboration**: Foster interdisciplinary rounds in emergency care, where pharmacists, lab technicians, EMS providers, and clinicians can discuss cases, review medication plans, and identify potential risks.(14)

#### 6. Medication Reconciliation

Medication reconciliation is crucial to avoid medication errors, especially for patients with complex medical histories or polypharmacy. The process should include:(15)

- **Pre-hospital Medication History**: EMS should obtain accurate medication histories during patient transport, ensuring that this information is updated and communicated to emergency department staff.
- **Post-Admission Review**: Upon arrival in the emergency department, the pharmacy team should verify the patient's medication history and ensure it aligns with current treatment protocols.
- Cross-Sector Coordination: Laboratory results should be reviewed alongside medication histories to prevent errors caused by untreated comorbidities or medications that may alter lab values.(16)

# 7. Audit and Feedback Mechanisms

Continuous improvement can be achieved through regular audits and feedback mechanisms, which should include:(17)

- **Incident Reporting Systems**: Encouraging staff in all sectors to report medication errors anonymously can provide valuable data on common error types, enabling targeted interventions.
- **Regular Feedback**: Providing feedback to EMS, pharmacy, and laboratory staff on medication error trends, and areas of improvement can help ensure that protocols are followed more closely.
- **Error Analysis**: When errors occur, conducting root cause analysis to identify systemic issues (e.g., communication breakdowns or inadequate technology) and implementing corrective actions is essential.(18)

#### 8. Patient Education

Engaging patients and their families in the medication process can help reduce errors, especially in an emergency setting.(19)

- Emergency Medications and Instructions: Provide patients with clear instructions on any medications they are given or need to take after discharge, including the dosage, administration, and any possible side effects.
- Follow-up Care: Ensure patients understand when and how to follow up for laboratory tests or additional medications after an emergency visit. This prevents further medication errors related to miscommunication.(20)

# **Challenges in Medication Safety in Emergency Care**

Emergency care settings face numerous challenges in ensuring medication safety. Some of these challenges include:(21)

- 1. **Time Pressure**: Decisions in emergency care must be made rapidly, often with limited patient information.
- 2. **Patient Complexity**: Emergency patients often have multiple comorbidities, increasing the likelihood of drug interactions and complicating medication choices.
- 3. **Fragmented Communication**: Disjointed communication between EMS, pharmacy, and laboratory staff can lead to inaccurate or incomplete medication information.
- 4. **Lack of Standardization**: Inconsistent drug protocols across various settings, including EMS and emergency departments, can contribute to errors.
- 5. **Technological Gaps**: Lack of integration between the EMS, pharmacy, and laboratory systems can hinder accurate, timely decision-making.(22)

# **Key Components of a Multisectoral Approach**

# 1. Interdisciplinary Collaboration

A strong, effective partnership between EMS, pharmacy, and laboratory services ensures that all teams work from the same set of information. Regular communication, team meetings, and shared goals can improve the overall decision-making process.

# 2. Standardized Protocols and Guidelines

Establishing clear, standardized medication protocols across EMS, pharmacy, and laboratory services helps prevent errors. These guidelines should address drug dosages, drug interactions, monitoring needs, and patient-specific considerations (e.g., age, weight, kidney function).

# 3. Technological Integration

Utilizing electronic health records (EHRs), mobile health applications, and laboratory information systems (LIS) can streamline the flow of patient data across different sectors, reducing the chances of misinformation or missed details.

# 4. Training and Education

Ongoing education and training for EMS personnel, pharmacists, and laboratory staff in medication management, error prevention, and emergency care practices are essential. This ensures all staff understand their roles and responsibilities in preventing medication errors.

# 5. Patient Safety Culture

Fostering a culture of patient safety within the multidisciplinary team encourages openness about mistakes and challenges in medication administration, supporting continuous improvement in processes and outcomes.(23)

A multisectoral approach involving EMS, pharmacy, and laboratory services plays a crucial role in reducing medication errors in emergency care settings. By improving

Abdullah Manbah Ali Wushayli<sup>1</sup>, Hussain Hassan Hussain Abu Shaqarah<sup>2</sup>, Yahya Mohammed Yahya Zurayqan<sup>3</sup>, Amal Saeed Al Badan<sup>4</sup>, Mohammed Thiban Thiab Alazizi<sup>5</sup>, Amer Faqih Hassan Alribi<sup>6</sup>, Wael Abdu Ibrahim Bakkari<sup>7</sup>, Riyadh Mohmmad Mater Al-Zahrani<sup>8</sup>, Amin Amer Ahmed Albadwi<sup>9</sup>, Ali Mesfer Alalyani<sup>10</sup>, Amjad Ali Mansour Algomian<sup>11</sup>, Husam Eissa Jaber Madkhali<sup>12</sup>

communication, training, protocol adherence, and leveraging technology, healthcare institutions can enhance patient safety and ensure that medication administration is accurate, timely, and effective. (24)

This integrated approach helps mitigate risks, improve clinical outcomes, and ultimately provide safer care to patients in emergency situations.(25)

Medication errors in emergency care settings present a serious challenge to patient safety. By fostering collaboration between EMS, pharmacy, and laboratory services, healthcare institutions can create a more robust system for preventing medication errors. (26)

Implementing standardized protocols, improving education and training, leveraging technology, and enhancing communication will help reduce the risk of medication errors and improve patient outcomes in emergency care. A coordinated, multisectoral approach is not only necessary but essential for ensuring safer, more effective emergency medical care.(27)

#### Conclusion

Reducing medication errors in emergency care requires a comprehensive, coordinated effort involving EMS, pharmacy, and laboratory services. By establishing clear protocols, improving communication, leveraging technology, and providing ongoing education and feedback, healthcare providers can ensure better patient safety and more accurate medication management in emergency situations. Collaboration among these sectors is crucial for minimizing the risk of medication errors and improving outcomes for patients in emergency care settings.

# References

- 1. Acquisto NM, Slocum GW, Bilhimer MH, Awad NI, Justice SB, Kelly GF, et al. Key articles and guidelines for the emergency medicine clinical pharmacist: 2011-2018 update. Am J Heal Pharm. 2020;77(16):1284–335.
- 2. Patil S. A New Service Model for Identifying and Improving the Quality of Emergency Department Operations in Tertiary Settings. Open Access Te Herenga Waka-Victoria University of Wellington; 2024.
- 3. Mazor SS, Barrett MC, Shubin C, Manzi S, Conners GP, Callahan J, et al. Dispensing medications at the hospital upon discharge from an emergency department. Pediatrics. 2023;151(6).
- 4. Algabgab M. Clinical feedback in Emergency Medical Service (EMS) education: Identifying and resolving the training needs of clinical supervisors in Saudi Arabia. Cardiff University; 2024.
- 5. Brown SL. Medication Error Prevention Strategies. 2020;
- 6. Gaither JB, French R, Knotts M, Lerman M, Harrell AJ, McIntosh S, et al. Consensus Guideline for Care of Patients in the Prehospital and Aerospace Settings with Exposures to Hydrazine and Hydrazine Derivatives. Prehospital Emerg Care. 2024;(just-accepted):1–15.
- 7. Friedman J, Mann NC, Hansen H, Bourgois P, Braslow J, Bui AAT, et al. Racial/ethnic, social, and geographic trends in overdose-associated cardiac arrests observed by US emergency medical services during the COVID-19 pandemic. JAMA psychiatry. 2021;78(8):886–95.
- 8. Azmin A, Abdullah S, Faiza Z, Ahmad NR, Fauzi A, Akhbar R, et al. A Framework Study on a Real-Time Operated System for Emergency Medical Services (EMS) using NODEMCU Processor. J Adv Res Appl Sci Eng Technol.

- 2023;33(2):85-97.
- 9. Anderson P, Verma S. Improving the Customer Experience for Persons Accessing the National Emergency Ambulance Service on the Island of Trinidad. In: Customer Experience Management in the Caribbean: Concepts, Case Studies and Challenges. CABI GB; 2024. p. 25–39.
- 10. Alqahtani M. Evaluation of high-fidelity manikin simulation in emergency medical services education in Saudi Arabia. Cardiff University; 2024.
- 11. Hansen M, Walker-Stevenson G, Eriksson C, Meckler G, Harrod T, Bahr N, et al. Analysis of an Intervention for Emergency Medical Services Personnel to Reduce Epinephrine Dosing Errors in Infants. JAMA Netw Open. 2022;5(4):e227645–e227645.
- 12. Williams JW. Use of Cognitive Neuroscience to Teach Paramedics Pharmaceutical Mathematics to Reduce Errors in Drug Administration in the Prehospital Setting. University of Bridgeport; 2022.
- 13. Valipoor S, Hakimjavadi H, Nobles PM. Toward building surge capacity: Potentially effective spatial configurations in emergency departments. HERD Heal Environ Res Des J. 2022;15(3):42–55.
- 14. Mathura P, Pascheto I, Dytoc-Fong H, Hrynchyshyn G, McMurtry N, Kassam N. Advancing a virtual home hospital: a blueprint for development and expansion. BMJ Open Qual. 2024;13(4).
- 15. Mitra A, Veerakone R, Li K, Nix T, Hashikawa A, Mahajan P. Telemedicine in paediatric emergency care: A systematic review. J Telemed Telecare. 2023;29(8):579–90.
- 16. Newton-Riner BJ. Professionalizing emergency medical services (EMS): still at the crossroads. 2020;
- 17. Mistarihi MZ, AL-Tahat MD, AL-Nimer SH. Improving Process Efficiency at Pediatric Hospital Emergency Department Using an Integrated Six-Sigma Simulation Methodology. Processes. 2023;11(2):399.
- 18. Siebert JN, Bloudeau L, Combescure C, Haddad K, Hugon F, Suppan L, et al. Effect of a mobile app on prehospital medication errors during simulated pediatric resuscitation: a randomized clinical trial. JAMA Netw open. 2021;4(8):e2123007–e2123007.
- 19. DeBona DJ, Acquisto NM, Kelly-Pisciotti S, Beeman D. Pharmacy services in a freestanding emergency department. Am J Heal Pharm. 2024;81(24):1217–21.
- 20. Joseph MM, Mahajan P, Snow SK, Ku BC, Saidinejad M, MEDICINE CONPE. Optimizing pediatric patient safety in the emergency care setting. Pediatrics. 2022;150(5).
- 21. Marcin JP, Lieng MK, Mouzoon J, Sauers-Ford HS, Tancredi D, Cabri A, et al. Telemedicine vs Telephone Consultations and Medication Prescribing Errors Among Referring Physicians: A Cluster Randomized Crossover Trial. JAMA Netw Open. 2024;7(2):e240275–e240275.
- 22. Garcia-Castrillo L, Cadamuro J, Dodt C, Lauwaert D, Hachimi-Idrissi S, Van Der Linden C, et al. Recommendations for blood sampling in emergency departments from the European Society for Emergency Medicine (EUSEM), European Society for Emergency Nursing (EuSEN), and European Federation of Clinical Chemistry and Laboratory Medicine (EFLM) Working Group for the Preanalytical Phase. Executive summary. Clin Chem Lab Med. 2024;(0).
- 23. Kamruzzaman MM. Architecture of smart health care system using artificial intelligence. In: 2020 IEEE international conference on multimedia & expoworkshops (ICMEW). IEEE; 2020. p. 1–6.

Abdullah Manbah Ali Wushayli<sup>1</sup>, Hussain Hassan Hussain Abu Shaqarah<sup>2</sup>, Yahya Mohammed Yahya Zurayqan<sup>3</sup>, Amal Saeed Al Badan<sup>4</sup>, Mohammed Thiban Thiab Alazizi<sup>5</sup>, Amer Faqih Hassan Alribi<sup>6</sup>, Wael Abdu Ibrahim Bakkari<sup>7</sup>, Riyadh Mohmmad Mater Al-Zahrani<sup>8</sup>, Amin Amer Ahmed Albadwi<sup>9</sup>, Ali Mesfer Alalyani<sup>10</sup>, Amjad Ali Mansour Algomian<sup>11</sup>, Husam Eissa Jaber Madkhali<sup>12</sup>

- 24. Cvetković VM, Tanasić J, Renner R, Rokvić V, Beriša H. Comprehensive Risk Analysis of Emergency Medical Response Systems in Serbian Healthcare: Assessing Systemic Vulnerabilities in Disaster Preparedness and Response. In: Healthcare. MDPI; 2024. p. 1962.
- 25. Platz E, Morrow DA, Verbrugge FH, Vranckx P, Cullen L. Acute cardiovascular care in the emergency department and beyond: a call for interdisciplinary collaboration in clinical research. Vol. 12, European Heart Journal: Acute Cardiovascular Care. Oxford University Press US; 2023. p. 77–9.
- 26. Eriksson CO, Bahr N, Meckler G, Hansen M, Walker-Stevenson G, Idris A, et al. Adverse Safety Events in Emergency Medical Services Care of Children With Out-of-Hospital Cardiac Arrest. JAMA Netw Open. 2024;7(1):e2351535—e2351535.
- 27. Füzéry AK, Kost GJ. Point-of-care testing practices, failure modes, and risk-mitigation strategies in emergency medical services programs in the Canadian province of Alberta. Arch Pathol Lab Med. 2020;144(11):1352–71.