

Appreciative inquiry of medication administration

Julie Martyn – Senior lecturer USC & UNE PhD
graduate

Supervised by Professor Penny Paliadelis
(UNE/Federation Uni) and Dr. Glenda Parmenter
(UNE)

Thank you



- ▶ I acknowledge the Traditional Custodians of this land and pay my respects to all Elders, past, present and future.
- ▶ Thank you for welcoming me here.

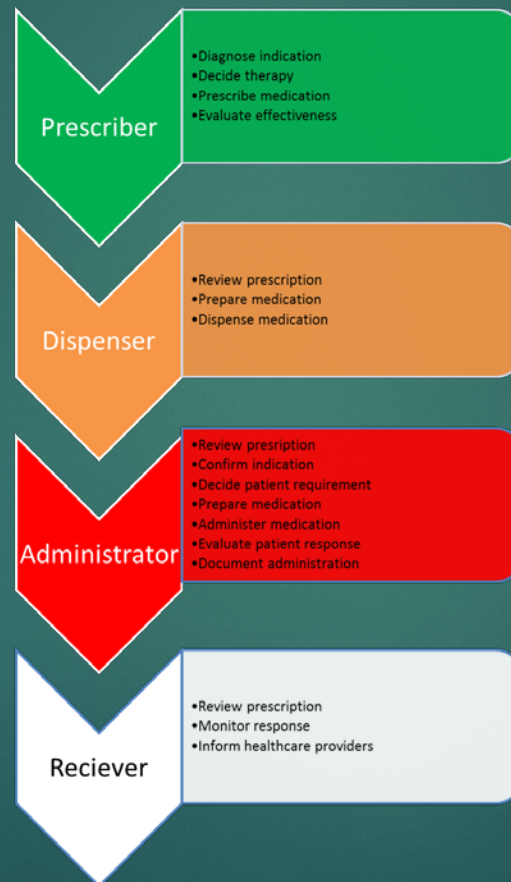


The story in the literature



- ▶ Medication administration is ill-defined
- ▶ Frequent nursing action
- ▶ Carries highest risk
- ▶ 5 – Rights = [non]standardised practice rules
- ▶ Protection from error is limited
- ▶ Incident data collection is inconsistent
- ▶ Nurses singularly blamed
- ▶ Nurse are traumatised by errors

The medication administration process



How the literature influenced me

- ▶ Discussion dominated by biomedical, legal, mathematical and risk management approaches and language
- ▶ Practice deconstructed, compartmentalised and quantified.
- ▶ Nurses practice evaluated, governed and guided by disciplines other than nursing
- ▶ Nursing core value of holism was absent in the literature

???

- ▶ Where is the voice of nursing
- ▶ What is the nurse's experience in applying the rules

Study design

- ▶ AIM: To explore the medication administration experience of registered nurses in a variety of inpatient settings.
- ▶ Objectives:
 - ▶ observe practice,
 - ▶ discuss practice,
 - ▶ identify the strengths in nursing practice
 - ▶ explore nursing practice to inform nursing theory

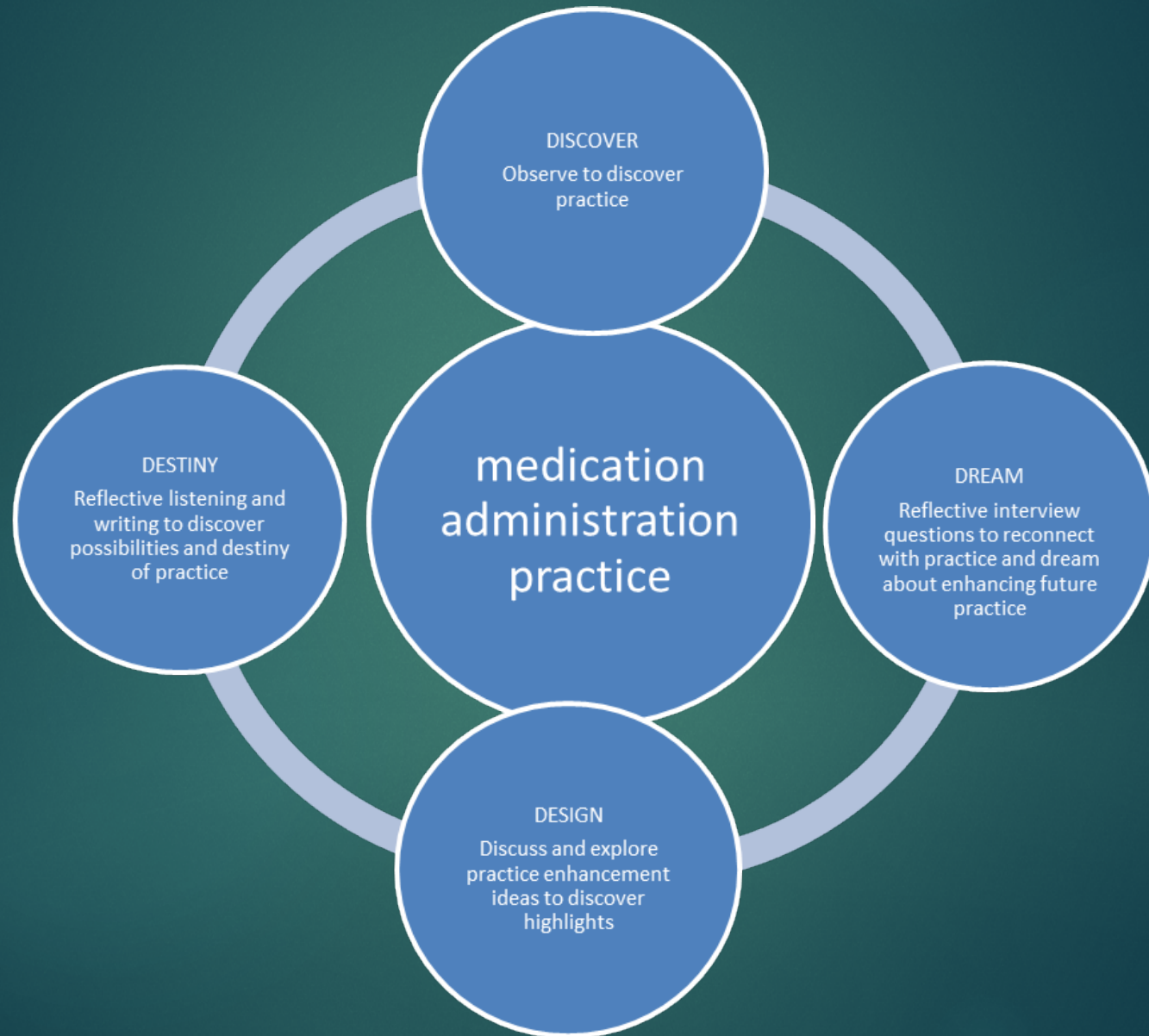


Principles of AI



- ▶ Constructivist – words create worlds
- ▶ Simultaneity – inquiry creates change
- ▶ Poetic – we can choose what we study
- ▶ Anticipatory – image inspires action
- ▶ Positive – positive questions lead to positive change
- ▶ Wholeness – wholeness brings out the best
- ▶ Enactment – acting “as if” is self-fulfilling
- ▶ Free choice – Free choice liberates power

Appreciative inquiry 4-D cycle



AI in practice

- ▶ Frame the question prospectively
- ▶ Create a collaborative environment
- ▶ Focus on strengths and capacities
- ▶ Call on creative aspirations

Observations

- ▶ 192 episodes
- ▶ Routine (151) - 5 rights, but complex due to multitasking and extended episodes resulting from environmental factors.
- ▶ Non-routine (41) - Abandoned (24), Checking (9), Hand-offs (8)

Interview findings

- ▶ Teaching
 - ▶ 'The rights were a big thing'
 - ▶ Beyond the rights – 'The bigger picture'
 - ▶ RN role – 'I don't want to hurt anyone; its my registration'
 - ▶ The power of the preceptor - 'The cornerstone of life long learning'
 - ▶ Linking theory to practice – 'You can't be complacent'

Interview findings

- ▶ Teamwork
 - ▶ 'Nurses are the squishy bit'
 - ▶ Collaborative communication helps to 'have a handle on it'
 - ▶ Cooperation – 'Find it and fix it, step it up, expand the focus'
- ▶ Tools
 - ▶ NIMC 'completed charts, protocols and pens'
 - ▶ Polypharmacy – 'The chemist in the cupboard'
 - ▶ Equipment – Keys, cupboards, computers
- ▶ Time
 - ▶ Busy
 - ▶ 'Chaos in Piccadilly Circus'



Basis of person-centred medication administration

VALUING EDUCATION

- Comprehensive Curricula
- Practical Knowledge
- Competent Role Models

VALUING PRACTICE

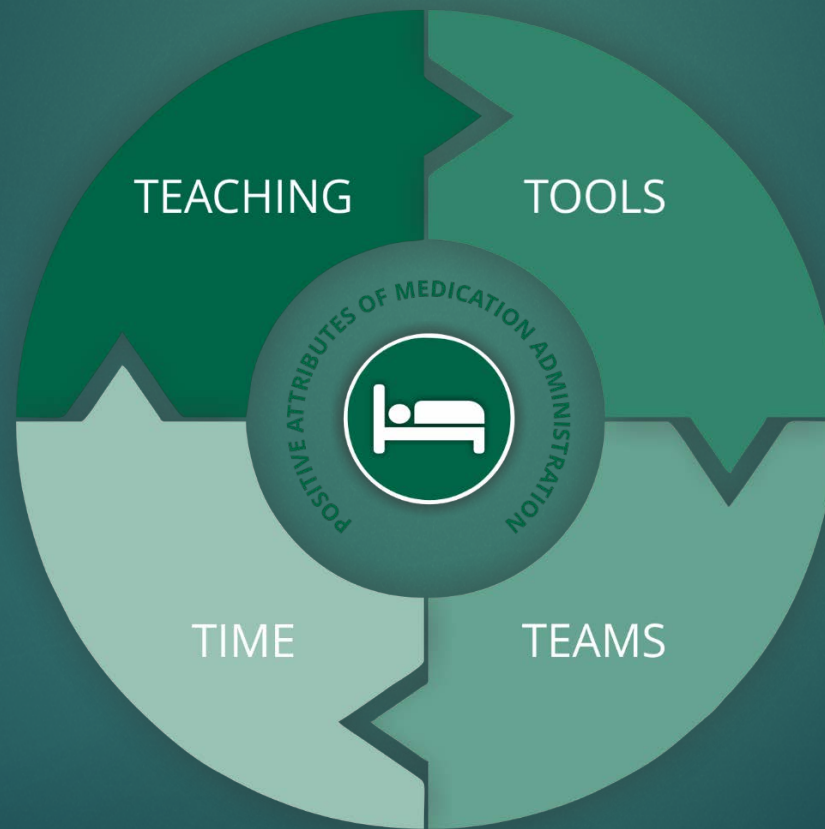
- Professional Capacity
- Resourced Environment
- Constructive Culture

VALUING PEOPLE

- Person-centredness
- Collaborative Teamwork
- Effective Communication



Martyn Model of Medication Management



References

- ▶ Benner, P. (2013). Forward. In L. N. Gottlieb (Ed.), *Strengths-based nursing care, health and healing for person and family* (pp. xvii–xx). New York, NY: Springer.
- ▶ Coombes, I., Heel, A., Stowasser, D., Reid, C., Henverson, A., & Mitchell, C. (2005). Identification of medication errors by nurses during novel, simulated ward, medication orientation program. *Journal of Pharmacy Practice and Research*, 35(3), 190-194.
- ▶ Drach-Zahavy, A., Somech, A., Admi, H., Peterfreund, I., Peker, H. & Priente, O. (2014). (How) do we learn from errors? A prospective study of the link between the ward's learning practices and medication administration errors. *International Journal of Nursing Studies*, 51(3), 448–457. doi:10.1016/j.ijnurstu.2013.06.010
- ▶ Elliot, M. & Liu, Y. (2010). The nine rights of medication administration: an overview, *British journal of nursing*, 19 (5), 300-305.
- ▶ Evans, J. (2009). Prevalence, risk factors, consequences and strategies for reducing medication errors in Australian hospitals: A literature review. *Contemporary Nurse*, 31(2), 176–189. doi:10.5172/conu.673.31.2.176
- ▶ Giangrasso, A. P. & Shrimpton, D. M. (2013). *Dosage calculations: A multi-method approach*. Upper Saddle River, NJ: Pearson Education Inc.
- ▶ Gibson, T. (2001). Nurses and medication error: A discursive reading of the literature. *Nursing Inquiry*, 8(2), 108–117. doi:10.1046/j.1440-1800.2001.00098.x
- ▶ Fernandez, R., Johnson, M. & Griffiths, R. (2011) Undertaking a systematic review. In S. Jiruwong, M. Johnson & A. Welch (Ed.) *Research methods in nursing and midwifery. Pathways to evidence-based practice*, chap. 14. Sydney: Oxford university press.
- ▶ Institute of safe medication practices. (2004). The five rights cannot stand alone. Retrieved from <http://www.ismp.org/Newsletters/nursing/Issues/NurseAdviseERR200411.pdf>
- ▶ Jones, S. W. (2009). Reducing medication administration errors in nursing practice. *Nursing Standard*, 23(50), 40–46. doi:10.7748/ns2009.08.23.50.40.c7213
- ▶ Jones, T. L. (2010). A holistic framework for nursing time: Implications for theory, practice, and research. *Nursing Forum*, 45(3), 185–196. doi:10.1111/j.1744-6198.2010.00180.x

References

- ▶ Levett-Jones, T. (Ed.) (2013). *Clinical reasoning. Learning to think like a nurse*. Frenchs Forest, Australia: Pearson Australia.
- ▶ Lyneham, J. (2004). *The experience of knowing: A hermeneutic study of intuitive emergency nursing practice* (Doctoral dissertation). University of Tasmania. Retrieved from <http://eprints.utas.edu.au>)
- ▶ McKeon, C. M., Fogarty, G. J. & Hegney, D. G. (2006). Organizational factors: impact on administration violations in rural nursing. *Journal of Advanced Nursing*, 55(1), 115–123. doi:10.1111/j.1365-2648.2006.03880.x
- ▶ Olsen, J. L., Giangrasso, A. P. & Shrimpton, D. M. (2012). *Medical dosage calculations: A dimensional analysis approach* (10th ed.). Boston, MA: Pearson Education.
- ▶ Pully-O’Neill, S. (2009). Beyond the Five Rights: Improving Patient Safety in Pediatric Medication Administration Through Simulation, *Clinical simulation in nursing*, 5 (5), e181-e186.
- ▶ Richardson-Tench, M., Taylor, B., Kermode, S., & Roberts, K. (Eds), (2014). *Research in nursing evidence for practice*, edition five, Melbourne: Cengage Learning.
- ▶ Robson, C. (2002). *Real world research*, second edition, Carlton, Australia: Blackwell publishing.
- ▶ Roughead, L. & Semple, S. (2008). *Literature review: medication safety in acute care in Australia*, Adelaide, South Australia: Samson Institute, Australian Commission on Safety and Quality in Healthcare.
- ▶ Schelbred, A-B., & Nord, R. (2007). Nurse’s experience of drug administration errors. *Journal of Advanced Nursing*, 60(3), 317-324.
- ▶ Schon, D. A. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass.
- ▶ Szczepura, A., Wild, D. & Nelson, S. (2011). Medication administration errors for older people in long-term residential care. *BMC Geriatrics*, 11(1), 82. doi:10.1186/1471-2318-11-82
- ▶ World Health Organisation. (2014b). *Reporting and learning systems for medication errors: the role of pharmacovigilance centres*. Retrieved from <http://apps.who.int>.

Continuing education research

- ▶ Aboriginal and Torres Strait Islander Health worker continuing education needs
- ▶ Personal Care worker in Residential Aged Care Facilities continuing education needs
- ▶ Interdisciplinary health professional continuing education program

Aboriginal and Torres Strait Islander Health Worker/Practitioner Continuing Education Needs Analysis Project

RESEARCH HIGHLIGHTS

- Aboriginal and Torres Strait Islander healthcare practitioners are vital to the health and wellbeing of their communities.
- Continuing education for Aboriginal and Torres Strait Islander health workers is essential to enable them to practice safely and effectively.
- Education programs that specifically target the Aboriginal and Torres Strait Islander health worker role are yet to be formalised.
- The Aboriginal and Torres Strait Islander health worker is in the best position to determine their education needs.

Continuing education needs of Personal Care Workers in Residential Aged Care Facilities

RESEARCH HIGHLIGHTS

- PCWs are a valued human resource that make up the bulk of the workforce in the aged care sector.
- The pre-service education of PCWs is provided by a diverse group of Registered Training Organisations (RTO) who have different graduate attributes.
- PCWs have career aspirations in aged care and other healthcare roles.
- PCWs are the eyes and ears of other RACF clinicians.
- Continuing education for PCWs is not regulated but imperative to enable them to carry out safe and effective healthcare.
- PCWs and their supervisors are in the best position to identify the necessary continuing education.

Fraser Coast Health Professionals Local Education and Research Nexus: 'LEARN'



LEARN Pamphlet 2016.pdf