



Assessing Community Pharmacies Error Reporting Patterns

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Summary

Pharmacists play a crucial role in the delivery of medication as they are typically the final point at which medication errors can be identified before they reach a patient.⁶ The objective of this study is to determine how risk is defined and utilized within community pharmacies reporting and policy change practices. No definition of risk was found throughout the articles therefore the WHO definitions of prevention, mitigation, and adverse event negotiation were used to classify the studies.¹ 50 articles were included in the study, yet there was no article that provided a clear definition of risk. This review cannot provide a guide as to how risk is studied in community pharmacies.

What does this mean?

Based on this lack of standard definition, it points to the need to create one to be used in community pharmacies globally. Future research is needed to establish a universal definition of risk in community pharmacy and identify strategies aimed at preventing and mitigating risk.

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What is the current situation?

Two-thirds of the Canadian population were prescribed or took medication in 2021, showing a high potential for error.² Unfortunately, incident-reporting systems are under-utilized, and medication errors have been shown to occur four times more often in community pharmacies compared to in hospitals.^{3,4} This level of error signals the need to improve safety for patients and share prevention and mitigation strategies between pharmacy professionals.

What questions did we aim to answer in our research?

- Q1: How is risk considered, conceptualized, and studied in community pharmacy practice?
- Q2: How do Canadian pharmaceutical regulators define and generate regulations related to risk?
- Q3: What are the available resources concerning risk (risk mitigation strategies) in community pharmacy settings?

How did we approach these questions?

Our team conducted a review of all available literature related to the research questions. During the process of review, two independent researchers determined whether a study should be included based on pre-set eligibility criteria. Any discrepancies were reviewed by a third researcher for a final decision. In total, 50 articles were included in this review.

What answers did we find from our research?

No clear definition was extracted from the included studies in this review, therefore WHO definitions for prevention of risk, mitigation, and adverse event negotiation were used. Additionally, no included articles had a pharmaceutical regulator lens resulting in no definition or generation of regulations related to risk identified. Of the 50 studies included, 25 focused on prevention strategies, 11 on mitigation strategies, seven on adverse event negotiation strategies, three studies on multiple strategies, and four could not be classified.

How confident are we in these findings?

This review has found a lack of universal definition and utilization of risk prevention, mitigation, and adverse event negotiation strategies. Future research is needed to establish a universal definition of risk in community pharmacy and identify strategies aimed at preventing and mitigating risk.