Independent Double Checks

Independent medication verifications have been known to prevent potential drug errors. Attitudes towards these independent double checks varies among practitioners – some rely heavily on them while others find them to be inconvenient for several reasons including:

- Process can be time consuming
- Perception they are impractical due to limited staffing and workflow interruptions
- Diminished effectiveness due to inconsistent and variable use
- Considered an inferior method to reduce drug errors

Regardless of these negative notions, studies have shown that independent double checks can help reduce 95% of errors. Effectiveness depends on multiple factors such as:

- Independent check is performed by another qualified staff member
  - o Reduces confirmation bias
- Use of independent double check is reserved for a select subset of high-risk tasks, vulnerable patients, or high-alert medications
  - o Processes and medications that are at highest risk for errors:
    - ▪ Intravenous (IV)/epidural opioids
    - ▪ IV insulin
    - ▪ IV heparin
    - ▪ IV chemotherapy
- Accurate assessment of the need for independent double checks:
  - o Why is an independent double check used and what needs to be verified?
  - o Is an independent double check the most effective way to find or prevent errors?
    - ▪ In some cases, bedside barcode scanning or other processes may be more reliable.
  - o How do independent double checks integrate with other risk-reduction strategies?
    - ▪ Some protocols integrate multiple checks throughout the procedure (i.e. various healthcare professionals calculate a chemotherapy dose at multiple points in the process – prescriber, pharmacist, nurse practitioner and clinical nurse).
- Utilization of resources to pinpoint those processes and medications that are highest risk:
  - o Failure mode and effects analysis (FMEA)
  - o Hazard and event analysis
  - o Review of literature
  - o Risk and error reports
- Avoid use of independent double checks to correct issues that require a system change; instead evaluate other strategies such as computer alerts with hard stops, standardization, and barcode scanning.
- Do not rely on independent double checks alone.
  - o External factors may play a role such as poorly designed drug packages and labels, complex administration processes or confusing information.

Independent double-checks may fail to detect and prevent an error for several reasons:

References
1. Institute for Safe Medication Practices. (2018). *Nurse Advise-ERR.* Retrieved from Institute for Safe Medication Practices: http://www.ismp.org/newsletters/nursing/issues/NurseAdviseERR201906.pdf

- Habitual checks lead to auto-processing; clinicians may become careless and inattentive.
- When initial information appears accurate, staff may not look for other areas of potential error.
- Clinician is uncomfortable evaluating a peer's work or uncomfortable asking questions.
- Provider holds too much trust in the person whose work is being checked.
- False sense of security, relying heavily on other staff to catch mistakes.
- Distractions and interruptions prevent the independent check from being completed.

In addition to the "Five Rights" of medication administration (right patient, right drug, right dose, right route and right time), clinicians must remember to ask these questions:

- Is the drug appropriate for the patient?
- Does the drug's indication match the patient's diagnosis?
- Is the dose correct for this patient?

Standardize the Process

- Establish a standardized process to decrease variation and inconsistencies.
- Ensure staff understand the goals of the independent double check and the steps to be followed.
- Design the process so it is easy to follow and document; use checklists (electronic or paper) that include very specific instructions.

Evaluation

- Are independent double checks being used properly?
- What errors need to be uncovered?
- Are independent double checks the best strategy to decrease medical errors?
- Are there other high-alert medications or vulnerable steps in critical processes that need an independent double check?
- Monitor staff compliance.
- Assess how often checks are performed and make changes as needed.
- Implement surveys to determine staff perceptions regarding independent double checks.

References

1. Institute for Safe Medication Practices. (2018). *Nurse Advise-ERR.* Retrieved from Institute for Safe Medication Practices:
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