patients, the majority of staff and patients did consider who they approached during a drug round when the tabards were in use in conjunction with “do not disturb” signs on drug trolleys. This resulted in a statistically significant reduction in interruptions during drug rounds.

The interruptions highlighted by the audit could be reduced by:

- Staff training;
- Educating patients and visitors;
- Filling up drug lockers adequately;
- Asking people to phone back rather than interrupting a drug round.

Interruptions are a contributor to drug incidents and patient risk in general, but it should be noted that other factors also contribute to the problem. Nurses are at a disadvantage because there is an absence of guidance on how to conduct a drug round effectively. The Nursing and Midwifery Council (2007) simply states that an individual must have an appropriate level of education and training, and be assessed as competent to administer medication. During pre-registration training, students may shadow nurses who are administering drugs and run the risk of learning bad habits that have been adopted over the years.

Pape et al (2005) noted that the introduction of medication administration guidance prompted nurses to be more focused during drug rounds, which reduced the number of medication incidents. The increased satisfaction resulting from this empowered nurses to ask patients, visitors, medical staff and other staff members not to disturb them while they were engaged in medication administration.

Brixey et al (2008) suggested that registered nurses need to learn techniques to manage interruptions in a way that has minimal negative impact on staff performance. This would be a positive step in patient safety.

REFERENCES


CONCLUSION

The interruption of drug rounds has considerable implications for patient safety. Pape et al (2005) recognised that preventing interruptions prevents errors and subsequently reduces medication incidents and the cost implications for the NHS.

Data from this audit will be used to determine how effective drug round tabards are at reducing interruptions and, consequently, medication incidents. It should also help NHS Grampian to determine whether to roll the tabards out across the organisation.

However, further studies need to be conducted nationwide to provide a better understanding of the effectiveness of drug round tabards. Issues of cost, laundering and infection control also need to be further examined. Larger studies in the area of medication interruptions would also provide further evidence for NHS Grampian.

At the end of the audit, all three participating wards continued to ask newly qualified nurses or registered nurses who had just been accepted for a nursing post on the ward to use the drug round tabards for 1–3 months, as part of their induction programme.

Although a decision has not yet been made about whether to roll the tabards out across the organisation, individual ward areas have started to buy and implement tabards. In addition, other areas within NHS Grampian are now auditing both medication interruptions and the use of drug round tabards.

CONCLUSION