

Finger Pointing and Calling (FPC): Using visual and motor perception to reduce medication errors in opioid treatment clinics.

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Background: Medication errors can stem from repetitive high volume dispensing of medications.

Description of Model of Care/Intervention: Our service trialed the Finger Pointing and Calling (FPC) method for Long-Acting Injectable Buprenorphine (LAI-Bup). Finger Pointing and Calling (FPC) was first used to reduce human error in Japanese train drivers and had since been implemented in other industries. FPC is thought to reduce human error by activating both the visual and motor centers of the brain simultaneously enhancing alertness, concentration and task awareness and has been trialed in health care to reduce medication error.¹⁻³

Implementation: LAI-Bup was chosen for this trial because it is administered in public opioid treatment clinics in high volumes but has multiple dosages with look-alike medications.

Staff were involved in developing the brief 5 minute training which was delivered to three teams. A pre and post 5-point Likert scale staff perception survey showed a high level of satisfaction with trial implementation, perceived value and willingness to use FPC. Visual audits, total injections and total medication incidents were reported monthly to the teams. During the trial period 1502 injections were administered with zero medication incidents (with the comparison period having five medication incidents).

Conclusion and Next Steps: FPC was easy to teach, able to be rapidly communicated and implemented within existing service resources. The technique was well received and valued by staff and resulted in a decrease in medication errors across our service. Training staff in FPC is a low resource way other opioid treatment clinics can reduce medication errors.

Disclosure of Interest Statement:

We have no conflict of interest to disclose.