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Tekst 10

Too many mistakes: black list for medication errors?

A tragedy

A decade ago in a Denver hospital, a physician's illegible handwriting led a pharmacist to prepare an antibiotic prescription that was 10 times too strong. The dosage killed an infant. The tragedy exemplified how easy it is for such devastating blunders to occur.

The Facts

A report released last week by the Institute of Medicine, which advises the government on health issues, revealed that such medication errors still occur far too often — particularly considering that technology can reduce them substantially.

Medication errors kill an estimated 7,000 people a year and injure at least 1.5 million, nearly one-third in hospitals. On average, a hospital patient is subject to one medication mistake per day, the Institute said. The extra costs of treating such injuries occurring in hospitals alone amount to \$3.5 billion a year.

At the root of many mistakes: poor communication among health professionals and patients, plus faulty systems for distributing and dispensing medication.

The Fix: Electronic Prescribing systems

What can be done? Perhaps the most encouraging development is technology. Electronic prescribing systems can overcome problems of bad handwriting and can warn against drug allergies, adverse reactions and excessive doses. The Institute recommends that all health providers and pharmacies install the systems by 2010.

Tech-savvy hospitals that have already done so report dramatic improvements. LDS Hospital in Salt Lake City has reduced adverse drug events by nearly two-thirds since 1996. Patients who received computer-recommended medications had shorter stays. At Boston's Brigham and Women's Hospital, a computerized system reduced medication errors by more than 55%.

Only one in seven of the nation's hospitals, however, has such systems fully operational. The initial cost is high — about \$5 million for community hospitals and up to \$20 million for large urban medical centres. Hospitals mainly get paid by volume of services, rather than outcomes, so there's little immediate financial return for improving patient care. In the long run, however, investing in technology will pay for itself in more efficient care, better reputations, fewer patient injuries and deaths and fewer malpractice suits.

Technology alone won't eliminate medication errors. Doctors and nurses need to communicate better with patients. Patients who are capable of doing so must become active participants in their own care. If you usually get a blue capsule and a nurse hands you a red one, ask questions and demand answers.

Being in a hospital is stressful enough without having to worry that your pills are going to kill you.

USA Today

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- 1p **41** Je vraagt je af: waarom worden er vaak fouten gemaakt bij het voorschrijven van medicijnen?
Citeer de eerste twee woorden van de zin die samenvat wat er mis gaat.
- Nog niet alle ziekenhuizen hebben een goed functionerend elektronisch systeem voor het medicijngebruik.
- 1p **42** Waarom niet?
Citeer de eerste twee woorden van de zin die begint met de verklaring hiervoor.