WORK PLAN AND METHODOLOGY:

1. Study Setting

This study will be conducted in the all General Unit/wards of one of the multispecialty, tertiary care teaching hospitals of Maharashtra state, India. This teaching Hospital is a 1200 bed multi-specialty tertiary care teaching hospital and serves both in-patient and out-patient through separate setup. On an average 400 inpatients and 1500 out-patients are treated daily.

2. Study Design

This study is prospective and observational; study will be conducted over a period of six months. Sample selection will be done on trial basis as seven days study will be conducted on all ward/unit and department. The prescription written in these days will be monitor for any type of errors. During monitoring and analyzing the prescription whichever ward/unit and department will show the good number of prescription errors that will be considered our area of research for monitoring the prescription errors for rest of time.

3. Study Criteria (Sample Selection)

As mentioned above in study design sample will be selected primarily on trial basis and it will optimize to any three ward/unit and department according to the maximum number of prescription errors. As the topic name depicts that the study will be conducted on prescription as well medication errors. Medication error will also be monitored on the same wards selected for the prescription errors. As mentioned in the study setting target hospital treated 1500 outpatient and 400 inpatients daily, and if the study will be conducted accordingly then it will be approximately more than 5 lacs prescription per annum. This will be very huge data to carry out this research work that’s why trial method is selected to choose the sample size. In addition to these 100 prescription per day from three wards/units and department will be monitored for prescription errors and 10 inward new patients case report will be monitored for medication errors. Doing so we will get the enough data to carry the research work and it will be sufficient to apply this to large no of population.

A. Inclusion Criteria

- Prescription of Patients from either sex
• Prescription of Patients from either age
• Prescription of Patients from either occupation
• Prescription from In-Patients
• Prescription from Out-Patients

B. **Exclusion criteria**

Prescription apart from the selected wards/units and department will be excluded from the study as well prescription more than 100 per day will be excluded from the study for betterment of study documentation and implementation. The doctors who refuse to take part in the present study; their prescription is not included while collecting the data.

4. **Data Source**

All the necessary and relevant data required for the study was obtained from the prescription for the purchase of medicine, treatment chart, patients case note.

5. **Prescription enrolment**

Prescription written by all the doctors in hospital will be evaluated on daily basis. Prescription which will show the any type of error will enroll in “error prescription” and which are free from error will set in the “errorless prescription” list.

6. **Data documentation**

All the necessary and relevant data collected will be documented in a suitably design data collection form. This data will document using Microsoft excel spreadsheet.

7. **Data analysis**

All the collected data from Microsoft excel spreadsheet will be evaluated for types of error as:

• Error prescription Vs Errorless prescription
• Severe, Moderate and Less severe error
• Harmful Vs Non-harming prescription error
• Quantitative estimation of prescription errors among Variable and Inter Variables
• Correction of errors during survey
Future Scope:

An attempt will be made for the development of software containing drug-drug and drug-food interaction profiles and their consequences.