

Developing a Patient Safety Culture in Pharmacy

March 15, 2013

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Webinar Design

- All participants are muted, "listen only" mode
- Listen by telephone option



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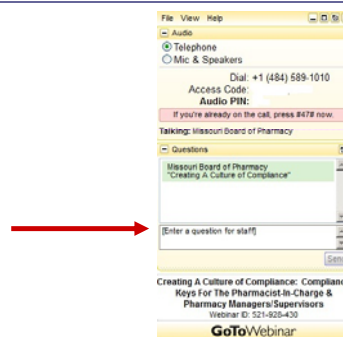
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- Board-approved for 1.25 hours (0.125 CEU) of live pharmacist continuing education
- Must be officially signed up and logged on
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- Instructions at the end of webinar

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How to Ask a Question



Creating A Culture of Compliance: Compliance
Keys For The Pharmacist-In-Charge &
Pharmacy Manager/Supervisors
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Overall Purpose

The goal of this webinar is to provide a general overview of the major concepts of contemporary patient safety.

It will set the stage for subsequent webinars that are aimed more specifically at addressing medication-related patient safety issues.

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Learning Objectives

1. Articulate components of a culture within pharmacy that promotes the optimal safety of medication use.
2. Identify steps in the medication use process that pose risks to patient safety and opportunities for pharmacists to mitigate those risks.
3. Engage in collaborative patient safety initiatives at the state and national levels.

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Patient Safety Culture

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"The journey of a thousand miles begins with a single step."

Ancient Chinese Saying

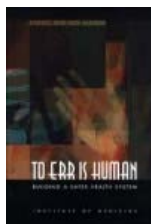
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Examples of Public Safety Initiatives

- ❑ NTSB—Evolution of the Air Commerce Act of 1926
- ❑ 1938 Food, Drug, and Cosmetic Act
- ❑ OSHA—From Occupational Safety and Health Act of 1970
- ❑ Departments of Public Safety (fire, rescue, ambulance, police, etc.)
- ❑ Homeland Security Act of 2002

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Institute of Medicine—2000



**To Err is Human:
Building a Safer
Health System**

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To Err is Human: Building a Safer Health System

- ❑ *First* report within a larger project (Quality of Healthcare in America)
- ❑ Developed by 38-person committee
- ❑ Rationale:
 1. Immense burden of harm
 2. Preventable and shouldn't happen
 3. Understandable concept by Americans
 4. Sizeable evidence base
 5. Healthcare system is rapidly evolving

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To Err is Human: Building a Safer Health System

- ❑ 1997 data used to *estimate* impact
 - 44,000 (Colorado/Utah) to 98,000 (New York) die each year from medical errors and 7,000 attributed to *medication* errors
 - 8th leading cause of death (conservatively)
 - Total costs ~ \$17-29 billion; *medication* errors responsible for ~ \$2 billion

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To Err is Human: Building a Safer Health System

Major Recommendations (National Agenda):

- ❑ Center for Patient Safety within AHRQ
- ❑ Nationwide mandatory reporting system (death/serious harm) and encourage voluntary reporting of all errors
- ❑ Peer-review protections to data
- ❑ Performance standards and expectations
- ❑ Safe use of drugs (pre- and post-marketing)
- ❑ Priority for organizations and professionals

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To Err is Human: Building a Safer Health System

"A major force for improving patient safety is the intrinsic motivation of healthcare providers, shaped by professional ethics, norms, and expectations."

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Definitions

- ❑ Safety—Freedom from accidental injury
- ❑ Error—failure of a planned action to be completed as intended *OR* use of a wrong plan to achieve an aim
- ❑ Harm—any negative outcome

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"Near Miss" or "Close Call"

- ❑ An event or situation that did not produce patient injury, but only because of chance (AHRQ)
- ❑ An error that happened but did not reach the patient (ISMP)
- ❑ *Regardless of definition*, a near miss should be considered when addressing patient safety

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"Unsafe Condition"

- ❑ Third category in formal reporting of medical error
- ❑ Unsatisfactory physical condition existing in the workplace environment immediately prior to an incident or event

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High-Reliability Organizations (HROs)

- ❑ Operate in hazardous conditions *AND* have fewer than expected adverse events
- ❑ Examples: air traffic control, nuclear power plants, aircraft carriers
- ❑ *Common key features:*
 - Preoccupation with failure
 - Commitment to resilience
 - Sensitivity to operations
 - Culture of safety

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Components of Any Culture

- ❑ Values
- ❑ Attitudes
- ❑ Norms
- ❑ Beliefs
- ❑ Practices
- ❑ Policies
- ❑ Behaviors

"The way we do business around here..."

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Culture of Safety

Key Features:

- ❑ Acknowledge high-risk nature
- ❑ Achieve consistently safe operations
- ❑ Promote blame-free environment that encourages the reporting of errors and near misses
- ❑ Employ collaboration (ranks/disciplines) to seek solutions to safety problems
- ❑ Organizational commitment of necessary resources

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Measuring Safety Climate

Elements Commonly Measured:

- ❑ Easy to learn from mistakes
- ❑ Errors are handled appropriately
- ❑ Clinical leaders listen to me and care about my concerns
- ❑ Leadership is safety-driven
- ❑ My suggestions are acted upon
- ❑ I am encouraged to report safety concerns
- ❑ I know proper administrative channels

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Measuring Safety Climate (Cont.)

- ❑ I receive appropriate feedback
- ❑ I would feel safe being a patient here
- ❑ Briefing personnel is important
- ❑ Briefings are common here
- ❑ Institution is doing more than last year
- ❑ Most adverse events occur as a result of system failures and not individuals
- ❑ Personnel takes responsibility for safety
- ❑ Safety is constantly reinforced

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Measuring Safety Climate (Cont.)

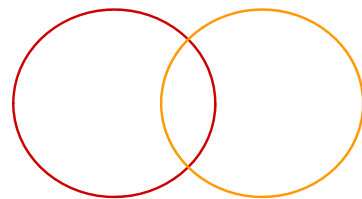
- ❑ Patient safety has become a major area of improvement
- ❑ I am satisfied with availability of:
 - physician leadership
 - nursing leadership
 - pharmacy leadership
 - Respiratory care

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Opportunities for Medication Safety

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Conceptual Model of Errors and Harm

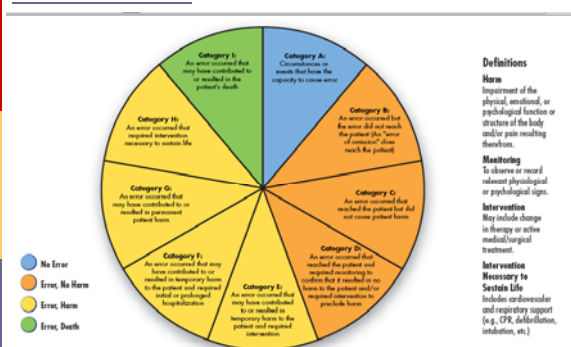


Medication Error

Adverse Drug Event

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NCC MERP



National Coordinating Council for Medication Error Reporting and Prevention

Nomenclature of Harm From Events

- ❑ "Sentinel event"
- ❑ "Never event" (e.g. wrong-site surgery, first introduced in 2001)
- ❑ "Serious Reportable Event"—List now 29 items in 6 categories (2011 National Quality Forum, NQF)

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Medication Use System

- ❑ Drug development
- ❑ Manufacturing
- ❑ Wholesalers
- ❑ Ordering and prescribing
- ❑ Distribution and dispensing
- ❑ Administration
- ❑ Monitoring

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Medication Reconciliation

- ❑ Identify and resolve unintentional discrepancies between patients' medication lists across transitions in care
- ❑ Current healthcare system struggles with optimal implementation
- ❑ *When* it gets solved, there will be a drastic reduction in medication errors!

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Institute for Safe Medication Practices (ISMP)

- Efforts began in 1975
- Started error-reporting system over 35 years ago
- Now a certified Patient Safety Organization (PSO)
- Perhaps the most visible organization with a focused mission of reducing medication errors

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ISMP AROC

IMPROVING MEDICATION
SAFETY IN COMMUNITY
PHARMACY:
ASSESSING RISK
AND OPPORTUNITIES
FOR CHANGE



Medication Safety Self Assessment for Community/Ambulatory Pharmacy

ISMP® MEDICATION SAFETY SELF ASSESSMENT® FOR COMMUNITY/AMBULATORY PHARMACY

Cosponsored by APhA Foundation and National Association of Chain Drug Stores

CLICK HERE TO VIEW AND PRINT PDF FILE OF THE ASSESSMENT BOOKLET.
(Please allow 1-2 minutes for the document to load)

[Click here for on-line data entry and frequently asked questions](#)

[Click here for preliminary aggregate results](#)

The ISMP® Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is now open to any community or ambulatory pharmacy. Passwords are not required to enter your data or view preliminary aggregate results. Please disregard any information in the above PDF file or the booklet that pertains to the use of passwords or the deadline for submitting results. When your assessment results are submitted and scored, print and save your scores. Your submission and scores will not be saved by ISMP, so you will not have the ability to retrieve this information online once you have logged off.

You will need to have Adobe Acrobat Reader installed in order to read or print the Medication Safety Self Assessment for Community/Ambulatory Pharmacy. Please check your version of the Adobe Acrobat Reader, older versions may not allow you to view or print some pages. The Adobe Acrobat Reader is available as a **FREE** download from the Adobe web site.

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Pharmacy Survey on Patient Safety

This survey asks for your opinions about patient safety in this pharmacy and takes about 15 minutes to complete. Answer only about the pharmacy location(s) where you received this survey.

- **Staff** means **EVERYONE** who works in this pharmacy, including pharmacists, pharmacy technicians, pharmacy clerks, etc.
- **Patient safety** is the prevention of patient harm resulting from the processes of health care delivery. In the pharmacy setting, it means that:
 - The right patient receives the right medication in the right dose at the right time by the right route, and
 - The patient or caregiver understands the purpose and proper use of the medication.
- A **mistake** is any type of medication error, mistake, incident, or quality-related event, regardless of whether or not it reaches the patient or results in patient harm. Mistakes may be related to, or include:
 - Prescribing, transcribing, dispensing, administering, monitoring (use of medication), unsafe conditions or procedures in the pharmacy, etc.
- If a question does not apply to you or you don't know the answer, please answer "Does Not Apply or Don't Know."

SECTION A: Working in This Pharmacy

How much do you agree or disagree with the following statement? Remember, "Staff" means everyone working in this pharmacy.	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Does Not Apply or Don't Know
1. This pharmacy is well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff treat each other with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Technicians in this pharmacy receive the training they need to do their jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<http://www.ahrq.gov/professionals/quality-patient-safety/surveys/pharmacy/index.html>

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Contemporary Pharmacy Education

- Didactic
- Experiential
- Interprofessional

Patient safety standards are addressed but not necessarily emphasized

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Pharmacovigilance

The pharmacological science [and activities] relating to the detection, assessment, understanding, and prevention of adverse effects, particularly long-term and short-term side effects of medicines.

WHO 2002

Event Reporting Mechanisms

- ❑ MedWatch – Food and Drug Administration
 - Serious
 - Unpredicted
- ❑ Adverse Event Expedited Reporting System (AdEERS) – National Cancer Institute
- ❑ Vaccine Adverse Event Reporting System (VAERS) – Centers for Disease Control and Prevention, FDA

ACCP PBRN “MEDAP” Study

- ❑ Purpose: Describe and evaluate drug errors and related clinical pharmacist interventions
- ❑ 62 pharmacists participated, 14-day period
- ❑ 924 reports (779 complete) in 2010
- ❑ 61% inpatient, 39% outpatient
- ❑ 5% resulted in harm (1 death)

Pharmacotherapy 2013

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Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)

- ❑ Improve quality and safety
- ❑ Sponsored by HRSA
- ❑ 5 years of experience
- ❑ Integrate evidence-based medicine to manage high-risk, high-cost, complex patients
- ❑ Interprofessional teams

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Collaborative Patient Safety Initiatives

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Top Evidence-Based Strategies

- ❑ Do-not-use list of hazardous abbreviations
- ❑ Multicomponent interventions to reduce pressure ulcers
- ❑ VTE prophylaxis
- ❑ Multicomponent interventions to reduce falls
- ❑ Clinical pharmacists to reduce adverse drug events
- ❑ Medication reconciliation

Annals of Internal Medicine, March 5, 2013

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Center for Patient Safety

- ❑ 2003 Missouri Commission on Patient Safety
- ❑ 2005 MOCPS established
- ❑ *MANY* initiatives: developing culture, education, collaboration
- ❑ 2008 Certified Patient Safety Organization (PSO), now one of most active in America
- ❑ Pharmacists on Advisory Panel

<http://www.centerforpatientsafety.org>

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Center for Patient Safety—PSO

2012 Reports Submitted (n=2,762)

- 17 deaths
- 3 deaths from medication errors (insulin, opioid, and 3rd with no details)
- 17 severe or permanent harm
- 503 events involving "medication or other substance"

PSO News, Winter 2013 Edition

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National Patient Safety Goals (NPSG)

- Identify patients correctly
- Improve staff communication
- Use medicines safely
- Prevent infection
- Identify patient safety risks
- Prevent mistakes in surgery

Joint Commission, 2013

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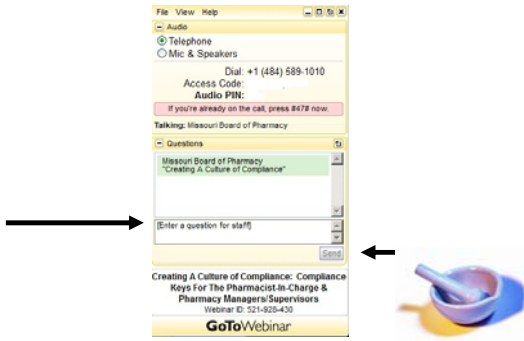
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Questions



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- ❑ Post Test
 - Do not close browser window
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 - Automatic webpage upon webinar exit
 - Must be submitted to receive credit
- ❑ Certificates will be mailed in 7-10 days
- ❑ Questions: compliance@pr.mo.gov

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