Work Culture and Behavior

The Impact on Medication Errors

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LIFE, WELL LIVED.

Case Study

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Statistics

The Institute of Medicine (2008)

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Statistics

It is estimated that there are 800,000 Medication Errors in nursing homes annually

Annuals of Long Term Care (2008)

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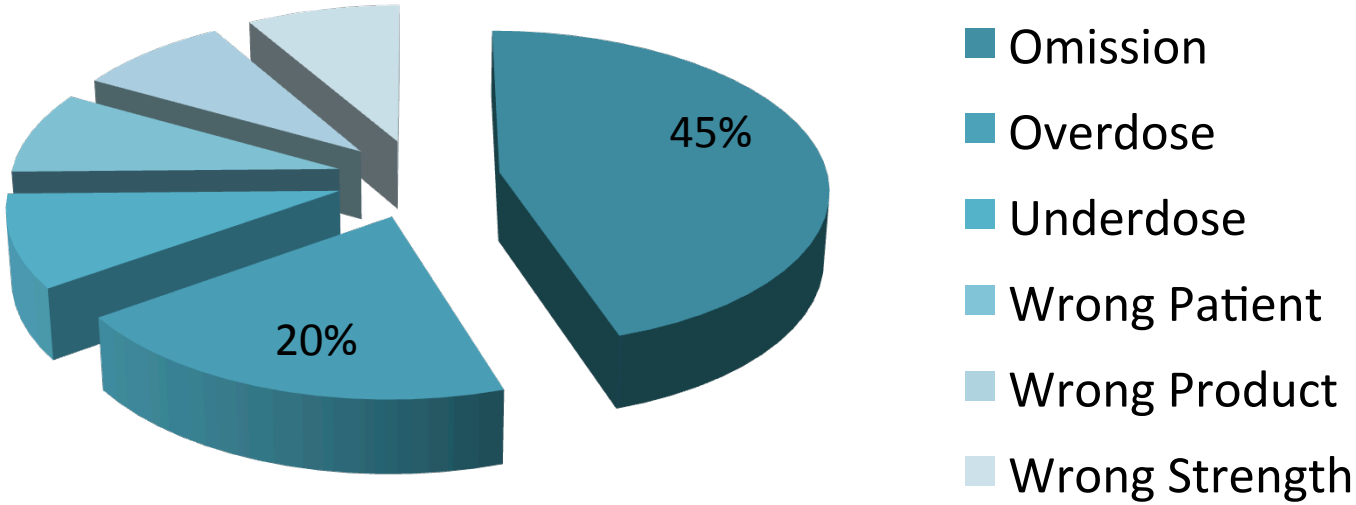
Most Common Type of Error - Study



Totals

- 25 LTC Facilities – 23 reported (1 year)
- 631 errors reported with total being 2731 (repeated errors)
- 48% occurred during administration

Cecil Sheps: Center for Health Services Research University of North Carolina at Chapel Hill

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Most Common Medications - Study

- Lorazepam
- Oxycodone
- Hydrocodone
- Warfarin
- Furosemide
- Insulin
- Fentanyl

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Rule Based Society

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Current Model

1	2	3	4
			
Work Quickly and Accurately	Counsel Educate	Discipline Dependent on Severity	Don't Break The Rules

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Rule Based Society

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Good Rules – People Will Follow

"This enforcement action demonstrates we are serious about our safety action plan which stresses improved safety through stronger enforcement and tougher penalties," "Those who disregard truck safety regulations and endanger the traveling public will feel the full force of federal response."

Federal Highway Administrator Kenneth R. Wykle

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Blame Free Environment

The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes.”

Dr. Lucian Leape Testimony before Congress on Health Care Quality Improvement

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The Sweet Spot

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Where We Want to Be

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Where We Are Headed

- Shared Accountability
- Transparency
- Staff is thoughtful and aware of Behavioral Choices
- Leadership looking at process and system design
- Accountability is not dependent on the outcome, but more on the choices made by the employee.
- Staff Continually Looking for Risk

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Start at the Beginning

New Hire Messaging
Job Descriptions

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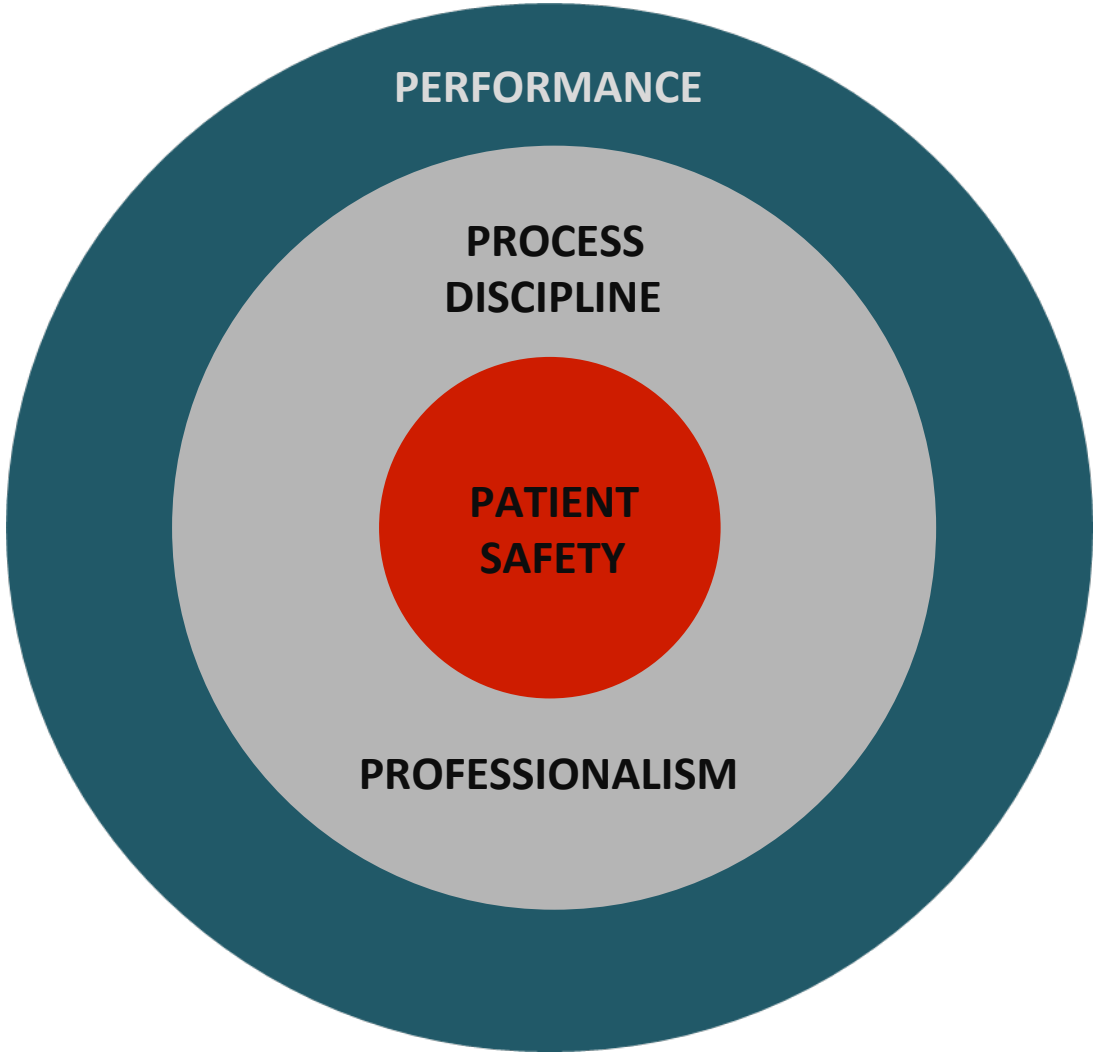
What does a Safety Culture Look Like



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How to Get Started

- **Incident Reports:**
  - Should be welcome
  - Valued as a learning opportunity
  - Should be easy to fill out and readily available

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SBAR

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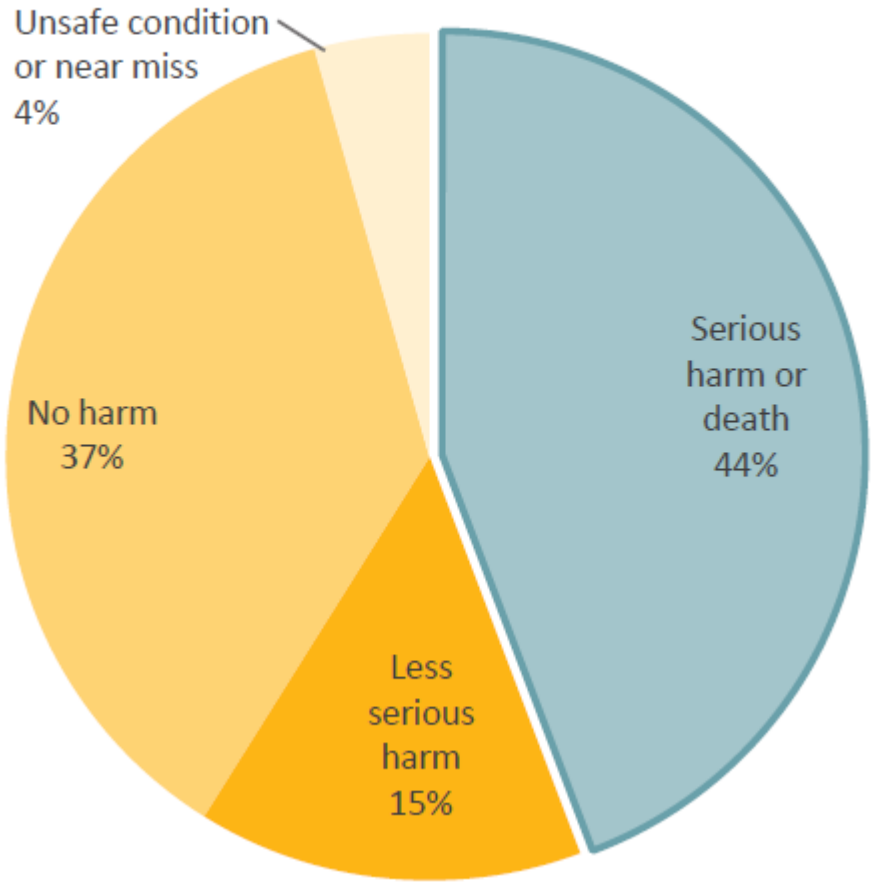
Oregon

Figure 8. Harm of Events Reported by All Segments, 2013



How to Get Started

- **Transparency:**
  - Move from secrecy to transparency.
  - Comfort in bring attention to potential safety concerns.

- **Leadership:**
  - Top Priority
  - Agenda items in meetings
  - Present learning sessions and brainstorm on ways to improve

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Benefits of Changing to a Safety Culture

1	Happy Health Work Environment
2	Decrease Staff Turn Over
3	Decrease New Hire Costs
4	Employees Support Organization

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How to Get Started

- **Survey** your staff to get current perception of safety culture
  - Expect discrepancies between leadership and staff
- **Identify** trends or any areas that need to be addressed

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How to Get Started

- **Implement** changes ensuring that staff is communicated to.
  - Also helpful to get staff involvement.
- **Revise** policies and processes
  - Communicate to staff the goal and vision of the changes
- **Train** and educate staff on new policies and processes including clear expectations

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How to Get Started

- **Encourage** Question
- **Commit** to understanding why medication errors happen. Looking at systems before a person.

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Risk Management

1	Humans Will Make Mistakes
2	To Drift is Human
3	Risk is Everywhere

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Concept 1 –Humans Will Make Mistakes

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Concept 2 -To Drift is Human

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Concept 3 - Risk is Everywhere

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Behavior Types

Human Error	At-Risk Behavior	Reckless Behavior
• Slip • Lapse • Mistake	• Behavioral Choice • Risk out Weighs Benefit	• Conscious Behavior • Unjustifiable Risk
Console Learn	**Coach** Learn	**Punish** Learn

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Second Victim

Photo courtesy Lyn Hiatt

Kimberly Hiatt, a longtime critical care nurse at Seattle Children's Hospital, committed suicide in April, seven months after accidentally overdosing a fragile baby.

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5 Rights of Second Victim

T	Treatment -They did not intestinally harm
R	Respect – Don't Blame
U	Understanding and Compassion - help grieve
S	Supportive Care
T	Transparency Opportunity to Contribute

Too many abandon the "second victims" of medical errors
From the July 14, 2011 issue

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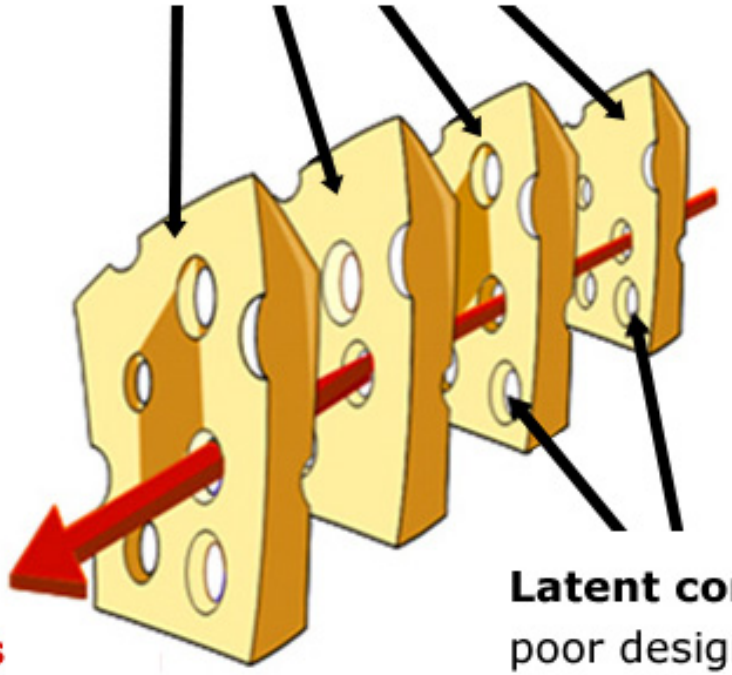
Active vs. Latent Failure



Active errors
(Patient safety incident)

Latent conditions
poor design, procedures, management decisions etc.

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Who Do We Want on Our Team

Do we punish good behavior or reward at risk behavior

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What information are we going to gather and how?

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Case Study - All the Facts

1	Medication Error / Mr. Jones in the Hospital
2	Resident does not use house pharmacy
3	Nurse added barcode to eMAR so med would scan
4	Medication Aide was interrupted to give PRN pain medication
5	Medication was in a bottle
6	Direction Change Sticker place over the dose on the bottle

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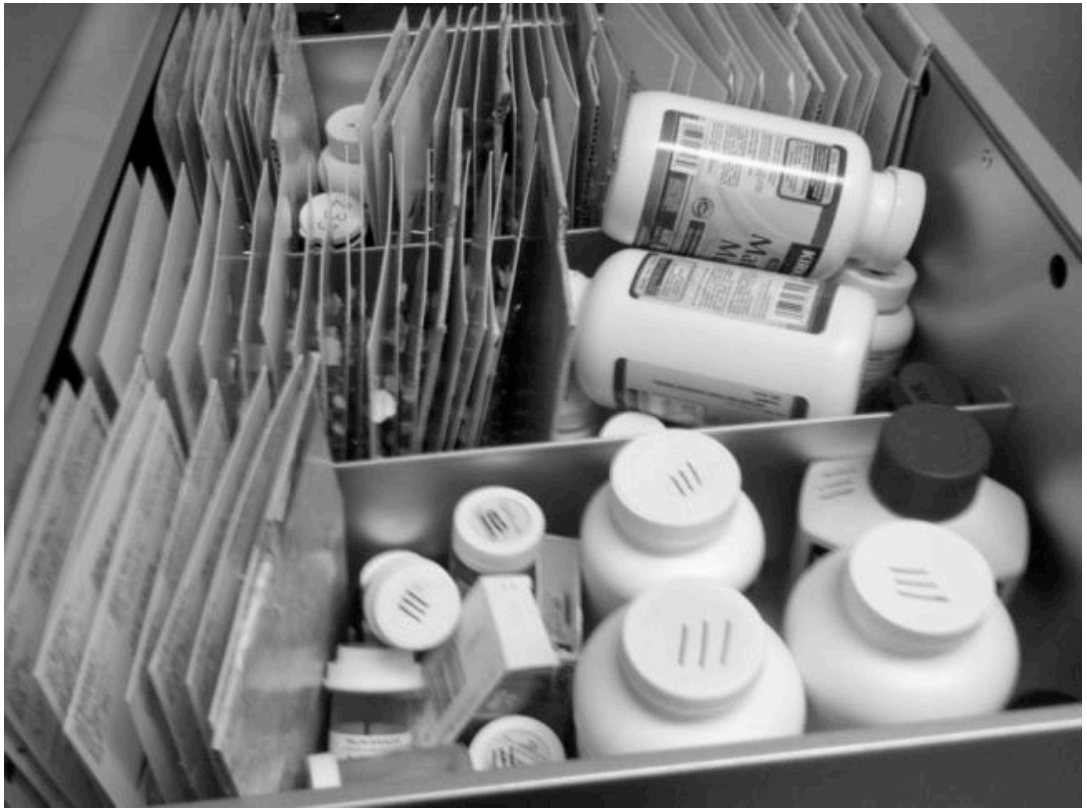
Going to the Gemba



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How do we Improve?

How can we improve?

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Case Study - All the Facts

1	Console Betty
2	Process Improvement – Single Source Pharmacy
3	Policy – Never add barcode to eMAR system
4	Policy – Write request on paper (Don't Interrupt)
5	Policy – Bubble Pack when possible
6	Policy – Direction Change Stickers should not cover information

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System Improvement

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How Good is Your Medication System

Better than yesterday, but not as good as tomorrow

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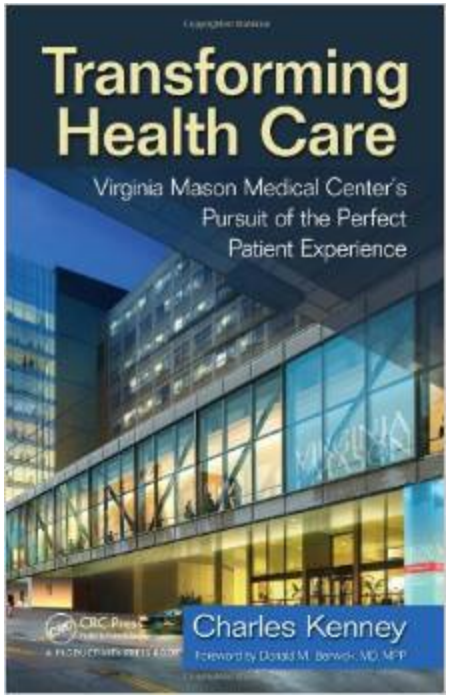
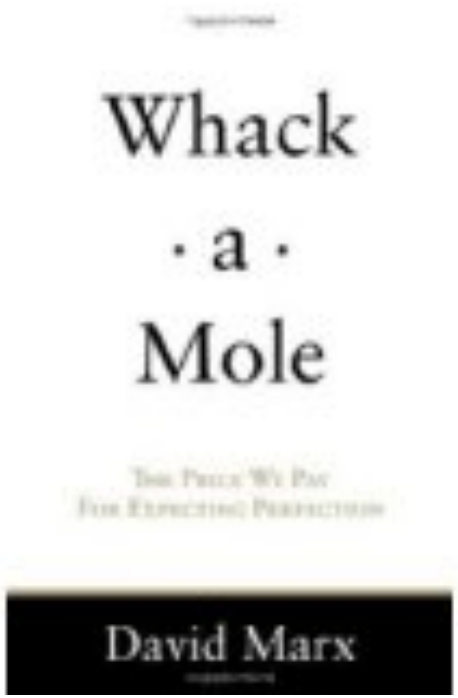
Learning More





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Start the Movement

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Questions

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