

MSOS Member Briefing

March 2020

MSOS Member Briefings
March 2020
Moderated by: E. Robert Feroli, PharmD, FASHP

Medication Safety



MSOS
MEDICATION SAFETY OFFICERS SOCIETY

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MARTHA'S VINEYARD
HOSPITAL

Small and Rural Hospital Pharmacies:
Medication Safety Practices in a
Resourced-Challenged Environment

*David T. Caron, Jr., Pharm.D.
Pharmacy Director
Martha's Vineyard Hospital*

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Who We Are...




Cape Cod and the Islands Region, Massachusetts

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Who We Are...



- POPULATION
 - Winter population: 16,000
 - Summer Population: 125,000
- HOSPITAL SIZE
 - Average Daily Census: 8.4
 - Med/Surg Beds = 25
- HOSPITAL VOLUME
 - December ED Visits = 353
 - August ED Visits = 591
 - December Infusion Visits = 466
 - August Infusion Visits = 1023
- RESOURCES
 - Pharmacy FTEs = 4.75 + Per Diem Staff

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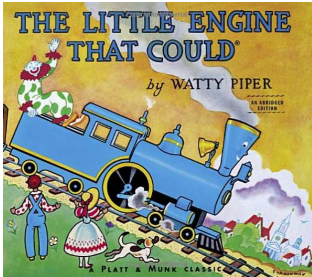
Ask Yourself...

- When I read a new ISMP Best Practice or *Medication Safety Alert!*... do I feel overwhelmed, anxious and wonder where to even begin?
- When I introduce new Medication Safety Initiatives at my facility... do I often feel like I'm working in a silo, and my colleagues "just don't get it!"?

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Lesson One: Don't Get Overwhelmed



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Lesson One: Don't Get Overwhelmed

Target Medication Usage Based on Prescribing for Hospital, 2018-2019		2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033	2033-2034	2034-2035	2035-2036	2036-2037	2037-2038	2038-2039	2039-2040	2040-2041	2041-2042	2042-2043	2043-2044	2044-2045	2045-2046	2046-2047	2047-2048	2048-2049	2049-2050	2050-2051	2051-2052	2052-2053	2053-2054	2054-2055	2055-2056	2056-2057	2057-2058	2058-2059	2059-2060	2060-2061	2061-2062	2062-2063	2063-2064	2064-2065	2065-2066	2066-2067	2067-2068	2068-2069	2069-2070	2070-2071	2071-2072	2072-2073	2073-2074	2074-2075	2075-2076	2076-2077	2077-2078	2078-2079	2079-2080	2080-2081	2081-2082	2082-2083	2083-2084	2084-2085	2085-2086	2086-2087	2087-2088	2088-2089	2089-2090	2090-2091	2091-2092	2092-2093	2093-2094	2094-2095	2095-2096	2096-2097	2097-2098	2098-2099	2099-2100	2100-2101	2101-2102	2102-2103	2103-2104	2104-2105	2105-2106	2106-2107	2107-2108	2108-2109	2109-2110	2110-2111	2111-2112	2112-2113	2113-2114	2114-2115	2115-2116	2116-2117	2117-2118	2118-2119	2119-2120	2120-2121	2121-2122	2122-2123	2123-2124	2124-2125	2125-2126	2126-2127	2127-2128	2128-2129	2129-2130	2130-2131	2131-2132	2132-2133	2133-2134	2134-2135	2135-2136	2136-2137	2137-2138	2138-2139	2139-2140	2140-2141	2141-2142	2142-2143	2143-2144	2144-2145	2145-2146	2146-2147	2147-2148	2148-2149	2149-2150	2150-2151	2151-2152	2152-2153	2153-2154	2154-2155	2155-2156	2156-2157	2157-2158	2158-2159	2159-2160	2160-2161	2161-2162	2162-2163	2163-2164	2164-2165	2165-2166	2166-2167	2167-2168	2168-2169	2169-2170	2170-2171	2171-2172	2172-2173	2173-2174	2174-2175	2175-2176	2176-2177	2177-2178	2178-2179	2179-2180	2180-2181	2181-2182	2182-2183	2183-2184	2184-2185	2185-2186	2186-2187	2187-2188	2188-2189	2189-2190	2190-2191	2191-2192	2192-2193	2193-2194	2194-2195	2195-2196	2196-2197	2197-2198	2198-2199	2199-2200	2200-2201	2201-2202	2202-2203	2203-2204	2204-2205	2205-2206	2206-2207	2207-2208	2208-2209	2209-2210	2210-2211	2211-2212	2212-2213	2213-2214	2214-2215	2215-2216	2216-2217	2217-2218	2218-2219	2219-2220	2220-2221	2221-2222	2222-2223	2223-2224	2224-2225	2225-2226	2226-2227	2227-2228	2228-2229	2229-2230	2230-2231	2231-2232	2232-2233	2233-2234	2234-2235	2235-2236	2236-2237	2237-2238	2238-2239	2239-2240	2240-2241	2241-2242	2242-2243	2243-2244	2244-2245	2245-2246	2246-2247	2247-2248	2248-2249	2249-2250	2250-2251	2251-2252	2252-2253	2253-2254	2254-2255	2255-2256	2256-2257	2257-2258	2258-2259	2259-2260	2260-2261	2261-2262	2262-2263	2263-2264	2264-2265	2265-2266	2266-2267	2267-2268	2268-2269	2269-2270	2270-2271	2271-2272	2272-2273	2273-2274	2274-2275	2275-2276	2276-2277	2277-2278	2278-2279	2279-2280	2280-2281	2281-2282	2282-2283	2283-2284	2284-2285	2285-2286	2286-2287	2287-2288	22
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Lesson One: Don't Get Overwhelmed

- With the right PEOPLE, anything can be accomplished
- Sometimes LESS people, committees and oversight makes processes more streamlined
- Identify “in-house” experts to create a well-oiled machine
- Use unconventional resources to get the job done
- The ART of “Push back” can be extremely effective.

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Lesson Two: Go “Lite”



- Drug Utilization Reviews
- Antibiotic Stewardship
- Diversion Oversight
- Performance Improvement
- IV Pumps
- USP 797/800

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Lesson Two: Go "Lite"

- Drug Utilization Reviews
 - Not Complex
 - Two/Three Indicators; One Outcome
- Antibiotic Stewardship
 - Task Force
 - Physician Champion
- Diversion Oversight
 - Break It Down (Diversion Task Force; "COPS")
 - Student Do Daily Audits
- Performance Improvement
 - Streamline Indicators
 - Use the Office of Quality, Risk and Safety
- IV Pumps
 - "It's a BioMed Thing"
 - Drug Safety = Drug Library
- USP 797/800
 - The time to play your cards
 - Know your showstopping events

Reprinted from: [https://www.fda.gov/oc/ohrt/ohrt-guidance-for-industry](#)

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Questions?

David T. Caron, Jr., Pharm.D.
Pharmacy Director
Martha's Vineyard Hospital

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Promoting a culture of safety through employee engagement

Medication Safety Officers Society, Members Briefing
March 2020

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Baptist Hospital of Miami (BHM)

Structure



- BHM is largest of 13 facilities in the health-system

- Over 800 beds

Care Areas

- Emergency
- Critical care
- Neuroscience
- Cardiovascular
- Orthopedic
- Pulmonary
- Pediatrics
- Labor and Delivery
- Surgical – OR, IVR
- Oncology, BMT



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Employee Engagement

Definition



- “The extent to which employees commit to something or someone in their organization, how hard they work and how long they stay as a result of that commitment.”¹

- Levels¹⁻³ affected by many factors (e.g., resources, physical environment, culture, workflow, employee health, relationships...)

Engaged

- Works with passion
- Feels connected
- Drives innovation

Not Engaged

- “checked out”
- Puts time, but no energy or passion

Actively Disengaged

- Acts out unhappiness
- Undermines accomplishments of engaged coworkers

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Employee Engagement @BHM

Intent of all initiatives



- Education
 - Input on process designs
 - Perspectives on barriers
 - Providing ideas
- Feedback
- Recognition



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Employee Engagement @BHM Initiatives



- Pharmacy Staff Huddles
- Pharmacy Continuous Quality Improvement meeting
- Interdisciplinary Medication Use and Safety Committee
- Pharmacy Medication Safety Challenge
- Pharmacy Safety Rounds
- Pharmacy Safety Advisory Group

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Employee Engagement @BHM Initiatives



- Pharmacy Staff Huddles
- Pharmacy Continuous Quality Improvement meeting
- Interdisciplinary Medication Use and Safety Committee
- Pharmacy Medication Safety Challenge
- Pharmacy Safety Rounds
- Pharmacy Safety Advisory Group

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Employee Engagement @BHM Pharmacy Staff Huddles



- During the overlap of each shift-change (three times a day)
- Solicit feedback on safety concerns, barriers, errors
- Address and follow up on concerns
- Recognize that not everyone may feel comfortable speaking up in large gatherings and you may receive feedback by
 - Personal communication: email, texts, verbal
 - Online/internal incident reporting system

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Employee Engagement @BHM Initiatives



- Pharmacy Staff Huddles
- **Pharmacy Continuous Quality Improvement meeting**
- Interdisciplinary Medication Use and Safety Committee
- Pharmacy Medication Safety Challenge
- Pharmacy Safety Rounds
- Pharmacy Safety Advisory Group

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Employee Engagement @BHM Continuous Quality Improvement



- Monthly meeting with pharmacy staff
- Shared with entire department
- Discuss selected reports and errors to
 - promote awareness
 - provide education and/or reminders
 - solicit feedback regarding barriers and ideas
 - share current process improvement initiatives

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Employee Engagement @BHM Initiatives



- Pharmacy Staff Huddles
- Pharmacy Continuous Quality Improvement meeting
- **Interdisciplinary Medication Use and Safety Committee**
- Pharmacy Medication Safety Challenge
- Pharmacy Safety Rounds
- Pharmacy Safety Advisory Group

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Employee Engagement @BHM Medication Use and Safety Committee



- *Interdisciplinary* team (e.g., patient care managers/supervisors, frontline practitioners, informatics)
- Discuss selected reports and errors to
 - promote awareness
 - provide education and/or reminders
 - solicit feedback regarding barriers and ideas
 - share current process improvement initiatives and respective representatives
- Other interdisciplinary committees: Nursing Quality, Falls Steering, Clinical Practice Council, Risk Management's Patient Safety

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Employee Engagement @BHM Initiatives



- Pharmacy Staff Huddles
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Employee Engagement @BHM Medication Safety Challenge



- Gives individuals an opportunity to use their critical thinking skills
- Lessons often incorporate previously reported errors, near-miss, or a quality concern
- Teammates have fun guessing and discussing the answers amongst one another

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Employee Engagement @BHM Medication Safety Challenge



- Ask for responses to be emailed directly and personally to you
- Ask an open-ended question
 - “What concerns you about this?”
 - “What do you think happened?”
 - “How do you think this happened?”
- Give a reasonable time frame for responses (e.g., 2 weeks)
- Give comprehensive answers with reasoning

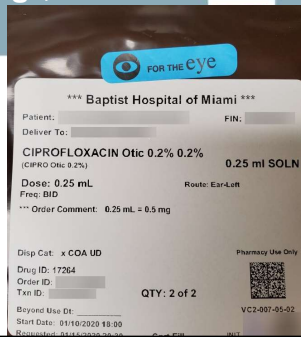
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Medication Safety Challenge, example

Dear Pharmacy Team,

*What concerns you about this picture? Email me your response(s), and the answers will be released Friday afternoon! BONUS brownie points for providing *the why*.*

Always, *thank you* to everyone sharing errors and risks encountered! We continuously advance when we are continuously report.



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The biggest concern: this product is OTIC, meaning EARS 🦻 however, a “for the EYE” 👁️ auxiliary label was inadvertently affixed!

- Why?
 - Seems like no biggie? Oh, yes, **IT IS!!!** Our **EYES** desire only sterile products!
 - OTIC formulations are not typically manufactured as a sterile product. If placed in the **eyes**, we increase the risk of **eye** infections for our patients.
 - **Eye** infections can be painful, disruptive, difficult to treat, and may even result in permanent damage like vision loss!
 - What could make it better?
 - An electronic system that can print *standardized* auxiliary labels, preventing errors such as:
 - 1) auxiliary label omission
 - 2) selecting and affixing the wrong auxiliary label. *Nonstandardized labels can change depending on what a vendor has in supply. Also, if they're expensive or no longer produced, we may design and print ourselves! This means day-to-day, there can be variation in color, size, messages, pictures! Change tends to trip us up.
 - As an example, check out the CVS label. Color-coded, pre-affixed, pictorial way of providing instructions would abolish routine false reliance on human beings, as we are vulnerable to making errors.
 - What's important?
 - The font size of important fields (route, dose, frequency, and concentration) are very tiny. However, the product size, is large.
 - **SOLN** is large and in capitalized letters, but Otic looks normal along with the rest of the text surrounding it. My eyes definitely were not draws to teeny tiny Otic and Ear-Left.
 - **SOLN** is not descriptive enough! We can have ophthalmic solution, intravenous solution, oral solution, and obviously, **OTIC** solution. Descriptors should be more descriptive... I'd like to see **OTIC soln**, instead.
 - Am I seeing double???
 - In the primary drug name description, the strength appears twice, right next to each other! At first glance, one may think this is a combination product! Yikes!
- Thank you all for participating!! I received responses from a few of you within 1 minute!! So proud!!

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Employee Engagement @BHM Initiatives



- Pharmacy Staff Huddles
- Pharmacy Continuous Quality Improvement meeting
- Interdisciplinary Medication Use and Safety Committee
- Pharmacy Medication Safety Challenge
- **Pharmacy Safety Rounds**
- Pharmacy Safety Advisory Group

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Employee Engagement @BHM Safety Rounds



- Periodically, meet with teammates from all shifts and care areas
- Explain intent
- Solicit feedback on what their concerns are and what ideas they have. Include individual in process improvements.
- Provide guidance on what can be achieved in an estimated timeframe
- Walk in their shoes if you cannot see their perspective
- Share progress

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Employee Engagement @BHM Initiatives



- Pharmacy Staff Huddles
- Pharmacy Continuous Quality Improvement meeting
- Interdisciplinary Medication Use and Safety Committee
- Pharmacy Medication Safety Challenge
- Pharmacy Safety Rounds
- **Pharmacy Safety Advisory Group**

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Employee Engagement @BHM Safety Advisory Group



- Representatives nominated and elected by their peers
 - Pharmacist and pharmacy technician from each shift
 - Pyxis pharmacy technician
 - Clinical specialist or coordinator
 - Oncology pharmacist
 - Pediatric pharmacist and pharmacy technician
 - Secretary and co-chair



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Employee Engagement @BHM Safety Advisory Group



- Representatives lead taskforces
 - Conduct failure mode and effects analyses (FMEA) for system improvement projects
 - Conduct pilot programs and facilitate roll-out
 - Conduct education to all departments



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Employee Engagement @BHM Intent of all initiatives



- Education
 - Input on process designs
 - Perspectives on barriers
 - Providing ideas
- Recognition



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Employee Engagement @BHM Education



- Lower-leverage strategy, *but* necessary
- Can be provided at the individual and group level w/ hands-on training
- Types
 - Newsletters
 - WINKs (What I Need to Know) provide simplified, step-by-step guidelines for processes and/or awareness
 - Inservices and/or continue education credits
 - Voice-over presentations
 - Booklets/Manuals

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Baptist Hospital of Miami Recognition

- Select most impactful report or great catch for the month
- Present to the employee at department staff meeting



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Reach out!

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References

1. Corporate Leadership Council. 2004. Driving performance and retention through employee engagement. Washington, DC. Corporate Executive Board.
2. Lockwood NR. 2007. Leveraging employee engagement for competitive advantage. HR's strategic role.
3. Engaged employees inspire company innovation. October 12, 2006. Gallup Management Journal.

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Questions?



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ISMP Update
Institute for Safe Medication Practices
An ECRI Affiliate




Michael R. Cohen, RPh, MS, ScD (hon.), DPS (hon), FASHP
President, ISMP




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Questions?



- A copy of today's slides will be posted on our website
- Next MSOS Briefing date – May 21, 2020.



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