

‘Leading the Way in Medication Safety’

Joy Burdack



Calvary Health Care ACT

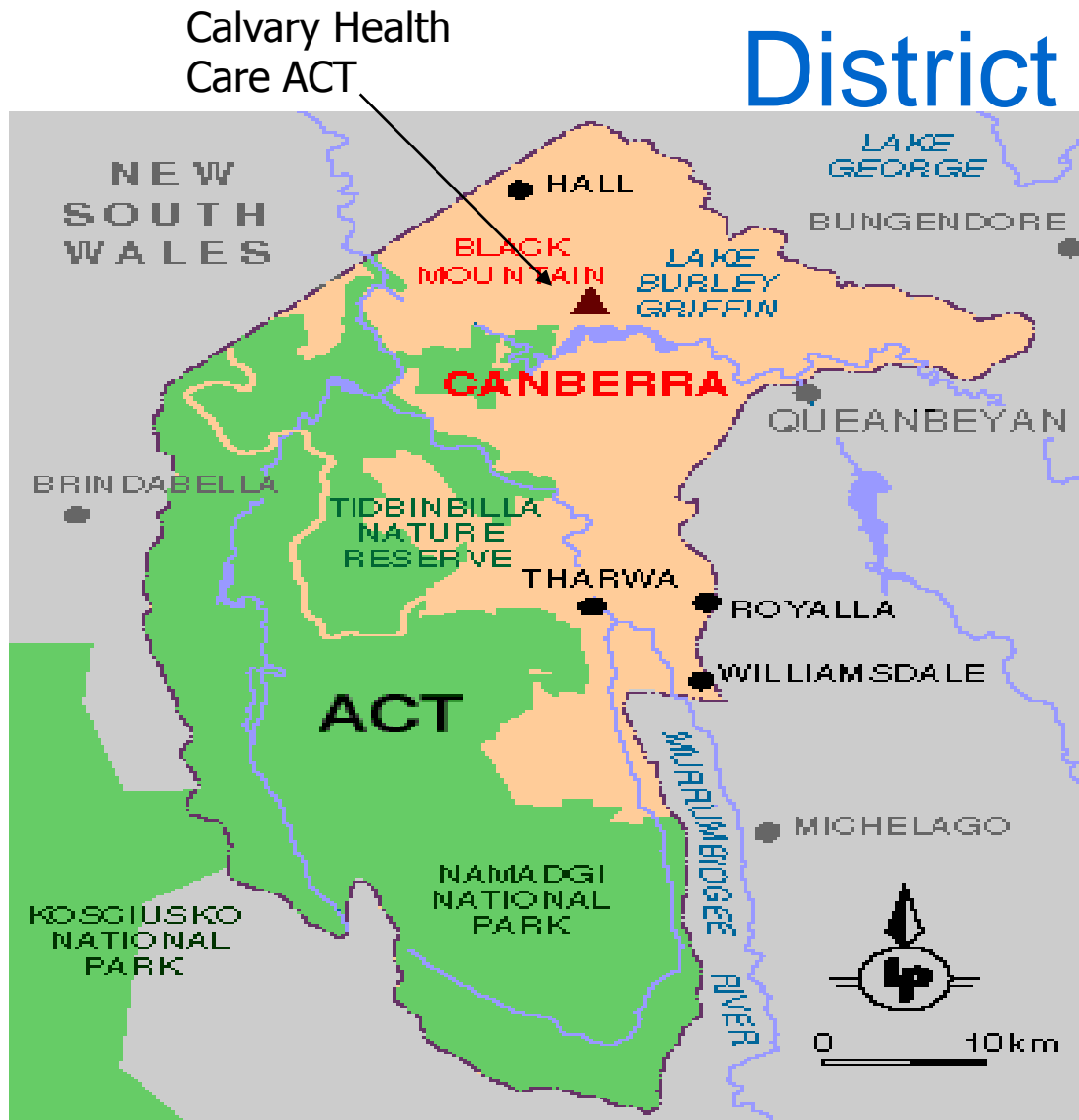
Hospitality

Healing

Stewardship

Respect

Our Health Service District



Canberra & ACT

Calvary Health Care ACT



Calvary Health Care ACT



Early Medication Involvement

- Participation in wave one & two of National Medication Safety Collaborative



- Other strategies have been implemented since
- In 2009 achieved Extensive Achievement (EA) in the EQuIP 4 program



Australian Statistics

- 7/10 people take at least 1 medication
- 2-3% medication errors at point of admission.
- 2-5% of medication charts contain prescribing errors
- 5-18% administration errors
- 18-75% rate error for IV medication

Duguid M, (2009) Australian Commission on Safety & Quality in Healthcare



Build the right Team!



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The Team

- Manager of Innovation & Clinical Quality
- Quality use of Medicines Pharmacist
- Medication Safety Nurse
- Ward based Clinical Champions



Medication Safety Nurse

- Added into position of Pain Management Clinical Nurse Consultant
- During daily pain rounds medication charts are checked
- Monthly medication audits collated
- Chair monthly medication safety meetings
- Represent nursing on Drugs & Therapeutics Committee
- Educational sessions conducted for
 - Medical & nursing staff
 - Medical, nursing, pharmacy & physiotherapy students
 - patients



Quality Managers

- Quality Use of Medicines (QUM) Pharmacist
 - Medication Safety Self Assessment
 - ACT Quality Medicines Reference Group
 - Mentors pharmacy students
 - Oversees QUM projects
 - Dugs & Therapeutics Committee
- Innovation & Clinical Quality Manager
 - Focusing on 5 areas of preventable harm, clinical excellence, continuous improvement and the hospital accreditation process.



Medication Safety Champions

- Represent their ward
- Attend medication safety meetings
- Disseminate information to colleagues
- Medication audits
- Gives ownership back to ward staff
- Medication safety badge



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Areas of Preventable Harm – Monthly Report

Please circle the month relevant to the report

January February March April May June July August September October November December

Ward/Department:..... Champion specialty:.....

Issue	Comments/Action/Outcome
90 Day plan: detail focus for my area	
What is working really well?	
Number of Adverse events this month? Are there fewer or more this month? Have Riskman reports been completed? Compliance with risk assessment (if relevant)?	
Interventions: ie what was done about the adverse event?	
Issues addressed:	Poor practice () Equipment needs () Ward education () Individual education () Other:
CNC Meeting – feedback regarding incidents and Riskman reporting including <u>severity of outcome</u>	
Staff awareness of relevant policies (how many staff signed record this month)	
Staff credentialing (how many staff completed learning package this month)	Regular staff: New starters:
Number of staff awareness forums on this area of preventable harm (ie. journal discussion, clinical champion role, policy review, etc)	

Processes



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Cyclic Medication Chart Audit

- Hospital wide audit, 5 charts from all wards attended monthly
- Results are trended against all other wards
- Results benchmarked against all other Little Company of Mary Health Care (LCMHC) sites.



Medication Chart Audit Tool (Audit Tool with EQUIP 4 standards)

Date of Audit: _____ LCM Hospital/Ward: _____

<p><i>Generic</i> 1.5.1</p>	<p>Percentage of abbreviations acceptable? Are all medication orders legible? (Y/N) Have medication chart numbers (eg 1 of 2, 1 of 3) been completed on the medication chart (Y/N)</p>
<p><i>Identification/ Allergy</i> 1.5.1, 1.1.8</p>	<p>Has a patient label been attached to all areas of chart as required (including carbon pages)? (Y/N) Has Medical Officer (MO) identified/confirmed that this is the correct patient (Y/N) Have allergies/ adverse drug reactions been completed with explanation (including NKA) ? (Y/N)</p>
<p><i>Prescription</i> 1.5.1, 1.1.8</p>	<p>Are all prescriptions dated? (Y/N) Are all prescriptions signed by MO ? (Y/N) Are all prescriptions complete with dose, frequency/times? (Y/N) Are all current medications only prescribed once? (Y/N)</p>
<p><i>Omissions</i> 1.5.1</p>	<p>Total number of medication doses required within a 24 hour period (excluding PRN)? eg bdx2 + tdsx3 =5 Total number omissions (blanks) within 24 hour period? Total number of non-administration codes used within 24 hour period?</p>
<p><i>Alterations / policy</i> 1.5.1, 1.1.8</p>	<p>Are alterations to orders documented as a new medication order? (Y/N) Are all ceased medications done so according to hospital policy? Are all nurse initiated medications approved according to hospital policy?</p>
<p><i>Weight/ height/ 1.5.1</i></p>	<p>Has weight been documented on medication chart? (Y/N) Has height been documented on medication chart? (Y/N)</p>
<p><i>Other information</i> 1.5.1</p>	<p>Are all telephone medication orders signed by 2 nurses? (Y/N) Have telephone orders been signed by a MO within 24 hours? (Y/N)</p>

Smart Pumps

- Guardrails® technology system
- Aims to reduce IV medication errors
- Electrolyte infusions added in millimoles (mmol)
- Rationalisation of insulin infusions



Medication Lockers

- Individual patient medication lockers trialled 07
- Aim to reduce medication administration errors
- Reduce time to complete medication administration
- Increased information being sort from patients
- Progressive implementation across all wards



Enrolled Nurse Medication Credentialing

- Collaboration with ACT Nursing & Midwifery Board and Canberra Institute of Technology
- Locally produced credentialing package
- Policies & procedures for support
- Reduction in nursing costs and greater choice in rostering



Self Medication

- Women in the maternity units
- Criteria for self medication
- Simple oral analgesia
- Improved pain outcomes
- Happier patients
- Reduced workload



Links outside

- QUM projects conducted with University of Canberra Master of Pharmacy Students
- University of Bath UK Pharmacy student



Benchmark Results

- ACHS medication clinical indicators collected & benchmarked with Little Company of Mary Health Care (LCMHC) & Catholic Health Care Australia
- RiskMan reports are generated and incidents to the clinical governance of organisation



Other Initiatives

- Expansion of Pharmacy Technicians into wards
- QUM Pharmacist to focus on Med Safety initiatives and clinical nurse champions.
- Supported through committee, audit, review, benchmarking, communication and risk rating processes.
- The clinical unit (ward) scorecard is used in a visual form of communication for medication incidents.



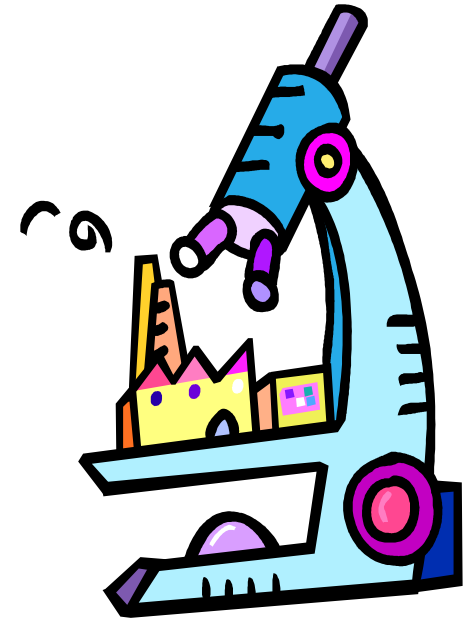
EA Extensive Achievement in the EQuIP 4 program

- Demonstrated achievement in:
 - Internal and external benchmarking and subsequent system improvement
 - Communication and risk rating processes
 - Clinical unit score boards
 - Actively seeks to improve evidence based practice
 - Sharing of education programs
 - Participation in national based improvement programs



Sustainability

- Processes
- Proven tools
- Audit programs
- Engage staff
- Support
- Attend conferences



“If you always do what you’ve always done,
then you’ll always get what you’ve got.”



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Acknowledgement:

Calvary ACT Quality, Safety & Risk Unit
Manager of Innovation & Clinical Quality
Quality use of Medicines Pharmacist
Clinical Champions



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