

Keeping Kids Safe: Quality and Safety in the Pediatric Pharmacy

Illinois Council of Health-System Pharmacists 2015 Annual Meeting

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The speaker has no conflicts of interest to disclose in relation to this presentation.

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Learning Objectives

1. Explain quality measures used in the Pediatric Pharmacy
2. Discuss safety practices to help reduce medication errors in the Pediatric Pharmacy

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- As many as 1 in 10 hospitalized children are impacted by a medication error...
- Up to 35% of these errors are serious or life threatening.
- The goal is to learn from these events and to adopt effective strategies to prevent harmful errors from happening again.

• **References**

- 1) Takata GS, Mason W, Taketomo C, Logsdon T, Sharek FJ. Development, testing, and findings of a pediatric-focused trigger tool to identify medication-related harm in US children's hospitals. *Pediatrics*. 2008;121(4):927-35.
- 2) Takata GS, Taketomo CK, Waite S. California Pediatric Patient Safety Initiative. Characteristics of medication errors and adverse drug events in hospitals participating in the California Pediatric Patient Safety Initiative. *Am J Health Syst Pharm*. 2008;65(21):2036-44.
- 3) Tham E, Calmes HM, Poppy A, et al. Sustaining and spreading the reduction of adverse drug events in a multicenter collaborative. *Pediatrics*. 2011;128(2):438-45.gain.

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Children's Hospital of Illinois (CHOI)

- Established August 2010
- 126 bed hospital
- General Peds, PICU, PIC, NICU
- Pediatric Surgery
- St. Jude affiliate

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CHOI Pharmacy

- Opened August 2010
- 16 Pharmacists
- 8 Technicians
- Averages 350 drawn up oral doses daily
- Averages 100 report IV doses daily

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Missing Medication Project

- Reduce the amount of missing meds in the CHOI Hospital
- Benchmarked at 12.08 missing meds per month
- Working with the Nursing Leaders of the floors to see how Nursing can help reduce missing meds

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Missing Medication Scorecard

	FY14	oct	nov	dec	FY15 3Q	jan	feb	mar	FY15 2Q	apr	may	jun	FY15 3Q	FY15 YTD
Count	198	18	21	19	58	17	?	24	41	4	13	6	23	122
Target	145	12.08	12.08	12.08	36.25	12.08	12.08	12.08	24.17	12.08	12.08	12.08	36.25	96.67

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What we have changed

- We have changed the General Peds report times to print twice a day
- DC'ed IV medications are retrieved during the next round of delivery to try and reuse them if possible
- Using the proper redispense reason in EPIC when investigating missing meds
- Investigating the missing med to find them or correct the problem of why they are missing

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Wasted Medication Project

- Reduce oral medication waste from cart fill to decrease cost and increase efficiency in the pharmacy
- Split General Pediatric cart fill to twice a day
- Getting stop dates on IV's

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Pediatric Pharmacy Medication Safety Committee

- PPMSC started in December 2012
- Committee looks at all medication error events, safety issues, and procedures within the Pediatric Pharmacy to increase patient safety

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PPMSC Data

Event Range	Total Events Discussed	Changes Implemented	"Knowledge Deficit"	Reeducation
2013	66	32	19	5
2014	35	11	9	9
1-1-15/ 3-31-15	7	7	0	0
4-1-15/ 4-30-15	5	4	1	0
5-1-15/ 5-31-15	4	1	0	0
6-1-15/ 6-30-15	1	1	0	0
2015 YTD	17	13	1	0

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Safety Coach Program

- Improve individual and team performance
- Recognize good behaviors
- Correct unsafe, unproductive behaviors

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Safe Culture Through TRUST

- Safe environment to discuss safety concerns
- Non-punitive actions on safety issues
- Issues identified now have action items which allow closure
- Safety coach voice is heard, valued, and responded to

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Goals of Observations

- Be the EYES of the unit regarding safety
- Provide 'real-time' feedback to co-workers
- Provide an effective feedback loop to increase awareness of proven safety practices
- Identify coaching/affirming opportunities
 - Use of TeamSTEPPS techniques (read back, clarifying questions, effective handoffs)
 - Identify strategy used
 - Highlighting opportunities for improvement
 - *Quality* of the coaching/affirmation vs. *Quantity* of Observations

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Bottom Line:

- We all need to be aware of unsafe practices
- Being aware of the unsafe practices is the first step to eliminating them
- If you see something that is an "accident waiting to happen," tell someone
- Investigate "work arounds"

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Conclusion

- Medication Errors happen
- Learn from your mistakes
- Make changes from the mistakes that are made

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Question

What kind of Quality Measures are used in the CHOI Pharmacy?

- Missing Medication Scorecard
- Data from the Pediatric Pharmacy Medication Safety Committee
- Taste testing of flavored medication
- a and b

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Question

The role of the Safety Coach is?

- A. Improve individual and team performance.
- B. Recognize good behaviors
- C. Correct unsafe, unproductive behaviors
- D. All of the above