

Rapid Implementation of National Patient Safety Goals




AmerisourceBergen®
The Best Medicine for Healthcare™

RAPID IMPLEMENTATION OF SAFETY GOALS

Introduction

Medical errors became a national issue in the late 1990's when the Institute of Medicine (IOM) issued a report that stated medical errors in the United State contribute more than 1 million injuries and up to 98,000 deaths annually. Among the most common medical errors are infections, surgical wounds, and medical objects accidentally left in patients, and adverse drug events. An alarming 2 percent of hospital patients experience an adverse drug reaction, resulting in increased length of stay and \$4,700 added in needless expense according to the IOM. This accounts for 2.5 percent of the typical hospital's budget. Adverse events occur in 7.5 percent of medical or surgical admission, 37 percent of which are deemed preventable. Errors are very difficult to measure due to inadequate reporting, definitions, and in most cases are due to a chain of events. For example, the wrong route or dosage may be measured as a single medication error, but the prescribing error may have occurred due to incorrect patient data in the medical record, such as weight, or a missing laboratory report. When attempting to implement process improvement, the total medication process must be evaluated and understood, not just the cause of the error.

As healthcare becomes more complex, regulatory bodies and quality organizations are working together to identify best practices and drive standards to improve the quality and cost of care delivery. The Joint Commission National Patient Safety Goals are an example of efforts to affect positive change.

The Challenge

Compliance tips and guidelines have been outlined by the Joint Commission to assist in standardizing processes to achieve the goals. However, meeting and sustaining these goals has proven to be very challenging for most organizations due to an increased demand for care and decreased capacity for providing care. Higher acuity levels, longer life spans, availability of new medication therapies, additional technology options which require end user training during a time when there is already a clinician shortage compound the issues. There are also

challenges associated with an aging workforce operating in an environment that may not always be ergonomically conducive. Practice patterns with a high degree of variation can also be a factor with guideline implementation. The *not invented here phenomenon* is very familiar to many and can be a sign of closed-minded thinking in considering new change implementation. While there is recognition for process improvement implementation, and specifically National Patient Safety Goals, many times it is very hard to move beyond the current daily shift requirements and emergent situations to pull a team away to implement new best practices.

The federal government is making efforts to push technology as a quick fix for quality. However, technology is a tool to promote quality and implementation must first include process improvement to address variation in practice. By taking a patient centric approach to continued process improvement, patient satisfaction can be improved through variability reduction, resulting in high quality and lower cost care.

Outcome Solutions

AmerisourceBergen's CareRx team of multi-disciplinary clinicians provides the needed expertise to facilitate a partnership model that is critical to the implementation of appropriate standardization and best practices. This approach is based on the principles of Lean and Six Sigma where the focus of the improvement is the patient. The goal is to improve patient satisfaction through reduced variability and implementation of best practices, leading to higher quality and lower cost care delivery.


Key components of the implementation methodology include **Elimination of waste** by looking at the individual steps in the process and identifying those that add value and eliminating the rest. Waste may be in the form of correction, over-production, motion, movement, waiting, inventory, and processing. It is important that waste is not input into the best practice implementation and passed along to the patient. **Workflow enhancements** are designed to minimize handoffs,

number of steps required, eliminate bottlenecks, and synchronize the new clinical workflow based on best practice.

Inventory Optimization is achieved by creating a patient pull or demand system to decrease inventory levels, requirements for storage and capacity for tracking and handling. **Variation** is managed by creating a standardized formal process. Systems are designed to avoid mistakes using visual and audio cues such as sizing, color coding, symbols, and alarms. Effectiveness and efficiency of the improved processes are **Measured** by tracking key performance indicators, processing time and resources utilized. These key concepts are applied directly to process design and implementation for achieving National Patient Safety Goals. For example, Goal 3: *Improve Safety of Using Medications*, is addressed by implementation of processes to ensure consistent labeling, appropriate storage and separation of look-alike, sound-alike medications, and the implementation of anticoagulation therapy management. Goal 8: *Medication Reconciliation* requires dramatic communication and workflow enhancement to coordinate a multi-disciplinary effort for reconciling medications upon entry into the healthcare organization, transfers within the organization, as well as external transfers and discharges.

Roadmap for Change

Each improvement opportunity begins with a scope definition and understanding of the organization's objectives and culture. There should be a clear understanding of the vision, mission, values, strategic focus, critical success factors, active projects and performance goals. Great care should be taken in selecting the members of the performance improvement team, as it is imperative the group works together as a collective and cohesive force. Training should be provided for the working team to ensure a clear understanding of the tools and implementation process. Once the team is defined and has a grasp of the tools, the charter can be developed which will identify what will be done, how, why and when. The charter is finalized and the team goals and ground rules are developed. Baseline measurements are identified to track and monitor success and are a key element of the project plan. Communication to the organization is also a critical piece for continued sponsorship and buy-in from the organization to sustain the



improvement gains. A pilot location may be selected to begin implementation of the future state. Following the pilot implementation and any needed refinement, the roll-out plan to other units may be launched.

This rapid implementation approach for change toward a more patient centric viewpoint and focus is creating a dynamic cultural shift resulting in high reliability organizations that are well positioned to provide high quality care at a lower cost. Organizations that are embracing these best practices and are on the journey for continuous improvement are making a difference in care delivery today.

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