<u>Millcroft Pharmacy Leadership Conference</u>

Millcroft Inn

<u>June 6-8, 2003</u>

Millcroft Pharmacy Leadership Conference - June 6-8, 2003

Introduction

The 2003 Millcroft Pharmacy Leadership Conference took place from June 6-8, 2003, and focused on development of leadership and motivation skills as well as discussion of the topic of special interest, medication safety. As in previous years the conference was organized by the Editorial Advisory Board of the Hospital Pharmacy in Canada Annual Report, with financial support and administrative coordination provided by Eli Lilly Canada. The conference got off to a great start as attendees gathered to renew connections in the lovely ambiance of the Millcroft Terrace. A group photo on the lawn marked the occasion.

Dinner in the River Room was opened by Ken Forsyth, Commercial Accounts Director, who welcomed attendees and introduced members of the Eli Lilly management team

Andrew Merrick, VP Sales
Terry McCool, VP Government and Economic Affairs
Marisa Pratt, VP Corporate Services
Donna Hammill, VP Specialty Business Unit
Anne Hiltz, Senior Medical Educational Associate/ Sales Supervisor, Critical Care
Martin MacDonald, Regional Sales Manager, Critical Care, Western Canada
Tarek Elsayed, Regional Sales Manager, Oncology, Central and Western Canada
Michelle Lemme, Associate Director, Critical Care
Karen Law, Associate Director, Oncology
Andrew West, Regional Sales Manager, Critical Care, Ontario and Atlantic Canada

Ken also noted that Mr. Gaetano Crupi, President and General Manager of Eli Lilly Canada Inc. would be joining us on Saturday and providing a presentation on "Trials and Tribulations of Taking on a Leadership Position"

The formal conference program began Saturday morning, with additional welcomes and introductions provided by Ken Forsyth, Donna Hammill and Jean-Francois Bussieres. Kate Nelson and Marjorie Robertson were thanked for their excellent work in organizing the conference, the Lilly Specialty Business Units were thanked for providing funding support for the survey, and Michelle Lemme and Eli Lilly Canada were thanked for providing the funding necessary to make this conference happen. Members of the Editorial Board were also introduced and thanked.

Donna Hammill, in introducing keynote speaker Mike Lipkin, noted her appreciation for Lilly's commitment to developing their people and stakeholders, and reiterated the importance of the hospital pharmacy community to Lilly.

"A Whole New Level" Interactive Workshop
Mike Lipkin

Mike Lipkin is President of Environics/Lipkin, the specialist Motivation and Persuasion Company in the Environics Research Group, one of Canada's largest and most sophisticated research houses. He is a Toronto-based motivator, author and persuasion coach who has worked in twenty- two countries with over 200,000 people.

Mike was born in the UK, raised in South Africa and emigrated to Toronto in 1987. By combining Environics Social Values Research with his personal expertise and experience, he provides people with the confidence and insights to connect with others at the deepest level. You can read more about Mike on his website, www.mikelipkin.com

Within minutes of the workshop opening, it was clear to everyone in the room that this workshop would indeed be a "Whole New Level"! In his introductory remarks, Mike summarized the focus of the day- a discussion of trends transforming the workplace, actions that champions are taking, and what each of us needs to do in the environment of "the new normal". Normal as we knew it "does not live here anymore"! Normal has been replaced by chaos and mess! Attendees were promised that by the end of the day each person would be 0.2% more effective.

Is such a small improvement worth the effort? Yes, because the improvements compound! Each of us can either enhance or erode our capacity each day- we can chose growth, or shrinkage. As we encounter challenges, each of us needs to ask ourselves, "How can I use this to take me to the next level?"

Mike noted that the people in the room were as stressed as any of his clients- with stress from events that often cannot be controlled. In this environment it can be difficult to stay focused and positive. Leaders run on the fuel called confidence- you need to reach in and "leverage" your confidence when you need it most. To amplify your effectiveness, you need to "Keep the Main Thing the Main thing"- stay focused on your goals, and apply your energy where it has the most impact. The ability to sustain a sense of humour is important. If you are happy and excited, you become clever- but if you take everything as life and death you will "die a lot- or early!"

Participants, when asked what they hoped to achieve for the day, responded with issues such as

- Helping the people around them take things more lightly
- Maintaining a balance between getting things done and feeling good about what has been achieved
- Learning to ask the right questions

Mike noted that there are generally three types of individuals/learners – Visual, Auditory and Kinesthetic. Visual learners rely more on what they can see, audiotory learners rely on listening, and kinesthetic learning rely on feelings. Leaders need to be in tune with

these individual differences- for example, with a colleague who says "I can't see where you are going with this", you might try drawing a picture.

Participants were encouraged to dedicate a day to thinking about themselves, their lives, and their goals. You should know where you are going before you get in the car! You may discover that there is already something inside you that can relate to a range of generations- a component of *"adaptive navigation"*.

The human brain has a tendency to focus on the things that are wrong, because that is a survival instinct. We are easily "seduced by the dark side". But we can chose to be a consequence of our decisions rather than our conditions. Mike recounted how, when given an opportunity to meet Nelson Mandella, he asked about his suffering during his 27 years in prison. Mr. Mandella responded "*I didn't suffer, I prepared*". Rather than focusing on the suffering of imprisonment, Mr. Mandella spent his time preparing to lead his country.

The Defining Traits of Champions

Welcome to the age of accountability- if not you, then who?

We are living in an age of accountability, an age of autonomy, an age of responsiveness. There is a new scorecard, and you must demonstrate the value you bring to the organization.

As pharmacists, we are trained in the belief of "Thou shalt not make a mistake". Does the fear of mistakes pervade our thinking? Remember- if you can't take risks you can't control your destiny. Don't focus on the negative consequences, or on what can go wrong. Instead, focus on what can be achieved! Often, our strengths are our weakness- and our desire to avoid mistakes may limit us.

Find the pattern in the chaos, confusion, anxiety and surprise

Participants were asked to define the mark of someone who is outstanding at helping others understand complex issues. The responses indicated that it is important both to truly understand the issue and to be capable of communicating it clearly. If you know what you are talking about, others will "get it" immediately!

Like Wayne Gretsky, "skating to where the puck will be", we need to find the pattern in the chaos, and we need to share this knowledge with those we work with. Often, an individual's greatest fears are of uncertainty, and of looking stupid. Leaders need to help their people understand the patterns and see how the dots connect.

Be Brutally Optimistic

Compared to the past decade, which might be thought of as "spring and summer" the next decade will be "fall and winter" The mood in the country is serious, and the population expects diminishing resources and increased stress. Pessimists abound, and cynicism is easy.

To thrive in this environment, champions must be *brutally optimistic*. Simple optimism may not be enough- leaders need the kind of optimism that can survive setbacks and long periods of disappointment.

Too many of us suffer from "achievement amnesia". Participants were encouraged to recall a recent achievement they were extraordinarily proud of. We were reminded that at some point, someone probably looked at each of us and saw more than we saw in ourselves. We need to do this for others- but also occasionally for ourselves.

Practise Control of Destiny Conditioning

Mike described a personal approach to gaining inner strength and motivation. Imagine yourself in a time and place when things went well- by imagining it, you can reclaim that feeling. Similarly, destiny conditioning involves anticipating and visualizing things happening the way you want them to.

Know precisely what you want

Participants were asked to describe important personal and professional goals they would like to achieve within the next 12 months. Responses included completion of an automation project, an audit of clinical sectors, an IT project, recruitment of pharmacists, and losing 8 lbs (the last providing clear evidence of the statement that one person's worst nightmare is someone else's fantasy!)

If you can't articulate it, it is difficult to achieve it. The first step is to articulate your goal, then visualize what you want to achieve as having occurred. Luck is the outcome of knowing what you want and believing you can achieve it.

Know precisely what you give to others

Think about the one thing you believe you do extraordinarily well. What is your special gift? What is your "Picasso", the thing that makes you an artist?

Live your Code of Conduct

Mike shared his own personal values and code of conduct with the group. This included

- Mental and physical health
- Personal health
- Contribution/making a difference
- Connecting with great people
- Adventure

Each participant was asked to consider their own personal values (taking honesty and integrity as a given).

Catalyze Others' Control of Destiny

A person is a person because of other people. If we must eat from spoons twice as long as our arms, we must feed each other.

Celebrate the Struggle: no self-pity parties

It is when the game turns against you that you get to show how good you are. Remember- our worst nightmare is someone else's fantasy. Keep the lantern burning brightly, especially in dark times.

Be spontaneous

Be yourself- all others are taken! Three principles of "improv" were reviewed:

- accept the offer. Suspend your cynicism, suspend your biases
- do not block the validity of the idea, open up to possibilities
- don't wimp out!!

The Social Supertrends

Participants were introduced to five social supertrends, based on Environics Research.

Supertrend #1- Apocalyptic Anxiety

Every two months, each of us can expect to experience a significant personal upheaval. We are living in the "mess-age". Remember, you are never given any problem you can't handle, and every heartache carries within it the seeds of an equivalent or greater personal benefit.

Supertrend #2 Aversion to Uncertainty and Complexity

There has been a significant rise in the number of Canadians who report an aversion to complexity, while at the same time the number of people reporting a feeling of adaptability to complexity has dropped. We are living with a new form of apartheid- not the "haves" and "have nots" but the "can" and "can nots" . Based on Environics research, 80% of the population is relying on 20% of the population to make things happen!

Leaders must have the quality of confluence- what you say and how you say it must agree. Confidence is key- you need the ability to show you are in control even when you are scared to death.

Supertrend #3- From Individualism and Idealism to Conformity and Exclusion

As of 2002, three quarters of Canadians feel they are not in control of their destiny. They feel overwhelmed. In these circumstances, we must be cautious of the natural human tendency to "flock"- to hide within a group and become invisible.

Another human tendency is attraction to negativity, and leaders must stand guard against this.

Supertrend #4- From Duty and Obligation to Hedonism and Happiness

There is a need for escape from uncertainty, a need for a break from the problems. Between 1996 and 2002 the percentage of Canadians expressing a strong commitment to duty obligations and tradition dropped from 45% to 25%. In these circumstances, it is important for individuals to have something to look forward to- "something pending". Leaders will "become a walking source of pleasure" and use positive language ("fascinated" not "frustrated").

Supertrend #5- From Personal development to Personal Survival

Environics research reports that the percentage of Canadians who reported focusing on their own personal development dropped by over 50%, from 39% to 18%, between 1996 and 2002. Many people lack the energy to invest in themselves, and are simply surviving.

Leaders must engage, or atrophy. You should discover and develop your "Picasso", look for opportunities to support others, and stay focused on your goals.

Group Activity

In the next phase of the workshop, participants were asked to work in groups using the Target model provided in the workshop material. Using each table as a team, participants were asked to identify three outcomes. Using outcomes believed to be achievable, the teams moved on to discuss the purpose (why?) strategies, and specific actions to receive the strategies. The results of the discussions were then summarized in 3-5 minutes presentations from each table.

The Turbo Schmoozers!

The desired outcomes identified by the Turbo Schmoozers were
- Moving to new facilities
- Completing an Inventory of Patient Safety Activities
- Increasing the Level of Direct Patient Care

The shared purposes for these outcomes were
- Patient safety
- Recruitment and retention
- Risk management

Strategies identified included
- Staying focused on the patient
- Benchmarking- find your stories
- Involve staff and patients

Actions
- Make a timeline
- Find supporters, confirm and affirm them
- Form effective workgroups
- Encourage pilot program
- "Get out of the road"

Measures
- Take a safety inventory
- Assess schedules
- Satisfaction surveys
- Clinical Documentation
- Publicize your results!

"The Bar Codes"

The desired outcome identified by the Bar Codes was the implementation of a Point of Care Bar Code System.

Multiple purposes were identified: reduction of medication errors, utilization of nursing staff time, timely access to patient clinical information, reduced liability and risk and cost effectiveness.

Strategies for achieving this outcome included:

- Using a multidisciplinary team approach
- Assessing readiness
- Conducting a Gap analysis
- Creating a vision
- Creating an implementation Plan
- Developing Measures of success

Actions to be taken included identification of key individuals, seeking buy-in of stakeholders, developing a communications strategy, documenting and prioritizing gaps, developing a plan with priorities and timelines, developing a budget and conducting a pilot project. Measures of success would include the number of errors avoided and the actual time measurements.

"Drugs and Hugs"

Larry Broadfield's entertaining old-style teacher approach provided an added element of fun and enthusiasm to the presentation of the Drugs and Hugs group! The selected outcome was the expansion of clinical pharmacy services.

The reasons or purposes of this outcome were:
- Improved patient care
- Efficiency
- Safety
- Staff and client satisfaction

Identified strategies included
- Identification of high risk target areas
- Involving stakeholders
- Selling the concept
- Stabilizing distribution to reduce pharmacist involvement

Actions included development of a business plan, marketing, seeking approval and developing an implementation plan. Measures of success included the creation and filling of positions, measurement of workload and satisfaction, long term follow up, publication and expansion to new areas.

The end, of course, will be SUCCESS!!

The "Controllers of Destiny"

The desired outcome defined by the Controllers of Destiny was the reduction of staff turnover. The purposes identified included

- To provide efficient and high quality services
- To increase employee satisfaction
- To support new service proposals
- To facilitate commitment

The strategies to be used were to gain administrative commitment, work with the Human Resources department to determine why staff are leaving, and introduce retention strategies. Benchmarking to identify best practices would be conducted. Specific actions included conducting exit interviews, meeting with staff focus groups, and over-hiring.

Measures of success for this initiative were the annual turnover rate and the level of employee satisfaction reported by survey.

The "Lipkinites"

The Lipkinites confronted their *fear of appearing stupid* by beginning their presentation with a song. Their desired outcome, to maximize retention of staff, was indicative of the high level of *brutal optimism* pervading their group.

The purpose was to achieve improved patient outcomes and to maintain the quality of life of workers. In this way, they would be accountable to their patients- *celebrating the struggle* along the way.

The Lipkinite's strategies included identifying expectations, finding innovative ways to recognize staff, *discovering the magic* and being *spontaneous*. Specific actions included a performance development plan and a professional development program, *controlling the destinies of others*, and, of course, "*living the code of conduct*"!

Measures of success would include the actual staff vacancy rate and a staff satisfaction survey.

The "Finely Tuned Professionals"

The Finely Tuned Professionals had identified three outcome areas- Improving Medication Safety, Staffing all pharmacist positions, and Ensuring Appropriate Drug Utilization. Since two of these topics had already been covered, the presentations focused on the outcome of ensuring appropriate drug utilization. The purpose was to treat patients appropriately, and to meet societal responsibilities to spend public money wisely.

Strategies for achieving the outcome included establishment of protocols for ratonal drug use and enhancement of pharmaceutical care. Specific actions included hiring a drug utilization pharmacist and developing protocols for specific drugs. Examples of measures were the actual drug costs and percentage of utilization of target drugs meeting predefined criteria.

Group Activity Summary

Participants were complimented on the quality of their presentations, and the "Drugs and Hugs" group was declared the winners in the "best presentation" contest. Each group member was presented with a complimentary copy of Mike Lipkin's CD, "***Luck Favours the Brave.***" (book and CD available at www.mikelipkin.com)

Participants were also provided with a copy of Mike Lipkin's book, "***Your Personal Best***" which provides information on the *Twelve Personal Best Practices to Help you Live at Your Highest Level*:

- Adaptive Navigation
- Visceral Vitality
- Habitual Generosity
- Juiced Personal Vocabulary

- Global Citizenship
- Control of Destiny
- Human Connectivity
- 360° Creativity
- Your Personal Team
- Embrace of Spontaneity
- Passion for Heterarchy
- The Equilibrium Paradox

Workshop Summary

At the conclusion on the workshop, participants were asked to describe one action they would take in the next ten days that they wouldn't have done otherwise. A wide variety of responses were heard including

"I'll talk about fascination instead of frustration"
"I'll write out my values"
"I'll remember to celebrate the struggle"
"I'll try to keep something pending"
"I'll ask my management team to identify their Picasso's".
"I'll watch my language to keep my communication positive".

Mike left us with some parting motivational thoughts:

Your biggest setbacks and challenges often come just before your greatest breakthrough.
Great leaders have vision, are great communicators, and are resilient and decisive.
If you fall down seven times, stand up eight.
All of us should be "promoters in chief"- promoting the right person to the right person.
Put a smile on your face and show that you mean and believe what you are saying.
Selling is transferring your enthusiasm to the other person!

Regret is the worst pain of all- the worst thing to deal with is the pain of knowing you could have done something and didn't.
So remember to keep the main thing the main thing! (and may you stay *Forever Young!*)

Below are some comments from conference participants:

- Mike Lipkin is AMAZING! We were truly interactive
- Mike Lipkin was fantastic- I'm anxious to use the things I've learned
- energizing
- very powerful
- Great! very relevant to our practice and our challenges as leaders
- A world-class speaker

"Trials and Tribulations of Taking on a Leadership Position"
Gaetano Crupi
President and General Manager, Eli Lilly Canada Inc.

Mr. Gaetano Crupi was appointed to the position of President and General Manager of Eli Lilly Canada Inc. in February 1999. Prior to coming to Canada, Mr. Crupi was the Global Product Team Leader for Infectious Diseases and Gastroenterology at the company's head office in Indianapolis, Indiana. Since joining Lilly in 1978, Mr. Crupi has held various international assignments in many countries, including Brazil, Venezuela and the United States. He served as Director of Pharmaceutical Marketing in Venezuela and Director of Pharmaceutical Operations in Brazil.

Mr. Crupi is a member of the Intercontinental Executive Committee reporting to the President of Intercontinental Regional Operations of the global corporation of Eli Lilly and Company. He also leads the Senior Management Team of Eli Lilly Canada.

Mr. Crupi serves on the Board of Directors for Canada's Research-Based Pharmaceutical companies (Rx&D); is a member of the Executive Committee of Rx&D, and was elected Treasurer for the 2003 fiscal year. He serves as Chairman of RX &D's Public Affairs Committee and Chairman of the Pharmaceutical Research and Manufacturers of America (PhRMA) Canada Committee.

Mr. Crupi received a Bachelor of Science in Business Administration. He is fluent in four languages- English, Spanish, Portuguese and Italian.

The presentation began with a review of background information on Lilly. The company has major research and development facilities in nine countries and manufacturing facilities in 78 countries worldwide. Lilly products are available in more than 158 countries, with sales in the year 2002 exceeding US$11 billion worldwide. In 2003, for the fourth consecutive year, Eli Lilly Canada was named a "Best Company to Work for in Canada" by *The Globe and Mail's Report on Business* magazine.

Lilly's mission is to provide customers with "answers that matter" through innovative medicines, information and exceptional customer service, to enable people to live longer healthier and more active lives. This puts a "stake in the ground" of what the company stands for. "Answers that Matter" is founded on service to customers.

The company's strategic intent is to outgrow competitors through a constant stream of innovation. The company will be successful by addressing unmet medical needs- for example by developing "best-in-class" medicines for many therapeutic areas such as severe sepsis and schizophrenia. Lilly will use the right science, and focus on the right areas, to get to the right product.

The company is guided by the values of

- Respect for People
- Integrity
- Excellence

An example of Lilly's commitment to these values is the recently announced program with the World Health Organization and other partners, through which Lilly has donated the technology to produce two drugs for treatment of Multi-Drug Resistant Tuberculosis (capreomycin and cycloserine) to nations where this problem is most prevalent.

Lilly is one of the leading companies for worldwide research and development as a percentage of sales. New products will be costly- but the company must recoup its R&D investments in order to continue the discovery of new products that will satisfy unmet needs.

Leadership versus Management

Quoting John Kotter of the Harvard Business School, Mr. Crupi noted that management is about coping with complexity, while leadership is about coping with change. Leadership complements management, but does not replace it. Mr. Crupi likened this to a rubber band: managers stretch to become leaders, and leaders stretch to become managers (but neither should be stretched all the time!)

Similarly, setting a direction is not the same as planning or even long term planning. Planning is a management process, deductive in nature, and designed to produce orderly results. Setting a direction is more intuitive.

On Motivating versus Controlling and Problem Solving

Systems and structure help normal people complete routine jobs successfully. Motivation and inspiration energize people, not by pushing them in the right direction as control mechanisms, but by satisfying basic human needs for achievement, a sense of belonging, recognition, self esteem, sense of control and ability to live up to one's ideals.

The organization's vision should be articulated in a manner that stresses the values of the audience they are addressing. Leaders regularly involve people in deciding how to

achieve the organization's vision. This gives people a sense of control.

Be flexible, and listen. Some mistakes are rubber balls and bounce back, but some mistakes are crystal balls and not worth the risk.

On Developing Leaders

Recruiting people with leadership potential is a first step. It is also important to manage career paths. Leaders will have had opportunities during their 20's and 30's to try to lead, to take a risk, and to learn from both triumphs and failures.

Visionary Leaders

Members of management at Lilly stretch themselves to be visionary. Vision is a powerful commodity that creates energy, increases ownership, provides focus and reduces trauma. Leaders with a vision will "Feel it, see it, own it and communicate it".

The "Hows" of Leadership Behaviors

Good leaders will

- Model the values
- Create external forces
- Set Direction with Strategic Thinking
- Implement with integrity, energy and speed
- Get results through people
- Check results and exercise accountability
- Harvest learning and share ideas

The "how" is as important as "what."

Management Dilemmas

Mr. Crupi discussed dilemmas that are faced by those who chose to take on leadership and management roles. These include the expectations that leaders can:

- Think strategically and invest in the future but keep the numbers up;
- Be entrepreneurial and take risks but don't cost the business anything by failure;
- Continue to do everything even better, and spend more time communicating with employees serving on teams or launching new products;
- Be passionately dedicated to visions and fanatically committed to carrying them out, but be flexible, responsive and able to change direction quickly; and,
- Succeed, succeed, succeed…. and raise terrific children.

Mr. Crupi noted that he considers work/life balance to be the most important leadership challenge.

Annual Topic of Current Interest
2001-2002 Annual Report Hospital Pharmacy in Canada Survey

<u>Medication Incidents</u>
Janet Harding and Patricia Lefebvre

*Ms. Patricia Lefebvre has been Pharmacist-in-chief at the McGill University Health
Centre since 2000. She was a member of the Committee Francoeur , the Provincial
Ministerial Committee mandated to review the status on preventable incidents in Health
Care in Québec. She is a member of the "groupe national d'aide à la gestion
des risques et à la qualité" reporting to the Ministry of Health in
Québec.*

*Janet Harding has been a Pharmacy Manager in the Saskatoon Health Region since
1984 and is currently Acting Director of Pharmacy in the Region. She represents the
Canadian Healthcare Association on the Canadian Coalition on Medication Incident
Reporting and Prevention, and was a member of the Regulatory/Legal Issues Working
Group of the National Steering Committee on Patient Safety.*

*Both Ms. Lefebvre and Ms. Harding are members of the Editorial Board of the Annual
Report, Hospital Pharmacy in Canada Survey.*

Patricia Lefebvre introduced the topic of current interest for the 2001/2002 survey,
medication incidents. The survey focused on two general areas- medication incident
reporting and review systems, and actual medication incident reduction strategies.

The Caldwell reference "Medication Safety and Cost Recovery- a four-step approach for
Executive" was used as a framework:

- Establish a multidisciplinary safety committee
- Adopt a safety culture- encourage reporting and disclosure of incidents
- Implement "Best Practices" and measure outcomes: medication incident reduction
  strategies
- Inform health care professionals and patients of the outcomes of your medication
  safety initiatives

The results of key areas of the survey were briefly reviewed. Ninety two percent of
respondents reported an incident reporting system was in place, 88% of respondents with
a reporting system had a written policy and 76% had clear definition of an error. Only
50% of Quebec respondents reported a clear definition of an error.

There was room for improvement in reporting of near misses, since only 21% of
respondents with a reporting system reported prescribing errors detected in Pharmacy
before the medication is dispensed and only 27% reported medication errors detected in
Pharmacy during the final check. However, 96% reported errors detected in the patient
care areas before the medication is administered.

Eight percent of hospitals with reporting system reported medication incident data to provincial groups, and 6% to other organizations (ISMP). It was noted that with the new Bill 113 in the province of Quebec, there will be an obligation to report errors to the Board of Directors and to the provincial registry, and mandatory disclosure to patients and family for incidents categorized as "accidents".

In 29% of hospitals reporting a medication incident reporting system the report is part of the permanent health record. Surprisingly, 44% of respondents with a medication incident reporting system did not know whether the individual incident reports could be subpoenaed for legal proceedings. Similarly, 77% did not know whether a review undertaken by a committee could be subpoenaed.

Highlights from the topic "Adopt a Safety Culture" included:

- The name of the person involved in the incident is on the form in 40% of hospitals with an incident reporting system
- Medication incidents are reported and openly discussed by staff without fear of reprisal by 72% of respondents with a reporting system.
- Thirty three percent of respondents with reporting systems indicated medication incident reports can be used during performance appraisals
- Eighty five percent of respondents with a reporting system reported disclosure to patients and families, but only 18% of respondents indicated incidents were disclosed most of the time
- Twenty-one percent of respondents reported having specific positions dedicated to monitor medication incidents, but pharmacist FTE's reported in these positions ranged from only 0.05 to 0.1

Janet Harding discussed the results of the section of the survey dealing with Medication Incident Reduction Strategies.

One of the most concerning results pertained to the availability of concentrated potassium chloride on nursing units. Only 8 % of respondents reported that concentrated potassium chloride is not available on the nursing units, 31% reported it was available on 10% or less of nursing units and 54% on more than 10% of nursing units. In view of the well-recognized risks of having this product available, these finding are disconcerting. However, it was noted that anecdotal reports suggest these figures have probably changed significantly in the year since the survey results were collected.

A designated list of dangerous abbreviations was reported by only 23% of respondents. Orders for chemotherapy included the total drug dose as well as the mg/kg or mg/m2 dose by 76% of adult hospitals and 79% of pediatric hospitals that reported preparing chemotherapy. Only 46% of hospitals reported the use of a single standard infusion concentration for insulin in at least 90% of the cases. Patient allergy status was known prior to dispensing most of the time by 59% of the hospitals reporting but only some of the time by 34%.

Computerized physician order entry was reported as operational in only nine facilities, and an additional 17 indicated an approved plan to implement was in place. The use of bar coding in the medication administration system was reported by 11% of respondents, but no respondents reporting using bar coding at the critical point of administration.

In closing, it was noted the goals for undertaking the survey of this special interest topic were to provoke further review of medication use systems in Canadian hospitals, and to decrease the probability that a patient or health care worker would be harmed by a medication incident.

A PowerPoint file with slides for this presentation is available at
http://www.lillyhospitalsurvey.ca   -> Events -> Articles
and the full text and tables outlining the results of the survey are available at
www.lillyhospitalsurvey.ca -> Reports

Taking a Leadership Approach to Patient Safety
Dr. Peter Norton

Dr. Peter Norton, M.D, CCFP, FCFP is the Head of the Department of Family Medicine at the University of Calgary and holds the rank of Professor at the University.

Dr. Norton has been involved with the quality activities at the College of Physicians and Surgeons of Alberta. He presents and teaches on quality improvement, patient safety and adverse medical events across Canada. He is active in the Calgary Health Region quality initiatives and is helping to design a patient safety program there.

Dr. Norton has an active interest in primary care research with particular emphasis on physician decision making, quality of care, diabetes, patient and family satisfaction with institutional care, and primary care health services research.

The presentation began with a summary of research from several countries, revealing a high incidence of adverse events in healthcare. An adverse event was defined as an unintended injury that causes disability, death or prolonged health care stay, and that is caused by health care management.

Up to now, there have been no comprehensive studies of the occurrence of adverse events in Canadian hospitals. The Canadian Adverse Events Study, funded by the Canadian Institute for Health Information (CIHI) and the Canadian Institutes for Health Research (CIHR) was initiated in June 2002, with results expected early in 2004. The study will use a chart review method similar to that used in previous studies to identify adverse events and assess whether the events might be preventable. The study will provide information on the rate and type of adverse events in acute care in Canada.

The 1997 JAMA study by Bates, which examined the incidence and distribution of medication adverse events at two Boston teaching hospitals, was reviewed. This study identified 247 adverse drug events (ADEs) and 194 potential ADEs for the 4031 admissions reviewed, with 28% of the adverse drug events classified as preventable. Errors were most common in the ordering and administration stages of the medication process.

A study recently published by Forster in the Annals of Internal Medicine also demonstrated that patients are at risk of adverse events after discharge, with 19% of patients experiencing adverse events post discharge, of which 66% were adverse drug events.

There is also some Canadian data, including a study by Wantzel and colleagues reported in 2000 in the Canadian Journal of Surgery, of patients admitted to the general surgery service at the Wellesley Hospital. The study showed that 39% of 192 patients suffered a total of 144 complications, of which 18% were potentially attributable to error. Also, a review of CIHI data from Ontario from 1992-1997 (Hunter and Bains, CMAJ 1999) showed complication rates of 3.3%-5% of hospital admissions.

Key steps in making healthcare safer include recognition that improving safety is a priority, improving reporting of near misses, creating a culture of safety, and providing leadership for safety initiatives.

The methodology and results of a drug audit conducted in Calgary was reviewed. The review applied the WHO definition of an ADE, and utilized the Institute for Health Improvement tool for measurement of ADEs. The study was conducted in three adult acute care hospitals in the Calgary Health Region. Only ADEs that caused harm to the patient were counted (NCC-MERP categories E-I). Of 240 charts reviewed, 79 ADEs were found in 65 patients. More medications and greater length of stay were associated with an increased risk of ADE. The region has now established a medication safety committee, hired a medication safety pharmacist and initiated several projects designed to enhance medication safety.

In considering the reasons that errors occur, both system and human factors were cited, including complexity of health care processes and work environments, limited knowledge, poor application of knowledge, fatigue, and suboptimal teamwork. Poor communication (including indecipherable handwriting) and lack of consistency in the ordering and administration process are other examples.

The concept of Borderline Tolerated Conditions of Use, as developed by Rene Amalberti of the Institute of Aerospace Medicine of the French Department of Defense, was reviewed. These conditions could be described as "illegal normal" real life standards that lie outside the expected safe field of use. They are driven by a combination of system performance improvement and individual benefits. They may be implicitly or explicitly tolerated by the proximal hierarchy. As these conditions drift into "a very unsafe space" accidents are more likely to occur.

One of the most common error types is that of omission. A simple FMEA (Failure Mode and Effect Analysis) for errors of omission, based on the work of James Reason[1], was reviewed. Task characteristics most likely to afford omissions are termed "affordances". Examples include isolation (steps that are functionally isolated and not cued) or hidden (the item to be acted upon is not conspicuous). Using a photocopying job as an initial example, and the process of preparing baby formula for an interactive exercise, the group was guided through a process of deconstructing an activity into discreet steps, and assessing each step for the likelihood of omissions based on a chart of affordances. Steps that are identified as having two or more affordances are candidates for introduction of a reminder into the process. Examples of reminders (lists, diaries, alarms, associations) and criteria for good reminders (conspicuous, contiguous, context, content, count) were provided.

A brief discussion of clinical Microsystems provided further insight into safety issues. Clinical microsystems are the building blocks of larger organizations and of the system. The quality, value and safety of a large health system can be no better than the services generated by the small systems of which it is composed. This concept goes beyond the concept of health care team, since it includes the population of patients are part of the same system of providers, and also includes information and information technology. Microsystems are non-linear complex adaptive systems which evolve over time, and are often embedded in larger organizations. Success characteristics of microsystems, based on a study of high-performing sites[2] were discussed, and an assessment tool provided. Success characteristics included leadership, culture, macro-organizational support, patient focus, staff focus, interdependence of care team, information and information technology, process improvement and performance patterns.

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[1] Reason, J. Combating omission errors through task analysis and good reminders. Qual Saf Health Care 2002; 11:40-44.
[2] Nelson EC et al Microsystems in Health Care: Part 1 Learning from high-performing front-line clinical units. Jt. Comm J Qual improve 28:472-493,2002.

In concluding the day, Editorial Board Executive Editor Ron McKerrow expressed his thanks to Dr. Norton not only for his excellent talk but also for his ongoing work in the area of medical error. The tools provided will allow attendees to look closely within their own organizations to assess the probability of errors.