Managing Risk

Preparation for the QPS scheme

Risk in the QPS scheme

- On the day of the review, 80% of all registered pharmacy professionals working at the pharmacy have satisfactorily completed the CPPE Risk Management training
- Actively identifies and manages the risks at premises level associated with specified look-alike sound-alike errors (LASA)
- Has an example of a risk review that the pharmacy team at the premises have drawn up for a risk in that pharmacy
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- The pharmacy uploads any LASA incident reports to the NRLS

Aims

- Overview of the CPPE Risk Management workbook
- Key points for the CPPE Risk Management assessment
- Start a patient safety report and create an action plan to complete it
- Develop a hazard assessment to meet the requirements of the QPS scheme

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CPPE guide to risk management

- What can go wrong in pharmacy practice? *(Hazards and risk)*
- How do you learn from things that go wrong? *(Reporting)*
- How do you assess risk? *(Prioritising risk)*
- How do you manage risk? *(Risk management strategies)*

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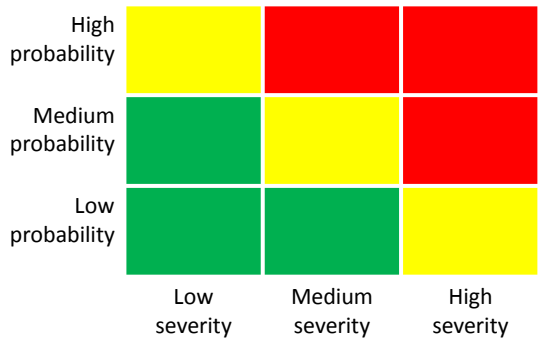
Understanding risk

- Hazard – a source of harm
  - Physical
  - Chemical
  - Biological
  - Ergonomic / psychosocial
- Risk

Risk = probability x severity

Quantifying risk



Risk review

Date risk identified	Description of Risk	Impact (Severity) Scale 1-5*	Likelihood (Probability) Scale 1-3*	Risk Rating†	Actions required	Person resp. (initials)	Date actions to be completed by	Date of next review
7/02/19	ACT goes on maternity leave	4	3	High	• Train another dispenser to become a PharmTech then ACT • Train all HCAs to 1/ put away stock 2/ become dispensers	LS	Jan /'21 Apr/'19 Sept/'19	Sept 19

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Risk review

Date risk identified	Description of Risk	Impact (Severity) Scale 1-5*	Likelihood (Probability) Scale 1-3*	Risk Rating†	Actions required	Person resp. (initials)	Date actions to be completed by	Date of next review
7/02/19	Drug names that look alike – sound alike (LASA) can lead to dispensing errors and harm to patients	4	2	High	• Staff briefing for all dispensing staff • Reminder card in checking area • Red warning shelf stickers whether these products are stored	LS	22/02/19	Aug 19

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NPSA leves of harm

- No-harm – impact prevented
- No-harm – impact not prevented
- Low
- Moderate
- Severe
- Death

Incidents not involving patients

- Accident
- Incident
  - Near miss
  - Undesired circumstance
- Dangerous occurrence

Reporting work related incidents

- Death
- Specific injuries
- > 7 day incapacitation
- > 3 day incapacitation (recorded not reported)
- Accidents to non workers requiring treatment at hospital

The importance of reporting

- Learning
- Pooling information

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Human behaviour model & mistakes

- Knowledge based — Applying wrong process based on lack of knowledge
- Rule based — Applying wrong process based on poor assumption
- Skill based — Slips – running on automatic
  Lapses – distraction

  Violations – deliberate deviations

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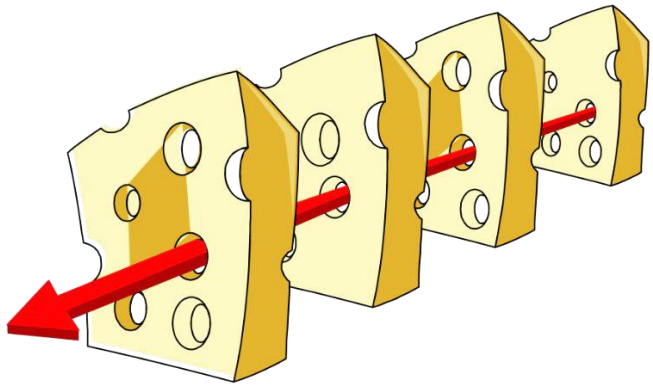
Swiss cheese model



Active failure
Slips/lapses

Latent failure
Weaknesses in system

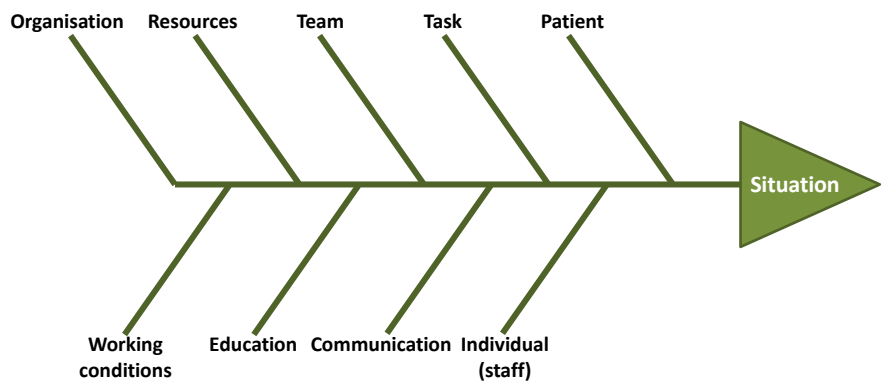
Safety culture

- Review
- Near miss reporting
- Confidence in ability to challenge
- Recognising system involvement
- Team responsibility
- Learning culture (no blame?)

Root cause analysis

1. Setting objective
2. Gather information
3. Identify differences from common practice
4. Analyse
5. Generate solutions
6. Record and share

Fishbone diagram



Significant events audit

- What happened and issues arising
- What went well, less well and what you could do differently next time
- What have you learnt from the event

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Managing risk

- Mitigate
- Avoid
- Transfer
- Accept

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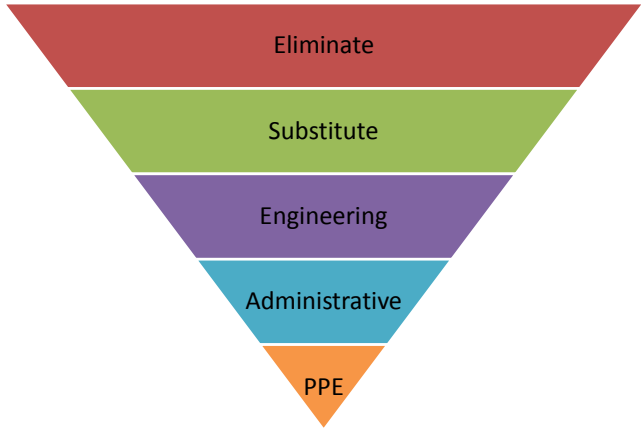
Hierarchy of effectiveness of control measures



Manchester Patient Safety Assessment Framework

- **Pathological** – 'why do we need to waste our time on safety issues?'
- **Reactive** – 'we take patient safety seriously and do something when we have an incident.'
- **Bureaucratic** – 'we have systems in place to manage patient safety.'
- **Proactive** – 'we are always on the alert/thinking about patient safety issues that might emerge.'
- **Generative** – 'managing patient safety is an integral part of everything we do.'

CPPE assessment

- Print the guide and read it
- Have the guide available during the assessment
- 10 questions
- 45 minutes (expected completion in 20 minutes)
- Pass mark 80%

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Patient safety report

Pharmacy name (and branch number, if applicable)		Month and year	
Report completed by (name)		Date of report	
Pharmacy team members who participated in preparing this report (initials)			

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Patient safety report

Monthly summary of patient safety incidents and activity in the pharmacy (enter numbers in the table below)

Month	Prescribing interventions	Near misses	Near misses involving high-risk LASA* (if known)	Dispensing incidents	Dispensing incidents involving high-risk LASA* (if known)	Drug recalls	Other patient safety activity†

* 'Look-Alike, Sound-Alike' (LASA) medicines classified as high-risk are: propranolol & prednisolone, amlodipine & amitriptyline, carbamazepine & carbimazole, azathioprine & azithromycin, atenolol & allopurinol.

† Including national patient safety alerts actioned

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Patient safety report

Provide an example of a key patient safety improvement that has occurred within your pharmacy during the month.

What was the key learning point and how was it identified?	What actions have been taken at the pharmacy as a result?	How has patient safety improved as a result?
We have noticed more near misses/errors occurring on a Tuesday afternoon. We are understaffed on Tuesday afternoons since one of the dispensers left	We improved our planning to make sure that repeat prescriptions are all completed before 1pm on a Tuesday, reducing pressure in the dispensary on Tuesday afternoons.	We will be assessing the frequency of dispensing errors on different days over the next few months.

How have you shared what you have learned both within your team and externally?

Discussed at team meeting
New plans and targets on dispensary notice board

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Patient safety report

What actions have been taken at the pharmacy to minimise the risks associated with high-risk LASA* medicines?
E.g. Physical separation, shelving labels, enhanced checking, PMR prompts etc.

Red warning labels on shelves for each drug with LASA concerns
PMR prompts for each drug with LASA concerns

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Patient safety report

What actions have been taken at the pharmacy regarding relevant national patient safety alerts and drug recalls?

9th January 2019	MHRA medical device alert – FreeStyle Libre flash glucose sensor (Abbott) – Use of barrier methods to reduce skin reactions to the sensor adhesive	
24th January 2019	Class 2 MHRA Medicines Recall: Irbesartan 150mg and 300mg tablets (Macleods Pharma UK Limited)	
3rd January 2019	Class 2 MHRA Medicines Recall: Irbesartan / Hydrochlorothiazide (Actavis Group PTC EHF)	

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Patient safety report

How have the patient safety priorities that were agreed in the last month's patient safety report been acted upon?

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Patient safety report

What will be the team's patient safety priorities for the next month?

Priority 1:

Priority 2:

Priority 3:

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Review

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