Developing a Safety Management System for Primary Care Medicines Management

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Primary care has been seen as a relatively low-risk environment compared to secondary care – however...

- Estimated 25% of patients experience adverse events – 11% of which are preventable
- Estimated 7% of hospital admissions are due to drug-related problems – 59% of which are preventable

- In England alone – c. 900,000,000 prescription items processed each year in primary care
- Dealing with medication safety issues in this sector will lead to benefits for the entire healthcare system
An “open system” view (1)

Required safety level

+

Discrepancy between current and required level

+  

Engagement in safe practice

-  

Current safety level

+
An “open system” view (1)

Required safety level

+  →

Discrepancy between current and required level

+  ←  -

Engagement in safe practice

Current safety level

+
An “open system” view (2)

Other organisational goals, e.g. productivity

+ → Shortfall in achievement of goals
- ↓

Fulfilment of goals

+ → Commitment to safety
- →

Commitment to other organisational goals

Required safety level

+ ↓ Discrepancy
- →

Current safety level

Engagement in safe practice

+ →
An “open system” view (3)

- Other organisational goals, e.g. productivity
  - Shortfall in achievement of goals
    - Fulfilment of goals
      - Commitment to safety
        - Commitment to other organisational goals
          - Error- and violation-producing factors

- Required safety level
  - Discrepancy
    - Current safety level
      - Engagement in safe practice
• Relationships involving the pharmacist
  "I had a boss who I could have killed because he did make mistakes but he refused to admit it"

• Demands on the pharmacist
  "When you're working fast you're just leaping around, grabbing things off the shelf, and unless things have been put in the correct place it's so easy [to make a mistake]"

• Management and governance
  "There's no point in being proactive [with] a management [...] which is [...] reactive and disciplinary, because that defeats the point of you being proactive in the first place"
Pharmacy types

• The “disenfranchising” pharmacy: staff have little control
  “Having told the manager that it was dangerous working in the pharmacy at the staff levels we had, I was told ‘yes, dangerous for our bonuses’”

• The “challenging” pharmacy: high demand on staff
  “Patient safety always has to be at the forefront and with increasing workload […] I think [it] can be compromised.”

• The “perilous” pharmacy: makes errors and fails to learn
  “Staffing [has] been reduced to unacceptable [levels]. […] [Incident] reporting is scant simply because the workload does not allow for it.”

• The “safety-focused” pharmacy: maintains conditions for safe working
  “[In my new pharmacy I] do a much larger volume of prescriptions but the difference is [having more] support.”
The SMS concept

- “Safety management system”: A systematic approach to the control of safety risks throughout an organisation (*NB – not a complex adaptive system*)

- Some key elements
  - Setting and reviewing safety standards
  - Identifying potential hazards
  - Promoting safe working
  - Monitoring safety performance
  - Ensuring continual improvement

- Could this concept be applied to primary care medicines management?
The SMS concept

• Systems theory
  • System: a collection of people and artefacts with a common purpose (e.g. an organisation)
  • Properties of the system emerge from the interactions within it
  • Safety is one such property
• SMS controls the interactions within a system with respect to safety outcomes
The SMS concept
The SMS concept

- Key questions/challenges to be addressed:
  • Which approaches and methods should form part of a SMS intervention;
  • How to build commitment towards the intervention within primary healthcare organisations;
  • How to assess the organisations’ readiness for the intervention;
  • How to evaluate the effects of the intervention


Thanks for your attention.
Questions/comments?

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