

Quality Management System – an Introduction

Parisa Mirbod Senior Quality Specialist Pharmacist
Anthony Sinclair (Prof.) Director of Pharmacy



Conflict of interest

Nothing to disclose



Quality Management System (QMS)

- What it isn't !
- My own QMS journey -Industry
- EasyJet
- Translation into Healthcare



Quality Management System

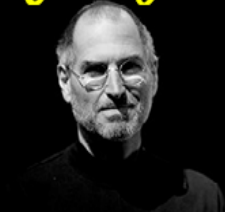
A system by which aims to reduce and eventually eliminate non-conformance to specifications and standards in the most cost effective and efficient manner.



Quality Standards – a lost Cause?!

- Does a cycle of Quality Standards followed by inspections really work ?
- People generally want to do a good job!
- Inspection or Inspiration ?

THE ONLY WAY TO
DO GREAT WORK
IS TO LOVE
WHAT YOU DO
Steve Jobs



A Quality Management Strategy?

How do we go about improving the performance of what we do (Competencies)?

- We issue guidelines, standards and regulations – we tell people what to do.
- We have one core idea – we tell people that they ought to do 'x' and then punish (or reward) them if they don't comply.
- What we really want is for 'x' to be the 'norm'... **a system**

Why Do Doctors Fail?

Dr Atul Gawande: The Future of Medicine

Episode 1 of 4

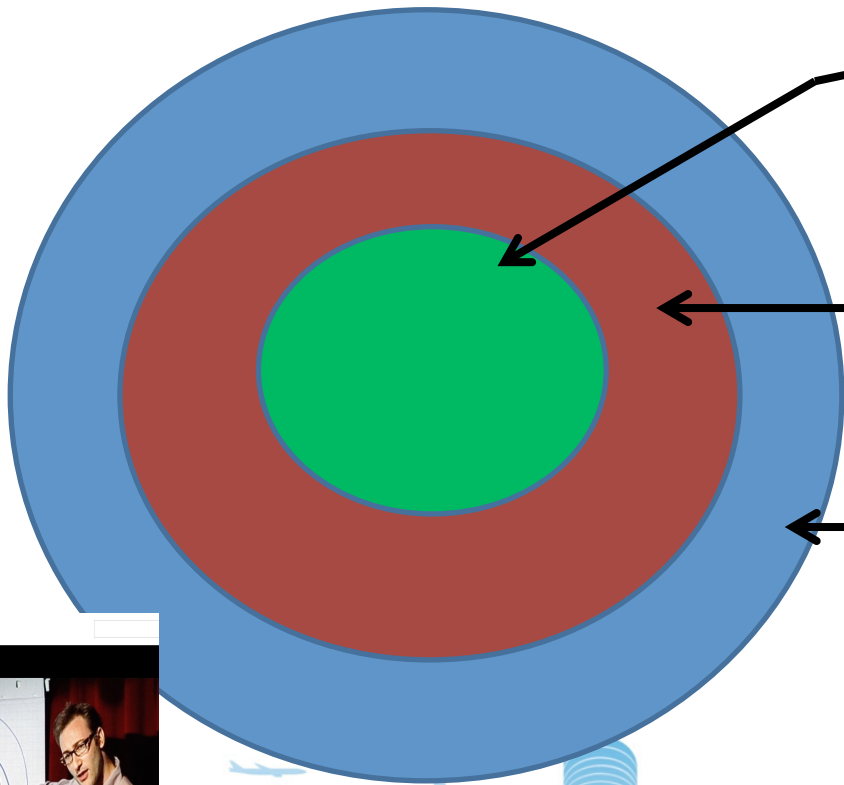
THE CHECKLIST MANIFESTO
HOW TO GET THINGS RIGHT

let's make it better

Changing Culture – The Message



Inspiration...



Why?

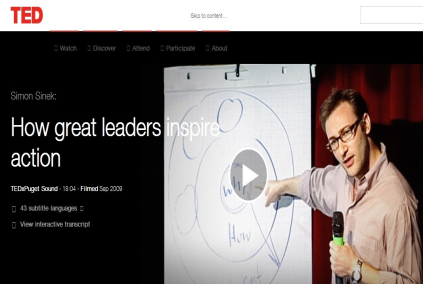
Why do you do what you do
what you do? What's the
purpose?

How?

How do you do what you
do?

What?

What do you do?



Changing Culture- Managing Change



Six Rules for Managing Change

Change DRIVE CHANGE
 INSTALL CHANGE
 EVANGELISE CHANGE
 NURTURE CHANGE

attend to systems & people

maintain a dynamic system in balance

CONGRUENCE
enables empathy

YOUR NEEDS
OTHERS' NEEDS
NEEDS OF CONTEXT

HONOR
WHAT IS VALUABLE ABOUT THE PAST
WHAT IS WORKING

people don't resist change. They resist coercion

OBSERVE
CURRENT SYSTEM & SITUATION
ASSESS WHAT'S POSSIBLE
forces of equilibrium
look for patterns

ASCERTAIN
WHO IS TRUSTED
WHO PEOPLE LOOK TO FOR ADVICE
don't rely on HIERARCHIES
Weave them into your network

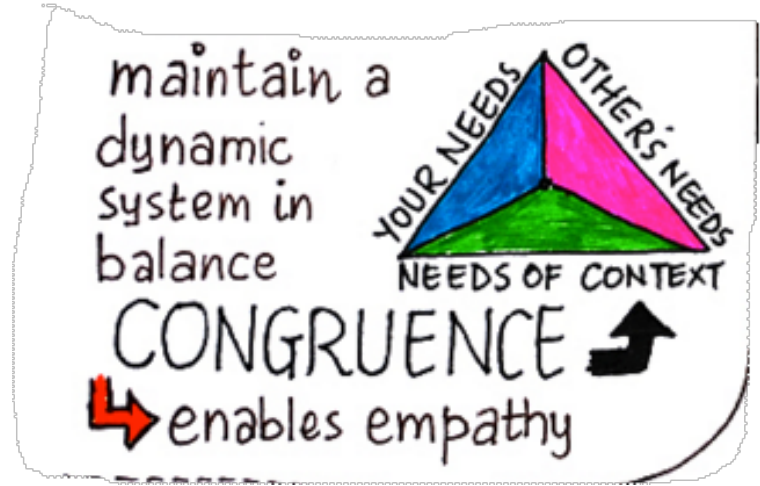
GUIDE THE CHANGE
BALANCE GLOBAL PRINCIPLES WITH LOCAL NEEDS
work by **iterate** successive approximations
ADJUST AS YOU GO! >>>

DESIGN
EXPERIMENTS IN COLLABORATION WITH PEOPLE
INVOLVED IN CHANGE
small changes
MEASURE > EVALUATE > ADJUST

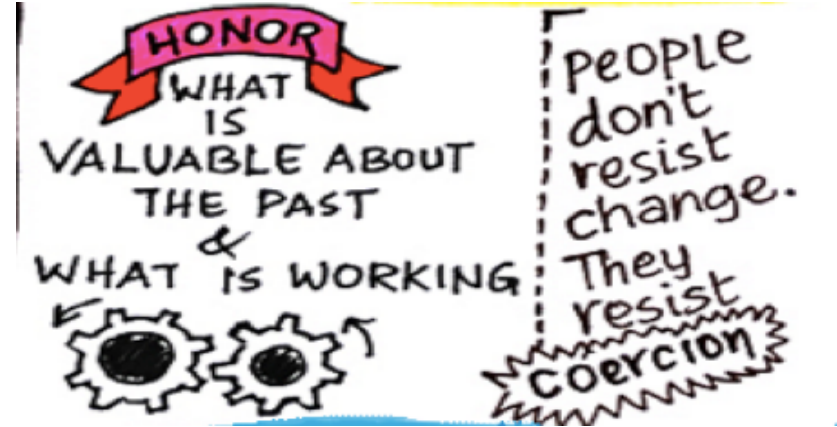
tanmay vora @Aspire.com @tnVora



Step 1. Congruence



Step 2. Honour what is working about the past and what is working now.



Step 3. Assess the current situation and system

OBSERVE
CURRENT SYSTEM & SITUATION
ASSESS WHAT'S POSSIBLE
forces of equilibrium
look for patterns



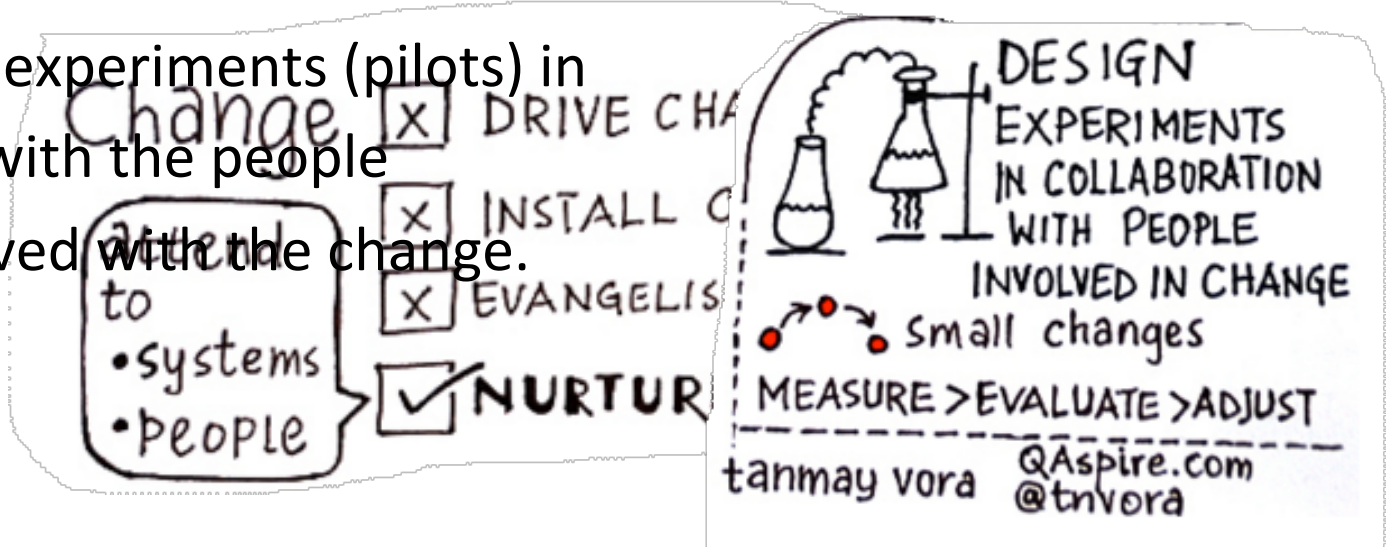
Step 4. Ascertain who is trusted and who people turn to for advice, and weave them into your network.



Step 5. Guide the change. Consider where global principles apply, and what can evolve locally.



Step 6. Design experiments (pilots) in collaboration with the people who are involved with the change.



In Practice

- Local standards and regulations
- Your culture and context
- Some examples



The Work Portfolio

 Individual development

Builds professional confidence

 Management tool

Performance management



| | |
|--------------------------|------------|
| NAME: | A Christie |
| MONTH: | September |
| LINE MANAGER/ MENTOR: | B Franklin |
| YEAR: | 2016 |

| PRINCIPLE RESPONSIBILITIES | | | | | |
|----------------------------|-----------|--|---|--|---|
| RANK | % OF TIME | DESCRIPTION | TASKS | LINKED COMPETENCIES | TRAINING / EXPERIENCE |
| 1 | 20% | <ul style="list-style-type: none"> General Pharmacy Services On-Call Extended hours | <ul style="list-style-type: none"> Clinical Screening Patient Counselling Medicines Information | Patient and Pharmaceutical care <ul style="list-style-type: none"> Need for the medicine Provision of Medicine Selection of Medicine | <ul style="list-style-type: none"> Pre-registration year Junior Rotation |
| 2 | 70% | <ul style="list-style-type: none"> Ward based services | <ul style="list-style-type: none"> Ward Based Clinical Pharmacy Multi-disciplinary team meetings | <ul style="list-style-type: none"> Communication Skills Team Work Education & Training Gathering Information Knowledge | <ul style="list-style-type: none"> Clinical Diploma Team working Mentoring Continuing Education |
| 3 | 10% | <ul style="list-style-type: none"> Education & Research | <ul style="list-style-type: none"> Protocol development Evaluation of papers Medical Information Audit Posters | Research and Evaluation <ul style="list-style-type: none"> Identifies gaps in evidence base Can interpret research protocols Actively participates in research | <ul style="list-style-type: none"> Undertakes Audit Authors Poster Participates in continuing education |



| | | | | | |
|---|--|--|--|--|--|
| 4 | | | | | |
| 5 | | | | | |

| TARGET | OUTCOME | COMMENT |
|--------------------------------|-------------------------------|-------------------------------------|
| Medicines reconciliations - 50 | Medicines reconciliations- 46 | Two <u>days</u> annual leave |
| Write Poster | Part completed | Had to do extra dispensary sessions |
| | | |
| | | |
| | | |

WHAT WENT WELL -NOTABLE ACHIEVEMENTS?

- Had opportunity to spend time on PICU
- Poster accepted at conference

WHAT WOULD I DO BETTER NEXT TIME?

- Difficult interaction with colleague



Systems Development- changing practice

- Traditional approach-incremental improvements
- Professional - *independent practitioners*
- Too busy to spend time on change and innovation
- Difficult to introduce innovation - Check lists in the
NHS



Systems Development- I.V. Pharmacy Technician Project

- Chose an area with known process and safety issues (I.V. administration)
- Re considered approach – at point of need
- How do other high risk industries work –Airline industry
- Nurse engagement
- Allocated 3 Pharmacy technicians
- Available for 304 hours over 76 days (April-July 2015)



Systems Development- (What we did)

- Observed current IV medicine rounds
 - Got comfortable with each other!
- Competency gaps evaluation
- Nurse trainer (30 hours training)
- Professional standards → forced a rethink of our approach



Systems Development- Outcomes

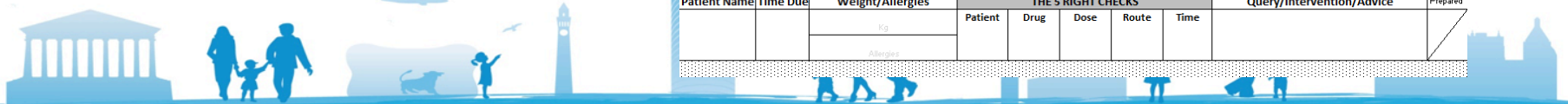
- 📍 Protocol driven approach
 - 📍 Treatment room and complex calculation timing
- 📍 Checklist/ calculation prompt
- 📍 Assisted in preparation and (45% ; n=1123)
- 📍 Review
 - 📍 Collected data
 - 📍 Asked for Opinions
 - 📍 Degree of engagement
- 📍 Outcomes → errors reduce

| Drug | Recon | Dose Volume Calculation | | | | Dilution Final Calculation | | | Diluent | Pump Rate Calculation | | | Bolus | |
|--------------|------------------|-------------------------|------------------------|----------------------|---------------------------|----------------------------|------------------------|-------------------|-------------------------|---------------------------|-------------------------|--------------------------|------------------|------|
| | NaCl 0.9% or H2O | Prescribed Dose (mg) | Medicine Strength (mg) | Medicine Volume (ml) | Required Dose Volume (ml) | Prescribed Dose (mg) | Required Strength (mg) | Final Volume (ml) | NaCl 0.9% or Glucose 5% | 60 min | Required Time (minutes) | Drug & Flush Volume (ml) | Pump Rate | Miss |
| | mis | | | | | | | | mis | | | | | |
| Patient Name | Time Due | Weight/Allergies | | | THE 5 RIGHT CHECKS | | | | | Query/Intervention/Advice | | | Checked/Prepared | |
| | | Kg | | | Patient | Drug | Dose | Route | Time | | | | | |
| | | Allergies | | | | | | | | | | | | |

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Ward 15



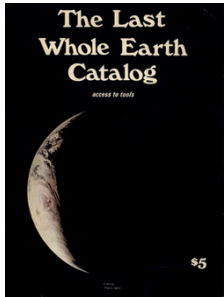
Quality Standards a lost cause? – **No not at all!**

- Implementation
 - Significance of our management culture
 - Importance of the Message
 - Manage Change to improve chances of acceptance
- Quality Management System – useful strategy
- Timing – the right opportunity or catalyst?



"Stay Hungry. Stay Foolish."

Steve Jobs
1955-2011



Thank you for listening

Questions ?

