

THE DUTY TO SPEAK UP AND GETTING CLOSER TO ZERO HARM

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GOALS

- 1. Discuss the Barriers to Pharmacy Professionals "Speaking Up" (Survey Data)**
- 2. Outline The Missing Link: Overcoming Barriers and Empowering Staff to "Speak Up"**
- 3. Discuss Just Culture and Long-Term Sustainment**

DUTY TO SPEAK UP

Reinforces the importance of identifying risks from all perspectives regardless of job title or tenure to detect and correct weaknesses.

Build upon “Respect for People”



MULTIPLE ERRORS & OPPORTUNITIES TO “CROSS CHECK”



DUTY TO SPEAK UP SURVEY N=47

- 1. Have you ever been in a work situation where you knew the right answer, but didn't speak up?**
- 2. Where you wanted to speak-up to voice your point of view; but didn't?**
- 3. Where you could see something was wrong; but didn't speak up?**

DUTY TO SPEAK UP SURVEY N=47

- 1. Appearance of challenging authority: You may have been taught never question authority which led you to believe it is always good practice to agree with the boss.**
- 2. Fear of looking stupid: You may have felt nervous if you didn't have all of the right information.**
- 3. Fear of retaliation: You may have been fearful of retaliation due to a lack of trust of your peers/supervisors.**

DUTY TO SPEAK UP SURVEY N=47

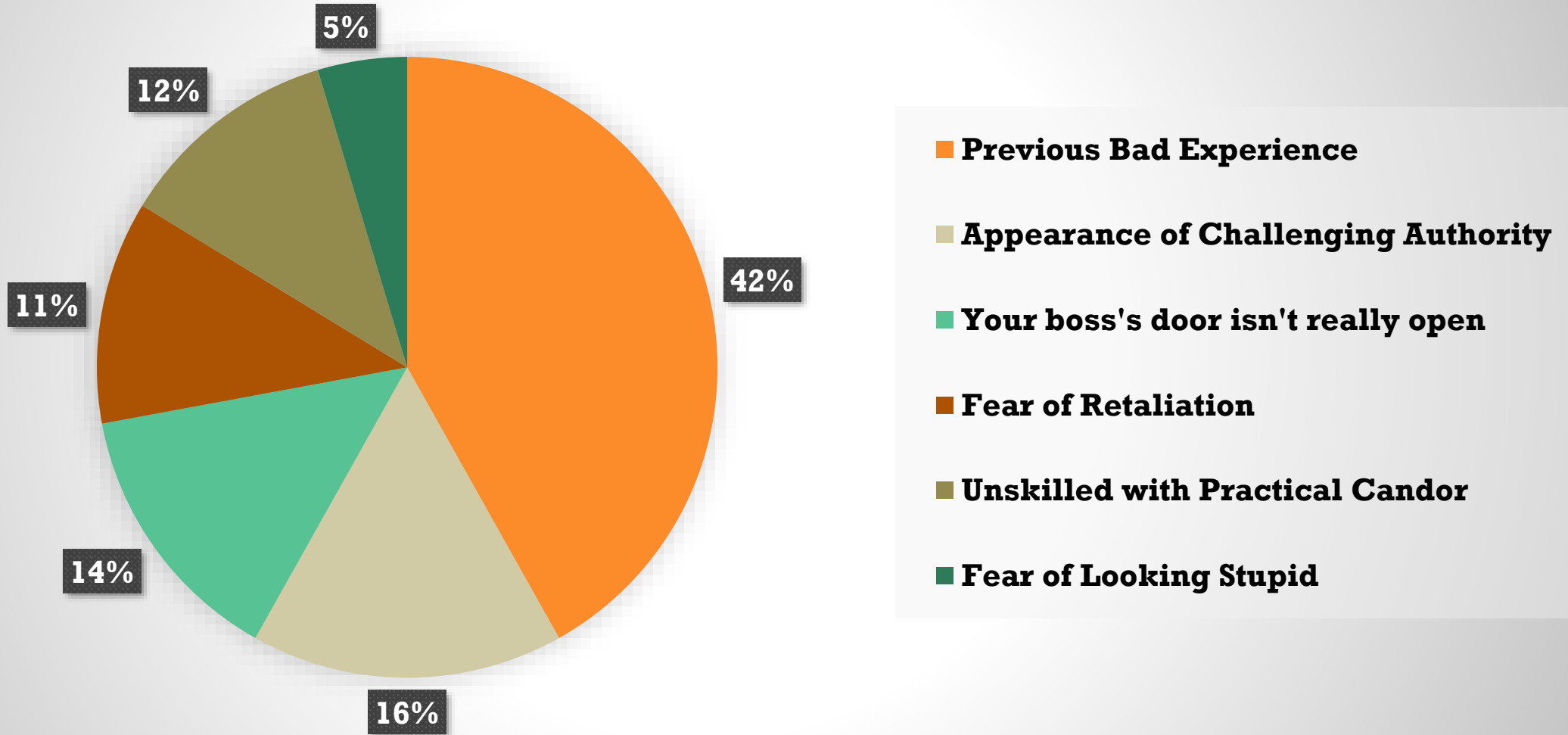
4. Previous bad experience where a supervisor or someone else in authority took your feedback but never acted on it.

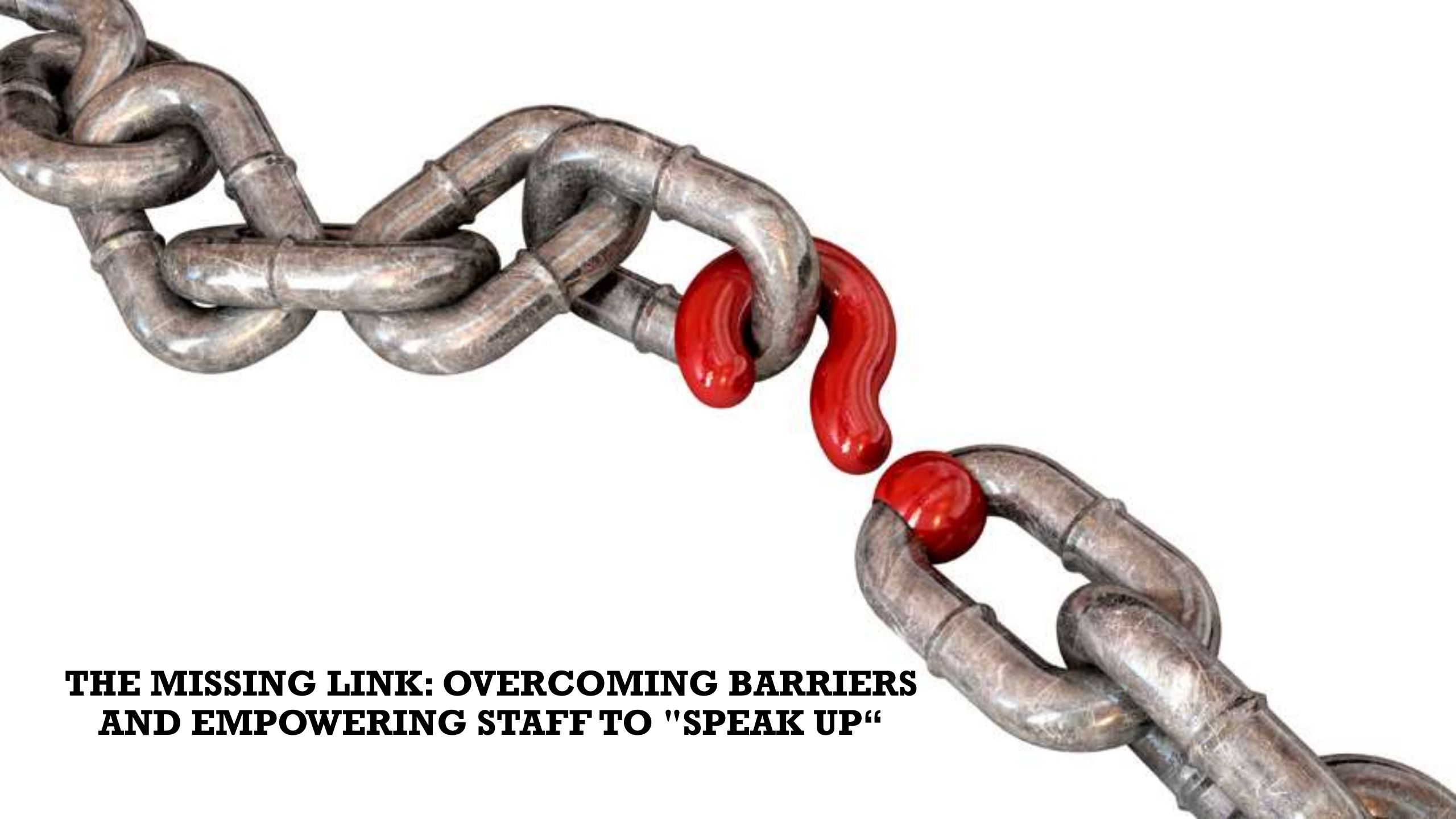
5. Unskilled with practical candor: You may be unfamiliar/untrained with the practice of giving feedback.

6. Your boss's door isn't really open: Your boss invites feedback but is not available to take it.

DUTY TO SPEAK UP SURVEY N=47

Barriers to Speaking Up





**THE MISSING LINK: OVERCOMING BARRIERS
AND EMPOWERING STAFF TO "SPEAK UP"**

EMPLOYEE ORIENTATION

The image shows a 'NEW HIRE INFORMATION' form on a wooden desk. A blue and gold fountain pen is resting on the form. The form is titled 'NEW HIRE INFORMATION' in large, bold, black letters. Below the title, there is a section labeled 'Personal Information' with several fields for data entry. The fields are arranged in a grid-like structure with labels and lines for text.

Personal Information	
Name (Last)	(First)
Address (Mailing Address)	(City)
Address	(State)
	(Zip)
	(Middle Initial)
	Home Telephone
	Other Telephone



Code of Ethics for Pharmacy Technicians

Pharmacy Technicians are healthcare professionals who assist pharmacists in providing the best possible care for patients.

Principles

A pharmacy technician's first consideration is to ensure the health and safety of the patient.

A pharmacy technician supports and promotes honesty and integrity in the profession, which includes a duty to observe the law, maintain the highest moral and ethical conduct at all times and uphold the ethical principles of the profession.

A pharmacy technician respects and values the abilities of pharmacists, colleagues and other healthcare professionals.

**Daily Safety Huddle's
Communicates the
urgency of resolving
safety issues and
identifies potential
unsafe conditions.**



The team to plan for the unexpected.

Allow team members' needs and expectations to be met.

Creates a safe place for new employees



HIGH RELIABILITY ORGANIZATIONS

“Operate under very trying conditions all the time and yet manage to have fewer than their fair share of accidents.”



HRO – PRINCIPLES

Preoccupation with Failure

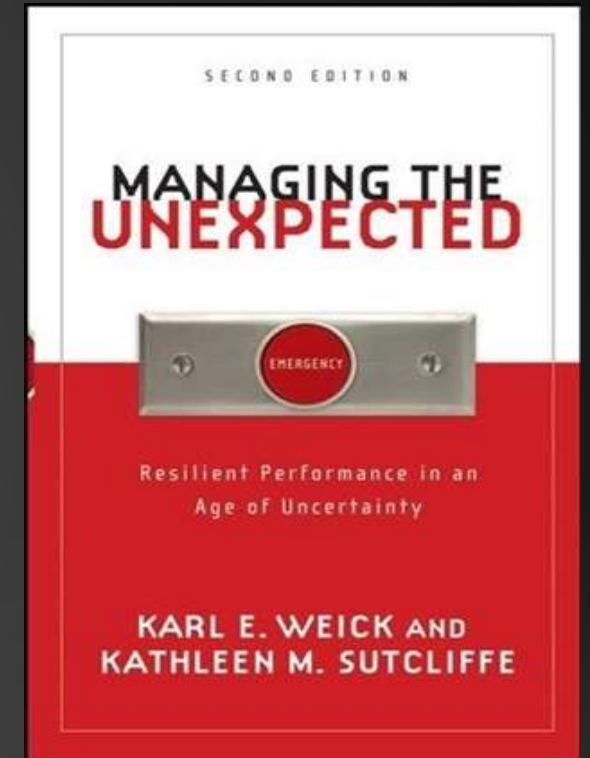
- Anticipate challenges to prevent or mitigate effects
- Learn from experiences

Sensitivity to Operations

- Monitor and understand current work processes

Reluctance to Simplify Interpretation

- Try not to accept first answer whether outcome is good or bad.



HRO – PRINCIPLES

Commitment to Resilience

- **The initial response and continued focus after a safety event**

Deference to Expertise

- **Allow decisions to be made by the subject matter experts, no matter position or authority level.**

Leadership Engagement

- **Create and maintain a culture where staff feel empowered to speak up.**



reporting

Trust

Motivation
& Promotion

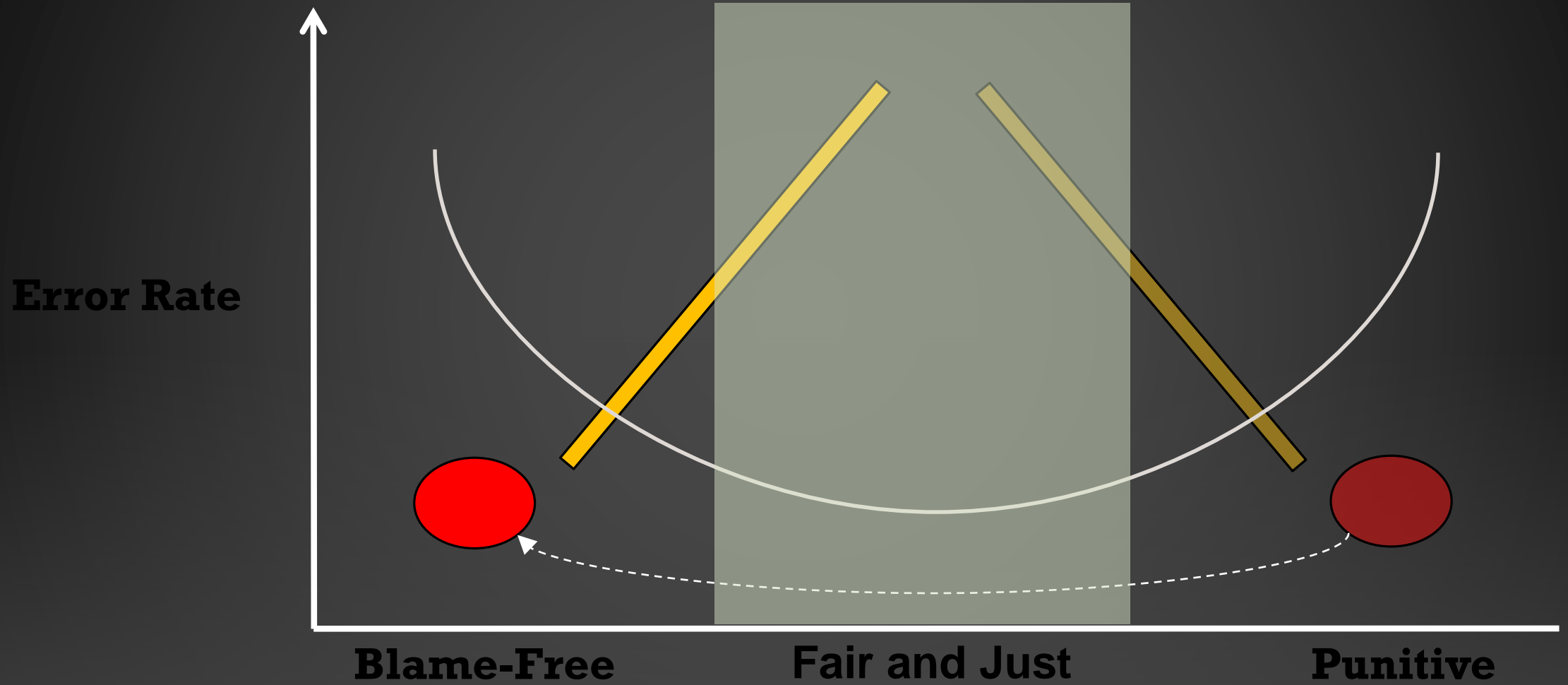
Feed Back

Acknowledgement

JUST CULTURE

STOP JUDGING & BLAMING AND START LOOKING AT CONTEXT

FAIR AND JUST CULTURE



HUMAN ERROR TYPES IN GEMS*

- **Skill-based performance**
 - **Autopilot, ordinary, routine (Slips and Lapses)**
- **Rule-based performance**
 - **Apply rules “if a, then b”**
- **Knowledge-based performance**
 - **Problem solving in new, unaccustomed situations**
 - **New Process, Procedure or Equipment**

Unintentional Error: During mid-morning rush pharmacy technician miss-counts maintenance refill for one patient.

At-Risk Behavior: Pharmacy Technician dispenses wrong medication to patient because they didn't verify full name and DOB

Reckless Behavior: Pharmacy technician has been caught multiple times on their phone while at work. The potential risk to the patient and their career has been explained. It leads to a dispensing error and significant patient harm.

HRO – SAFETY CULTURE

SAFETY I

- As few things as possible go wrong.
- Reactive, respond when something happens, or is categorized as an unacceptable risk.
- Accidents are caused by failures and malfunctions. The purpose of an investigation is to identify causes and contributory factors.
- Humans are predominantly seen as a liability or a hazard.
- Harmful, should be prevented as far as possible.

SAFETY II

- As many things as possible go right.
- Proactive, continuously trying to anticipate developments and events.
- Things basically happen in the same way, regardless of the outcome. The purpose of an investigation is to understand how things usually go right as a basis for explaining how things occasionally go wrong
- Humans are seen as a resource necessary for system flexibility and resilience.
- Inevitable but also useful. Should be monitored and managed.

FOCUSING ON THE POSITIVE

**5:1 FEEDBACK
IMPROVES
MEDICAL CARE**

5:1



HRO – COMMUNICATION

Team Communication (Clinic, Department and Organization)

- **Situation assessment/scanning/monitoring**
- **Shared mental model**
- **Cross-checking and confirming information**
- **Team communication (briefs, huddles, debriefs, handoffs)**
- **Mutual support**
- **Conflict management**
- **Feedback**

Thank you for your time today and for keeping our patients safe.

- **We Want Your Thoughts...**
- **What did you like about the session today?**
- **What could have made this session better?**
- **What will you do differently tomorrow based on what you learned today?**
- **Please complete and submit your evaluation form prior to leaving.**