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Around the System

# Mercy Improves Medication Event Reporting

PROMOTING A CULTURE IN WHICH REPORTING MEDICATION EVENTS IS SEEN AS AN OPPORTUNITY TO IMPROVE SYSTEMS, NOT PUNISH PEOPLE

**I**t's human nature: Admitting a mistake is difficult to do. And when it's thought that the admission may result in the loss of a job and even a career, the desire to do what's right may be outweighed by a stronger sense of self-preservation. This dilemma is particularly sensitive in health care, where mistakes may well make a difference in a patient's outcome. As a result, giving people the courage and confidence to report errors is critical.

In January 2001, the Sisters of Mercy Health System (Mercy) formed a multidisciplinary task force to support facility efforts in developing strategies to prevent medication errors, the most common way that mistakes occur in the health care setting. The underlying motivation of the task force was to enhance clinical quality through focus on the fundamentals of Mercy's strategic direction — people, service and capital.

One of the initial objectives of the task force was to develop guidelines that promote reporting medication errors. As a first step, the task force began using the term "medication events" to remove the stigma associated with the word "error." The group then addressed the methods that are used to report medication events, starting with how to remove the fear of reporting medication events by focusing on systems rather than individuals.

"We know that no one is perfect, so the processes involved in ordering, preparing and administering medications have to include effective methods for checking accuracy at each step along the way," said Mark Johnson, M.D., chairperson of the task force and vice president, medical affairs, at Mercy Health Center, Oklahoma City. "If a medication event occurs, that means we

need to do a better job of supporting our staff by improving our systems."

### Surveying the current reporting culture

A major undertaking of the task force was developing a survey to determine the existing culture for reporting medication events in each Mercy region. Distributed in September 2001 to more than 2,700 medical staff members and co-workers in nursing, pharmacy and respiratory, the survey garnered a 38 percent response rate.

"This was an excellent return, and it provided us with a good overview of co-workers' perceptions, understanding and concerns regarding medication event reporting," explained Sue Sinclair, RN, LCSW, CCM, task force member and director, quality management, at Mercy's corporate office. "In conjunction with the other research done by the task force, the survey results were critical in developing the five recommendations involving medication event reporting."

Full survey results and recommendations are available on Mercy's Intranet ([www.inside.smhs.com](http://www.inside.smhs.com)) under the Projects and Departments section, Quality Management. A summary of the recommendations follows.

**Recommendation 1:** Co-workers should be able to clearly identify what constitutes a reportable medication event.

When reviewing the practices already in place across Mercy, the task force found that no clear, consistent definition of a medication event existed.

"For example, some facilities only reported events actually affecting patient care and not the 'near misses' caught somewhere along the line," said Jim Johnson, PharmD, a member of the task force and pharmacy director at St. Mary's

Hospital, Rogers, Arkansas. "The problem is, not reporting the 'near misses' may be masking a fault in the system that will continue and may eventually result in harm to a patient."

This situation led the task force to adopt the following definition: A medication event is any event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to profes-

*"Implying fault or personal failing in any way is what inhibits medication event reporting, which in turn inhibits our ability to identify opportunities to improve the way things are done."*

sional practice, health care products, procedures and systems, including prescribing; order communication; product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.

"Guidelines supporting this recommendation further define an event, such as excluding unpreventable adverse drug reactions or setting a one-hour time frame before a medication may be considered as given late," said Johnson. "The importance is that every Mercy facility now defines a medication event the same way, which will enable us to better monitor our local systems and facilitate comparisons throughout Mercy."

**Recommendation 2:** Medication events typically are not treated as personal failures of individuals, but as opportunities to improve the system.

"While developing the definition of a medication

*continued on next page*



## International Job Fair Brings 19 New Co-workers to St. John's Mercy

**F**or Najiba Sabir, her new job in the St. John's Mercy Medical Center cafeteria is the first step in completing a dream that began in Afghanistan. Sabir, who moved to St. Louis from Pakistan less than a year ago, had been training to be a doctor in Afghanistan until the Taliban outlawed education for women in 1996. She moved to Pakistan for several years, and eventually decided to start a new life in the United States.

Sabir, who speaks limited English, was one of 19 co-workers hired during a St. John's Mercy job fair held at the International Institute in St. Louis. The job fair, which was a joint effort of St. John's Mercy Neighborhood Ministry and the International Institute, offered opportunities to recent refugees who speak limited English. The

fair was such a success that St. John's Mercy filled all of its open positions in the housekeeping and nutrition and culinary services departments in only one day.

"Recruiters from St. John's Human Resources Department interviewed 23 people at the job fair," said Sharon Neumeister, director of St. John's Mercy Neighborhood Ministry. "Since then, we were able to bring in two more of the interviewees as referrals. They were all very qualified and just needed someone to give them an opportunity. Fortunately, we had several managers at the Medical Center who were willing to step up and accept the challenge of hiring co-workers who speak limited English."

Of the new co-workers, 12 are from Bosnia, four are from Afghanistan, two are from Africa and one is from Iran. Tim Knipe, director of nutrition and culinary services, employs six of the recruits and said that the new co-workers help each other to overcome the language barrier.

"The co-workers who speak a little English serve as interpreters for the others, and they've developed some of their own code words for certain things," said Knipe. "This has been a real win-win situation, and I think it fits well with our mission here at St. John's Mercy. We've provided a job opportunity, and in exchange, we've gained some very dedicated workers who are a pleasure to be around. Plus, we're at full staff levels for the first time in several years, so this arrangement makes great business sense too."

For Sabir and several of the new co-workers, the biggest challenge is transportation. Because most of them do not have cars or driver's licenses St. John's Mercy is partnering with the Institute to provide the new co-workers with transportation for the first three months. After that time, Sabir and the others must find a permanent solution for getting to and from work.

Sabir says she is very happy in her new job, but she already is making plans for a new career at St. John's Mercy.

"I want to go to nursing school and be a nurse," said Sabir. "I want to help people." •

