



FRAMily meeting 13 June 2018

Using FRAM to explore Medication Administration Processes: *FRAM as a Learning Tool*

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Acknowledgements

- Jeanette Hounsgaard
- Erik Hollnagel
- Centre for Quality, Denmark



Context





Context





OPERA Ward and Medication Incidents





**AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE**

TRIM D14-3207

Literature Review: Medication Safety in Australia

**Prof Libby Roughead
Dr Susan Semple
Ms Ellie Rosenfeld**



My Learnings

- 1st FRAM analysed discharge planning processes on OPERA ward.
- 63 instances of variability translated into recommendations (prioritised).
- Commenced implementing recommendations.
- Presented at a variety of local forums.



Method – The Plan

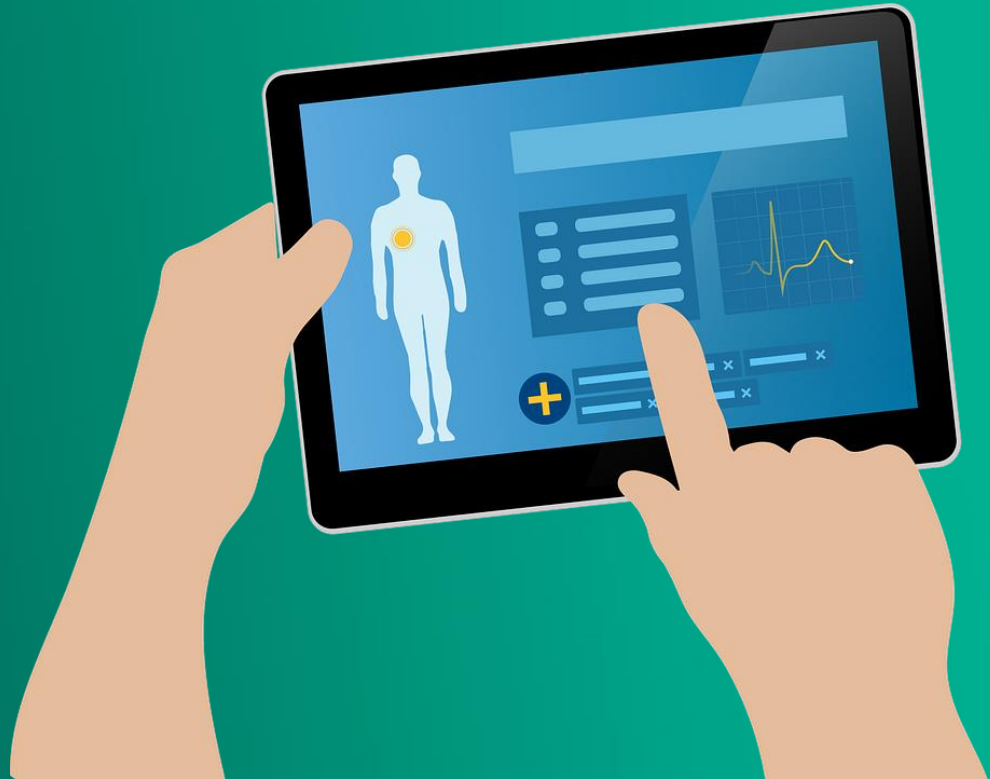
Data collection

- Document review
- Semi-structured interviews
- Focus groups
- Observations of the process



1st Focus Group

- To check the order
- To assess the patient
- To access the drug
- To check the drug
- To prepare the drug
- To administer the drug
- To monitor the patient's response



MARS (medication management, anaesthetics and research support) is coming in late 2019



My Learnings

- Interviewed 7 nursing staff and 1 Pharmacist.
- 2 sets of observations.
- Have requested to do more observations, have specifically asked for a “chatty nursing team”.
- Interviews were rescheduled.
- The nursing staff are going through some changes with the introduction of team nursing.
- Some additional conversations for clarification with Nurse Unit Manager and Nurse Educator.



Where to from here?

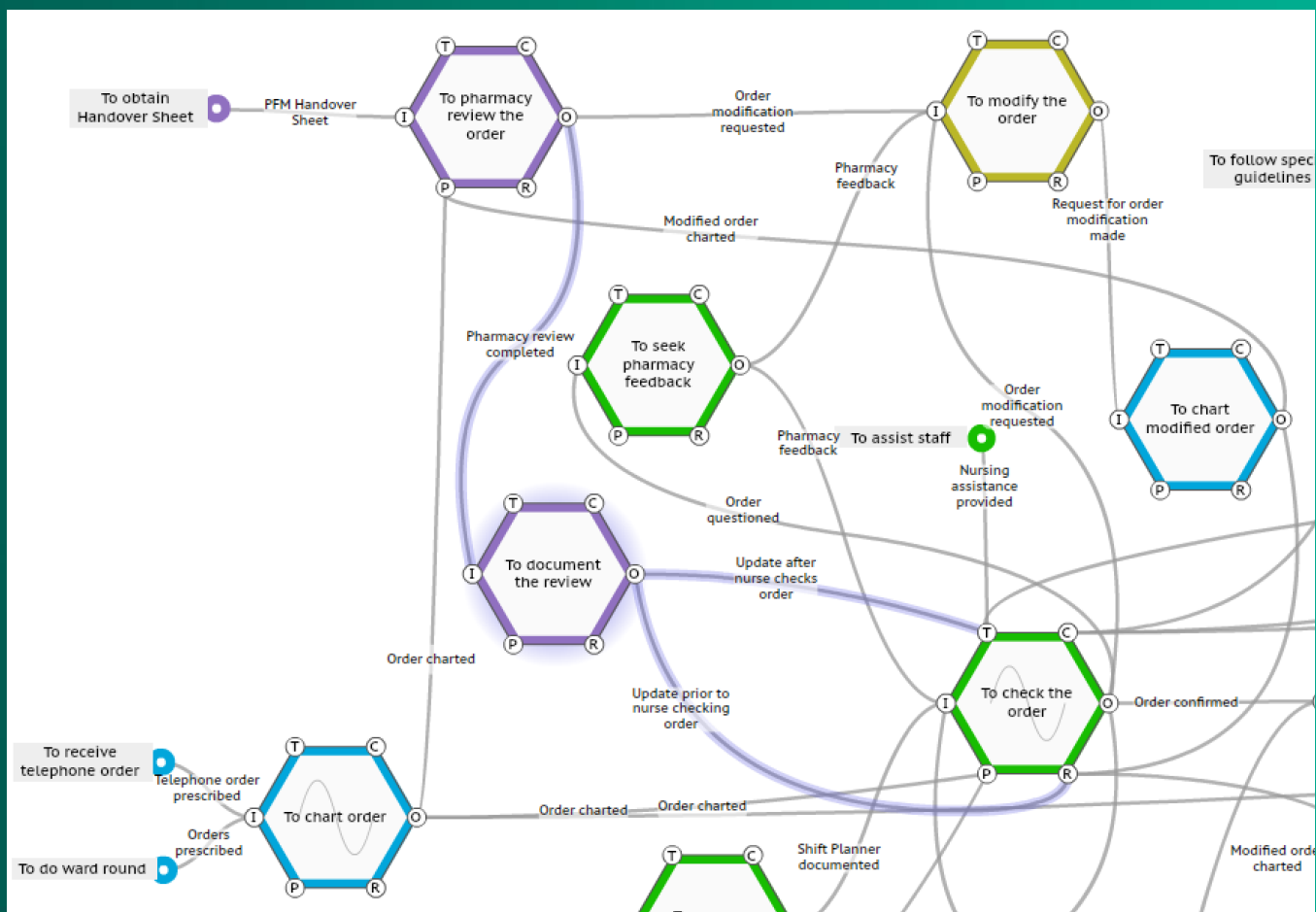
- Finish this FRAM. Model not yet fully described.
- In-services with staff to calibrate the model.
- Expand to include other medication processes.
- Expand to other medical wards (my sphere of influence).
- Continue *nagging* management about doing quality improvement on the floor with and beside staff.



Where to from here?

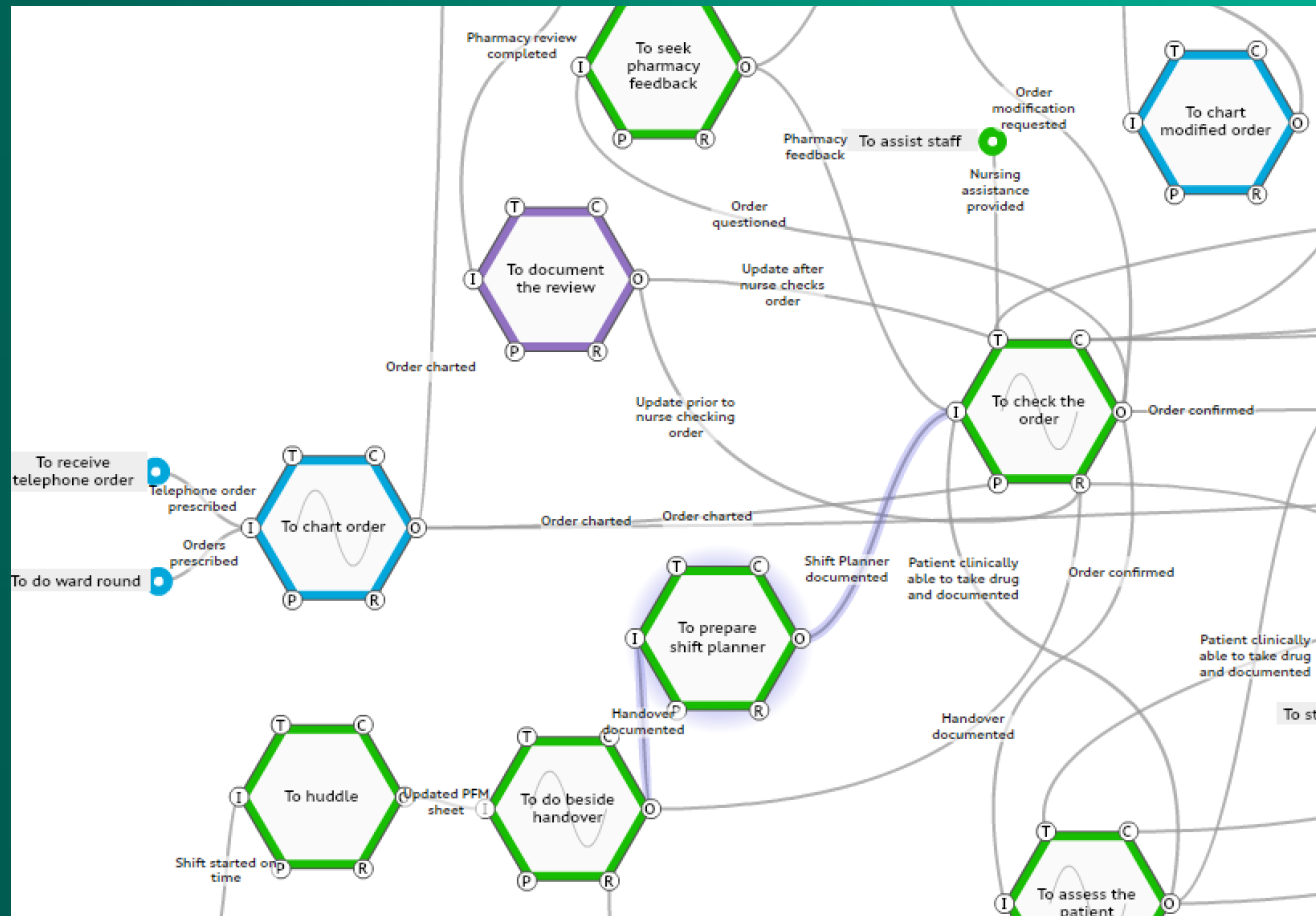
- Get this process '*down pat*' so that I can implement more efficiently.
- Significant change management process yet to occur across health service as Clinical Governance favour traditional safety management – Safety-I.
- Working on improving my language, ie, more Safety-II focussed.

Interesting Findings so far.....



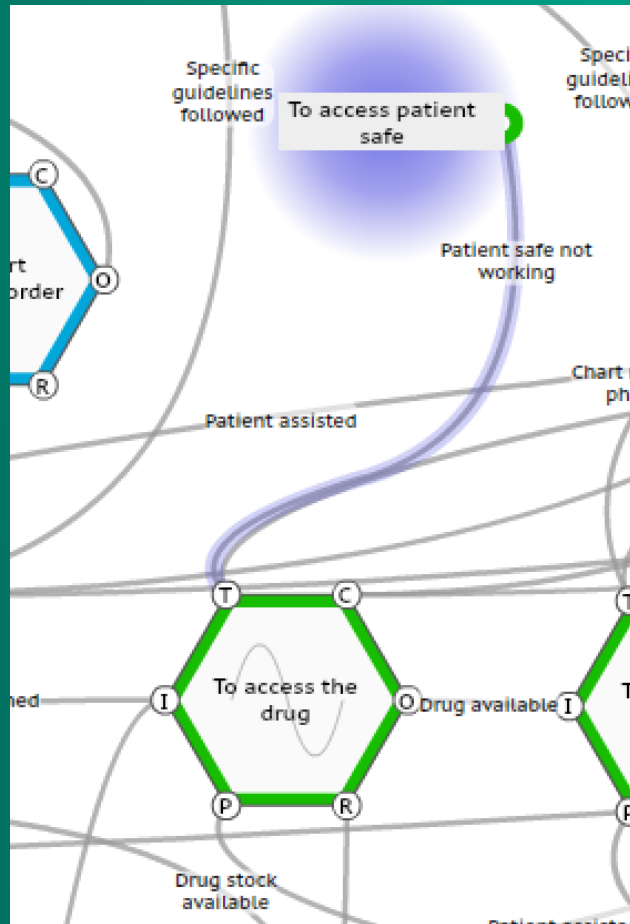


Interesting Findings so far.....





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Thank you

It's great to be here

