

What Pharmacists Can Teach Us About Curing Medical Errors

Medical errors can be viewed as a disease of our healthcare delivery system. Like pathogens that the system is structured to treat, they create dysfunction, often making the cure even worse than the original disorder. Avoidable mistakes made in the process of giving care are inexcusable failures in a system where the first principle is “do no harm.”

Medical errors have been under intense scrutiny for more than a decade. Their cause is well-known, and the cures are now equally clear: Delivery systems must purposefully restructure the way their work is done. They must change caregivers’ behaviors and fill information gaps that created the errors in the first place. (Despite the temptation to say that this is not rocket science, the fundamental processes for eliminating errors *are* rocket science. They were developed by and for NASA, but they have been made readily accessible to health care.)

Why, then, do we still have so many medical errors? Given the skyrocketing sums that health systems are spending to educate managers and caregivers and to install computerized data systems, shouldn’t we see more progress? What more do we need to do?

Ironically, one good place to look for answers is an area that generates a major share of the mistakes: medication management. Lessons learned from studies of pharmaceutical care can be profitably applied to other aspects of healthcare delivery, and financial managers should make sure this knowledge transfer is happening in their organizations. These studies show that money spent on drug treatment, even life-saving drug treatment, can be wasted in the absence of enforced procedures and behaviors that are as important to the desired outcomes as the drugs themselves.

Safe pharmaceutical therapy presupposes an appropriate match between a correct diagnosis and the prescribed drug. Not surprisingly, giving a wrong drug the right way and giving the right drug a wrong way are among the most common medical errors. But the right drug for the wrong diagnosis is also a medical error. To avoid all these pitfalls, healthcare organizations need performance improvement and clinical transformation supported by interactive, intelligent, and networked information systems. And there are plenty of tools available to help them achieve those goals, from Lean, Six Sigma, and Toyota Management Principles to a variety of electronic medical record systems.

Get all those things right, however, and you are still not home free. Drug effectiveness studies clearly identify two additional factors that are essential for error-free pharmaceutical care: compliance and persistence. That is, the right drug therapy will not work if the patient fails to fill the prescription (compliance) and/or fails to take the medication as prescribed (persistence).

Likewise, many health systems know they need to select performance improvement tools and install integrated information systems. A wealth of good information about implementing error reduction and patient safety is available, but few organizations have enforced the levels of compliance and persistence that are needed to eliminate medical errors. For that to happen, financial executives need to help ensure that managers and caregivers are creating the necessary production systems and taking the required actions.

Just as pharmacists have developed specific action plans to get patients to fill their

prescriptions and take their medicine, healthcare organizations need a checklist of imperatives to create and sustain compliance and persistence in these efforts. Indeed, a relatively small but growing number of health systems have made great strides in reducing medical errors by embedding these principles in the corporate culture:^a

- > *Standardization*—Developing clinician-driven processes to eliminate unexplained variations in care across the entire enterprise
- > *Flexibility*—Expecting care processes to evolve with rapid advances in medical science and technology
- > *Creativity*—Empowering change with a constant desire to do things better
- > *Integration*—Coordinating internal operations and arrangements with business partners
- > *Alignment*—Ensuring that all are pursuing the same operational objectives and strategic goals
- > *Sustained commitment*—Providing leadership, especially in tough times during the transition from business-as-usual
- > *Accountability*—Managing with transparent, data-driven processes

Successful organizations have used these principles to go from demonstration projects in a few clinical services to error elimination in everything they do. Financial leaders need to use the power of the purse to do their part in ensuring that the enterprise is doing the right things all the time, as inexpensively as possible. The budget is the “spoonful of sugar” that ultimately makes the medicine go down. ☞

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^a For an extensive review of these critical success factors, see Bauer, J.C., *Paradox and Imperatives in Health Care*, Productivity Press, 2008 (chap. 7).