The DIRTY DOZEN IN HEALTHCARE QUALITY STUDY BOOKLET



KEY2COMPLIANCE Compliance Training Network

The DIRTY DOZEN IN HEALTHCARE OUALITY

STUDY BOOKLET Inspiration and instruction for 12 short training sessions of quality and GMP (Good Manufacturing Practice) which pelps the organization to create and renew its complitment to quality work and

- 9. Lack of assertiveness
- 10. Stress
- 11. Lack of awareness
- 12. Norms

Centerfold: Form for training documentation. Can also be downloaded from our web site (pdf): www.key2compliance.com/en1710.htm



Introduction

This study booklet is meant to be used together with the twelve "The Dirty Dozen in Healthcare Quality" posters. The concept originates from the aerospace industry in Canada where Gordon Dupont developed the model in 1993 when he worked for Transport Canada. The idea of the model was to highlight a number of key factors underlying the so-called "human factor" : there is usually something that causes the human errors we make and one needs to understand them in order to prevent and minimize errors.

We have user the original model but have customized the content and examples to the general principles for quality used in the pharmaceutical on I medical device manufacturing industries. We believe that bounthe posters and this study booklet can be used to recall and discuss are importance of quality and how to reduce the risk of errors. This, in tune courts utes to higher quality, more efficient production, and lower costs for troubleshooting, rejection or rework.

The posters can be placed at appropriate locations in the operation, break rooms, locker rooms, confidered etc. Then use this study booklet for arranging short discussion sessions (20-60 min). It may be appropriate to discuss one topic at a time some topics may be more or less appropriate depending on what work durations the group have, so it is up to the instructor to decide.

Note that the concept is based on understanding and ilentifying the factors underlying our errors. Quality requirements, GoP and your own quality procedures obviously works as built-in safety nets to prevent errors. In connection with these exercises, it is appropriate or discuss the procedures, rules or instructions already in place that are applied in each area.

The form at the back of the booklet can be used as a supplement to your own sign-off lists for the training and provide documented evidence of both the training effort and the preventive quality work.

Good Luck!



Session 1

About communication

Communication [kə, mju:n1 ke1]n]

The exchange of thoughts, messages, or information, as by speech, signals, writing, or behaviour.

Discuss

- How is our communication working? Have we encountered incidents or deviations due to lack of communication?
- Discuss unconditionally and do not be to quick to judge or find scapegoats. The key is to identify areas where it can go wrong.

Write down

The procedures and documents we have describing beyond where we communicate.

To improve

Write down a couple of suggestions on how to improve and refue the risk of misunderstanding and lack of communication!