Editorial

Toot Your Horn

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In the April 2005 issue of P&T, I discussed the work of one of our key committees in assessing the economic impact of drugs—the Pharmacoeconomics and Cost Effectiveness (PEACE) Committee—in the editorial entitled “Give PEACE a Chance.” At this juncture, I would like to take stock and toot our own horn by describing some of the accomplishments of another committee, part of our P&T structure, called the Medication Quality Subcommittee. I would like to review the progress we have made in the last academic year in our attempt to improve the quality of medication delivery at Thomas Jefferson University Hospital.

The Medication Quality Subcommittee is one of a number of vital subcommittees in our overarching P&T structure. I have had the privilege of chairing this committee for many years. It is staffed with senior members of our Department of Pharmacy, and its voting members come from all fields of the academic medical center community.

While meeting monthly, the committee has an active agenda and reports directly to the P&T committee, a major committee of the medical staff. In this regard, I do not think that our committee is unique in its organizational structure, but our activities span many important aspects of medication quality. I will describe our progress in preventing and conducting surveillance of adverse drug events, evaluating and monitoring the use of medications, and overseeing other activities.

ACCOMPLISHMENTS

Decreasing adverse events and improving drug surveillance. Some of our recent achievements have included:

• performing a detailed analysis of errors of omission—our most commonly occurring medical error—and taking appropriate actions to decrease the rate of these errors.
• removing injectable antibiotics from inpatient automated dispensing machines.
• reviewing regular advisories from the Pennsylvania Patient Safety Authority (e.g., addressing the confusion between insulin and tuberculin syringes), then implementing these recommendations for storing and distributing these syringes throughout our hospital.

Medication use evaluation. Our work in medication use evaluation and monitoring is robust. For example, during 2005, we reviewed a project on the institutional cost of treating heparin-induced thrombocytopenia (HIT). We then recommended efforts to encourage the use of enoxaparin sodium injection (Lovenox, Sanofi-Aventis) over heparin in appropriate patients in order to minimize the occurrence of HIT. Thanks in part to our collective efforts, we saw a gratifying and significant reduction in the use of heparin over this past year.

We identified the opportunity to improve the timing of giving prophylactic antibiotics in relation to the time of surgical incision and with duration of prophylactic antibiotic therapy. An interdisciplinary committee, working diligently to narrow the performance gap, then addressed these matters.

We made strides in using medications during the period following coronary artery bypass graft (CABG). This matter was referred to the Cardiology Subcommittee for consideration, and the post-CABG order set was eventually revised.

Finally, we examined the adherence to hospital guidelines for the use and dosing frequency of the beta agonist levalbuterol (Xopenex, Sepracor). We reviewed this issue with pharmacy staff members so that they, in turn, could provide more guidance in assessing orders for this medication.

Other activities. Our other diverse projects included reviewing an order set for migraine headache, monitoring patients’ records to address safety concerns about their care, and ensuring adequate monitoring of chronic migraine therapy for inpatients.

After much debate, review, and research, we approved cutting-edge infusion protocols for nutrition, incorporating alternative medicine.

Recognizing the need to protect our own staff members, we approved a policy to minimize the risk of exposure during the administration of cytotoxic and hazardous oral medications.

Our committee’s other ongoing activities included maintaining vigilance for look-alike and sound-alike medications based on recommendations from the national patient safety goals. We also reviewed and approved the recommendation of a comprehensive failure mode effects analysis of parenteral nutrition.

SUMMARY

It is important to celebrate the gains of our work together and, once in a while, it is even more important to “toot your own horn” about your collective accomplishments in improving the quality of medication administration and safety monitoring. I am incredibly proud of the work of our Medication Quality Subcommittee, and my hat is off to the staff of our pharmacy department and to all of the stakeholders who contribute to our ongoing success.

I am interested in hearing how you structure the overarching work of your P&T committees. I also challenge you, our P&T readers, to toot your horns and tell me about your recent achievements. You can reach me at my e-mail address, david.nash@jefferson.edu.