

# Toot Your Own Horn Two

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In the April 2006 issue of *P&T*, I discussed the work of one of our key committees at Thomas Jefferson University Hospital, namely, the medication quality subcommittee of the P&T committee. As I noted then, I have had the privilege, for many years, of chairing this committee, which is staffed by senior members of our pharmacy department. Members are drawn from throughout our academic medical center.

In the earlier column, I reviewed the many accomplishments of our committee and challenged our readers to communicate with me about their own P&T committee structure and their specific goals and objectives for improving the quality of pharmacological care. I have been very happily surprised by the outpouring of responses regarding the activities of different P&T committees from many health care sectors across the country. I thought it would now be appropriate to revisit the work of our subcommittee and to toot our horn again about our recent accomplishments as well as our future goals.

As I had pointed out, I don't think that our committee is unique in its organizational structure, but our activities do span many important aspects of medication quality. Again, I would be very interested in feedback from our readers about the connection between their organizational commitment to medication improvement and the outcome of our work together.

## ACCOMPLISHMENTS

### Decreasing Adverse Events and Improving Drug Surveillance

Reducing the number of adverse events and enhancing drug surveillance constitute one of the cornerstone activities of our medication quality subcommittee. Here are some of our achievements during the past academic year:

- We recommended that computerized physician order entry (CPOE) be implemented in the emergency department (ED) in order to avoid

medication errors that occurred from the emergency staff's working in both manual and computerized environments.

- We determined that the rate of adverse events involving insulin has been decreased by more than 40% since the nursing department implemented the double-check process.
- We reviewed a root cost analysis of a rarely reported incident involving point-of-care glucose testing and drug use with products containing maltose. The recommendations resulting from this analysis led to a comprehensive review of all FDA and drug manufacturer medication safety alerts for maltose, insulin, and point-of-care glucose testing.
- We recommended comprehensive changes in the care of patients who were already following a methadone maintenance schedule upon their admittance to the hospital.
- We reviewed several "near-miss" related data points from a proprietary syringe pump used throughout the hospital and were able to offer key recommendations to the manufacturer for changes in the design and construction of these pumps.

### Medication Use Evaluation

Our work in drug utilization evaluation (DUE) and monitoring continues to be robust. For example, although we use the proprietary CPOE system known as "LastWord," we continue to make specific recommendations almost monthly with respect to pharmacists' documentation and deletion of certain warnings on drug allergies.

We reviewed high-dose alert override reports from the LastWord system and revised many of these high dose limits to reflect current literature recommendations. Our pharmacy residents have often participated in this decision-making process based on their own research and contributions to the discussion at the P&T table.

We identified the prescribing of ketor-

olac (Toradol, Roche) in elderly patients at higher doses than recommended for one service, and we addressed this matter with those clinicians.

We continued to evaluate the prescribing and monitoring of a new generation of products, including an antithrombin anticoagulant (Argatroban, Glaxo-SmithKline) and lepirudin (Refludan, Aventis). At times, clinical care outpaces available evidence-based practice from the literature.

This process also called for specific recommendations for changes in the LastWord CPOE. Simply put, we worked hard to keep up with the literature and to make our technology reflect the evidence base for our clinical decision making.

Several relatively new products continue to occupy our focus. We assessed the maximization of heart failure regimens before initiating nesiritide (Natorecor, Scios), and we carefully evaluated the drug utilization review (DUR) for the dermatological ointment Xenaderm.

Activities that fell under our set of policy reviews included:

- suggestions for changes in the guidelines for the administration of morphine sulfate (DepoDur, Endo).
- approval of an order sheet to introduce our first rapid-response teams.
- approval of a standardized set of orders for acute coronary syndrome for all practitioners in our busy urban ED.

We continued to update, based on the available literature, our thrombolytic therapy protocol for ischemic stroke for patients initially presenting in the ED.

This year, we made a special effort to constantly evaluate the status of our goals set in the previous year for the work of the committee. We continue to make every effort to provide feedback on medication event reports to frontline nursing and pharmacy staff members. Given the size and scope of our university hospital, this is a constant and important challenge, considering the large number

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of individuals involved throughout the organization.

Like other hospitals, we continue to ensure compliance with national patient safety goals set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Because these goals are constantly updated, we make it a point to keep current and to implement new systems as necessary.

Similarly, the pharmacy staff updates and maintains our CPOE system, Last-Word, monthly. Our subcommittee worked diligently throughout the year with many improvements each month in the CPOE standardization system.

### SHORT-TERM GOALS

For the 2006–2007 academic year, we plan to continue much of the work already mentioned as well as to investigate “hot” new areas. For example, DURs are planned for:

- hypnotic medications in the elderly.
- aminoglycoside levels in the intensive-care nursery.
- acetaminophen use in patients with prescriptions for multiple acetaminophen-containing drugs.
- metformin in patients undergoing radiological studies involving contrast material.

This list is just a sampling of our upcoming projects.

### SUMMARY

I believe that it is essential to celebrate the gains of our work together, and once in a while, it’s important to “toot your own horn” about your collective accomplishments. I remain incredibly proud of the work of our medication quality subcommittee and of all of the individuals who work behind the scenes with our frontline physicians and nurses.

Improving the quality of care is a team sport. I look forward to hearing from our colleagues as to how they structure their work in this critically important arena.

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