EDITORIAL

Annual Evaluation

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It’s that time of year again! Most readers know that I have been a member of the P&T committee at Thomas Jefferson University Hospital for nearly 20 years. I also am chairman of the medication quality subcommittee of the P&T committee. Each year around this time, we take stock of our accomplishments and the challenges that we faced in the previous year. Thanks to Craig Senholzi, Cindy Wordell, and other key members of our university hospital pharmacy department for their input on this editorial.

Generally, our self-evaluation is composed of four components:

- reviewing our adverse drug event (ADE) prevention and surveillance activities
- conducting an overview of medication-use evaluations (MUEs)
- assessing protocols and policies
- ensuring compliance with regulatory requirements

Following are some highlights of each of these areas from our most recent annual review.

Prevention of adverse effects. ADE prevention and surveillance activity is usually a topic at our monthly committee meetings. We review quarterly reports of medication ADEs and adverse drug reactions. In the intervening months, we also review our protocols and procedures to make sure that our ADE reporting is thorough and accessible to all clinicians. This agility and responsiveness enable us to take quick action.

For example, as a result of the well-publicized heparin overdose suffered by the newborn twin children of the actor Dennis Quaid, we quickly double checked that our procedure for the safe use of heparin in children was thoroughly evaluated and tested. We made appropriate recommendations to ensure that a comparable error could not occur in our institutions.

Our diligence also enabled us to review a request from clinicians to use maltose-containing hepatitis B immunoglobulin products. We recommended against this use because of possible interference with point-of-care blood glucose testing results. Some time ago, we had noted poor outcomes because we had been unaware of the interaction between these maltose-containing products and bedside point-of-care blood glucose testing. Upon a more careful review, we realized that most clinicians were also unaware of these drug interactions. Rather than issue a blanket approval, we said that we could not approve the use of these products in view of the potential for dreaded complications.

Medication-use evaluations. Our MUEs, followed by monitoring, are also an essential component of our meetings. A multidisciplinary team, usually consisting of pharmacy students, senior staff members, and a diverse group of clinicians, pays a lot of attention to MUEs. These MUEs enabled us to identify problems of noncompliance with appropriate care protocols, possible complications with the extravasation of certain compounds, and incompatibilities of medications with other compounds.

In short, MUEs provide the base of evidence for our efforts; they highlight the need for standardization and for ongoing public accountability in our work with medications. It was just such an MUE that enabled us to flag patients with extended-spectrum, beta-lactamase-producing (ESBL) bacterial infections. We then expanded our antimicrobial stewardship program to monitor the treatment of patients with ESBL infections.

Analyses of protocols and policies. Our committee, which reviews ongoing protocols and policies, represents the final common pathway for any clinical department wishing to issue a standardized order set and for it to become a part of our computerized prescriber order entry (CPOE) system. A group must be available to take final responsibility for the format of these standard protocols and their content. Our committee provides the platform for this activity.

We revisited many protocols this past year, including patient-controlled analgesia, the order list for the Gift of Life Donor Program, and the policy for administering insulin and cosyntropin by intravenous push. The protocol review, which is not always the most stimulating activity for committee members, represented a cornerstone of our agenda for ensuring safety and quality.

Compliance with regulations. Our committee’s fourth goal is to ensure conformity with regulations. We performed our annual review of look-alike, sound-alike drugs, a list that seems to inexplicably expand every year. We also revised the discharge instruction sheets for various anticoagulants to guarantee compliance with critical national patient safety goals.

I am very proud of the work of our medication quality subcommittee; each month when I reveal our findings to the larger P&T committee, I think about the staff’s critical work involved in producing our reports. I am very grateful to the dedicated and hard-working individuals in our pharmacy department and to all of the faculty, trainees, and students who dutifully attend each month and engage in our task of self-evaluation and quality and safety improvement. Admittedly, our meetings sometimes create more heat than light, but I believe we are doing important work that saves lives and improves our performance. Few would volunteer for a rigorous self-evaluation, but doing so is central to professionalism.

As always, I’m interested in your views. My e-mail address is david.nash@jefferson.edu. Please visit my blog at http://nashhealthpolicy.blogspot.com.