EDITORIAL

Target Quality
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Each month, Thomas J. Lewis, President and Chief Executive Officer at Thomas Jefferson University Hospital, distributes a pithy two-page newsletter, entitled Target Quality. An issue published last May focused on the work of our pharmacy department. In his message, Mr. Lewis wrote: “Our most important strategic objective is the safe and efficient distribution of medication to our patients.”

I couldn’t agree more—short, sweet, and to the point. The newsletter is an effective tool for communicating with the troops on the front lines. I’d like to summarize three outstanding programs highlighted in that issue.

1. The anticoagulation program. Jefferson Hospital’s pharmacy-based anticoagulation program was put into place nearly two years ago. As most readers of P&T know, anticoagulation administration is an ongoing challenge in nearly all hospitals, long-term-care facilities, physicians’ offices, and elsewhere. Our program is designed to support orthopedic surgery patients who have undergone hip or knee procedures and who require an anticoagulant agent. We educate patients about anticoagulation while they are in the hospital; order and monitor laboratory values; adjust doses of warfarin (Coumadin, Bristol-Myers Squibb) daily; observe patients for signs and symptoms of bleeding and clots; and provide detailed instructions upon discharge home.

Anticoagulation management is available for six weeks after surgical patients go home. Approximately 1,300 patients were fortunate to have been in the program since its inception in April 2010. Pharmacy coordination of outpatient follow-up, which ensures that prescriptions are provided to patients after discharge and which serves as a basis for collaborating with case managers, is critical for improving the quality and safety of anticoagulation administration. It is also valuable practice for the future, when our hospital might be receiving a Diagnosis-Related Group (DRG)–based bundled payment. (I plan to expand on this in a future column.)

2. The service line approach. The second program mentioned in Target Quality is the move to our service line approach. Although this strategy is not unique to Jefferson Hospital, one example has caught my attention. Like many academic medical centers, we have had decentralized pharmacies in place for some time. The pharmacies are in the process of being reconfigured. Previously, one pharmacy might have served the nurseries, pediatrics and psychiatry units, and several adult-care units; however, this plan is not consistent with a service line approach.

With the reconfigured plan, the pharmacy and a team of specialized patient-care pharmacists would serve the intensive-care nursery, pediatrics, and maternity areas. The main focus and expertise would be in neonatology and pediatrics patients—high-risk populations for whom medication errors have the potential to cause harm at a higher rate than for adults. The new strategy involves a sophisticated team of professionals with expertise in a particular area. I anticipate that many other decentralized pharmacies will now be more closely aligned with service line activity in the near future.

3. Technology that enhances patient safety. Although I’ve covered aspects of this important topic previously, our hospital is at the forefront of linking technology to medication safety. We have automated drug-dispensing devices, including CareFusion’s Pyxis MedStation System. We also have bar-coding technology, which helps to ensure that drugs are being delivered to the dispensing device accurately. Whichever technology your organization uses, having medications readily available and close to the bedside is clearly the way to go.

Our Target Quality newsletter is probably emulated at many organizations, and I’m convinced that this type of short communication tool, focusing on critical safety issues, is an important part of the overall agenda for measuring and improving the quality of our work every day. As chair of the P&T subcommittee on medication, quality, and safety, I’m keenly aware of these issues when we review our reports on adverse drug events and medication errors. Our goal is to bring the number of adverse events as close to zero as possible. Of course, medical care can never be error-free, but our overarching goal is to make it harm-free.

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

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REFERENCE