Each year I take great pleasure in reporting on the accomplishments of our P&T committee at Thomas Jefferson University Hospital. I am especially proud of the activities of the medication quality subcommittee, which I have chaired for more than a decade. I’d like to summarize our progress in fiscal year 2010, specifically in regard to adverse drug event prevention and surveillance, medication use evaluations (MUEs), protocol review and revision, and activities that ensure compliance with our regulatory requirements.

Prevention of adverse events. In 2010, the subcommittee published our standard quarterly reports on medication events and adverse drug reactions in both of our center city campuses in Philadelphia. We reviewed the results of hospital-wide, point-prevalence audits of compliance with various types of equipment, including guard rails and Mini-Bag Plus container systems. When shortfalls were discovered, we implemented appropriate action plans with scheduled follow-up evaluations.

We also recommended that failure modes and effects analysis (FMEA) be performed for insulin therapy because our annual review of 2009 events indicated that two harmful events had resulted from incorrect insulin administration. This FMEA work is ongoing.

We reviewed more than 50 FDA or manufacturer medication safety alerts and recommended appropriate actions as required.

Medication use evaluations. Our subcommittee prepared quarterly reports on the use of rescue drug therapy and compared our practices with others from similar institutions, namely a cohort from the membership of the University Health System Consortium in suburban Chicago.

We reviewed quarterly reports of proton pump inhibitors and parenteral nutrition, especially in our intensive-care units, and made appropriate recommendations for the future use of these drugs in this setting.

Using follow-up MUE, we identified a continuing problem with administering as-needed electrolyte riders. We referred this item to other specialty committees for further follow-up. We also identified, via MUE, a 3% hypertonic saline for fluid resuscitation and noted an opportunity to improve our monitoring of electrolytes and central venous pressure. An order list was developed in our computerized medication system (Jeff Chart) to address monitoring.

Protocol analysis and revision. We commented on several protocols in detail, including one for radiology involving intravenous (IV) contrast for use in computed tomography (CT) and magnetic resonance imaging (MRI). We reviewed and improved order lists for umbilical blood sampling and perineural catheter infusion, and we recommended changes to a hospital automatic stop-order policy for some outpatient medications.

The subcommittee recommended that nurses in some critical-care units be permitted to administer 23.4% sodium chloride, IV push, as long as a physician could be present. We also recommended that a co-signature be required to verify the medication, dose, and patient.

Compliance with regulations. We spent a considerable amount of time ensuring compliance with regulatory requirements. For example, we reviewed documents that described hospital high-alert medications and the actions taken to prevent errors involving these agents.

Finally, we regularly measured our performance on all outcomes against those of comparable institutions locally, regionally, and nationally.

I’ve been fortunate to have an amazing team of colleagues on the subcommittee who are selfless in their work, notably Brian Swift, director of our pharmacy; Cindy Wordell; and Craig Senholzi. These individuals, as well as many others, are standouts in their field and have enabled our P&T committee to maintain a high level of achievement each year.

What does your medication quality subcommittee do each year? Are you able to sit back and bask in the collective glory of their accomplishments as a team? I am committed to the ongoing work of our P&T committee, and my hat is off to P&T committees around the country who are tackling similar problems in our hospitals.

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