

Strategies and Investments to Improve Medication Safety - Quality Improvement Teams

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Committees versus Teams

- Safety Committee
 - ◆ Standing committee that oversees all QI activities
 - ◆ Sets goals and monitors progress of all activities
 - ◆ Has long-term charge
 - ◆ Has standing agenda items
 - ◆ Communicates with other relevant committees regularly
 - ◆ Medical staff committee OR must have significant medical staff representation
 - ◆ For medication safety: co-chaired by pharmacist and MD
 - ◆ Includes hospital administration
 - ◆ Activities / duties are included in members' annual performance appraisal
 - ◆ Meets monthly

Medication Safety Committee

- Discuss composition
- Highlight standing agenda items such as ISMP report and med variances
- Discuss ongoing projects
- Coordinator role and job description
- Dashboard to illustrate overarching / long-term goals for QI activities

Quality Improvement Teams

- Charge by administrator/ safety or QI committee
 - ◆ Charge is focused on specific QI issue
 - ◆ Quantifiable / measurable goal
- Rapid cycle
 - ◆ Meets weekly
 - ◆ Generates action items and assigns responsibilities
 - ◆ Progress consistently evaluated – short-term goals set for each meeting
 - ◆ Meetings have finite number (e.g., 4 or 5)
- Composition
 - ◆ Administrative AND front line staff
 - ◆ Very interdisciplinary
 - ◆ Effective medical staff representation (where needed)

Quality Improvement Teams - Example

- Form a multidisciplinary quality improvement team (including medical staff) to formally evaluate pain management in the inpatient setting. Goal is to establish a standard organizational care process, implement necessary policies and procedures, develop and implement process tools (e.g. pre-printed physician order forms), and monitor outcomes of the program.
- “To do” list:
 1. Assign team leader (part of annual performance appraisal)
 2. Assign team participates (include medical staff and administrator!)
 3. Identify problems and select solutions that are evidence-based
 4. Set goals and timetable for process implementation
 5. Obtain medical staff buy-in/approval
 6. Implement program
 7. Require monitoring to determine effectiveness (provide incentives)
 8. Provide individualize feedback for area/individual non-compliance

Examples for identified problems

- Pain score documentation is poor
 - ◆ DS to implement nursing inservice
 - ◆ DD to develop patient brochure
 - ◆ GJ and CK to assure brochure is discussed during pre-op visit or in surgery prep
 - ◆ AW to review documentation forms
- Pain management regimen is not explicit and not amenable to nurse management
 - ◆ TJ and AW to propose alternative pain regimen
- Hand-over from OR to ICU and from ICU to floor is insufficient
 - ◆ GJ to discuss possibility for OR med rec form