Department of Pharmacy

QUALITY PLAN

QUALITY COMMITMENTS

Aligned with Stellar Hospital Patient Safety and Quality Improvement Plan, the Pharmacy Quality Improvement Process will consistently reflect Stellar Hospital commitment to:

- Create a patient and family centered healing experience through the provision of excellent care, quality service, and partnership among physicians and caregivers.
- Encourage patients and families involvement in quality improvement activities.
- Promote and maintain a values-based organizational culture committed to caring through excellence that supports continuous quality improvement.
- Enhance operational excellence including clinical outcomes, financial outcomes and patient satisfaction.
- Systematically identify and prioritize quality improvement opportunities.
- Create a “just” environment that supports the identification and reporting of adverse events and/or near misses.
- Apply external standards and/or references for benchmarking performance.
- Utilize assessment activities as the basis for developing and implementing action plans responsive to findings.
- Communicate results of quality improvement activities to and across all levels of the organization.
- Provide resources required for performance improvement and change management including access to information and training.
- Leadership evaluating of the effectiveness of staff to promote safety and quality through Stellar Hospital's Performance Planning and Evaluation

AUTHORITY / RESPONSIBILITY

A. The vice-president of operations is responsible for the development and provision of a coordinated system for evaluating the overall quality of departments, nursing care, and patient care programs which are integrated with the hospital/system. The vice-president receives reviews and acts upon a summary quarterly report regarding the effectiveness of operations’ quality improvement activities. In so doing, the vice-president empowers appropriate cross-functional teams, and supports and fosters a commitment to continuous quality improvement throughout the division.

B. The leadership of the operations division is accountable for the effective implementation of an integrated, comprehensive, quality improvement effort specific to their department / division/unit.
They provide feedback via the report to Patient Safety & Quality Improvement Council on the implementation of recommendations. Directors/managers ensure participation of staff members who are most appropriate to the specific quality improvement efforts, and oversee the quality improvement processes including data collection and analysis, problem identification, plan of action development, monitoring methodology and activities, and communications to staff.

- establishment of indicators aligned with CHE key performance indicators and Stellar Hospital’s operations annual goals, as necessary;
- implementation of plans of action to improve the quality of care/service;
- communication of results of qi efforts to staff;
- review of all patient adverse events;
- recognition of excellence & successes in patient care/operations

C. It is the expectation that Stellar Hospital's operations division staff members will provide quality care/service in accordance with established policies and procedures; identify and report problems or issues of safety which impede the delivery of quality patient care and service; participate in problem solving and improvement efforts individually or as a member of a quality improvement team; assist with documentation of area specific quality improvement activities as necessary; and support all aspects of Stellar Hospital operations division’s quality improvement efforts.

DEPARTMENT LEVEL PLAN

The Pharmacy Department Director is responsible for establishing and implementing a Pharmacy Department performance improvement plan. The plan shall integrate Pharmacy Department quality assessment/improvement, continuous quality improvement (CQI) and quality control activities into a system that will foster improvement in patient care. The Pharmacy Department Director also shall delegate responsibilities for monitoring, action, evaluation and reporting.

PURPOSE/OBJECTIVE:

The Pharmacy Department participates in a hospital wide performance improvement (PI) program designed to monitor, evaluate and improve the quality, appropriateness and outcomes of clinical services by:

- Planning, designing, measuring, assessing, improving new or revised processes of patient care and service,
- Identifying opportunities through continuous assessment of systems and processes of care through a collaborative, interdisciplinary focus,
- Implementing solutions and actions which will bring about the desired changed, to
- Facilitate a positive patient outcome, while
- Maintaining a safe environment of personnel, patients and visitors.

PERFORMANCE ACTIVITIES:
The performance improvement program for the Pharmacy Department shall monitor priority focus areas and processes of care which are felt to be high risk, high volume, have demonstrated a trend toward potential negative patient outcome (problem prone) and/or that involve risks that may result in sentinel events or have been identified through the continuous quality improvement (CQI) process as an area where a system or process of patient care may be improved.

Additional indicators will be identified and chosen for monitoring through a collaborative effort utilizing information obtained from all areas of Nursing Services, administration, medical staff evaluation, regulatory body reports, patient care questionnaires and other clinical services throughout the facility, as appropriate.

Proposed processes for assessment include, but are not limited to:

- Medication errors - wrong drug, dosage, time, route or rate of administration; wrong patient; omission, duplication or administration without an order
- Adverse reaction to medication
- Medication order filled incorrectly
- STAT medication not sent within time frames established by department
- Controlled substance diversion
- Occurrences that have an adverse result on a patient
- Equipment breakage/failure that has an adverse result on a patient
- Equipment not available
- Security incident
- Expired, recalled or otherwise unusable drug dispensed
- Formulary management
- Labeling of drugs
- Patient/family education
- Drug recall measures
- Research investigational drugs
- Surveillance, prevention and control of infection
- Instrument preventive maintenance and safety assessments
- Patient confidentiality
- Sentinel event reduction and elimination
- Patient satisfaction
- Technical quality control activities
Performance monitoring of identified processes are subject to change due to the collaborative process outlined above.

RESPONSIBILITY:

The Pharmacy Department Director reports Pharmacy Department performance improvement activities to the hospital wide Patient Safety & Quality Improvement Council for review and recommendations.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Identified by</th>
<th>Improvement Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smart Infusion Pumps</td>
<td>Smart Pump Implementation Project Team</td>
<td>Complete reports workshop, revise drug library and develop plan for 2014 roll out of Symbiq pumps across partner hospitals.</td>
</tr>
<tr>
<td>Smart Infusion Pumps</td>
<td>NICU / Pharmacy PI work group</td>
<td>Implement a Hard Upper Stop for all drugs in the Medfusion drug library. Develop a process, to work with the regional NICU to improve the functionality of the pumps and standardize across the region.</td>
</tr>
<tr>
<td>Sterile Compound Preparation</td>
<td>Literature reports of Compounding Pharmacy practices</td>
<td>Review the Guidelines for Safe Preparation of Sterile Compounds from ISMP Safety Summit: perform gap analysis and implement identified practice changes.</td>
</tr>
<tr>
<td>Med Related Requirements for Improvement</td>
<td>Joint Commission Survey Report</td>
<td>Complete follow up / monitor compliance.</td>
</tr>
<tr>
<td>Value Based Purchasing (VBP)</td>
<td>Hospital wide strategic initiative</td>
<td>Strengthen pharmacy involvement in med related aspect of VBP to support improved outcomes i.e. VTE, CHF, SCIP, readmissions.</td>
</tr>
</tbody>
</table>