Through the Looking Glass

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Millcroft Hospital Pharmacy Leadership Conference

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We’re already doing that!

We’ll never be able to do that!

A little of both
Down the rabbit hole…

Well established collection and assessment process

Analysis by subcategories

Yes/No Response

0-24%
25-49%
50-74%
75-100%
GOAL #1

Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications.
1.1 Upon admission, *pharmacists take the medication history* of inpatients with complex and high-risk medication regimens.

**TARGET = 75% of patients**

**Baseline = 9% (84% for 49% or less of patients)**

Revised 2008 – Medication Reconciliation across continuum of care (admission, transfer, discharge)
1.2 Pharmacists *monitor the medication therapy* of INPATIENTS with complex and high-risk medication regimens.

TARGET = 100% of patients  
Baseline = ≤ 19%  
(47% for 50% or more patients)
1.3 *Pharmacists have organizational authority to manage medication therapy* for INPATIENTS in collaboration with other members of the healthcare team.

**TARGET = 90% of hospitals**

**Baseline = 68% of hospitals**

Regional Breakdown
1.4 **At discharge**, INPATIENTS with complex and high-risk medication regimens receive *medication counselling managed by a pharmacist.*

TARGET = 75% of patients  
Baseline = 3%
1.5 Pharmacists interface with INPATIENTS or their caregivers in a meaningful way that patients/caregivers will remember speaking with a pharmacist while in hospital.

TARGET = 50% of patients
Baseline = 11%
Efforts focused on medication monitoring

Lack of direct patient contact?

Change in focus to Med Rec

Recognition of role and authority
GOAL #2

Increase the extent to which pharmacists help individual non-hospitalized patients achieve the best use of medications
2.1 Pharmacists that provide CLINIC care *have organizational authority to manage medication therapy* for patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team.

Outpatient clinics with pharmacist involvement?

- 22% yes
- 78% no

**TARGET** = 70% of clinics

**Baseline** = 23 - 36% (in 50% or more of clinics)
2.2 Pharmacists *routinely counsel* CLINIC PATIENTS with complex and high-risk medication regimens.

TARGET = 95% of clinics
Baseline ≤41%

Regional Breakdown for 75-100%

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<tr>
<th>Region</th>
<th>75-100%</th>
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<tr>
<td>BC</td>
<td>21%</td>
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<tr>
<td>Prai</td>
<td>61%</td>
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<td>Ont.</td>
<td>31%</td>
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<td>Que</td>
<td>46%</td>
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<td>57%</td>
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2.3 Pharmacists *have organizational authority to manage medication therapy* for HOME CARE patients in collaboration with other members of the healthcare team.

Does your hospital pharmacy department provide home care services?

TARGET = 85% of home care services
Baseline = 61%

Organizational Authority
Focus on Med Counselling
High involvement in clinics
Less organizational authority compared to inpatient settings
Limited involvement in homecare
GOAL #3

Increase the extent to which hospital and related healthcare setting pharmacists actively apply evidence-based methods to the improvement of medication therapy.
3.1 Pharmacists actively involved in ensuring patients receive evidence-based medication therapy.

TARGET = 100% of hospitals
Baseline = 81%  (teaching hospitals were 100%)

Regional Breakdown

BC: 96%
Prai: 87%
Ont.: 91%
Que: 64%
Atl: 71%
3.2 Pharmacists are actively involved in the development and implementation of evidence-based therapeutic protocols involving medication use.

TARGET = 100% of hospitals
Baseline = 91%
3.3-3.4 Pharmacists *participate in ensuring* that CHF and AMI patients *receive ACEIs or ARBs at discharge.*

**AMI Patients**

TARGET AMI Patients = 90% of hospitals  
Baseline = 53% *(teaching hospitals 72%)*

**CHF Patients**

TARGET CHF Patients = 90% of hospitals  
Baseline = 50% *(teaching hospitals 69%)*
3.5-3.7 Pharmacists *participate in ensuring* that AMI patients *receive BB, ASA, lipid-lowering therapy at discharge*.

**Beta-blockers and ASA**

TARGET for BB, ASA = 90% of hospitals
Baseline = 52% *(teaching hospitals 72%)*

**Lipid-lowering Agents**

TARGET for LLT = 90% of hospitals
Baseline = 51% *(teaching hospitals 71%)*
3.8 Pharmacists *participate in ensuring* that NON-HOSPITALIZED patients that receive medications to decrease blood glucose levels *have an HbA1c test at least annually.*

**TARGET = 90% of hospitals**

**Baseline = 23% (teaching hospitals 71%)**
Actively developing and implementing EB Protocols

Low involvement in specific protocols

Actively applying EBM

Questions ???
GOAL #4

Increase the extent to which pharmacy departments in hospitals and related healthcare settings have a significant role in improving the safety of medication use
4.1 The Pharmacy department participates in an organizational program to achieve and document significant annual improvement in the safety of all steps in medication use.

TARGET = 90% of hospitals
Baseline = 64%

Regional Breakdown
4.2 The Pharmacy department conducts an *annual assessment of the processes used for compounding sterile medications* throughout the hospital, consistent with established standards and best practices.

TARGET = 80% of hospitals
Baseline = 24%

TARGET = 80% of hospitals
Baseline = 24%
4.3 At least 95% of routine medication orders reviewed for appropriateness by a pharmacist before administration of the first dose.

TARGET = 80% of hospitals
Baseline = 59%

Regional Breakdown
4.3 At least 95% of routine medication orders reviewed for appropriateness by a pharmacist before administration of the first dose.

TARGET = 80% of hospitals
4.4 Pharmacists *review medication orders written in the emergency department within 24 hours.*

TARGET = 100% of orders
Baseline ≤ 59%

75-100%

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<tr>
<td>85%</td>
<td>40%</td>
<td>42%</td>
<td>73%</td>
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0-24%  25-49%  50-74%  75-100%
4.5 Pharmacists participate in ensuring that PATIENTS RECEIVING ANTIBIOTIC PROPHYLAXIS for surgical infections have their **prophylactic antibiotic therapy discontinued within 24 hours after the surgery.**

**TARGET = 90% of hospitals**  
Baseline = 39%

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**Pie Chart**
- 39% (Teaching)
- 61% (Non-teaching)

**Bar Chart**
- Teaching: 61%
- Non-teaching: 32%
4.6 Pharmacy TECHNICIANS are certified by either a provincial certification program or a college training program.

TARGET = 85% of technicians
Baseline ≤ 59%
4.7 A **unit dose system is utilized** to distribute medications for 90% or more of the total beds.

TARGET = 75% of hospitals
Baseline = 62%
Some programs to review safe med use

Few programs to review sterile compounding

Some pharmacist order review prior to first dose and in ER

Low pharmacist review of post-surgery Ab prophylaxis

Variable technician certification

Unit Dose Adoption could be improved
GOAL #5

Increase the extent to which hospitals and related healthcare settings apply technology effectively to improve the safety of medication use.
5.1-5.2 *Machine-readable coding (bar coding)* is used to verify medications at point of dispensing and prior to administration.

**TARGET at Point of Dispensing = 75% of hospitals**
Baseline = 13%

**TARGET prior to administration = 75% of hospitals**
Baseline = 1%
5.3-5.4 **Computerized Order Entry:**

**Prescriber Order Entry**
- **TARGET = 75% of hospitals**
- **Baseline = 7%**

**Pharmacy Order Entry**
- **TARGET = 100% of hospitals**
- **Baseline = 69%**
5.5 *Electronic Health Records*

- Pharmacists use for managing medication therapy

**TARGET = 75% of hospitals**

*Baseline = 81%*
5.6 *Electronic Health Records*
- electronic access and ability to communicate across settings of care

**TARGET = 75% of hospitals**
Baseline = 39%

Regional Breakdown:
- BC: 50%
- Prai: 32%
- Ont.: 57%
- Que: 22%
- Atl: 43%
Low adoption of CPOE

Higher adoption of pharmacy order entry systems

Low adoption of bar coding

High use of EHR

Limited access across care settings
GOAL #6

Increase the extent to which pharmacy departments in hospitals and related healthcare settings **engage in public health initiatives** on behalf of their communities
6.1 The Pharmacy department has *specific ongoing initiatives that target community health*. 

TARGET = 60% of hospitals
Baseline = 21%
6.2 The Pharmacy department participates in ensuring that HIGH RISK PATIENTS in hospital *receive vaccinations for influenza and pneumococcus.*

TARGET = 85% of hospitals
Baseline = 23% of hospitals (for both)

*Influenza only = 37%*
*Pneumococcal only = 26%*
6.3 The pharmacy department participates in ensuring that hospitalized patients who smoke receive smoking cessation counselling.

TARGET = 80% of hospitals
Baseline = 19%
6.4 The pharmacy department has a formal up-to-date emergency preparedness program that is integrated with the hospital’s and community’s programs?

Target = 90% of hospitals  
Baseline = 54%

Regional Breakdown:
Low participation in vaccination and smoking cessation programs

Variable involvement in Emergency Preparedness Programs

Some participation in community initiatives
“... at least I know who I WAS when I got up this morning, but I think I must have been changed several times since then.”
So is there a moral to this story?