1.0 PURPOSE

1.1 Assure with available resources that pharmacy services provided and maintained at optimal, achievable levels of quality delivered in an efficient and safe manner.

1.2 Provide a foundation for fulfilment of regulatory, statutory, and accrediting body standards.

1.3 Assure departmental policies, procedures and practices are regularly, validly and reliably evaluated and practiced.

1.4 Provide a means for fulfilling and integrating the quality improvement responsibilities of all professional, managerial and technical/support personnel.

1.5 Reduce exposure to liability.

2.0 DEFINITION

2.1 N/A.

3.0 RESPONSIBILITY

3.1 Applies to all the staff of the pharmacy department.

4.0 CROSS REFERENCES POLICY

4.1 N/A.

5.0 POLICY

5.1 The department of pharmacy shall have an ongoing program to monitor, evaluate and assure quality services in the department. The program shall be integrated in the hospital overall quality improvement plans. The policy is consistent with proper identification, planning, implementation, and advancement of Quality Improvement Services.

5.2 To improve the medication use process and to assure that services and products provided by the department of Pharmacy are of high standard and quality.
6.0 PROCEDURE

6.1 Quality Improvement Plan:

6.1.1 Program Responsibility:

6.1.1.1 As the department head, the manager of Pharmacy Services is responsible to develop, coordinate, implement and review the quality improvement plan.

6.1.1.2 The Pharmacy Manager will provide results of the plan and detailed information to the quality Improvement Committee and hospital Administration.

6.1.1.3 The manager may delegate certain operational aspects of the plan (data collection, data interpretation, comments, etc.) to other pharmacy employees.

6.1.1.4 Those items delegated will be within the employee’s ability and knowledge based upon their position and experience.

6.1.2 Scope of Services:

Areas of the pharmacy that will be reviewed as part of the department’s quality assessment plan include (but are not necessarily limited to):

6.1.2.1 In-Patient medication dispensing activities
6.1.2.2 Clinical activities (drug interaction screening, P&T Committee meetings, etc.)
6.1.2.3 Out-Patient Medication dispensing activities
6.1.2.4 Provision for drug information
6.1.2.5 Handling and control of controlled substances
6.1.2.6 Provision of stock medications
6.1.2.7 Effective purchasing and inventory control
6.1.2.8 Compliance with the kingdom regulations as applicable to the practice of pharmacy.

6.1.3 Important Aspects of Care:

The following are considered key activities within the department of pharmacy services:

6.1.3.1 Accurate and timely dispensing of medicines.
6.1.3.2 Provision of a clear audit trial from physician order to medication supply nursing unit.
6.1.3.3 Screening of all patient orders for therapeutic problems such as interaction/incompatibilities, poly pharmacy, in-appropriate drug/dose etc.
6.1.3.4 Accurate dispensing of drugs for out-patients.
6.1.3.5 Purchasing quality drugs in keeping with the goal of cost containment and effective use of a formulary system.
6.1.3.6 Drug usage evaluation activities in a prospective manner for selected therapeutic classes in an ongoing manner in concert with the P&T Committee for the medical staff.
6.1.3.7 Maintaining and enhancing competency of professional staff as well as technical/support staff via ongoing continuing education/in-service programs.
6.1.3.8 Performing annual macroscopic audits of the major systems within the Pharmacy department.

6.1.4 **Specific Indicators:**
Indicators utilized to monitor quality of pharmacy services shall be a blend of structure indicators, “Process Indicators” and “Outcome Indicators”. The indicators that may be used include:

6.1.4.1 Emergency (CPR) Medications availability.
6.1.4.2 Medication Errors rate.
6.1.4.3 High-Alert Medication Errors rate.

6.1.5 **Operational Areas of Importance:**
The following indicators will be routinely monitored in the pharmacy’s monthly QI report. In addition to these, special focus surveys may be done in response to a perceived quality problem or areas with potential for quality problem. Routinely evaluated indicators of the pharmacy department include:
6.1.5.1 External : Adverse Drug Reactions.
6.1.5.2 Internal : Medication Dispensing Discrepancies.

6.1.6 **Thresholds for Evaluation:**
Thresholds for each pharmacy area monitored will be established. These thresholds will be aggressive but realistic. Threshold may be altered as systems; policies/procedures etc. are modified.

6.1.7 **Data collection/Organization:**
Data Collection will be done utilizing appropriate data sources available. These include, but are not limited to:

6.2.7.1 Pharmacy Patient profiles and nursing medication records.
6.2.7.2 Patient chart (e.g. Laboratory data, etc.).
6.2.7.3 Volume reports from pharmacy system.
6.2.7.4 Pharmacy form/reports utilized routinely (e.g. narcotic, proof-of-use forms, nursing cardiac arrest cart form, etc.).
6.2.7.5 Incident reports
Raw material will be collected by an appropriate member of the pharmacy staff and submitted to the Pharmacy Manager in a specified format. The manager or a designee will organize the data into a useful format for further evaluation.

6.1.8 **Evaluation of Data:**
Data will be evaluated based upon reaching a predetermined threshold limit or at the discretion of the Pharmacy Manager. Evaluation performed as appropriate include:

6.1.8.1 Evaluation for consistent patterns of occurrence; e.g. in a specific shift, drug, employee involved in the occurrence.
6.1.8.2 Evaluation in a peer – review method; this is especially warranted for
those involving physicians, nurses, and other non-pharmacy employees
(e.g. medication administration incidents; drug usage evaluation results,
etc.).

6.1.8.3 Productive evaluation to determine if inadequate judgment, skill, or
performance has resulted in a deficiency in pharmacy quality of care.

6.1.9 Action Plan:
Based upon data collection and evaluation, the Pharmacy Manager, or qualified
designee, will develop an action plan for resolution of the perceived problem. The
plan will identify the desired change and document the action taken in an objective
manner. Action must be appropriate to the problem’s cause; if needed, further
investigation may be done to pinpoint the specific cause of the problem. For system
defects, actions such as policy/procedure modification, staffing alternations and
enhanced communications can be done. The action plan must be concise and clear in
terms of what actions will be taken, who will take the action, and what the end point
is expected to be.

The pharmacy Manager will provide a detailed written report of the pharmacy’s quality

6.2 Evaluation of Action plan:
Once the action plan is implemented, continuing monitoring will occur and be documented.
If the quality problem continues, further action and assessment will be taken to attempt to
rectify the problem.

6.3 Communicate Information to the Quality Management Program:
assurance program to the hospital’s quality Improvement Committee on a scheduled basis,
usually, three times per year. In addition to a written report, the Director will make an over
view presentation at a meeting of the committee as requested, usually once per year.

7.0 FORMS
7.1 N/A.

8.0 EQUIPMENT
8.1 N/A.

9.0 REFERENCES
61:657.
9.2 www.ashp.org/s_ashp/docs/files/QII_DiscussionGuideQI.pdf. (The Pharmacist’s Role in
Quality Improvement. ASHP).