Hardworking P&T Committees

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Virtually every American hospital has a Pharmacy & Therapeutics (P&T) committee that works hard to create and maintain the hospital formulary and track the quality and safety of medication therapy. At Thomas Jefferson University Hospital (TJUH), the P&T committee is a critically important medical staff committee with multiple subcommittees. As a member of the TJUH P&T committee for the past 22 years, with a decade serving as Chair of the Medication Quality subcommittee, I thought it might be of interest to our readers to provide an inside perspective of the work done in this arena.

Each year, the Medication Quality subcommittee publishes an informal summary of its activities. I wish to highlight some aspects of this report and draw parallels to work going on in other sectors of our field.

The report of the Medication Quality subcommittee for the 2011-2012 academic year is focused on 4 principal areas—adverse drug event prevention and surveillance, medication use evaluations (MUEs), protocol and policy reviews, and activities to ensure compliance with regulatory policy.

To create the annual report, we reviewed quarterly reports about medication events and adverse drug reactions from our university hospital and our partner community campus. These deep dives into medication safety are among the highlights of our work together. We are fortunate to have such a dedicated staff from our pharmacy and our risk management department. Our event rate for adverse drug reactions is stable, and we are always striving to reduce harm and reduce errors. We also work regularly with the Institute for Safe Medication Practices, which is located in the Philadelphia suburbs. We view them as external, nonbiased reviewers, and often adopt their recommendations.

The committee works closely with other entities throughout our institution, especially with physicians involved in the constant updating of our computerized physician order entry system and those charged with maintaining new technologies, such as bedside pumps and related tools. Our subcommittee interacts with other subcommittees and makes specific clinical recommendations, for example, to the chemotherapy review committee, the anesthesia care committee, and others. Constant vigilance to reduce medication-related errors is a cornerstone of our work.

On the MUE front, we review a quarterly report of rescue drug use, and our performance remains favorable with respect to a benchmark group of hospitals within UHC (formerly known as the University HealthSystem Consortium). We regularly compare our performance to UHC members in other areas, such as the use of proton pump inhibitors in the intensive care unit, the use of parenteral nutrition, and, of course, the use of pain medication. With the proliferation of new products rapidly diffusing into clinical practice, the detailed use of an MUE and a quarterly deep dive are critically important to the appropriate use of all new technologies.

As previously noted, the committee annually reviews hospital policies and protocols. This past year, we reviewed the patient’s personal medication policy, controlled substance policies, education for patients with potential drug and nutrient interactions, and our ongoing work to maintain anticoagulation safety. The goal in our policy reviews is to make these reviews relevant—that is, to ensure that they don’t just stay in a loose-leaf binder on a shelf somewhere. We want to ensure that all appropriate drug-related policies and procedures are actively enforced, and we close the feedback loop to practitioners when there are changes in drug use based on newly available evidence. Finally, we perform an annual review of our performance on “look-alike, sound-alike” drugs (those medications that are often confused with others that are intended for a different purpose) with benchmark hospitals within the UHC. In addition, our compliance with double signatures for certain high-risk medications markedly improved over this past year, as did our compliance with medication reconciliation monitors.

It has been a true privilege to chair the Medication Quality subcommittee of the P&T committee at TJUH. I am in a state of constant learning, especially from my colleagues in the pharmacy. We will never have a zero medication error rate, but I am committed to getting as close to zero as we can to make sure that we cause no harm to our patients. I wish that every P&T committee in every American hospital would be as enthusiastically endorsed as our committee. The senior leadership of our institution makes it very clear that the work of the P&T committee is essentially “unending,” and of the highest priority.

What is your organization doing to ensure compliance with patient safety issues regarding medication administration? Given the epidemic of medical errors, where do you stand on these important issues? I am fortunate to stand on firm ground with our team at TJUH. As always, I am interested in your views and your comments. You can reach me by e-mail at david.nash@jefferson.edu or via the journal at editorial@engagehc.com.