



Hospital Committees Part 3

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Pharmacy Committee

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Need for a Pharmacy Committee

- The committee is designated in various ways in different hospitals
- NABH has referred to this committee as Pharmaco-therapeutic committee (MOM 1c Remarks)
- WHO calls it Drug and therapeutics committee

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Need for a Pharmacy committee

- Essential medicines are one of the most cost-effective ways of saving lives and improving health
- Increasing costs and lack of resources often result in public health systems being unable to procure sufficient medicines to meet patient demand
- Despite this, medicines are often managed and used inefficiently and irrationally

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Need for a Pharmacy committee

- Factors contributing to this:
 - Inadequate training of health staff
 - Lack of continuing education and supervision
 - Lack of updated, reliable, unbiased drug information
- Particular areas of inefficiency and drug use problems include:
 - Poor selection of medicine
 - Inefficient procurement practices

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Need for a Pharmacy committee

- Prescribing not in accordance with standard treatment protocols
- Poor dispensing practices resulting in medication error
- Patient's lack of knowledge about dosing schedules
- Patient not adhering to dosing schedule and treatment advice

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Rational Drug use

- *“Rational drug use requires that the patients receive drugs appropriate to their clinical needs in doses that meet their individual requirements (right dose, right intervals and right duration). These drugs must be of acceptable quality, and available and affordable, at the lowest cost to patients and the community” – WHO (1985)*

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Rational Drug use

- When not used accordingly, there are often undesirable health and/or economic outcomes
- Absence of a DTC to balance the demand for quality care with financial constraints may compound the problem
- In developed countries, Drug And Therapeutic Committees (DTC) have been very effective in safeguarding and promoting efficient and rational use of drugs

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Goals and Objectives of the DTC

- Goal
 - To ensure that patients:
 - Get best possible drugs
 - Get cost-effective and quality of care
 - This is done through determining
 - What medicines will be available
 - At what cost these will be available
 - How these medicines will be used

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Goals and Objectives of the DTC

- Objectives
 - To develop and implement an efficient and cost-effective formulary system
 - To ensure that only efficacious, safe, cost-effective and good quality medicines are used
 - To ensure the best possible drug safety through monitoring, evaluating and thereby preventing adverse drug reactions and medication errors
 - To develop and implement interventions to improve medicine use by prescribers, dispensers and patients

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Setting up a DTC

- Principles
 - It may be easy to establish a DTC with multiplicity of expertise but it may be difficult to ensure that it functions effectively
 - Success will depend on strong support from the top management
- Following principles need to be followed:
 - A multidisciplinary approach
 - Transparency and commitment to good service
 - Technical competency
 - Administrative support

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Organising the committee and selecting members

- Options vary regarding optimal size and composition of the committee
 - Fewer members may allow early consensus
 - More members
 - May provide greater expertise
 - Reduce workload for individual members
 - Increase the ease of implementation of decisions

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Organising the committee and selecting members

- All stakeholders should be represented including major clinical departments, administration and pharmacy
- Smaller committee may be appropriate for smaller hospitals

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Organising the committee and selecting members

- In most hospitals members include:
 - Clinicians from all major specialties
 - A clinical pharmacologist if available
 - A nurse, usually the senior ICN or matron
 - A pharmacist (chief/Dy Chief)
 - An administrator (hospital adm. And finance)
 - A clinical microbiologist
 - A member of the hospital record department
- A dedicated chairperson and secretary is crucial

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Operation of the committee

- Regular meetings – at least quarterly
- Regular attendance – this is a problem
- The agenda, supplementary materials and minutes of the previous meeting – to be distributed in advance
- All DTC recommendations circulated
- All operating guidelines, policies and decisions to be documented
- Liaison with other hospital committees

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Seeking a mandate

- A DTC is credible and sustainable only with a mandate from the most senior authority in the hospital
- The mandate should specify:
 - Its role and function
 - Its place in the organisation structure
 - Its membership
 - Its scope and lines of authority
- A strong mandate that a DTC can have is issued by the government

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Quality Committee

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Quality Improvement

- As per NABH, the hospital must have a programme for quality improvement
- This programme is developed, implemented and maintained by a multidisciplinary committee
- This will be done by a quality improvement committee
- The quality coordinator coordinates and implements the quality improvement programme of the hospital

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Quality Improvement Committee

- Healthcare workers function as a team to provide an environment for healing
- All team members bring different knowledge, skills and experience to this task
- Thus all the hospital disciplines must be involved in the quality improvement activities
- Procedures developed by cross-departmental multidisciplinary committee ensure that the standard of care for each health condition are the same throughout the hospital

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Quality Improvement Committee

- **Composition**
 - The Medical Superintendent
 - A senior doctor
 - Nursing Superintendent
 - Quality coordinator
 - Pharmacist
 - Infection control officer
 - Other departmental heads as appropriate for the hospital

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Role of the QI Committee

- The Quality Committee oversees and ensures the quality of clinical care, patient safety and clientele service throughout the hospital
- The responsibilities of the Quality Committee include:
 - Reviewing and recommending a Strategic Quality Plan
 - Reviewing and recommending quality/safety related policies and standards

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Role of the QI Committee

- Approving and monitoring a dashboard of key performance indicators compared to organisational goals and benchmarks
- Reviewing sentinel events and root cause analyses
- Recommending corrective action
- Reviewing summary reports of hospital and patient safety activities

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Role of the QI Committee

- Reviewing management's corrective plans with regard to negative variances and serious errors
- Overseeing compliance with quality and safety related NABH standards
- Making recommendations to the management on all matters related to the quality of care, patient safety, customer service, and organisational culture

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Quality Improvement Committee

- **Meetings**
 - Should meet at least six times a year, or when necessary at the call of the committee chair
- **Reports**
 - The committee will report to the management at least quarterly
 - Regular reports will include
 - Quality indicators in dashboard formats pertaining to clinical quality, patient safety, and customer service

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Quality Improvement Committee

- Progress on major performance improvements and patient safety goals
- Root Cause Analysis (as they occur)
- Sentinel event summary
- Patient satisfaction/perceptions
- Physician satisfaction/perceptions (annually)
- Employee satisfaction/perceptions (annually)
- Patient safety culture
- Audit of credentialing process (every two years)

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Quality Improvement Committee

- Quality coordinator coordinates and implements the quality improvement programme in the hospital`
 - The co-ordinator is selected on the basis of his knowledge of:
 - Accreditation standards,
 - Statutory requirements,
 - Hospital quality improvement principles and evaluation methodologies
 - Hospital functioning and operations

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Quality Teams

- The quality coordinator needs to be assisted by a quality team
- The Quality Teams
 - Teams will be assembled based on the process being monitored
 - For example, infection control involves physicians, nurses, laundry staff, cleaning staff and so on

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Quality Teams

- Careful selection of team members is critical to success
- Selection Criteria will depend on the willingness to participate in a team along with the knowledge, experience, and time available to contribute to the effort
- A team must consist of at least 3 members

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Quality Coordinator

- The quality coordinator
 - Oversees quality monitoring programme
 - Coordinates team meetings and activities
 - Provides expertise in quality monitoring
 - Trains teams and others in quality methodology
 - Facilitates quality team process
 - Analyses effectiveness of quality monitoring
 - Facilitates quality improvement activities
 - Facilitates communication and change process

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Quality Improvement Committee

- The quality Improvement committee
 - Provides support and guidance to the quality team
 - Assists with quality training activities
 - Evaluates quality programme
 - Assists in change management plans and activities
 - Assists with communication plan and implementation

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Monitoring Quality

- For quality improvement, to start with, quality needs to be monitored
- The foundation of a monitoring system is standards
- NABH provides these standards (102)
- Each standard has certain measurable components (objective elements – 636) fulfillment of which determines that the standard has been met

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Monitoring Quality

- Quality improvement needs to monitor structure, process and outcome through measuring quality indicators
- An indicator of quality is a measure that is used to determine the degree of adherence to a standard
- Indicators translate a qualitative statement into a quantitative one
- NABH has identified 64 indicators

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Monitoring Strategy

- Usually 4 methods are used for monitoring
 - Direct observation
 - Interview of staff
 - Document study
 - Toolkit (Checklist)
- An example of monitoring Surgical Infection Rates toolkit:

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Monitoring Surgical Infection Rates

Instructions

- Identify the ward and the date of data collection
- List each patient by medical record number
- Identify the type of surgery
- Based on the infection criteria, observe the surgical incision and determine whether an infection exists indicate Y (yes) or N (no) in the column
- Indicate the surgeon who performed the surgery (Numerical code for surgeon may be used)

Ward: Surgical 1		Date: 30 th June 2013	
Patient Record No.	Type of surgery	Infection (Y or N)	Surgeon
# 4536	Cholecystectomy	N	Dr X
# 6223	Gastrojejunostomy	Y	Dr Y

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Data compilation

- After the data is collected, it must be compiled
- Microsoft Excel sheet may be used
- Various rates, percentages etc may be calculated
- The information may be graphically displayed in charts, bar graphs etc
- These indicators compared against a threshold value or benchmark (where available)
- For negative deviation, root cause analysis to be done
- Corrective and preventive action to be taken

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Thank you

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