Quality Committee
Meeting Agenda

February 19, 2025 @ 9:30 am
Mayers Memorial Healthcare
Fall River Board Room
43563 HWY 299E
Fall River Mills, CA 96028

Attendees

Les Cufaude, Director and Chair of Quality
James Ferguson, Director
Jessica Decoito, Director of Operations

Ryan Harris, CEO
Jack Hathaway, Director of Quality
Ashley Nelson, Board Clerk

1	**CALL MEETING TO ORDER**	Chair Les Cufaude			**Approx. Time Allotted**
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**				
3	**APPROVAL OF MINUTES**				
	3.1 Regular Meeting – January 29, 2025		Attachment A	**Action Item**	2 min.
4	**HOSPITAL QUALITY COMMITTEE REPORT**			Report	10 min.
5	**DIRECTOR OF QUALITY**	Jack Hathaway	Attachment B	Report	10 min.
6	**POLICIES** MEDICATION ERROR REDUCTION PLAN		Attachment C	Action Item	5 min.
7	**OTHER INFORMATION/ANNOUNCEMENTS**			Information	5 min.
8	**MOVE INTO CLOSED SESSION**				
9	**CLOSED SESSION ITEMS**				
	9.1 **HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS** ELLIOTT WAGNER, MD NABEEL DAR, MD WALTER UYESUGI, DO RON MARK, MD TAD TANOURA, MD RAJIV KUMAR, MD PHILIP MCDONALD, MD JUSTIN PHAM, MD				

		JOHN POHL, MD JUNSUNG RHO, MD ROBERTO RIVERA-MORALES, MD AMIT SANGHI, DO ARJUN SHARMA, MD RUSSELL GELORMINI, MD ANNE GLASER, MD SUSAN GOOTNICK, MD GRANT HOLZ, MD SAYED JAFERY, MD SAMPATH ALAPATI, MD DEREK ARMFIELD, MD DENNIS BURTON, MD ABBAS CHAMSUDDIN, MD NILOFAR FIROOZNIE, MD MICHAEL GABE, MD ADEL ABDALLA, MD		
10	**RECONVENE OPEN SESSION**			
11	**ADJOURNMENT:** Next Regular Meeting – March 26, 2025			

Agenda Posted: 02.14.2025

Chief Executive Officer
Ryan Harris

MAYERS MEMORIAL
HEALTHCARE DISTRICT

Board of Directors
Quality Committee
Minutes
January 29, 2025 @ 9:30 am
Mayers Memorial Healthcare
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1	**CALL MEETING TO ORDER:** Les Cufaude called the meeting to order at 9:38 am on the above date.			
	BOARD MEMBERS PRESENT:		**STAFF PRESENT:**	
	Les Cufaude, Director		Ryan Harris, CEO Ashley Nelson, Board Clerk Jack Hathaway, Director of Quality	
	Excused ABSENT: Jim Ferguson, Director			
2	**CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**			
	None			
3	**APPROVAL OF THE MINUTES:**			
	3.1	Regular Meeting – December 4, 2024	***Cufaude, Hathaway***	**Approved by All**
4	**HOSPITAL QUALITY COMMITTEE REPORT:** Jack submitted his report. Jack explained that during Med staff quality meeting, and the requirements are being met for ACHC. W.H.O is being exited, and another standard will need to be put in place- perhaps CDC.			
5	**DIRECTOR OF QUALITY:** Jack restated his 2024 Overview report regarding admissions and mortality rate. Rural Hospital standards will compare our quality indicators against 1000 patient days. Les suggested comparing 5, 10+ years to make sure we are trending in the right direction. Jack will ask specific comparable hospitals for their comparable data. Jack explained the graph regarding the errors noted in Skilled Nursing in medication administration. When the CCO is finding these errors, they are not being discovered in real time, so SNF Admin is putting a system in place to lower these errors. A trend showed that these errors are being directly linked to fall risk patients. State closed 2 findings in our facility and no action was needed. Jack will consult our DHLF liaison regarding our percentages for 2023 and 2024. It has been agreed that MMHD will focus on 1 standard of quality.			
6	**KEY PERFORMANCE INDICATORS:** Jack explained that the tiers related to the Percentile Rankings.			
7	**PARTNERSHIP HEALTHPLAN QUALITY DASHBOARD:** QIP dollars have doubled from last year. Jack is proposing that DHCS takes over the measure summary.			
8	**PERFORMANCE OVERVIEW:** Jack has submitted his report.			
9	**OTHER INFORMATION/ANNOUNCEMENTS:** No other announcements.			

10	**MOVE INTO CLOSED SESSION:** 10:12 am	
11	**HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS** **MEDICAL STAFF REAPPOINTMENT** 1. DAVID PANOSSIAN, MD (PULMONARY) 2. JACK LIN, MD (UCD) 3. REENA NANJIREDDY, MD (UCD) 4. ALAN YEE, DO (UCD) 5. TRINH TRUONG, MD (UCD) 6. DAPHNEY SAY, MD (UCD) 7. MAHEEN HASSAN, MD (UCD) 8. KELLY HAAS, MD (UCD) 9. ARTHUR DELORIMIER, MD (UCD) 10. DANIEL KIRKHAM, MD (TCR) **MEDICAL STAFF APPOINTMENT** 1. LINDSAY FRYE, DO 2. HOSSEIN MOUSAVI, MD (UCD) 3. SANDY LEE, DO (T2U) 4. HOWARD FELLOWS, MD (MERCY ONCOLOGY) 5. JORGE PEREZ-CARDONA, MD (MERCY ONCOLOGY) 6. KYLE GREENE, MD (MERCY ONCOLOGY) 7. ARUN KALRA, MD (MERCY ONCOLOGY) 8. KEITH SHONNARD, MD (TCR) **AHP REAPPOINTMENT** 1. THELMA WADSWORTH, PA (MVHC) 2. SHANNON DAVIDSON, CRNA 3. ERICA BAUER, PA **AHP APPOINTMENT** 1. KEVIN METZ, CRNA STAFF STATUS CHANGE 1. KELSEY SLOAT, MD TO ACTIVE 2. ADRIAN MORA, MD TO INACTIVE 3. RAJESH VAID, MD TO INACTIVE 4. AAMER FAROOKI, MD TO INACTIVE 5. IAN TSENG, MD TO INACTIVE 6. AJAY SAMPAT, MD TO INACTIVE	**Cufaude, Harris**
12	**RECONVENE OPEN SESSION:** 10:34 am	
13	**ADJOURNMENT:** at 10:34 am. Next Meeting is February 19, 2025	

MAYERS MEMORIAL
HEALTHCARE DISTRICT

Department Reporting
Managers Meeting and Regular Board Meeting

Manager & Department:
Jack Hathaway - Quality

Reporting Month & Year:
02/2017

Summary:

The Quality department has grown in numbers and capacity over the last few years, and I am incredibly grateful for that growth. We have seen incredible involvement from everyone in the district in gathering data and using that data to improve outcomes for residents and patients. We have some opportunities ahead with all of the continuing ACHC work, and we look forward to seeing how that plays out to improve outcomes for those we have the pleasure of serving in our community.

Top Projects (1-3):

1. DHCS / PHP QIP work - We have made significant strides in our QIP work, and I am very hopeful that this will translate into success in the future. The data I have now leads me to believe that we should find comfortable success in both programs and lay a foundation for the future years as the DHCS and PHP programs continue to blend.

2. UR - we have also made significant strides in the UR processes that we have built and employed in our hospital, and we look forward to analyzing our 2024 data to set a baseline for the program and build to know we are providing the most clinically current and appropriate care for the patients that we serve.

3. My personal work with the group and Wes has been enlightening. I was not sold at first. However, some valid points can be found and applied from work, and I look forward to using them to continue refining my leadership style and serving those I have the fortune to work with.

Wins (1-2):

Data! We have more data now informing the decision-making in the district then we ever have before... (and maybe we have ACHC in the building already or soon to fix that win into a frozen best practice)

Team: Pam and I love having Jenna and Yas on the team, and I love having folks to geek out with about all of the strange and fantastic things that come up in our healthcare settings.

Challenge (1):

The continually changing healthcare landscape in state and federal regulatory bodies should be an adventure for the next few years.

Mayers Memorial Healthcare District
Medication Error Reduction Plan

January 2025
(QUA003)

43563 State Hwy 299 E Fall River Mills, CA 96028

Introduction

The following represents Mayers Memorial Hospital's (MMHD) Plan for Medication Error Reduction. A previous version of this document was submitted to the Department of Public Health Center for Healthcare Quality Licensing and Certification Program in compliance with California Senate Bill 1875 in 2001.

Purpose

The purpose of this document is to describe the processes through which the organization assures the safe delivery and administration of medications to patients. The Plan for Medication Error Reduction will be referred to herein as the "Plan." The Plan is based on patient needs and rights, the mission and vision of the hospital, and standards of professional practice, with a goal to eliminate or substantially reduce medication related errors.

This document also contains a description of the scope of services, oversight and management, delivery methodology including technology, interdisciplinary collaboration, patient assessment and reassessment, patient and family or significant other involvement, patient and family or significant other education, and plan for orientation, training and education of staff.

The Plan will be reviewed annually and updated when appropriate on an ongoing basis in consideration of the changing needs of patients, staff, physicians, and the facility. Therapeutic outcomes, performance improvement, and risk management processes will also be considered. The review of the Plan's progress and revision will be accomplished on a continuous basis as part of a multidisciplinary team. The goal of the Plan is to reduce, modify, eliminate, and control conditions or practices that may cause medication errors.

Scope

The Plan applies to all patients receiving care within the facility or under the licensure of the facility, including both inpatients and outpatients. The elements include prescribing, prescription order communications, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.

Leadership Function

At Mayers Memorial Hospital safety is our number one value for our patients, employees, physicians, and visitors. We demonstrate integrity by doing the right thing ethically, legally, and morally. We hold ourselves to the highest standards of quality. We treat everyone with dignity and respect. We are accountable for our results and actions.

The leaders of the organization are committed to maintaining an environment that emphasizes patient safety and supports ongoing error reduction activities. Leaders actively encourage error identification and reporting by all staff. When identified, errors are given high priority. All errors are analyzed, and processes, functions and services are established or changed when appropriate to prevent recurrence and reduce risk to patients.

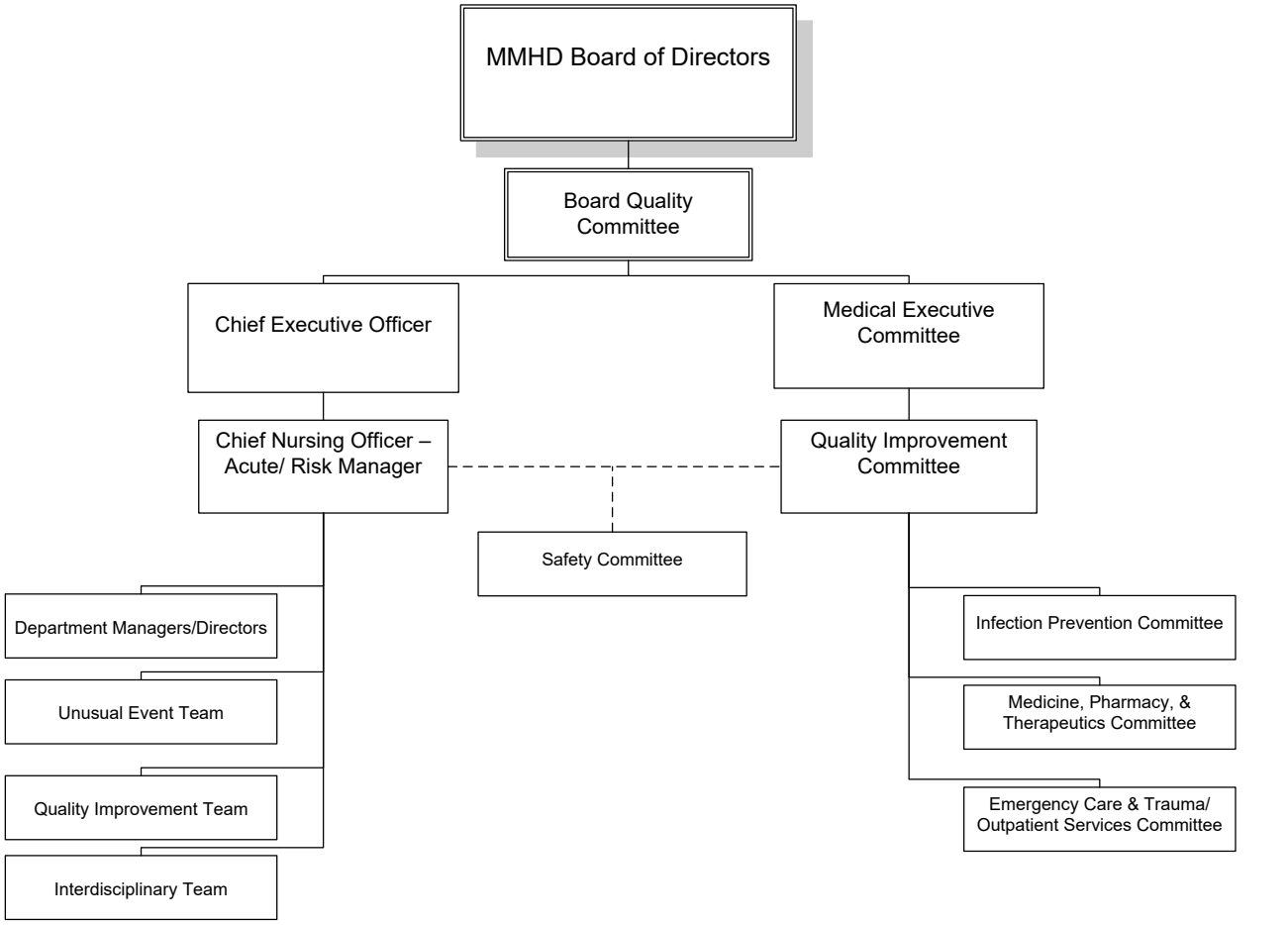
Oversight of the Plan is the responsibility of the Medicine, Pharmacy and Therapeutics Committee. This committee derives its authority from the Medical Executive Committee and the Board of Directors.

Assessment

Hospital Administration, with the support of the Medication Management Team, assembled a multi-disciplinary Minimization of Medication Related Errors Task Force in 2000. Current literature, industry, available technology, and various organizations were used as resources in order to perform a hospital-wide assessment. The Institute for Safe Medication Practice (ISMP) and The California Institute for Health Systems Performance guidelines were used to establish a baseline for this assessment. The Plan will be reviewed on a continuous basis as part of the hospital's Quality Assurance (QA) Program as new information and analysis of ongoing data collection is indicated.

Reassessments are made using information provided by the Institute for Healthcare Improvement (IHI), the Joint Commission (JC), the Food and Drug Administration (FDA), American Society of Health-System Pharmacists (ASHP) and other organizations as appropriate.

QUALITY IMPROVEMENT AND PATIENT SAFETY ORGANIZATIONAL STRUCTURE



PHARMACY, THERAPEUTICS AND PAIN MANAGEMENT COMMITTEE

Composition

The Pharmacy and Therapeutics Committee shall be comprised of one member of the medical staff who shall be the Chairperson and the Director of Pharmacy, all of whom shall be voting members of the Committee. Other attendees may include as needed for consultation the Director of Quality/Risk, the Infection Preventionist, Director of Acute Care, Outpatient Medical Manager, the Laboratory Services Manager, all of whom shall be non-voting members of the Committee.

Purpose

The purpose of the Pharmacy and Therapeutics Committee is to develop, implement and monitor professional policies regarding evaluation, selection, and procurement of drugs comprising the Hospital formulary, distribution, administration, safety, and effect (including reactions and interactions) of drug usage, patient education and other matters pertinent to drug use in the Hospital. The Committee develops and implements policies and procedures relative to the care of medical patients.

- Defining and evaluating all significant untoward drug reactions and medication errors
- Making recommendations and approval of the drugs to be stocked throughout the hospital
- Evaluation and approval of all standardized drug procedures and preprinted drug orders
- Coordinating and conducting medication usage evaluation (MUE) activities and ongoing review of data related to medication MUE studies
- Reviewing instances where drug product defects have been identified or where medications have been recalled by their manufacturer or FDA
- Review of the ISMP alerts and Quarterly Action Agenda to determine potential applicability to the hospital

Accountability and Relationships

- The Pharmacy and Therapeutics Committee shall be accountable to its Chairperson.
- The Chairperson of the Pharmacy and Therapeutics Committee shall be accountable to the Medical Executive Committee and the Chief of Staff.
- The Chairperson of the Pharmacy and Therapeutics Committee shall regularly report the business of the Committee to the Medical Executive Committee.
- The Pharmacy and Therapeutics Committee will meet at least quarterly.

Quality

Medication Error Reduction Plan (MERP)

This is a multidisciplinary committee including pharmacy, administration, nursing, quality management, risk management, and ancillary departments and services. The team coordinates and provides information

and recommendations on medication safety issues within the organization reporting directly to the P&T Committee.

- Provides medication safety assessments, reviews current literature and recommends actions to improve the safety of the medication use system.

- Monitors alerts and recommendations from various organizations that offer valuable resources related to medication safety. (ISMP, ASHP, JC, NCCMERP etc.)

- Develops strategies to minimize the possibility of errors with drug products that have similar or confusing manufacturer labeling or packaging and/or drug names that look and sound alike.

- Limits the amount of floor stock on various units.

- Assures the safe storage of hazardous chemicals and materials in cooperation with the hospital's Safety Committee.

- Standardizes medication delivery devices whenever possible

- Standardizes prescription writing and prescribing rules.

- Standardizes IV solutions, drug concentrations, doses and administration times where appropriate.

- Provides staff education on medications and medication safety.

- Functions as a facilitator for Medical Staff, nursing and other departments to discuss issues related to medication usage.

- Reviews adverse drug reactions.

- Reviews medication administration error data. This data is tracked and trended for subsequent focus study.

Medication Error Reporting System

The Medication Error Reporting System is a non-punitive, system-based approach to error reduction supported by management, senior administration, and the Board of Directors. Practitioners are encouraged to detect and report errors. MERP teams analyze errors that have occurred within the organization and in other organizations for the purpose of redesigning systems to best support safe practitioner performance.

When a medication error or near miss occurs, a Medication error or near miss report is completed, in the RL:6 Risk reporting platform. Information from this report is used to track and trend errors.

The National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) classification, indexing and severity ratings for medication error reporting may be used in assessing errors. The goal is to improve the recognition of trends and relationships between medication errors, adverse drug reactions (ADR) and adverse drug events (ADE). Continuous improvement is provided through monitoring of all types of medication errors by type, severity, location, and personnel.

Quality Management Plan

The plan encompasses planning, designing, measuring, assessing and improving the organization's systems and processes.

Risk Management Program

Goal

The goal of the Risk Management Program is to reduce, modify, eliminate, and control conditions and practices that may cause loss. The safety and well being of patients, personnel, and the public shall have the highest priority.

Integration of Quality Management and Risk Management

An effective and integrated Quality Management and Risk Management Program that integrates and coordinates all quality improvement, patient safety and risk reduction activities to focus on the identification and correction of problems to the degree of adverse impact on patient care is essential.

Incident Reporting System

The Medical Staff of Mayers Memorial Hospital's internal Risk Management Program will include the following:

- An incident-reporting system, which is based upon the duty of all health care providers, employees, and medical staff members to report adverse incidents.

- The investigation and analysis of the frequency and cause of specific types of adverse incidents causing injury to patients.

- The development of appropriate measures to minimize the risks of injuries and adverse incidents to patients.

Unusual Event Policy

The purpose of the Unusual Event Policy is to:

- Ensure compliance with the mandated reporting requirements of Health and Safety Code 1339.63, which require reporting of any death or serious disability associated with a medication error.
- Support the improvement of patient safety and quality improvement initiatives, including those involving medication safety.
- Describe the process for disclosure of an adverse medication related event to the patient or the patient's representative.
- Assign responsibility for reporting to CDPH.
- Describe the process for conducting an investigation into the cause of the event, using root cause analysis, intensified review or other approved investigative process.

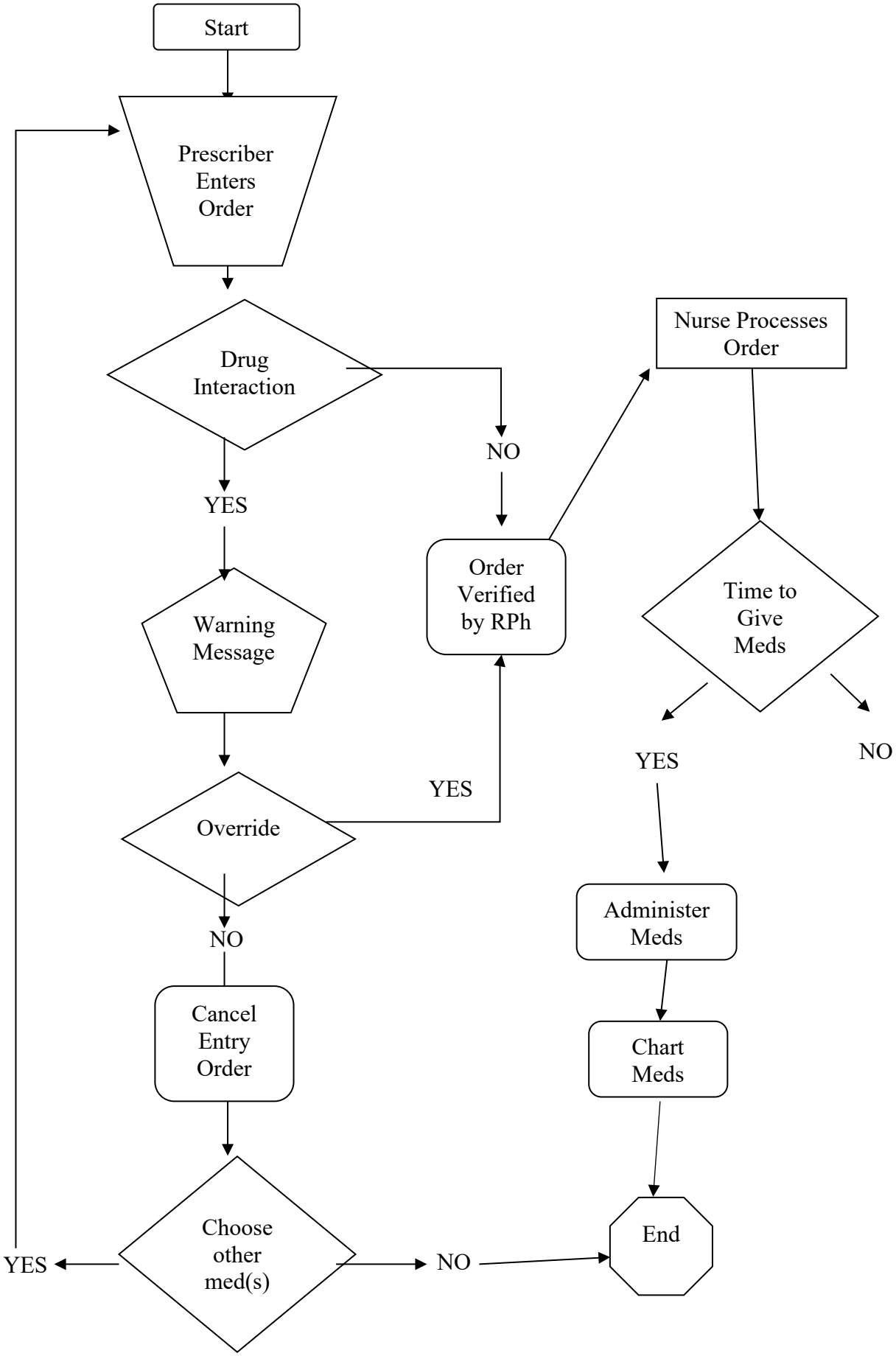
Medical Device Safety Act and Program

Mayers Memorial Hospital District has an Environment Patient Safety Committee that ensures that the hospital's environment is safe and that equipment operates safely, accurately, and reliably.

Biomedical inspects all new medical equipment entering the hospital for both electrical safety and functional operation before the equipment is placed into service. All medical equipment that is essential, directly or indirectly, for life support or is associated with higher than normal risk incidents during routine operation or requires, by reason of its complexity, a more intensive maintenance schedule is entered into the medical equipment database for preventive maintenance scheduling. All medical equipment requiring corrective maintenance is repaired and the service performed is documented.

All non-hospital owned equipment (rentals, doctor-owned, demonstration, leased, consignment, and patient-owned) is inspected for electrical safety and function prior to its initial use. Outside vendors must comply with all hospital equipment management policies and procedures. The Engineering Department shall ensure compliance.

All medical equipment related incidents are reported and processed in accordance with hospital policy and the Safe Medical Device Act of 1990. All medical devices recalls and hazard alerts are reviewed and if it is determined that corrective action is required, appropriate steps to ensure patient and staff safety will be taken.


Start
Prescriber Enters Order
Drug Interaction
YES
NO
Warning Message
Override
YES
NO
Cancel Entry Order
Choose other med(s)
YES
NO
Order Verified by RPh
Nurse Processes Order
Time to Give Meds
YES
NO
Administer Meds
Chart Meds
End

Lexicomp

Lexicomp is the leading provider of clinical decision-support tools designed to address the information needs of healthcare facilities and their professional staff. From the basics of drug identification to the impact of alternative medicine therapies, Lexicomp drug information is authoritative, accurate, and updated regularly. The information available on Lexicomp undergoes extensive review by an international editorial board of practicing professionals to ensure it is relevant, up-to-date, and reflects the most current clinical practices and research.

Drug Information

The drug information databases contain:

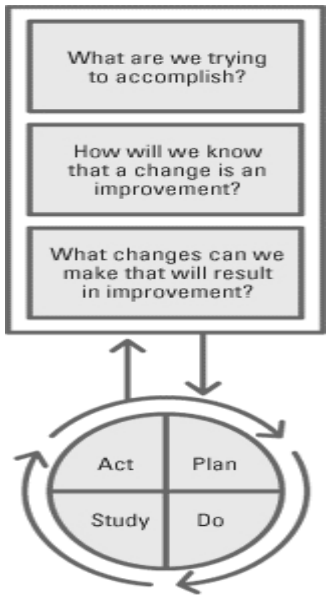
- Domestic and international data on drug ingredients, identification, dosing, cautions and effects.
- Information regarding pharmacokinetics, clinical applications, comparative efficacy, and place in therapy.
- Special emphasis on drug interactions and minimizing adverse drug events.

Patient Education

Easy-to-understand customizable documents, available in both English and Spanish, written for a sixth-grade reading level covering all aspects of medication usage.

Aim - PDSA

The goal of performance improvement programs is to measure, assess, and improve processes that relate to the outcomes of patient care. Performance improvement efforts are multidisciplinary or cross organizational in nature and may affect outcomes such as clinical status, satisfaction of patients or other customers, safety or risk reduction, cost containment, etc. The Quality Improvement/Patient Safety Program has selected Plan, Do, Study and Act as the model for improving performance.



Medication Safety Program

Abbreviations

A defined list of abbreviations, which are authorized for use in the Medical Record, is maintained by the facility.

Adverse Drug Reactions

Adverse consequences to medication therapy can result in morbidity, mortality and increased cost of care. Some adverse events due to medications are predictable and sometimes preventable. It is the goal of the Quality Improvement Patient Safety Plan to identify, analyze, trend, and reduce the number of adverse events to medications that occur in this institution, thereby improving patient outcomes.

Clarifying Medication Orders

It is the responsibility of the prescriber to assure medication orders are written in a way that results in the safe and rational use of the drug. Occasional pharmacist intervention may be necessary to document the intent of the prescriber and/or assist with adjusting the proposed therapy to obtain the intended results.

Competency Assessment

Competency assessment activities are performed for each staff member. These assessments determine the individual's ability to achieve job expectations as stated in their job description. The employee must also perform their duties while considering the special needs and behavior of specific age groups with respect to clinical interventions. Practitioners are provided with ongoing education about the safe use of drugs and error prevention.

Drug Information

The Pharmacy Department serves as the central point for information regarding drugs, their safe administration, side effects, and storage requirements. The pharmacy maintains current materials sufficient to meet the reference needs of the hospital and State and Federal regulations.

Drug Storage Areas

The Pharmacy Department is responsible for assuring medications are properly stored and accounted for throughout the hospital. Proper storage and accountability are intended to assure the availability of medications for patients that are within the manufacturer's intended potency and safety standards.

Floor Stock

The Department of Pharmacy is responsible for maintaining medication stock supplies in patient care areas throughout the hospital, as well as certain ancillary departments. Unit-based floor stock via

automated dispensing devices is to provide a means of obtaining medications quickly for the immediate needs of a patient.

Food/Drug Interactions

Some food and drugs interact to alter the intended actions of medications or produce undesirable adverse effects. The impact of food/drug interactions may vary from "mild and annoying" to "life threatening" in nature. A goal of the MERP is to identify potential food/drug interactions, modify the patient's diet or medication regimen, and when appropriate, to educate the patient about their diet and medication regimens before discharge from the hospital. This is a collaborative effort between Clinical Pharmacy, Physician, Clinical Dietician and Nursing.

Infection Control

Infection control practices are followed when storing, preparing and administering medications. This process is a collaborative effort with the Infection Preventionist, Medical Staff, Nursing, and Infection Prevention Committee.

Medication Administration

For a medication regimen to be most effective, medications must be administered appropriately. Medications are administered pursuant to a physician's order; the right medication, at the appropriate dose, to the patient for whom they were ordered, by the route ordered, and at times appropriate to the dosage frequency. All medication administration is documented in the patient's medical record.

Patients are identified by using two separate identifiers. Medications are administered exactly as ordered by the physician. The nurse giving the medication is responsible to visualize that the medication has been taken.

Medication Security

All medication storage areas shall be either locked or otherwise secured in such a way to prevent access to medications by unauthorized persons or diversion of medications to unintended persons; and to assure that they will be available to the patient when needed. Only licensed pharmacists or pharmacy personnel under the direct supervision of a pharmacist will have access to the pharmacy.

Medication Stop Orders

In accordance with regulatory agencies and in the interest of the welfare of the patient, automatic stop orders are necessary for individual and selected classes of medications.

Metric System

A standard weight and measurement system is used throughout the hospital to provide consistency with dosing and measuring practices while enhancing patient safety.

Patient and Family Education

The goal of patient/family education is to improve patient outcomes by promoting recovery, quick return to function, healthy behavior, and to involve patients in their care. Teaching the patient and/or their

family members or caregivers about the medications being prescribed, while hospitalized and at discharge, is a multidisciplinary process. Medication teaching is intended to improve compliance with prescribed therapy, reduce adverse effects of medications, and assess the understanding of the prescribed therapy.

Physical Environment

Medications are prescribed, prepared, dispensed, and administered in a physical environment that allows practitioners to remain focused on medication use without distractions.

Unit Dose System

A unit dose system is provided where appropriate and available.

Product Labeling

Labeling of medications is standardized according to MMHD policy, applicable to law and regulations and standards of practice. Unit Dose medications will include name, strength, lot number and expiration date. Compounded sterile products will include patient name, date of manufacture, name and amount of additive, and beyond use date.

Verbal Orders

At times, it may not be possible for the physician to physically write or enter a medication order for a patient when it is needed. The verbal order process allows medication therapy to begin through a mechanism meant to give the physician a method of caring for the patient, although they may not be physically present. Healthcare practitioners utilize Verbal Order Read Back when confirming orders. All verbal orders for medications are to be authenticated by the prescribing physician.

Clinical Pharmacy Program

Centralized Intravenous Admixture Service

The Department of Pharmacy is responsible for the preparation of intravenous admixtures intended for patient administration. The provision of this service is according to all standards relating to aseptic technique and is under the direct supervision of a pharmacist at all times. The preparation of sterile intravenous admixtures requires a comprehensive knowledge of aseptic technique, including attention to detail and uniformity of technique. Procedures for the safe handling and distribution of chemotherapeutic agents are necessary to assure the safety of the patient, as well as the health care worker. It is imperative that all personnel involved in the use of these agents understand the danger of these products and the policy and procedures required in their handling. Commercially prepared, premixed IV solutions in standard concentrations are utilized whenever available. All other IV admixtures are prepared in the pharmacy and distributed in individual patient specific doses, except in emergent situations.

Clinical Guidelines

The Clinical Pharmacy will develop medication utilization guidelines to provide for consistent intervention, maximization of drug therapy, improved outcomes, and efficient use of resources. The Medical Staff will approve all clinical guidelines that involve dosing of medications to patients.

Clinical Pharmacy Dose Monitoring System

To utilize the clinical pharmacy services in a consultative capacity, the medical staff member shall indicate such intent by using the Pharmacy to dose/monitor order either verbally or in writing. A clinical pharmacist shall act as a consultant under Medical Staff approved guidelines on the physician's behalf for the specific therapy indicted and make adjustments to the dosage, dosage interval, and/or order laboratory tests as deemed appropriate to ensure optimum therapy and patient safety. A clinical pharmacist shall make entries into the electronic medical record of each monitored patient's chart in such a fashion that all physicians and other care providers associated with the case will be clearly aware of the therapeutic goals and the dosing or monitoring currently being utilized to attain them. Open communication will be maintained at all times with the physicians and nurses associated with the case.

Clinical Pharmacy Operations

Pharmacists operate under the Interdisciplinary Plan of Care and a set of Clinical Guidelines approved by the Medical Staff.

Drug/Drug Interactions

Mayers electronic health record, Cerner® includes an automated software program for detecting drug/drug interactions. This system monitors both inpatient and outpatient drug therapy. The system provides information/warnings on all potential drug/drug interactions and severity levels.

Drug Product Defects

Drug product defects must be identified and reported by the Pharmacy Department to the appropriate regulatory agency such as U.S.P., F.D.A., and/or N.R.C. These defects must be identified to eliminate the potential for compromising patient safety.

Drug Recalls

The Pharmacy Department has designed a mechanism to ensure the retrieval and safe disposition of recalled medications.

Dual Check

Medications undergo a series of double-check mechanisms before administration to the patient. These orders are also checked by the RN caring for the patient. Non-emergent medications are checked by a pharmacist prior to dispensing, and these medications are checked by the RN prior to administration.

Expired Medication and Other Unusable Medications

Expired medications and other unusable medications are stored in a manner that prevents their use and distribution and ensures that they are disposed of safely.

Medical and Hospital Committees

Pharmacists will serve as members and consultants on interdepartmental and Medical Staff committees where appropriate.

Pharmacist Participation

Participation on a regular basis ensures the availability of pharmaceutical decision support in patient therapeutic assessments, the goal being to make relevant patient information available at the point of patient care.

Elements of Medication Management
Appendix 1

Prescribing
- Physician's Orders P&P
- "Thou Shall Not Use List"
- Approved abbreviations list
- Reporting critical & non-critical test results
- Drug Class Administration

Prescription Order Communications
- Physicians Orders-Verbal and/or Telephone P&P
- SBAR communication program

Product Labeling
- ISMP Recommended Tall Man Letters
- Use of Multidose Vials P&P
- Unit dose packaging P&P
- Concentration changed label
- Surgery/Anesthesia syringe/basin labels
- Medication Added Label
- Hand written label

Packaging and Nomenclature
- Look-Alike or Sound-Alike Medications/ Confused Drug Names P&P

Compounding
- See manual Sterile Compounding

Dispensing
- Use of Oral Syringes P&P
- Look-Alike or Sound-Alike Medications and Confused Drug Names P&P
- Potassium Pre-mixed IV solutions list
- Potassium Parenteral P&P
- Heparin Pump Warning

Distribution
- Pyxis Stock List

Administration

- High Alert Medications P&P and Flowsheet
- Medication Administration Times
- Medications Flow Sheet
- Continuous Narcotic Drip Record

Education

- Med-Surge (Acute Care) Orientation
- Medication Reconciliation
- Medication Error Non-Punitive Environment Survey

Monitoring

- Unusual Events P&P
- Adverse Drug Reaction P&P
- Adverse Drug Reaction Report

Use

- Unusual Events
- Opiod Tolerant-Fentanyl Patches
- Formulary Policy-Droperidol