

**University of Utah Hospitals & Clinics
Health System Pharmacy Administration Residency**

Medication Safety

Rotation Preceptors: Carolyn Kowalchik, MS, Shantel Mullin, PharmD, BCPS, Jennifer Grover, PharmD, MS

Site Description: University Hospital is a 438 bed acute care academic medical center with many critical care units (surgery, medicine, neurosurgery, newborn, burn), a regional trauma center, and receives many patients from referring healthcare providers in the intermountain area. The inpatient division also cares for patients in the Emergency Department and Infusion Center. The pharmacy is highly automated with bar code dispensing, automated dispensing cabinets, and the hospital has computerized prescriber order entry and electronic medical records and medication administration records. Pharmacists are highly integrated into unit based care of the patients and have an integrated model of practice that fosters an exceptional patient experience.

Rotation Description:
Resident will participate in department medication safety initiatives. Resident will become familiar with medication safety tools such as root cause analysis and failure mode effects analysis.

RLS Goals:

Goal R1.1: Lead departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of a health system’s medication-use process.

Obj R1.1.1: Effectively represent the pharmacy perspective on an interdisciplinary team redesigning a selected aspect of the organization’s medication-use system.

Obj R1.1.2: Exercise effective leadership of a team tasked with the redesign of a selected aspect of the medication-use process.

Goal R1.4 Participate in the development and coordination of medication-use policy initiatives.

Obj R1.4.1: Participate in oversight of the formulary management process.

Obj R1.4.2: Participate in the pharmacy department’s selection of, contracting for, and procurement of a product being added to the formulary.

Obj R1.4.3: Oversee the completion of a medication-use evaluation (MUE).

Goal R2.1: Develop a quality improvement plan for the pharmacy department that integrates with the health system’s quality initiatives.

Obj R2.1.1: Participate in the development or revision of the pharmacy’s quality improvement plan.

Goal R2.5: Understand how to coordinate a health system’s medication safety oversight program.

Obj R2.5.1: Explain the components of an effective system for tracking, trending, and reporting adverse drug events (ADEs).

Obj R2.5.2: Explain the organization’s patient safety program and how it fits with the pharmacy’s medication safety program.

Activity	RLS Goals	Teaching Methods
Read University of Utah medication management policies to understand how they contribute to a safe and effective medication-use system. Attend Medication Safety Committee monthly. Lead a team to redesign an identified safety issue. Present current ISMP newsletter summary at Medication Safety Committee and work with interdisciplinary team to assure ISMP recommendations are considered and implemented when appropriate.	R1.1	I, M, C, F
Select pertinent medication safety concern and plan project(s) to address and resolve issues	R1.4	M, C, F

Attend P & T and Medication Safety Committee Complete a medication- use evaluation and vaccine and medication reconciliation audit.		
Develop/ Update a quality improvement plan for the pharmacy department.	R2.1	C, F
Understand how PSN is used at University Health Care. Enter pharmacist response to reported events in PSN	R2.5	I, M, C, F

Teaching methods : I = Direct Instruction, M= Modeling, C= Coaching, F= Facilitation

Reading and Resources:

Quality Improvement Initiative (QII) ASHP

<http://www.ashp.org/Import/PRACTICEANDPOLICY/PracticeResourceCenters/QualityImprovementInitiative/QII.aspx> (Resources and recorded webinars)

www.SafetyLeaders.org

<http://www.ihl.org/IHI/Programs/IHIOpenSchool/IHIOpenSchoolforHealthProfessions.htm?TabId=4> IHI
Open School Courses

Desired entry characteristics for those to be trained for Medication Use Safety Coordinator Position
<http://www.ashp.org/Import/ACCREDITATION/ResidencyAccreditation/RegulationsStandards.aspx>

Joint Commission Standards - available in print or on Quality and Safety Intercomm link

Preventing Medication Errors - Institute of Medicine 2007

Medication Errors - Michael Cohen 2007

Assuring Continuous Compliance with Joint Commission Standards Charles Coe and John Uselton ASHP 2010

Medication Safety: A Guide for Health Care Facilities Henri Manasse and Kacey Thompson ASHP 2005

Tools for Medication Safety Joint Commission Resources 2009

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Project or Presentation Description: Various safe medication use projects will arise that are important to achievement of the mission and fit within the strategic plan of the pharmacy department.

Typical Daily/ Weekly/ Monthly Activities:

Typical work schedule: 0800-1630 Monday - Friday.

Monday: Meet with preceptor to discuss projects. The resident will meet with the hospital pharmacy management team each Monday at 9:30AM.

Monday-Friday: The resident will have time to read, plan projects, and execute the projects during the week. They will receive a list of meetings to attend at the beginning of the rotation and it will be reviewed each week.

Fridays at time negotiated with preceptor: The resident will summarize the work completed that week, review partial and final documents, discuss related topics or readings, plan projects for the coming week, and discuss progress and evaluations.

Monthly meetings: ART, Staff Meetings, Medication Safety, P & T, other pertinent meetings that arise. (e.g. BCMA, Cerner, Alaris, Falls, department management)

Quarterly meetings: ADR

Evaluation Process: The preceptor will conduct a midpoint evaluation. At the end of the rotation, the resident will conduct a self-evaluation. The preceptor will conduct an end of rotation evaluation with the resident. The resident will complete the preceptor and learning experience evaluations.