

New Medication Management Standards for 2008 Accreditation: Improving Practices to Improve Safety

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I have been a surveyor for the Canadian Council on Health Services Accreditation (CCHSA) for the past 5 years and have had the privilege of participating in surveys in several hospitals. As a member of the survey team (most often the only pharmacist), I have always been asked to comment on and assess pharmacy services. Until recently, the criteria for pharmacy services were rather vague, which made it easy for institutions to show things in a rosy light if the survey team did not have a pharmacy expert. With the implementation of new standards, planned for 2008, it will be possible to clearly observe and evaluate medication management processes, even without a pharmacy expert on the team.

The primary focus of the new medication management standards is still on pharmacy operations. However, CCHSA recognizes that a collaborative approach is required to prevent adverse drug events; as such, the new standards are intended to apply to the interdisciplinary team of service providers who are responsible for critical processes associated with safely using and managing medications within an organization.

The standards reflect the flow of medications through an organization, beginning with selection and preparation of a drug in the pharmacy and ending with its administration to and monitoring of clients. The scope and breadth of the new standards is substantially greater than the old ones: there are now 22 standards for medication management, comprising roughly 140 subcategories (compared with 5 standards in the old AIM [Achieving Improved Measurement] system). Each of the categories and subcategories is based on best medication management practices, with the aim of fostering excellence in medication management. With these new precise and structured standards, there is no

way that institutions can put anything out of sight. Gone are the days when good medication management practices were reserved for institutions willing to pay a “quality tax” to invest in state-of-the-art medication management practices.

In addition to the implementation of new standards, surveyors will also have new processes for gathering information. Institutions will still perform an initial self-assessment, but the surveyors will use a variety of tools and techniques to assess compliance with standards during the on-site survey. One of these on-site techniques is the use of “tracers”, interactive processes to gather evidence about quality of care and service. Using a tracer, the surveyor follows and observes processes associated with a standard to determine the degree of system integration. This is accomplished through focus groups and other types of group discussions, direct observations, rounds, on-site consultations, review of client health records and other documents, individual interviews, and direct observation. CCHSA surveyors will carry out both clinical and administrative tracers. In practical terms, this means that a surveyor might start in the emergency department, for example, and then follow the medication process from admission until transfer to the ward. During the process, the surveyor may pose questions about the medication management process to anyone involved, in order to assess compliance with the standard.



For More Information

If you have questions about the new standards, please contact Tracy Murphy, by e-mail at Tracy.murphy@cchsa-ccass.ca or by telephone at 613-738-3800, extension 249.

If you are interested in becoming a pharmacy surveyor, please contact Christine Niro, Director of Human Resources Development at the Canadian Council on Health Services Accreditation, by e-mail at Christine.niro@cchsa-ccass.ca or by telephone at 613-738-3800, extension 248.

CCHSA's standards represent practice excellence, and it may take time for some organizations to achieve them. Organizations that do not reach the standards immediately should not be discouraged. Instead, directors of pharmacy can use the new standards to promote change and to draw attention to what needs to be done. My experience as a surveyor has shown that

directors of pharmacy usually know what needs to be done to improve medication management, but they lack the administrative and budgetary support required for implementation of change.

In conclusion, there is no reason to be frightened of the new standards. Rather, use them as an opportunity to improve medication management practices within your institution to ensure optimal patient safety.

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