Pharmacists Take on In-Hospital Quality Improvement Initiative and Dramatically Impact Patient Care

Pharmacy in the Forefront

Patients may not always actively interact with the hospital pharmacist, however, pharmacists touch each patient in some manner and their role whether in the forefront or behind the scenes is critical in preventing a secondary cardiovascular event. It is the pharmacists’ responsibility to screen patients for appropriate medications making sure the medications are prescribed at the right time and in the right dose. Guidelines-based care utilizing multi-disciplinary teams to institute change such as Get With The Guidelines (GWTG) allows pharmacists to take an active and/or proactive role in the care of patients providing more widespread impact than ever before. Dr. Talbert, Professor in the College of Pharmacy, The University of Texas at Austin and the University of Texas Health Science Center states “There are two approaches to change; patient by patient, or system-wide. When you sit on a committee or are part of a multi-disciplinary team that is dealing with changes that affect patient care throughout the hospital the impact is much greater.”

Most health care providers, including pharmacists, have a passion to improve quality of care, making GWTG a great fit. There are multiple ways pharmacists can contribute to a program such as Get With The Guidelines. Dr. Talbert believes that pharmacists can play a critical role in introducing treatment guidelines to administrative decision makers and medical staff. In 1997, not long after Get With The Guidelines-Coronary Artery Disease (GWTG-CAD) principles were introduced, Dr. Talbert himself was a member of the team at University Hospital in San Antonio, a 500-bed, level-three trauma center that deals with up to 300 MI’s per year.

Positive Results at San Antonio Hospital

At University Hospital, guidelines-based care such as GWTG-CAD have helped to reduce secondary cardiac mortality to the lowest level of any hospital in the area – even though most of the hospital’s patients are indigent or living at or below the poverty line.

The hospital established guidelines for patient care several years before the American Heart Association (AHA) GWTG-CAD program was launched, giving the staff a head start in implementing a program utilizing a methodology that includes a team focus and a systematic approach to all patients with regard to their medication, except where it is contraindicated such as aspirin allergy or liver problems. Pre-printed care orders were used so that a consistent approach was applied to all cardiac patients using a standardized protocol, similar to what GWTG requires.

Dr. Talbert admits that initiating the new quality improvement program was not without its challenges. “One of the biggest ones was simply being able to get everyone together because each individual is so busy, and they have...
multiple responsibilities” he states. However, once the program started yielding results, the support was overwhelming. Getting administrators and key staff members involved stopped being a barrier once the importance of the guidelines was understood and results were documented.

Those results speak for themselves. Today, 88% of patients who are candidates for beta-blockers receive them, and 99% are taking daily aspirin. Not only have overall patient drug use patterns improved but University Hospital’s mortality rate from secondary heart attacks is the lowest in the city, coming in at an incredibly low 2.9%. The state mortality rate for secondary events is between 3% and 15%. “I believe this is due in a large part to the systematic approach the GWTG-CAD provides” comments Dr. Talbert.

Pharmacist Champion Spearheads Change
Dr. Kimberly Birtcher, Clinical Assistant Professor for the University of Houston, also believes that pharmacists can and should introduce the program but also that they can play key roles within the team such as collecting and analyzing data or assisting with writing order sets, similar to what she herself did when she helped implement GWTG at Methodist Hospital in Houston.

When no one at Methodist Hospital stepped up to implement the program after three meetings regarding the program, Dr. Birtcher was motivated to do so by the idea that pharmacy could be more integrated in to the care of the cardiac patient. Dr. Birtcher committed to collecting the data and moving forward. “Pharmacists and other medical staff are very quality minded and want to do the very best for patients. When you find out you’re not performing your best, you want to improve. That’s what makes the initial data collection and analysis so critical to successfully implementing the program.” The patient-care team at the Methodist-DeBakey Heart Center was surprised by the performance data that was collected and analyzed. Like many facilities they were complacent, believing that things were being done the way they should be. The data, however, painted a different picture. One thing in particular Dr. Birtcher recalls is that data on smoking cessation showed that less than 50% of patients were told to quit smoking, or at least there was no data documenting that it was done. This is why Dr. Birtcher believes that all parties interested in implementing GWTG should start with data collection and analysis. “The data speaks. It eliminates resistance and serves to motivate” she says.

Although Birtcher no longer works at Methodist Hospital she is an advocate of GWTG because it brings quality improvement responsibility out of administration/management level to staff level where change can happen. She suggests using small tests of change before implementing a new process on a wider scale. “This prevents mistakes from being implemented and then people getting disappointed and giving up because it didn’t work.”

Birtcher also recommends having a co-champion to support the efforts of the physician champion. The physician champion will not have time to do the “legwork” necessary to implement GWTG, but does play an important role in getting other physicians on board and speaking with hospital administrators about the importance of the GWTG program. The co-champion should be a hospital employee familiar with the procedures and employees necessary to implement the GWTG program.

GWTG requires an 85%+ sustained adherence to guideline performance measures in order to reach Performance Achievement Award Level and gain national recognition and Methodist Hospital was successful in reaching this level. Dr. Birtcher also believes that they are looking in to expanding the program by adding other GWTG modules such as Heart Failure and Stroke.

Both Dr. Talbert and Dr. Birtcher are examples of the critical role pharmacists can play in impacting patient care. Dr. Talbert concludes “The main point is that you have a group of medical professionals as stakeholders, with the expertise to develop an approach for each patient as an individual. For cardiac patients who stay within the system implementing such a program, the results are truly remarkable.”