

# Stronger Together



## Oncology Medication Safety: Building a Culture of Best Practices

May 20<sup>th</sup>, 2023

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Pharmacy Medication Safety and Quality Coordinator

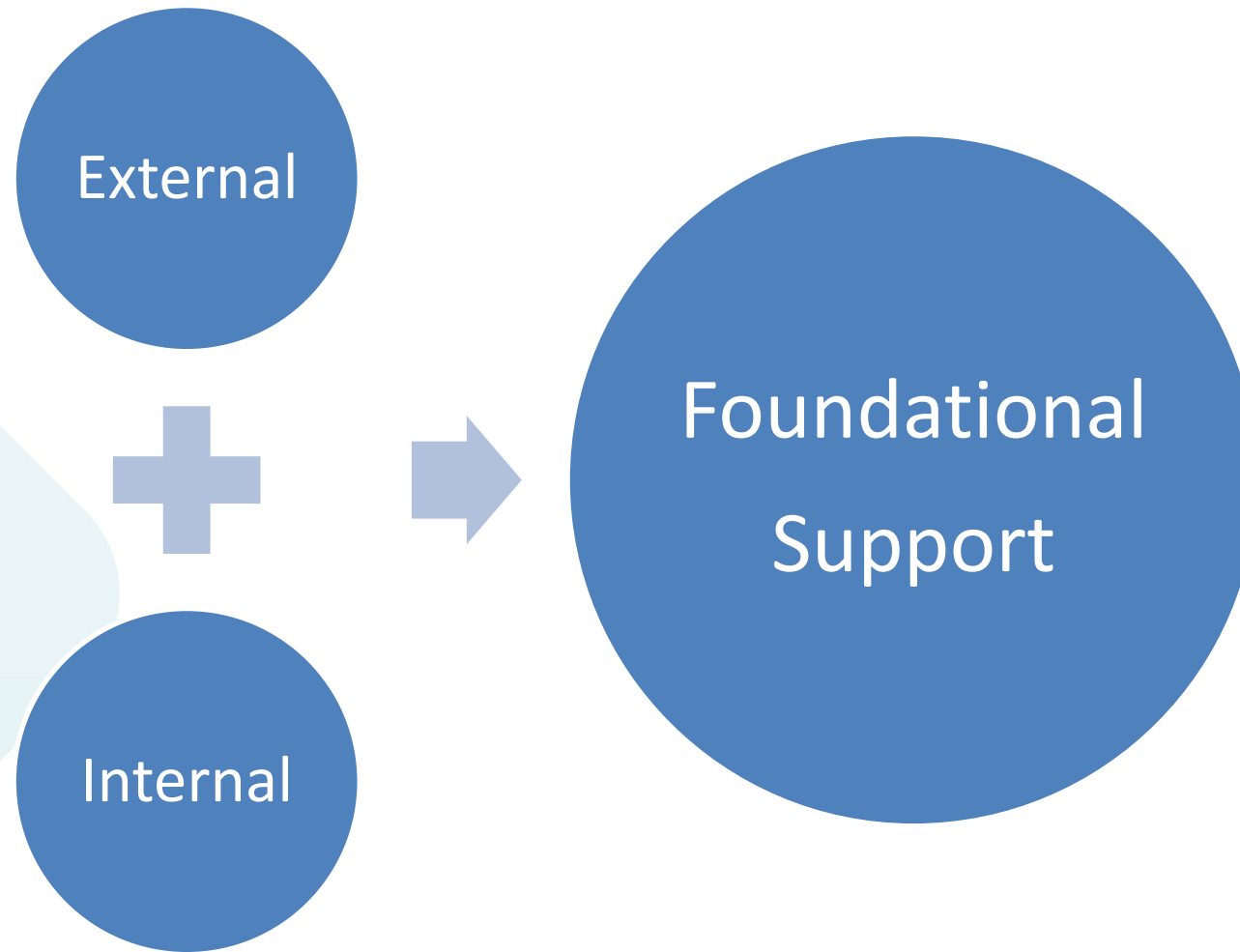
Memorial Healthcare System

MLS Oncology Pharmacotherapy Conference



- Identify foundational settings nurturing safety in your practice
- Explore various methods of establishing a culture of best practices
- Understand your role in continual patient safety and best practices







USP Gene  
Pharmace

**bps**<sup>®</sup>

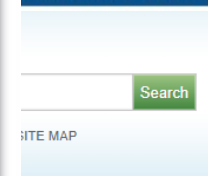


Examination Specifications  
Compounded Sterile Preparations Pharmacy  
Board of Pharmacy Specialties

## SAFETY briefs

**Confusion with Venclexta unit dose package label continues.** In our November 7, 2019 newsletter, we described several dispensing errors with VENCLEXTA (venetoclax) related to confusion with the packaging and labeling of the unit dose product. We have since received another report

## RESEARCH REPORT



of a

**bps**<sup>®</sup>

Examination Specifications  
Oncology Pharmacy  
Board of Pharmacy Specialties

Name of Credential	BPS Board-Certified Sterile Compounding Pharmacist
Certification-Issuing Body	Board of Pharmacy Specialties
Designation Awarded	BCSCP
Level of Proficiency	Specialty Certification
Target Population	Pharmacists who are responsible for ensuring that sterile preparations meet the clinical needs of patients according to quality, safety, and environmental control requirements, regulations, and standards in all phases of preparation, storage, transportation, and administration
Program Purpose	To validate that the pharmacist has the advanced knowledge and experience to ensure quality patient care and improve therapeutic outcomes and safety for medications that require sterile compounding



Name of Credential	BPS Board-Certified Oncology Pharmacist
Certification-Issuing Body	Board of Pharmacy Specialties
Designation Awarded	BCOP
Level of Proficiency	Specialty Certification
Target Population	Pharmacists who design, implement, monitor, and modify pharmacotherapeutic treatments; manage adverse events or clinical situations associated with cancer, cancer therapies, and non-malignant hematology; and facilitate and/or evaluate clinical trials, research, and investigational drugs
Program Purpose	To validate that the pharmacist has the advanced knowledge and experience to provide treatment and education that optimizes safety and outcomes for individuals receiving treatment for cancer or non-malignant hematologic conditions, palliative and supportive care, and/or survivorship care; as well as support for cancer detection, screening, and risk-reduction

Hazardous  
Handling

- Food and Drug Administration
- Food and Drug Administration – MedWatch Program
- Institute for Safe Medication Practices
- The Joint Commission
- Medicine Safety



**Figure 1.** Venclexta 20 mg unit dose package is labeled as 10 mg (top). Each tablet is 10 mg (bottom).

ous Abbreviations

G MEETINGS

no meeting available.

4, 13.7%)  
potential  
3, 30.7%),  
2, 14.4%)  
potentially

The Joint Commission. 2023  
ASCO QOPI® Certification Standards Manual 2020  
USP General Chapter <800> Hazardous Drugs Examination Specifications Update 2020  
USP General Chapter <797> Pharmaceutical Compounding—Sterile Ophthalmics 2022  
NIOSH list of antineoplastic and other SMN Medication Safety Alerts 2020 Volume 25

Policies &  
Procedures

Training  
Competency

Automation  
Technology

Risk  
Mitigation  
Strategies

Committees

Transparency





## MCI PHARMACY DEPARTMENT STANDARD OPERATING PROCEDURES (SOP)

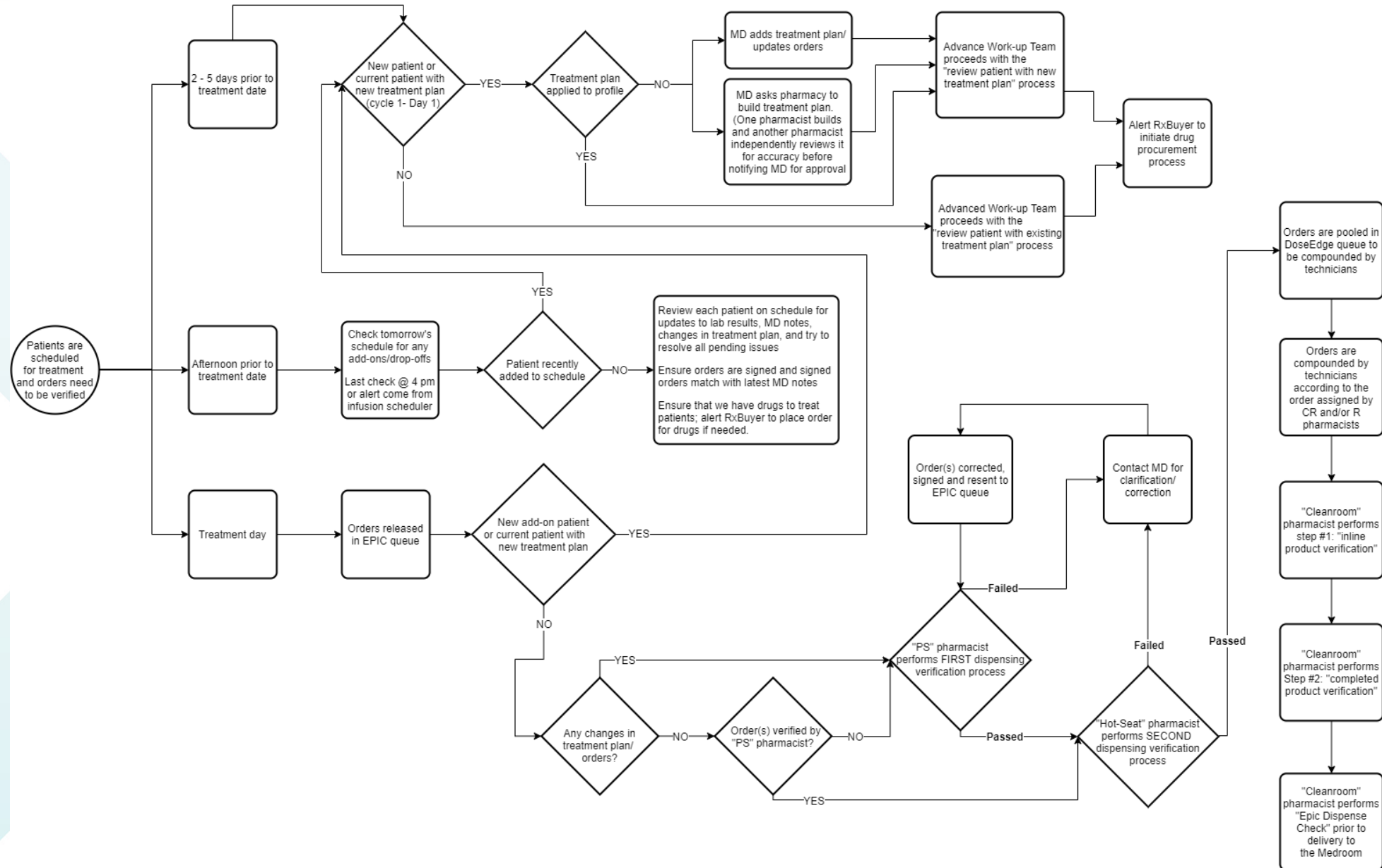
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### Timing of Standard/ Basic Lab Tests

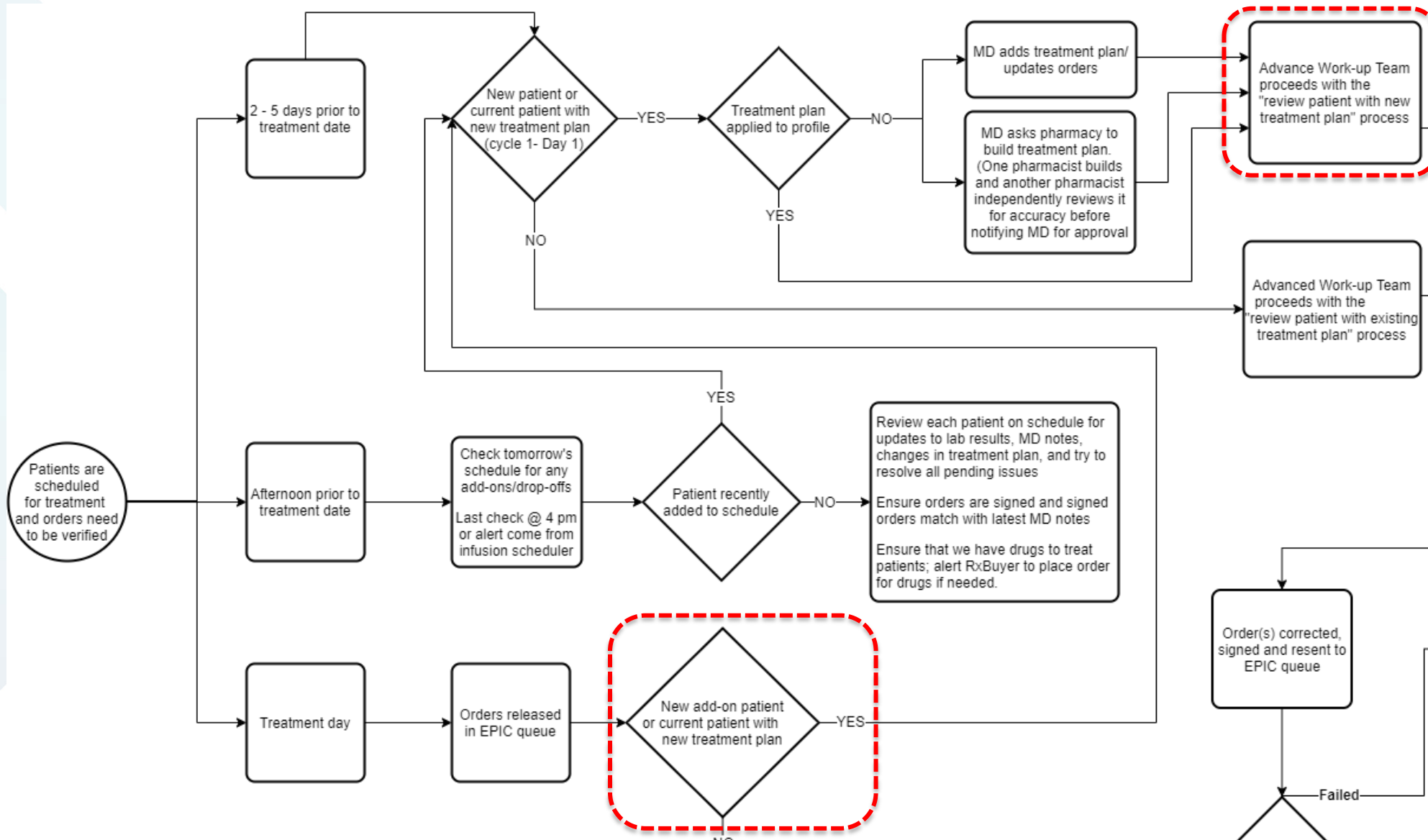
#### SOP # 701

#### Definitions:

- ***Treatment parameters:*** Hematology parameters, particularly neutrophil and platelet counts, or other tests (urine protein dipstick, pregnancy test, etc.), sufficient for treatment to proceed.
- ***Monitoring parameters:*** Include serum creatinine (SCr), electrolytes, liver function tests (LFTs), pulmonary function tests (PFTs), diagnostic procedures, etc. that assist the pharmacist in the monitoring of patients' ongoing chemotherapy.
- ***Advanced practice providers (APP):*** Include physician assistants (PA) and advanced practice registered nurses (APRN).



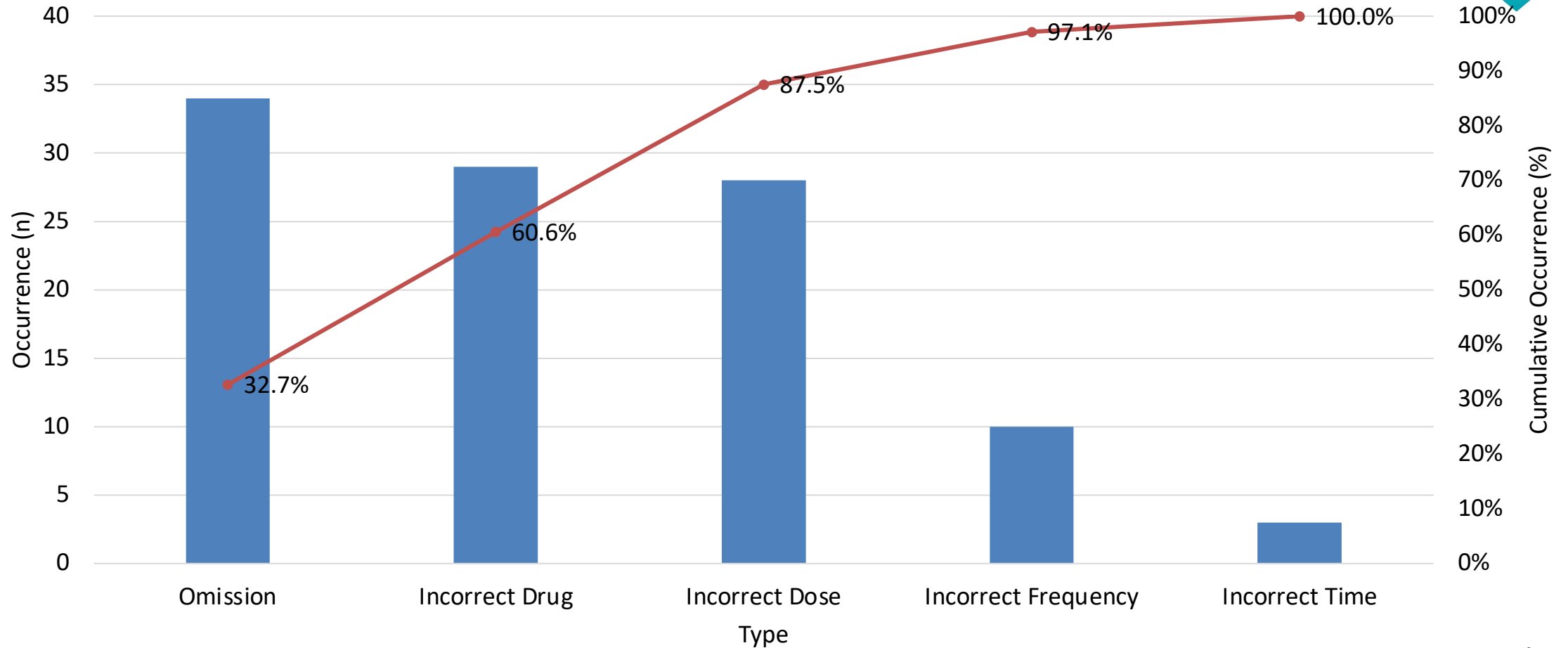




- Team members:
  - Clinical Specialist, Coordinators, Operations Manager, Safety & Quality

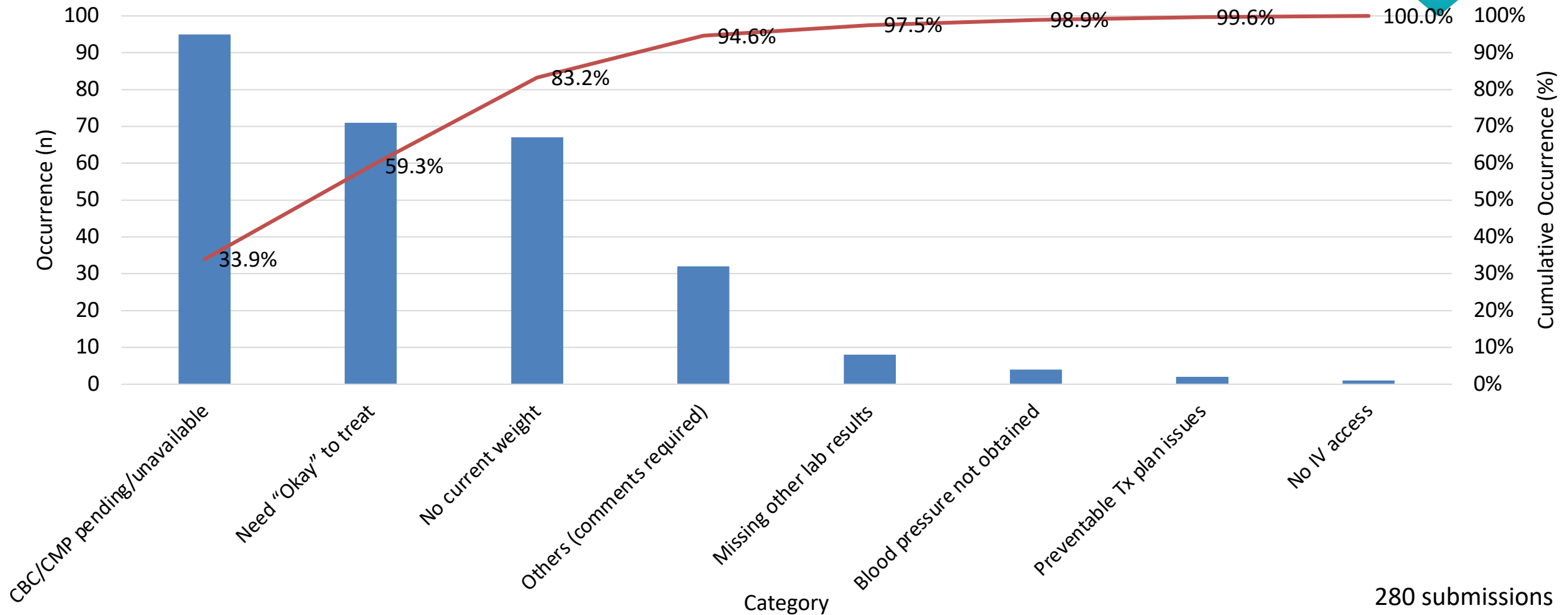
Fluorouracil	Vial size: 5,000 mg	% dose variance $\leq 10\%$	Drug concentration: 50 mg/ml
Standard Dose in mg	Rounding Factor in mg	Lower bound	Upper bound
	1 mg		100 mg
	10 mg	100 mg	200 mg
	20 mg	200 mg	500 mg
	50 mg	500 mg	2,000 mg
	100 mg	2,000 mg	5,000 mg
5,000 mg		5,000 mg	5,250 mg
	100 mg	5,250 mg	5,500 mg
5,500 mg		5,500 mg	5,750 mg
	100 mg	5,750 mg	6,000 mg
6,000 mg		6,000 mg	6,250 mg
	100 mg	6,250 mg	6,500 mg
6,500 mg		6,500 mg	6,750 mg
	100 mg	6,750 mg	7,000 mg
7,000 mg		7,000 mg	7,250 mg
	100 mg	7,250 mg	

## Great Catch - Medication Error Prevented



104 submissions

# Dispense Delays 2022



## Risk Mitigation Strategy





# Stronger Together



## MCI Medication Safety Committee

Marie Anne Louis-Jeune, PharmD, BCPS, LSSGB  
Pharmacy Medication Safety and Quality Coordinator  
Memorial Healthcare System



Department	% Meds Scanned	Medication Administration	% Patients Scanned	Patient Administration
MRH BCC INFUSION	100.0%	460/460	100.0%	460/460
MRH BCC INFUSION	100.0%	398/398	100.0%	398/398
MRH BCC INFUSION	100.0%	292/292	100.0%	292/292
MRH BCC INFUSION	100.0%	385/385	100.0%	385/385
MRH BCC INFUSION	100.0%	52/52	100.0%	52/52
MRH MCI INFUSION 270	100.0%	344/344	100.0%	344/344
MRH MCI INFUSION 270	100.0%	69/69	100.0%	69/69
MRH MCI INFUSION 270	100.0%	88/88	100.0%	88/88
MRH MCI INFUSION 270	100.0%	387/387	100.0%	387/387
HALL MCI INFUSION	100.0%	260/260	100.0%	260/260
HALL MCI INFUSION	100.0%	53/53	100.0%	53/53
MHW BCC INFUSION	100.0%	449/449	100.0%	449/449
MHW BCC INFUSION	100.0%	63/63	100.0%	63/63
MHW BCC INFUSION	100.0%	504/504	100.0%	504/504
MHW MCI INFUSION	100.0%	412/412	100.0%	412/412
MHW MCI INFUSION	100.0%	288/288	100.0%	288/288
MHW MCI INFUSION	100.0%	138/138	100.0%	138/138
MHW MCI INFUSION	100.0%	393/393	100.0%	393/393
MHW MCI INFUSION	100.0%	389/389	100.0%	389/389
MHW MHCT INFUSION	100.0%	18/18	100.0%	18/18
MHW MHCT INFUSION	100.0%	10/10	100.0%	10/10
MHW MHCT INFUSION	100.0%	99/99	100.0%	99/99
MHW MHCT INFUSION	100.0%	16/16	100.0%	16/16
MHW MHCT INFUSION	100.0%	210/210	100.0%	210/210
MHW MHCT INFUSION	100.0%	22/22	100.0%	22/22
MHW MCI INFUSION 159	100.0%	19/19	100.0%	19/19
MHW MCI INFUSION 159	100.0%	19/19	100.0%	19/19
MHW MCI INFUSION 159	100.0%	351/351	100.0%	351/351



Building a culture of safety and best practices may be achieved through leveraging

- A. Onboarding and continual training/competency
- B. Automations
- C. Healthcare system committees
- D. Policies and procedures
- E. Inter- and intradepartmental transparency
- F. All of the above



# Oncology Medication Safety: Building a Culture of Best Practices

**May 20<sup>th</sup>, 2023**

**Logan Moore, PharmD, BCPS**

Medication Safety and Quality Pharmacy Clinical Coordinator

**Miami Cancer Institute - Baptist Health South Florida (BHSF)**

**MLS Oncology Pharmacotherapy Conference**





# Objectives

## Provide

- Provide examples of safety touchpoints and engagement

## Describe

- Describe how key performance indicators (KPIs) can drive change

# Engagement and Reporting



- ALL healthcare roles play a part in patient safety and therefore should be educated on how to enter
- Pharmacy:
  - Technicians
  - Residents and students
  - Clinical pharmacists
  - Clinical coordinators and specialists
  - Managers and supervisors
  - Directors
  - Vice Presidents
  - Chief Pharmacy Officers

**But how can we  
build a strong  
safety culture?**

# Barriers to Building Safety Culture



- Concern event reporting will lead to punitive actions
- “Lack of time” to report events
- Event reporting system is “confusing” and “not standardized”
- Staffing constraints:
  - Can affect multiple departments (e.g., Nursing)
  - Safety layers that were previously in place may be bypassed
  - Proactive risk assessments may lose priority

# Reducing the Barriers



- Leave opportunity for team members to share concerns both privately or collectively
  - Acknowledge the barriers (e.g., staffing shortages, “pandemic era” changes)
- Make reporting adverse drug events easy and user-friendly
- Create multiple safety touchpoints with staff throughout the month
- Reduce severity bias, the severity of harm from an adverse effect should not determine whether leaders address a patient safety event



# Example of Safety Touchpoints



Safety Huddles



Interprofessional  
Med Safety  
Committee



Newsletters



Quality  
Improvement  
“Suggestion Box”



Great Catch  
Awards



Medication  
Safety  
Webpage



# Safety Huddles Tips



- Consistency can help build a culture of safety in a department
- Showing data such as key performance indicators (KPIs) can help team members visualize the gaps and track the progress of initiatives
- Review cases that are relevant to the audience following the best practices of Just Culture
  - Encourage other team members to present events
- Close the loop, provide updates on previous events and quality improvement projects

# Example Medication Related KPIs



- Barcode medication administration (BCMA) and patient wristband scanning
- Smart infusion pump guardrail compliance
- Automatic dispensing cabinet (ADC) override %
- Compounding workflow system bypass %
- Department-specific metrics:
  - Dispensing volumes
  - Order rejections
  - Medication delays
  - Medication waste
  - Pharmacy interventions



# Barcode Medication Administration (BCMA)



Location	December 2022		January 2023		February 2023		March 2023		April 2023	
	Med.	Pt.	Med.	Pt.	Med.	Pt.	Med.	Pt.	Med.	Pt.
MCI	92.2%	92.0%	92.0%	89.6%	94.5%	94.5%	95.1%	94.9%	95.9%	95.7%
Plantation	87.0%	87.2%	88.5%	88.3%	93.4%	93.6%	96.8%	96.7%	97.4%	97.5%
Overall	91.8%	91.7%	91.6%	89.4%	94.4%	94.4%	95.4%	95.1%	96.0%	95.9%

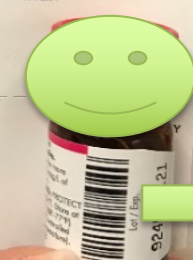
## BHSF Goal:

≥ 95% BCMA compliance

TESTwo, MCIPhys X  
DOB: 09/15/2012 (7 Years)  
MCI BrowardOnco —  
FIN: 903508188 — ORD#: 3173367485.00  
pegfilgrastim (Neulasta) 6 mg/0.6 mL syringe 6 mg  
(Neulasta)  
SubCutaneous — Day of treatment

[0.6 mL of 6 mg/0.6 mL Injectable]  
Do not administer between 14 days prior to and 24 hours after the administration of chemotherapy. Discontinue for ANC greater than 1,500/mm3 for 2 days and afebrile

Do NOT Use Beyond / / Prep'd by /  
Printed: 06/04/20 16:08 By: JONATHAN Dispense ID: 98950424  
Label Request — MCI\_Main Pharmacy Injection




Do **NOT** scan pharmacy label for administration

Scanning the product barcode provides an additional layer of safety to identify potential errors

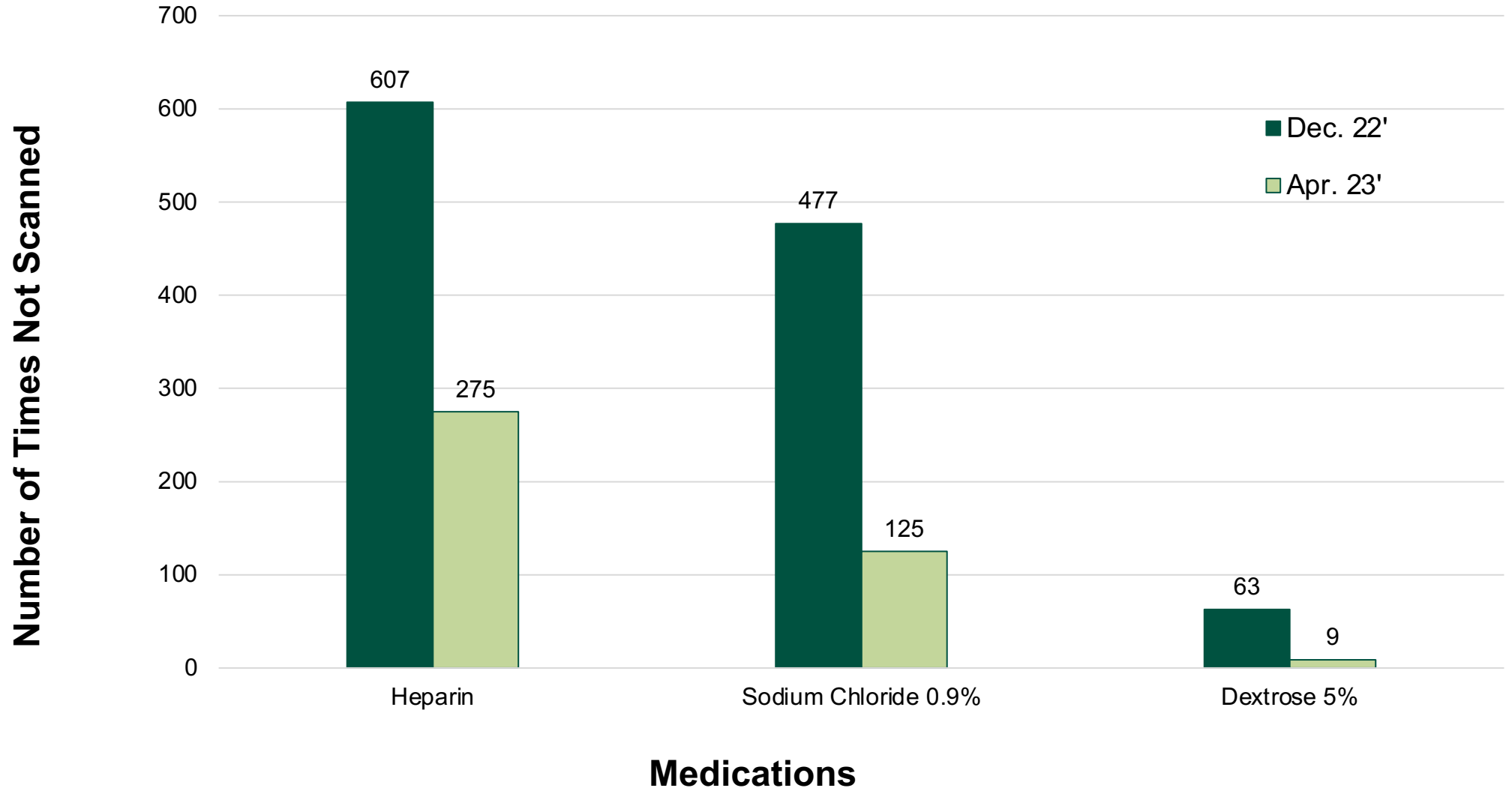
**DO** scan product barcode at administration



# Top Medications Not Scanned

**December 2022: (1,468 Not Scanned)**

**April 2023: (667 Not Scanned)**





# Goals for Reducing Order Rejections



Diminish patient wait times



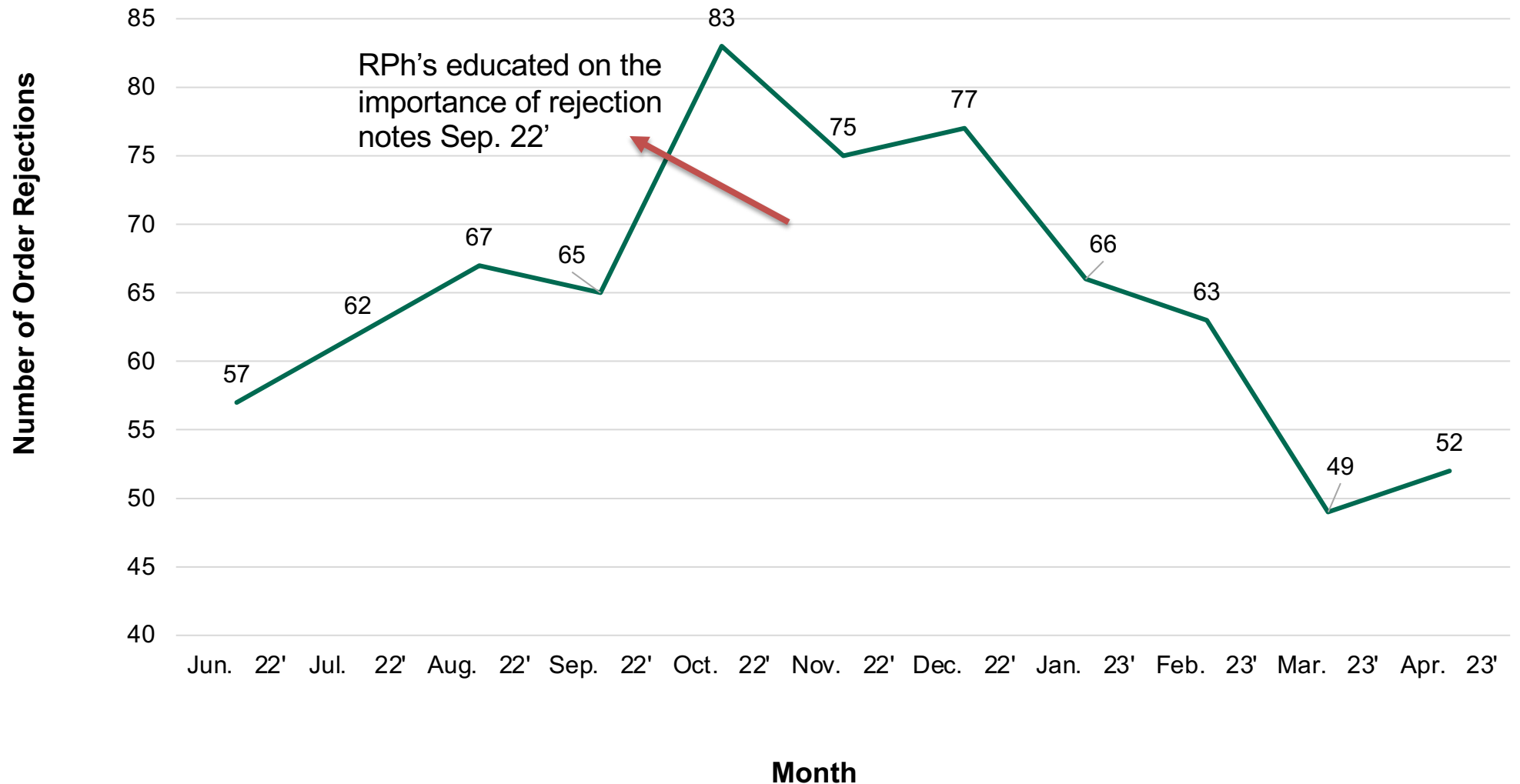
Increase patient safety by catching patients outside of pre-chemotherapy metrics



Improve interprofessional collaboration



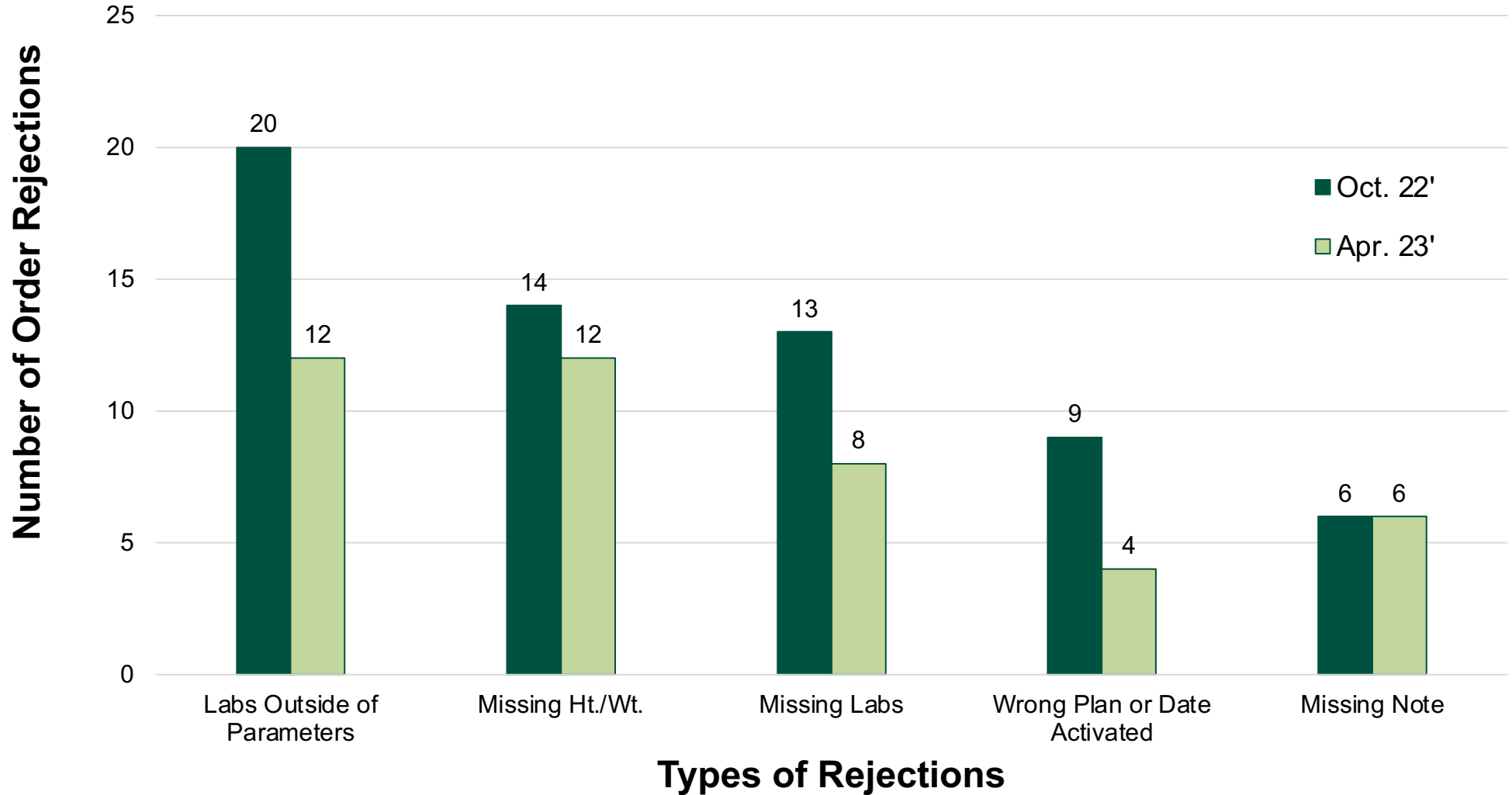
# Order Rejections Per Month



# Top 6 Reasons For Order Rejections

October 2022: (83 Rejections)

April 2023: (52 Rejections)



Ht: Height  
Wt: Weight



# Self-Assessment Question



Which of the following is a benefit of capturing, analyzing, and presenting KPIs?

- a. Can be a tool to further engage staff
- b. Can be used to internally benchmark and measure change over time
- c. May be helpful for staff to visualize the gaps or areas for improvement
- d. All of the above