QUALITY MANAGEMENT SYSTEM: ANALYSIS AND IMPROVEMENT IN AN ONCOLOGY PHARMACY UNIT

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BACKGROUND

One of the leading objectives of healthcare organizations is the continuous quality improvement. It is necessary to plan and implement the monitoring, measurement, analysis and control for the improvement processes of Quality Management System (QMS) and demostrate the ability of procesess to achieve the planned results.

PURPOSE

To analyze continuous quality improvement in the Oncology Pharmacy Unit (OPU) of a Pharmacy Service (PS) certified with a QMS based on ISO 9001:2008 standard.

MATERIAL AND METHODS

Retrospective observational study in a second level hospital, in which OPU has a work load of 636 preparations/month and 182 patients/month. The main key process involved is sterile compound-preparation, but other processes are included like pharmacoeconomics, drug safety, dispensation and logistics.

We revised all documents during and after implementation of QMS (december´13- september´15), recording data from incidents logbook, FarhosOncology® and QMS computer file (Openkm®):

Number of incidents, medications errors (ME) and non-conformities.
Quality Indicators (QI): **QI 1 (% intravenous mixture of chemotherapy returned to PS; standard ≤1%)** **QI 2 (errors registered in the progress of chemotherapy; standard ≤1%)**
Corrective actions
Recommendations for improvement.

RESULTS

We collected 199 incidents identified by PS staff in the incidents logbook, 6% of them were detected in OPU. → The major process involved were logistics (58,3%) and dispensation (33,3%).

We detected 69 ME:
- Medical prescription (43,5%)
- Preparation/dispensation (21,7%)
- Administration (10,1%)
- Pharmaceutical validation (17,4%)
- Extravasion/effusion (7,2%)

→ **14,5% of them produced damage in the patient.**

13,3% of all non-conformities (n=15) were related to OPU and some corrective actions were carried out:

1- managing appointments in Admission Service to avoid work overload in the outpatient pharmacy

2- increasing the amount of medication dispensed

3- PS staff training and meeting.

The monthly averages of QI were 0,35% (QI 1) and 0,5% (QI 2), reaching standard values.

The recomendations for improvement were:

1- Creating a new outpatients pharmacy to dispense oncological and hematological oral drug

2- Implementation a new lamiar flow cabinet to promise traceability of chemotherapy preparation

3- Implementation of the control automatic system to all refrigerator to improve the logistic of oncology and hematology drugs.

CONCLUSION

QMS are important work tools which help us to improve the healthcare quality, pharmacotherapeutic and safety of patient.

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