Medication Use Evaluation

Purpose and Scope

This policy establishes a Medication Use Evaluation (MUE) program at Spring Grove Hospital Center for the purpose of evaluating and improving medication-use processes with the goal of optimal patient outcome.

The purpose of MUE is: To improve an individual patient's quality of life through achievement of predefined, defined, medication-related outcomes, resolve actual medication-related problems and prevent potential medication-related problems.

Definition

Medication Use Evaluation (MUE) is a performance improvement method that focuses on evaluating and improving medication-use processes with the goal of optimal patient outcomes. MUE may be applied to a medication or therapeutic class, disease state or condition, a medication-use process (prescribing, preparing and dispensing, administering, and monitoring), or specific outcomes.

Each MUE addresses a particular group of drugs, condition or process involved in the appropriate use of medications. Each MUE is subdivided into two main sections. The first section is termed "Rationale," which outlines the reason for the criteria, based in either literature or "good medical practice." This may be in the form of information on pharmacology or therapeutics which may be useful to the clinicians when utilizing a particular class of medication. Medications or medication-use processes are selected for evaluation for one or more of the following reasons: Medication is used in high volume; medication has a high cost; medication poses a high risk; and/or the medication or medication-use process is a problem-prone. The second section includes the criteria which are divided into four categories. Each MUE may include any or all of the following: "justification of use," process criteria," "complications" and "outcomes."

Policy

MUE's are conducted within the facility as a process that is proactive, criteria based, designed and managed by an interdisciplinary team, a collaborative effort of prescribers, pharmacist, nurses, administrators and other health care professionals, and systematically carried out. They are conducted under the authority of the medical staff and are reported quarterly through the Pharmacy and Therapeutics Committee. MUE may be utilized by individual practitioners in assessing their documentation and prescribing practices and by clinicians involved in the peer review process. The criteria may also serve as a resource for pharmacists involved in maintaining and reviewing patient medication profiles.

Responsibility

The Clinical Director, through the facility's Pharmacy and Therapeutics Committee (PTC), is responsible for approving all steps in the MUE process. The Pharmacy Department in cooperation with the Pharmacy and Therapeutics Committee (PTC), is responsible for selecting drugs, drug classes, or medication-use processes, developing audit criteria, collecting data, and recommending appropriate action for identified problems, assessing actions taken and evaluating improvement.

Procedure

A. Appropriate medication or therapeutic class, disease state or condition and significant aspects of a medication-use process (prescribing, preparing, dispensing, administering, monitoring, and educating) or specific outcomes to be included in a MUE are identified and related problems that require improvement to optimize patient care are assessed and selected for review.

B. Medications or medication-use processes are reviewed that fall into one or more of the following categories:

   1. Medications which may present a major health risk to patients, either through adverse effects or possible interaction (medication, food or diagnostic procedure),
   2. Medications which are used in high volume or a medication-use process that affects many patients,
   3. Medications which are identified as problem prone,
   4. Medications which are high cost,
   5. Medications which are a critical component of the care provided for a specific diagnosis, condition or procedure (i.e. clozapine)
   6. Medication used in a high risk population,

7. Events/triggers (e.g., medication errors, toxicity, pharmacist interventions, and non-formulary use) suggest need for review.

C. Aggregate data, trends, patterns and thresholds (pre-established levels or points in the cumulative data that will prompt an intensive evaluation) are used in identifying potential problems.

D. Criteria are developed which are written, objective, explicit, and measurable indicators related to structure, process, and outcome of care. All criteria reflect current knowledge, clinical experience and current literature standards.

E. MUE criteria are approved by the Clinical Director or the medical staff through its PTC, with the advice, as necessary, of any other qualified experts in the use of the drugs.

F. Data is collected, analyzed and care evaluated. The findings are documented in a written report, which shall include the problems identified, recommendations for the solution, and plans for follow-up.

G. MUE's shall be reported quarterly through the Pharmacy and Therapeutics Committee.

H. Identified problems, as documented above, are forwarded to the PTC, for action, follow-up and assessment of improvement.

I. For MUEs designated by the Clinical Director, when criteria are not met, physicians who are responsible for care will be notified in writing or electronically and allowed to respond.

1. There are instances where deviations from criteria are appropriate and constitute good medical care. These deviations require adequate documentation in the medical record.

2. If the deviation from criteria is not documented or no response is received, the Clinical Director will be notified. These reports are used as part of the Credentials and Privileging process for all medical staff.

J. The medical staff, clinical departments and pharmacy will summarize their findings quarterly and communicate relevant information to the PTC, Medical Staff Executive Committee and Performance Improvement Steering Committee.

K. Issues which are identified by Medication Usage Evaluation shall be disseminated throughout the facility via the pharmacy newsletter, departmental meetings and other appropriate mechanisms in order to assist in educating the staff.

L. All data collected for Performance Improvement purposes are the property of Spring Grove Hospital Center and are considered confidential.

References:

American Society of Health-System Pharmacists. ASHP guidelines on medication-use evaluation. Am J Health System Pharm. 1996; 1953-5

Behavioral Health Administration Statewide- Pharmacy and Therapeutic Medication Use Evaluation Criteria, 1/16

Approved by

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