Indicators of Quality Care—What We Do Matters

Peter J Zed

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Clinical key performance indicators are measurable items that are used to track, assess, and improve the quality, effectiveness, and efficiency of patient care and clinical processes within a health care system.[1] The Canadian National cpKPI [Clinical Pharmacy Key Performance Indicator] Collaborative has established 8 evidence-informed national cpKPIs for activities performed by a pharmacist: medication reconciliation on admission, pharmaceutical care plans, resolution of drug therapy problems (DTPs), participation on interprofessional patient care rounds, patient education during the hospital stay, patient education at discharge, medication reconciliation at discharge, and a comprehensive bundle of direct patient care activities.[1] These core evidence-supported activities improve patient outcomes and should form the basis of how we practise, regardless of the practice area or specialty.

In this issue of the *Canadian Journal of Hospital Pharmacy* (*CJHP*), Carroccia and others[2] report findings from a national cpKPI patient registry based on data from 32 health care organizations (including 25 acute care hospitals) involving 275 896 patient visits for 2018. They report that the cpKPI care services most commonly delivered to patients were pharmaceutical care plans (59% of patients), DTP resolution (37%), and participation in interprofessional patient care rounds (36%). The least commonly delivered cpKPI activities were patient medication education during the hospital stay (7%) and at discharge (17%). The authors should be commended for this significant and complex undertaking to develop and report data from a national cpKPI registry; however, these results suggest low levels of activities for the 8 national cpKPIs. Much has changed across the country since 2018, in terms of the implementation and tracking of cpKPIs, and although these results appear low or even absent in some areas, they likely also represent under-reporting. Additional work is necessary to support pharmacists in delivering on all activities with established benefits for patients and also to contribute to a national cpKPI registry that will further describe and support pharmacy practice across the country.

Beyond the description of cpKPI implementation, this issue of *CJHP* also includes several papers that report the role of and activities performed by pharmacists in several unique practice areas. Chua and others[3] describe clinical pharmacists' activities and positive patient outcomes in adult patients with congenital heart disease. Pawluk and others[4] describe the role of pharmacy professionals in an evolving area, specifically adeno-associated virus (AAV)–based gene therapy in patients with hemophilia and other genetic disorders. They conclude that pharmacy professionals are integral to the continuum of care for AAV-based gene therapy, providing a wide range of activities such as product handling and preparation, patient education, medication management, and long-term safety monitoring. Ortiz and others[5] offer a lens on the pharmacist's role and impacts in the detection and management of patients with drug-induced liver injury. Falanga-Duchesneau and others[6] report an increased number of interventions and faster response time for pharmacists' care with the implementation of a vulnerability scoring tool to support prioritization of patients within their health care organization.

These important papers add to the strong evidence base of the pharmacist's role and positive impacts for patients, which are directly related to the activities performed, regardless of the practice setting or specialty. Several elements of this collective work go beyond the pharmacists' specific activities. First, proactivity and autonomy were prevalent in the practices described. Although the pharmacists' activities were performed in the context of an interprofessional team, reliance on other health care providers or administrators to deliver the care was not a barrier to the pharmacist-led activities. Second, despite heterogeneity in Canadian provinces in terms of pharmacist prescribing, Chua and others[3] describe a collaborative prescribing practice approved by both the hospital and the medical program, further enabling the pharmacists to act on the identified DTPs that required intervention. Taking responsibility for optimization of all aspects of pharmacotherapy is a critical element of optimizing care in a timely manner and of continuing to monitor and further refine pharmacotherapy as necessary. Finally, prioritization was important in these specialized areas. Within these populations of complex, high-risk patients, many of whom experience polypharmacy, the purposeful and well-executed consideration of contributing factors and prioritization of needs are critical to delivering care to the patients who need our attention and expertise the most and with the least delay. Many of these

patients are not easy to care for, and the value of spending the time, through purposeful approaches, to offer a pharmacist's expertise and care to these complex patients should not be overlooked.

Pharmacists' activities matter, and health care organizations need to enable pharmacists to proactively offer their full complement of activities to optimize both the efficiency and the effectiveness of care to patients in all practice settings. It appears that more work is needed to develop and enhance a national cpKPI registry to support best practices that will advance pharmacy practice. It is important and necessary for health care organizations to provide the required resources and expertise to deploy and implement a national registry of pharmacists' activities, and to collect and use these data, as we continue to lead in the advancement of pharmacy practice for our patients' benefit.

References

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Peter J Zed, BSc, BSc(Pharm), ACPR, PharmD, FCSHP, is Professor, Faculty of Pharmaceutical Sciences, and Associate Member, Department of Emergency Medicine, Faculty of Medicine, The University of British Columbia, Vancouver, British Columbia. He is also an Associate Editor for the *Canadian Journal of Hospital Pharmacy*.

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Address correspondence to:
Dr Peter J Zed
Faculty of Pharmaceutical Sciences
University of British Columbia
2405 Wesbrook Mall
Vancouver BC V6T 1Z3

email: peter.zed@ubc.ca