2018-2019 Cone Health Pharmacy Research Continuous Quality Improvement Committee Annual Report

Committee Members

Jennifer Kim, Randy Absher, Nita Johnston, Alison Grimsley, Pete Koval, Michelle Turner, Jackie Roh, Marjorie Jenkins, Ben Mancheril, Nick Gazda, Jimmy Merrit, Jeremy So, Michael Simpson, Nate Cookson, Kevin Ruedinger, Matt Carwile, Kathy Bender, Michelle Porter, Krista Kenney, Tia Ferguson, Angela Thomas, Jessica Buckner, Monette Mabolo, Brooke Baggett, Abby Ellington

Summary

In November 2018, Cone Health Pharmacy Department developed a continuous quality improvement committee centered on supporting pharmacy-led research, with goals of optimizing quality of research projects conducted and fostering interprofessional research. Initial action items included creation of a charter, scorecard, policies, and procedures, development of a Sharepoint site, and engaging key team members and stakeholders. All action items have been completed, and for fiscal year 2020, the focus will be on further developing and refining best practice processes and tools.

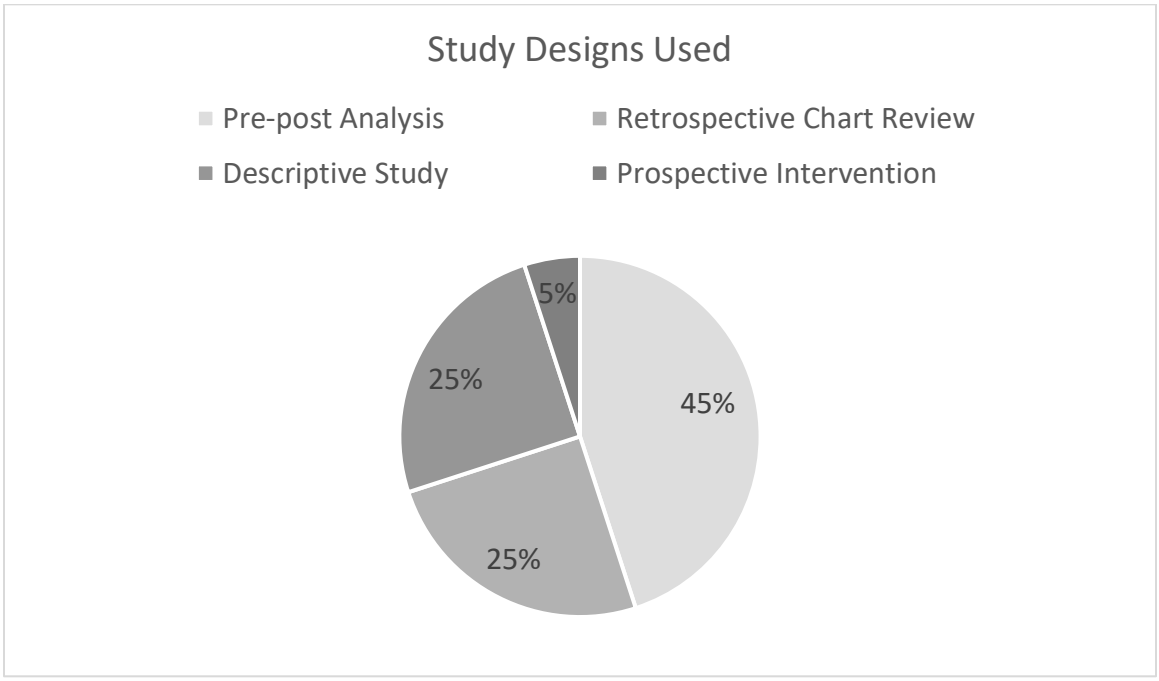
2018-2019 Cone Health Pharmacy Research Continuous Quality Improvement Committee

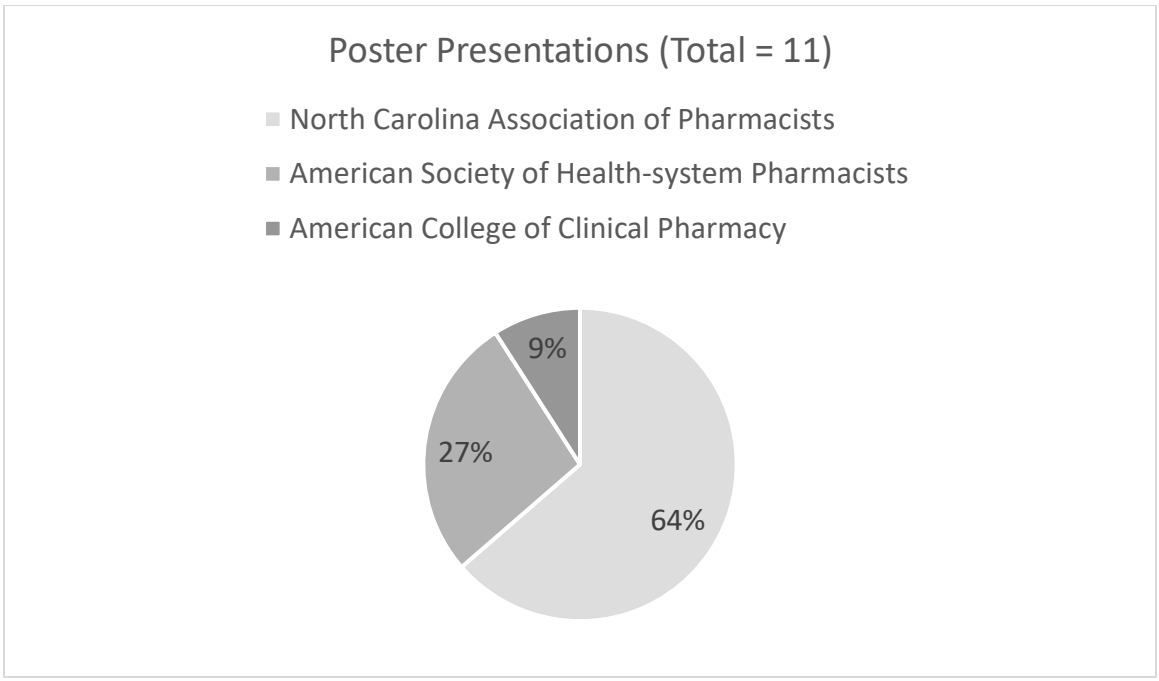
Annual Report

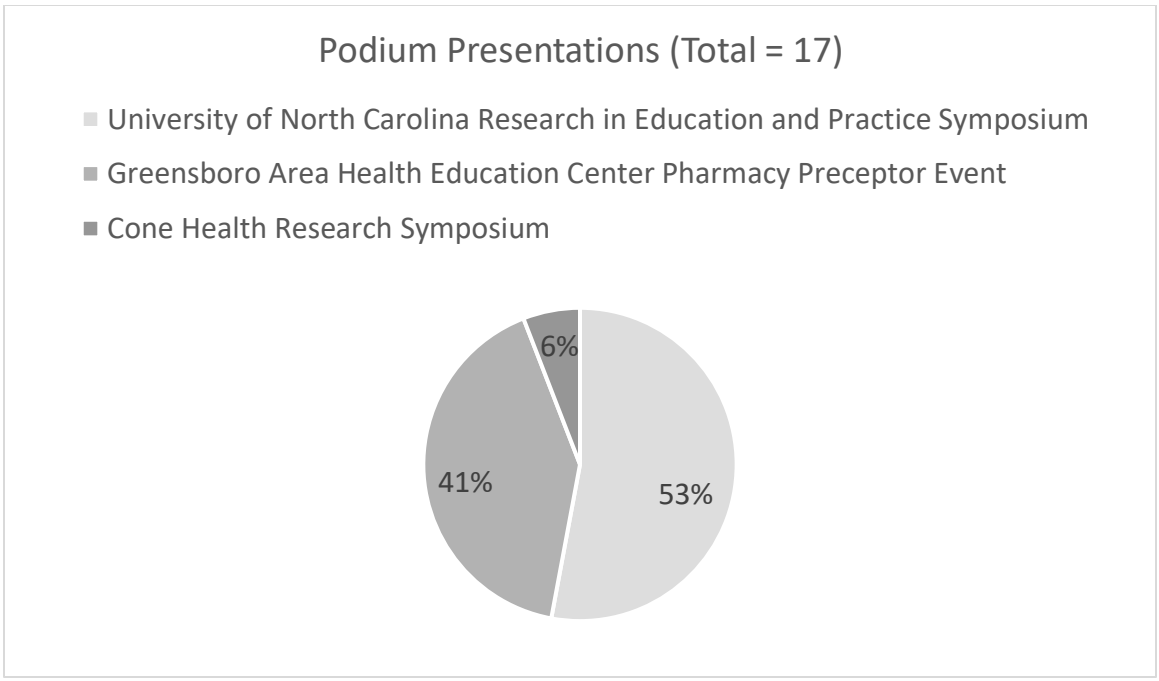
Number of Pharmacy Research Projects Completed 2018-2019

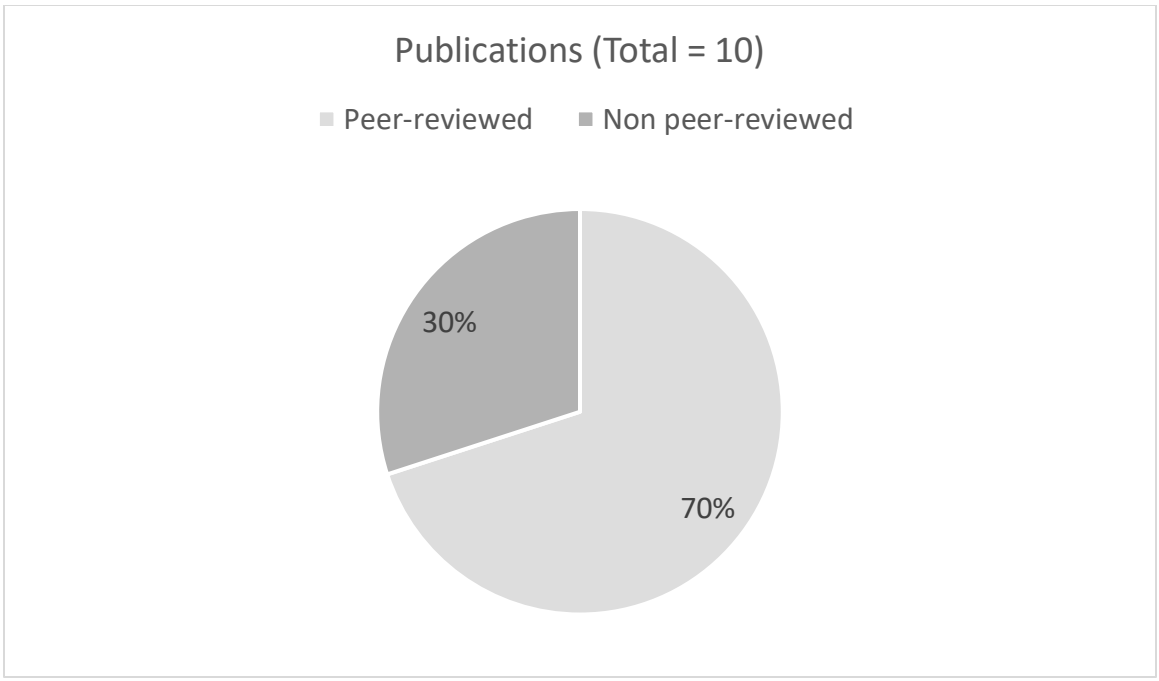
Total research projects, N	**20**
Residents participating in research, n	11
Moses Cone Hospital, n	9
Alamance Regional Medical Center, n	2
Students participating in research, n	9
Advanced immersion, n	7
Early immersion, n	2

4th-year students who completed a research project and subsequently a residency after graduation: 7 (100%)




Poster Presentations (Total = 11)
North Carolina Association of Pharmacists
American Society of Health-system Pharmacists
American College of Clinical Pharmacy
9%
27%
64%


Podium Presentations (Total = 17)
University of North Carolina Research in Education and Practice Symposium
Greensboro Area Health Education Center Pharmacy Preceptor Event
Cone Health Research Symposium
6%
41%
53%


Publications (Total = 10)
Peer-reviewed
Non peer-reviewed
30%
70%

2018-2019 SCORECARD		Measurements	Targets			Quarters Date Completed			
Quality/Safety									
Objective(s)	**Wt (%)**	**Measure**	**Threshold**	**Target**	**Stretch**	**1**	**2**	**3**	**4**
Develop a team charter	5	Charter document	Apr 19	Feb 19	Jan 19		1/17		
Create a scorecard	5	Scorecard document	Apr 19	Feb 19	Jan 19		2/21		
Develop policies and procedures	5	Policy/procedure document	Apr 19	Feb 19	Jan 19		2/21		
Research team CITI training	5	IRB training rate	60%	60-80%	**≥ 80%**		2/21		
Build a Sharepoint site	5	Sharepoint site	May 19	Mar 19	Feb 19		3/21		
Develop guidelines and standardized templates	5	Sharepoint folder	Jun 19	Apr 19	Mar 19			4/18	
Create a site to share future project ideas and opportunities (grants, conferences, journal submissions)	5	Sharepoint folder	Jun 19	Apr 19	Mar 19			4/18	
Create a repository for completed projects, including a historical list of publications to adapt for the future	5	Sharepoint folder	Jun 19	Apr 19	Mar 19			4/18	
Track progress of each project	5	Sharepoint folder	Aug 19	June 19	May 19			6/20	
Review research project podium presentations	10	% of presentations reviewed	60%	60-80%	**≥ 80%**			4/15	
Request project ideas from preceptors (resident and student)	5	Call for projects sent	Jun 19	Apr 19	Mar 19			4/25	
Collect preceptor research proposals	5	List of projects developed	Aug 19	June 19	May 19			6/20	
Approve preceptor project proposals	5	% of projects approved by Aug	60%	60-80%	**≥ 80%**				7/18
Project submission to IRB	5	Submission rate	60%	60-80%	**≥ 80%**				9/18
IRB report out on pharmacy research projects	5	Compliance with IRB procedures	60%	60-80%	**≥ 80%**				9/18
# of IRB submissions ÷ # of IRB closures	5	IRB submission/closure rate	60%	60-80%	**≥ 80%**				9/18
Approve student and resident developed research proposals	5	% approved by Oct	60%	60-80%	≥ 80%				FY20
Develop an annual pharmacy department research report compiling research projects	10	Annual Pharmacy Research CQI Report Completion	Oct 19	Aug 19	Jun 19				9/18

Pharmacy Research Quality Team Charter

Mission:
To utilize continuous quality improvement processes in order to support pharmacy research in a variety of service areas.

Meetings: 3rd Thursday of every month

Entity Designated Contacts:

Team Leader	MCH	WL	AP	BH	WH	ARMC	MCHP
Administrative Content							
J. Kim (2018) 2-yr term	N. Johnston						
Clinical Content							
	K. Bender N. Gazda K. Kang P. Koval E. Sinclair M. Turner M. Porter	R. Absher B. Persson M. Carwile				N. Cookson	

Activities:

1. Pharmacy research policies and procedures for IRB compliance
2. Scorecard to determine goals for the research team
3. Guidelines and templates for standardizing research
4. Sharepoint site
5. Facilitate submissions to best practices and other recognitions
6. Encourage multi-site studies and collaboration with other entities
7. List of current research projects and review processes to ensure quality
    a. Longitudinal projects
    b. Quality initiatives
    c. MUEs
    d. Other
8. Repository
    a. Future project ideas and mentors
    b. Opportunities (grants, conferences, journals, etc.)
    c. Completed projects, publications, presentations, outcomes, awards
9. Annual report to present to administration

Policies and Procedures

Policy Title: Pharmacy Department Research			
Department Responsible: Pharmacy	**Policy Code:**	**Effective Date:**	**Next Review/Revision Date:**
Title of Person Responsible: Chief Pharmacy Officer	**Approval Council:** Medical Executive Committee		**Date Approved by Council:**

PURPOSE:

A. To develop a systematic approach for managing research led by members of Cone Health Pharmacy Department.

B. To protect the integrity of pharmacy department-led research and adhere to the rules and regulations of the Cone Health Institutional Review Board (IRB).

POLICY:

A. Projects described by the following must be submitted to the IRB for review and approval prior to initiation of the study:

a. All pharmacy department-led research projects involving increase risks to human subjects who are employees and/or patients of Cone Health

b. Pharmacy-led projects without increased risks to humans (e.g. quality initiatives, medication use evaluations, surveys), but intended for dissemination of results outside the health system (e.g. publications, conference presentations).

B. Principal investigators must monitor and ensure compliance with procedures outlined below.

PROCEDURES:

A. **Education**

1. All investigators must complete IRB-required training before participating in research.
2. All investigators are responsible for staying updated on IRB training requirements.

B. **Committee Review**

1. Research projects described above must be approved by the Pharmacy Department Research Committee prior to submitting to IRB
2. In the interest of supporting project timelines, Pharmacy Department Research Committee members will use methods to review and approve each project, including but not limited to:

a. Attending pharmacy resident research project proposals
b. Reviewing research projects electronically through email or shared documents
c. Holding more frequent committee meetings (in-person or web conferencing)

C. **IRB Documentation**

1. Study protocols must clearly describe methods consisting of inclusion and exclusion criteria, design, and data analysis.
2. IRB records must be saved and accessible throughout the study and 1 year after completion. This includes protocols, consent forms, applications, approval letters, amendments, data collection tools, and any other forms and communication with IRB.
3. All projects must be closed with IRB upon completion.

D. **Data Collection**

1. Safeguards must be implemented to protect subject privacy as approved by IRB. This includes de-identification, secure storage, and destruction of data after study completion. Examples include but are not limited to: designating an organization laptop for data collection, saving a de-identified (removing medical record numbers or other identifiers) excel sheet, saving to a shared folder, or saving data to One Drive
2. Access to data must be limited to study personnel.
3. Adverse events or safety reports detected during research must be submitted to the IRB and other appropriate entities (e.g. Safety Zone, Food and Drug Administration).

REFERENCES:

Carter BL. Designing quality health services research: why comparative effectiveness studies are needed and why pharmacists should be involved. *Pharmacotherapy.* 2010;8(30):751-757.

PREVIOUS REVISION/REVIEW DATES:

Date	*Reviewed*	*Revised*	*Notes*
			Original effective date.