



Patient Safety & Clinical Pharmacy Services Collaborative (PSPC)

PSPC Aim:

Committed to saving and enhancing thousands of lives a year by achieving optimal health outcomes and eliminating adverse drug events through increased clinical pharmacy services for the patients we serve.

WHAT? The Patient Safety and Clinical Pharmacy Services Collaborative (PSPC), sponsored by the Health Resources and Services Administration (HRSA), is a breakthrough effort to improve the quality of health care across America by integrating evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex patients. Now in its second year (PSPC 2.0), the Collaborative is continuing the rapid spread of leading practices that improve patient safety and health outcomes in a health home model. PSPC 2.0 is building on the lessons learned and successes of the first year and expanding the work to a greater national scale

WHO? Driving the work of PSPC 2.0 are the 110+ participating teams representing over 350 organizations of community-based health care providers who are actively learning leading practices. Team members represent community health centers, poison control centers, hospitals, colleges and schools of pharmacy, Ryan White HIV/AIDS program grantees, primary care associations, state health departments and rural health clinics.

The Leadership Coordinating Council (LCC) of the PSPC partners with HRSA and community-based teams to advance the goals of the Collaborative. In addition to providing resources and support to teams, many of the LCC members actively serve as unofficial ambassadors, spreading news about the Collaborative, encouraging additional organizations to become involved, and tapping into and amplifying the knowledge, practices, leaders and methods generated as a result of the work. LCC members include national leaders from professional organizations spanning multiple disciplines, representatives from agencies across the HHS and other key stakeholders.

HOW? PSPC uses a fast-paced, iterative improvement method designed to support teams in testing and spreading leading practices found to significantly improve health outcomes and patient safety through the integration of clinical pharmacy services. Key to the method's effectiveness is the fact that these leading practices are drawn from real practice in organizations that have achieved outstanding results. Through an intensive series of Learning Sessions and Action Periods, PSPC teams learn the leading practices from expert national faculty and from each other as teams progress. During the Action Periods, which occur between each Learning Session, PSPC teams test, refine, adapt and implement changes within their health care organizations. Teams track and report monthly progress on multiple improvement measures, which include health outcomes, clinical pharmacy services and adverse drug events. Improvements are shared throughout the Collaborative learning system for mutual benefit.

PSPC teams focus on small panels of high-risk, high-cost, complex patients whose needs are beyond the reach of the current, traditional delivery system. By focusing on small panels of patients who are at the highest risk for poor health outcomes and adverse drug events, the teams are able to accomplish two goals. First, PSPC teams are able to identify the pertinent challenges for the patient population, allowing them to systematically address issues related to providing high quality, patient-centered care. Second, teams are able to conduct small scale testing that enables them to refine and adapt practices to their unique organizational needs, ensuring that systematic changes made are accepted and sustainable by the expanded health care team. This allows teams to detect improvements, over time, in this complex patient population.

WHY? For patients with chronic disease conditions, the lack of coordinated care across healthcare providers – primary care physicians, specialists, pharmacies and emergency departments – *negatively impacts* the safety and quality of care delivered. Medications play an integral role in managing chronic conditions, yet without coordinated care there are increased risks of adverse drug events related to polypharmacy, duplication of therapy, interactions or incorrect drugs or dosages. In fact, adverse drug events continue to be a leading cause of death and injury in the United States. Clinical pharmacy services have been demonstrated to improve adherence and medication use, and to prevent the occurrence of adverse drug events.

RESULTS? Over a twelve month period, PSPC teams have begun to transform the primary healthcare delivery system by establishing effective, interdisciplinary teams of care providers and integrating clinical pharmacy services into a patient-centered, health home. Additionally, vibrant partnerships have been created through the PSPC among providers in the community that previously did not exist. PSPC teams have also demonstrated improved health outcomes and patient safety in high-risk, high-cost, complex patients. With the assistance of improved data collection and documentation systems, PSPC teams are now able to use health outcome and safety data to implement system changes and improve patient outcomes.

WHEN? In its first year, the PSPC convened four Learning Sessions - from August 2008 to September 2009 – during which teams learned how to make rapid improvements and shared information on successful practices, e.g. what changes are working and why. The final Learning Session of the first year of the PSPC also served as Learning Session 1 for PSPC 2.0, and was held September 16-17, 2009 in Dallas, Texas.

PSPC 2.0 will run through Fall 2010. Learning Session 2 will occur in January 2010, Learning Session 3 will be held in the Spring, and the final Learning Session will be held in the Fall. Dates and information about the future Learning Sessions will become available at a date closer to the anticipated meeting time.

More information is available at <http://www.hrsa.gov/patientsafety>