

Aseptic/USP797 Implementation

What's Up In The Hood?

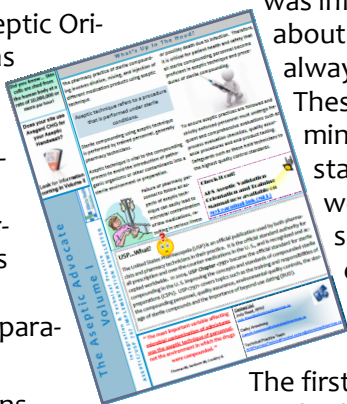
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Goal 4: Increase the extent to which pharmacy departments in hospitals and related healthcare settings have a significant role in improving the safety of medication use.

Objective 4.2: 80% of pharmacies in hospitals and related healthcare settings will conduct an annual assessment of the processes used for compounding sterile medications, consistent with established standards and best practices.

How to Change a Province?

The Technical Practice Team, Pharmacy Services, Alberta Health Services, led a province wide implementation of best practice standards for sterile compounding. The standards were aligned with USP797, and many current site/zone practices needed to be changed. An Aseptic Orientation Manual was created, became the provincial standard for sterile compounding and was available to all pharmacy staff members that prepare compounded sterile preparations (CSPs).



Implementation plans were shared with all sites/zones in the province and an "Aseptic Leads" group was formed! The leads group consisted of site and aseptic lead technicians from across the province. We needed to have the people that do the work, improve the work and processes, and communicate to other staff the importance of the project.

How do you make changes in 44 different sites at once?

Communication to all staff in the form of a bi weekly newsletter, the Aseptic Advocate!

The newsletter was created to inform all pharmacy staff of the new

best practice standards, helpful hints, trivia, and more.

When an Aseptic Advocate was delivered, via email, a "leads" huddle was held via Microsoft Lync® Online meeting. There was information sharing about new initiatives and always time for Q & A.

These "huddles" were only 15 minutes long, as to not take staff away from their busy work day for too long. Each session started with a poll question in able for us to get a quick indicator of progress.

The first session introduced USP797 standards, and how they are important to patient safety, and then advanced to the importance of personnel preparedness and competence. The topics covered included:

- Aseptic Handwashing
- Donning Personal Protective Equipment
- Fingertip Sampling
- The Work Environment
- Cleaning the Work Environment
- Maintenance and Room Integrity
- Good aseptic practices
- Orientation & Training Processes
- Final Product Checking
- USP 797 Risk Levels & Beyond Use Dating



Every week, as new topics were covered, tool kit items became an essential part of the project, providing staff with quick tips, posters, supply order information and numerous assessment checklists for all sites to use.

Three times throughout the implementation, FAQ documents were sent out to all pharmacy staff, providing information shared at the leads huddles.

All sites which prepare CSPs, were encouraged to complete the USP797 Gap Analysis Survey.

All sites in the province had great improvements for sterile compounding practices, and all with simple "quick-win" site changes. (graph below indicating % of improvement / zone from 2013)

Currently, a post implementation survey has been sent to project/aseptic of the leads. Once the survey is complete we will have a better understanding where sites are with implementation and how & where to lend a helping hand.

