# PEDIATRIC SATELLITE PHARMACY IN PRINCESS MARGARET HOSPITAL

CANDY LAU PHARMACIST PRINCESS MARGARET HOSPITAL

## SERVICE INTRODUCTION

## Medication error is a common cause of morbidity and mortality in NICU



Boquest Demissions

### SERVICE INTRODUCTION

#### **Pediatric Satellite Pharmacy with success**

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<u>Castile JA, Castile RG, Oʻ</u>	<u>Am J Hosp Pharm.</u> 1992 Sep;49(9):2192-7.	
Abstract The planning, implement three-month project invol	Justification for a pediatric satellite pharmacy at a tertiary-care institution. <u>Hawkins VA, Powell MF</u> . Pediatric Service, MetroHealth Medical Center, Cleveland, OH 44109-1998.	
intravenous admixtures, nursing staffs resulted in pediatric pharmacist wer participation on pediatric center, distribution of pe provision of pediatric nur the pediatric satellite pha	The justification for a pediatric satellite pharmacy is described. Of the 742 inpatient beds in a tertiary-care medical center, 150 are dedicated to pediatric patients. The pharmacy department provides services to both adult and pediatric patients from a central pharmacy. However, unit dose drug distribution services are not provided to the nurseries. Furthermore, the department lacks a core of pharmacists specializing in pediatric practice. As a result, the ability of the pharmacy to support pediatric drug use has been compromised, and medication errors and infection control problems have occurred that can be	c pharmacy for 75% of its t, processes new orders, decentralized pharmacist, a
worked with the system pharmacy were designat pediatric satellite pharm:	a total gain attributable to a pediatric satellite pharmacy of approximately \$285,000 over five years. The satellite pharmacy	patient charts, provide nal programs, provides lication communication
PMID: 10248359 [PubMed - in	was approved by bospital administration. The pharmacy department's quality assurance committee will monitor the satellite's impact. The justification for a proposed pediatric satellite pharmacy included indications that the satellite could correct medication-related problems and improve pediatric care and that implementation would have a positive effect on finances.	rovide comprehensive

## PEDIATRIC SATELLITE PHARMACY

Set up in Princess Margaret Hospital in June, 2011

Located in NICU

**Targets: NICU and SCBU patients** 



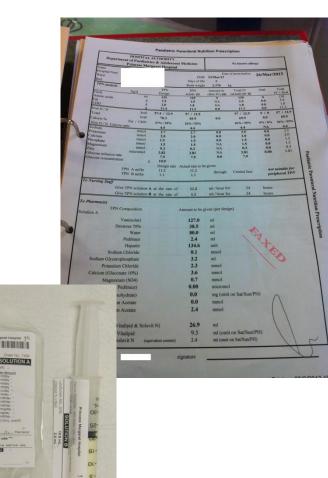
**SERVICES** 

### **Clinical Pharmacy Service**

### (Monday to Sunday)

- Ward-round with doctors
- Clinical screening of medication orders
- Drug information service
- TPN consult and review







#### **Clinical Pharmacy Service**

- Drug reference charts compilation
- Pharmacokinetics consult and therapeutic drug monitoring
- Protocols and guidelines development

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### **SERVICES**

#### **Medication Management Service**

- Individual patient dispensing
- Pharmacy Intravenous Admixture Service (PIVAS)
- Drug cart management
- Ward stock management





1.2ml NS Intravenous

101122-0220

Protect from Light Store in Refrigerator

### **SERVICE EVALUATION**

### July, 2011 to December, 2012 (18months)

# Database for documentation of workload, interventions, drug information

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### **SERVICE EVALUATION**

# Medication incidents collected from AIRS (Advance Incident Report System)

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2. Information for filtering administrators a. <u>Operation guide for filtering persons</u> b. Tips for filtering persons	Property Damage	All
3. <u>Hospital Filtering Person list</u> 4. <u>Root Cause Analysis Application Guidelines (Sep. 2004)</u> 5. <u>Sentinel and Serious Untoward Event Policy (Dec 2009)</u> 6. <u>Hospital Guidelines related on complaint and or incident management (PMH / CMC / KWH &amp; WTSH / YCH)</u> 7. <u>RCA Form</u>	Case Marker	All Status      (include 'Deleted')      Complaint case     Coroner case (not falling within category of Potential Medico-legal incidents)     EOC     Media case
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### **SERVICE EVALUATION**

#### Satisfaction Survey in September, 2012

Survey	on Paediatric	Clinical	Pharmacy	Services	and	Satellite	Pharmacy	/ Service
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#### Background Information

RANK:				
Consultant	Senior Medical Officer	Associate Consultant	D MO	Resident
DOM DOM	Ward manager	Advanced Practice Nurse	Nursing O	fficer
Nurse Specialist	Registered Nurse	Enrolled Nurse		

#### WARD:

A. Scope of services

#### According to the following list of services provided by pharmacy, which one will be the most helpful to you? Please indicate your preference in the order of 1-5 (1 is the most useful; 5 is the least useful):

- Clinical Pharmacy service (e.g. consultation service provided to doctors regarding patient's drug therapy, and review \_ patient's drug record for possible drug-drug interactions)
- \_\_\_\_ Satellite Pharmacy service (e.g. processing normal and urgent drug orders, ward stock supply)
- Pharmacy Intravenous Admixture Service (PIVAS) (e.g. preparing ready-to-administer syringe or infusion bags)
- Drug Information service
- \_ Education service for patients or nurses

#### B. Clinical Pharmacy Service

Please circle the number that best reflects the extent to which you agree that the following statements:

		agree	(gibe	Houtian	Disagree	disagree
1.	Clinical pharmacist can play an important role in assisting the physicians/nurses in managing patient's drug therapy.	1	2	3	4	5
2	Clinical pharmacist can expedite the clarification on the prescriptions and TPN orders, and smooth out the dispensing/ reconstitution process.	1	2	3	4	5
3.	Clinical pharmacist can take up the role of therapeutic drug monitoring of drugs such as aminoglycosides and vancomycin.	1	2	3	4	5
4	Clinical pharmacist on the ward can assist doctors in selecting a better choice of drugs and drug administration plans for patients.	1	2	3	4	5
5	Clinical pharmacist can assist in identifying and handling drug-related problems (e.g. administration, compatibilities problems of drug and TPN infusions)	1	2	3	4	5
6	Clinical pharmacist on the ward can intervene in time to minimize medication errors.	1	2	3	4	5
7	Recommendations provided by clinical pharmacists were helpful and reliable.	1	2	3	4	5
8	A clinical pharmacist on the ward can help sort out drug-related issues and allow nurses to spend more time with direct patient care activities.	1	2	3	4	5

How do you rank the level of satisfaction with the clinical pharmacy service provided?

D Very satisfied D Satisfied D Unsatisfied D Very unsatisfied

Prepared by PMH Pharmacy (8 Aug 2012)

#### C. Drug Information Service

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1.	You can obtain drug information easily from the clinical pharmacist.	1	2	3	4	2
2	You are satisfied with the response time by clinical pharmacist in answering drug information enquiries	1	2	3	4	5
3.	It is helpful to have a clinical pharmacist readily available on the ward, to answer drug information questions	1	2	3	4	5

How do you rank the level of satisfaction with the drug information service provided?

D Very satisfied D Satisfied D Unsatisfied D Very unsatisfied

#### D. Satellite Pharmacy service.

#### Please circle the number that best reflects the extent to which you agree that the following statements:

		agree	Agree	Neutral	Disagree	disagree
1.	You are satisfied with the response time dy satellite pharmacy in dispensing drugs required by your patients	1	2	3	4	5
2	Emergency drugs can be supplied in a timely manner	1	2	3	4	5
3	Since more dispensing related tasks are taken up by the satellite pharmacy, the number of medication incidents involved in dispensing can be reduced	1	2	3	4	5
4.	You are satisfied with the ward stock, trolley items and dangerous drug togging up service	1	2	3	4	5

How do you rank the level of satisfaction with the drug distribution service provided by the satellite pharmacy? D Very satisfied D Satisfied D Unsatisfied D Very unsatisfied

#### E. Pharmacy Intravenous Admixture service

Please	circle the number	that best in	effects th	e extent i						
					Stro	ngly	Agree	Neutral	Disagree	Strongly
					80	ree	-			disagree

	can be provided by PIVAS	1	2	3	4	5
2	PIVAS can Improve patient drug safety by reducing the risk of MI in drug dilution and reconstitution	1	2	3	4	5
4	Nursing time on drug dilution and reconstitution can be reduced.	1	2	3	4	5
5.	Reconstitution of "first dose" in satellite pharmacy can reduce the delay of drug supply related to clarification of prescription and drug related problems.	1	2	3	4	5

How do you rank the level of satisfaction with the drug distribution service provided by the satellite pharmacy? D Very satisfied D Satisfied D Unsatisfied U Very unsatisfied

F. Communication between departments

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1.	There is sufficient opportunity for face-to-face	1	2	3	4	5

Prepared by PMH Pharmacy (8 Aug 2012)

	discussion with pharmacy stati					
2	You welcome more direct face-to-face interaction with pharmacy staff.	1	2	3	4	5
3.	A pharmacist on the ward serves as a good channel between the wards and pharmacy department.	1	2	3	4	5

How do you rank the level of satisfaction with the communication between you and the satellite pharmacy services? D Very satisfied D Satisfied D Unsatisfied D Very unsatisfied

G. Overall evaluation How do you rank the level of satisfaction with the overall services provided by satellite pharmacy? Very satisfied
 Satisfied
 Unsatisfied
 Very unsatisfied

#### H. Please list further commenta/concerns with regards to Paediatric Clinical Pharmacy Services and Satellite Pharmacy service:

.


## WORKLOAD STATISTICS

### **Medications reviewed**

18,305 patient days

**Medication orders screened** 

• 22,008

### **TPN orders reviewed**

• 4394

### **Drug information provided**

• 166

### Unit dose injections prepared by PIVAS

• 102,816

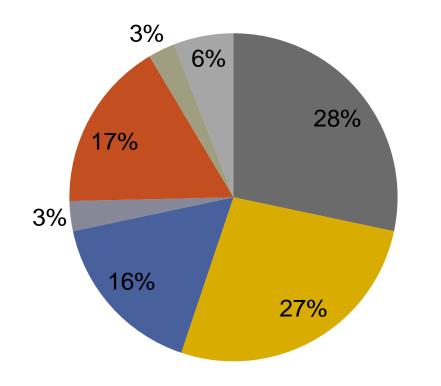
### MEDICATION INCIDENT PREVENTION

	Before Satellite Pharmacy	After Satellite Pharmacy
"near miss" per 1000- neonatal-activity-days prevented	7	28

### **INTERVENTIONS**

### 352 interventions documented

Interventions



■ TPN

Regimen(Dose, Freq, Route)

Drugs to be added/discontinued

Monitoring

Vaccination

Dilution and Administration

Others



### Fluconazole: CYP 3A4 inhibitor

- → increase level of erythromycin
- → QTc prolongation
- This drug-drug interaction was not prompted by computerchecked function

#### If not prevented, medication incident with severity index $\geq$ 3

#### Severity Index

- 0: Incident occurred but stopped before reaching patient. No consequence.
- 1: Incident occurred (reached patient) but no injury sustained.
- 2: Minor injury
- 3: Temporary morbidity 5: Major permanent loss of function/disability
- 4: Significant morbidity 6: Death

Patient was on Hydrochlorothiazide for Bronchopulmonary dysplasia Hydrocortisone was written when transcribing medication orders Discovered by pharmacist during medication order screening

- Dosage of both drugs are similar
- Both are common medications used in NICU
- $\rightarrow$  Error may be missed out

If not prevented, medication incident with severity index  $\geq$  3

Morphine infusion of initial dose **10mcg/kg/hr** was intended to be ordered by doctor

Dilution calculation problem occurred, **20mcg/kg/hr** was prescribed

On dosage checking, discrepancy found before drug was administered

Dose doubled

→ Increased risk of respiratory depression, hypotension

If not prevented, medication incident with severity index  $\geq$  3

#### NICU Infusion calculator

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#### NICU Infusion calculator

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[Dinoprostone] (10mg/ml)		nanogram/kg/min	mi/hour		
		6	see	Mix in NS [Do	
Thiopentone (500mg)	1-8 mg/kg/ <mark>hour</mark>	0 mg/kg/hour	calculated result	not mix with heparin]	
			Clear		
	Calculate				

Reference:

1. BNF for Children 2010

2. Medicines for Children, 2003. RCPCH 3. Pediatric Injectable Drugs 8th edition, ASHP

Disclaimer: All calculations must be confirmed by doctor before use @ prepared by PMH Pharmacy and Paediatric Department (Oct 2011)

#### NICU Infusion calculator

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ame: repared on: <mark>11</mark> ,,	April 2012	HN No: Bed: Pt	wt:1 kg	
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orphine 5mg/ml) Inj	<1month; 5:40 microgram/kg/hour; 1- 6month:10:30 microgram/kg/hour; >6month: 20:30 microgram/kg/hour	10 microgram/kg/hour	2 ml/hour	Mix 0.5 mg up to 100ml with NS or D5. Dilution Method: Add 7.5mg (0.5ml Morphine 15mg/ml Inj) to 7ml H2O to make a DILUTED MORPHINE solution [7.5mg per 7.5ml]; Mix 0.5 mg (0.5 ml diluted morphine) up to 100ml with NS or D5 [Incompatible with heparin]

## SHORTEN DISPENSING TIME

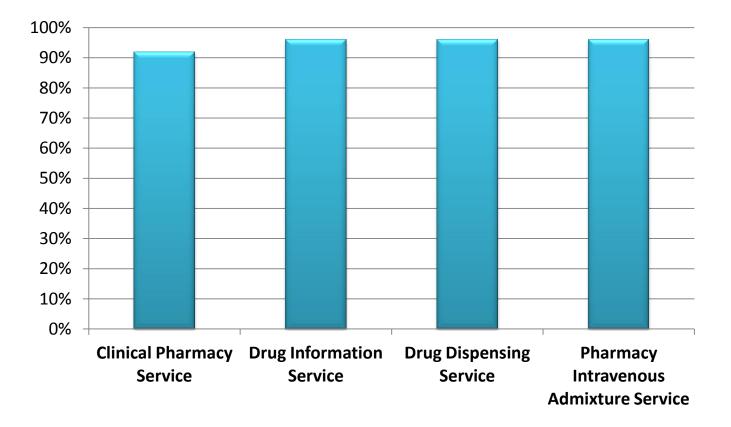
	Before Satellite Pharmacy	After Satellite Pharmacy
Turn around time for routine orders	3 hr	20 min
Turn around time for urgent orders	30 min	8 min

## MEDICATION INCIDENTS

Medication Incidents			
During operation hours	During non-operation hours		
None	11		
	<ul> <li>9 discovered by clinical pharmacist during medication order screening</li> <li>7 dose omissions</li> <li>1 transcription error</li> <li>1 wrong dose</li> </ul>		

### SATISFACTION SURVEY

### **Overall Satisfaction**



### CONCLUSION

### **Pediatric Satellite Pharmacy**

**Reduce medication errors** 

**Reduce time for drug dispensing** 

Save nursing time for drug preparation

Well-accepted by most doctors and nurses

Improve overall patient quality and safety

