



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 100

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**Impact of Haematology Clinical Pharmacy Service in Princess Margaret Hospital**

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**Keywords:**

Pharmacist

Haematology

Pharmacy

**Introduction**

Chemotherapy agents are often associated with numerous adverse effects. Drug education is of significant importance to optimize the use of supportive medications, antibiotics and antifungal prophylactic therapies.

**Objectives**

A new Haematology Clinical Pharmacy Service was started in October 2015 at Princess Margaret Hospital. The service aim was to provide patient counselling and clinical screening of chemotherapy orders for haematology patients.

**Methodology**

Patients were referred to the clinical pharmacist by haematologists at the out-patient haematology clinic. Drug counselling on the prescribed chemotherapy & other supportive medications was provided for each patient. Pharmacist also attended weekly in-patient ward round with haematologists. Clinical screening for prescriptions was performed (including chemotherapy and other supportive medications). Chemotherapy dosages were verified against patient's latest body surface area. Correctness of diluent, drug compatibility, drug concentration, infusion time, supportive medications, antibiotics & antifungal prophylaxis were also checked against the chemotherapy protocols.

**Result**

There were 284 sessions of haematology pharmacist out-patient clinic and 87 sessions of ward round over 2-year period from Oct 15 to Sep 17. A total of 815 patients counselling sessions were performed and 1348 chemotherapy prescriptions were clinically screened. There were 256 interventions documented and 188 drug information enquiries received. Ninety-eight (38.3%) interventions were related to chemotherapy (e.g. incorrect dosages, concentrations, durations) and 67 (26.2%) were about medications for infection (e.g. incorrect dosages, unintentional omissions). Other interventions consisted mostly of supportive medications (e.g. therapeutic duplications, unintentional omissions). Immediate concurrent feedback was provided and the clinician acceptance rate was 100%.

In conclusion, pharmacists were able to identify and prevent near misses for

medication errors. They could provide drug counselling on chemotherapy and on the use of supportive, antibacterial and antifungal medications.