



Service Priorities and Programmes
Electronic Presentations

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Named Pharmacist Service to Clinical Departments in QEH – a Quality and Safety Improvement Approach

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Introduction

The pharmacy department has commenced a “Named-pharmacist service” to wards and clinical areas in QEH since April 2013. Each clinical unit is assigned a named pharmacist who acts as an ambassador in ward to promote good practices in medication management and to ensure legal compliance on the handling of dangerous drugs and poisons.

Objectives

The service aims to promote good practices in medication management and to ensure legal compliance on the handling of dangerous drugs and poisons.

Methodology

In February 2013, a FAQ on handling of Dangerous Drugs (DD) was prepared and promulgated to all nursing staff. The FAQ provides practical advice on, for example, disposal of leftover dangerous drugs; handling of discrepancy in the stock balance of syrup morphine and, signature update for authorized staff to order and inspect DD. The advice and information were prepared in accordance with requirements stipulated in the Dangerous Drug Ordinance, the HA Guidelines on Medication Management and the Guideline on Handling of DD in HA Hospitals. To enable the conduct of structured inspection, a checklist was prepared in May 2013 based on the DD Ordinance, the Pharmacy & Poisons Ordinance and the recommendations provided by the Group Internal Audit (GIA). The checklist not only facilitates the checking of DD stock balance but also promotes the importance of documentation related to DD and drug storage, etc. The checklist, together with guidance notes on how to implement the inspections, was provided to both nursing staff and pharmacists. Each clinical area was assigned a named pharmacist or resident pharmacist whose contact was provided to the respective ward managers. Quarterly inspections were started in June 2013. The third round of DD and poisons inspection was completed for all QEH clinical areas in March this year. .

Result

In the first round of inspection, 100% compliance on legal requirement regarding DD and Poisons was observed. The pharmacist's inspection has resulted in fulfillment of the GIA's recommendations to conduct the DD examination by appointed personnel who are adequately independent of the day-to-day handling of DD; and to periodically trace a small sample of entries in the DD register back to source documents upon inspection. Moreover, good practices or areas of improvement in wards with regards to medication management were shared among pharmacists. This also enables our pharmacists to gain a better understanding of the medication use process in ward; thereby aids our planning of clinical pharmacy service in future, especially in the area of medication safety. The FAQ soon after its release was quickly recognized by other HA pharmacy departments and the Chief Pharmacist Office as a valuable reference for providing practical advices to nurses in handling of DD. Afterwards, it was modified and adopted by the Quality and Standard Subcommittee of the HA COC (Pharmaceutical Services) in October 2013 as a corporate-wide reference. The service is welcomed by nurses with many positive feedbacks. It opens up a new communication channel between wards and pharmacy and also provides an opportunity for our young pharmacists to go beyond the pharmacy wall and to collaborate with nursing staff in clinical areas. Pharmacists' roles are enhanced in addition to carrying legal inspection. In future, we have plans to involve pharmacists in ward meetings so that the advisory role on stock management and medication safety can be further developed.