



Service Priorities and Programmes Electronic Presentations

Convention ID: 538

Submitting author: Miss Po Yee CHOI

Post title: Registered Nurse, Tuen Mun Hospital

Safety Assurance for Western and Chinese Medicine under Integrated Chinese-Western Medicine Pilot Programme (ICWM) in Cancer Palliative Care
Choi PY(1), Law YL(2), Leung H(2), Chu KM (2), Leung PY(1), Tsang KF(1), Ho SY(2), Wai NT(1), Chan CF(1), Wong YM(1), Chan WS(1), Fung SC(1), Chun KY(1), Mak CC(1), Yung WM(2), Tam KY(2), Chan CY(1), Chan CH(1), Wong MC(1), Lo SH(1), Tung Y(1)

(1)Department of Clinical Oncology, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority, Hong Kong SAR

(2)Yan Oi Tong - The Chinese University of Hong Kong Chinese Medicine Centre for Training and Research (Tuen Mun), Hong Kong SAR

Keywords:

Integrated Chinese-Western Medicine

Herb-drug interactions

Medication safety

Introduction

The government has planned to develop the first Chinese Medicine hospital in the city of Hong Kong. To gather experiences on Chinese-Western medicine in-patient services, 190 patients have joined the Integrated Chinese-Western Medicine (ICWM) programme in the Tuen Mun Hospital since Sep 2014 and received both Western and Chinese Medicine. Medication safety is always the prime consideration. Management of herb-drug interaction has been a complex problem to many clinicians. Therefore, 3C strategic themes were designed for management of the herb-drug interaction.

Objectives

To enhance medication safety

To enhance the cooperation between Western Medicine Practitioners (WMPs) and Chinese Medicine Practitioners (CMPs)

To gain experience on management of herb-drug interaction

Methodology

1. Critical control points (CCPs)

CCPs are standard steps and procedures which are commonly used for preventing hazards by strictly controlling the time. The first critical point is "2-hour rule". CMs should be administered at least two hours before or after taking concurrent western medicines to avoid physical interactions. The second critical point is "10-check rule". There are 10 common western drug classes used in cancer patients having herb-drug interactions with CMs identified. The Case Chinese Medicine Practitioner, and the ICWM nurse will check every single CMs against these 10 WM drug classes before

every dispensing to ensure the herb-drug interactions at low risk.

2. Consolidation

A consultant led a ward round and cases conference weekly. The Western Medicine Practitioners, Chinese Medicine Practitioners, ICWM nurses and Case nurses would know the planned WM and CM treatments by joining the ward round and cases conference. A communication platform was created for inter-professional familiarization. In addition, the ICWM nurse acted as a coordinator and a bridge between WMPs and CMPs to facilitate the management of herb-drug interactions.

3. Continuous monitoring

The ICWM team continually monitored the liver and renal function of patients. Regular blood tests, pain assessments and blood pressure monitoring were performed. The ICWM nurses also performed post CM-treatment care to monitor the patients' condition. Both WMPs and CMPs had on-call duties to handle any serious adverse reactions.

Result

Neither incident nor patient complaint was reported. The success of the programme relied on the cooperation of all involved parties. In this programme, an inter-professional collaboration was achieved. Standardized procedures and mechanisms were established to ensure medication safety. The experience of services would be important for the first Chinese Medicine Hospital in the city of Hong Kong.