



Shaukat Khanum Memorial Cancer Hospital and Research Center

## Pharmacy Newsletter

**JCI Special Edition**

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### **The Team**

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### **P & TC UPDATES:**

Following medications are approved by P&TC:

1. **Pilocarpine eye drops:** Approved as regular formulary item
2. **Sirolimus Tab:** Approved for one patient / year for max. 3 years treatment
3. **Vasopressin Inj:** Approved as regular formulary item
4. **Prosure powder:** Restricted by service (nutritionist only) – max. one month prescription for malnourished and cachectic patients
5. **Zolidronic Acid:** Approved as regular formulary item
6. **Sitagliptin & Combination:** Approved as regular formulary item

Following medications are deleted from formulary list.

1. **Pamidronate Inj** - Cost effective alternative Zoledronic acid.
2. **Procainamide Inj:** Due to unavailability.

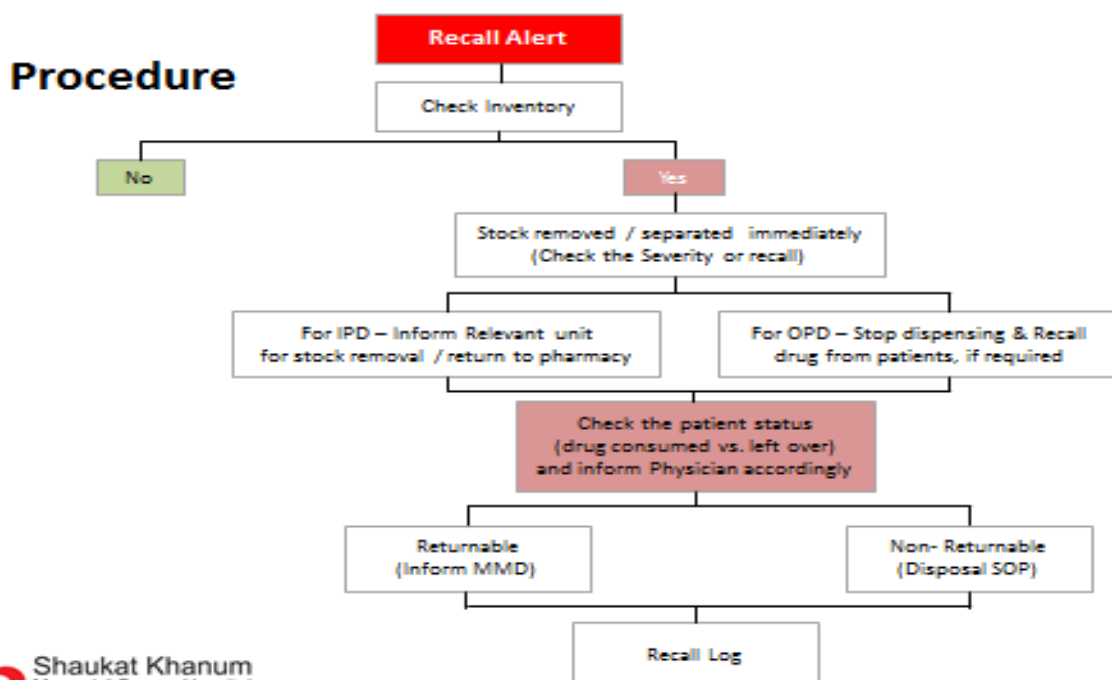
## Fingers Crossed For The Milestone!

Document what you do, and do what you document. Yes! We are ready for the big one. In context of measures taken to prepare for Joint Commission International Accreditation (JCIA) at SKMCH we have improved our attention to detail and through rigorous rounds of tracers, managers and supervisors have developed the eye that sees room for improvement and the vision that sets sky as the limit. Education, education and education. Daily evening meetings, tutorials and discussions, have improved the concept of patient safety and hence staff has become more comprehensive in their work to ensure it. Departments have come closer and communication gaps have been minimized. Not that all of this has been a walk in the garden; discussions, disagreements, conflicts that seemed un-resolving at times and emotional outbursts - we have had our fair share of twist in the tail.

At SKMCH we learn to empathize with our patients irrespective of their ability to pay, deciding preference only on the basis of medical need – equity. With the standards of quality our policies define for patient care and thankless efforts put in from top to bottom of our institutional hierarchy, we are very hopeful to achieve this international certification. As we see the official countdown to the mega day, we stand strong, we stand confident, we stand together and irrespective of the outcome, our strife for excellence will keep moving ahead. Fingers crossed for the milestone!

### Recalling the Recall:

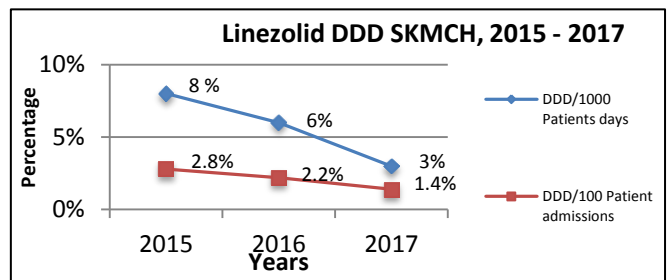
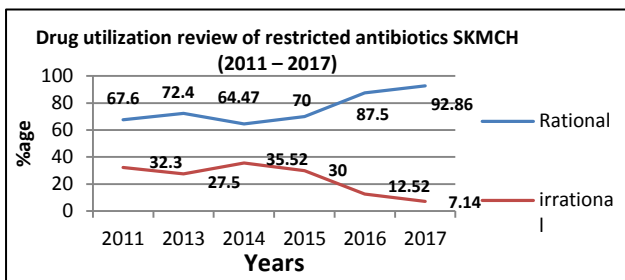
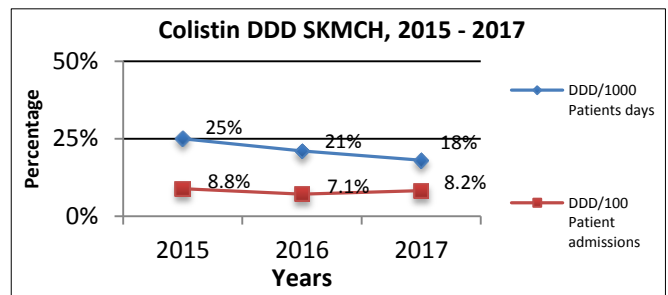
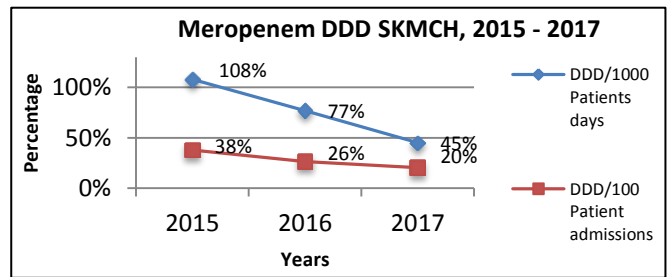
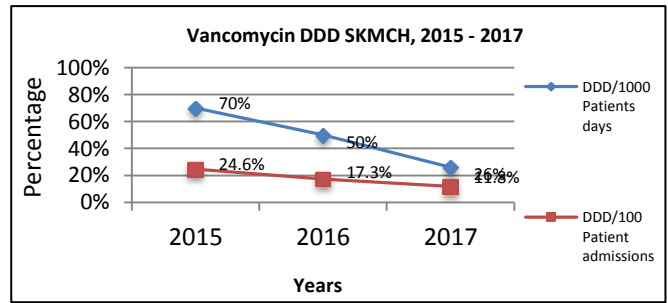
Drug recall is the process of removing a drug from the market if it presents a threat to the safety of consumer including product adulteration, gross fraud or deception of consumers, and/or are subject to legal action under other aspects of FDA’s compliance policy. SKMCH has a comprehensive drug recall policy. Recently, we dealt with phenobarbitone tablet recall, based on customer complaint of lack of efficacy proven through zero serum drug levels post 1 month of continued use. Cough suppressant Sancos syrup has been recalled from market in Pakistan under orders of drug regulatory authority of Pakistan (DRAP). Pharmacy department SKMCH conducted a thorough review of inventory to ensure that the product is not available in stock and the recall notice is saved as official record.



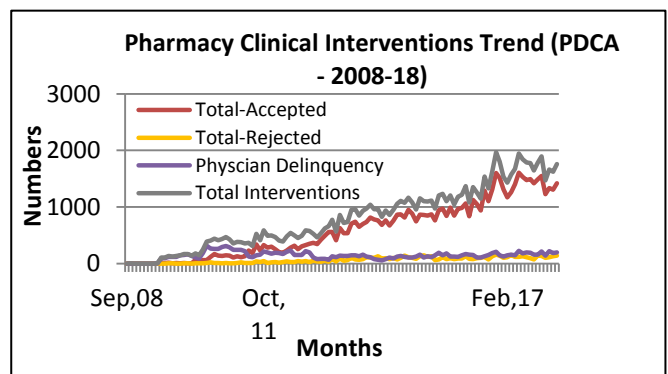
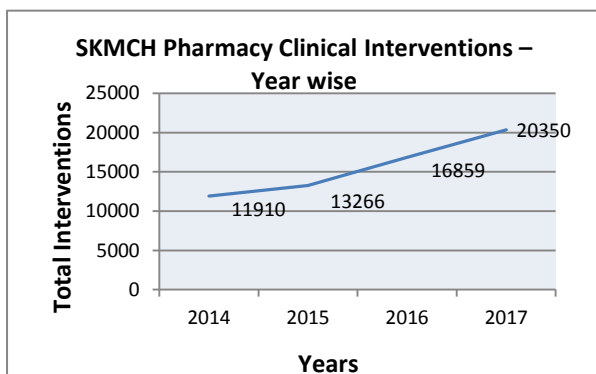
## Antibiotic Stewardship Program (ASP) At SKMCH & RC – A performance overview

ASP is a coordinated approach towards appropriate use of antibiotics – probably the only tool the world has today against the ever emerging resistant microorganisms. The program was implemented in SKMCH&RC Lahore in 2011 headed by pharmacy and therapeutic committee (P&TC). Effectiveness review of ASP is carried out through anti-biogram review, defined daily dose (DDD) and drug utilization review (DUR) results. DDD is the assumed average maintenance dose per day for a drug used for its main indication in adults. It provides a measure of exposure or therapeutic intensity in a defined population, allowing comparisons across various time periods and population groups. Presented in the graphs here, is a comparison for DDD of restricted antibiotics 2015 through 2017. Results show a steady decrease in usage trend. ASP implementation also provides pharmacoeconomic benefit. For instance SKMCH saved PKR 2.2 million approximately solely through vancomycin restriction.

Drug utilization review of restricted antibiotics shows a promising trend towards compliance with accepted guidelines of antibiotic use.

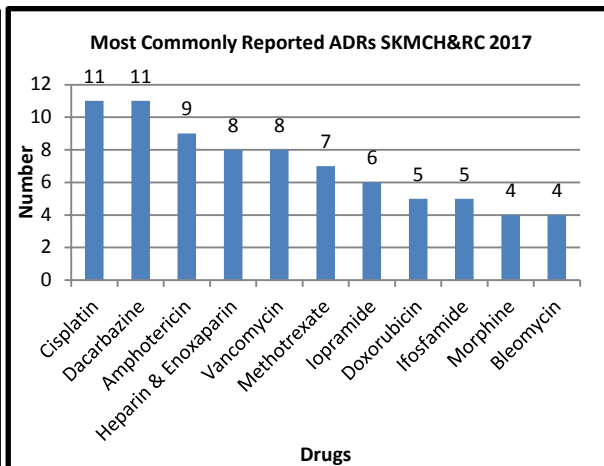
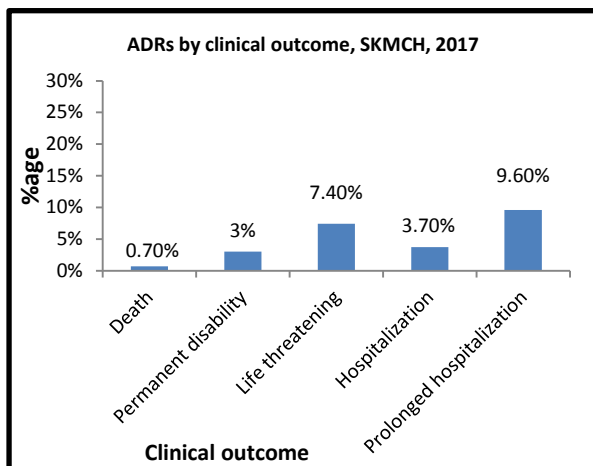


## Pharmacy Clinical Interventions Update



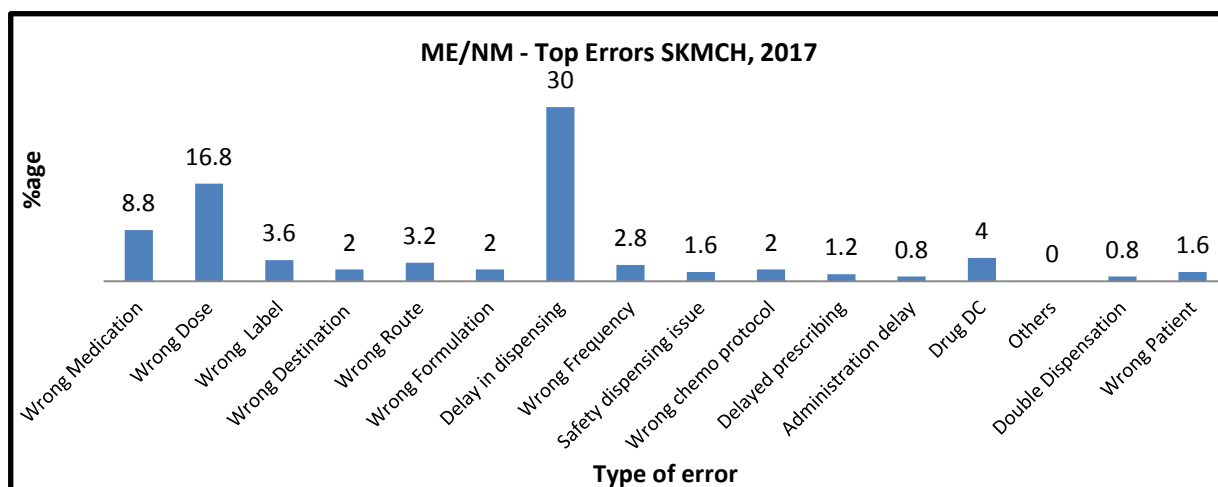
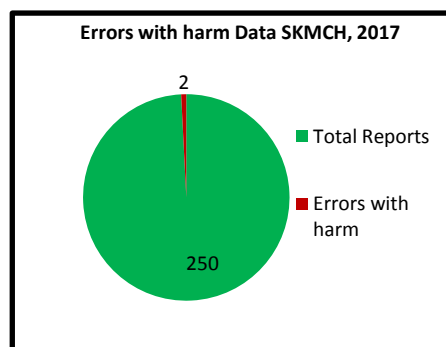
## Report It To Improve It!

Patient safety is part of the ethos of SKMCH. We have always been educated to report gaps for improvement with no blame culture while analyzing reports; we blame the system to improve it, not the person! Patient's therapy is monitored in terms of response of drug therapy and adverse effects are



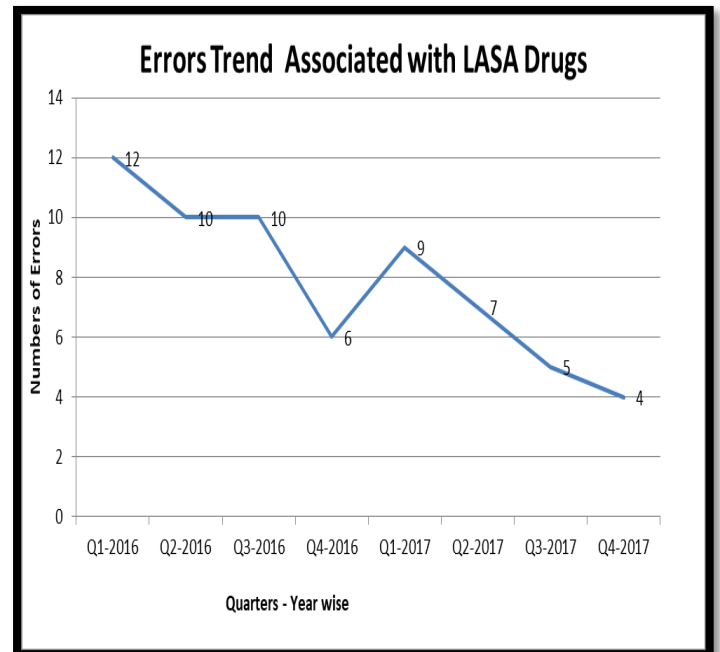
noted in patient's medical record. Pharmacy evaluates the reported adverse drug reactions (ADRs) and adverse event (medication errors and near miss) reports for possible action. For the year 2017, hospital reported a total of 135 ADRs. The graph below shows the categories of serious ADRs reported. Most common reported ADRs were nephrotoxicity with cisplatin – A type A ADR (extended pharmacologic effect), and allergic reactions with dacarbazine – A type B reaction (bizarre, not an extended pharmacologic effect). Root cause analysis is carried out on serious ADRs to identify any possible practice gaps.

Reporting culture for medication errors (ME) and near misses (NM) has positively increased in the past one year - an encouraging sign of improved patient safety. Corrective and preventive actions are taken wherever required for reported errors and near miss reports with validation through quality and patient safety department QPSD.



## Stacking plan for high alert and look-alike-sound-alike (LASA) medications

Department of pharmacy SKMCH works on strategies to improve safety of high alert and LASA medications. We have adopted uniform stacking plan across the hospital with colour codes – “Red” for high alert drugs and “Yellow” for LASA drugs.



## High Alert Updates:

Department of pharmacy SKMCH conducts yearly review of high alert and look-alike-sound-alike (LASA) drugs list based on adverse event reports. The updated list for the year 2018 has a number of additions. Colistimethate sodium injection has been added in high alert list due to 2 reported errors of dosing in 2017 ( 1 due to wrong transcription by pharmacist and the other due to wrong dose prescribed on manual prescription form). Octreotide injection and calcitonin injection are strong look alikes and led to 3 near miss reports in the year 2017, based on which these have been added in SKMCH’s LASA list. By policy, all LASA are dealt as high alert drugs and go through double check before dispensing and administration. Controlled drugs and concentrated electrolytes listed below are part of high alert list



Controlled Drugs				
Alprazolam	Bromazepam	Clonazepam	Diazepam	Lorazepam
Tramadol	Midazolam	Phenobarbital	Chloral hydrate	Buprenorphine
Concentrated Electrolytes				
Potassium Chloride Injection 1meq/ml		Magnesium Sulfate Injection 50%		