Joint Commission International Enterprise Accreditation | ashp Accredited

Shaukat Khanum Memorial Trust (SKMT)

Pharmacy Newsletter

Volume XIII, Issue # 2, 2023

QOPI Edition

Issued By:

Drug Information Centre, SKMT

P&TC Updates:

Pharmacy & Therapeutics Committee (P&TC) has approved the following drugs during 2023 at SKMCH&RC:

- **Eltrombopag Tablet** - as regular formulary item – Restricted by Cost (Approved for indigent patients with post-transplant graft failure)
- **Ceftaroline Injection** - as regular formulary item – Restricted by ID
- **Isavuconazole Injection & Capsule** - as regular formulary item – Restricted by ID

Drugs deleted from Formulary

1. **Echocardiography Contrast (Perflutren Protein Type A) Injection**
2. **Urokinase Injection**
3. **Racemic Epinephrine 2.25% Inhalation**

Driving Excellence in Cancer Care:

QOPI Certification and What It Means for Patients

Delivering high-quality cancer care is crucial for patients battling this challenging disease. In the pursuit of excellence, healthcare providers around the world are embracing programs like the Quality Oncology Practice Initiative (QOPI). QOPI certification has become a symbol of commitment to quality improvement in cancer care.

What is QOPI Certification?

QOPI is an esteemed program developed by the American Society of Clinical Oncology (ASCO) to measure and improve the quality of oncology practice. It sets rigorous standards and measures the performance of cancer care institutions across various domains, including treatment protocols, safety, and patient experience. Achieving QOPI certification demonstrates a healthcare institution's dedication to delivering the highest quality care.

Patient-Centric Benefits: QOPI certification goes beyond mere recognition for healthcare providers. It directly benefits patients in several ways:

Assurance of High-Quality Care: QOPI certification assures patients that the healthcare institution has undergone a comprehensive evaluation process and met or exceeded stringent quality standards. It provides peace of mind, knowing that they are receiving care from a reputable and committed provider.

Evidence-Based Treatment: QOPI certification encourages the implementation of evidence-based treatment protocols. This means that patients can expect to receive the most up-to-date and effective treatments, improving their chances of successful outcomes.

Enhanced Safety Measures: Patient safety is a paramount concern in cancer care. QOPI certification emphasizes medication safety, adherence to guidelines, and proper documentation. This ensures that patients receive their treatments with minimal risk and that safety protocols are consistently followed.

Comprehensive Supportive Care: QOPI certification promotes the integration of supportive care services, such as pain management, psychosocial support, and survivorship programs. Patients can expect a holistic approach to their care, addressing not only the physical aspects of cancer but also their emotional and psychological well-being

Continual Quality Improvement: QOPI certification is not a one-time achievement but an ongoing commitment to quality improvement. Institutions must regularly participate in QOPI® assessments and engage in self-assessment and performance improvement activities. This dedication to continuous learning and improvement ensures that patients benefit from the latest advancements in cancer care.

Impact on Patient Outcomes: QOPI certification has demonstrated positive impacts on patient outcomes, including improved survival rates, reduced treatment-related complications, and enhanced quality of life. Through standardized performance measures and benchmarking, QOPI facilitates the identification of areas for improvement and the implementation of best practices. As a result, patients receive care that aligns with the highest standards, leading to better clinical outcomes and improved overall well-being.

Choosing QOPI Certified Institutions: For patients seeking cancer care, it is essential to consider QOPI certification when selecting a healthcare provider. By choosing a QOPI certified institution, patients are ensuring that their care is being delivered by professionals committed to excellence, patient safety, and continuous quality improvement. The QOPI®certification serves as a reliable indicator of the institution's dedication to providing the best possible cancer care.

Quality Measures that Matter:

Exploring QOPI® in Cancer Pharmacy Practice

In the realm of cancer pharmacy practice, delivering high-quality care is of utmost importance. The Quality Oncology Practice Initiative (QOPI) provides a robust framework for measuring and improving the quality of care provided by pharmacy departments in cancer hospitals. In this article, we delve into the significance of QOPI in cancer pharmacy practice and highlight the key quality measures that matter. QOPI serves as a valuable tool for assessing and enhancing the quality of care provided by pharmacy departments in cancer hospitals. By focusing on medication safety, adherence to evidence-based guidelines, monitoring adverse events, and patient counseling, QOPI ensures that pharmacy practices align with the highest standards. Through QOPI, pharmacy departments continuously strive for excellence, improving patient outcomes, and contributing to the overall quality of cancer care. Incorporating QOPI measures into cancer pharmacy practice not only benefits patients but also enhances the professional development and growth of pharmacy teams. By embracing QOPI, pharmacy departments demonstrate their commitment to delivering the best possible care, promoting patient safety, and continuously improving their practice. Together, we can drive quality measures that truly matter in cancer pharmacy practice and make a positive impact on the lives of patients battling cancer.

Measuring and Enhancing Medication Safety: QOPI focuses on medication safety as a crucial quality measure in cancer pharmacy practice. It assesses various aspects, including appropriate medication selection, accurate dosing, and monitoring for potential drug interactions. By implementing and adhering to QOPI® measures, pharmacy departments ensure that cancer patients receive medications that are safe, effective, and tailored to their specific needs.

Monitoring and Reporting Adverse Events: QOPI encourages active monitoring and reporting of adverse events associated with cancer medications. Pharmacy departments participating in QOPI are expected to have robust systems in place for identifying, documenting, and reporting adverse events promptly. By closely monitoring adverse events, pharmacy departments can implement corrective measures and continuously improve patient safety and care.

Adherence to Evidence-Based Guidelines: Another essential aspect of QOPI in cancer pharmacy practice is the adherence to evidence-based guidelines. QOPI evaluates whether pharmacy departments are following established guidelines for chemotherapy administration, supportive care medications, and managing treatment-related side effects. Adhering to evidence-based guidelines ensures that patients receive the most appropriate and effective treatments, resulting in better outcomes and improved quality of life.

Patient Counselling and Education: Effective patient counselling and education are integral to QOPI in cancer pharmacy practice. It measures whether pharmacy departments provide comprehensive medication counselling to patients, ensuring they understand the proper use, potential side effects, and precautions associated with their prescribed medications. By empowering patients with knowledge, pharmacy departments play a vital role in enhancing medication adherence and promoting patient safety.

QOPI – SKMT Practices

The pharmacist is responsible for ensuring chemotherapy protocol verification process, which is mentioned below:

- Correct protocol selection along with correct cycle and day of the protocol to be given to the patient on the appointed date.
- Presence of allergies and making sure such medications are not dispensed.
- Ensuring the vitals of the patient are normal for chemo administration.
- Making sure the weight, height and BSA are in accordance with that of the protocol.
- The correct dose (the methodology of calculation), variables for dose calculation, dosage, route of drugs, duration of administration, sequencing of drug administration, all are double checked on the pharmacy end.
- Reviewing of consultant's treatment plan electronic notes.
- Labs are thoroughly reviewed by the pharmacist and dose reductions or modifications of the chemo drug are suggested and discussed with the physician as required.
- Status of pregnancy is reviewed as well.
- Schedule of treatment administration, plan for missed doses, drug interactions are thoroughly checked.
- Cumulative doses of chemotherapy are tracked for agents associated with cumulative toxicity.
- Pharmacists also evaluate and documents adverse drug reactions, treatment-related toxicities, and dose modifications related to toxicities.
- Supportive care treatments that are appropriate for the regimen, such as hydrations, premedication, hypersensitivity medications growth factors, are reviewed as well.
- Detailed education to the patients on post-chemo medicines as well as oral chemo drugs is provided by the pharmacist.
- Correct labeling and transportation of chemo drugs.

Naegleria fowleri

Optimal Treatment Approach for Primary Amebic Meningoencephalitis (PAM) caused by Naegleria fowleri

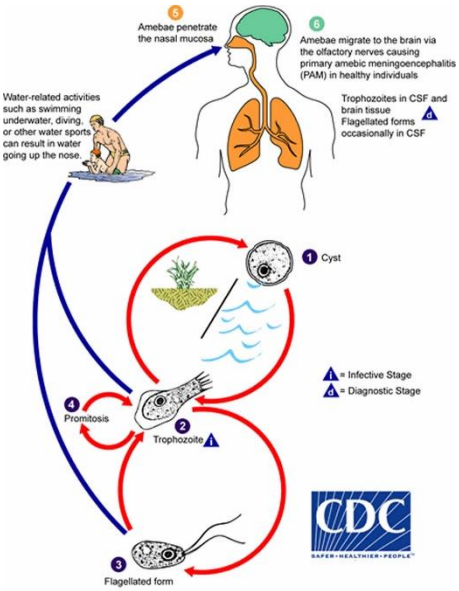
Primary Amebic Meningoencephalitis (PAM) caused by the amoeba Naegleria fowleri is a rare but devastating condition with a high mortality rate. Due to the rarity of the disease and challenges in diagnosis, there is limited research on the efficacy of specific drug regimens for treating PAM. However, based on extrapolation from related infections and documented survivor cases, a suggested combination of drugs can be considered.

The recommended drug regimen for PAM includes an amebicidal drug with good in vitro activity that can penetrate the blood-brain barrier, along with the use of steroids to control cerebral edema. The suggested combination the following combination of drugs (in addition to steroids to control cerebral edema):

Drug	Dose	Route	Maximum Dose	Duration	Comments
Conventional Amphotericin B	1.5 mg/kg/day in 2 divided doses	IV	1.5 mg/kg/day	3 days	
then	1 mg/kg/day once daily	IV		11 days	14-day course
Conventional Amphotericin B	1.5 mg once daily	Intrathecal	1.5 mg/day	2 days	
then	1 mg/day every other day	Intrathecal		8 days	10-day course
Azithromycin	10 mg/kg/day once daily	IV/PO	500 mg/day	28 days	
Fluconazole	10 mg/kg/day once daily	IV/PO	600 mg/day	28 days	
Rifampin	10 mg/kg/day once daily	IV/PO	600 mg/day	28 days	
Miltefosine	Weight<45 kg 50 mg BID Weight>45kg 50 mg TID	PO	2.5 mg/kg/day	28 days	28 days
Dexamethasone	0.6 mg/kg/day in 4 divided doses	IV	0.6 mg/kg/day	4 days	

Ref: Centers for Disease Control and Prevention. Naegleria fowleri — Primary Amebic Meningoencephalitis (PAM) — Amebic Encephalitis. https://www.cdc.gov/parasites/naegleria/treatment-hcp.html

The treatment of PAM caused by N. fowleri is challenging due to its rarity and rapid clinical course. The suggested combination of drugs mentioned above provides a potential approach based on extrapolation from related infections and survivor cases. Prompt diagnosis and initiation of treatment, particularly with amphotericin B, are crucial for improving outcomes. Future research is needed to establish more definitive treatment guidelines for this devastating condition.



Dengue Management

Do's & Don'ts

DON'T use corticosteroids.
They are not indicated and can increase the risk of GI bleeding, hyperglycemia, and immunosuppression.

DON'T give platelet transfusions for a low platelet count.
Platelet transfusions do not decrease the risk of severe bleeding and may instead lead to fluid overload and prolonged hospitalization.

DON'T give half normal (0.45%) saline.
Half normal saline should not be given, even as a maintenance fluid, because it leaks into third spaces and may lead to worsening of ascites and pleural effusions.

DON'T assume that IV fluids are necessary. First check if the patient can take fluids orally. Use only the minimum amount of IV fluid to keep the patient well-perfused. Decrease IV fluid rate as hemodynamic status improves or urine output increases.

DO tell outpatients when to return. Teach them about warning signs and their timing, and the critical period that follows defervescence.

DO recognize the critical period. The critical period begins with defervescence and lasts for 24–48 hours. During this period, some patients may rapidly deteriorate.

DO closely monitor fluid intake and output, vital signs, and hematocrit levels. Ins and outs should be measured at least every shift and vitals at least every 4 hours. Hematocrits should be measured every 6–12 hours at minimum during the critical period.

DO recognize and treat early shock. Early shock (also known as compensated or normotensive shock) is characterized by narrowing pulse pressure (systolic minus diastolic BP approaching 20 mmHg), increasing heart rate, and delayed capillary refill or cool extremities.

DO administer colloids (such as albumin) for refractory shock. Patients who do not respond to 2–3 boluses of isotonic saline should be given colloids instead of more saline.

DO give PRBCs or whole blood for clinically significant bleeding. If hematocrit is dropping with unstable vital signs or significant bleeding is apparent, immediately transfuse blood.

FDA Requiring Updates to Opioid Prescribing Information

The FDA has issued a drug safety communication to announce safety-related updates to the prescribing information for immediate-release (IR) and extended-release (ER)/long-acting (LA) opioid analgesics, including updates to Boxed Warnings, Indications and Usage, Dosage and Administration, Warnings and Precautions, and the Medication Guide. These safety-labelling changes are intended to provide clarity on appropriate patient populations for opioid treatment, appropriate dosage and administration, and updated information on the risks associated with opioid use. The required safety labelling changes include stating:

Ref: https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-prescribing-information-all-opioid-pain-medicines-provide-additional-guidance-safe-use.

FDA Withdrawal of Oxandrolone Approval

The FDA has withdrawn approval of the new drug application for Oxandrin (oxandrolone).

- The risk of overdose increases as the dosage increases for all opioid pain medicines
- IR opioids should not be used for an extended period unless a patient's pain remains severe enough to require them and alternative treatment options continue to be inadequate
- Many acute pain conditions treated in the outpatient setting require no more than a few days of an opioid pain medicine
- It is recommended to reserve ER/LA opioid pain medicines for severe and persistent pain that requires an extended treatment period with a daily opioid pain medicine and for which alternative treatment options are inadequate; and
- A warning about opioid-induced hyperalgesia (OIH), including information on differentiating OIH symptoms from those of opioid tolerance and withdrawal

Multiple safety warnings and precautions are associated with the use of oxandrolone, including peliosis hepatis, sometimes associated with liver failure and intra-abdominal hemorrhage; liver cell tumors, sometimes fatal; and blood lipid changes that are known to be associated with increased risk of atherosclerosis. Additional warnings include the risks associated with cholestatic hepatitis, hypercalcemia in patients with breast cancer, and increased risk for the development of prostatic hypertrophy and prostatic carcinoma in older patients. Based on the available data, the FDA concluded that oxandrolone should be removed from the market.

Ref: https://www.federalregister.gov/documents/2023/06/28/2023-13733/gemini-laboratories-llc-et-al-withdrawal-of-approval-of-one-new-drug-application-for-oxandrin.

Pharmacy Team providing Quality Cancer Care:

Staying ahead of the Curve!

Emergency Dosing Chart In MCCB

The Broselow tape is a color-coded pediatric emergency tape used to estimate a child's weight and provide appropriate medication dosages and equipment sizes. It helps healthcare providers in emergencies when accurate weight measurements are not readily available. Customization of the Broselow tape involves adapting it to specific hospital protocols, medication preferences, and equipment availability to enhance its effectiveness and relevance in different healthcare settings.

Sharing is Caring

The Pharmacy Practicum

The inaugural pharmacy practicum at SKMCH&RC, Lahore, marked a significant milestone in pharmacy education. Pharmacy students nominated from various universities participated in this hand-on learning activity.

Nursing Training – Pharmacy Orientation Session

The Pharmacy department, at SKMCH&RC, Lahore, has initiated a hospital-wide nursing orientation session aimed at updating nursing staff on new changes in the hospital information system (HIS) and related processes. The orientation session is centrally operated and open to all nursing staff. The focus of the orientation is to ensure that nursing staff are up-todate on the latest changes and updates to the HIS system, as well as related processes that impact their work

SKMT Participation in 58th PPC meeting & Presented Proposal for uplifting Clinical pharmacy practices in the country

Tuesday June 20, 2023 | Today's Paper | INTERNATIONAL THE NEWS | Prayer Timing | Epaper

Home Latest National Sports World Business Entertainment Technology Health Oped Magazines

Islamabad

Stricter regulation of pharma education, practice in the offing

By Jamila Achakzai | June 20, 2023

Islamabad:The pharmacy regulator has decided to consult with stakeholders on the proposed legislation for stricter regulation of pharmaceutical learning and practice in the country.

It was given a presentation by Omar Akhlaq Bhutta, an associate director (pharmacy) at the Shaukat Khanum Memorial Cancer Hospital and Research Centre, on the importance of clinical pharmacists in hospital settings. He advocated the inclusion and recognition of clinical pharmacists in the Pharm D curriculum prompting the PCP to appreciate his proposals and promise to "explore ways to incorporate his valuable insights into the curriculum to better equip future pharmacists."

World Nursing Day

The pharmacy department celebrated World Nursing Day by organizing a special event to honor and appreciate nurses. They set up a recognition activity where pharmacy staff expressed their gratitude for the hard work and dedication of nurses. They also provided small tokens of appreciation and organized informative sessions on collaborative healthcare practices.

2nd Medication Safety Conference

The Department of Pharmaceutical Services is announcing the upcoming "2nd Medication Safety Conference," focused on the theme of Medication Safety in Transforming Healthcare. This highly anticipated event aims to bring together renowned national and international speakers from regulatory, practice, and development fields. The conference will serve as a platform for healthcare professionals, researchers, and policymakers to exchange insights, discuss best practices, and address emerging challenges in medication safety. Attendees can expect engaging presentations, interactive workshops, and networking opportunities that foster collaboration and innovation. Closely follow our Facebook page for more updates.

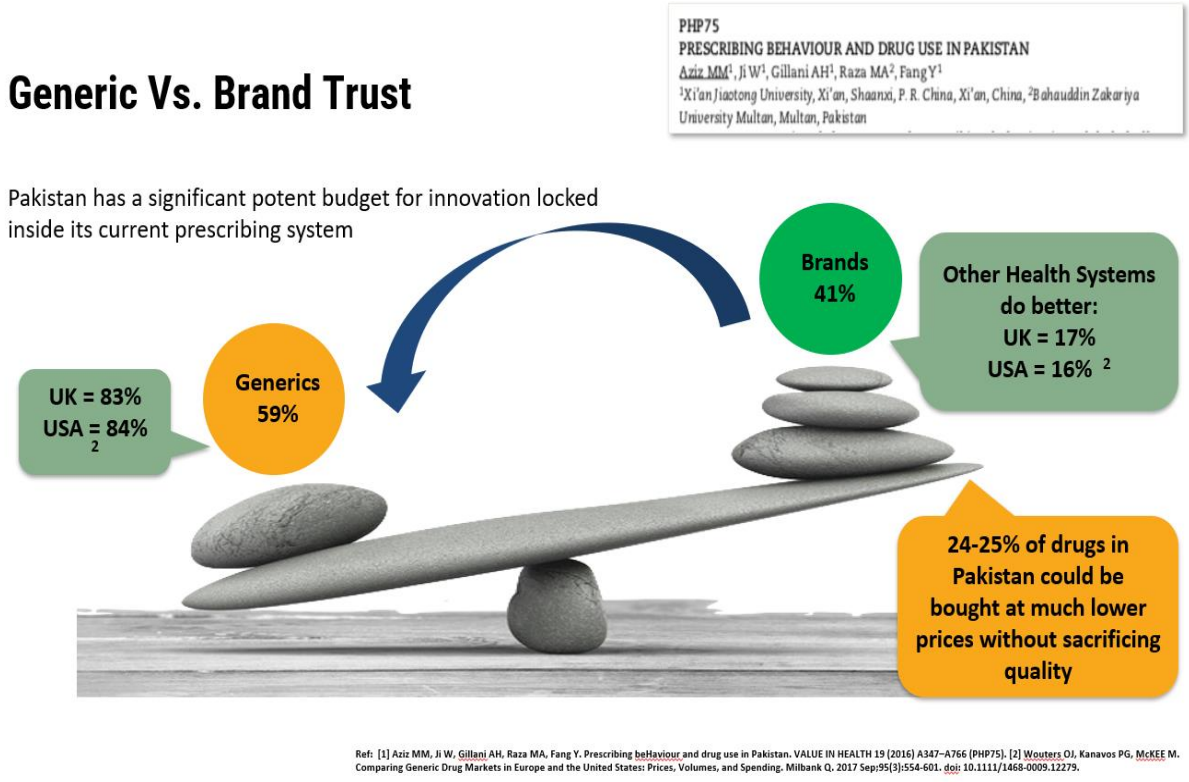
Pharmacovigilance Workshop

Ms. Saba Mazhar, Deputy Manager Pharmacy, Shaukat Khanum Memorial Cancer Hospital & Research Centre, Lahore, participated and delivered lecture in 'Pharmacovigilance Training Workshop for Healthcare Professionals', which was held at University of Lahore, Teaching Hospital. The audience included healthcare professionals, clinical pharmacist as well as British Nurses among the workshop attendees.

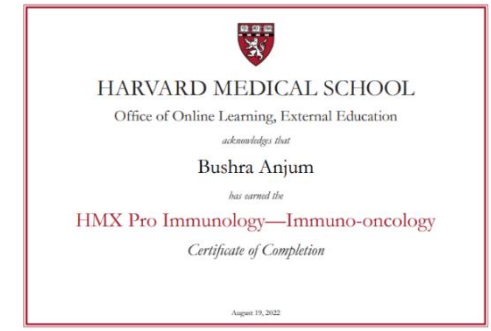
Oncology Symposium

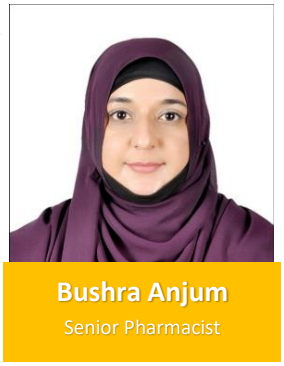
Essential to know about generic drugs in oncology care settings.

Mr. Omar Akhlaq Bhutta, Associate Director & Head of Pharmacy, SKMT participated in oncology symposium as keynote speaker and delivered a talk on the essential role of generic drugs in oncology care settings in Pakistan. The talk was comprehensive and covered all aspects of generic drugs which includes, myths, challenges, ICH regulatory bodies, quality, and cost-effective solutions. The speaker also provides a quick check list to evaluate both generic and biosimilar drugs. The audience includes Oncologists, Pharmacists, and other healthcare professionals across the country.



Immunology – Immuno-Oncology Certification


HARVARD MEDICAL SCHOOL
Office of Online Learning, External Education
acknowledges that
Bushra Anjum
has earned the
HMX Pro Immunology—Immuno-oncology
Certificate of Completion
August 19, 2022

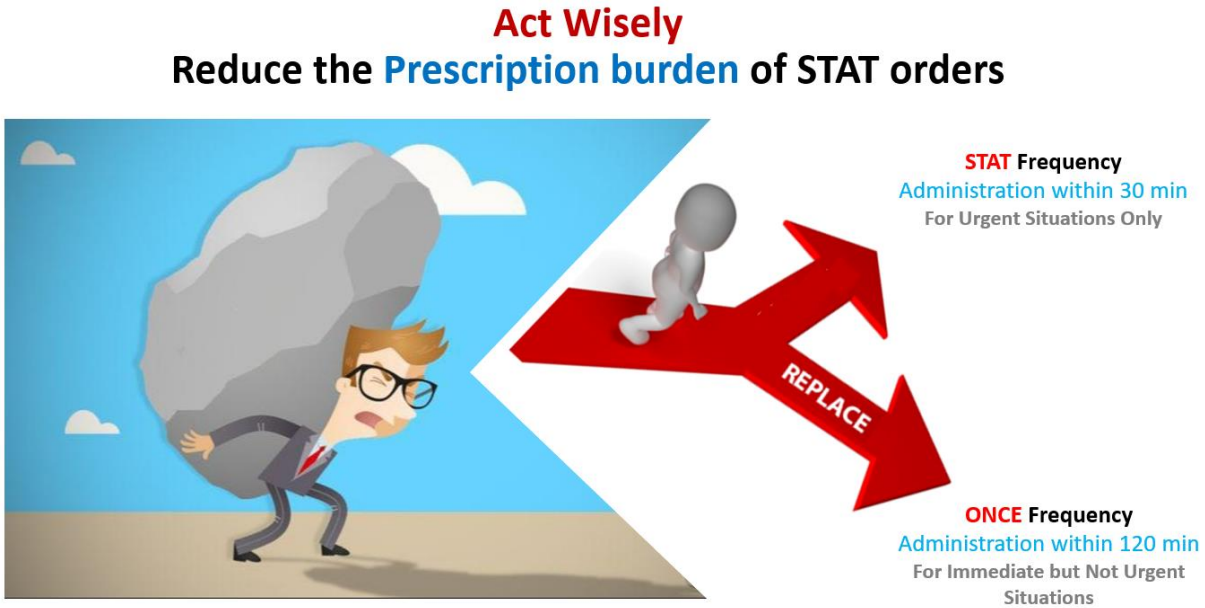


Ms. Bushra Anjum, Senior Pharmacist, at Karachi Diagnostic Centre and Clinic, Shaukat Khanum Memorial Trust, Karachi, has passed the Immunology – Immuno-oncology exam from Harvard Medical School.

Link to certification is available online:

- https://onlinelearning.hms.harvard.edu/hmx/courses/immuno-oncology/

STAT Orders



ASP (Antibiotic Stewardship Program) updates:

New Antibiotics in Formulary

Ceftaroline (IV) and Isavuconazole (PO/IV) have been approved through P&TC as new formulary drugs also included in restricted antibiotics to administered only after approval by ID consultant or fellow.

Ceftaroline Fosamil is a 5th generation cephalosporin antibiotic approved for following indications.

1. MRSA (Methicillin Resistant Staphylococcus Aureus) bacteremia that does not respond to vancomycin.
2. MRSA bacteremia in patients with compromised renal function

Dosing: (follow CrCl for renal dose adjustment)

- Blood stream infections IV: 600 mg every 8 hours

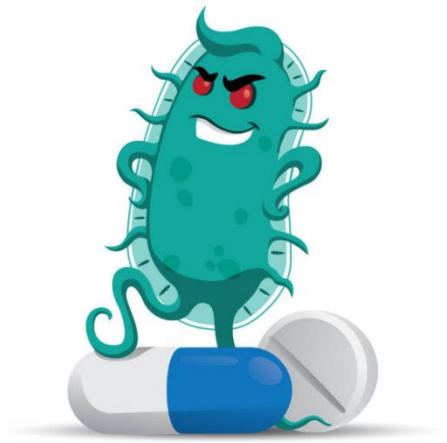
Isavuconazonium Sulfate is a triazole antifungal approved for treatment of mucormycosis infections in patients with renal impairment or severe electrolyte imbalance with Amphotericin-B.

Dosing: Initial: (always look for drug interactions)

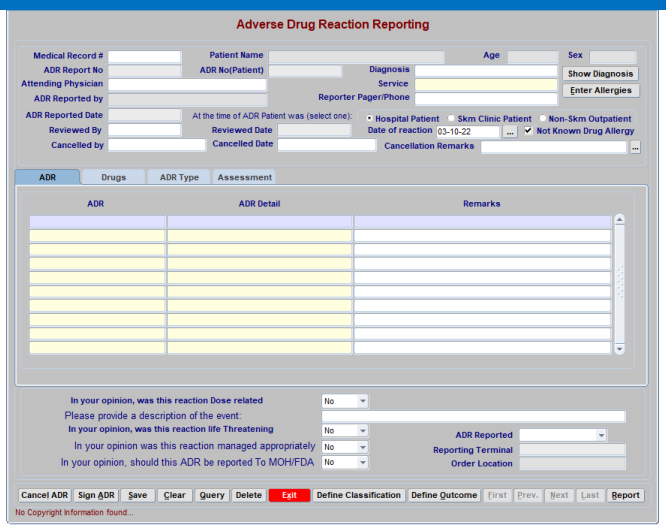
- 372 mg (isavuconazole 200 mg) every 8 hours for 6 doses; Maintenance: 372 mg (isavuconazole 200 mg) once daily. Start maintenance dose 12 to 24 hours after the last loading dose.

Antibiogram Q2 2023

Losing battle against Gram negative organisms. The 2nd quarter shows an increase in trends in antimicrobial resistance against our front-line antibiotic piperacillin/tazobactam. ASP team is monitoring the trends and will make changes to treatment guidelines same trends are observed in the 3rd quarter too.



Remember to report Adverse Drug Reactions in Hospital Information system



To keep the Pharmacy Newsletter updated,
Please contact at druginfo@skm.org.pk