

MANAGING THE UNSEEN PATIENT

Background of the problem

Due to the rise in COVID-19 numbers, Bright Vision Hospital (BVH) converted to a Community Isolation Facility (CIF) from 11 April 2020, housing up to 220 COVID-19 patients. With infection control measures implemented to protect our staff, management has decided for patients to self-administer medication while minimizing contact risk with our staff. As the majority of admitted patients are Foreign Workers, we realize that the language barrier may affect the quality of care given.

To ensure that the patients still receive a good quality of care, we have come up with methods to overcome the language barrier and to minimize medication error.

Mission Statement

To provide a high quality of care to our admitted COVID-19 patients by achieving the 5 rights of medication administration:

- Right patient, Right drug, Right dose, Right route and Right time.

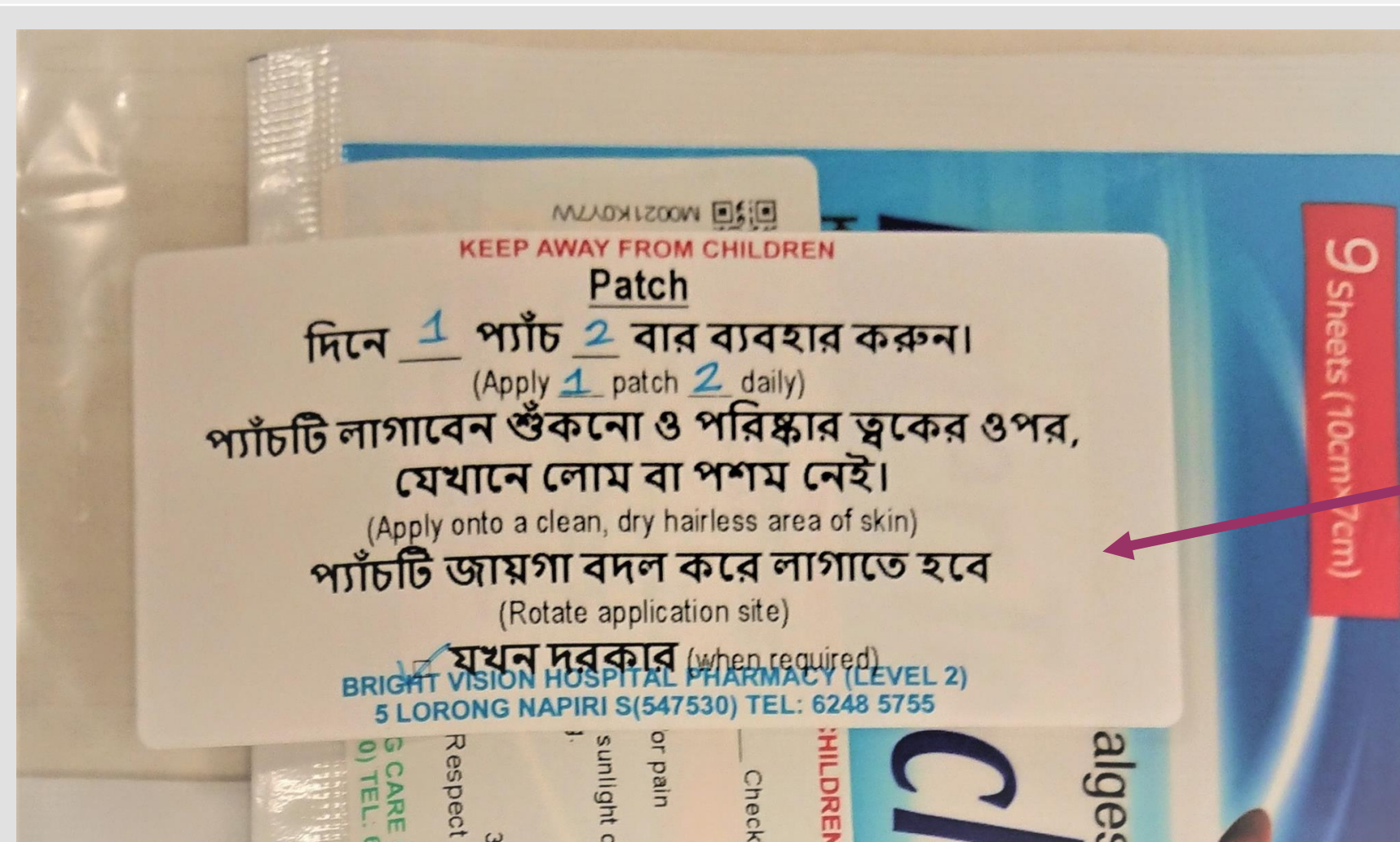


Bright Vision • Outram • Sengkang



Work Process	Before COVID-19 (Business as Usual)	After COVID-19 (CIF)
Medicine Reconciliation	<ul style="list-style-type: none"> • Physical Reconciliation at pharmacy 	<ul style="list-style-type: none"> • No Physical Reconciliation • Medications kept with patient in Ward
Medication Orders	<ul style="list-style-type: none"> • Doctors clerk all orders in SCM (electronic order) upon admission 	<ul style="list-style-type: none"> • No clerking of orders upon admission • Only clerk for: <ul style="list-style-type: none"> • New orders • Change in dose • resupply
Medication Supply	<ul style="list-style-type: none"> • Weekly top-up of chronic meds • Nurses send request for additional top-up of meds 	<ul style="list-style-type: none"> • No weekly top up of chronic meds
Discharge Medicines	<ul style="list-style-type: none"> • Doctors furnish discharge Rx • Pharmacy process & supply 	<ul style="list-style-type: none"> • No discharge prescriptions generated



Work Process/Potential Errors	Solutions																								
Medicine Reconciliation <ul style="list-style-type: none"> • Drug omission during inpatient and discharge 	Upon admission, pharmacists performed virtual medicine reconciliation by referring to NEHR and patients notes and clerked chronic medications into an excel sheet (Pic 1). <table border="1" data-bbox="798 1751 1974 1840"> <thead> <tr> <th>Date of arrival</th> <th>Name</th> <th>IC No</th> <th>Ward & Bed No</th> <th>Non-formulary</th> <th>BVH formulary</th> <th>Drug and Qty supplied on admission (Based on NEHR dispensed Hx)</th> <th>D14 of admission</th> <th>Supplied at D14</th> <th>D28 of admission</th> <th>Supplied at D28</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>11/04/2020</td> <td>JOHN DOE</td> <td>S1234567X</td> <td>B01</td> <td></td> <td>Amlodipine 5mg OM</td> <td>Amlodipine 5mg (30 tab)</td> <td>25/04/2020</td> <td>24/04/2020 > supplied 20 tabs of amlodipine 5mg</td> <td>09/05/2020</td> <td>28/05/2020 > supplied 20 tabs of amlodipine 5mg</td> <td></td> </tr> </tbody> </table> (Pic1:) Excel sheet for virtual med reconciliation. 20 days of medications are supplied at D14 & D28 of inpatient stay. Thus ensuring patients had a minimum of 20 days supply upon discharge.	Date of arrival	Name	IC No	Ward & Bed No	Non-formulary	BVH formulary	Drug and Qty supplied on admission (Based on NEHR dispensed Hx)	D14 of admission	Supplied at D14	D28 of admission	Supplied at D28	Remarks	11/04/2020	JOHN DOE	S1234567X	B01		Amlodipine 5mg OM	Amlodipine 5mg (30 tab)	25/04/2020	24/04/2020 > supplied 20 tabs of amlodipine 5mg	09/05/2020	28/05/2020 > supplied 20 tabs of amlodipine 5mg	
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Medication orders <ul style="list-style-type: none"> • Wrong patient • Wrong drug 	Performed medication interventions with the doctor: <ul style="list-style-type: none"> • Clarify that the right drug was for the right patient • Discontinue duplicated medications, or switch to other alternatives 																								
Language Barrier <ul style="list-style-type: none"> • Inappropriate dose regime (dose increased, reduced or medication regime changed but the patient did not take them accordingly due to language barrier, or not being informed by doctor/nurses) 	 <p>Default Bengali label with English instructions, blanks are filled in by pharmacy staff with appropriate instructions before medications are sent up to ward.</p>																								



- Throughout the period of 11th April to 15th June 2020, these 137 interventions on the right are the total number of potential medication errors that was prevented during BVHs conversion into a CIF. These interventions have mitigated potential medication errors to the patient, thus preventing harm. Inadvertently saving both time and costs for potential investigations and service recovery expenditures as well.

Type of Intervention	Total
Therapeutic Duplication	49
Inappropriate Drug Regime ie dose changes	59
Clarification of Drug orders	29

Spread and Sustainability Plans

In May 2020, Sengkang Community Hospital opened 3 wards of COVID-19 with reference from BVHs workflow of COVID-19 and adopted our practises for their patients.