



# Lived Experience & Learning from COVID-19

*IMSN Survey of Irish Hospital  
Pharmacy Departments Summer 2020*

Niamh O'Hanlon, Dr Aisling O'Leary, & Dr Eileen Relihan

# Background

- Aim of IMSN is to improve patient safety with regard to the use of medicines
- Promote the exchange of information on medication safety to help minimise risks to patients

*Use of 'Heads up' concept to collate & share medication safety learning from hospital pharmacies in Ireland from first wave of COVID-19 pandemic*

# Aim of Survey



- To collate lived experiences from Irish hospitals relating to medicine use with COVID-19 (Mar-June 2020)
  - *Determine near misses/medication incidents/adverse drug reactions that occurred & contributing factors*
    - ***Focus was not on outcome***
  - *Determine type of medication safety initiatives undertaken*
- Capture meaningful learning/themes from hospitals to enhance practice for future preparedness

# Methodology

- Development of survey
- 2 broad sections
  - Descriptive reports of incidents (actual, near misses)
  - Individual initiatives in hospital to address optimum medicines use during COVID-19 pandemic
- Survey pilot
- Distribution via email to all hospitals July/Aug 2020
- Qualitative content analysis of narrative descriptions of incidents

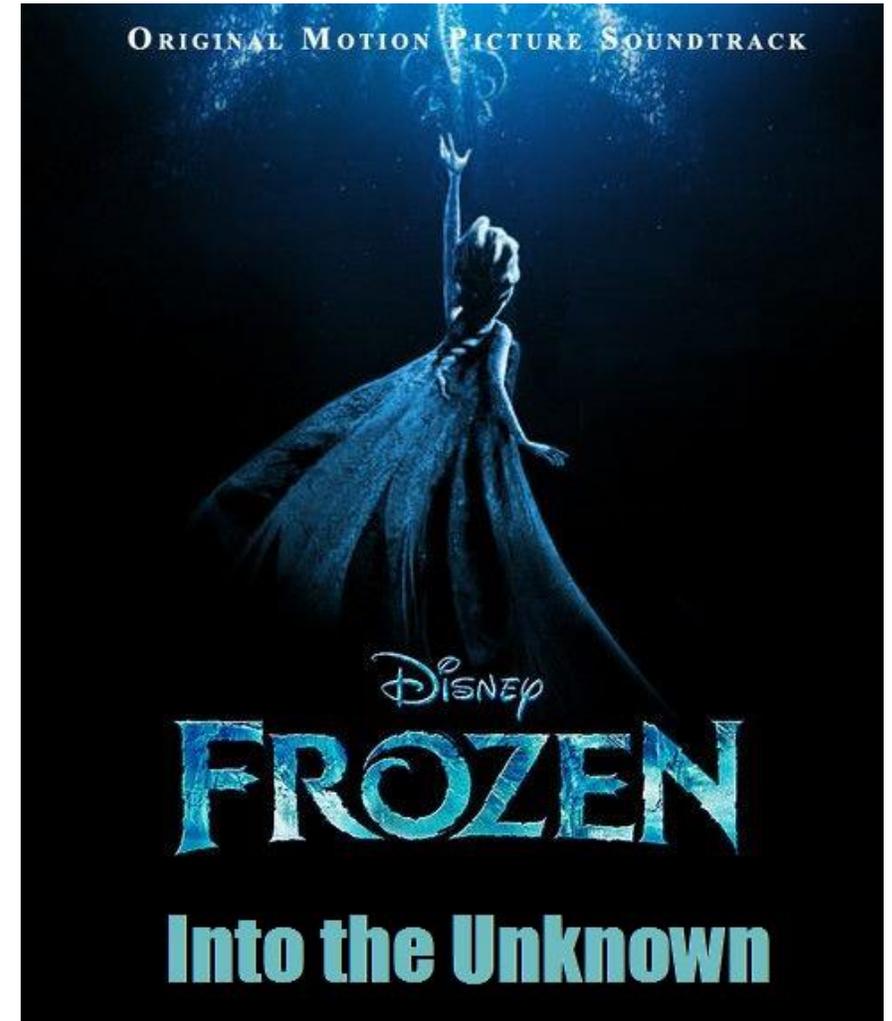
# Results

## Respondents



Irish hospital pharmacy departments responses from:

- *Model 4*
- *Model 3*
- *Hospice*
- *Maternity*
- *Mental Healthcare*
- *Private sector*





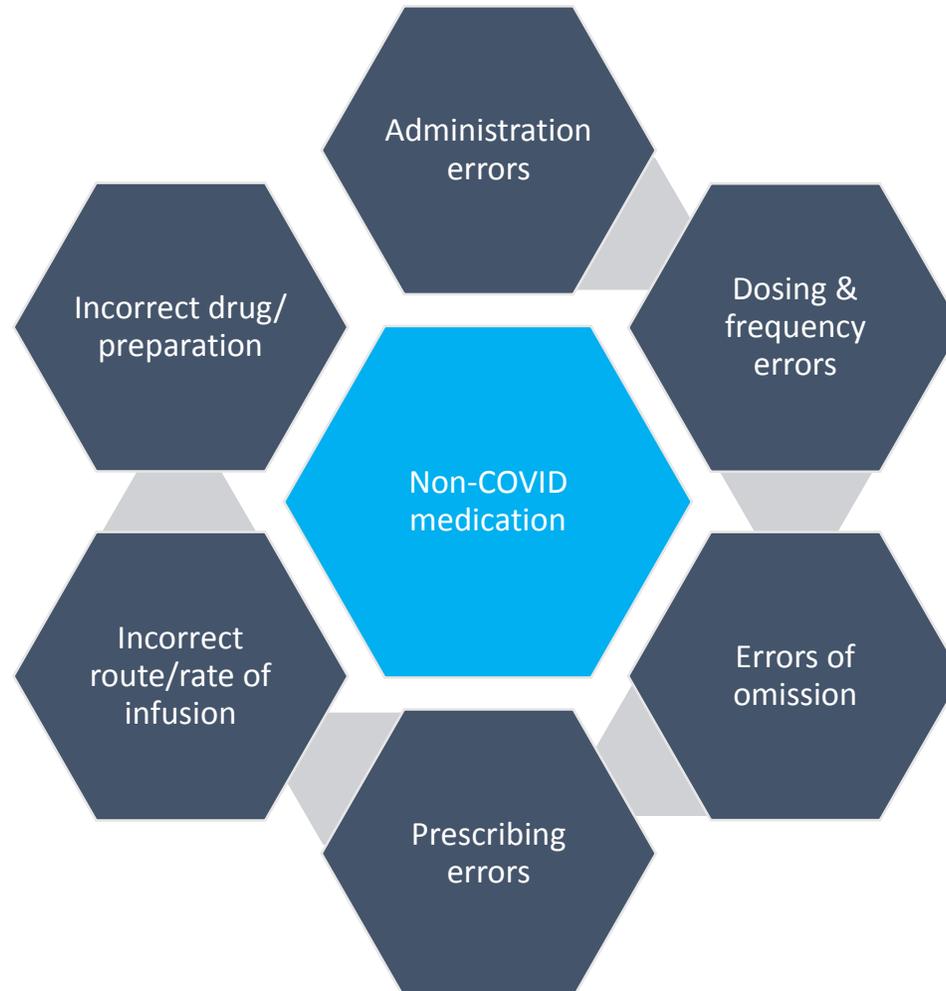
# Results

## Reported incidents

- Focus on type not quantity of incidents
- Majority were classified as actual events (70%)
  - Remainder near misses
- Stage of medication use process (7 options)
  - Predominantly administration and prescribing
  - Multiple factors a feature for many incidents
  - Additional factors provided

# Results

## Types of incidents

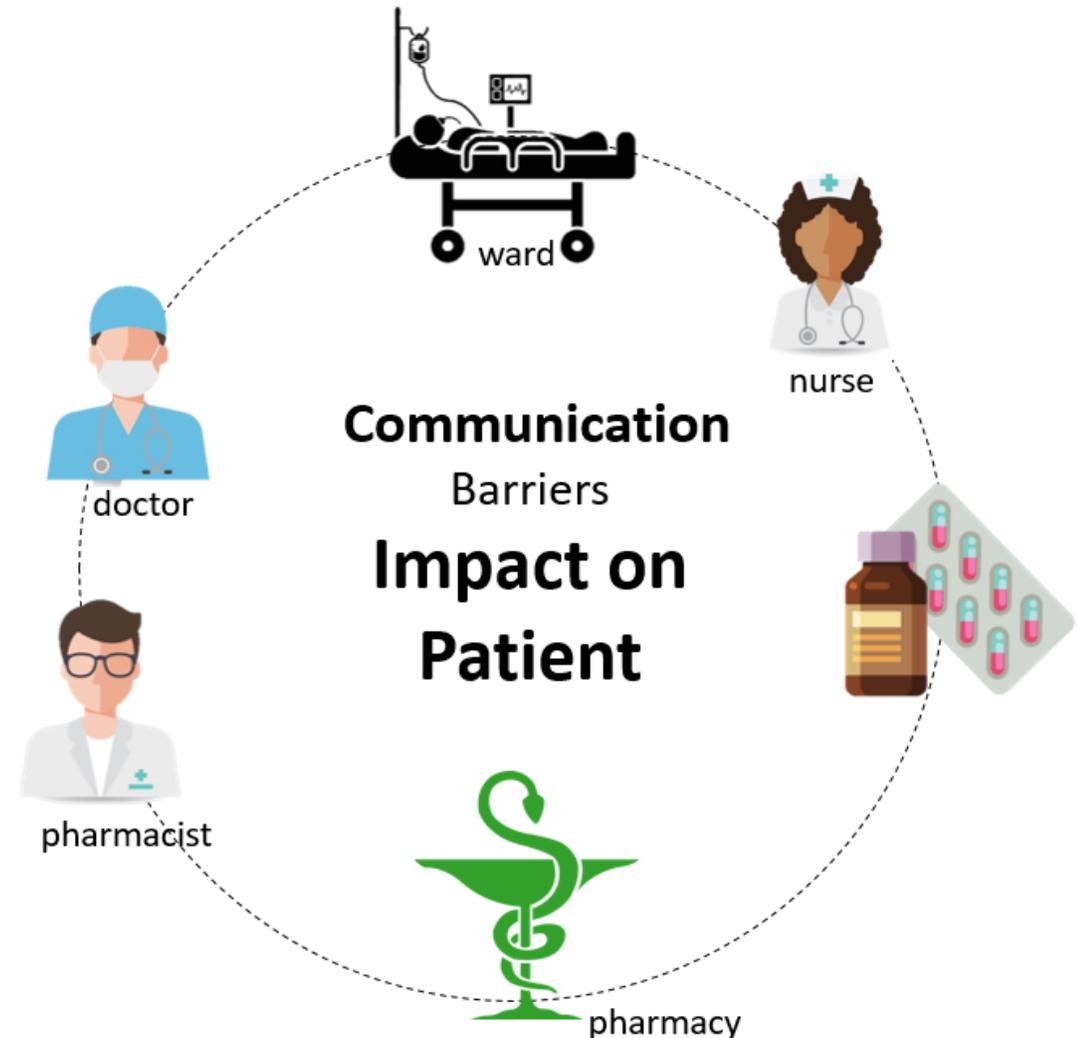


- COVID-related incidents
  - Hydroxychloroquine
  - Tocilizumab

# Results

## Contributory factors

- Communication issues/information flow
  - Medicines reconciliation & clinical review limited
  - Restriction on transfer of paper documentation
  - Consequences of PPE wearing
  - Reconfiguration of wards & repurposing of wards
- Re-organisation of care
  - Patient identification problematic
  - Distribution issues
- Deviation from guidelines
  - Procedural inconsistencies & lack of adherence to protocols
- Capacity of hospital departments (staff/services)



# Results

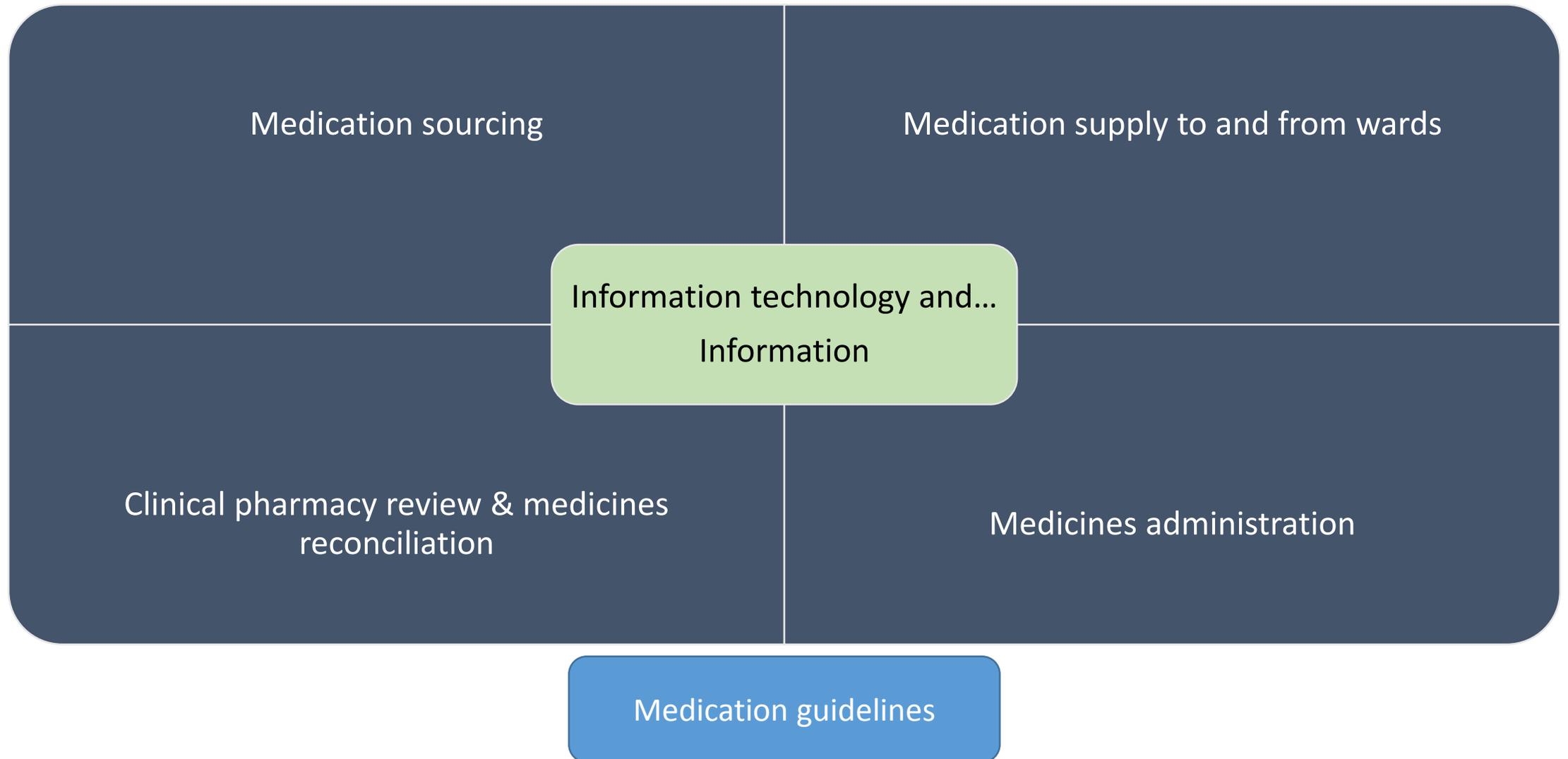
## Initiatives undertaken



Medication sourcing	Medication supply	Clinical pharmacy	Medicines administration
Co-operation with other hospitals	Paperless requisitions – including MDAs	Medicines reconciliation processes changes	Antimicrobial stewardship initiatives
Horizon scanning	Ward stock changes	Reduction in verification	Slow IV pushes vs infusions
Increased engagement with clinicians	Changes to medication transfer methods	Remote verification & review/use of technology	Gravity pumps vs infusion pumps
Identification of critical drugs for COVID-19 management	Medication returns initiatives	Use of EPR	Modification to checking procedures
Designation of procurement technician	Staff reconfiguration	VTE prophylaxis Changes to ICU electronic record Named patient supply	Hospital to home administration

# Results

## Facilitating initiatives



# Feedback from survey responders

- *'Useful to have access to patients' community dispensing records'*
- *'National sharing of guidance (information) at time would have been useful'*
  - *Product shortages and safety notices*
  - *Social distancing, distribution of hand hygiene products*
  - *Telecons where pharmacists could share and discuss challenges*
  - *COVID medication guidance*
- *Pharmacy involvement required to enhance organisational response to pandemic*
- *'Contingency planning for pharmacy services'*
- *'Information volume via email intense and hard to keep up with'*

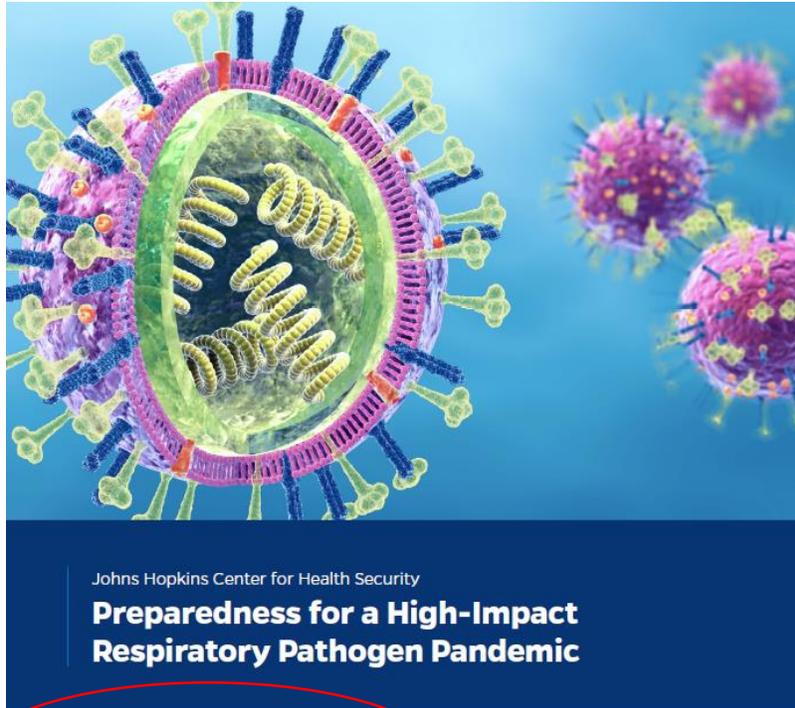


# Learning points



- Value of electronic prescription/health record
- Networking/Sharing of information
- Review of medication management processes
  - Standardisation
  - Flexibility in roles
  - Altered clinical pharmacy service provision
  - Checking procedure for drug administration
- Infection control practices an issue and return of medication
- Information overload (need for central control)
- Importance of Medicines Information Service
- Review of medication guidelines
- Value of preparedness – simulation inclusion in pharmacy practice

# Need for preparedness



September 2019

- Recommendations (10 in total)
  - Countries should **build up their national core public health capacities**
  - Countries and WHO need to assess and improve **health systems' readiness** for infectious disease emergencies.
  - Countries and WHO should **develop and exercise plans for risk communication** during high-impact respiratory events.
  - R&D aimed at **rapid vaccine development** for novel threats and distributed surge manufacturing should be a top global pandemic planning priority.
  - Frameworks and plans articulating the evidence and role for **nonpharmaceutical interventions** need to be established.



# In conclusion

- We did and do adapt fast...and continue to adapt
- Flexibility of pharmacy and pharmacists
- Sharing of information to aid patient care is key
- Need for preparedness in hospital pharmacy – incorporating simulation

*Thank you to all who contributed to the survey*