QUALITY IMPROVEMENT PROBLEM

At the Sunnybrook Odette Cancer Centre (OCC) Pharmacy our baseline BPMH completion rate for patients starting a new Oral Anticancer Medication (OACM) was low at 28%, and this was seen as potential for serious medication incidents.

We needed to develop a Standard Operating Procedure (SOP) for how and when patients will have a BPMH collected at the OCC Pharmacy and a way to measure compliance with this procedure.

AIM: To increase the BPMH completion rate at the OCC Pharmacy to 100% for all patients starting a new OACM

METHODS

We asked frontline pharmacists working at the OCC Pharmacy to complete a Baseline Pharmacists’ Needs Assessment Survey (Table 1) to collect qualitative data on the barriers to completing a BPMH during the patient counseling session on a new OACM.

An experienced oncology technician was hired as the BPMH technician and trained in the systematic collection and central documentation of comprehensive medication histories using the Sunnybrook BPMH Module and hands-on training with the Oral Chemotherapy Pharmacist.

A Standard Operating Procedure (SOP) for the completion of BPMHs for patients starting an OACM was created and implemented at the OCC Pharmacy.

This SOP was also shared with frontline nurses and medical oncologists so they would know what to expect from the pharmacy team.

RESULTS

Table 1: Results from Baseline Needs Assessment Survey

<table>
<thead>
<tr>
<th>Barrier*</th>
<th>Pharmacists’ Assessments (N=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>12</td>
</tr>
<tr>
<td>Patient feeling overwhelmed</td>
<td>11</td>
</tr>
<tr>
<td>Need to focus on drug education</td>
<td>7</td>
</tr>
<tr>
<td>Not familiar with documentation system</td>
<td>2</td>
</tr>
<tr>
<td>Language barrier</td>
<td>2</td>
</tr>
<tr>
<td>Lack of counseling space / computers</td>
<td>1</td>
</tr>
<tr>
<td>Patients are in a rush / don’t know their medications</td>
<td>1</td>
</tr>
</tbody>
</table>

Figure 2: SOP for Collection and Documentation of BPMH for new OACM patients

Figure 3: Improvement in BPMH collection and documentation rates

- BPMH completion rate was 28% prior to SOP implementation.
- SOP and dedicated BPMH technician resulted in a 90% completion rate in an 8 month period.

WHAT WORKED?

- Assignment of a dedicated technician to BPMH tasks led to a higher rate of completion.
- BPMHs were collected while patients were waiting for their medication to be prepared so counseling sessions could be shorter and focus only on drug education.
- Practitioners preferred having the BPMH completed over the phone and a drug interaction check performed prior to the patient even arriving at the pharmacy, allowing proactive discussion with the prescriber regarding needed changes.

WHAT NEEDS WORK?

- Sustainability is at risk when the BPMH technician is on vacation or away from the pharmacy. A contingency plan that addresses cross-training needs to be built into the SOP.
- The process, being somewhat new, relies on dispensary pharmacists to remember to page the BPMH technician for a new OACM patient. An automated process would be ideal.
- Explore methods to enable physicians to notify pharmacy of plans to initiate OACM for specific patients. This would facilitate conduction of the BPMH and interaction check prior to the patient arriving in pharmacy and expecting to imminently start the medication.

NEXT STEPS

- Currently, the BPMH is documented in the electronic patient record but the identification of drug interactions and the outcome of those drug interactions (i.e. medication discontinuation, or dose adjustment) is not documented. We need to work with the IT department to ensure this is a feature of the electronic record.
- The SOP needs to be expanded to include medication reconciliation. The updated BPMH should be shared with other members of the patient’s healthcare team: community pharmacist, family physician and any other required practitioner.

REFERENCES