Project Title

Managing the Unseen Patient

Project Lead and Members

- Diana Ting Jilin Huei
- Jessica Chong Ji Lin

Organisation(s) Involved

Bright Vision Hospital

Healthcare Family Group(s) Involved in this Project

Nursing, Pharmacy

Applicable Specialty or Discipline

Infectious Disease

Aims

To overcome language barrier of admitted COVID-19 foreign patients and to minimise medication error

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Project Category

Care & Process Redesign, Value Based Care, Access to Care, Safe Care, Care Continuum, Primary Care

Keywords

Medication Error, Language Barrier, Foreign Workers, Self-Medication, COVID-19, Community Isolation Facility

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MANAGING THE UNSEEN PATIENT

SingHealth Community Hospitals
Bright Vision • Outram • Sengkang

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.

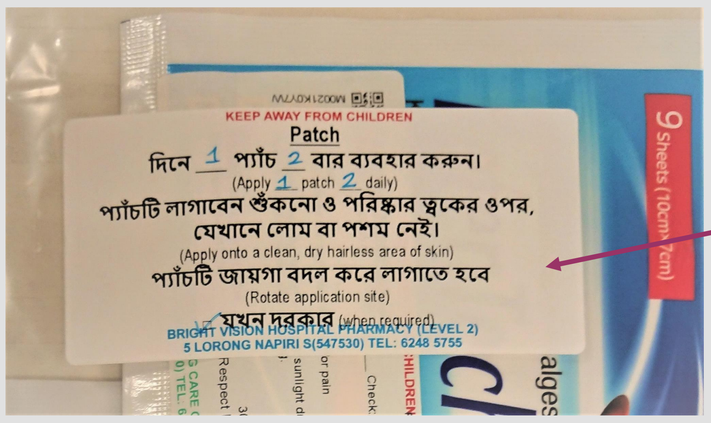
Analysis of Problem

Work Process	Before COVID-19 (Business as Usual)	After COVID-19 (CIF)
Medicine Reconciliation	• Physical Reconciliation at pharmacy	• No Physical Reconciliation • Medications kept with patient in Ward

Medication Orders	• Doctors clerk all orders in SCM (electronic order) upon admission	• No clerking of orders upon admission
		• Only clerk for:
		  • New orders
		  • Change in dose
		  • resupply

Medication Supply	• Weekly top-up of chronic meds • Nurses send request for additional top-up of meds	• No weekly top up of chronic meds
Discharge Medicines	• Doctors furnish discharge Rx • Pharmacy process & supply	• No discharge prescriptions generated

Interventions/ Initiatives

Work Process/Potential Errors	Solutions
Medicine Reconciliation • 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.).
Medication orders • Wrong patient • Wrong drug	Performed medication interventions with the doctor: • Clarify that the right drug was for the right patient • Discontinue duplicated medications, or switch to other alternatives
Language Barrier • 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)	 Default Bengali label with English instructions, blanks are filled in by pharmacy staff with appropriate instructions before medications are sent up to ward. **(Pic 2) On left:** Use of Bengali translated labels, provided by liaising with Fariha Amin, a pharmacist (NUHS) who is fluent in Bengali.

Medicine Reconciliation

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	

(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.

Results/Impact

- 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 BVH's 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 BVH's workflow of COVID-19 and adopted our practises for their patients.