A model of cross-team collaboration in ADR reporting evaluation and medication safety control - Implementation experiences of a medical center in Taiwan

Ching-Ya Huang[*1,2], Yih-Dih Cheng[1,2], Yow-Wen Hsieh[1,2]

[1] Department of Pharmacy, China Medical University Hospital, Taichung, Taiwan
[2] School of Pharmacy, China Medical University, Taichung, Taiwan

Background

A very important issue on patient safety is ADR reporting and security management. Simple and convenient reporting system, prudential ADR causality evaluation and personalized medication reminders are informed of the focus on implementation. In our hospital, we have ADR evaluation committee composed of physicians, pharmacists, nurse and administrative coordinator. The cases review by physicians and pharmacists separately. If the comments were different between physician and pharmacist, the panel discussions were carried on. Each report went through with flexible three-tier review to ascertain the ADR causality. We expect though the process to ensure the safety of medication used and clarified what kinds of medication can continue to use on individual patients. In addition, we hope the individual safety information could assist in clinical medicine decision-making. This study presents a model of cross-team collaboration.

Implementation Methodology

In our hospital, medical staffs can report ADR through the electronic medical record system in hospital networking by various entering path. Pharmacy department is responsible for ADR reports arrangement. ADR secretary (pharmacist) collected all of reporting cases on line and designated to pharmacists and physicians to carry on first review and second instance. Finally, we confirm the adverse drug reactions causality by the panel meeting. The individual ADR information should be inscribed in the first page of anamnesis and administered reminder on e-prescription. Under the system, when the suspicious mediation of ADR been prescribed again, the computer will pump out a warning massage on the window. If the drug caused serious ADR, it will be locked and no longer prescribed to individual patient.

Results

From 2010 to 2012, we held 12 ADR meeting and evaluated 276 cases. There are 43 cases referred to panel discussion to verify the suspicious mediation, ADR term, causality and severity. In these cases, 19 cases of physicians' and 12 cases of pharmacists' comments were similar to panel conclusion. Furthermore, 12 doubtful cases got concluding comments through panel discussion by two professional teams.

Conclusion

ADR causality assessment related to various factors. Physicians and pharmacists offer the professional opinions in disease expressions and pharmacological effects, respectively. Combination of several professional teams in the committee can recovered the scotoma of cases evaluation between different teams. In our hospital, the ADR committee included numbers of pharmacists and 14 physicians in different specialist. Incorporate with nursing department for reporting and the administrative coordinator for policy implementation. We perform the safety control for individual patients through a strong team.