Doing more for Medicines Information services - expanding the peer review process

Felicity Prior, Hunter Drug Information Service, Calvary Mater Newcastle; felicity.prior@calvarymater.org.au
Yee Ching Ng, Pharmacy Department, Canberra Hospital and Health Services; yeeching.ng@act.gov.au

Introduction

A Medicines Information (MI) service supports quality use of medicines by providing and communicating timely, accurate, balanced and comprehensive information about medicines and their use. Quality assurance (QA) processes are essential to ensure the provision of high quality MI services[1]. In Australia, most MI services operate without a systematic process involving external peer review.

Aim

To implement a sustainable peer review process across participating MI services designed to encourage the sharing of experience, knowledge, and optimal MI practice amongst participants.

Method

MI services that were involved in the former NSW Special Interest Group (n=8) were invited to participate in the pilot QA program. Interested parties (n=7) were surveyed to identify current local QA processes, goals and perceived barriers (see Table 1). A schedule for regular teleconferences was established. Feedback was sought formally following the first meeting via an evaluation survey, and informally via ongoing discussions. Modifications were made accordingly.

Survey results

Table 1: Goals, enablers and barriers identified by participants

Goals
• Ensure quality of MI services provided
• Provide support network
• Adopt best practice
• Benchmarking
• Upskilling
• Innovation (improved efficiency in processes; forum for new ideas; identification of areas for improvement)
Key enablers
• Consultative approach
• Ongoing commitment of participating MI services
• Clinical Pharmacologist input
Key barriers
• Increased workload
• Secretariat workload

Intervention

Three 1-hour meetings have been held by teleconference:
• 22 enquiries audited
• 16 enquiries discussed in detail

Three audit tools have been trialled and one tool was adapted for final use.

Current process:

• Bimonthly meeting with rotating Chair
• Each site (n=3) contributes two (self-selected) enquiries per meeting
• All enquiries are audited by each site using the audit tool
• Sharepoint (Office365) is used to schedule, distribute documents and share resource material

Key achievements
• Implementation of an external peer review process for assessing MI enquiries
• Centralised resource repository e.g., Modecate® Discontinuation Fact Sheet
• Established mechanism to allow sharing of resources e.g., Reactions Weekly
• FAQs identified and action taken; e.g., enoxaparin dosing in obesity (NSW Therapeutic Advisory Group notified)
• Enhanced collaboration
• Peer support

Conclusion

By expanding the peer review process, this multi-site 'QA for MI' program improves current standards and promotes high quality service delivery. It has also provided an avenue for peer support, collaboration and continuing education opportunities. Further expansion to include other MI services, exploring alternative meeting arrangements (i.e., videoconference) and evaluating the impact on the quality of MI services provided are all being considered.

References
[1] SHPA Committee of Specialty Practice in Medicines Information. Australian Procedure Manual. Society of Hospital Pharmacists of Australia, 2017.