Empowering Pharmacy Practices

Within its continuous efforts to enhance the Continuing Professional Development Program in Ministry of Health, the Directorate General of Medical Supplies has conducted The 4th International pharmaceutical conference on 23rd and 24th February 2014 at Al Bustan Palace Hotel, Muscat with the theme “Empowering Pharmacy Practices”. The conference was inaugurated by His Excellency Ahmed Bin Mohammed Bin Obeid Al Saidi, The Minister of Health in the presence of HE Dr. Tawfiq Bin Ahmed Khoja, Director General, Executive Office, GCC Health Ministers Council for GCC States, HE Ali Bin Khalfan Al Qutaiti, Head of Health and Environmental Committee, Majlis Al Shura, Director Generals of Health Services from various Governorates and was addressed by Ph. Nussaiba Habib Mohd., the Director General of Medical Supplies.

The two-day event accredited by Oman Medical Specialty Board, was attended by more than 500 delegates including Pharmacists, Assistant pharmacists and other healthcare professionals from Oman and other GCC Countries. The speakers were from United Kingdom, United States of America, South Africa, Malaysia Saudi Arabia, Ireland, United Arab Emirates, Qatar & also national speakers from Sultanate of Oman.
Empowering Pharmacy Practices
23-24th Feb 2014

The 4th Pharmaceutical Care Conference highlighted the importance of Empowering Pharmacy Practices by sharing the experience of expert professionals in the various aspects of Hospital Pharmacy practice from different parts of the world to achieve higher standards and to ensure patient safety.

The participants were be able to:

- Understand Hospital’s Journey to Accreditation: Providing a Foundation for Quality and Safety.
- Understand what patient counseling means in relation to all patients, both inpatient and outpatient.
- Identify barriers to patient counseling and how to overcome them.
- Outline the roles of all stakeholders in a multi-level, multi-sectoral approach to the provision of care with medicines.
- Define and describe the transformational changes and the drivers that make it so relevant to pharmacy organizations.
- Describe the DMAIC process for assessing practice and implementing performance improvement with hazardous medication.

Key topics:

- Hospital’s Journey to Accreditation: Providing a Foundation for Quality and Safety.
- International drugs policy: from Rational use of medicines to Responsible use of medicines.
- From inter professional education to inter professional collaboration.
- Current challenges in the use of Pharmacy Technology.
- Risk Evaluation and mitigation strategy (REMS), an FDA regulation.
- The expanding role of the pharmacist in optimizing and individualizing treatment regimes for patients with Rheumatoid Arthritis.

Conference Key Objectives

- Empower pharmacists to become agents of change through a thoughtful understand of the impact of the new perspectives practice models on the future of their profession.
- Elaborate the role of hospital pharmacist as a member of a health care team.
- To increase awareness of the concept of responsible use of medicines.
- To provide attendees with an update on the recommended interventions that can advance responsible use of medicines, focusing on how to empower pharmacy practices.
- To understand the risks of hazardous medication handling and design a program to protect the healthcare worker.
- To provide planning considerations as well as recommended strategies for addressing safe medication use in the pediatric patient population.

Conference Recommendations

- Pharmacists can significantly improve patient care outcome and safety via collaboration with physicians and the outcomes are well established. Most important is the need to establishing collaboration with US Universities for academics like in Saudi Arabia.
- Partnering with an existing practicing Pharmacoeconomics unit.
- Training not only by Pharmacoeconomics in theoretically but actually implementing Pharmacoeconomics.
- Leadership Support for empowering pharmacists to work at the highest level of their ability.
- Pharmacists who are educated and trained to perform all essential functions.
- Increased recognition of pharmacists experience and roles is needed by others.
- Increased intra and inter-professional collaboration / education and communication.
- Pharmacists in the region need the skill and attitude to work within the team of multi-professionals. This skill is of paramount important if they are to demonstrate their work and their role.
- Pharmacists need the skill of driving change (change strategy). They need to be able to negotiate and convince through strategic planning the administration.
- Need to establish pharmacoepidemology center for research and advocacy. Need to add Pharmacoepidemology to teaching in health colleges.
DGMS achieved ISO 9001: 2008 Recertification

By Ph. Hassan Ali Mohd., Head, Quality Assurance

Directorate General of Medical Supplies has successfully achieved the renewal of ISO certification from the International Organization (Bureau Veritas) for ISO 9001:2008 in the Medical Stores Management for three years up to February 2017 after meeting all the quality management standards in all departments and units of the Central stores, Reserves Store at Bausher and in the Regional Stores at Nizwa and Salalah. It is worth mentioning that DGMS was first awarded ISO Certification in February 2011.

HE Dr. Darwish Bin Saif Al Maharbi, Undersecretary for Administrative and Financial Affairs, received the certificate from the organisation in presence of Ph. Nussaiba Habib the Director General of Medical Supplies and the Directors of the concerned departments in the directorate. HE Dr. Darwish, expressed his appreciation for the genuine efforts made by DGMS for maintaining such International certification and external recognition that highlighted the commitment to the quality standards for services and resource management.

Ph. Nussaiba confirmed that the real objective behind getting ISO certification is the desire for development and application of International standards of comprehensive quality and excellence in management of medical stores and the best use of the for the medical supplies thus improving the overall level of services provided.

DGMS Commitment

• To achieve service quality excellence combined with customer satisfaction in various health units.
• Strive for continual improvement through systematic identification of the root cause behind the non-conformities and subsequent elimination of the same.
• Provide timely delivery of our services to our customers.
• Enhance the skills of the staff through training, motivation and thus encouraging a professional work experience.

What is ISO

ISO (International Organization for Standardization) is an international non-governmental organization specializing in standardization and related issues. The organization ISO officially began operations on 23.02.1947 in Geneva, Switzerland.

ISO members are the National Standardization institutes of 162 countries Directorate General of Standards and Metrology (DGSM) under the Minister of Commerce and Industry is the member representing Oman in the Organization.

The Certifying Company: Bureau Veritas is a world leader ISO certifying company in conformity assessment of Quality Management Systems. It is created in 1828 and the Head Office is located in Paris, France with a global network. It helps the clients to improve their performances by offering services and innovative solutions in order to ensure the quality of products, infrastructure and processes meet standards and regulations in terms of quality, health & safety, environmental protection and social responsibility.
Medication Safety Program
Article by : Ph. Sara Al Balushi, Head of CPD, DGMS

The Medication Safety program has been included in the MOH 8th five year plan 2011-2015 in the domain “Pharmaceutical Care” with a vision to deliver high standards of Health care to the community.

Medication safety program main objective: To Enhance the medication safety practice

Strategies to achieve the objective:
1. Assessment of the current medication safety situation at health institutions.
2. Establishing the aims and strategies for medication safety programs.
3. To Qualify and train pharmacists in the field of medication safety. Conduct symposiums and education activities about medication safety. Complete awareness of pharmacy staff with the concept.
4. Formation of Medication safety committees at hospitals & regions level.
5. Setup an approved standards to ensure the safety of sterile & non-sterile pharmaceutical preparation.
6. Set a program for monitoring and documenting the medication errors and categorizing them according to the level of risk.
7. Organizing training courses in the medication safety scope.
8. Reviewing & analyzing the ADRs reports and set up the necessary recommendations to minimize the adverse effects.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Main objectives</th>
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<tbody>
<tr>
<td>2nd Pharmaceutical care conference</td>
<td>• To introduce the concept of medication safety</td>
</tr>
<tr>
<td>“Towards medication safety &amp; quality”</td>
<td>• Highlight the international standards used in medication safety.</td>
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<tr>
<td>22-23 February 2012</td>
<td></td>
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<tr>
<td>Medication safety workshop</td>
<td>• Describe the difference between medication errors, adverse drug events and adverse drug reactions.</td>
</tr>
<tr>
<td>3-4 December 2013</td>
<td>• Describe criteria for medications to be classified as a high risk medication</td>
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<tr>
<td>Medication safety workshop (Medication safety tools)</td>
<td>• Role of Just Culture in a Safe Medication Safety Program</td>
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<tr>
<td>10-11 September 2014</td>
<td>• Emerging Medication Safety Technology</td>
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</table>

Two medication safety officers - Dr. Christian Hartman (USA) the founder of the Medication Safety Association, and Dr. Salma Alkhani (KSA) the first medication safety officer in the region, have contributed positively in launching the Medication Safety program since 2012. Further In December 2013 Dr. Hartman has conducted a mission to evaluate safe medication use in Oman. Meetings with stakeholders in the Royal Hospital, Sohar Hospital and Sohar Poly Clinic. The review of each area focused on governance of pharmacy practice, management and organizational planning, drug information, ordering, dispensing, administration, and monitoring of medications.
Prequalification is an effective method whereby manufacturers of particular goods and/or services like Surgical & Laboratory items are assessed against pre-determined criteria and then only those suppliers who satisfy the prequalification criteria are invited to offer. Prequalification provides the Ministry with added confidence that the prequalified supplier already have the capability to supply good quality products. Successful suppliers are included in procurement database maintained by DGMS.

**IMPORTANT REASONS FOR PREQUALIFYING MANUFACTURERS INCLUDE:**

- Providing Ministry with enhanced confidence in the ability of its suppliers to deliver satisfactory outcomes in terms of time, cost and quality
- Providing a framework for assessing and aligning contract risk with supplier risk in the supplier selection process
- Providing objective, quantifiable data to support the decision-making process in the selection and subsequent performance monitoring of suppliers
- Setting clear and visible standards for performance by suppliers
- Encouraging the development and improvement through periodic review and adjustment of the prequalification criteria
- Reduce the amount of work and time involved in evaluating tenders from unqualified contractors or suppliers; and
- Eliminate or significantly reduce problems associated with low prices submitted by tenderers of doubtful capability

The regulations of pre-Qualification of Medical supplies manufactures was issued through Ministerial Decision No.109/2008 on 27th June 2008 aiming to ensure availability of quality products that meets international standards and accordingly the manufacturers who are interested to participate in Ministry of Health Tenders for Surgical and Laboratory supplies including orthopedic, dental, neuro plastic, ophthalmology, ENT, etc. Instruments and implants have to be pre-qualified by Ministry of Health.

The pre-Qualification process follows a systematic steps consisting of evaluation of required documents and manufacturing site visit wherever necessary to determine that manufactures follows the Current Good manufacturing Practices according to set standards.

Manufactures interested to participate in Ministry of Health Tenders have to comply with the Pre-Qualification requirements mentioned below:

- Only manufacturers or assembling companies licensed in country of origin are eligible.
- Documents confirming that manufactures follows GMP and are inspected regularly by Health Authorities.
- Quality certificates like ISO 13485, FDA or CE for their products.
- The products are marketed in country of origin and in other developed countries.

**Technical pre-Qualification committee** is responsible to review the documents and approve or reject the application of pre-Qualification. Upon approval manufacturer will be granted pre-Qualification certificate which is valid for 5 years, re-Qualification is requested with same conditions and procedures after five years.

**Statistics**

| Number of applications received till 2014 | 253 |
| Number of manufactures approved          | 166 |
| Number of application rejected           | 27  |
| Number of application pending            | 43  |
The term 'Lean Thinking' was coined by Dan Jones and James Womack and it was popularised for the first time in 1990 in their book “The Machine That Changed the World” in which they described the efficiency of the Toyota production system (TPS).

Simply ‘lean’ is about creating more value for customers with fewer resources. Yet, ‘lean thinking’ is considered as radical new way of thinking about how to organize human activities to deliver more benefits to the society and value to individuals while eliminating waste in its different forms as described in figure below: **The Eight Types of Waste**

<table>
<thead>
<tr>
<th>Type of waste</th>
<th>Description</th>
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<tbody>
<tr>
<td>Defects</td>
<td>Time spent doing something incorrectly</td>
</tr>
<tr>
<td>Overproduction</td>
<td>Doing more than what is needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Unnecessary movement of the product</td>
</tr>
<tr>
<td>Waiting</td>
<td>Time spent waiting for the next event</td>
</tr>
<tr>
<td>Inventory</td>
<td>Excess inventory</td>
</tr>
<tr>
<td>Motion</td>
<td>Unnecessary movement by employees</td>
</tr>
<tr>
<td>Overprocessing</td>
<td>Doing work that is not values by customer</td>
</tr>
<tr>
<td>Human Potential</td>
<td>Waste and loss due to not engaging employees</td>
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</table>

A research was conducted by Lean Enterprise Research Centre suggested that only 5% of activities in manufacturing production operation is adding a value, 35% of the activities are necessary non-value adding activates and 60% add no value at all. Therefore, according Womack and Jones, the performance and customer satisfaction can potentially increased by eliminating non-adding value activates and creating a process that focus on the following five main principals;

1. Identifying what creates value from customer prospective.
2. Identifying the value stream.
3. Creating value flow.
4. Creating Customer driven service by pulling what is required by customer.
5. Pursuing perfection by continuously removal of waste.

The healthcare organizations are always required to do more and better with less cost. They are required to improve the safety and quality of patient care, reducing waiting time and serving more number of patients with tight budgets. Therefore, these challenges compromise a good opportunities to implement lean thinking in healthcare as was mentioned by Institute of Healthcare Improvement in a white paper “lean principles can be — indeed, already are being — successfully applied to the delivery of health care”. Therefore the implications of lean thinking has been extended recently from the manufacturing sector to reach healthcare sector and it has being used successfully by different health organizations to eliminate waste and to increase the efficiency and quality of service.

It is the time for the healthcare sector to learn and adopt different techniques and concepts for improving the processes and quality of delivering a service. Lean principles hold the promise of reducing or eliminating wasted time, money, and energy in health care, creating a system that is efficient, effective, and truly responsive to the needs of patients — the “customers” at the heart of it all.
The life cycle of instrument/equipment is simple, but one process that seems to cause problems is deciding when to condemn and how to dispose of equipment.

When looking at condemnation and disposal, the bio-Medical engineer in charge of the department should have the experience, knowledge, and authority to decide when a piece of equipment should be scrapped and removed from use.

The reasons for condemning instrument/equipment will usually be:

1. Beyond economical repair - Where equipment comes in and the cost of repairing it is considered too high after looking at the current value.
2. Technically obsolete - Parts and service support are no longer available.
3. Clinically obsolete - The clinician using the device (or manufacturer) recommend replacement for clinical reasons.
4. Equipment that has been damaged by contamination.

The information supplied to the user must include the date of condemnation, whom the equipment belongs to and who authorised the condemnation.

When sending out the notification of condemnation to DGMS for procurement, the equipment condemning Certificate should be individually numbered, MOH Computer Codes, equipment full description, including the make, model, serial number, control (asset) number, manufacturer, purchase date (age), reason for condemning and any additional information. You should also state the equipment location (Dept / Ward) and at which Hospital. If the DGMS requires further information, contact details must be added, such as your telephone, e-mail, fax, etc.

DGMS on its turn compiles all the Condemning Certificates from all Hospitals and floats a ministerial tender twice a year to accelerate the replacement process as much as possible due to long lead time of tendering procedures which may exceed one year.
**CPD Events held in 2014**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>4th Pharmaceutical Care Conference</td>
<td>20-21 Feb 2014</td>
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<tr>
<td>Enhance Drug Therapeutic Monitoring</td>
<td>09-10 April 2014</td>
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<tr>
<td>Patient Counseling</td>
<td>25-26 Feb 2014</td>
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<tr>
<td>Medication Safety training course</td>
<td>10-11 Sep 2014</td>
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<tr>
<td>Total Quality Management</td>
<td>27-28 Aug 2014</td>
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<tr>
<td>Demand Management</td>
<td>3-4 August 2014</td>
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<tr>
<td>Strengthening Leadership skills</td>
<td>23 Dec 2014</td>
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<tr>
<td>Time Management</td>
<td>22 Dec 2014</td>
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</tbody>
</table>

**Staff Honored**

During the 4th Pharmaceutical Care Conference 2014, held at Al Bustan Palace Hotel, Muscat, the following staff had been honored:

1. **For longstanding exemplary service**
   - Ph. Abdul Qayoom Bashir, DGHS, Dhofar
   - Asst.Ph. Juma Bin Baroot, Al Nahdha Hospital
   - Ph. Adil Mohd Othman, DGHS, N.Sharqiya
   - Asst.Ph. Abdulla Salem Al Hinai, DGMS
   - Ph. Mariam Bint Hamed Al Jabri, Royal Hospital
   - Asst.Ph. Ali Bin Masood Al Ramadan, Nizwa Hospital

2. **For Endeavors in implementing Unit Dose System**
   - Ph. Amal Bint Said Al Farsia, Ibra Hospital
   - Ph. Thunaiyya Bint Mohd. Al Ghilania, Sur Hospital

3. **DGMS Ideal staff 2013**
   - Mr. Khalifa Bin Marhoon Al Wahaibi
   - Mr. Hamood Bin Hamed Al Amri
   - Ms. Sharifa Bint Mohd Al Battashi