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## COMMENTARY

### **Facing the COVID-19 Pandemic: Experience and Perspective from a Hospital Pharmacist**

Boon Phiaw Kho

*Pharmacy Department, Sarawak General Hospital*

The unprecedented COVID-19 pandemic had changed how healthcare facilities, including hospitals, operate worldwide. Patients, visitors and staff entering hospitals screened for related symptoms. Patients with respiratory symptoms are carefully triaged and treated with extra caution. Visitations are restricted. Social distancing measures enforced. Staff with symptoms are discouraged from working. Wearing Personal Protective Equipment (PPE) and practising good personal hygiene becomes mandatory (1). Despite not involved in the direct care of COVID-19 patients, hospital pharmacists provide vital support in many facets of patient care and are integral members of the hospital team(2).

The first COVID-19 cases in Sarawak were detected on 13<sup>th</sup> March 2020, a few days before the government imposed a Movement Control Order (MCO) (3). The number of cases quickly escalated, and before the emergent of the second wave in mid-July, a total of 571 cases were reported, predominantly in Kuching and treated in Sarawak General Hospital (SGH) (4). As a designated hybrid hospital, SGH provides services for both COVID and non-COVID patients which posed unique challenges for decision-makers, in particular, balancing between delivering pharmaceutical care to all patients and keeping staff infection-free. Moreover, these decisions were executed without complete knowledge and the benefit of precedence.

An early challenge was dealing with the novelty of COVID-19. Pharmacists constantly scoured the Internet to keep abreast of the ever-changing treatment protocols, learning about dosage recommendations, drug interactions and possible adverse drug reactions.

Uncertainties on its virulence and transmission struck fear among staff, creating ethical dilemmas and mental strains as they tried to protect themselves while providing patient care. Can it be transmitted in the air? Via the central air-conditioning system? Via prescriptions written by COVID-19 medical teams? Via unused medicines returned from COVID-19 wards? The fear of infection was not unfounded, with 53 healthcare workers in Kuching infected with the virus during the first wave (5). In response, the pharmacy department developed treatment protocols and counselling guidelines; to mitigate the risk of workplace virus transmission, we shut down A&E pharmacy due to its proximity with the COVID-19 triaging area, as well as a Satellite Pharmacy located on the same floor as COVID-19 wards.

The pharmacy management took future precaution by allowing staff from certain pharmacy sections to work reduced hours and in team-based shifts, with a hybrid work-from-home system established. Movement of staff between sections was also restricted. This also served as a business continuity plan shall a particular team had to be quarantined. It assuaged the fear of acquiring COVID-19 among staff, which together with a lack of access to relevant information, are recognised as major psychological stressors that can adversely impact the mental health of frontline workers (6). For the latter concern, a folder containing updated instructions and information was shared with all pharmacy staff using Google Drive, supplemented by periodic memos and an informational video. This is consistent with a guideline by International Pharmacy Federation (FIP), which recommended that pharmacy staff should be informed regarding the scientific information on COVID-19, preventative measures, new workflows and regulations including how to manage exposures (7).

We made tremendous efforts to reduce the patient crowd at the outpatient pharmacy. The drive-thru pharmacy service was started on 27<sup>th</sup> April 2020 to good reception, whereas other value-added services (VAS) such as postal delivery (UMP) and Whatsapp and Take were also heavily utilised. For inpatients, counselling of COVID-19 patients were carried out successfully via telephone or video conferencing. We provide spacers for patients who require nebulisation or metered-dose inhalers (MDI). Clinical pharmacists monitored the medical regimes of COVID-19 patients off-site to ensure accuracy of prescriptions.

The logistic pharmacy holds the responsibility to secure stocks of essential medicines and consumables required to deal with the COVID outbreak. Pharmacy staff are also involved in the storage, organisation and distribution of both purchased and donated PPE. In the

aftermath of the first wave, shortages of medications are emerging due to lack of raw materials, requiring constant monitoring and sourcing of alternative products.

COVID-19 also imposed on us the new normal: new personal habits and ways of interacting with others in the public/workplace. Embracing the new normal did not prove to be too difficult; the challenge lies in internalising and ingraining the habits among staff, to the point of becoming second nature. New normal practices are against our communal instinct to eat together, to communicate and to share; whereas masking and constant hand washing are uncomfortable and tedious, respectively. We remind pharmacy staff constantly to practice the new normal and appoint "surveillance police" to conduct spot checks to enforce adherence. As the number of cases winds down, motivating the team to be ever-vigilant are challenging as complacency seeps in. How the new normal affects patient care has yet to be fully elucidated, with some practices being potentially detrimental: reduction in frequency and length of face-to-face communications with pharmacists, regression of open dispensing counters to "closed counters", postponement of patient education activities etc. Quantifying these long term ramifications can be an avenue for future research.

When faced with a novel challenge, we do not have the benefit of hindsight. However, in the lull between two infection waves, we can reflect on how to be better prepared for future eventualities. COVID-19 does not only affect those afflicted with it; patients with other illnesses are collateral damage as their care was delayed or denied altogether (8). Ways to provide enhanced follow-up or outreach for patients with chronic diseases should be explored, especially utilising electronic communications as a medium to offer pharmacy consultation, patient education, medication information and answering queries (9). Services for warded patients, for example conducting medication reconciliation and patient monitoring, can be done similarly. Counselling modules can also be animated or made into videos to better cater to patients. Pharmacists with expertise in medical supply chain management can also play a role in matching PPE donors with suppliers, ensuring that sourced PPEs match requirements and acquired at the most reasonable price. All these will ensure continuity of care for patients, future establishing the image of hospital pharmacists as integral healthcare frontliners in the post-COVID-19 scene.

## REFERENCES

1. Klompas M. Coronavirus disease 2019 (COVID-19): protecting hospitals from the invisible. *Annals of Internal Medicine*. 2020;172(9):619-620
2. Visacri MB, Figueiredo IV, de Lima TM. Role of pharmacist during the COVID-19 pandemic: a scoping review. *Research in Social and Administrative Pharmacy*. Published online ahead of print, 4 July 2020.
3. Ling S. Sarawak's first three COVID-19 cases traced to Sri Petaling Mosque. *The Star Online*. 13 March 2020. Accessed on 26 July 2020 from: <https://www.thestar.com.my/news/nation/2020/03/13/sarawak039s-first-three-COVID-19-cases-traced-to-sri-petaling-mosque>
4. Chew LS. No new COVID-19 case in Sarawak for seventh straight day, Bintulu turns green. *Herald Malaysia Online*. 6 July 2020. Accessed on 26 July 2020 from: <http://www.heraldmalaysia.com/news/no-new-COVID-19-case-in-sarawak-for-seventh-straight-day-bintulu-turns-green/54314/5>
5. Ling S. COVID-19: Steps taken to ensure staff infection under control, says Sarawak General Hospital. *The Star Online*. 30 April 2020. Accessed on 26 July 2020 from: <https://www.thestar.com.my/news/nation/2020/04/30/COVID-19-steps-taken-to-ensure-staff-infection-under-control-says-sarawak-general-hospital>
6. Ripp J, Peccorolo L, Charney D. Attending to the emotional well-being of the health care workforce in a New York City health system during the COVID-19 pandemic. *Academic Medicine*. Published online ahead of print, 21 April 2020.
7. International Pharmaceutical Federation (FIP). COVID-19: Guidelines for pharmacists and the pharmacy workforce. Updated 26 March 2020. Accessed on 15 April 2020 from <https://www.fip.org/files/content/priority-areas/coronavirus/COVID-19-Guidelines-for-pharmacists-and-the-pharmacy-workforce.pdf>
8. Gorvett Z. Why most COVID-19 deaths won't be from the virus. *BBC Future*. 28 May 2020. Accessed on 28 July 2020 from <https://www.bbc.com/future/article/20200528-why-most-COVID-19-deaths-wont-be-from-the-virus>
9. Li H, Zheng S, Liu F, Liu W, Zhao R. Fighting against COVID-19: Innovative strategies for clinical pharmacists. *Research in Social and Administrative Pharmacy*. Published online ahead of print, 6 April 2020.