Square Hospital Limited: A Journey toward Medicine Safety in Bangladesh

As a pharmacist, Md. Jahidul Hasan has worked in several hospitals, but it was not until he joined Square Hospital Limited (SHL) that he learned about pharmacovigilance (PV). SHL is a 400-bed tertiary care private hospital in Dhaka, Bangladesh, that serves an average of 1,200 out-patients each day.

"I joined SHL in 2013 and learned what PV was all about when our hospital became a part of DGDA's PV program," Jahidul says.

The Directorate General of Drug Administration (DGDA), with technical assistance from the US Agency for International Development-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, officially launched Bangladesh's national PV program in 2013. The DGDA first introduced the PV program at 20 private and public hospitals, including SHL, and 13 pharmaceutical companies. Since then, the DGDA and SIAPS have organized trainings for the PV focal persons in these hospitals and pharmaceutical companies to build their skills and knowledge on PV and increase adverse drug event (ADE) reporting.

(left to right) Jahidul Hasan with his supervisor, Dr. Sitesh Bachar, and Nursing Services Manager Hanna Bagchi in front of the nurses' station display board at SHL. Photo Credit: Liza Talukder

After participating in one such training in 2014, Jahidul, who serves as SHL's PV focal person, shared his new knowledge with the hospital's Pharmacy and Therapeutic Committee (PTC) to show how SHL can incorporate PV into its regular

activities. The PTC is responsible for overseeing the clinical activities of SHL. Although the committee monitors ADEs among in-patients, it did not have a clear reporting structure until 2013.

According to Jahidul, "At first things were slow, but gradually the wheel started to move and PV took a stronger shape in SHL. We developed our own reporting flow for ADEs. Every doctor and nurse, at the time of joining, is given orientation about PV. We also keep emergency contact numbers and name of the PV focal person hanging on the notice boards of each ward so duty nurses can promptly report if any ADE occurs." He adds proudly, "Every event must be reported—this is how PTC focuses on PV now."

Jahidul Hasan works on an ADE report. Photo credit: Liza Talukder

Currently, 30 hospitals and 30 pharmaceutical companies with designated PV focal points are working as "sentinel surveillance sites" to implement PV interventions under the DGDA. To strengthen the ADE reporting system, SIAPS also helped the DGDA develop PV guidelines and tools and form an Adverse Drug Reaction Advisory Committee (ADRAC) to evaluate, analyze, and make recommendations on ADEs. A team comprising DGDA officials and SIAPS technical advisors makes regular monitoring visits to implementing facilities to follow up on PV activities. As of April 2017, the DGDA had received more than 1,300 ADE reports. Of these, 393 complete reports were reviewed by ADRAC and uploaded to the World Health Organization's VigiFlow database.

According to the DGDA, SHL is one of the facilities that is regularly submitting ADE reports. For its commitment to ensuring medicine safety, SHL stands as a model for other private and public hospitals in the country.