

# ToolQit:

# An Evidence-based Communication and Decision-guiding Tool to Evaluate the Complexities of QT Prolongation

**Certina Ho**, RPh, BScPhm, MIST, MEd, PhD; **Tracy He**, RPh, BSc, PharmD; **Lindsay Yoo**, RPh, BSc, BScPhm, CDE, CGP, PharmD; **Anastasiya Shyshlova**, PharmD Candidate; **Sonya Dhanjal**, BSc, PharmD; **Jim Kong**, RPh, BSc, PharmD

FIGURE 1: ToolQit

Pharmacist Evaluation of QT Prolongation Risk and Recommendation			
Patient Information		Prescriber Information	
Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> DOB	Name	CSPO
Address	Phone	Phone	Fax
Other Relevant Information		Date/Time of Communication	
Current Medications that Prolong the QT Interval <sup>1,2</sup>			
Medication	Dose/Frequency/Duration of therapy	Indication	Degree of prolongation
Patient-Specific Risk Factors for QT		Pharmacist's Recommendations and Comments	
Risk Factor(s) *check if applicable		Pharmacist Commentary on Applicable Risk Factors	
<input type="checkbox"/> QTc interval > 500 ms <input type="checkbox"/> Advanced age (>65 years old) <input type="checkbox"/> Female Sex <input type="checkbox"/> Acute myocardial infarction <input type="checkbox"/> Hypokalemia (<3.5 mmol/L) <input type="checkbox"/> Hypomagnesemia (<0.7 mmol/L) <input type="checkbox"/> Hypocalcemia (<1.1 mmol/L [ionized]) <input type="checkbox"/> Bradycardia (<60 bpm) <input type="checkbox"/> Treatment with diuretics <input type="checkbox"/> Concurrent administration of > 1 QT interval-prolonging drugs <input type="checkbox"/> Elevated plasma concentrations of QT interval-prolonging drugs <input type="checkbox"/> Dose adjustment needed for renally-eliminated drug in patients with acute kidney injury or CKD <input type="checkbox"/> Drug Interaction(s) <input type="checkbox"/> Possible genetic predisposition/genetic susceptibility		<b>Pharmacist Recommendation</b> <input type="checkbox"/> Baseline electrolytes (potassium, magnesium, calcium) <input type="checkbox"/> Baseline ECG <input type="checkbox"/> Other (specify below):  <b>Pharmacist Signature:</b>	
<b>Physician Response and Comments</b>			
<input type="checkbox"/> Rejected <input type="checkbox"/> Approved <b>Physician Signature:</b> <b>Date:</b>			
<b>Pharmacy Information</b>			
Name	Phone	Fax	
Practice Setting		Other	
<input type="checkbox"/> Community <input type="checkbox"/> Hospital <input type="checkbox"/> LTC <input type="checkbox"/> Other:			
References:			
1. Tisdale JE. Drug-induced QT interval prolongation and torsades de pointes: Role of the pharmacist in risk assessment, prevention, and management. Can Pharm (Ott) 2016; 149: 1 – 14. 2. Woosley RL, Romero KA. Welcome to CredibleMeds. Available: <a href="http://www.crediblemeds.org">www.crediblemeds.org</a> A Key Partner in the Canadian Medication Incident Reporting and Prevention System (CMIRPS) Un partenaire clé du Système canadien de déclaration et de prévention des incidents médicamenteux (SCDPM) © 2017 Institute for Safe Medication Practices Canada (ISMP Canada). All Rights Reserved.			

June 2018 – Copyright © 2018 ISMP Canada. Poster designed by Kels Dunlop.

## Objectives

- Current pharmacy practice management systems screen drug-drug interactions and generate alerts pertaining to potential QT prolongation. However, pharmacists have found these alerts to be unspecific for patient risk factors, causing confusion and alert fatigue.
- The objective of this study was to create ToolQit, an evidence-based communication and decision-guiding tool to:
  - Consolidate evidence-based risk factors of QT prolongation into a user-friendly and easily accessible medium
  - Educate pharmacists on evidence-based risk factors of QT prolongation
  - Facilitate interprofessional communication and collaboration between pharmacists and prescribers with respect to clinical decision-making on QT prolongation-related patient care concerns.

## Methodology

- We performed a comprehensive literature review and prepared a draft version of ToolQit.
- We invited frontline pharmacists to try using ToolQit in practice and then participate in our in-person focus group sessions or complete an online questionnaire to provide us with their feedback and recommendations to ToolQit. Qualitative data, that is, focus group data, were de-identified, transcribed, coded, and analyzed for thematic analysis.

## Results

- We hosted a total of 4 focus groups in fall 2017 with a total of 9 pharmacy professionals. In addition, 8 pharmacy professionals (who were not able to attend our focus groups in-person or via teleconference) responded to our online questionnaire and provided feedback and comments to our draft version of ToolQit.
- Distribution of the primary practice setting of the participants included community practice, long-term care, family health teams, and specialty hospital practice.
  - Based on the feedback and commentary received from the focus group participants, ToolQit was revised and re-designed to further support the needs of pharmacists in different practice settings. The final version of ToolQit (Figure 1) is available upon request via email at [qt@ismp-canada.org](mailto:qt@ismp-canada.org) or from the ISMP Canada website at [https://www.ismp-canada.org/ToolQit\\_QTprolongation/](https://www.ismp-canada.org/ToolQit_QTprolongation/).

## Conclusion

- ToolQit is a one-page fillable PDF form. It is designed to increase pharmacist and prescriber awareness of factors that may increase QT prolongation risk and facilitate a standardized information-gathering process when documenting QT-prolonging medications and/or drug-drug interactions.
- Our study participants enjoyed using ToolQit as a standardized supportive tool in pharmacy practice to assess individual patient risk factors for QT prolongation. They found that ToolQit was a “good self-check” even if it was not sent over to the prescriber. The evidence-based content of ToolQit was generally well received.
- Overall, participants did not report any significant challenges in incorporating ToolQit into their daily practice and workflow. They all stated that they would recommend ToolQit to their colleagues.
- Participants recommended the following future development or next steps for this project:
  - Integration of ToolQit into pharmacy practice management systems, so that it would be readily available when a QT prolongation interaction is flagged.
  - Development and validation of a stratification or risk score associated with the risk factors listed on ToolQit; this will be helpful for practitioners to determine the severity of risk upon completing the assessment.

REFERENCES: Available upon request

ACKNOWLEDGEMENT: The authors would like to acknowledge support from the 2015 Education Grant of the Canadian Society of Hospital Pharmacists (CSHP) Research & Education Foundation for the development of ToolQit.

CORRESPONDING AUTHOR: Certina Ho ([certina.ho@utoronto.ca](mailto:certina.ho@utoronto.ca))

DISCLOSURES: Authors of this poster have the following to disclose concerning possible personal or financial relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

- Certina Ho – Nothing to disclose
- Tracy He – Nothing to disclose
- Lindsay Yoo – Nothing to disclose
- Anastasiya Shyshlova – Nothing to disclose
- Sonya Dhanjal – Nothing to disclose
- Jim Kong – Nothing to disclose