

**Rural Health and Research Congress** #RHRC2019

# Connecting Communities Better with Ward Based Pharmacy Technician Roll Out in South East Regional Hospital



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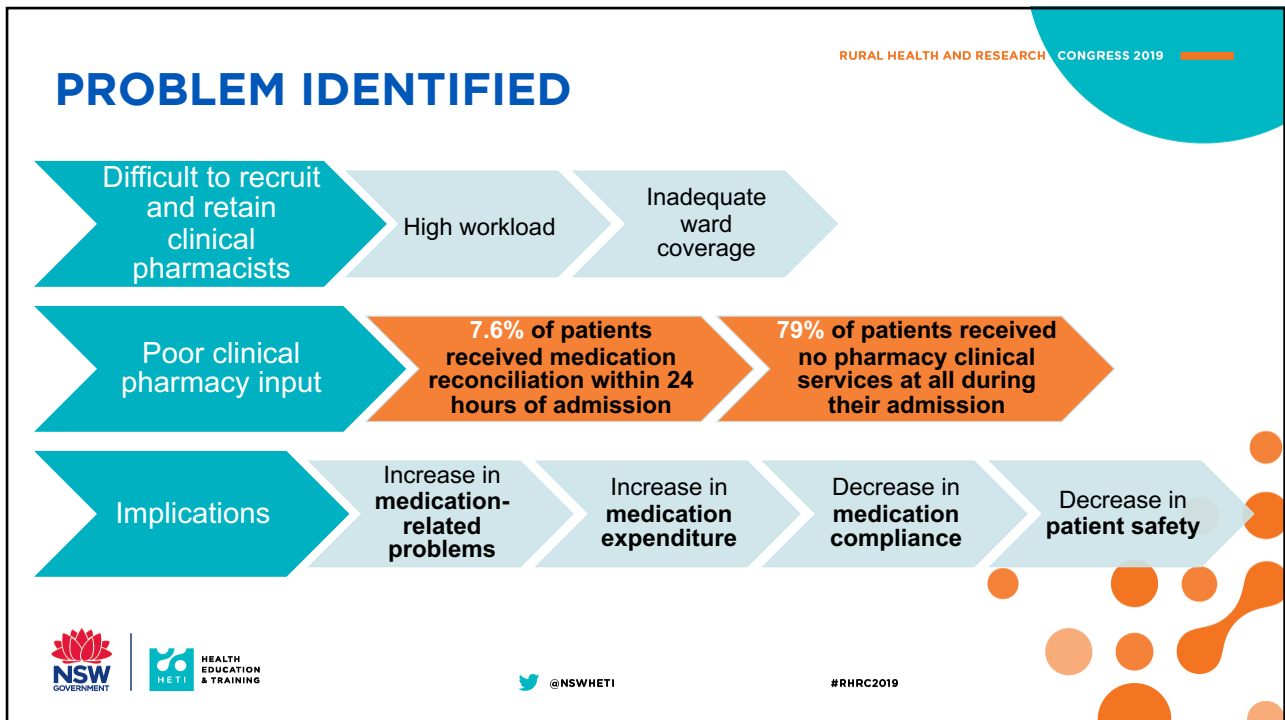
**BACKGROUND** RURAL HEALTH AND RESEARCH CONGRESS 2019

- *South East Regional Hospital is located in Bega, NSW*
- *Rural setting*
- *Population: 4000*
- *Bega Valley: 33,000*
- *>400km from Sydney and >600km from Melbourne*
- *Retirement Hub: Geriatric population*

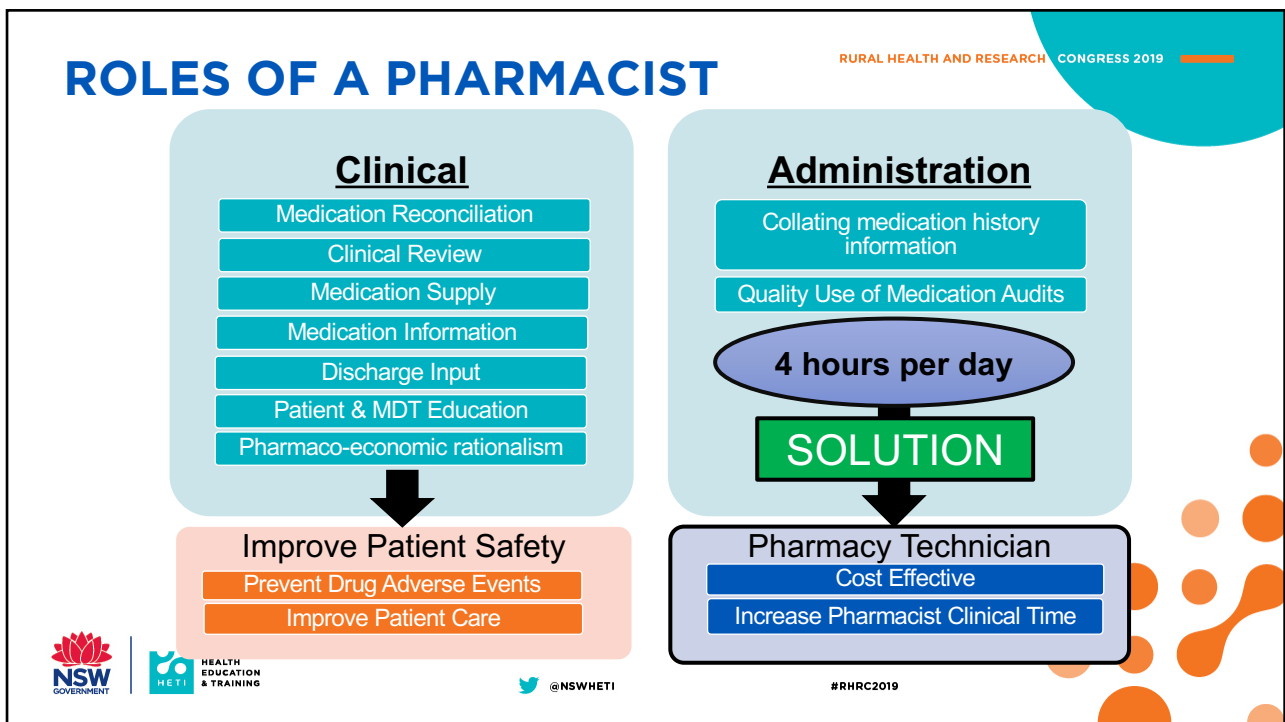



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## PRIOR RESEARCH

*Many studies in expanding the technician role  
In large, tertiary hospitals only*

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*Studies demonstrated:*

- *Pharmacy technicians shown to be equally successful at conducting medication history interviews<sup>1</sup>*
- *With adequate training Pharmacy Technician medication histories are accurate<sup>2,3,4,5</sup>*
- *Vastly improved medication reconciliation rates<sup>4,6</sup>*
- *Improved the quality of discharge medication<sup>7</sup>*
- *Improved medication safety<sup>8</sup>*

1. Michels, R. M. (2003). Program using pharmacy technicians to obtain medication histories. *Am J Health-Syst Pharm*, 3(4), 1982-1986.
2. Canning, M. W. (n.d.). Measuring the efficiency and effectiveness of team based pharmacy technicians: A time and motion study. QLD, Australia: Pharmacy Department, The Prince Charles Hospital.
3. Remtulla, S. B. (2009, Sept-Oct). Best Possible Medication History by a Pharmacy Technician at a Tertiary Care Hospital. *CJHP*, 65(5), 402-405.
4. Schenkel, S. (2008). The unexpected challenges of accurate medication reconciliation. *Ann Pharmacother*, 52, 493-495.
5. Tizard, J. (2007). Take drug histories- an audit of technician accuracy. *Hosp Pharm*, 14(10), 351-352.
6. Edmorton, A. (2007). Getting started kit: medication reconciliation prevention of adverse drug events how to guide. Safer Healthcare Now! Campaign. Retrieved from <http://www.saferhealth-carenow.ca/Default.aspx?folderId=82&contentId=124>
7. Kwan, J. L. (2013). Medication reconciliation during transitions of care as a patient safety strategy: a systematic review. 158, 397-403
8. Karon, J. C.-M. (2009). Model-based cost-effectiveness analysis of interventions aimed at preventing medication errors at hospital admission (medicines reconciliation). *J Eval Clin Pract*, 15, 299-306.

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## APPROACH

### Collaborative Workforce Model

- **Introduce Ward-Based Pharmacy Technicians (WBPT)**
- *WBPT working with clinical pharmacists on the wards*



- Identify New Admissions
- Collate Patient Medication Histories
- Quality Improvement Activities
  - Imprest Audit
  - Bedside drawer audit
  - VTE prophylaxis audit
  - Allergy Audit



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## IMPLEMENTATION

One Experienced Technician

Two Months of In-House Training and Program Development

Multiple Validations

*Standardised Operating Procedures Developed:*

- Patient Interview Tool
- Best Possible Medication History Procedure
- Quality Improvement Audit Procedure Training

*Validation process:*

- Pass two formal validations by two different assessors
- Ongoing re-validation every three months as quality ass



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Patient Interview Tool [Updated Aug 30 2019] Created by Amelia Withers, Pharmacist

PATIENT MEDICATION HISTORY INTERVIEW TOOL		(Tick when complete)
1	Introduce yourself and explain purpose of consultation	
2	Confirm patient's identity using TWO sources (i.e. name, DOB, wrist band, address)	
3	Check who usually looks after the patient's medication(s) (self, partner/family, carer, nursing home)	
4	Did you bring your medication into hospital? If so, where are they located? Review each of the medications against history so far, note which pharmacy's and location of each medication	
5	Confirm patient's usual Medication Regime PRIOR to admission "What medications did you take before coming into hospital?" • Confirm dose, frequency, route • Is it a regular medication or as needed (PRN)?	
6	Do you use any: • Eye/Ear Drops, inhalers (puffers), nasal sprays, sprays under the tongue? • Creams or patches • Injections- given by self (i.e. insulin), or by nurse or doctor • Vitamins • OTC medications, such as aspirin, paracetamol, nurofen	
7	Check compliance: "How often in a week would you forget to take your medicines?"	
8	Do you use a dose administration aid? (reminder or dosette box)?	
9	What community pharmacy(s) do you usually get your prescriptions filled?	
10	Do you have any allergies? If so, what is the reaction(s)?	
11	Have any of your medications recently changed (started, stopped, changed dose or frequency) in the last 6 weeks? (i.e. antibiotics, short course corticosteroids)	
12	Offer to speak to a pharmacist if they wish	
UNSUCCESSFUL MEDICATION HISTORY INTERVIEW ATTEMPT: Please tick all that apply:		
1	Impaired cognitive function (i.e. dementia, delirium, intoxicated)	
2	Barrier to communication (i.e. language, deaf, mute)	
3	Patient too unwell for interview (i.e. drowsy, agitated, acutely unwell)	
4	Patient refused	
5	Other, please state:	

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## OUTCOMES

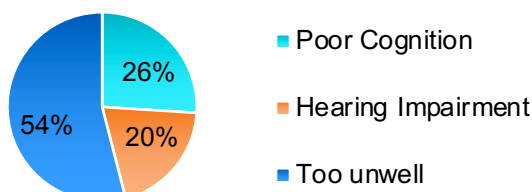
Data collected over 5 months: Feb to June 2019

1494 Interviews

14 interviews per day

➤ 2% unsuccessful interviews

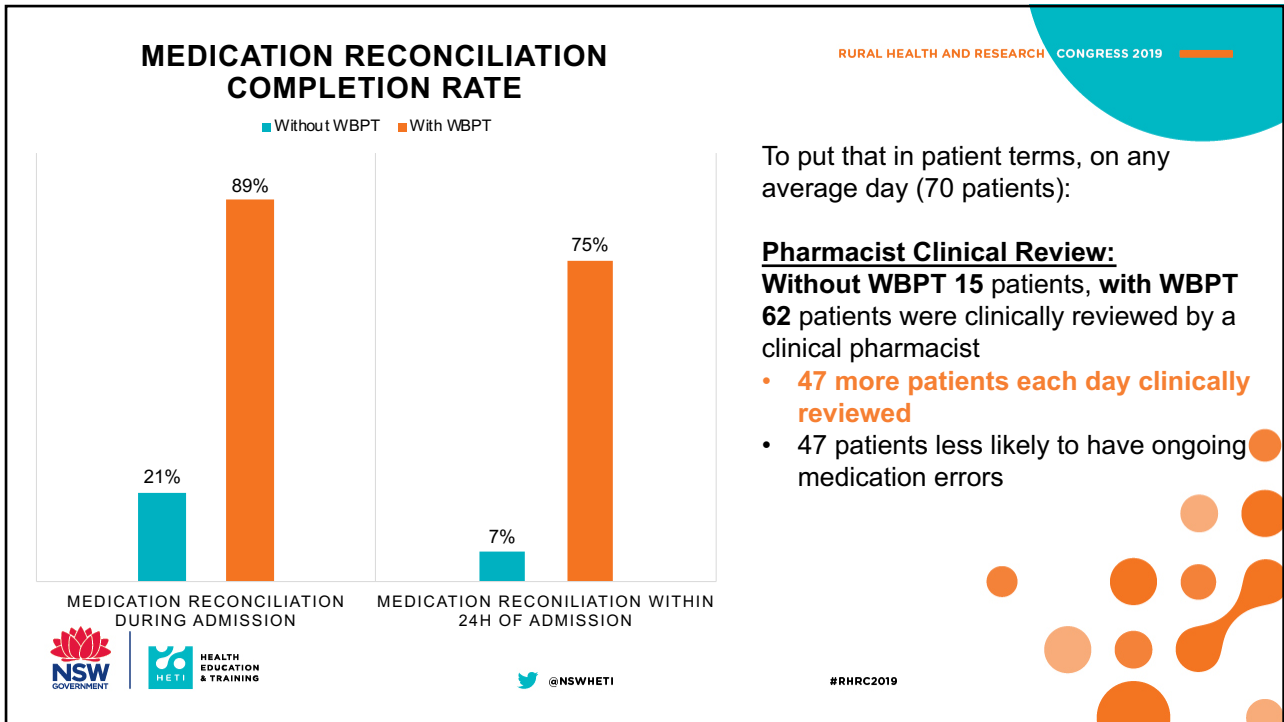
Reason for Unsuccessful Interviews



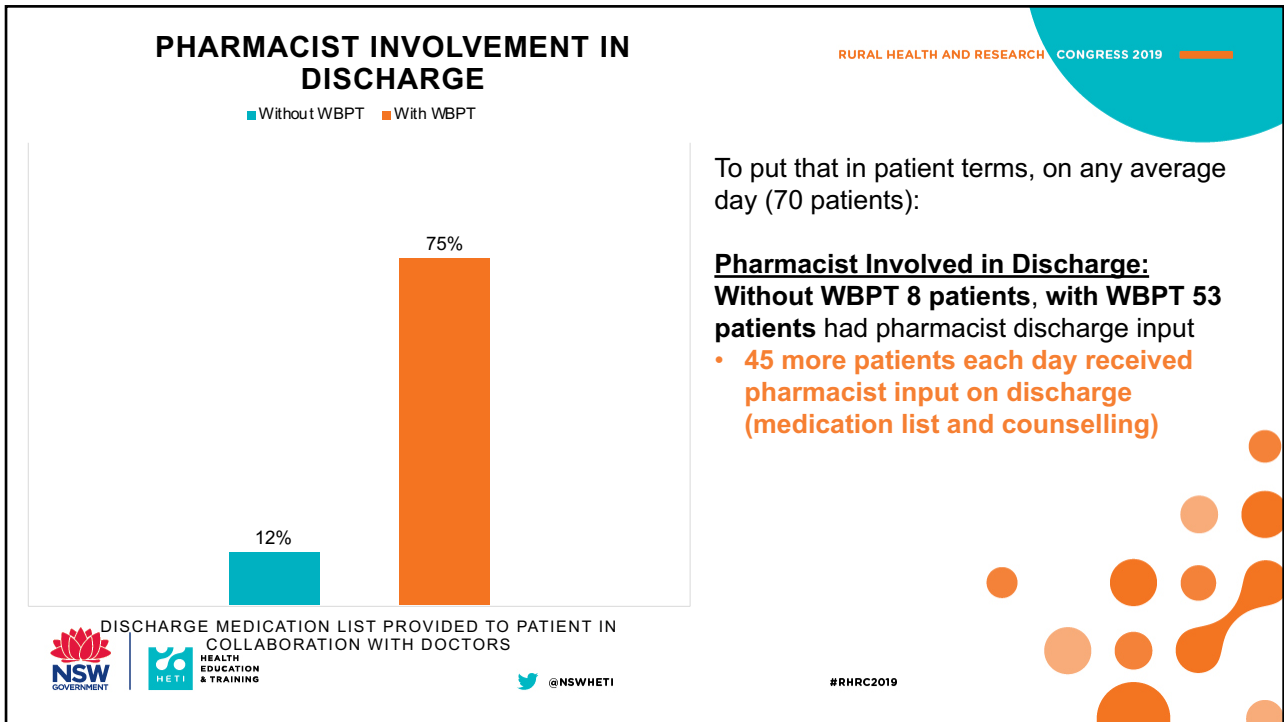
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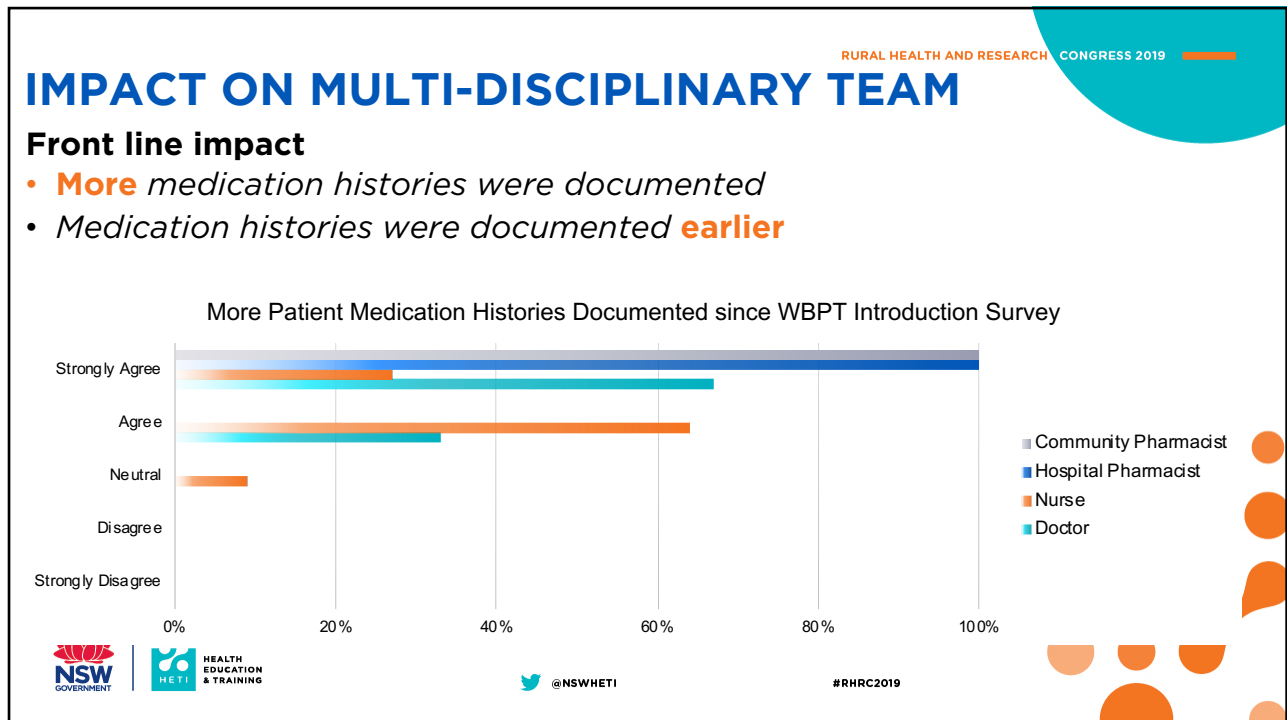
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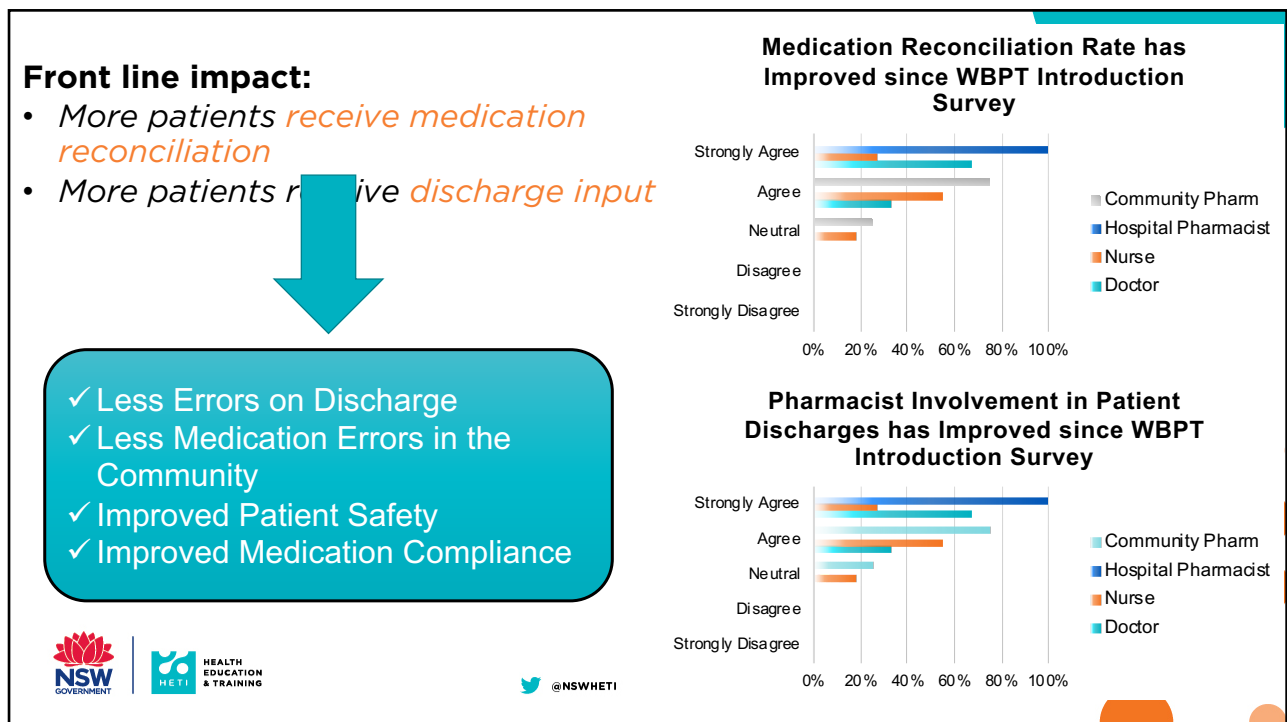
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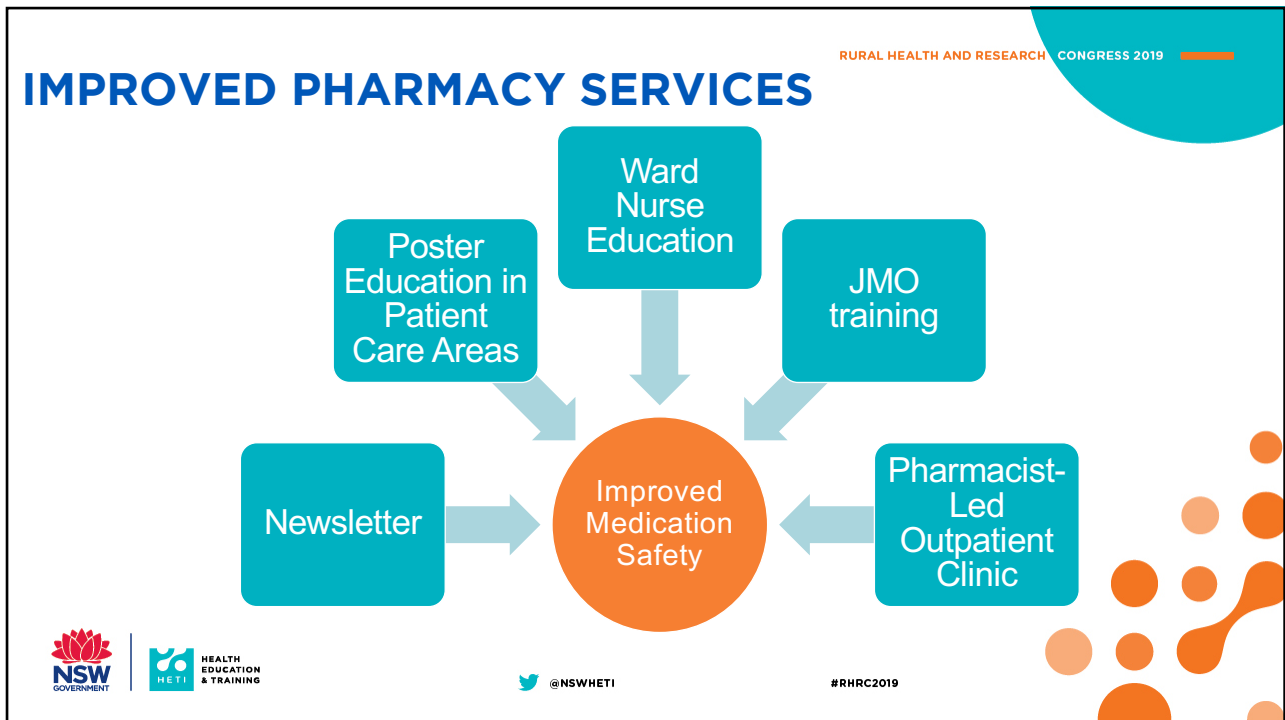
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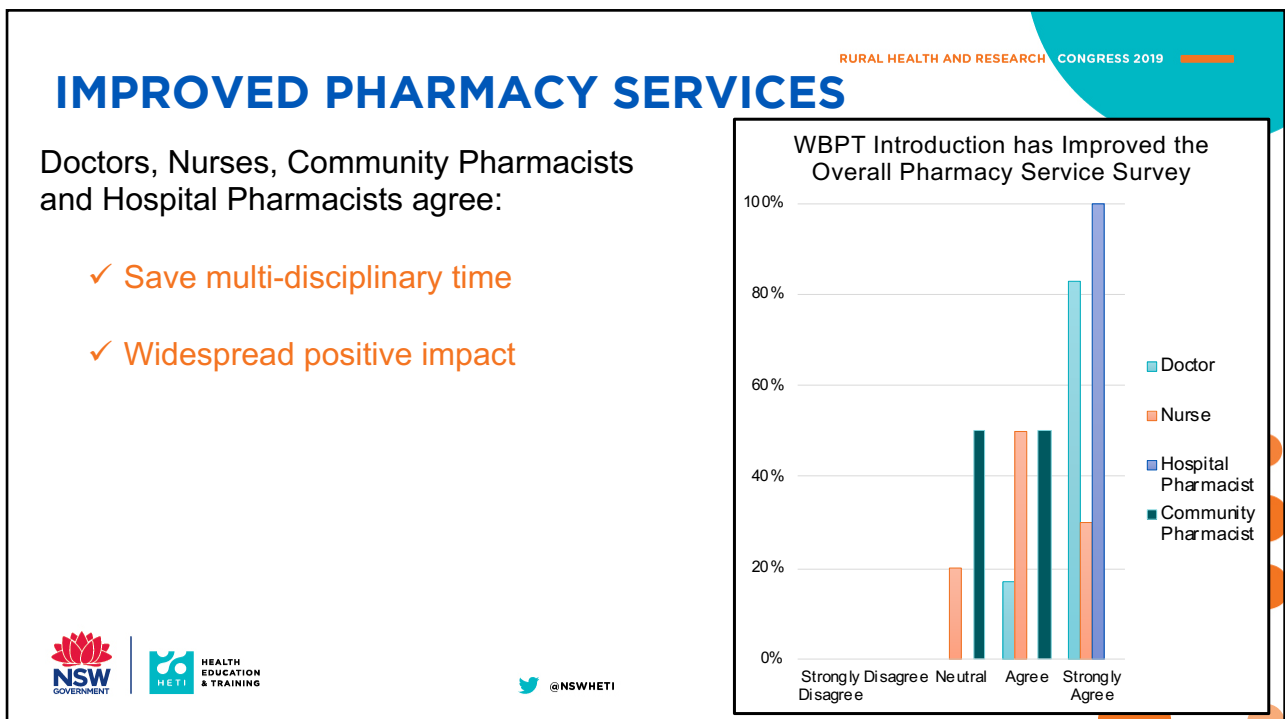
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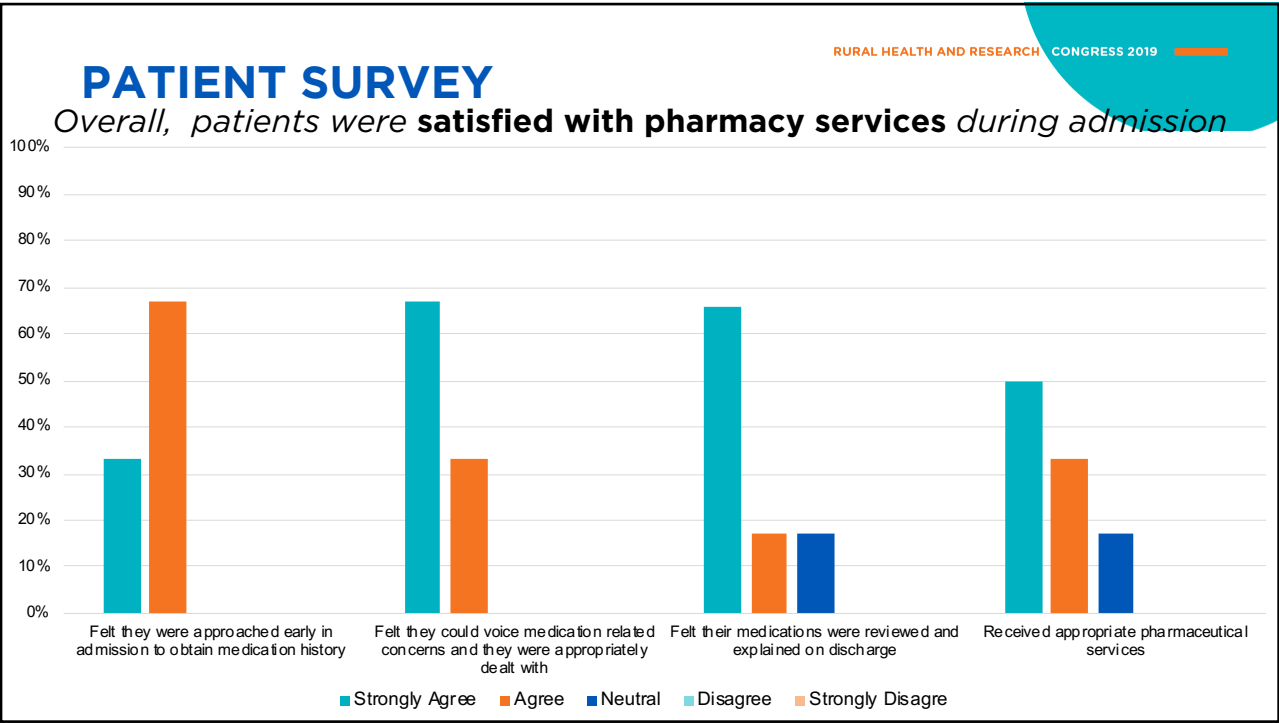
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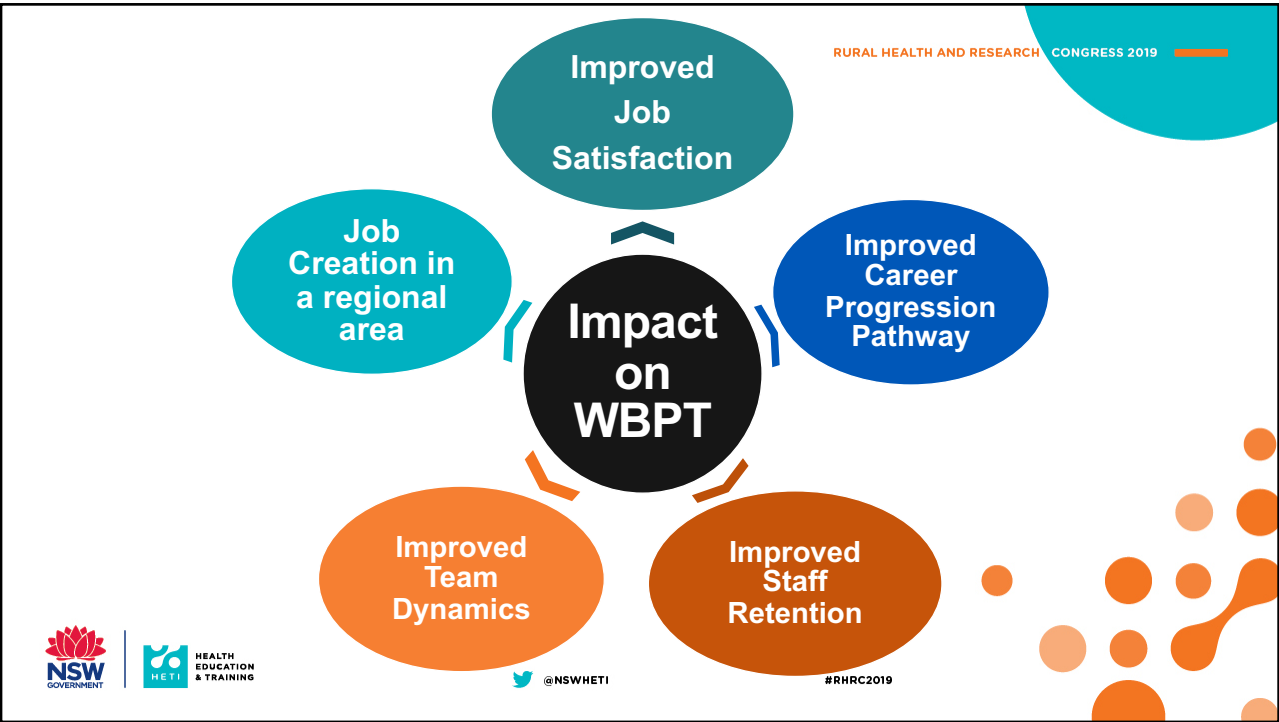
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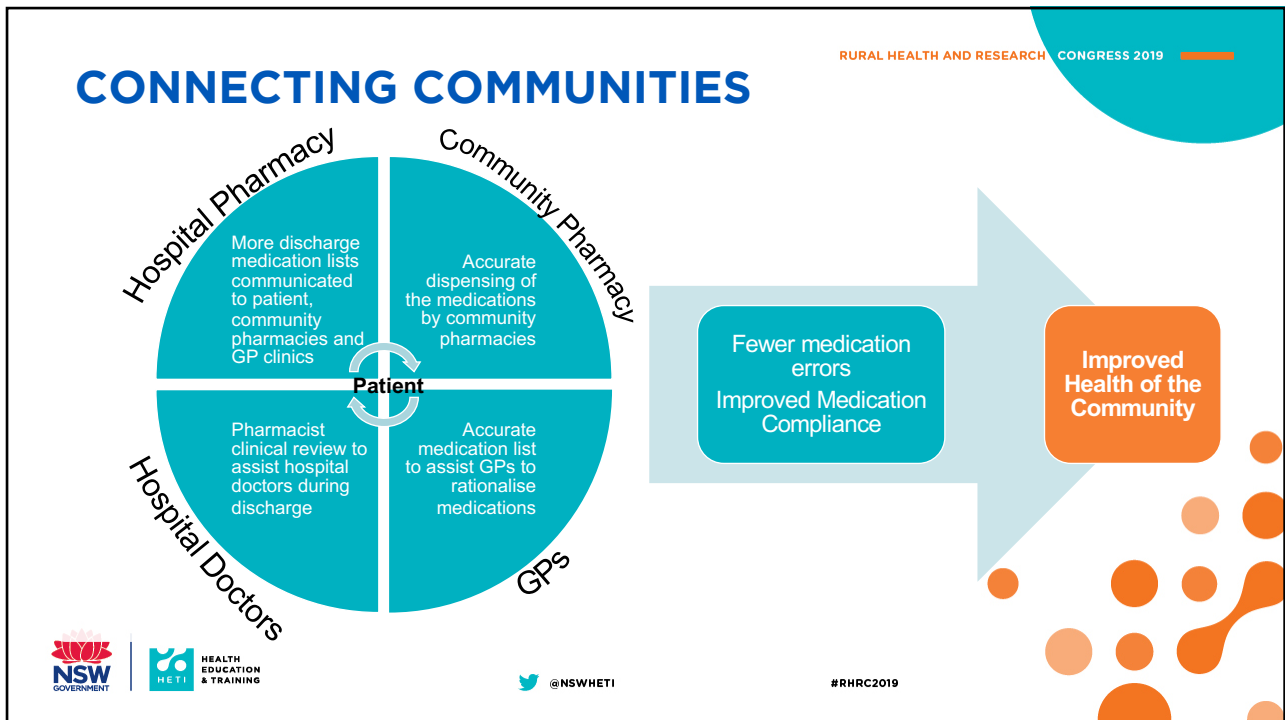


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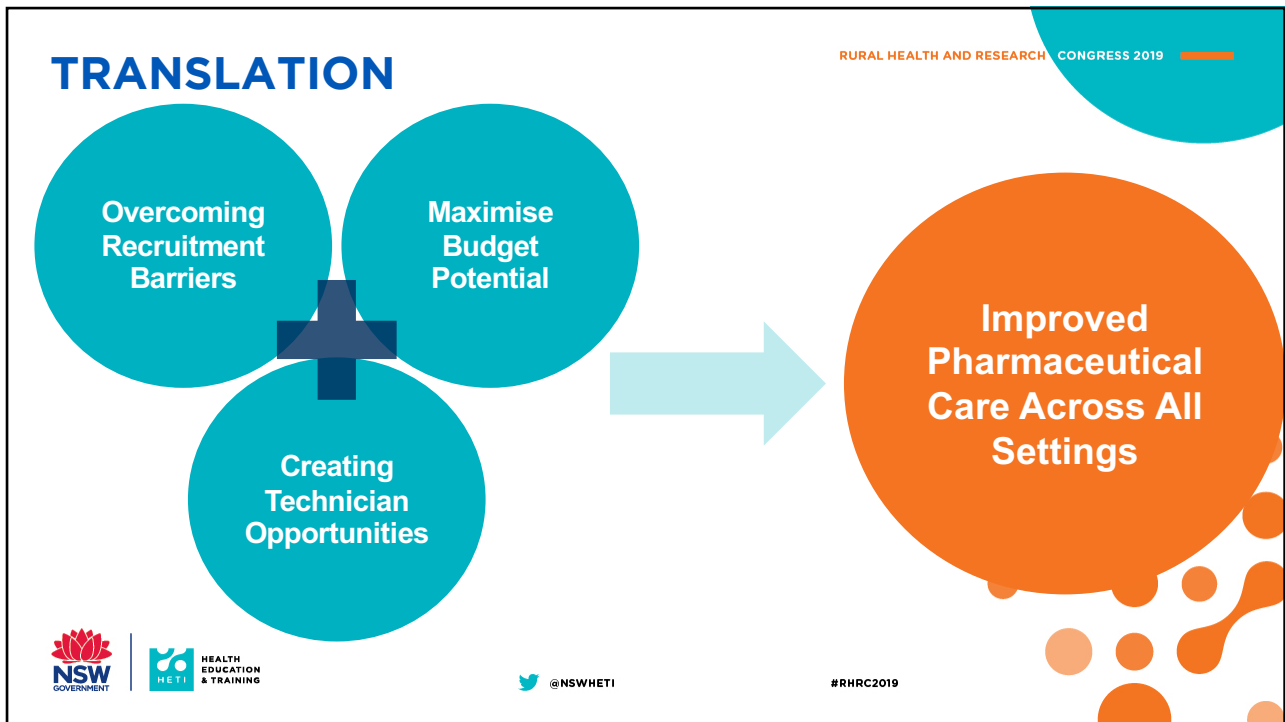




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