Extending the role of pharmacy technicians to deliver medicine reconciliation

Pharmacy Services, Waikato DHB
Today’s presentation

- Background
- Pharmacy technician work initially
- SMMP pilot
- Pharmacy technician work now
- Discussion
Background

• Cardio-thoracic and vascular ward
  – Discharge error causing re-admission
• Pilot of “comprehensive pharmacist service”
  – Medicine reconciliation at admission and discharge
  – Patient education and medication cards
  – Patient and staff surveys
• Results presented to Board of Clinical Governance
• Funding for two pharmacy technicians
Pharmacy technicians

• Role
  – Medicine reconciliation at admission
  – Medication cards at discharge
    • Discharge checks/reconciliation
  – Warfarin counselling
  – Raise issues with pharmacist
  – Some medicine supply input
Liaison with ward pharmacist

• Admission reconciliation
  – Check history with patient, pharmacy etc
  – Complete medicine reconciliation forms
  – All reconciliation paperwork to pharmacist
  – Pharmacist relayed any discrepancies to prescriber (verbally or notes)

• Discharge reconciliation
  – All medication cards checked by pharmacist
  – Discrepancies discussed with prescriber by pharmacist
Problems?

• Discrepancies being highlighted and corrected

But…

• Medicine reconciliation not part of pharmacists’ routine
• Discharge medication cards not routine for all patients
• Extra work for pharmacists
• Pharmacists not always on same ward as technician
SMMP pilot

- One technician, one ward
- Prescriber reconciling on admission medicine reconciliation form
- Completion of medicine reconciliation form by technician

<table>
<thead>
<tr>
<th>Category</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No discrepancies</td>
<td>MR form signed by technician and left with medicine chart for information and filing</td>
</tr>
<tr>
<td>Intentional discrepancies</td>
<td>MR form signed by technician and left with medicine chart for information and filing</td>
</tr>
<tr>
<td>Unintentional discrepancies</td>
<td>Prescriber informed when possible. MR form left with medicine chart for review and signing</td>
</tr>
<tr>
<td>Unclear from history</td>
<td>Discussed with pharmacist</td>
</tr>
</tbody>
</table>
SMMP pilot

• Process
  – Many of discussions same as if pilot with pharmacists
  – Clear about role of technician with prescribers
  – Technician clear about boundaries
  – Extra steps
SMMP pilot

• Results
  – Great relationships on ward
  – Not just a pharmacy issue
  – Consultant and charge nurse keen for SMMP process to continue
  – No issues with technician rather than pharmacist
  – Able to achieve more on the ward

• Difference noted between the two technicians
  – Workload for pharmacist
  – Data
Current MR work

- Both pharmacy technicians
  - Medicine reconciliation on admission (SMMP)
  - Medication cards / discharge checks

- Liaise with ward pharmacists as required, at least daily

- Extent of direct contact with prescribers varies
Advantages

• More medicine reconciliation
• Defined role with specific focus
• Job satisfaction for technicians
• New training opportunities
• Additional career option
• Cheaper than pharmacists
Considerations

• Suitable technicians
• Baseline work and training
  – Education / competency standards
  – SOP
  – Training and assessment
  – Ward orientation
  – Guidelines for role of technician
  – Peer review
• Relationship with pharmacist
• Reporting lines
The future?

• Project role vs career progression for more technicians in the pharmacy
• Enough suitably qualified technicians in NZ?
• UK techs can get frustrated
• Experienced technician vs young pharmacist?
  – Work ethic / culture
  – Length of stay
  – Pay scales
• Department and pharmacists - supervision and accountability