

Beyond supply of medications: An audit identifying the additional clinical benefits of ward pharmacy technicians

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Background

As pharmacists move progressively towards clinical roles, pharmacy ward technicians have increased their role in ward based supply functions to effectively support and strengthen advancing hospital pharmacy services.

Whilst pharmacy ward technicians have taken on these responsibilities to improve workflow efficiencies, it is acknowledged that additional benefits beyond the supply of medications may be identified.

Aim

To investigate the clinical benefits beyond medication supply provided by ward pharmacy technicians on an acute medical ward setting in a regional tertiary hospital.

Methods

At Barwon Health ward technicians are responsible for the supply of imprest and non-impres medications in addition to dispensing of PINCH* drugs for pharmacists checking prior to nurse administration. This is often initiated prior to pharmacist clinical review. *(PINCH = Potassium, Insulin, Narcotics, neuromuscular blocking agents, Chemotherapy and cytotoxic medications, Heparins and other anticoagulants, thrombolytics).

Over the 27 days of auditing in 2018, an experienced ward pharmacy technician recorded medication related interventions that were encountered/identified throughout a normal working day (8:30am-5pm) whilst providing medication supply to a medical ward.

Inclusion/Exclusion Criteria

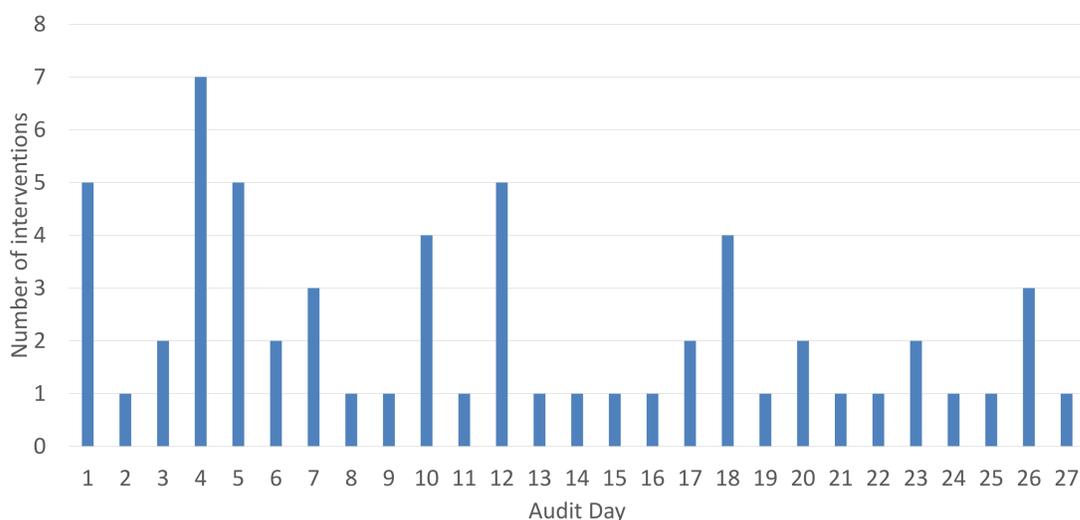
Inclusion: All patients admitted to an acute 32 bed medical ward on weekdays.

Exclusion: Days where pharmacy ward technician services were not available (weekends, public holidays, sick leave).

Results & Discussion

Over the 27 day data collection period 59 interventions were recorded.

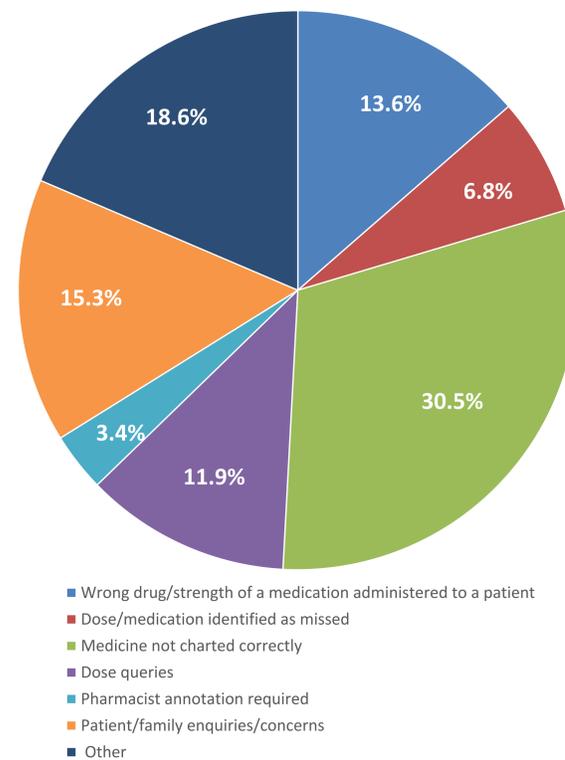
Number of Interventions on Audit Days



Of the 6 days where there were 4 or more interventions, 4 of these days followed a period where no ward pharmacy technician or clinical service was provided (weekend or public holiday).

Identified interventions may be attributed to technicians reviewing patients charts and bedside drawers prior to the ward pharmacist.

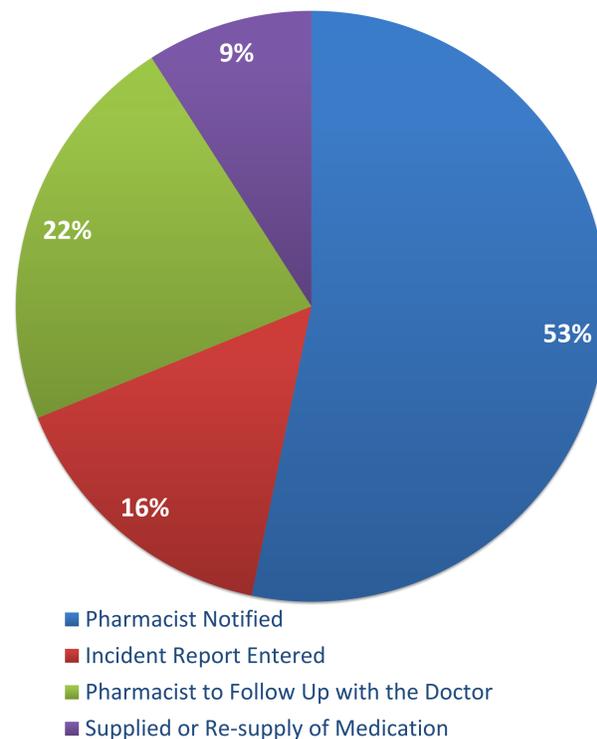
TYPES OF INTERVENTIONS



Interventions included:

- Patient newly commenced on Seretide[®] however, nursing staff continued to give usual Anoro[®] inhaler
- Tiotropium (Spiriva[®] Handihaler) 18microg given instead of 2.5microg (Spiriva[®] Respimat)
- Thiamine charted as IV/Oral for alcohol withdrawal despite dosing not being equivalent

OUTCOMES OF INTERVENTIONS



Early notification of identified issues by the ward technician to the pharmacist assisted in pharmacist workload priorities.

Conclusion

This study demonstrates the additional benefits of pharmacy technicians in a ward setting by detecting clinical issues before or alongside clinical pharmacist review to enhance the safety and quality of medication provision to patients. Further studies examining expanded ward technician roles including weekends are warranted.