



Advanced Pharmacy Assistants taking Best Possible Medication Histories to Enable Pharmacy's Best Possible Clinical Service.

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Background

Medicines are the most common treatment used in health care and are associated with a higher incidence of errors and adverse events than any other healthcare interventions.¹ Up to 67% of medication histories contain one or more errors which have the potential to cause serious harm to the patient.^{2,3} On admission to hospital 30 – 70% patients have ≥ 1 unintended variation between medication history and admission orders.^{3,4} Formalised medication reconciliation reduces medication errors by 50-94%.^{2,5,6}

Aim

To show the impact of advanced pharmacy assistants in a clinical setting and provide evidence of an increase in patient contact by the Pharmacy Department.

Method

Advanced pharmacy assistant roles were created in the Pre-Admission Clinic and Emergency Department. The Assistants were required to complete structured training and assessment to achieve competency in taking a medication history. The advanced pharmacy assistants were deployed in these clinical areas to take medication histories under the supervision of registered pharmacists.

Results

There is clear evidence of an increase in patients seen by the Pharmacy Department after the introduction of an advanced pharmacy assistant. The number of patients seen by the pharmacist within the Emergency Department increased by almost 50%, increasing from 50 patients per week to 74 patients per week.

The addition of an advanced pharmacy assistant to the pre-admission service alleviates the need for a second pharmacist, allowing one pharmacist to review up to 14 patients per clinic. This represents a 75% increase from the previous limit of 8 patients per clinician which still applies to nursing and anaesthetics.

Discussion

Involving the advanced pharmacy assistant in the medication history taking process has increased the number of medication histories completed on admission to the emergency department and the number of patients seen by a pharmacist in the pre-admission clinic. These innovative roles have provided an opportunity for advanced pharmacy assistants to become more involved in the direct clinical care of patients and has freed up pharmacist's time to focus on higher level clinical interventions and direct patient care.

Conclusion

The advanced pharmacy assistant can significantly impact on a patient's hospital admission by increasing the number of histories that are taken immediately upon admission. This allows an earlier medication reconciliation which decreases the number of errors that reach the patient.⁷ The prescribing error rate decreased from 3.3 errors to 0.4 errors per patient.⁷ Performing this role allows the department to provide a more efficient and prominent pharmacy service while also having a significant impact on patient care.

References:

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2. Santell JP. Reconciliation failures lead to medication errors. Jt Comm J Qual Patient Safety 2006;32:225-9
3. Tam VC, Knowles SR, Cornish PL, Fine N, Marchesano R, Etchells EE. Frequency, type and clinical importance of medication history errors at admission to hospital: a systematic review. CMAJ 2005;173(5):510-5
4. Rozich JD, Resar RK. Medication safety: one organization's approach to the challenge. J Clin Outcomes Manage 2001;8:27-34
5. Gleason KM, Groszek JM, Sullivan C, Rooney D, Barard C. Reconciliation of discrepancies in medication histories and admission orders of newly hospitalized patients. Am J Health-Sys Pharm 2004;61:1689-94
6. Whittington J, Cohen H. OSF healthcare's journey in patient safety. Qual Management in Health Care 2004;13:53-9
7. Mills PR, McGuffie AC. Formal medicine reconciliation within the emergency department reduces the medication error rates for emergency admissions. Emerg Med J 2010;27:911-15

Training and assessment process for taking medication histories



01

EDUCATION ON HOW TO TAKE A MEDICATION HISTORY

02

COMPLETE NPS - TAKING A BEST POSSIBLE MEDICATION HISTORY

03

OBSERVE MULTIPLE PHARMACISTS TAKING MEDICATION HISTORIES

04

START TAKING MEDICATION HISTORIES WHILST OBSERVED BY PHARMACIST - PHARMACIST IS AVAILABLE FOR QUESTIONS DURING THE PROCESS

05

CONTINUE TAKING MEDICATION HISTORIES WHILST OBSERVED BY PHARMACIST - PHARMACIST IS NOT TO PROMPT OR OFFER SUGGESTIONS UNTIL THE END OF THE INTERVIEW TO SIMULATE UNSUPERVISED WORK

06

BEGIN ASSESSMENT PROCESS. 100 BPMH TO BE COMPLETED WITH 90% ACCURACY - PHARMACIST TO ONLY ANSWER QUESTIONS THAT THEY WOULD ANSWER ONCE ASSISTANT IS NO LONGER BEING OBSERVED

07

AFTER SUCCESSFUL COMPLETION - 6 MONTHLY ALTERNATING MINICEX AND MODIFIED CLINCAT (HISTORY TAKING PROCESS ONLY)