Role of the Pharmacy Technician in the Emergency

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Back Ground

• Graduate of the South WPG Pharmacy Technician course.
• Pharmacy Technician for 25 years.
• Have worked at the VGH Hospital for my entire career.
Career Highlights

• Involved with the implementation of the Pharmacy Computer system (Yes until this time we still used a typewriter to enter orders.)
• First automated tablet packaging system introduced at VGH in 1992 the ATC 212.
• Assisted with the set up and preparation of the IV Chemotherapy program at VGH.
• Designed and taught the Sterile prep program at Robertson Technical college.
Career Highlights

• Involved with the Pyxis implementation.
• Pharmacy liaison for the Emergency Dept.
• Medication histories in the Emerg. dept at VGH
• Term position as Technician Manager at VGH
Committees

• Member of the VGH Medication Safety Committee.
• Regional Pyxis Committee.
• Give monthly Pharmacy Orientation to all new nursing staff at VGH.
Why do we need pharmacy in the ED?

• High volume and great diversity of patients
• Many interruptions/distractions
• Patient history is often incomplete
• High risk IV meds
• ++ verbal orders
• Reduced pharmacy order review

www.emergencypharmacist.org
Paparella S. Journal of Emergency Nursing. 2004; 30(2)
Why do we need pharmacy in the ED?

Pharmacy safety mechanisms are NOT typically available in ED:

– Pharmacy review for meds
– Pharmacy oversight for verbal orders
– Pharmacy involvement in clinical decision making

www.emergencypharmacist.org
Pharmacy presence in the ED

• In 2006 VGH Pharm D was asked to spend 2 days a week as a pilot project to see how pharmacy could assist in patient care at point of entry.

• It was identified that there where numerous areas where pharmacy could assist with delivery of care in Emerg.

• Expansion of the role pharmacy would have in the Dept. would be invaluable.
Background of Position at VGH/WRHA

• In 2008: Julie Mistri, Pharmacist began a WRHA 1 year pilot program to develop pharmacy services in ED on a **full-time** basis taking over for Jodie Wong. She is now in a permanent position and has set the standard for the new position of Pharmacists in ED Depts.

• In Feb 2008 I attended a conference at Humber College. One of the guest speakers was a technician from Ontario who worked in the Emergency Dept. and was presented as a positive addition to the team.

• I came back from this conference and presented my learning outcomes and was an advocate for a trial of this role in our ED.

• In April 2008 it was agreed upon that I would begin a trial of a pharmacy technician in the ED dept. from 8-12 Monday to Friday
How can I help?

• Medication Deliveries + Stat Doses (No tube system) No Pyxis
• Inventory Management (asses stock levels adequate supply, organized and clearly labeled
• Liaise with CRN
• Code Blue trays
• Resolution of medication distribution issues
• Retrieving patients own medication to be used while patient is in hospital.
• Ensure that medications get transferred with the patients.

• Ward stock and antidote assessments
• Maintain and monitor the Pyxis medication system.
• Education of other pharmacy staff
• Ensure allergy forms faxed to pharmacy
• Medication Reconciliation
Technician in ED

• Dedicated to ED from 08:00-12:00
• Resolves medication supply issues
  – Missing meds
  – Ward stock
  – Pyxis issues
• Performs medication histories on targeted patients
Journey to Med Histories

Technician Initiated Medication History:
How was this new process made possible?
It was a collaborative effort between the Pharmacy Manager, the ED pharmacist and the ED technician.

A process was designed from obtaining background information from Trillium and Sunnybrook hospitals in Toronto, and other tools and documents that we had access to.

A formal training procedure was established and put into place. The technician had to read many documents on obtaining medication histories and then perform practical testing on dummy patients (Pharmacists) and then observe the pharmacist doing several medication histories and, finally on real patients with the pharmacist doing a separate follow up medication history after the technician was finished. This resulted in scoring the technician on how well they obtained the information.

Once the technician established that they were able to complete all the above criteria they were then verified to perform independent medication histories that the Pharmacist reviews and signs off on.
Project

• Upon completion of our pilot project Julie Mistri submitted a poster presentation of our procedure at the VGH.

• Technician Initiated Medication History:
  – **Mistri J, Miller P, Coates J** “Establishing a Process for Pharmacy Technician Initiated Medication Histories in the Emergency Department”
    **Canadian Society of Hospital Pharmacy Summer Education Sessions, Winnipeg MB, August 8-11, 2009** (poster)
We sought to develop a training process to ensure that pharmacy technicians can achieve an acceptable level of competency in BPMH collection in the emergency department (ED).

Expanding the role of the pharmacy technician to obtain BPMH addresses the issue of allocating pharmacist resources in the face of competing requests for pharmacy services and strengthens the role of the pharmacy technician on the health care team.

- Medication Reconciliation is designed to prevent medication errors and adverse drug reactions at all transition points in patients' care.
- The first step of medication reconciliation is to obtain a complete list of current home medications (best possible medication history, or BPMH).
- While pharmacists are skilled at collecting the BPMH, resources are not always available to routinely assign them to this role.
- Given that the pharmacist-pharmacy technician team is well established, the pharmacy technician can be trained to initiate the reconciliation process by obtaining BPMH.

One technician has completed the training process and now collects BPMH in the emergency department.

- Completion of technician training took 4 weeks at 0.5 EFT for the technician in the ED.
- In addition, approximately 7 hours of pharmacist time were required for training.
- Patients who receive pharmacy technician initiated BPMH include: admitted ED patients, ED patients on the admission screening list, and other ED patients selected by the ED pharmacist.
- The technician works an average of 20 hours per week in the ED alongside a dedicated 1.0 EFT ED pharmacist.
- Over a 6 week evaluation period, the pharmacy technician collected workload statistics for consecutive patients in the ED (Table 1).

Table 1. Evaluation of Technician Initiated Medication Histories in the ED

| # of BPMH collected by technician in 6 week period | 75 |
| Average BPMH collected per 2.5h shift in ED | 5 (4-7) |
| Length of time to complete each BPMH | 13 minutes (range 2-30) |
| Average number of home meds per patient | 8 (range 0-19) |
| # of times technician had to refer to pharmacist for BPMH resolution | 11 |

References available on request: jmistri@vgh.mb.ca
Focus on Medication Reconciliation

• I work collaboratively with the Emerg. Pharmacist Julie Mistri together we identify key patients for medication reconciliation for the day.
The ED Patient Interview: Challenges

• Acute conditions may make it difficult to gather information from patient
• ED patients are often distraught and unprepared when they arrive to ED
• Patients may feel they are repeating themselves: asked the same questions by at least 3 different providers within a short time
• Time is limited, many patients
• Diagnosis is often unavailable
Which Patients Should we Target for Medication History?

In our Practice:

1. Patients who are likely to be admitted
   - Attempt to collect medication history before admission
     MedRec orders are made by admitting physician

2. Patients who are likely to be ER Holds
   - Length of Stay can range from overnight to a few days

3. Patients whose ED presentation may be drug-related
Patients to Avoid

- No medications are likely to be used during the encounter
- No new medications are prescribed or provided to patient for use after discharge
- No changes to “current medications”...only medications that act locally and have negligible systemic effects are used”

Cohen, V. Safe and Effective Medication Use in the Emergency Department. Bethesda (USA): American Society of Health-System Pharmacists; 2009
Before Entering the Room:

• Review chart:
  – Is patient oriented and lucid?
  – Language barriers
  – Does the patient have home care services for medication reminders?
  – Is the patient from Supportive Housing or PCH? Are MARS available?

• Review DPIN
  – Is the patient from PCH?
  – Are the patient’s medications’ blister packed?
  – Clues about adherence to medication therapy
Two Patient Identifiers

• WRHA Regional Pharmacy Program Directive 900:08:57, approved May 29, 2012

• **What is a Patient Identifier?**
  
  – Numbers or information that are directly and permanently associated with patient (ie. NOT room or bed #)
  
  • Patient’s full name
  • MRN
  • DOB
  • PHIN
  • FIN or Visit number
Two Patient Identifiers

When will patients have their identity checked?

– Prior to accessing or entering an order
– Prior to providing information to a patient/caregiver
– Prior to conduction medication counselling or interview (history)
– Prior to documenting in patient’s chart
Two Patient Identifiers

What is the correct process for verifying a patient’s identity prior to medication history? **Our process:**

– Ask “What is your full first and last name?”
– Ask “What is your date of birth?”
– Compare this information with DPIN or ID bracelet
Two Patient Identifiers

• **What if the identity of the patient is Unknown?**
  – Use the ID bracelet listing “Unknown, Unknown” and the MRN

• **What if the patient can’t communicate?**
  – Refer to ID bracelet for identifiers
  – When possible, ask any accompanying individuals to identify the patient’s name and DOB
The Patient Interview

“The BPMH is a ‘snapshot’ of the patient’s actual medication use, which may be different from what is contained in their records. This is why the patient involvement is vital.”

BPMH stands for Best Possible Medication History.
The Patient Interview: Information Gathering

• “Do you have your medication list or pill bottles (vials) with you?”

• Show and tell technique when they have brought the medication vials with them. If medications are not available, go through each item listed on DPIN.

  – How do you take______________________________?
  – How often or when do you take____________?
The Patient Interview: Information Gathering

Additional questions:
- Do you take any medication samples?
- Do you use insulin?
- Do you take ASA?
- Do you take anything over the counter, for example for your bowels? For pain? For headache?
- Do you take any herbal products, natural products or vitamins?
- Do you take any puffers or inhalers?
- Is it difficult for you to follow your medication regimen? Do you ever forget/choose not to take your pills?
The Patient Interview

Technicians must refer all medication questions asked by the patient to the pharmacist for follow up.

Technicians cannot state the what the medications are used for.

(Example Patient asks: What medication do I take for my high blood pressure?)

At this point the technician will respond: I’m not sure I will get the pharmacist to discuss that with you.

Sometimes when the patient cannot respond and the medications are bubble packed the technician can call the pharmacy directly to obtain the directions for the medications.

At this point we always document that the history was obtained from the pharmacy only and not the patient.
The Patient Interview

When to back out of an interview:
Patient seems very vague and seems very confused regarding their medications at this point. The history must be given to the pharmacist for follow-up.

Patient seems to be un-cooperative and asking why do you need to know what I take?

If the patient is asking therapeutic questions regarding their medications.
Documentation

Our team process:

• All information is recorded directly onto DPIN
  – DPIN is signed and dated
  – Information sources are clearly stated
  – (Patient or Pharmacy or family member)

• DPIN is retained as permanent part of the health care record

• Our DPINs are tan-coloured so they are easy to identify in the chart
Documentation

• Other info we include on DPIN:
  – Recent dose changes
  – If patient is taking medications differently than prescribed
  – Recent discontinuations
  – If med is non-formulary, recommend formulary alternative
    (Documented by a Pharmacist only)

• Drug-Therapy Problems are recorded in Chart, and
cross-referenced to DPIN if necessary (Documented by a pharmacist only)
Conclusion

• Being given the opportunity to do Medication histories has been a very rewarding challenge.

• Working in a team environment with the Emerg staff and Manager has been a great experience.

• Partnering with the pharmacist has afforded me with a wealth of knowledge and skill to be able to perform my task independently and responsibly.
Tips for Joining a New Team

• Don’t be afraid to express an idea or interest!
• Keep your eyes open for opportunities.
  – This will take time!
  – Be curious!
• May be overwhelming at first!
• Look for ways to improve processes.
• Take advantage of opportunities to interact with team members, both on and off the floor.
My Goals

• To continue to do medication histories
• Ways to improve on medication availability
• Better communication with nursing staff
• Newsletter/Pharmacy communication for ED staff (bathroom news?)
• Participate in Medrec learning portals or WebEx.
• Train another technician to be able to perform medrec.
Discussion