

Waves of Change in Rural Pharmacy Workforce: Are you riding the wave of change?

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Background

South East Regional Hospital is located in Bega, on the Far South Coast of NSW and has been facing particular challenges for the delivery of pharmaceutical services given the difficulties in recruiting and retaining rural clinical pharmacists.



Medication Safety Governance audit identified:

2018

79% of patients did not receive any clinical pharmacy input during their admission

- Increased clinical pharmacists' time spent in gathering medication history information
- Short average length of stay (3 days)
- Geriatric population

7.6% of patients received medication reconciliation within 24 hours of admission

- Difficult in RECRUITING clinical pharmacists
- Difficult in RETAINING clinical pharmacists

Increase in medication-related problems during admission and in our community

Increase in medication expenditure

Decrease in medication compliance, especially post discharge

Aim

To optimise the delivery of pharmaceutical services in rural patients by trialling a collaborative workforce model of Ward Based Pharmacy Technicians (WBPT) working with clinical pharmacists.

Methods

Various in-house training strategies were implemented to train WBPTs. It started with one experienced pharmacy technician, with Certificate IV in hospital pharmacy, receiving over two months of ongoing training in the best practice procedures.

The training procedures involved in developing:

Medication History Training

- Patient Interview Tool
- Standard Operating Procedures
- Validation Tool – Initial (passing 2 validations) and Ongoing (every 3 months as quality control process)

Medication Safety Audit Training

- Adverse Drug Reaction/ Allergy History Taking
- Venous-thromboembolism Prophylaxis Checking
- Identifying ED admissions and conducting timely patient interviews

WBPTs were trained to identify new admissions, collate and conduct medication history interviews with patients and perform in ward specific quality improvement activities, all of which are appropriately referred back to ward pharmacists. They were rotated periodically to support career progression pathways.

Results

Data collected over 5 months (February to June 2019):

WBPT conducted 1494 interviews

- Averaged 14 interviews per day

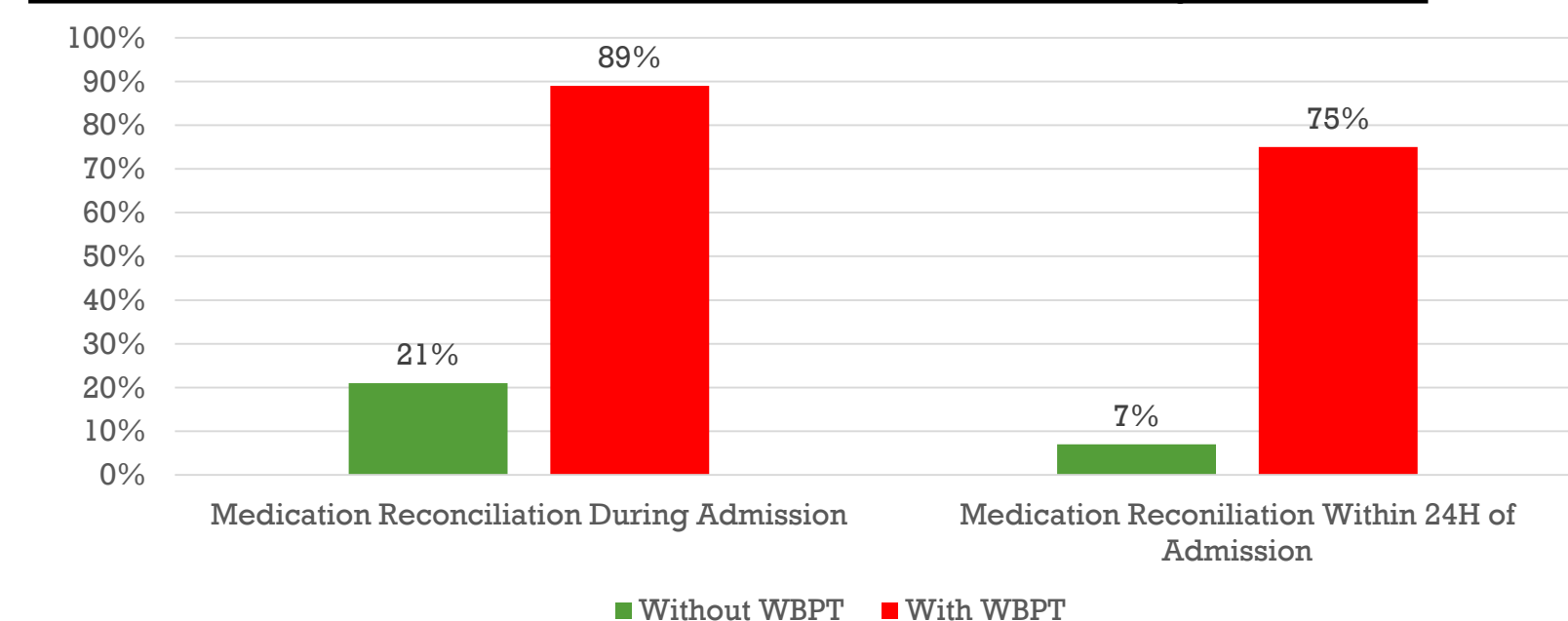
2% unsuccessful interviews

- 26% poor cognition (primarily dementia)
- 20% communication difficulties (primarily hearing impairment)
- 54% too unwell for interview (i.e. unconscious)

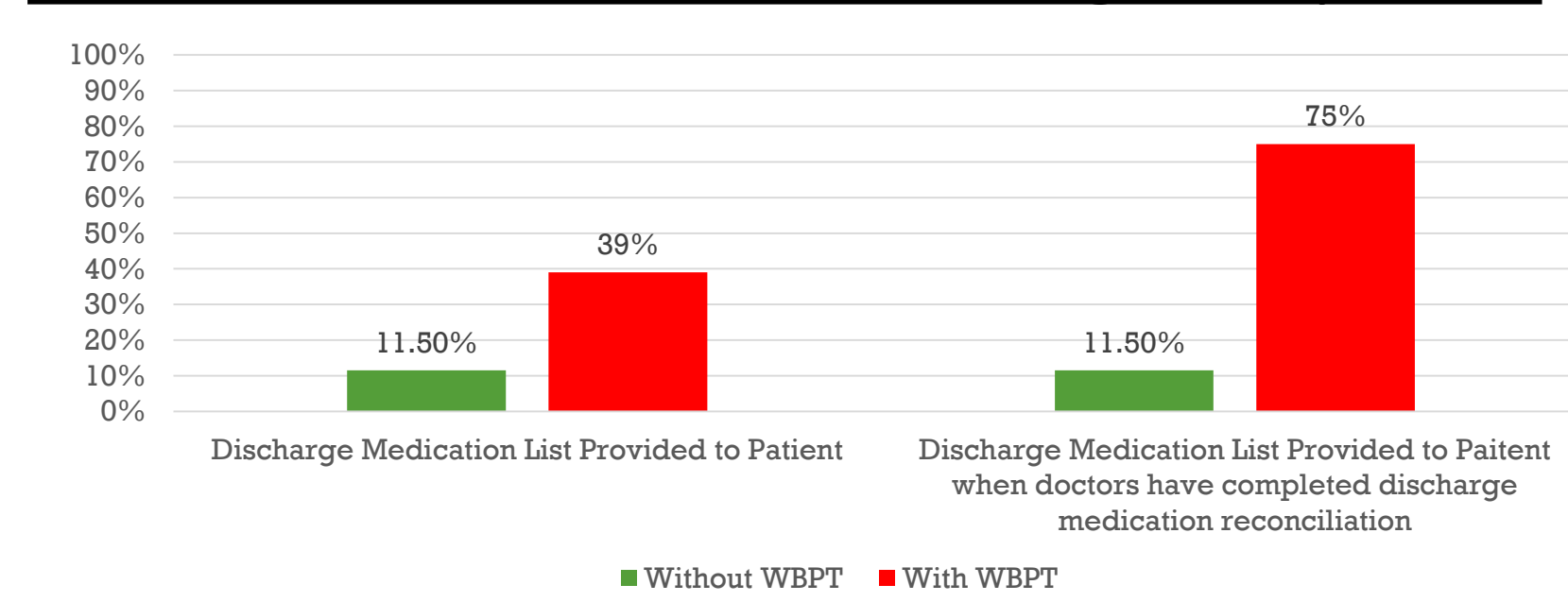
Ongoing validation showed WBPT completed accurate and complete medication histories

- Every 3 months by 2 different assessors

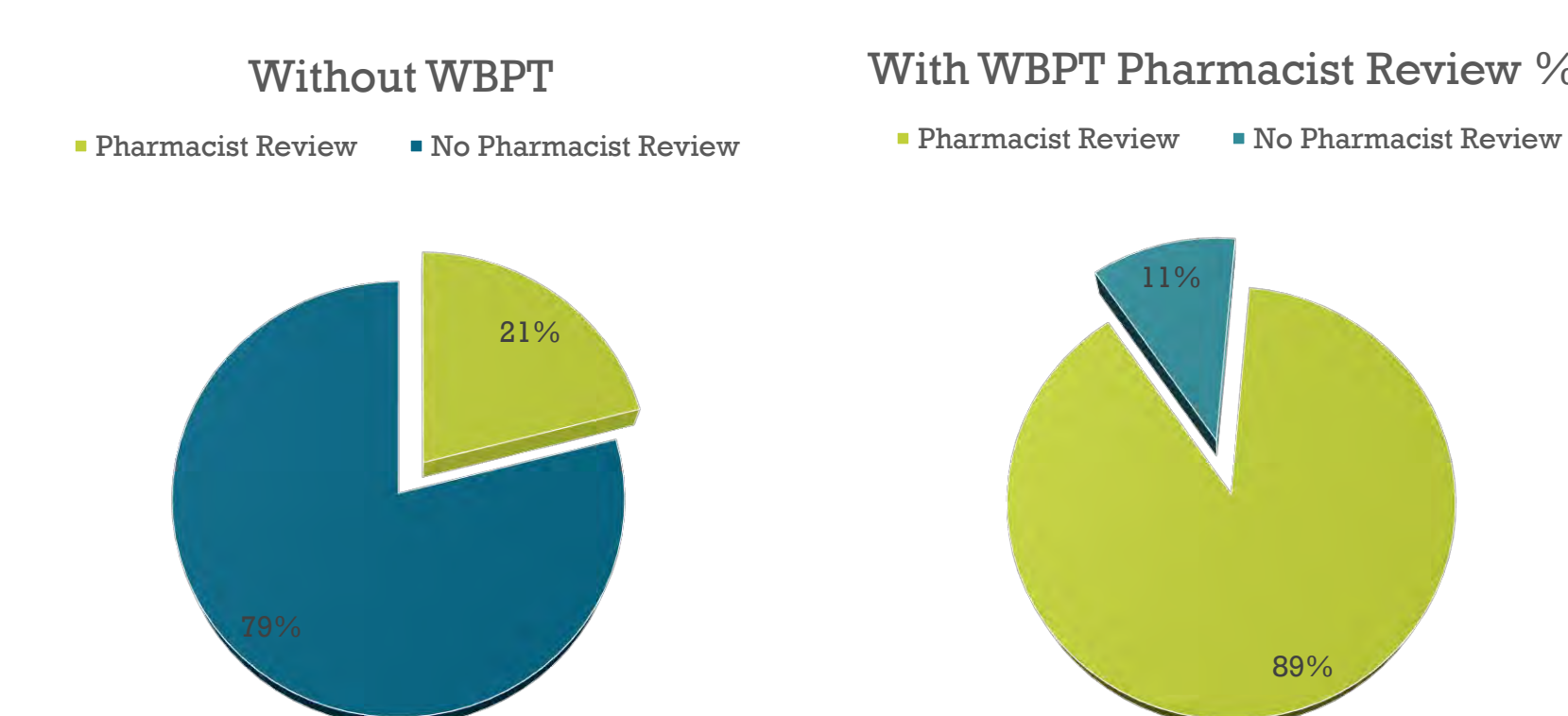
Medication Reconciliation Rate Comparison:



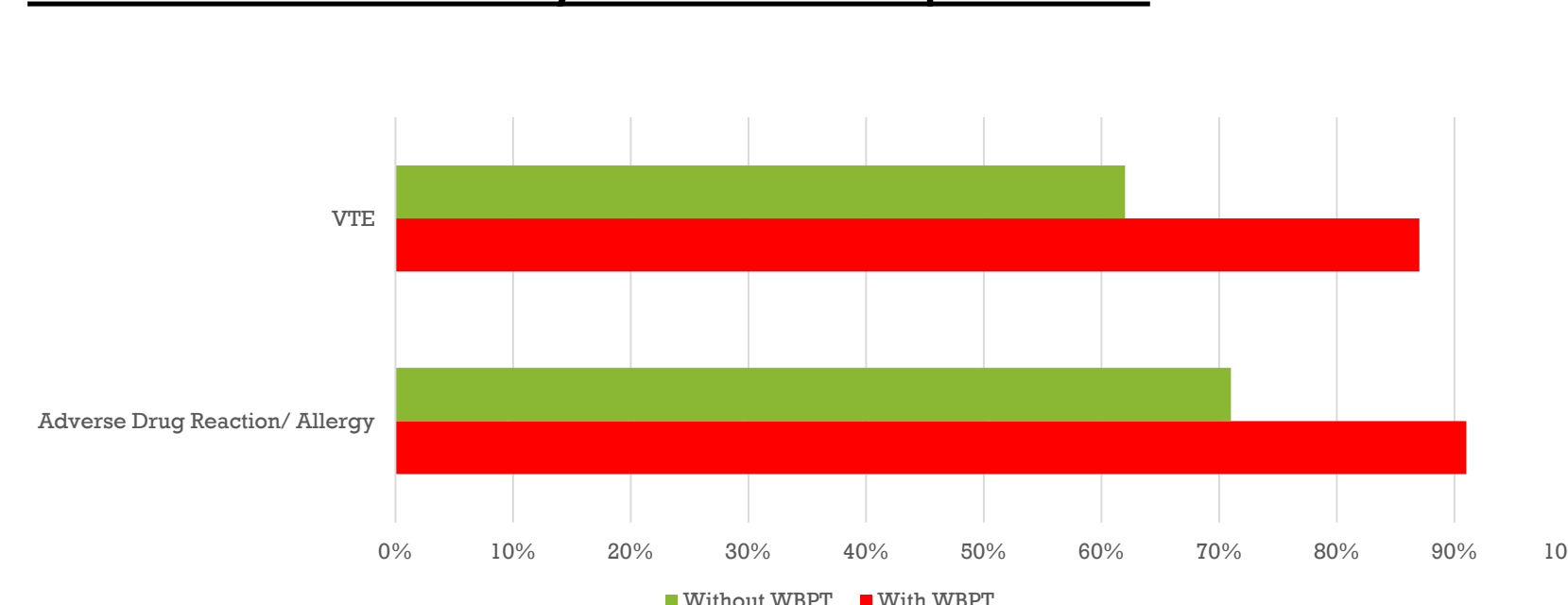
Pharmacist involvement in Discharge Comparison:



Pharmacist Clinical Reviewing Comparison:



Medication Safety Audit Comparison:



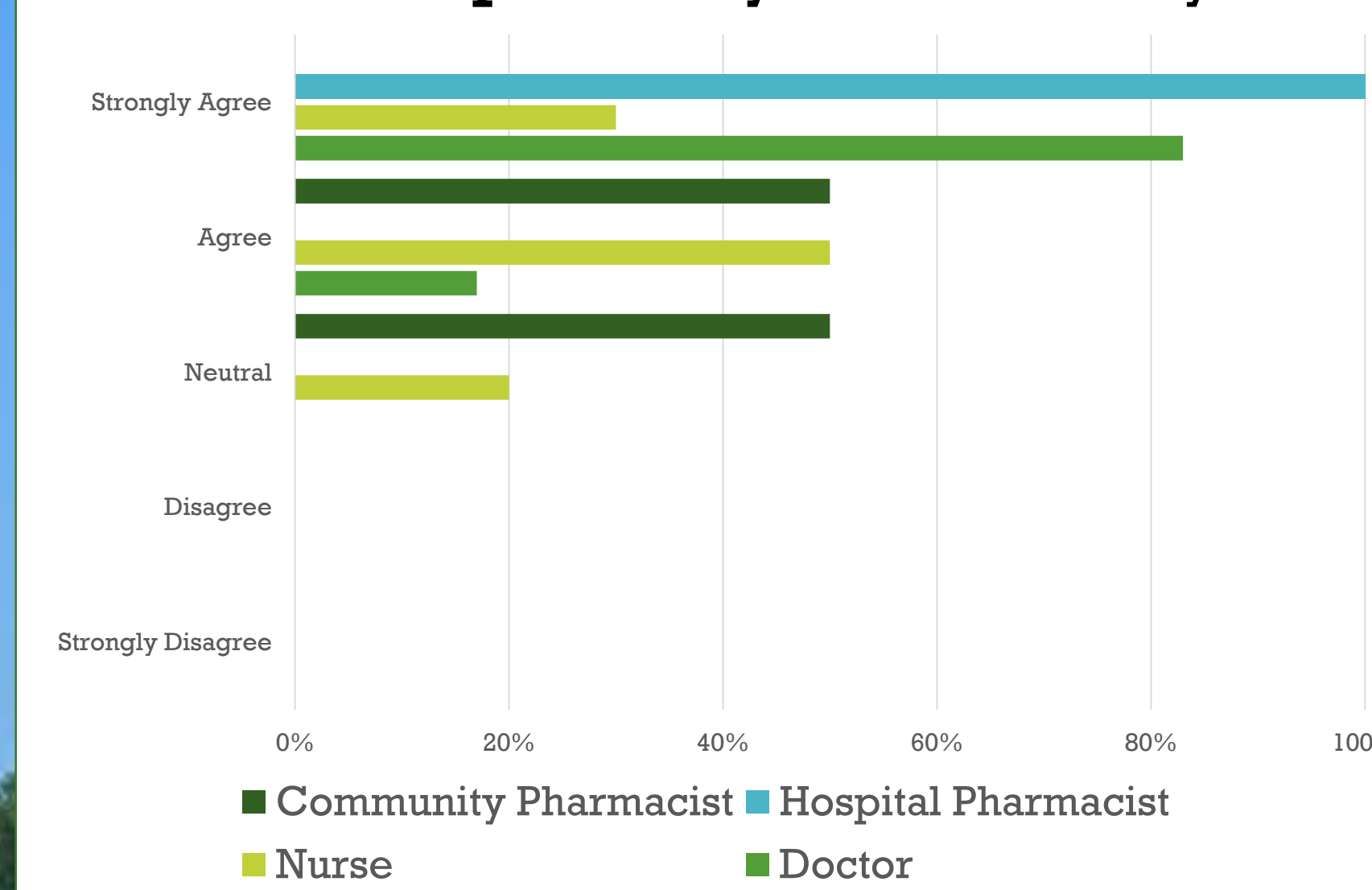
WBPTs bridged the gap between the clinical pharmacists and rural patients by enabling more efficient and advanced clinical service to be delivered.

- Increased pharmaceutical services delivered to patients
- Improved and timely medication history documentation
- Improved clinical review rates
- Increased discharge involvement – improve communication between patient, hospital, community pharmacy and GP
- Reduced number of medication related errors and readmission

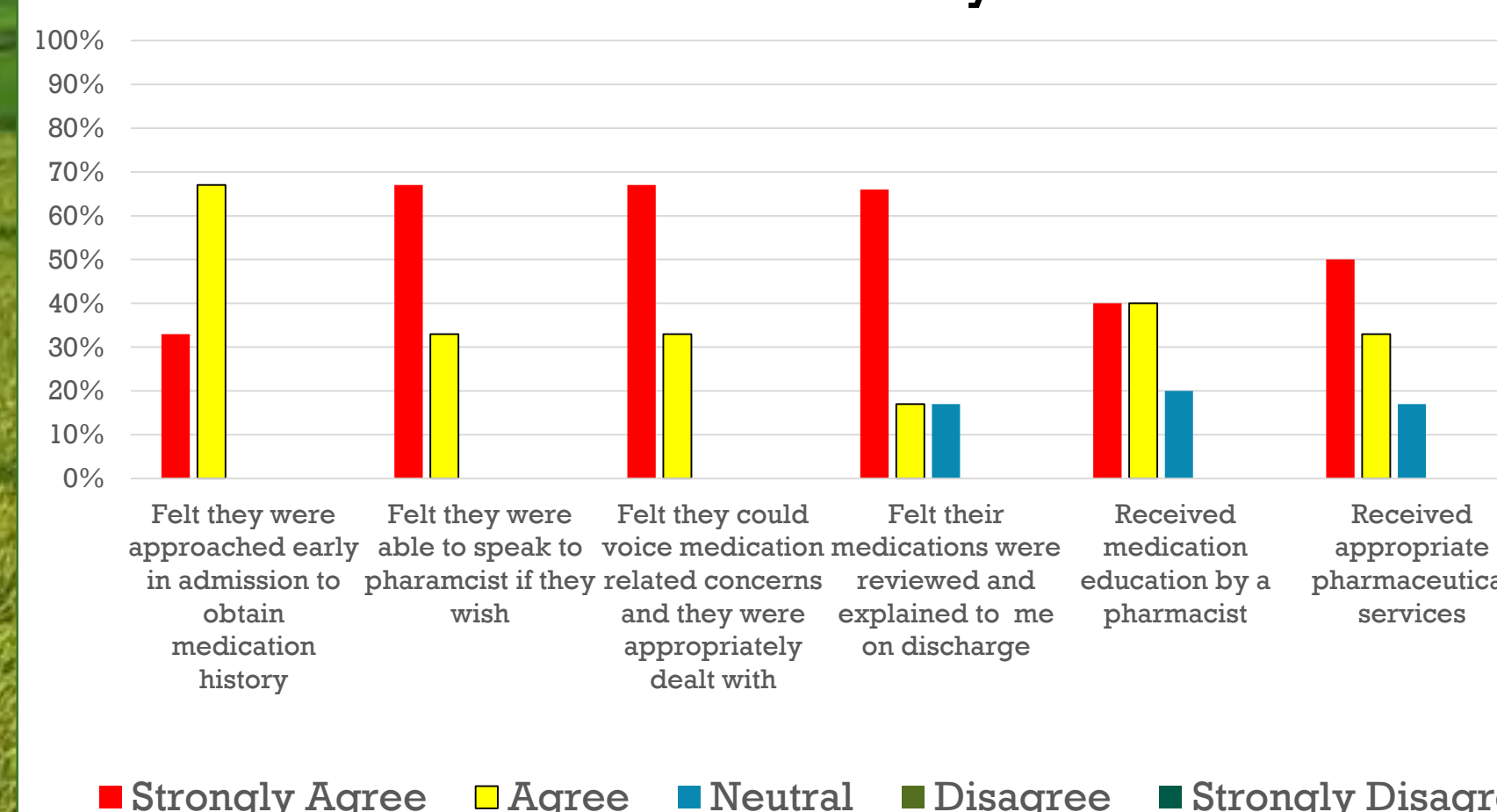
Survey Review

Multi-stakeholder surveys were conducted on patients, nurses, doctors, community pharmacists, hospital pharmacists, and hospital pharmacy technicians.

WBPT Introduction has improved the overall pharmacy service Survey

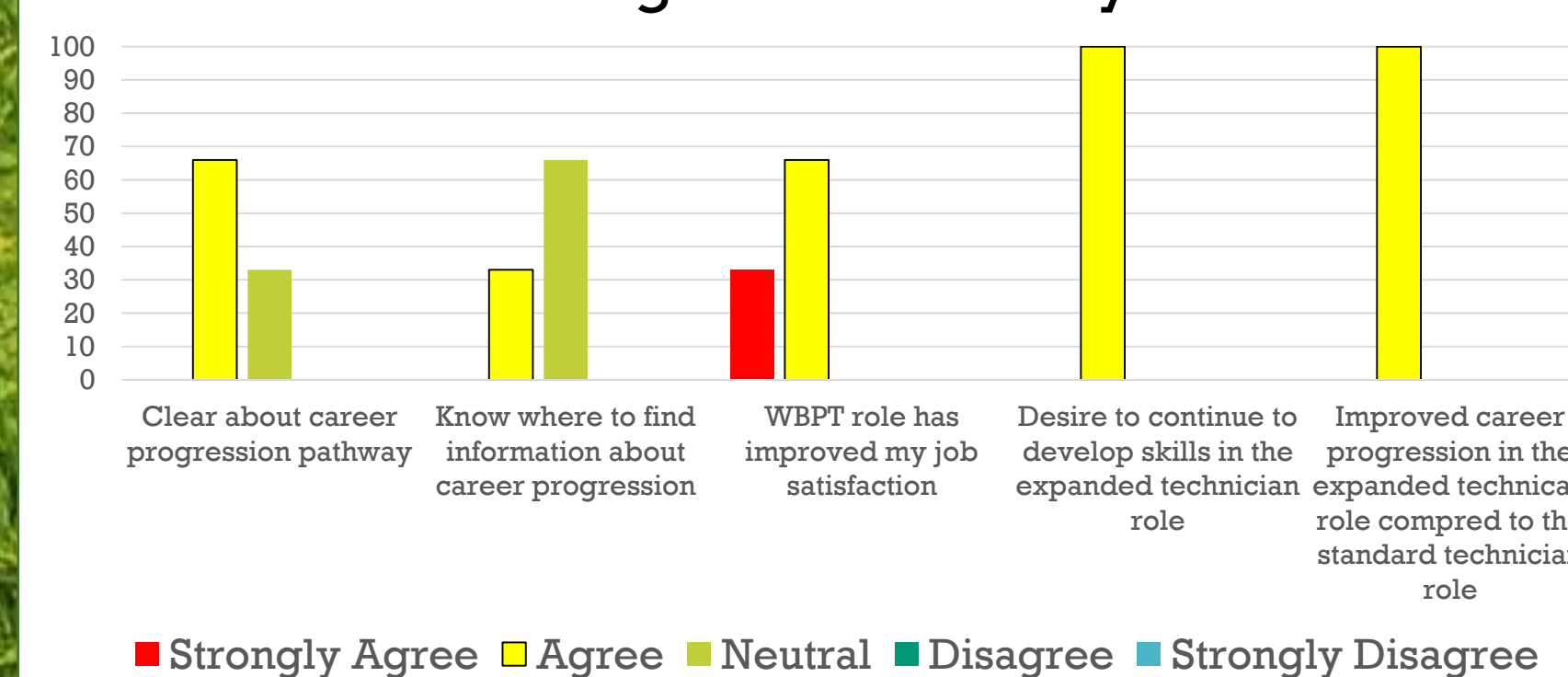


Patient Survey



Patients expressed that they felt confident that their medications are well looked after in a regional hospital and that this is the best hospital they have encountered.

Pharmacy Technician Career Progression Survey



Hospital pharmacy technicians also expressed their satisfaction towards the workforce innovation model in a regional hospital with improved job satisfaction and developed a new desire to continue to develop skills in the expanded technician role. They believed this model of care improved their career progression pathways in a regional hospital setting.

Conclusions

WBPTs bridged the gap between the clinical pharmacists and rural patients by enabling more efficient and advanced clinical service to be delivered. This is evident from the significant increase in pharmaceutical services delivered to patients, reduced number of medication related errors and positive patient satisfaction survey. This innovative pharmacy workforce model will allow a regional hospital to provide quality pharmaceutical care services and connect our communities together.

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References

1. Staffnet.snswhd.gsaahs.net. (2019). SNSWLHD Corporate Templates. [online] Available at: http://staffnet.snswhd.gsaahs.net/SNSWLHN/SNSWLHN_CE/default.asp?page=5791 [Accessed 2 Sep. 2019].

