# Clinical Support Technician – Workflow challenges and opportunities in the EMR

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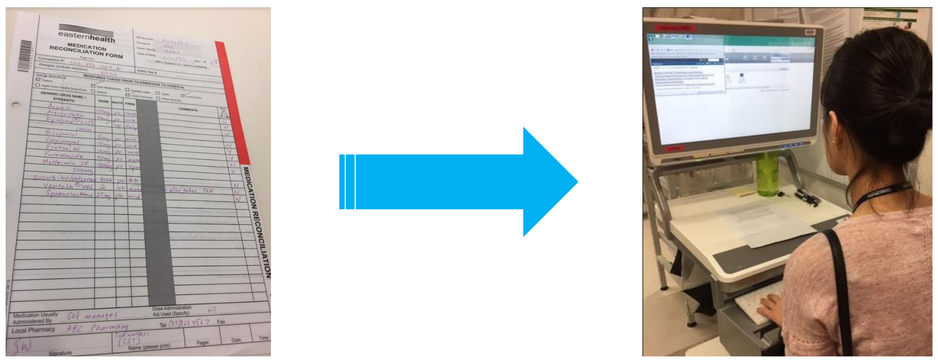
## Background

In late 2017, extension of Eastern Health's Electronic Medical Record (EMR, Cerner®) to include clinical documentation required all paper based clinical activities to transition into the electronic system.

This was both a challenge and opportunity to ensure paper-based activities performed by Pharmacy Clinical Support Technicians (CST) were safely and effectively transferred into the EMR.

## Description/Aim

To ensure continuity of the CST role by systematic identification and translation of paper-based activities to equivalent EMR workflows.






## Action

A subgroup of the Pharmacy's Clinical Redesign Governance Group was tasked with:

- identifying CST activities requiring transitioning to the EMR
- where possible, aligning required CST workflow with existing Pharmacy Technicians functionality and access setting
- where lacking, scope and propose new EMR functionality to enable a comparable CST workflow
- identify and consider any risks with CST workflow in the EMR
- stakeholder engagement and ensuring clinical governance in collaboration with the hospitals EMR BAU (Business As Usual ) team

## Evaluation

EH CSTs can perform up to 10 core activities across 3 distinct levels of increasing complexity and autonomy. Four activities were identified as requiring transition into the EMR. The table below summarises the considerations informing ultimately endorsed workflows of these 4 activities.

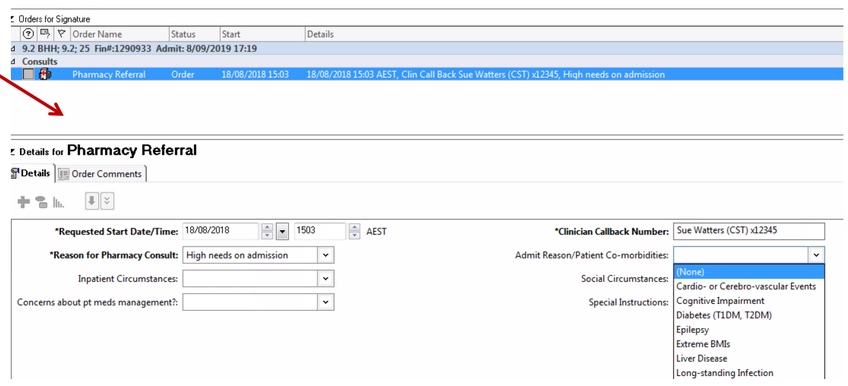
| CST activity for transition to EMR | Description of 'ideal' workflow | Aligned with current technician EMR access setting? (Y/N) | Gaps identified with 'ideal' workflow | Risks identified with 'ideal' workflow | Final recommendation |
|---|---|---|---|---|---|
| Managing initial non-imprest medication requests | • document use of Patient's Own Medications (where available) in EMR<br>• triage urgency and request clinical pharmacist to 'verify' medication order in PharmNet[a] | No | • documentation of 'Patient's Own Medications' availability and use in the EMR only possible with an upgrade to 'Pharmacist' setting | • upgrading access for this functionality introduces potential risk of 'modifying' medication orders | • Workflow not endorsed. CST not to directly document use of 'Patient's Own Medications' in the EMR (Pharmacist to document via pharmacist clinical notes) |
| Re-ordering of non-imprest medications | • review of 'cartfill' orders in MERLIN[b] to remove orders no longer required | Yes | Nil | Nil | • Workflow endorsed |
| Identification and documentation of 'high-needs' inpatients for clinical pharmacist review | • order a 'Pharmacy Referral' in EMR (this is the established departmental workflow to ensure high needs patients are reviewed by clinical pharmacists) | No | • requires an upgrade in technician EMR access setting | • change to EMR setting to order 'Pharmacy Referrals' would apply to all technicians not just CSTs | • Workflow endorsed with upgrade to all technician settings but request upgrade restrict other 'orderables' such as pathology and medications |
| Provisional documentation of best possible medication history for defined patient cohort (e.g. Residential Care Facility patients) | • entering patient's pre-admission medications in EMR (same established workflow for EH Clinical Pharmacists and Medical staff) | Yes | • presence of 'old home medications' list requires clinical pharmacist review and 'clean up' before CST can proceed | • no clear indication in EMR when 'home medications' are entered by a CST vs. clinical pharmacist | • Request CST designation is displayed after any electronic signature in the EMR |

**a(PharmNET) = the interface between EMR and MERLIN b(MERLIN) = Eastern Health's Pharmacy Dispensing Program**

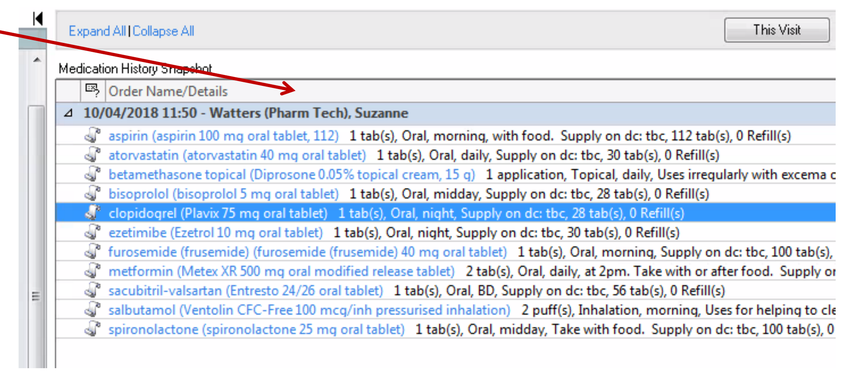
The following EMR change requests were recommended and endorsed by Pharmacy Managers and EMR BAU team:

1. Upgrade all pharmacy technician EMR setting to enable placement of 'Pharmacy Referral' orders and documentation of pre admission medications

There was acceptance of potential risk the upgraded EMR setting enables non–CST trained technicians to undertake tasks/actions which they are not trained for. This was managed by clear understanding of technician scope of practice during EMR training and plan for regular compliance monitoring using EMR reports. The alternative of upgrading CSTs to a "pharmacist" setting was considered but deemed less ideal as this would provide access to functionality such as ordering pathology and medications.




2. A request for the specific designation 'Pharm Tech' to appear after any CST's electronic signature in the EMR. The group viewed the risk of not having this displayed as high given EMR users understood pre-admission medications were entered by either pharmacists or medical staff. Having CST designation displayed was a visual prompt to only use CST documented information in conjunction with other clinical pharmacist documentation.




## Implications

Our experience in addressing the continued ability of CST to work in the EMR revealed the need to systematically map proposed workflows with access settings, understand potential gaps and risks of specific workflows and have in place risk management strategies to address these. As health systems become more digitalised, organisations will need to ensure health care workers can continue to provide care within electronic systems, whilst understanding potential risks that may impact on safe patient care.

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