

# The Implementation of Pharmacy Assistants working in a Clinical Environment (ward setting) at East Kent Hospitals NHS University Foundation Trust (EKHUFT)

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## INTRODUCTION

A project was implemented at East Kent Hospitals to place a ward-based Pharmacy Assistant on a Clinical Decisions Unit (CDU). Traditionally, the Clinical Pharmacy team at East Kent Hospitals had consisted of a Pharmacy Technician and a Pharmacist. Due to recruitment and retention challenges, a project was proposed to implement a ward-based Pharmacy Assistant (ATO). An ATO role was created to deliver this on an 18 bed CDU. It looked at the role within the Pharmacy ward team and the time saved checking Patients Own Drugs (PODs). This project would also examine the education and development requirements for this new role.

## AIMS AND OBJECTIVES

- Reduce the workload and amount of Patients Own Drugs (PODs) checked by the Pharmacy Technician
- Increase the Medicines Reconciliation (MR) rate of the Pharmacy Technician
- Identify the education and development requirements for the role
- Standardise the role of the ATO on the wards

## METHOD

Data was collected over a 4 week period. It compared the MR rate of a Pharmacy Technician before and after having a dedicated ward based ATO.

The ATO recorded the number of patients seen, PODs checked and missed doses identified. Other duties were recorded, for example the ordering of medication.

Prior to the project, the ATO undertook training for the role including enrolment onto the National Medicines Management Accreditation (Patient Own Drugs module).



## RESULTS

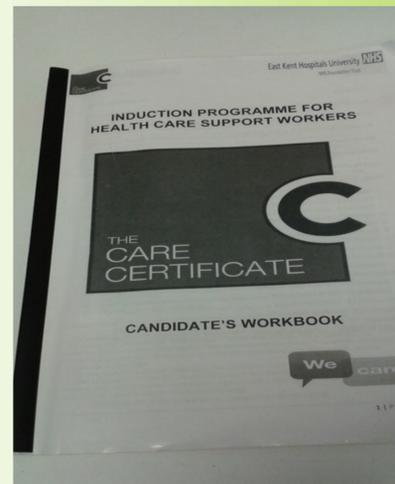
266 patients were seen by the ATO during a 4 week period.

140 patients had PODs which were checked.

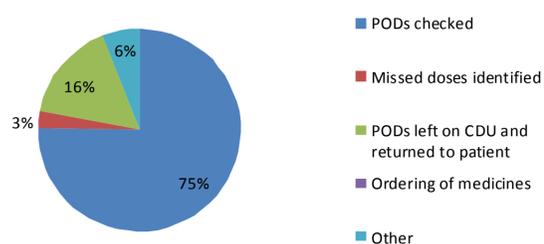
On 30 occasions, PODs were left on CDU and PODs were transferred to the patient.

5 missed doses were identified and reported.

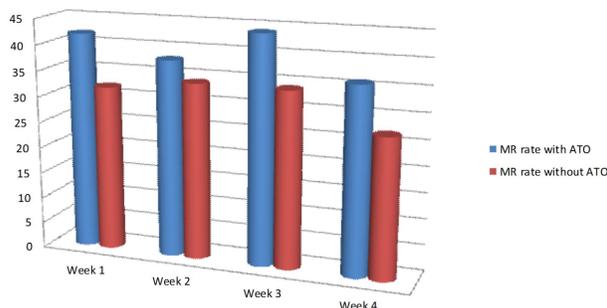
The MR rate of the Pharmacy Technician increased over the 4 week period from 127 to 160.



### The Role of a Pharmacy Assistant on CDU



### Technician MR rate working with and without ATO



## CONCLUSION

The benefits of introducing an ATO role onto CDU can be summarised as:

- An ATO has been successfully integrated at ward level which has reduced the demand on Pharmacy Technician time, improving a team approach to patient care.
- The Care Certificate will be used for all ward-based ATOs.
- This role has reduced Pharmacy Technician time and helped towards patient care by identifying missed doses and returning PODs that have been left on CDU.

## FURTHER WORK

Due to the success of the project, it will now be rolled out across the Trust with additional ward-based ATOs in post. All ATOs completing this patient facing role will be enrolled on the Care Certificate programme. This programme was developed nationally following the Cavendish review. Camilla Cavendish identified that the training and development of Healthcare Assistants was often not consistent or sufficient. The Care Certificate contains 15 standards and is assessed by Pharmacy work based assessors. As ATOs do not traditionally have patient facing roles, this certificate will give them additional confidence in this new role and ensure that all ward-based ATOs have the same induction, learn the same skills, knowledge and behaviour to provide compassionate, safe and high quality care. Documentation has also been produced to standardise the work of a ward based ATO across the Trust. This includes education requirements prior and during commencing the role.

### The 15 Care Certificate Standards

Standard 1: Understanding your role
Standard 2: Your personal Development
Standard 3: Duty of care
Standard 4: Equality and Diversity
Standard 5: Work in a person – centred way
Standard 6: Communication
Standard 7: Privacy & Dignity
Standard 8: Fluids and Nutrition
Standard 9: Awareness of Mental Health, Dementia and Learning Disability
Standard 10: Safeguarding Adults
Standard 11: Safeguarding Children
Standard 12: Basic Life Support
Standard 13: Health & Safety
Standard 14: Handling information
Standard 15: Infection prevention & Control

#### ACKNOWLEDGEMENTS

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#### REFERENCES

The Cavendish Review July 13