

Referrals made by senior technicians in a hospital setting

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Introduction

In recent years there have been extended roles for both pharmacists and technicians within the hospital setting. Within the Northern Health and Social Care Trust, medicines managements systems have been rolled out and the role of the senior technician has increased during the patients' stay. Senior technicians now assess all Kardexes relating to patients on their wards on a daily basis. This gives the technician an opportunity to deal with any stock issues. In addition, they can assess the Kardex and to flag any issues that require intervention from the clinical pharmacist.

Aims & Objectives

The aim of the current study was to assess the types of issues requiring referral that were identified by senior technicians.

Method

Data was collected by senior technicians (10 FTEs) using a standard data collection form for a period of one week during May 2012. The data collection form requested information on 20 different issues that would be referred to clinical pharmacists by senior technicians. Issues included product issues; prescribing issues; medication regimen issues; patients/products requiring special attention & allergy status. Any referrals were communicated to the clinical pharmacists using dedicated white boards placed within the pharmacy room on each ward.

Results

During the one week data collection period a total of 690 issues requiring referral were identified by the technicians (mean 69 referrals per FTE technician). A summary of the referrals made is presented in table. The most commonly identified issue was patients on high risk drugs (125 referrals) followed by patients' being prescribed electrolyte replacement (n=90).

Category	Referral issues	No. of referrals
Product issues	Product standardisation; POD's not prescribed; Product not stocked; Duplication of product	118
Prescribing issues	No strength prescribed; Medicine details illegible; Medication not signed by prescriber	52
Medication regimen issues	Kardex medicine instructions different from POD's; Inappropriate route eg patient NBM; Inappropriate dose; Length of antimicrobial course; Drug Interaction; Omitted doses; No day of week eg. Biphosphonate; Inappropriate administration time eg. biphosphonate	211
Patient / product requiring special attention	Patient prescribed electrolyte replacement; Antibiotics requiring TDM/restricted antibiotics; Inhaler counselling; High risk drug e.g. warfarin, insulin	261
Allergy status	Not documented / incorrect	48

Conclusion

This study clearly indicates how the role of the senior technician can be extended in the in-patient setting. Senior technicians were in a position to highlight a large number of issues relating to appropriate prescribing and medication use to clinical pharmacists.

This communication was assisted by the use of dedicated whiteboards in the ward-based pharmacy rooms. This data collection will be carried out on a regular basis and where possible the results will be used to identify issues which appear repeatedly so that appropriate corrective measures can be taken.

