

Role of Integrated Care Pharmacy Technician in Community Independence Service-Rapid Response Team

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INTRODUCTION

The Community Independence Service (CIS) encompasses a varied multi-professional integrated team to provide care and support to a wide cohort of patients in the community setting.

The overall goals of the service are to provide urgent care to support acute illness in the community where it is safe and appropriate to do so, thereby reducing unnecessary hospital admissions. CIS facilitates early supported discharge from hospital, maximises independence and reduces dependency on longer term services.

The Integrated Care Pharmacy Technician supports teams across Kensington & Chelsea and Westminster by providing an effective medicine optimisation service to patients with acute or complex medication needs. The technician conducts medicine reconciliation, assesses medicines related needs, supports adherence and non-compliance, and facilitates implementation of safe handling and administration of medicines.

AIMS & OBJECTIVES

The aim is to describe the role of Integrated Care Pharmacy Technician in CIS. To achieve this aim, the following objectives were assigned:

- To determine the number of medicine reconciliation completed
- To determine the number of referrals received and the reasons for referral.
- To determine the number of interventions completed, to improve medicines adherence and overall medicines management in patients at risk of hospital admission.
- To determine the number of patients referred to other teams such as healthcare, social care and specialist services.
- To receive and review feedback from patients

- A total of 213 patients were referred to CIS pharmacy team via telephone/e-mail/ handover and MDT meeting. Of the 213 patients, the Integrated Care Pharmacy Technician completed domiciliary visits for 113 patients (53%).
- Medicine reconciliation was completed for each patient visited, out of which 65 discrepancies were identified.
- The reason for referrals and the number of patients referred are displayed in Figure 2. A patient may have more than one reason for referral.

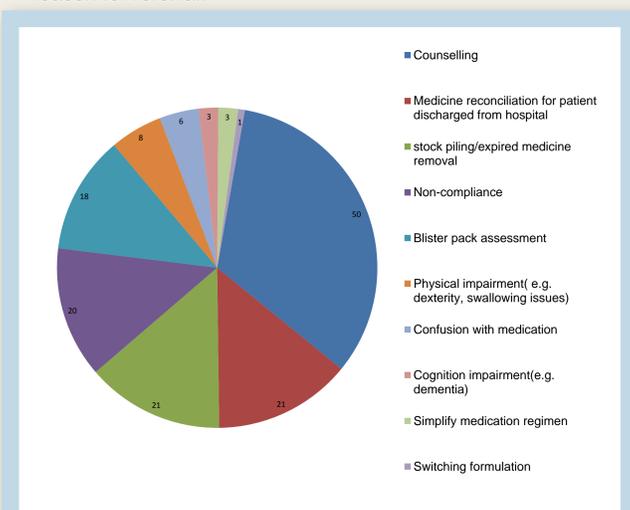


Figure 2: The reason for referrals and the number of patients referred to Integrated Care Pharmacy Technician

RESULTS

- 717 interventions were completed by the technician, out of which 371 interventions were related to adherence and support. Each patient has more than one intervention.
- Adherence issues was identified in 43% (n=49) of patients and the most common interventions completed to improve adherence are displayed in Figure 3.

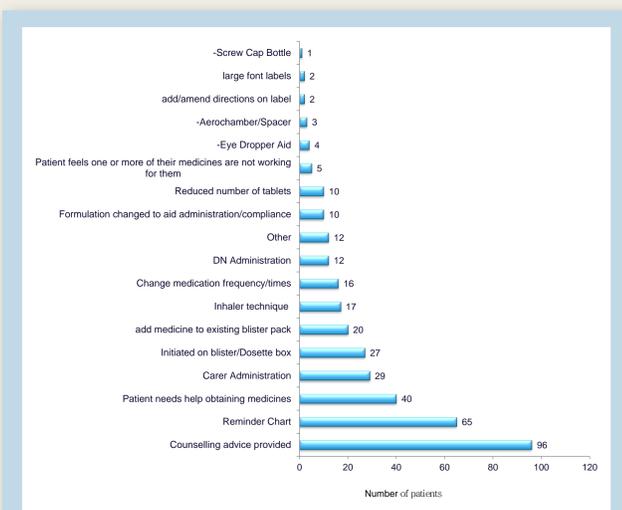


Figure 3. Type of interventions and the number of interventions completed by Integrated Care Pharmacy Technician

- Patients who need further support and monitoring were signposted to health and social care practitioners in the community. The numbers of patients signposted to other services are outlined in Table 1.
- Feedback received from one patient:
"I was not using any inhalers prescribed in the hospital because I was unaware of the new medications started. I was quite impressed with the following service provided- counselling about my medications, making arrangements for delivery of medications(Myself and partner), made arrangements to switch to local chemist. My health has improved after using the appropriate inhaler and I am fit and healthy."

Primary care & specialised services	Number of patients
Community Pharmacy	93
GP	88
CIS rapid response team	53
CIS Liason team	39
Social Services	17
Other	12
Family member	10
District Nurse	6
CIS Rehab/Reablement team	4
Community Matron/Case manager	3
Hospital Pharmacist	2
Consultant	1
Mental Health	1

Table 1. Type of specialised services and the number of patients signposted by Pharmacy Technician

DISCUSSION

- Integrated Care Pharmacy Technician completed medicine reconciliation for 53% of patients visited and identified 65 discrepancies.
- Medicine reconciliation improved patient's safety and reduced medication errors during different phases of care.
- Counselling on medication, the most common reason for patient referral, improved patient outcomes and safety resulting in stricter adherence to treatment and leading to faster recuperation.
- Integrated Care Pharmacy Technician improved the adherence (as seen in figure 3) by involving the patients in making decisions about prescribed medicines and tailoring any intervention to the specific difficulties with adherence the patient is experiencing as non-adherence identified in 43% of patients could have lead to poor health by limiting the benefits of medication³.
- Implementation of these interventions involved liaising with healthcare professionals in primary care and specialist services to ensure patients were supported and monitored in community.
- The positive feedback received from the patient shows the impact of how Pharmacy Technician can contribute positively to patient care.

CONCLUSIONS

- Integrated Care Pharmacy Technician conducted domiciliary visits and carried out medicine reconciliation, identified adherence issues and medicines related needs.
- The Integrated Care Pharmacy Technician role ensured an enhanced medicine optimisation service was delivered to patients by communicating complex information to patients and carers about indications, drug doses, side effects and efficacy.
- In addition, the interventions and recommendations were communicated to the related health and social care practitioners to address the adherence and reduce medicine related risks.
- Having an Integrated Care Pharmacy Technician in CIS with the responsibility of providing high quality patient focused medicines management service to the patients, will not only help to improve the patient care but also reduce the costs of various related services and tools.

REFERENCES

- Orwig D, Brandt N, Gruber Baldini A. Medication management assessment for older adults in the community. *The Gerontologist* .2006; 46(5):661-8.
- Barnett N, Contribution of A Pharmacist To The Rapid Response Service In Prevention of Medicines-related Admissions. *Pharmacy Management*.2017; 33(1):5-12.
- Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence. NICE guidelines, accessed online on 29th May 2018. Access via: <https://www.nice.org.uk/guidance/cg76/chapter/Key-principles>