IMPLEMENTATION OF A PHARMACY TECHNICIAN COORDINATED MEDICATION SUPPLY SERVICE IN A PAEDIATRIC ELECTIVE TREATMENT CENTRE

European Statement:

• Selection, Procurement and Distribution

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What was done?:

A pharmacy technician (PT) coordinated medication service was introduced onto the Paediatric Elective Treatment Centre (PETC) to decrease patient waiting time (PWT) and drug wastage.

Why was it done?:

PETC admits approximately 15 000 patients per year and is a high user of high cost drugs. Traditionally, a pharmacist provided a clinical and supply service with no technical support. Frequently, prescriptions were written late, dispensed items were lost and patients waited unnecessarily to receive treatment. Furthermore, patient non-attendance and medication re-supply due to misplacement of original dispensed items led to stockpiling of medicines.

How was it done?:

Prior to admission, patients requiring medication were identified by a PT. If medication had been prescribed, this was transcribed onto a pharmacy order form. The prescription chart and order form were clinically checked by a pharmacist. If the drug had not been prescribed, prescribers were contacted. The medication was dispensed and delivered to the ward in advance. The PT ensured all required medication was readily available on the ward. Data on PWT, time to process medication orders, cost of unused drugs and number of items available prior to attendance were collected for a 6 month period.

What has been achieved?:

Total cost savings achieved due to returned unused medication amounted to £82 074.

What next?:

To extend the role of the PT in PETC. Therefore, the PT will undertake basic medication reconciliation, assessment of patients' own drugs and notify the clinical pharmacist of patients requiring a full medication review.

Keywords:

 Drug use evaluation>Cost saving Management>Healthcare team