Pharmacy Technicians: Improving Patient Care through Medication Reconciliation

Disclosure

I, Holly Katayama, have no financial relationships to disclose.

Objectives

- Describe how to fully utilize pharmacy technicians within the medication reconciliation process.
- Describe collaboration of pharmacy technicians, and pharmacy interns within the medication reconciliation process.
- Identify Arkansas State Board of Pharmacy regulations impacting the Medication Reconciliation process.
Objectives

- Define medication reconciliation
- State two barriers of implementing medication reconciliation
- List the skillset of the person performing medication reconciliation

Poll Question

Do you currently have a Pharmacy Driven Medication Reconciliation Program at your Facility?
A. Yes  
B. No  
C. In the process of developing one

What is Medication Reconciliation?

According to the Joint Commission: Medication Reconciliation is the process of comparing the patient’s medication order to all of the medications that the patient has been taking.
The Joint Commission added Medication Reconciliation across the care continuum as a National Patient safety Goal in 2005.

Goals of Medication Reconciliation

- Reduce/Eliminate Medication Errors
- Ensure medication list is accurate and up to date
- Reduce/Eliminate readmissions

Common Medication Errors

- Omissions
- Duplications
- Dosing errors
- Drug interactions
A Comprehensive Medication List
- Prescription medications
- Herbals
- Vitamins
- Over-the-counter drugs
- Home intravenous solutions

Why Involve Pharmacy?
- Improve patient safety
- An overall reduction in health care costs
- Pharmacists are the medication experts

Patient Safety: Admission
A recent study showed that 36% of patients had medication errors at the time of admission, of which 85% originated from the patient’s medication history.

Patient Safety: Discharge

Medication Reconciliation reduced discharge medication errors from:
- 90% to 47% on a surgical unit
- 57% to 33% on a medical unit


State Board Regulations Impacting Medication Reconciliation:
- All work completed by a pharmacy technician must be verified by a pharmacist
- The pharmacy technician shall not make any judgment decisions that could affect patient care.

Duties of the Pharmacy:
- Develop and maintain policies and procedures including:
  - Process for Pharmacy Technicians
  - Process for Pharmacist
Poll Question
The Joint Commission added Medication Reconciliation as a patient Safety Goal in what year?
A. 2000
B. 2005
C. 2010

BHMC - NLR
- 248 bed facility (daily census 150-200)
- Services:
  - General Inpatient
  - Surgery
    - General & Cardiac
    - Inpatient & Outpatient
  - OB/GYN
- Non-Profit

BHMC - NLR: Medication Reconciliation Pilot Structure:
- The PTA (prior to admission) medication lists were initially collected by nursing staff.
- An APPE pharmacy student reviewed patients’ PTA medication lists within 24 hours of their admission.
Pilot Continued

- Errors were brought to the attention of clinical pharmacist
- Clinical Pharmacist would then follow up with the physician that initially ordered home medication.

The Pilot Review Included

- Interviewing the Patient
- Interviewing Family
- Calling the patient’s pharmacy
- Contacting the patient’s physician

BHMC - NLR: Medication Reconciliation Pilot Results

- 22 admissions reviewed
- 26 medication omissions
- 20 erroneous medications
- 45 errors related to incorrect medication, incorrect dose, or incorrect frequency.
Pilot Results

- 2 admissions required no corrective action.
- Total medication errors = 91 per 22 admissions
- 4.13 errors per patient

PtAMT: BHMC - NLR Current Process:

- 2 FTE (full time employees) PtAMT’s Monday-Friday 7am-7pm
  - PtAMT #1 covers Direct Admits, Post-Op Admits, and ED admits after 9pm.
  - PtAMT #2 covers ED admissions

- 1 PTE (part time employee) Pharmacy Intern performs medication reconciliation hospital wide on Saturday and Sunday from 7a-3p.
Steps to Complete a Medication Reconciliation

1. Verify Prior to Admission medications
   a. patient
   b. family member
   c. caregiver
   d. nursing home
   e. pharmacy
2. Verify medication allergies and reactions

Steps Continued

3. Reconcile and update the current medication list
4. Create an Intervention (our way of documenting)
   a. communicate ALL forms of documentation
   b. medication removals
   c. medication additions
   d. medication changes
Pharmacist Verification: Medication Reconciliation

- Verifies that the medication, dose, and frequency are all appropriate
- Checks for duplications
- Checks for contraindicating medications
Communicating Changes: Physician

- Depending on the clinical significance of the medications in question the Pharmacist may:
  - Call the Physician
  - Leave a follow up note

Leaving a Note: Physician

Orange Sheet (Treatment Team to Physician)

Comment

9/9/2014 10:55 AM: PTA meds have been updated. Vitamin D and protnix has been added to the prior to admission medication list. Please review/reorder as needed.

Thanks, KIMBERLY I YOUNG, Pharm.D.

Last edited by Kimberly I Young, PHARMD on 09/09/14 at 1056

Incorporating APPE Students Today

- All APPE students spend 2 months at BHMC-NLR
- During their 2nd month, spend 1 week with a PtAMT performing Medication Reconciliation.
What Does the APPE Student Do?

- Assists the PtAMT with medication reconciliation
- Witness first hand the importance of PtAMT
- Educates patients
  - non-compliance
  - incorrectly taking medications

Barriers to Implementing Medication Reconciliation

- No standardization
  - Variation in multiple aspects (gathering of information, sources, comprehension, etc)
- Initial Reception from other hospital staff
- Documentation and Verification

Barriers to Implementing Medication Reconciliation

- Training
  - Initial training for all staff (pharmacy, nursing, and medical)
- Staffing/Resources
- Evaluation of process
Barriers Encountered at BHMC-NLR

- Nursing staff initial reluctance
- Not all admissions are reviewed each day due to staffing limitations.

Requirements of a PtAMT: BHMC-NLR

- Current Technician registered with the State Board of Pharmacy. (PTCB preferred)
- Must have been employed with the BHMC-NLR pharmacy department for 6 months.

Requirements

- Sign (which acknowledges comprehension of document) and keep in personnel file:
  - BHMC-NLR Policy and Procedures
  - Arkansas State Board of Pharmacy Law Book - Section 03-00-0005
- Didactic Exams
  - Score > 75% on Top 200 Drugs exam
  - Score > 90% on Policy and Procedure Exam
Requirements

- Practical
  - Validation checklist completed by BHMC - NLR Pharmacy Supervisor or currently certified PtAMT
- Annual competencies
- Annual re-validation

Effective PtAMT: Attributes

- Desire to teach and learn
- Knowledge of medications
- Engaged with profession
- Receptive Listener
- Positive Attitude

Poll Question

Which of the following are possible barriers for instituting a medication reconciliation process:

A. No recognized standardized process
B. Lack of Staffing/Resources
C. Training
D. All the above
Summary

References


American Society of Health-System Pharmacists Improving Care Transitions: Optimizing Medication Reconciliation March 2012. Available at: