

# STARTING A PHARMACY TECHNICIAN-LED DRUG ROUND

By DENISE HOLDING

*Nurses have many responsibilities on the ward which can result in interruptions and delays to drug administration. This article outlines an initiative to transfer responsibility for some drug rounds from nurses to suitably trained pharmacy technicians, who are focused on this one role*

*A pharmacy technician administering oral medicines on the drug round*

The role of the pharmacy technician has developed significantly over the past decade, particularly in the hospital sector.<sup>1,2</sup> The administration of medicines to patients on hospital wards is perhaps the next logical extension to the pharmacy technician role as it will ensure that the whole medicines supply process is under pharmacy management. Pharmacy technicians already hand out medicines and give advice on dosage and side effects to outpatients on a daily basis. The difference is that patients on wards are given one dose at a time, rather than a 28-day supply.

At Hinchingbrooke Hospital in Huntingdon, Cambridgeshire, I have piloted this new role, developed a supporting package of training for other pharmacy technicians and established a daily pharmacy technician-led drug administration round on a surgical ward.

## BACKGROUND

In June of 2004 I was approached by the senior pharmacy manager and the director of nursing and operations at

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Hinchingbrooke Hospital and asked to take on the responsibility of leading a regular drug administration round on a surgical ward. We had recently introduced a team system for service delivery at our hospital and I had not really considered this additional role before. A number of questions were raised in my mind:

- Would closer patient contact be appropriate?
- Would I be accepted by the ward staff?
- Would patients accept someone other than a nurse administering their medicines?
- What dose forms would I be administering?
- Are there any protocols and policies in place?
- How would security and safety of the drugs trolley be maintained?
- Would I be able to do it?

After being offered this opportunity I went on the ward to shadow a “modern matron” while she did the medicines round. The round took approximately two hours that day. I noticed that the matron was continually called away to check intravenously administered drugs, take phone calls from relatives and answer various

other queries. This was true of almost all medicines rounds I subsequently attended as part of my training. The drug trolley was not always secure, as the keys were required by other members of staff on the ward. I remained alone with the trolley while nurses were elsewhere for up to 15 minutes. It quickly became obvious that the drug round would be completed in half the time if it were led by someone from outside the nursing team.

## INDUCTION

Over the next few days, the matron and I devised a competency based training scheme whereby I would dispense 200 items, following the trust’s administration policy, in the presence of a trained nurse. I would be dispensing oral medicines — all other dose forms would be the responsibility of the nurses. I shadowed the midday medicines round for a week before starting to complete the competencies. During this time a few more questions were raised, the most significant of which was whether patients were compliant with their medicines. I could see that pharmacy input was required not only to support the medicines round itself, but also patients and ward staff.

As time passed, my immediate questions were all answered:

- Patient contact: I was assured that a member of the nursing team would take the lead if I did not feel comfortable dealing with complex patients, eg, those who have nasogastric tubes, patient-controlled analgesia, sliding scale insulin or other devices attached.
- Ward staff: I was treated as part of the ward team from day one. The nursing staff could see the advantages of a pharmacy technician leading the round and they were happy to give help and advice as it was needed.
- The patients: Those who asked who I was said it made sense for someone from pharmacy to give them their medicines. Patients who stayed in hospital for more than a few days knew me by name and simply accepted me as part of the team.
- Other dosage forms: I have been asked by ward staff if I will be trained to administer drugs by the intravenous, intramuscular, subcutaneous and rectal route in future. I am only giving oral medicines at the moment, although it is likely that my role will be extended further.
- Protocols and policies: Protocols and training materials have been drafted by myself and the matron. The trust policy for ordering, storage, security and administration of medicines has been amended to include pharmacy technicians as staff who can, when trained, administer medicines.
- Security and safety: Pharmacy now has a copy of the trolley key therefore the trolley need never be left unlocked when unattended. Medicine lockers have now been installed beside each bed and have been in use since September this year.
- My ability to be able to do it: I realised that with the support of the ward staff and my colleagues in pharmacy I would be able to complete the job.

## TRAINING

After a period of observation, the completion of the competency-based training took five intensive medicines rounds over approximately one week. I recorded all medicines that I dispensed for administration and the accompanying nurse checked each item. I also recorded the reason for any declined medicines on the patient's drug chart. We found the easiest way to work was for me to do one side of a bay and the nurse to do the other. We visited side rooms together. A second nurse took responsibility for any drugs administered by the intravenous, intramuscular or subcutaneous routes while the oral round

was taking place. In doing this, the time taken to complete the entire medicines round has now reduced to an average of one hour — a huge improvement.

I adapted the hospital's existing drug administration policy into a checklist, which is now kept inside the trolley for use by all staff administering medicines (see Panel 1).

## THE ROLE NOW

I now regularly administer all oral medicines due at midday on the surgical ward. I have not encountered any major problems and minor queries are dealt with as they arise, through referral to a senior nurse or pharmacist. I undertake this role unaccompanied, unless a student or other member of staff asks to participate for training purposes.

## RESULTS

There are a number of significant early improvements that are already being realised as a result of this new role.

- Drug security: I have my own trolley key and can ensure security is maintained at all times.
- Patient care: Medicines are issued to patients in a more timely way. Nursing staff can now use their time more

### *Panel 1: Drug administration checklist*

- Locate patient's medication chart and identify patient by checking wrist band
- Check each item on medication chart for dosage time and check for allergies
- Select drug, check against medication chart, check contents of container and expiry date
- Dispense drugs into a clean dispensing cup, use separate measures for liquid preparations
- Indicate strength administered, date, time and sign any "as required" medicine
- Note any medicine not administered or refused by the patient and the reason why
- Hand medicine to patient and supervise them taking it
- Sign medication chart in appropriate box
- Wash hands or rub with alcohol gel after any patient contact and when leaving side rooms
- Ensure the drug trolley is secure at all times

appropriately. Patients feel comfortable asking questions about their medicine and I can take time to explain what each medicine is for and how they are best taken. This can only help to improve concordance and patient care, even through basic advice such as rinsing the mouth after using steroid inhalers.

- Education: Student nurses and return to practice nurses participate in ward rounds with me. I can offer support and advice on drug administration and compliance. Trained nurses are not always aware of different forms and strengths of drugs.
- Communication: I have a better understanding of how the ward is affected by stock shortages. Ward staff have a better understanding of how pharmacy works. I often walk onto the ward and get asked for advice. I do not always know the answer but can usually point people in the right direction.

## THE FUTURE

We will continue to develop and improve the systems, processes and training associated with this new service. More pharmacy technicians will be trained at Hinchingsbrooke Hospital to support the service I currently provide. Also, it is likely that other wards at the hospital will want to work with pharmacy to develop pharmacy technician-led medicines rounds. Ultimately, we would want to link up with our pharmacy colleagues at the local primary care trust, so that when medicines management issues such as inhaler compliance are identified on the ward they can be followed up in primary care.

## REFERENCES

1. Graham R. Association of Pharmacy Technicians UK Annual Conference: Get involved in delivering holistic health care. *Hospital Pharmacist* 2004;11:208–10.
2. Cousins D. Extending the role of hospital pharmacy technicians. *Pharmaceutical Journal* 2000;264:930–1.

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