

For personal use only. Not to be reproduced without permission of the editor
(permissions@pharmj.org.uk)

Emergency department

— a role for pharmacy technicians

By Amanda Buglass, RegPharmTech

Amanda Buglass is the first pharmacy technician to take on the role of medicines management technician in the emergency department at the Whittington Hospital. In this article she describes how she has developed the role and the benefits it has brought to the department



Amanda Buglass (right) with Fiona McGann, emergency department sister

Before I took on the role of medicines management pharmacy technician in the emergency department (ED) at the Whittington Hospital, London, there was no formal clinical pharmacy input into patient care. Pharmacy services in the department were restricted to the traditional top-up service provided by pharmacy technicians and assistant technical officers.

When I came to post in November 2004 there were no clear guidelines for me to work from. I spent the first few days familiarising myself with the layout and workflow of the department and introducing myself to the team. The staff had no particular expectations of what a pharmacy technician could do for them in the ED, so my task was to develop the role in a direction that would be of most use for both the ED and the pharmacy department.

Getting started

The most apparent problem was that the department was frequently running out of stock items, which was time consuming for everyone involved. Nursing staff had to visit

the pharmacy with requisitions, or contact the on-call pharmacist if the shortage occurred out of hours. The stock cupboards were untidy and disorganised making it difficult to find products quickly.

My first task was to assume responsibility for the ordering and storage of drugs and intravenous fluids. Reviewing stock lists, removing obsolete stock, adding new items, increasing stock levels, and re-organising and labelling the cupboards in all areas of the ED was a priority. I also reviewed the stock on the trolley kept in the department for ED staff to give to patients when the pharmacy is closed

(the "TTA trolley") and improved the labelling of some TTA packs. Since increasing the supplies of everyday stock there has been a reduction in the number of more expensive TTA packs being used as an alternative.

Key achievements

I wanted to be able to demonstrate the impact that my role in the ED was making early on, so I decided to look at the department's drug use and expenditure. Expenditure on medicines in the ED is increasing rapidly as the number of attendances increases. I obtained the monthly drug cost statements for the department and corrected any booking out errors. These statements also list the top 10 high cost items for that month. I supply these statements to ED consultants and matrons and put them up in the utility room so staff are more aware of the cost of the medicines they routinely use. I offer cheaper alternatives to matrons and consultants if they are available. For example, I found that we were using branded soluble prednisolone tablets in the department because they did not stock the cheaper alternative. Supplying generic, non-soluble prednisolone tablets and providing the prices for comparison has reduced this extra cost. The drug expenditure statements now show a decrease in spending despite an increase in capacity of the department.

Panel 1: Benefits of a pharmacy technician in the ED

- Fewer calls to the on-call pharmacist regarding out-of-stock items
- Reduced expenditure on FP10 prescriptions
- Reduced monthly drug expenditure
- Fewer missed doses due to drug unavailability
- Less misplacement of patients' own medicines in the department
- Faster processing of ED prescriptions
- Improved communication between the ED and pharmacy

Amanda Buglass is a senior pharmacy technician at the Whittington Hospital, London

Next I reviewed hospital FP10 use in the ED, which was also on the increase, despite having a TTA trolley in the department each evening and at weekends, containing a wide range of packs for use after the pharmacy has closed. Our chief pharmacist supplied me with the financial summaries from the Prescription Pricing Authority and from this I could see that a lot of the prescribing was for non-essential items such as skin creams and nutritional products. After discussing this with ED consultants, it was agreed to reduce the stock of FP10 prescription forms from 10 to five and a record book was supplied, requesting prescribers to record the medicine prescribed and the reason for supplying the FP10 prescription.

I also supplied the ED staff with contact telephone numbers and opening times of our hospital pharmacy and local community pharmacies and the availability and range of TTA packs kept in the ED department. This has worked well and the expenditure on FP10 prescriptions has fallen each month since the introduction of the new procedure.

Another issue I wanted to focus on was the number of stock requests made to the on-call pharmacist from the ED. Some of these calls were urgent requests for the resuscitation room. Reviewing the transaction logs helped me to decide which new stock I needed to supply and which levels needed increasing or updating. Since I started my role there has since been a reduction in the number of calls for stock items (see Panel 2) and there have not been any shortages of these items in the resuscitation room. I have also taken responsibility for supplying ED prescription pads as well as FP10 prescriptions since running out of these was a particular problem.

We have an eight bed Clinical Decision Unit (CDU) in the department and part of my role is to liaise with the nurse in charge to identify patients who are to be discharged or transferred. As an accredited checker I can help speed up this process by dispensing or checking ED prescriptions

Panel 2: Emergency department requests to on-call pharmacist

Year	No. of general queries	No. of stock requests
2001	37	29
2002	34	28
2003	47	29
2004	35	16
2005	33	5*

*These requests were for items already in the department so no action from the pharmacist was required

Panel 3: The emergency department matron's perspective

Erica Dyer, one of the emergency department matrons, comments: "Before Amanda took up this post we were frequently faced with drugs expiring without it being noticed and many drugs being wasted due to incorrect storage. As a direct result of Amanda's influence we have seen a sharp reduction in the overall drugs budget for the department. We now rarely run low on stock drugs and non-stock drugs have become more accessible. Through the re-organisation and audit of the drugs frequently used in the department Amanda has ensured effective stock management and rotation. Amanda has also introduced a scheme where patients arriving in the department have their own medicines stored in easily identifiable bags, labelled with the patients details. This has had a large impact on reducing drug expenditure. The creation of Amanda's post has made it easier to operate effective medicines management."

and counselling patients. I also review drug charts and highlight any errors or discrepancies to the admitting doctor and confirm medicines with the patient's GP. Because we do not have an ED pharmacist, I take these charts to the dispensary where they are screened by the dispensary pharmacist. I can also bleep the admissions unit pharmacist for support.

Another concern was patients' medicines being left behind on discharge or transfer to another ward. Valuable nursing time was often spent looking for these medicines. It was agreed with the matron that all patients' medicines would be placed in green ward transfer bags to be taken to the next ward with the patient. Although I occasionally find that the ward transfer bags are left for me to collect instead of remaining with the patient, the system works well. Before this system was in place, few medicines reached the next ward with the patient.

Emergency planning is another area in which I have a role. The Whittington Hospital put its major incident plan into action in July last year during the explosions in London. Working in the ED meant I was directly involved in providing essential medical supplies. The admissions unit pharmacist and myself will be representing pharmacy in a two-day simulation of a major incident this summer, which will enable us to review and update our major incident plan.

As well as the main areas of the ED, which include the majors area, minors area, a resuscitation room and CDU, we have a walk-in centre, which is due to be expanded in the future. I am taking an active role in the preparation of pharmacy services for this. I help to update patient group directions used by our walk-in centre nurse practitioners and am due to develop additional patient group directions with the nurses.

Much work that I have started in the ED has involved making simple changes such as increasing and updating stock levels and monitoring FP10 use, monthly drug expenditure and emergency drug cupboard requests. I have also set up a pharmacy communication book where ED staff can leave messages and requests for me. My role in ED has been of particular

benefit to our outpatient dispensary as I have been able to help resolve issues with ED prescriptions and prescribers quickly.

I carry a pager and am contacted for queries ranging from requests for stock, TTAs, and patient counselling, to aspects of drug use and availability.

Challenges

Although I enjoy my role in the ED it can at times be daunting working without a pharmacist in a busy and sometimes stressful environment. It was particularly challenging starting work on my own in another department but I enjoy being responsible for my own work and being able to implement and develop my own ideas.

Unfortunately there is no cover for me during my absence, so it is difficult to undertake some of the work I would like to do, such as recording medication histories. However, there are plans to move the admissions unit nearer to the ED which will enable me to work more closely with the admissions unit pharmacist.

The Whittington Hospital will be introducing patients' own drug bags into its ambulances early this year and initiating the emergency medication scheme (the "message in a bottle" scheme). I have been closely involved in both of these projects, which will encourage patients to bring medication and information into hospital with them. I have been liaising with other London hospitals and our local primary care trusts to develop and introduce these schemes to the ED.

Conclusion

Working as a pharmacy technician in the emergency department is a challenging and rewarding role. Since I developed my post the department has seen benefits in terms of reduced drug costs, faster processing of prescriptions and fewer stock problems. The on-call pharmacist now gets paged less often for stock requests and communication has improved between the emergency department and pharmacy department.