The Impact of a Ward-Based Pharmacy Technician Service in an Irish Hospital

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BACKGROUND

- Pharmacy technicians have been employed in hospital settings for many years, but only recently has their role been reviewed for potential expansion. Hospitals across Australia, the UK and many other countries have implemented a ward-based pharmacy technician service (WBPTS),[1,2] but this is yet to become common practice in Ireland.
- The aim of this study was to determine if the expanded role of the ward-based pharmacy technician role could have a positive impact on medicine management systems within the ward of an Irish hospital.

METHODS

- This study was carried out over 8 weeks (Jun - Sept 2018) in an Irish hospital.
- Sixteen wards were studied; four 'intervention wards' which have WBPTS in situ and 12 'control wards' which currently do not.
- The medication management systems were inspected by the research team for the presence of excess non- stock medicines and expired medication. Analysis was performed to ascertain the value of the excess non-stock medicines found on each ward.
- Nurses were observed by the research team to calculate time taken to complete drug rounds.

RESULTS

- Total cost value of the excess non-stock items:
  - **€97.51** on intervention wards (€24.38 per ward) vs
  - **€13,767.76** for control wards (€1,147.31 per ward)

- Examples included:
  - 12 x Caspofungin @ €767
  - 8 x Daptomycin @ €696
  - 4 x Ambisome @ €539
  - 10 x Actilyse Cathflo @ €518

medicines found on all wards

Control	Intervention
	

- Average nursing time in minutes to complete drug rounds was recorded.

Control ward

Intervention ward

- This equates to a reduction of **28%**

CONCLUSIONS

- This study has demonstrated that the expanded role of the ward-based pharmacy technician has had a positive impact in several ways;
  - A reduction in the cost of non-stock items present on the ward along with a reduction in expired stock present.
  - Time taken to complete drug rounds was less on the intervention wards compared to control wards, thus freeing up time for nurses to engage in other patient activities.
- Further studies should consider the full economic costing of the ward-based pharmacy technician service.

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REFERENCES: Available upon request