



Successful Integration of Pharmacy Technicians

**Welcome
We will begin shortly.**

Please ensure your computer speakers are turned on.

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Before we begin...

- **Welcome!**
- **Housekeeping Notes**
- **Polls**
- **Speaker Introductions**



Registered Pharmacy Technicians
Unlocking the Value
Classic Care Pharmacy
January 2014

 **Centric Health**

Your Care. Our Focus.

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Evolution of Pharmacy

- Integrating and maximizing the RPhT's scope is crucial for pharmacy in 2014 and beyond.
- We can no longer continue to do things the way we did 5 years ago, and expect to be both profitable and sustainable.
- The key is examining your business to look for opportunities in your workflow.

Evolution of Pharmacy:

Introduction of Registered Pharmacy Technicians (RPhT) in Ontario

- Pharmacists are time challenged for many reasons including but not limited to:
 - Drug reform-multi-faceted effects.
 - An expanded role in clinical services.
 - Patients are more knowledgeable and have a greater appetite to be involved in their care plans
- **The Regulation of Pharmacy Technicians** allows for support of pharmacists in the provision of more comprehensive patient care services and promotion of optimal pharmacy services for the public. (OCP)
- Of paramount importance is understanding and defining the role and responsibilities of each professional.

Evolution of Pharmacy:

Defining Registered Technician Accountability and Responsibility (OCP)

- In general terms the division of responsibilities can be defined as:
- **TECHNICIANS** are accountable and responsible for the technical aspects of both new and refill prescriptions, (i.e. the correct patient, drug dosage form/route, dose, doctor) and;
- **PHARMACISTS** remain accountable and responsible for the therapeutic/clinical appropriateness of all new and refill prescriptions and all therapeutic consultation.

The Classic Care Story:

Defining the Registered Technician Role in Long Term Care

- A natural fit- we send short days' supply; resulting in a high refill to new Rx ratio.
- Multi-Dose Strip checking - an obvious task easily transferred from PhC to RPhTs.
- RPhTs eventually took over all weekly strip checking.
- LTC Pharmacy under pressure to implement eMAR.

Strip Checking in the "Old Days"

Doc. John
 112 Newbold Ct, London ON N6E 1Z7
 Give on: 01/26/12 Thu at: 08:00
 #Acetaminophen (GS) 325mg
 #Tylenol/Asacol Qty: 2
 #Calcium Carbonate 1250mg
 #Calcium 500mg/Elen Qty: 1
 #MetFORMIN Hcl 500mg Qty: 1x1/2
 #Glucophage 1/2 Tab # 250mg
 Rx: 534448 PMS Cntr.

A7P3 PackOn: 01/19/12: 48 PH Bag#7

Doc. John
 112 Newbold Ct, London ON N6E 1Z7
 Give on: 01/26/12 Thu at: 12:00
 #Acetaminophen (GS) 325mg
 #Tylenol/Asacol Qty: 2
 #Calcium Carbonate 1250mg
 #Calcium 500mg/Elen Qty: 1
 #MetFORMIN Hcl 500mg Qty: 1x1/2
 #Glucophage 1/2 Tab # 250mg
 Rx: 534448 PMS Cntr.

A7P3 PackOn: 01/19/12: 48 PH Bag#8

Doc. John
 112 Newbold Ct, London ON N6E 1Z7
 Give on: 01/26/12 Thu at: 17:00
 #Docosate Sodium (GS) 100mg
 #Soflor (GS) Qty: 1
 #Calcium Carbonate 1250mg
 #Calcium 500mg/Elen Qty: 1
 #MetFORMIN Hcl 500mg Qty: 1x1/2
 #Glucophage 1/2 Tab # 250mg
 Rx: 534448 PMS Cntr.

A7P3 PackOn: 01/19/12: 48 PH Bag#9

Doc. John
 112 Newbold Ct, London ON N6E 1Z7
 Give on: 01/26/12 Thu at: 21:00
 #Acetaminophen (GS) 325mg
 #Tylenol/Asacol Qty: 1
 #Quetiapine 25mg Qty: 1
 #Seroquel 1/2 Tab # 25
 Rx: 534448 PMS Cntr: 027

AutoMed Report
 Classic Care Pharmacy, 112 Newbold Court, London ON N6E 1Z7
 Phone: (866) 773-1354 Fax: (866) 773-1355

Report Parameters
 Patients: Doe, John
 Effective Date: 27/07/2012 to 02/08/2012
 Position: App - 0000-2319
 Showing only Rx with batch flag on in a Batch.

Printed on: 23/07/2012 14:46:43

AutoMed Report

Name	Address	Ward	Doctor	PT2	PT3	PT4	PT5	PT6
Doe, John	112 Newbold Ct, London ON	Staff	Dr. Dg	0800	1200	2100		

Generic Name	Qty	Form	Unit	Batch
*Acetaminophen (GS) Tablet 325mg	35	2 TABLETS (GS)TAB BY MOUTH TWICE		
*Tylenol/Asacol (GS)	N/A	A DAY AT 08:00 AND 12:00 AND 1 TAB		
*Docosate Sodium (GS) 100mg	7	1 CAPSULE BY MOUTH EACH EVENING		
*Calcium Carbonate 1250mg	1	1 CAPSULE BY MOUTH TWICE		
*Calcium 500mg/Elen	1	1 TABLET WEEKLY ON WEDNESDAYS WITH WATER, DO NOT CRUSH.		
*MetFORMIN Hcl 500mg	21	1 TABLET BY MOUTH 3 TIMES A DAY		
*Glucophage	3	1 CAPSULE BY MOUTH ONCE DAILY ON MONDAY WEDNESDAY AND FRIDAY		
*Seroquel	7	1/2 TABLET (25MG) BY MOUTH TWICE		
*Quetiapine 25mg	7	1 TABLET BY MOUTH AT BEDTIME		

Total Patient Count: 1
 Total Rx Count: 7
 Total Line Count: 7

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eMAR Implementation and Workflow Assessment

- eMAR challenges magnified by a non-integrated model
 - Required double entry of each Rx.
- We critically evaluated and reworked our workflow.
 - Underpinning our thought process was the following notion: Pharmacists needed more time to thoroughly check new Rxs in both Rx and eMAR softwares

How we tackled implementation...

- Transferred experience concept to LTC
- Pharmacist then signs off the Rx - includes but is not limited to:
 - The 8 rights (✓ Right client ✓ Right reason ✓ Right frequency ✓ Right site ✓ Right medication ✓ Right dose ✓ Right route ✓ Right time)
- Once all issues resolved, PhC gives paperwork back to the Assistants for Rx assembly.

RPhTs in Action



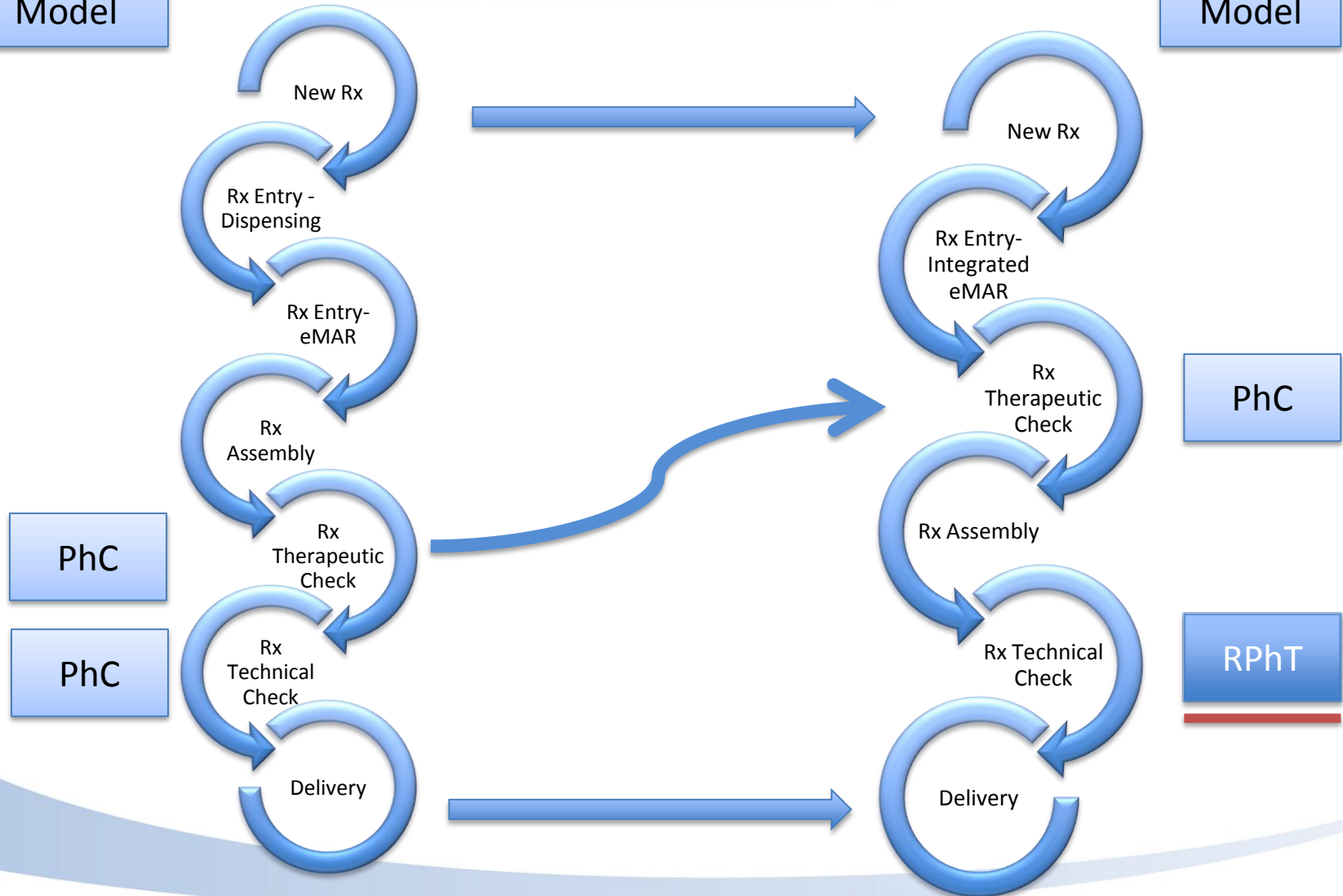
What we leveraged...

- Past Retail Experience – Handling a late night ER Discharge script with skeleton staff at a 24 hour store overnight shift!
 - Almost every patient was “new” requiring all demographic information to be entered as well as the Rx.
- We recognized that our process needed to separate the therapeutics and the assembly.
- A therapeutically checked prescription can then flow through the process within the scope of the RPhT

Our Strategy for Change

Traditional Model

New Model



The Batching Station



What we leveraged...

- **MedsCheck for Long-Term Care Home residents**
- Our clinical pharmacists objectives include:
 - Promoting healthier patient outcomes and better resident-focused care through interdisciplinary collaboration.
- To enhance the efficiencies, the technical process was further improved with technology.
- Improved the productivity of RPhTs immensely by freeing up RPhTs from manually checking strips.

Automated Medication Pouch Inspection Device

 **InspectTM_{Rx}**
& Collation Unit



- InspectRxTM is an innovative system of imaging and medication pouch verification for use with TCGRx ATP Automated Tablet Pouch Packaging machine.
- Manual checking of pouches is greatly reduced through electronic sorting and verification to ensure that the right pill is in the right pouch for the right patient.



The InspectRx will:

Increases

- Customer retention by ensuring pouch accuracy
- Peace of mind for pharmacy staff and facility
- Ability to bill for “missing meds”
- Tracking of erroneous pouches

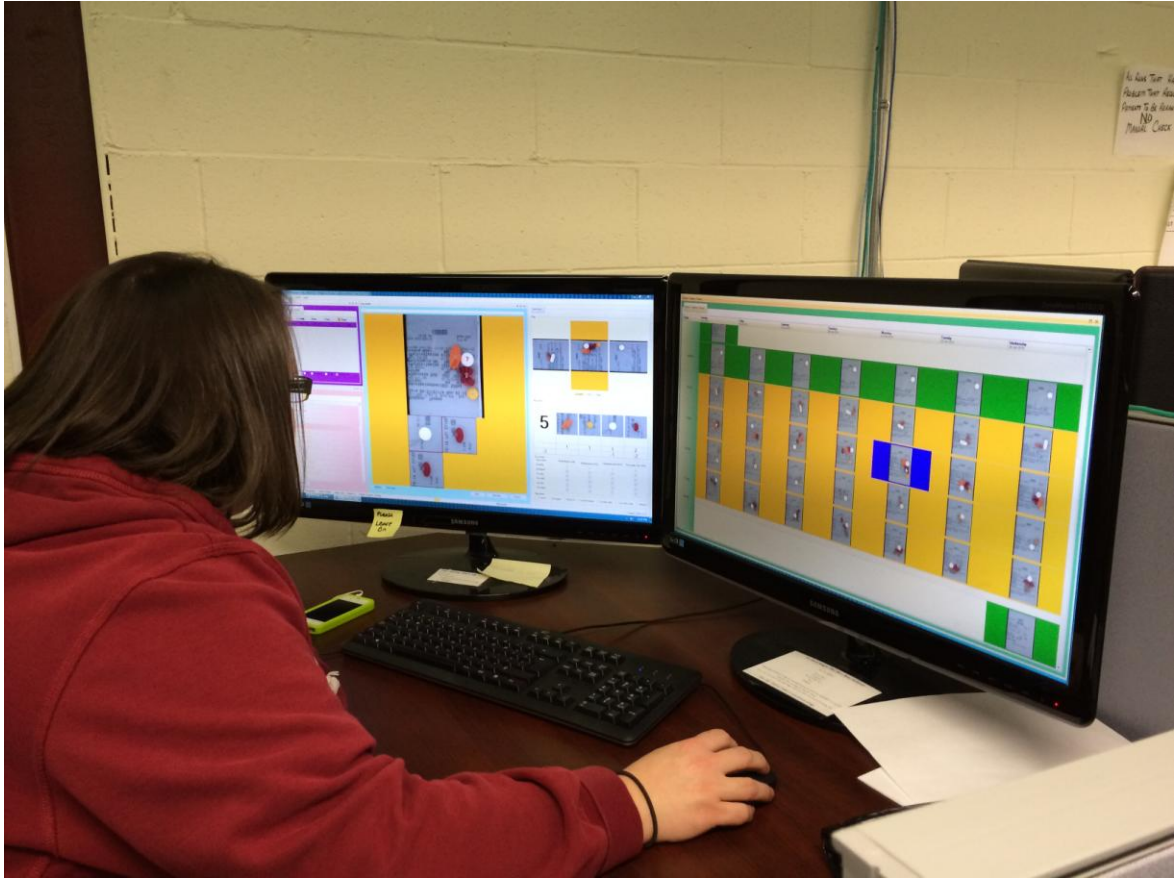
Decreases

- STAT deliveries
- Medication errors
- Missing medication requests from the facility

InspectRxPro-The Technology

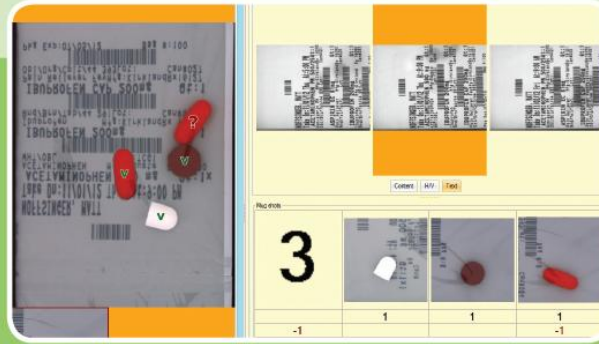


RPhT- The Inspection



ELECTRONIC INSPECTION

The InspectRx technology photographs the front and back of each pouch. The images are analyzed using a self-maintained database to distinguish the physical characteristics of medications using 12 different parameters, including:



- Surface 
- Distance to Center 
- Length 
- Width 
- Contour 
- Roundness 
- Color (R,G, B) 
- Color: Standard Deviation (R, G, B) 

Visual inspection documents medications in each pouch:

- How many
- What color
- What shape
- In which pouch

VISUAL CONFIRMATION

SORTS BY DAY



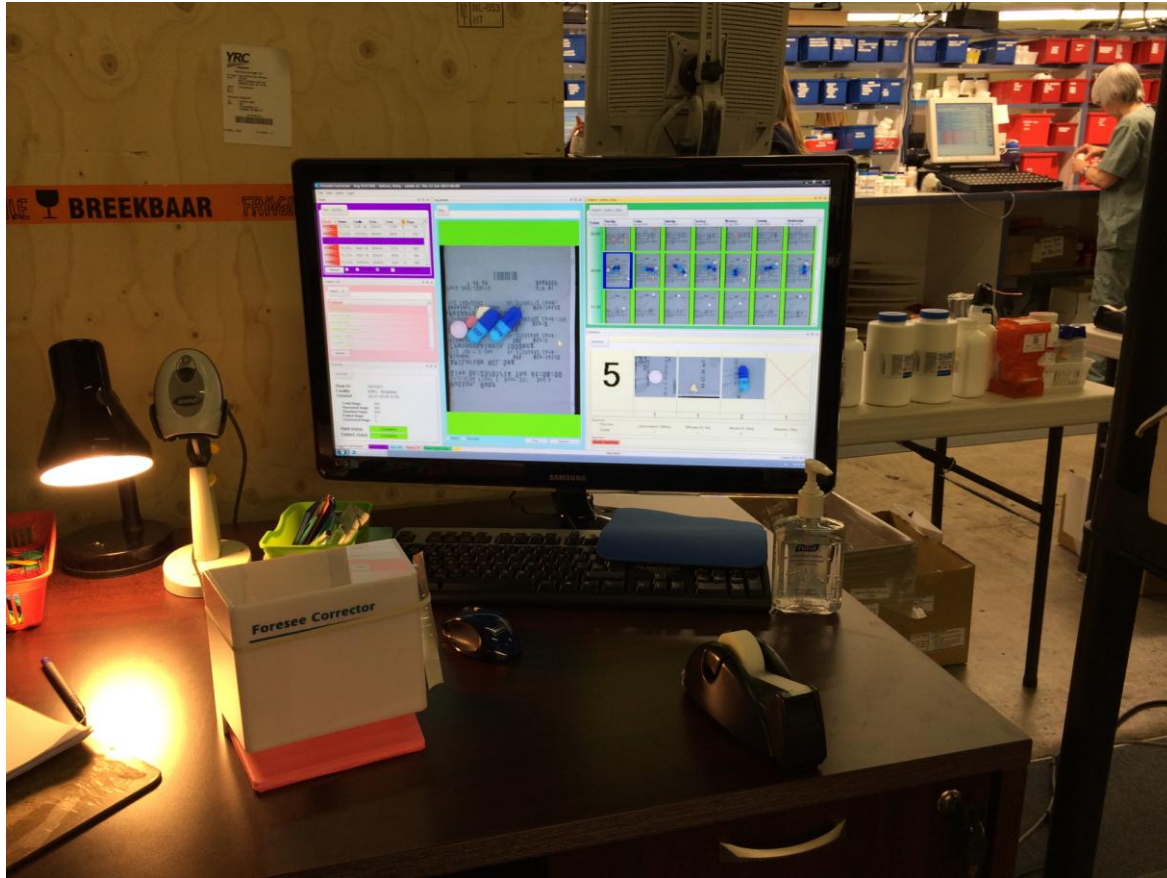
Visual sorting enhances workflow by:

- Easily identifying patterns
- Flagging suspect pouches with color indicators
- Providing a fast electronic view of each pouch

Colors Indicators:

- Dark Green = Correct
- Light Green = Checked, Correct
- Yellow = Suspect
- Red = Checked, Incorrect
- Blue = Pouch Selected for Inspection

RPhTs in Action- “Corrections”



RPhTs in Action- “Pull and Rerun”



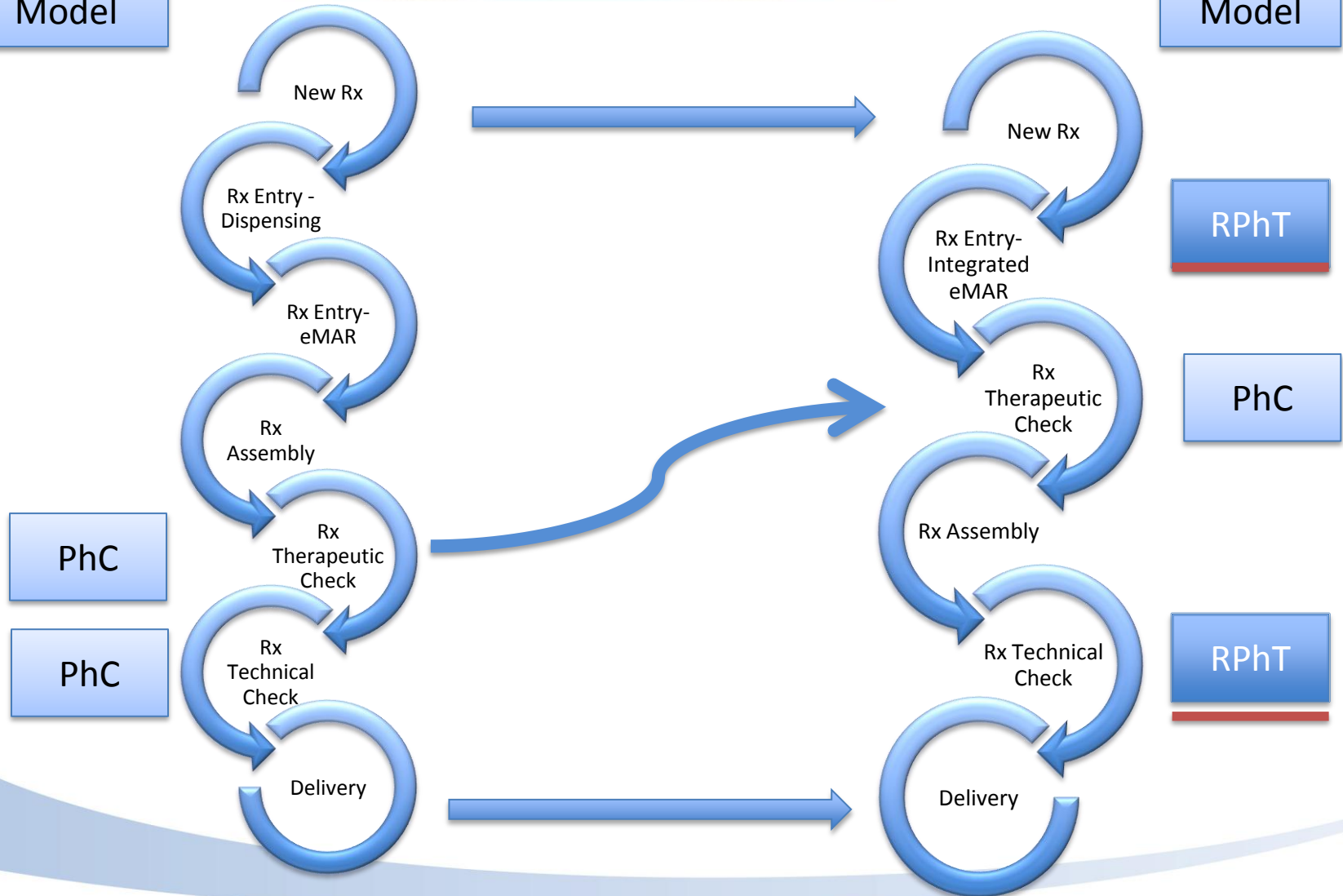
Next Steps...

- We are shifting our staffing complement-initially we had 1 RPhT shared between two pharmacists
- As our experience with non-integrated eMAR improved, we started to gain some efficiencies.
- In December, we piloted 1 pharmacist shared between two RPhTs.
- The integration of the InspectRx technology makes the RPhTs effective “troubleshooters” and not just “strip checkers”
- We are seeing very positive and encouraging results thus far.
- We are eager for an integrated eMAR to see what is possible.

Our Strategy for Change

Traditional Model

New Model



The “Motley Crew”



Questions?





Questions

- Please type your questions into the Q&A pod on the right-side of your screen.
- Further questions may be sent to:
Kristina Allsopp at
cpd@pharmacists.ca





Upcoming Webinars

- **Minor Ailments**

Presented by: TBA

Date: TBA

Time: 11am and 7pm ET



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