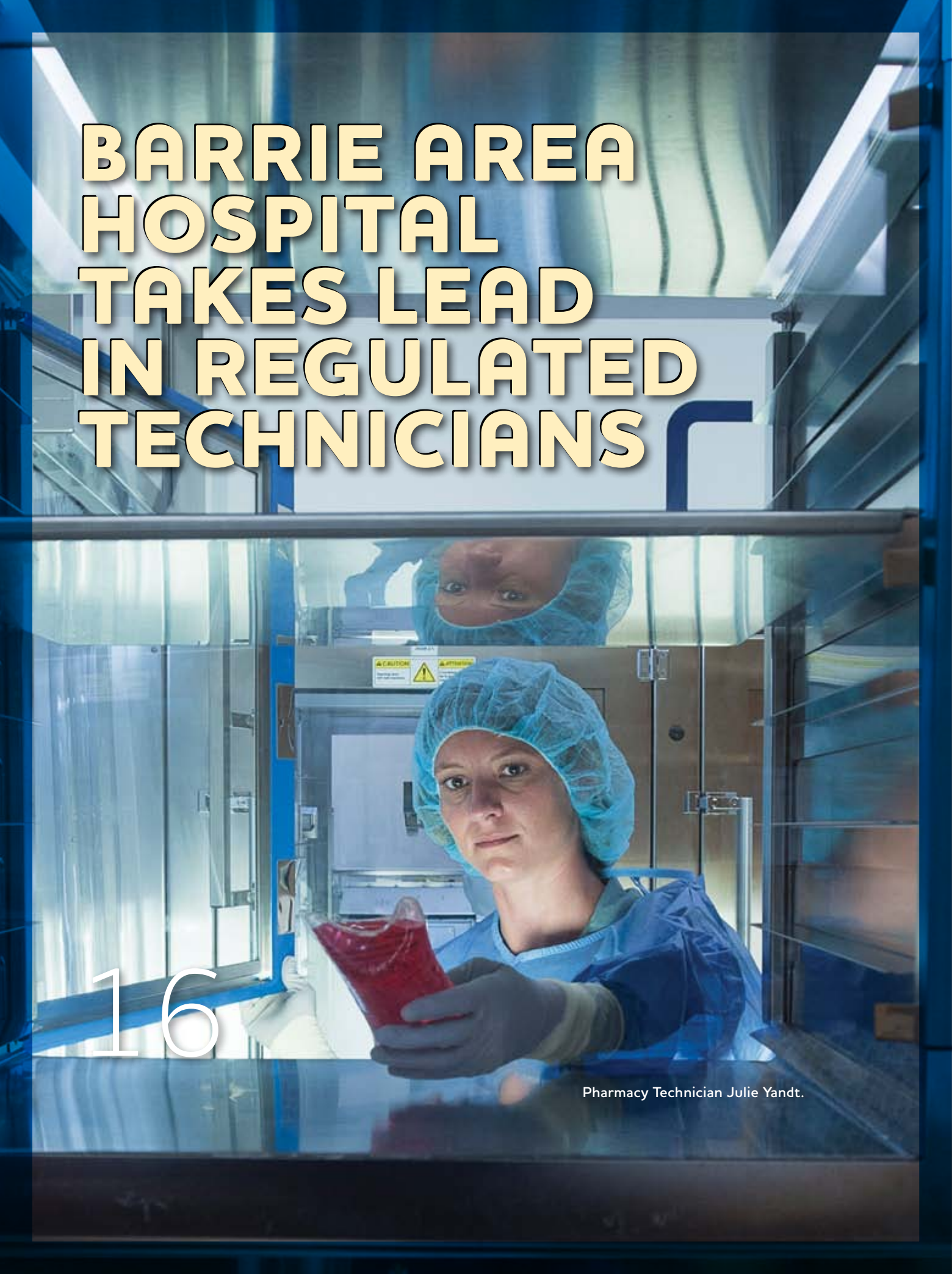


BARRIE AREA HOSPITAL TAKES LEAD IN REGULATED TECHNICIANS

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Pharmacy Technician Julie Yandt.



The previous two issues of Pharmacy Connection have showcased how a community pharmacy practice (Winter 2012) and pharmacies that cater to long-term care centres (Spring 2012) have successfully integrated registered pharmacy technicians. Now we offer an example of how a hospital pharmacy operation is doing the same.

AS TECHNICIANS BROADEN SCOPE, PHARMACISTS AT ROYAL VICTORIA REGIONAL HEALTH CENTRE GAIN MORE TIME FOR CLINICAL ROLES

By Stuart Foxman

When Elizabeth Boyce, RPhT, deals with the nurses at the Royal Victoria Regional Health Centre (RVH) in Barrie, they sometimes ask her if she's a pharmacist.

"I say, just a tech. They say, no, you're not just a tech. They look at me more as a fellow professional. I'm getting more appreciation and recognition," says Boyce.

Becoming a regulated pharmacy technician is voluntary, but in a health centre environment that process typically is being mandated, towards a deadline of 2015. RVH has been even more progressive, moving that date to the end of 2012.

Technicians like Boyce, as well as the health centre's pharmacists, say that this transition is providing major opportunities to expand scopes of practice and ultimately to influence patient care.

Many hospitals have been providing pharmacy assistants with greater responsibility through delegation protocols¹. Delegating authority to pharmacy assistants is easy enough to do, but the accountability still rests with the pharmacists who are doing the delegation, notes Judy Chong, RPh, RVH's Director of Pharmaceutical Services.

"When you go through that, you have someone telling you what to do. We wanted people to take ownership. Everyone should be accountable."

¹. Under the Regulated Health Professions Act, controlled acts ("selling, dispensing and compounding a drug") are only to be performed by professionals with the legislated authority to do so. When delegation is used, the professional who transfers the authority to perform the act remains accountable for the performance of the person to whom they have delegated. It is reasonable to expect that as more pharmacy assistants become regulated employers will restrict performance of these controlled acts to regulated professionals.

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Pharmacist Paula Bouchard-Howe



Left to right: Paula Bouchard-Howe, Diana Hayzer, Judy Chong (front), Shelley Murphy, Julie Yandt, Alena Saunders and Elizabeth Boyce.



Chong acknowledges that the delegation process can be labour intensive and difficult to manage. Based on RVH's resources, it would be hard to always staff the pharmacy department with the levels of technical support needed. As well, she says that for a health care setting the current group of pharmacy assistants had been underutilized. When the College decided to move to regulation for technicians, Chong made a presentation to the health centre's senior leadership team.

"We talked about the scope of practice, what regulated technicians could do, and what it can look like in our organization. We have the chance to have a lot of extended roles for the technicians."

The decision to move aggressively on the regulated technician front also fit with the health centre's implementation of a new medication management system.

"We thought it would go hand in hand with the changes, and give us the ability to use technicians to their fullest scope," says Shelley Murphy, RPhT, Senior Pharmacy Technician.

PHARMACISTS ADD HOURS A WEEK ON FLOORS

Currently at RVH, a pharmacist screens all of the orders written by the health centre's physicians. A technician then enters the orders on the computer and fills them. The pharmacist does a final check before the order goes to the floor.

"When we use regulated technicians to their full capability, they will be able to do the final checks," says Paula Bouchard-Howe, RPh.

What will that mean to the pharmacists?

Bouchard-Howe explains: "It will free up the pharmacists to do more clinical work on the floor instead of being in the dispensary. We'll have more time to counsel patients."

Just being more visible on the units will be beneficial, to assist doctors and nurses with prescribing, says Bouchard-Howe. She estimates that the pharmacists now each work about 10-12 hours a week in the dispensary. When the technicians do the final checks, maybe half that time can be spent instead on the floor. Those additional five to six hours per pharmacist, Bouchard-Howe says, "will make a significant impact on patient care."

Colleague Alena Saunders, RPh, agrees that all of the pharmacists would prefer to devote more time to clinical tasks. She says that discharge management, for instance, is a huge issue. Saunders suggests that pharmacists are among the best positioned health care professionals to ensure a smooth and safe transition for patients back into the community. Now they'll be able to devote more attention to that.

The technicians look forward equally to being used in different ways. One possible role is gathering lab data to help pharmacists make clinical decisions. Boyce talks about how she has been doing best possible medication histories, and enjoying more interactions with patients. "I'm really excited to learn and experience new things," she says, "and work to my fullest potential."

For her part, Murphy is working with Saunders and another regulated technician, Diana Hayzer, RPhT, on a medication management initiative to improve safety in the system. The project involves a switch from a traditional ward stock system to a 24-hour

patient specific unit dose system, and implementation of automatic dispensing cabinets (ADUs).

Bouchard-Howe loves to see that sort of involvement. "It's good to have the perspective of the technicians also, instead of just the pharmacists."

"With the proper training and policies and procedures in place," adds Murphy, "I am game to move forward."

GO AT YOUR PACE AND FIND REWARDS

What do RVH's technicians think about the process of becoming regulated?

The hardest part was finding the time, says Hayzer, but she appreciated the earlier 2012 deadline. "Having that timeframe," she says, "made me get it done."

Murphy admits that she also found the work-education-life

balance tough. Still, the 20-year RVH veteran was one of the first assistants at the hospital to get regulated. "I took two of the courses before we even got the notice that it would be mandatory. I took it on as a challenge."

Her advice to others who are considering going through the process – "It's a lot of work, but take it at the pace you can handle and just keep trudging forward," Murphy says. "The rewards will be there in the end."

What helped greatly, says Murphy, was having some of RVH's pharmacists teaching the courses, and also having several colleagues taking the courses at the same time. That support was important, she says. "We had study groups together, and could bounce questions off each other."

For pharmacists like Bouchard-Howe, the process was a commitment too. "It took me away from clinical time to do structured practical evaluation and practical

“...you’re not just a tech. They look at me more as a fellow professional. I’m getting more appreciation and recognition.”

Pharmacy Technician Elizabeth Boyce





training for assistants, but I always kept in the back of my mind that it was a worthy cause, good for the health centre. You have to look at the big picture.”

Are there obstacles to becoming regulated?

Murphy says that some people could be intimidated or worried about taking a bridging program. Others could have financial barriers. “Organizations can put some money aside to support us,” she says.

Still others might feel that it’s not worth the effort because they are close to retirement (that happened in a few cases at RVH), or because they feel that they’ll be taking on added responsibility without added pay.

But the benefits – new scope for regulated technicians, more time for pharmacists to pursue vital roles – are worth it, say RVH’s pharmacy personnel.

Do hospitals and or health centre’s perceive the benefits of regulated technicians differently than retail pharmacies?

Certainly, in hospitals and or health centres the pharmacist has a particular clinical role, and a need to be on the floors where orders are written. The presence of regulated technicians, in the right numbers, supports that goal.

In community pharmacy settings, Bouchard-Howe suspects that the idea of regulated technicians still hasn’t been fully embraced, even though “most retail pharmacists would enjoy the opportunity to spend more time with their customers and patients instead of on dispensing duties.”

Regulated technicians, too, note the opportunities for them in a hospital or health centre.

“I used to work in a retail pharmacy,” says Boyce, “and I’ve done so much more in a health centre setting, and learned so much more about patients, drugs, teamwork and other professionals.”

While hospitals and health centres tend to be comfortable with the move to regulated technicians, Chong says that for the best outcomes it’s essential to have a vision of how the technician and pharmacist roles will work together.

“By the end of year when we have everyone regulated, we hope to push the envelope in what the full scope of practice can be,” says Chong, “like divesting the pharmacists of the day-to-day technical activities of medication management.”



Photos by DW Dorfen

When the College decided to move to regulation (Pharmaceutical Services) made a presentation to

“We talked about the scope of practice, what it can look like in our organization, roles for the technicians.”

Pharmacist Judy Chong

"The technicians that we have are all very capable of taking on that role," she continues. "We already have some of our technicians involved in taking the best possible medication histories, so they'll have more direct patient contact and interactions with other health care professionals. It's really about how we can do the work more efficiently."

With regulation, says Bouchard-Howe, "I feel that the technicians are much more confident, and feel more part of the team and more professional. They showed that when going through their evaluations."

Murphy agrees that regulation has brought on a different attitude. "I like the idea of being a regulated professional when we are surrounded by them all day. It makes me feel better about what I do."

Regulation makes a contribution not only to professional roles, but ultimately to the optimal functioning of the organization.

"If as a team we can ensure that we use our resources properly, everyone working to the right scope," says Chong, "that increases the safety of the system." ■

ROYAL VICTORIA REGIONAL HEALTH CENTRE - PROFILE

Royal Victoria Regional Health Centre (RVH) is the only health centre in Barrie, a fast-growing city of over 125,000 residents, an hour north of Toronto. The health centre is part of the North Simcoe Muskoka Local Health Integration Network, which has a population of approximately 454,000 and encompasses the District of Muskoka (most of the County of Simcoe and a portion of Grey County). Recently, RVH marked one of the largest single hospital expansions in



Ontario. The \$450 million project doubles the size of the health centre, and features capacity for 165 additional inpatient beds, triples the size of the Emergency Department, and significantly expands the Imaging Department and Laboratory. The redevelopment also includes two new operating suites, as well as the Simcoe Muskoka Regional Cancer Centre.

RVH currently is a 319-bed acute care bed facility and logs more than 340,000 patient visits a year. RVH has a team of over 1,000 dedicated volunteers, 330 skilled physicians, 2,500 caring staff members, which includes 22 pharmacists, and 30 pharmacy technicians.

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