

# PARTNERS IN CARE

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From left to right: Renee Hayden, RPhT, Operations Manager  
Heather Monteith, RPhT, Pharmacy Liaison  
Rudy Liem, Pharmacist, Pharmacy Services Manager  
Lynne Hanlon, RPhT, Karen Skubnik, RPhT  
Peter Adams, Pharmacist, Pharmacy Manager  
Rachel McCallum, RPhT, Delia Littlejohn, RPhT

## **FOR PHARMACISTS WORKING WITH LTC AND RETIREMENT RESIDENCES, INTEGRATION OF PHARMACY TECHNICIANS ALLOWS FOR GREATER CLINICAL FOCUS**

By Stuart Foxman

*Preamble: The previous issue of Pharmacy Connection (Winter 2012), showcased an [example of a community pharmacy practice that has successfully integrated registered pharmacy technicians](#). To follow up, the College recently visited two pharmacies that focus on long-term care delivery: Classic Care in London and Rexall in Sudbury.*

*Both pharmacies have been using registered technicians for sometime and are experiencing tangible benefits. The Classic Care Pharmacy in London (pictured on opposite page) includes a team of six registered technicians (three of whom were interviewed) working in collaboration with a pharmacy manager and pharmacy services manager. The team at the Rexall Pharmacy in Sudbury (pictured on the following page) includes a pharmacist and three registered technicians. Their stories are recounted here.*

*Should you have an example of integrating registered technicians into practice we're interested in hearing from you. Please contact the College at [pharmacyconnection@ocpinfo.com](mailto:pharmacyconnection@ocpinfo.com).*



For Jason Chenard, RPh, the past year has seen a dramatic transformation in his Sudbury pharmacy. Chenard, the pharmacy manager, serves seven long-term care, nursing/assisted living and retirement facilities in and around Sudbury. During the past year his Rexall location has delivered the highest volume of patient-focused services, which includes MedsChecks and pharmaceutical opinions, for the chain in the country.

What accounts for the increased

numbers? Having three registered pharmacy technicians on his team has changed the nature of the workflow, freed valuable time, and enabled the pharmacists to better utilize their capabilities.

Chenard's message to his fellow pharmacists: "We are in a process of change, and have to break old habits. We need to share the workload, and work more clinically for the betterment of the patient. We can't do it all – trust the technicians."

Peter Adams, RPh, shares that sentiment. Like Chenard, he works with long-term care and retirement homes, about 40 in southwestern Ontario as the pharmacy manager at London Classic Care Pharmacy, a division of Centric Health. With his technicians assuming many of his former responsibilities, his focus has fundamentally changed. "I can do more follow-ups, concentrate on the finer points, and institute continuous quality improvements," says Adams.

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Pharmacy Manager and Pharmacist: Jason Chenard  
Registered Pharmacy Technicians: Miranda Foster, Michelle Gagne and Lisa Daub

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Since the start of 2011, the College has registered over 650 pharmacy technicians, and several thousand others are on the road to regulation.

Across Ontario, many pharmacies have already integrated these technicians to great effect, bringing a range of benefits – among them, pharmacies like the Sudbury Rexall and Classic Care London, which serve a variety of long-term care facilities. What rewards have those types of practices reaped, and how have the roles changed within the pharmacy?

While the integration of pharmacy technicians is still at a relatively early stage, many positive impacts have quickly become apparent. “Before I was very reactive, now I’m more proactive,” says Adams.

In both pharmacies, the technicians note a strong sense of partnership with their pharmacists. Karen Skubnik, RPhT, who works at Classic Care, talks about a “cohesive team”, and how technicians like her can “lessen the technical load”.

At the Sudbury Rexall, Miranda Foster, RPhT, mentions how she gained a clearer picture of her responsibilities after becoming regulated, and points to her rapport with the pharmacists: “We collaborate,” she says simply.

How does that collaboration work? In Sudbury, one stream of work involves the refill of weekly strips, where technicians do the sign-off. Lisa Daub, RPhT, says that the task involves reviewing the technical details of weekly strip packaging – correct patient, correct drug and correct Hours of Administration (HOA). “We make sure everything is accurate,” she says.

Technicians are aware of a residence’s policy regarding medication



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(e.g. HOA). “We’re the eyes to make sure it’s compliant, and if not we’ll flag it,” says Foster. Using their professional judgment, technicians can raise possible issues with the pharmacist, says Chenard and together they’ll discuss the situation and make a decision. One example: a patient who has been prescribed a new antibiotic, which should be given outside of the HOA of

currently scheduled medications to avoid interactions. The technician would know to flag this to the pharmacist.

Regulation has allowed for the technicians to take on this role. Before that, Chenard says that checking the weekly strip packaging would often take more than one pharmacist, a day or more.

Now, assuming there are no changes to the order, pharmacists only need to be involved in checking the clinical aspect of these prescriptions as part of their regular three-month review.

Typically this is also the time that a pharmacist conducts a MedsCheck, to review each patient’s regimen and ensure that every drug on the



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Pharmacist Jason Chenard

## How will you use your extra time?

When the resident of a Sudbury area nursing home was feeling fatigued, he received a timely visit from a local doctor and pharmacist. “We ran blood work, and his sugars were in the 30s,” says Jason Chenard, RPh. “So we started him on insulin, and over about three visits his lab results had normalized. He’s now on 60 units of insulin in the evenings and is feeling much better.”

The resident is one of about 50 that Chenard and the doctor see every six weeks or so, when they spend a day at two local assisted living homes. Chenard calls them courtesy visits. While his Rexall pharmacy supplies the homes, no one asked him to arrange these appointments. “For me, it’s just part of our service,” he says. “It fills a gap.” He finds it easier to offer that service with three





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registered pharmacy technicians on staff, freeing up time. Chenard knows that the long-term care residences that he serves have their own in-house physicians. And in the retirement residences that he also works with, residents tend to be more independent. But residents in the assisted living homes – often because of mobility or cognitive issues, or the weather during long winters – can find it tougher to get into the community to access health care services.

“There’s a definite barrier for them getting in touch with a physician or pharmacist, or getting to a walk-in clinic, so we come to them,” says Chenard.

The residents are encouraged to keep their family

physician, if they have one. But on the regular visits, the doctor who works collaboratively with Chenard will order labs and x-rays and prescribe medication as needed, while Chenard will select the drug and dose and counsel the patient.

As registered technicians assume a greater role in the dispensary, Chenard says that pharmacists will increasingly have to ask themselves this question: “With the time, what do you want to do with your expanded scope?” For him, the answer was clear – spend more time at the bedside doing counseling and education. “It’s just part of being a pharmacist,” says Chenard, “it’s what we do.” 

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patient's profile is most appropriate, therapeutically.

A second stream in the workflow within the Sudbury operation is required whenever there's a new prescription or change to an existing patient's drug or dosage. Here, the greatest efficiency has come from placing the pharmacist at the beginning of the process. The pharmacist reviews and signs off on the clinical appropriateness of the prescription first, and once complete hands it over to an assistant to prepare, and to a technician to do the final technical check.

## EVERYONE'S JOBS HAVE EVOLVED

Foster says that her job has changed completely since she

became regulated, with her professional accountability allowing for more responsibility. Yet in many ways the pharmacist's role has evolved too.

"I've gladly deferred technical tasks to our registered technicians so I can focus more clinically," says Chenard.

Since adding the technicians, he has doubled the time he spends with patients and the health care team in the residences. Before, he may have identified approximately 20 more critical pharmaceutical opinions a month. Now, with increased time spent evaluating the appropriateness of patients' therapies, he makes recommendations at the rate of closer to 100 a month.

In London, Classic Care has seen similar outcomes. With the technicians picking up on weekly strip packaging checks, the pharmacy is focused on hiring more clinically-focused instead of operationally-focused pharmacists. In fact, one operational pharmacist just switched to a clinical role, and now she spends all of her time doing MedsChecks and patient education.

"We've been able to reach 100% of MedsChecks in long-term care homes quarterly, and the depth and quality of the MedsChecks has increased significantly," says Classic Care pharmacist Rudy Liem, RPh, the pharmacy services manager. "We weren't able to do that before, and couldn't without the registered technicians."

Not only have the technicians reduced the need for operationally-focused pharmacists, but Liem acknowledges a difference in how they handle their function. "I find that the registered technicians that I work with are more engaged in the technical process and perform it with more dedication," he says.

## LEARNING TO EMBRACE THE ROLE

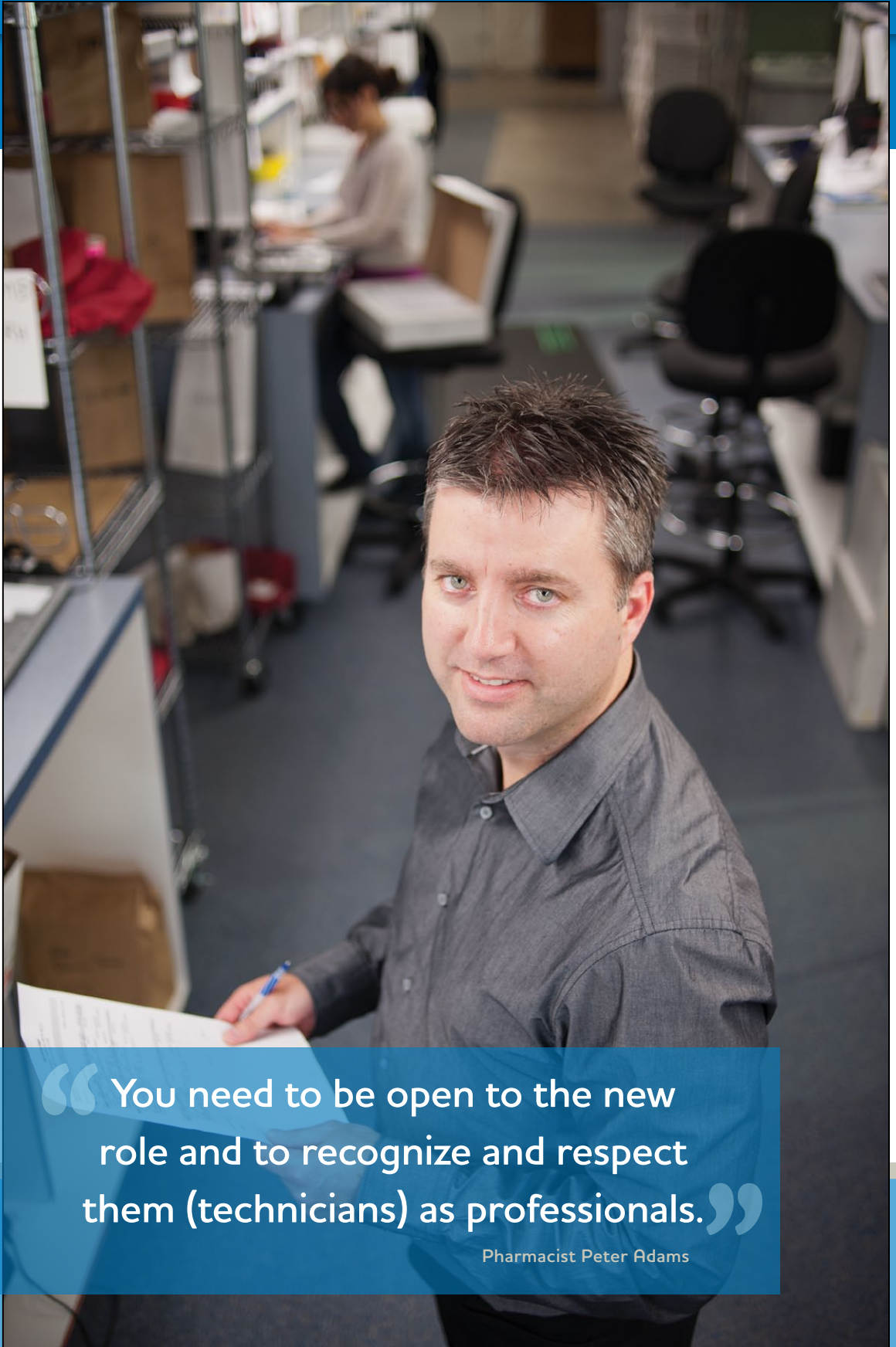
Liem has an admission. When he first heard about the registered pharmacy technician role several



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Pharmacy Technician Karen Skubnik





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Pharmacy Technician Rachel McCallum



Photos by DW Dorken and Time Window Photography

years back, “I felt very apprehensive because I didn’t understand the role.”

Liem faced his trepidation by getting involved and ended up being one of the first instructors at London’s Fanshawe College teaching the Professional Practice component of the pharmacy technician bridging course. Liem says it’s vital for pharmacists to learn what the technicians can and can’t do: “Once you know, you have to embrace the role.”

His pharmacist colleagues agree. “You need to be open to the new role and to recognize and respect them [technicians] as professionals”, Adams explains. Chenard adds, “Trust them, they are more capable and competent than you think”.

That process isn’t always easy. In a previous job, Skubnik suspected that the full benefits of the RPhT role had not been fully considered. She believes that that was partly related to an understandable discomfort with integrating former pharmacy assistants into this new role with a new and

unfamiliar scope of practice.

Foster too, at a past job, felt that her pharmacist was not always comfortable with the technician’s new role, and just “couldn’t let go,” she says. Now Foster, who feels validated through the regulation process and takes great pride in her work enjoys a respectful rapport with the pharmacist.


With the contingent of registered technicians only growing, “you need to see how to fit that role into your practice,” says Liem. “They’re invaluable.”

While advising pharmacists to have faith in their abilities, registered technicians are also urging their own counterparts to get on the road to regulation.

Michelle Gagne, RPhT from Sudbury believes that one of the challenges continues to be a lack of understanding amongst assistants of the process and benefits of regulation, stating simply, “they still don’t know what to do”. Her advice: “go for it”.

“Being part of a regulated profession is a wonderful accomplishment with great opportunities,” says Rachel McCallum, RPhT, of the London Classic Care. “I knew I’d be assuming more responsibility and expanding my skills and expertise. Checking weekly strip packaging is a great starting point, and I can’t wait to see what else regulation has in store.”

Skubnik describes becoming registered as “the difference between having a job and a career – there’s much potential growth for the profession.”

To Chenard, it’s important for pharmacists to remember that registered technicians are professionals too, accountable within their scope of practice. “Every one I’ve worked with has demonstrated their capabilities quickly,” he says. “They are very efficient and safe. It was evident early on that I could trust them, and that allowed me to be at ease.” 

# Understanding Each Others' Roles and Responsibilities – Key to Technician Integration

As we continue to examine pharmacy practices that have successfully integrated registered technicians into their workflow some common themes are emerging. One of these is the need for pharmacists, designated pharmacy managers and pharmacy owners to have a clear understanding of the role and responsibilities of registered technicians.

Although there are many tasks that a registered technician is authorized to perform perhaps the most significant, with respect to how it could potentially impact the workflow within a pharmacy, is a technicians' ability to independently perform the 'final technical check' of any new or refill prescription.

A simple way of illustrating this point is to consider a prescription for 100 tablets of Drug 'X' for Mrs. Smith. A registered technician can, independent of a pharmacist, authorize that, as per the original prescription, the bottle contains 100 tablets of Drug 'X' and is labelled correctly for Mrs. Smith. This step in the product preparation is often referred to as the 'final technical check'. Prior to having





registered technicians, this step could only be done by a pharmacist.

Although a technician can sign off on the technical check of a prescription, we must remember that only a pharmacist may authorize that the prescription is appropriate for the patient. This step is often referred to as the 'therapeutic check'. In addition, it is the pharmacist who is required to provide appropriate patient consultation.

There is a clear division of roles and responsibilities between the pharmacist and registered technician. One of the challenges community pharmacies have had in making this distinction has been that for many, the current workflow combines these two steps into one. The pharmacist, at the time of doing the 'final technical check' of the product preparation, is also ensuring the therapeutic appropriateness (therapeutic check) of that prescription.

By clearly defining the roles and separating the functions a variety of new workflows become possible as the pharmacist is no longer tied to having to perform the 'final technical check' of the prescription.

Transferring this responsibility to a registered technician will enable the pharmacist to spend more time on clinical patient-related activities. **PC**

## REMINDER: UPCOMING COUNCIL ELECTIONS – DISTRICTS N AND H (HOSPITAL)



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### IMPORTANT DATES:

Nominations open: June 1, 2012  
Nominations close: June 15, 2012  
Voting closes: August 1, 2012

For further information, contact: **Ryan Hosein**  
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