



Pharmacy Technician in the IBD team maintains patient safety whilst freeing up Pharmacist and Physician time

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Background

We have previously demonstrated that incorporating a pharmacist into the IBD team releases doctors' time, whilst improving the consistency and safety of drug monitoring and counselling¹. We now take this process to the next logical step, by recruiting a pharmacy technician to do the routine drug monitoring, amongst other duties, thereby freeing up pharmacists time as well. We present the outcome of this 3 month pilot.

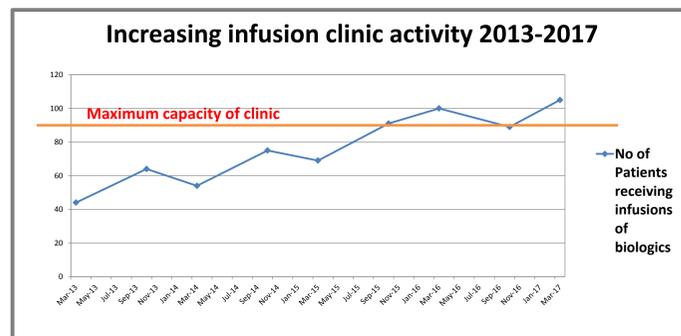
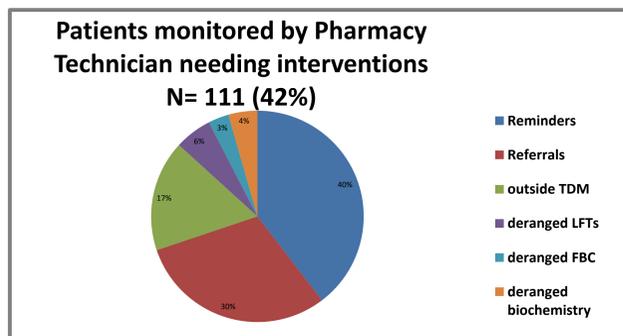
Objectives, Method and Results (3 months data)

1. Provide a blood monitoring service for immunosuppressant therapies (524 patients on thiopurines and 419 patients on biologics) under the supervision of the specialist pharmacist.

Weekly bloods for review were identified using the inhouse database, results recorded and patients referred to the pharmacist according to inhouse protocols.

260 patients were monitored by the technician (20 patients initiating therapy), releasing 21 hours of pharmacist time per week.

- 63 patients (24.2%) were contacted to provide blood tests.
- 48 patients (18.4%) referrals were made to the gastroenterology pharmacist.
 - 27 patients (10.3%) had levels outside therapeutic range
 - 9 patients (3.5%) had deranged liver function tests
 - 5 patients (1.9%) had leucopaenia
 - 7 patients (2.6%) had raised FCLP, anaemia or unfavourable anti-TNF levels/antibody titer



2. Manage the weekly ordering of infusion medication

Medication was ordered a week prior to the infusion clinic to optimise vial sharing and manage stock levels (including biologics, nutritional and anaemia treatments).

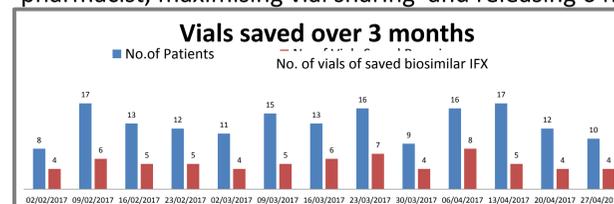
Medication for 259 patients (average of 19 patients per weekly clinic) was dispensed, ensuring cold chain procedure and accurate stock control.

Objectives, Method and Results continued

3. Manage infusion preparation in the pharmacy-led infusion clinic under the supervision of the specialist pharmacist.

Dosages were calculated according to protocols and infusions prepared under the supervision of the pharmacist.

Using the Aseptic Non-Touch Technique (ANTT), infusions were prepared under supervision of the specialist pharmacist, maximising vial sharing and releasing 6 hours for nursing staff for direct patient care and pharmacists to



	No. of Patients	Vials Prescribed	Vials Used	Vials Saved
Average per clinic	13	61	56	5
Total	169	800	733	67
Savings		£108K	£99K	£9,045

4. Collate current patient information for the virtual biologic and immunosuppressant clinic (VBIC) review.

Inflammatory bowel disease (IBD) scores, faecal calprotectin (FCLP) and blood results were collated to support the multidisciplinary VBIC.

42 VBIC patients were asked to provide a FCLP sample and bloods 2 weeks prior to VBIC. IBD scores were collected during a phone call.

5. Establish new systems to manage shared care protocols (SCP).

Patients suitable for shared care were referred to the pharmacy technician.

No SCP had been sent prior to the pilot. A total of 17 SCP were sent to patient GP's.

6. Contribute to the maintenance of the inhouse database to ensure comprehensive patient records and identify funds released

Data collected was entered onto the database for comprehensive monitoring use by the multidisciplinary team, released funds calculated using the following formula:

$$\text{replaced staff hourly rate} - \text{pharmacy technician hourly rate (AfC 5)} = \text{released funds}$$

All data was entered on the database for easy review by the MDT.

	hours per week released	cost savings per week	Yearly cost savings
Pharmacist time (AfC 8a)	21	£246.96	£11,854.08
Nursing time (AfC 6)	6	£20.70	£993.60
Dispensary time	3	£0.00	£0.00
Total savings		£267.66	£12,847.68

Conclusion

A competent pharmacy technician can safely take over the majority of the drug monitoring and preparation, previously done by our pharmacist. A cost savings of £13K (lower staffing cost) and £36K (vial sharing) per year are projected.

This represents an increased cost saving, freeing up nursing time and releasing the pharmacist to deal with patients for whom the monitoring has identified a problem and advanced roles within the team (e.g. outpatient clinics, prescribing, helpline queries, counselling patients, TDM).

In addition this audit has identified the ongoing need for active monitoring of the medications as 1/5 of patients had abnormal results and 1/4 had to be chased up to undertake monitoring at the appropriate interval.