

## CSHP 2015 Success Story Competition

### Project: Utilizing Pharmacy Technicians to complete Best Possible Medication History, Halifax Infirmary – Emergency Department

**Background:** In a successful pilot project in 2010, pharmacy technicians were embedded in the emergency department (ED) team, at the Dartmouth General Hospital (DGH) site, as dedicated resources to complete best possible medication histories (BPMH) for admitted patients. Repeat audits in the ED at the major tertiary centre in the district, the Queen Elizabeth II (QEII), continued to generate concerns about the accuracy of BPMH's taken by non-dedicated resources. We found an average of two medication discrepancies per patient. In the advent of patient safety and in reflection of the positive outcomes at the DGH, funding was approved for a similar pilot in the ED at the Halifax Infirmary, QEII.

**Objective:** The purpose of the pilot was to improve the quality of the BPMH process at the QEII. This objective aligns with the *first objective of the first CSHP 2015 goal*, which is to provide medication reconciliation across the continuum of care.

**Methods:** Our project was approved in October 2012 to start in January 2013. Within the 5 months of this pilot, five pharmacy technicians were hired, trained and validated in the BPMH process. Training and mentoring within the work unit was done primarily by two pharmacy technicians, a medication safety technician and one pharmacist from the DGH unit. The new working unit of Med Rec pharmacy technicians provides service in the ED daily from 8 am to 10 pm.

**Results:** Evaluation is underway to capture the number of admitted patients with BPMH's complete by our team of pharmacy technicians compared to non dedicated ED staff. We will also evaluate the rate of medication discrepancies after implementation of this pilot compared to baseline. We plan to evaluate the interdisciplinary team's satisfaction with the efficiency of the process, including less re-work and understanding of all steps in the BPMH process, and increased reliance on the BPMH as documented. Demonstrated improvements will help secure permanent funding for these positions.

**Conclusion:** In light of the success that we found in dedicating pharmacy technicians to provide BPMHs in the ED at the DGH, we are currently in the evaluation stage of a similar project at the QEII site. Important stakeholders in this project have been the ED and inpatient treatment teams (physicians, nurses and pharmacists), staff from the DGH and HI workunits, community pharmacies, the district's MedRec Steering Committee and senior leadership who saw the importance of reallocated resources to improve this important aspect of patient care. We are excited to finish gathering data so that we can quantitatively demonstrate the impact of our services, secure permanent funding, and expand to other sites in our district with high volumes of patient admissions (ie. EDs, Surgery Preadmission Clinics, etc).

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