



Medications Risks at Transitions of Care

Regional/Rural

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Echuca Regional Health

Medication Risks at Transitions of Care

- Regional and Rural Hospitals
- Patients move within the hospital less, but are transferred to and from other facilities
- Significant lack of pharmacy services at important transitions of care for several reasons
- Lack of access to GPs, reduced pharmacy hours

How can we reduce the risks?

- We looked at our staffing profile – number of pharmacists vs number of technicians
- Understood that our technicians are an underutilised resource
- Safer Care Victoria supported ERH to run an 'Advanced Pharmacy Technician Project'
- Our aim was to pilot an increase the scope of practice of a Pharmacy Technician to see what flow on effect this would have for ward pharmacists and the clinical roles that they could do.

How does a small regional hospital establish an Advanced Technician Role?

- Advanced Pharmacy Technician roles are not a new concept – but there is varying consistency in roles or training across hospital sites
- We got a lot of support from Tasmania Health Service
- SHPA Standards of Practice for Pharmacy Technicians to support Clinical Pharmacy Services

Benefits from this role

- Increase in the number of patients that had a Medication Management Plan (MMP) within 24 hours of admission
- Pharmacist had an increased amount of time to undertake clinical roles
- Technician minutes 52.5 vs Pharmacist minutes 85.7 per day
- Able to send pharmacists to ED to complete PPMC admissions

Next steps

- Reducing medication risks at transitions of care is our focus point
- Being able to make big impacts with the resources we have
- Changing the way my staff think about their roles and ways they can be innovative
- Support our rural and regional communities, ensuring medication risks/errors are not keeping people in hospital for longer than they should be