

Tech it to the next level: integrating technicians in an Inflammatory Bowel Disease team



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Introduction

Management of inflammatory bowel disease (IBD) care is complex, involving multidisciplinary input for:

- Increased uptake and optimisation of biologic agents
- Patient education
- Therapeutic drug monitoring
- Treatment escalation and de-escalation
- Infusion bookings
- Stock control and governance.

Pharmacy technicians are well placed to coordinate the administrative tasks, allowing nurses and pharmacists more time to focus on clinical aspects of care.

Aim

A pharmacy technician was introduced into a large tertiary/quaternary referral hospital IBD unit to streamline the process of escalated biologic supply and increase Pharmaceutical Benefits Scheme (PBS) reapplication adherence. Thus ensuring timely access to biologic therapy, minimising patients lost to follow up and to enhancing multi-disciplinary communication and care.



Photo taken to celebrate the Royal Melbourne Hospital Gastroenterology Department's 45th Birthday, October 2022

Methods

IBD patients receiving intravenous (IV) biologic therapy were tracked via a database and audited. The technician attended multi-disciplinary IBD meetings and worked closely with the IBD nurses, pharmacists and doctors; providing a crucial link between the pharmacy procurement team, sterile manufacturing, infusion centre and IBD healthcare professionals.



Results

Of the 260 patients receiving maintenance IV biologic therapy, 98 (38%) required doses outside of the PBS indication (see Figure 1).

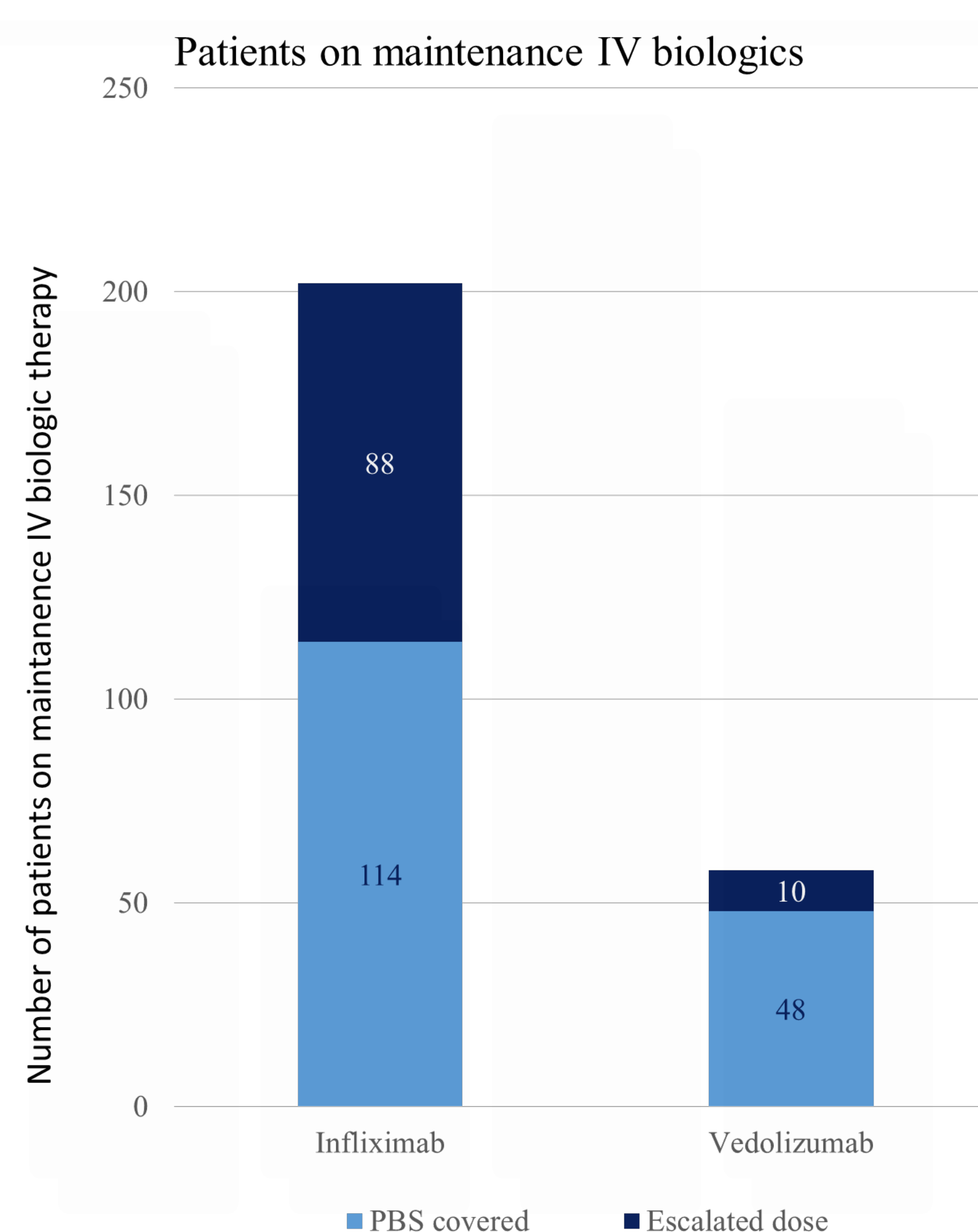
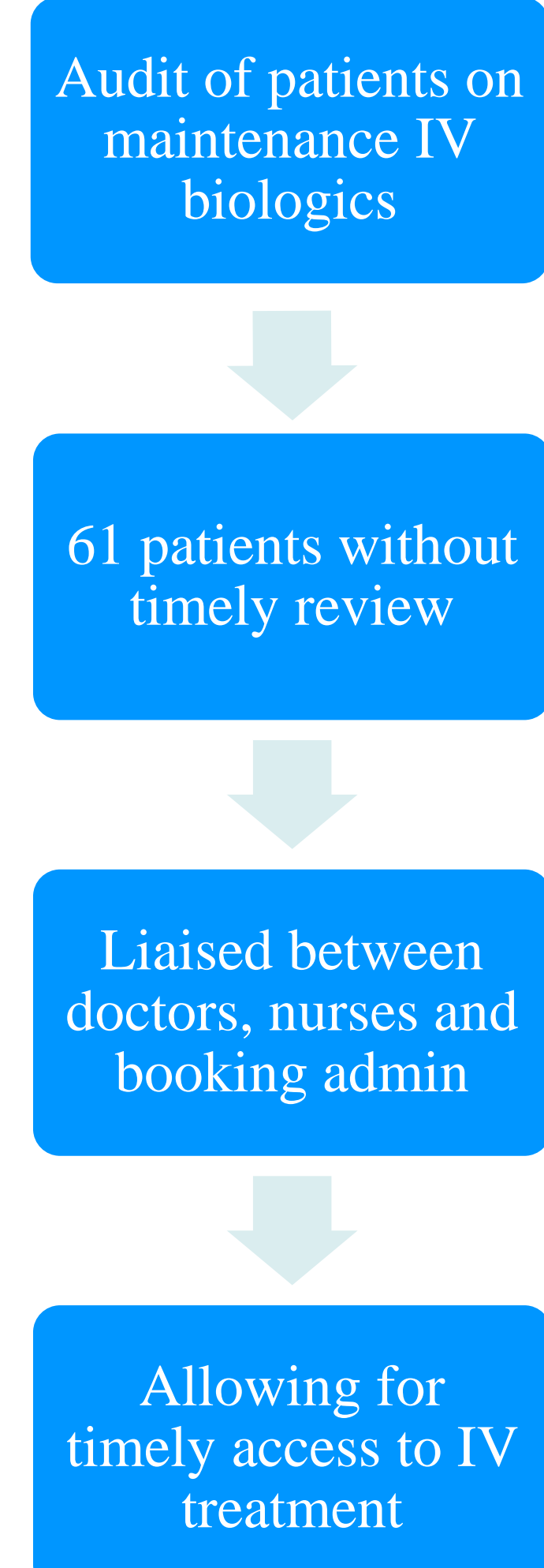


Figure 1. 98 patients required doses outside PBS indication (88 infliximab, 10 vedolizumab).

Between the months of June and August 2022, 61 patients were identified by the technician to have no active PBS application for their maintenance therapy or to be missing a follow up infusion. It was brought to attention that booking admin were lacking clinical knowledge and unable to prioritise patients. The technician was able to liaise with the head of IBD, nurses and other doctors to create a prioritised plan for patients. This was then sent to the booking admin.



Conclusion

A pharmacy technician integrated into the IBD unit successfully improved patient safety and timely infusion access, improved stock control and reduced administrative tasks from the IBD nurses, pharmacist and sterile manufacturing, allowing greater time for clinical patient care.

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