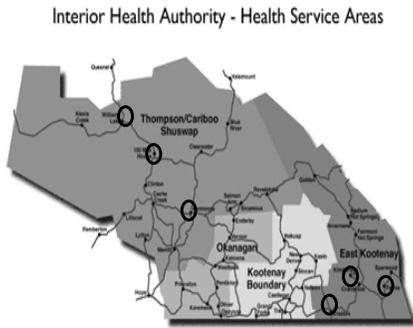


Tele-Pharmacy @ Interior Health

CST Conference 2005
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Tele-Pharmacy is an innovative way to help improve the ways our staff, physicians and patients access one another.

Introduction



- ❑ Shortage of Pharmacy professionals
- ❑ A videoconference was placed at both the central and rural sties.
- ❑ It is used to supervise and monitor the work of a pharmacy tech.

Interior Health is one of six Health Authorities in British Columbia. It covers the middle section of the Province - incorporating approximately 690,000 people, 35 acute care sites and 1200 physicians. Interior Health encompasses four Health Service Areas:

Thompson Cariboo Shuswap

Okanagan

East Kootenay

Kootenay Boundary

When the hospital in Fernie was unable to recruit a hospital pharmacist, it turned to the East Kootenay Regional Hospital pharmacy in Cranbrook for service.

Video equipment is used instead of an on-site pharmacist to supervise and monitor the work of a pharmacy technician.

Currently at 100 Mile House – to Williams Lake and Kamloops
Cranbrook to Fernie and Creston.

How It Works

- ❑ Physician orders, MAR and patient profile are faxed to Central Pharmacist
- ❑ Pharmacist connects to the rural technician

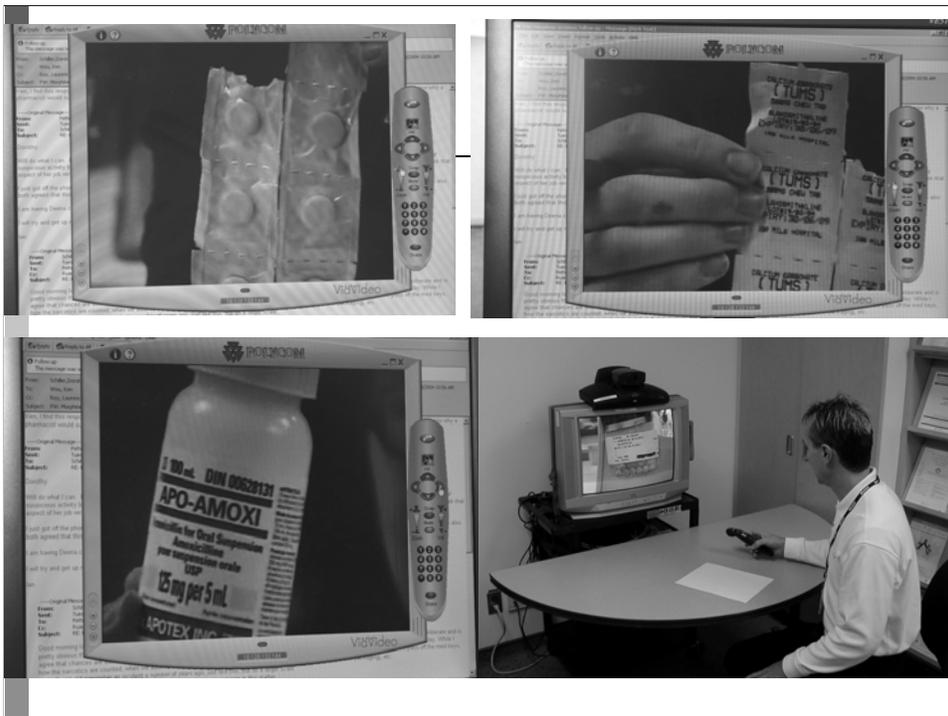


The “rural” hospital technician enters the order into the pharmacy computer system. Additional information is also entered into the patient database, namely: noted allergy status and allergies, diagnosis, etc. A Medication Administration Record (MAR) and a complete patient profile is generated.

The “rural” technician faxes a copy of the physician order and the MAR/patient profile to the “Central Hospital”. The pharmacist reviews the faxed information and compares the medication orders with the patient profiles.

The pharmacist at the base hospital connects with the “rural” technician by way of Video conferencing equipment.

The technician at the “rural site” displays the patient specific packaged medication indicating the name of the drug, the strength, the patient name, the physician name, and full directions for use. The product that is used to fill the medication order is also viewed. The tablet/capsule is shown and the quality of the equipment is such that the DIN numbers can be easily seen on the bottles and markings on the tablets and capsule can be identified. Graduations on the syringes can be seen to 0.1 ml.



As each order is confirmed the pharmacist initials the MAR / Patient profile

When completed all forms are faxed from the “central” Hospital to the “rural” Hospital. The technician at the “rural” site signs the forms which are then filed, by patient, for future reference.

Follow-up questions or interventions are handles by the pharmacist by telephone or by using the video conference equipment.

Conclusions

- ❑ **Pharmacist supervises the provision of prescriptions to patients at rural or remote sites.**
- ❑ **The pharmacy technician plays a major role.**
- ❑ **Save travel between locations and offers respite to solo pharmacists.**
- ❑ **“It helps us be there when we are not physically there”**
- ❑ **We have plans to expand to additional communities.**

Not only does this save the pharmacist frequent travel between locations but it also offers a respite to solo pharmacists. When a pharmacist is not available, other pharmacists within Interior Health can provide professional services to these locations. “It helps us to be there when we are not physically there,” says Diane Semenchuk – East Kootenay Regional Hospital pharmacist.

This enables the pharmacist at the regional site to supervise the provision of prescriptions to patients at smaller, rural or remote sites.