Ward Medicines Assistants
Everyone should have one . . .

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The road to WMAs – a 10 year journey

- ATOs supporting medicines administration
  - Significant reduction in omitted doses (published)
  - Time saving for nurses (observed)
- Six ATOs on 6 wards initially recruited on trial basis
  - Safer medicines administration
  - Medicines stock control
- Role evolved from supporting medicines administration to include ward based medicines management
- Concept of “Ward Medicines Assistant” created
WMAs quickly showed to be effective

- Improved medicines administration
  - Less omitted doses
  - Errors identified before they happened
- Release nursing capacity
  - Taking on ward based medicines roles e.g. stock, storage, transfer of medicines, second check of CDs
- Support ward based pharmacy team
  - Ordering medicines, reminder charts, locker checks
A case for change: developing the role of a pharmacy ward assistants: more than missed doses

- Increasing demand (time and complexity) on qualified nurses – opportunity for innovative solution for medicines-related support.
- ATOs have nationally recognised qualifications and a well-established role in supporting medicines-related tasks in dispensaries.
- ATOs on wards typically ‘time-limited’ or ‘task-limited’ activities such as ward stock ordering.
- Explored the role of ward-based pharmacy assistants, demonstrating improvements in quality of care as well as reducing pressure on members of nursing staff.
Evolution of the role

- 6 assistants on 3 wards across two sites
- Trained in-house by nursing ward teams and pharmacy technicians
  - Iterative training programme developed as we learned
  - New training programme across pharmacy and nursing for all new WMAs
- Became part ward based team as well as the pharmacy team
  - Changed working times to reflect ward work
  - Consistent pharmacy presence on the ward
  - Became recognised by ward teams as part of their team
What does a Ward Medicines Assistant do?

Order temporary stocks
Assess patients own drugs once training is completed
Administration
Put away ward stock
Process pharmaceutical waste and returns
Complete Omnicell expiry checks monthly
Perform weekly TPS order and expiry check
Medication-refer to pharmacist/technician
Empty red bags and put medication in the patient’s lockers
Initial preparation of IVs
Perform 3 monthly ward stock reviews, order CDs via ward order book-Staff nurse will need to sign it
Attend ward handover/MDT and update Nerve centre
Prompt doctors/pharmacists to write discharge letters
Assist in prompting patients to take their medication
Counsel patients on new and existing medication
Retrieve O/L drugs to assist drug round
Act as a 2nd check for CDs & weekly CD checks
Perform the quarterly CD review with a Technician
Destroy Patients own CDs with a Technician
Help with the transfer of medication to other wards/sites
Medication reminder charts
Screen discharge letters
Dispense urgent medication (N/A at NSECH)
Collect urgent medication from dispensary (N/A at NSECH)
Nurse referral for supply on Emeds
Perform a locker sweep

**Outcomes:**

Releasing nursing staff time to care
Supported/happier nursing staff
Safer care e.g. reduction of omitted medicines
Next steps for the WMA role

- Role continues to evolve e.g. 2\textsuperscript{nd} check IV medicines
- Chemo medicines assistants funded by Macmillan
- Capacity released, enabling opportunities for pharmacy staff to work at top of licence:
  - Medicines reconciliation by technicians (target 70%)
  - % total inpatient prescribing done by pharmacists (target 25%)
  - Cannulation & administration of IV chemotherapy administration in ODUs
- Supporting others to adopt role (external to NHCFT)