

Genesis of specialist paediatric outpatient pharmacy clinics in a tertiary healthcare setting: Going back for seconds.

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Background:

Clinical pharmacy in the hospital setting has historically been confined to inpatient wards and the dispensary. Federal government Tier 2 activity based funding for specialist outpatient pharmacist clinic services expanded the scope of practice for pharmacists in the hospital setting. From 2015 a pilot project with graded expansion of outpatient pharmacist clinics in home parenteral nutrition, oncology, gastroenterology, hepatology, rheumatology and respiratory was undertaken in a tertiary paediatric hospital.

Methods:

- Economic analysis was performed to determine viability with estimates of patient clinic reviews.
- A survey was provided to parents who attended the pharmacist clinic
- A retrospective chart audit was undertaken to see the nature of interventions made by the pharmacists in the outpatient setting.

Aim:

1. To describe the development of a model of care to provide outpatient clinical pharmacy clinics in various specialties in a tertiary paediatric hospital.
2. Analyse the impact of this new service on patient care through surveys to parents and the multidisciplinary team (MDT) and review of the interventions made by pharmacists in the outpatient clinic setting.
3. Perform an economic feasibility study for the implementation of this service



Interventions

In the retrospective chart audit of interventions made by clinical pharmacists in the outpatient setting the following themes were noted. Figure 3.

Therapeutic drug monitoring	Identification of inadvertent errors in pharmacotherapy
De-prescribing	Aiding medication administration
Cost saving for patient and hospital	Counselling and provision of medication information
Reducing barriers to medication supply	Reduction of medication errors
Managing medication toxicity	Assessing medication efficacy
Identifying and rectifying drug interactions	Pain management
Side effect management	Immunisation review and referral
Optimising treatment	Identifying non-compliance and advising of strategies to improve
Antimicrobial Stewardship	Co-morbidity management

Figure 3.

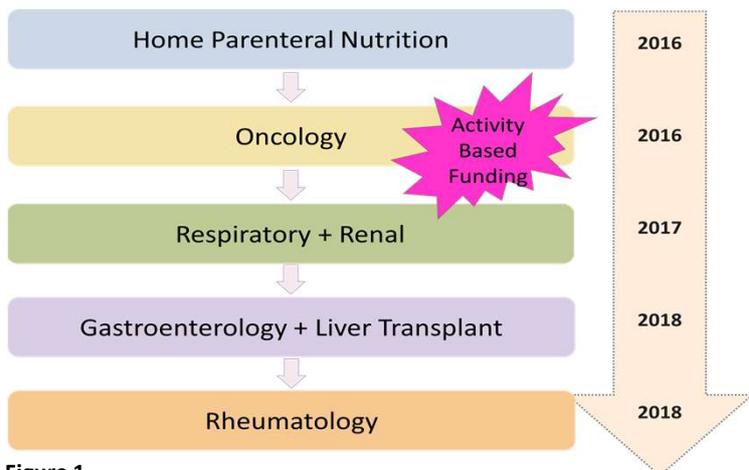


Figure 1.

Results:

ABF Revenue

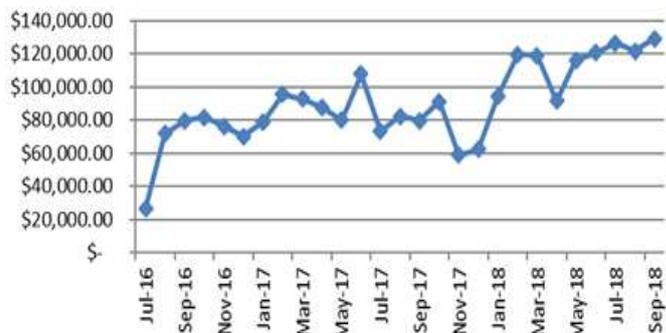


Figure 2. Monthly reimbursed Activity Based Funding Revenue In the first full year of the service (2017), \$1,010,978 was raised in ABF revenue, at a cost of \$168,232 for 1.5 FTE of a senior pharmacist.

Parent feedback survey

- 98% of parents reported the clinic pharmacist always made a positive contribution to the care of their child.
- 88% of parents always felt more confident in their knowledge of the medicines their child is taking at home.
- 98% of parents always received information that they can understand from the clinic pharmacist about their child's medications/treatment.
- 70% of parents were delighted, 28% were very satisfied and 2% were satisfied with the service provided in the pharmacist clinic.
- 95% of parents reported pharmacist always provided information and administration aids/tools to help them give medicines to their child at home.
- 84% would definitely come back to see a pharmacist in the oncology clinic in the future and 12% said they would come back but didn't need another appointment right now.

Figure 4.

Conclusion:

Specialist pharmacist outpatient clinics in paediatric patient high risk groups are financially viable, well received by the multidisciplinary team, improve patient care, potentially preventing hospital admissions and promoting quality use of medications. Growth in funded activity has been capped at a federal level, therefore the opportunity to undertake this service with revenue to offset the labour expenses may no longer be available. Nevertheless, the safety and quality improvements in patient care still make this service a valuable addition to ambulatory care services. To the authors' knowledge, this is the first series of paediatric clinical pharmacy clinics in Australia