Connecting the dots of care

Linking Aboriginal and/or Torres Strait Islander peoples with diabetes care in hospital using hospital pharmacists

Welch S[1,2], Viardot A[3], Lee K[4], Daley S[5], Deweerd P[5], Moles R[2]

1.Pharmacy Department, St. Vincent's Hospital, Darlinghurst, Sydney, 2.Sydney Pharmacy School, Faculty of Medicine and Health, University of Sydney, Camperdown, 3. Department of Endocrinology, St. Vincent's Hospital, Darlinghurst, Sydney, 4. Sydney School of Medicine, Faculty of Medicine and Health, University of Sydney, Camperdown, 5. Aboriginal Health Department, St. Vincent's Hospital, Darlinghurst, Sydney

Contact: susan.welch@svha.org.au

Background to our study

Diabetes is a common diagnosis for Aboriginal and/or Torres Strait Islander peoples. Yet it is often undetected in hospital. Can hospital pharmacists help connect diabetes care?

Aim

To identify how urban hospital pharmacists can detect if Aboriginal and/or Torres Strait Islander patients have diabetes or a higher chance of getting diabetes.

Method

This study used a multi-method design with data from patients, and researcher field notes. Aboriginal and/or Torres Strait Islander peoples admitted to hospital over 12 weeks were prospectively identified from admissions lists. A hospital pharmacist visited eligible patients.

Patients who consented had their blood glucose and HbA1c checked.

Participants with HbA1c >/= 6.5% (no known diabetes) or 7% (known diabetes) were referred by the pharmacist for endocrinology review, during their hospital stay.

- Test results and diabetes plan shared with local GP.
- 2 days after discharge, participants phoned by a pharmacist-researcher about diabetes care in hospital.
- Barcode technology recorded pharmacist time.
- Voice recorded field notes thematically analysed.
- Ethical approval from AHMRC (#1709/20) and St Vincent's Hospital (#2020/ETH01314)

Results

72 patients were eligible for study

- 93% (n=67/72) consented to take part
- 91% (n=61/67) returned a HbA1c < 6.5
- 6% (n=4/67) returned a HbA1c = 6-6.4. They or their GP were contacted to suggest a yarn on diabetes prevention
- 9% (n=6/67) referred for endocrine review
  - 5 had known diabetes, 1 newly diagnosed. None were previously known to endocrinology
  - All patients were satisfied with their hospital-based diabetes care (via phone call)
  - Pharmacist's time spent was 10-30 minutes in total, depending on HbA1c
- Overall, 15% of participants identified – new, poorly controlled or at high risk of diabetes.

What did people say?

"I didn't understand about diabetes before but then while in hospital I was given information and medicines to help me. The endocrinologist has also rung me and made a telehealth appointment for next week to make a plan for diabetes treatment going forward, as well as for eye and foot review." (female)

Results - Opportunistic referrals

Lots of yarns about diabetes (n=67) and opportunistic referrals (19%, n=13/67), even if people did not need a referral to endocrinology (Table 1).

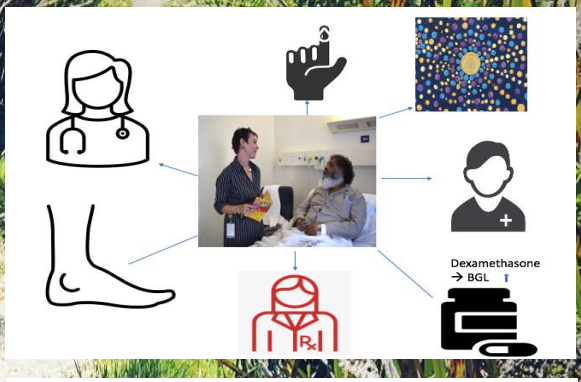

Table 1. Opportunistic referrals made by pharmacist

Setting	Referral suggestions	Number of patients
Patient unable to consent, known DM, junior doctor checked HbA1c = 8.5	Endocrine referral to team suggested.	1
Patient on dexamethasone – BGLs slightly high	Close pharmacist review and referral to Endocrine if remained high (>10 for 24 hours)	3
Patient had poor foot care	Asked team to review	1
Patient needed to be linked with new local doctor	Discussed with social work/team/Aboriginal health workers to assist	3
Patients with known DM needed support	Asked team to refer for Diabetes clinical nurse educator visit	2
Known DM but did not fit study referral criteria but would benefit from Endocrine involvement	Suggested team refer to Endocrine for review. • Foot infection with previous partial amputation • High BGL whilst taking dexamethasone • Insulin infusion in Intensive Care then discharged to ward without Endocrine review.	1 1 1

Field notes guided understanding of service implementation, including:	
Barriers to recruitment	Satisfaction
Barriers to service	Role of pharmacist
Culturally safe care	Overall study benefits
My learning	Future directions

Significance and Conclusion

We developed, implemented and piloted a pharmacist-led screening service. Hospital pharmacists helped detect diabetes in Aboriginal and/or Torres Strait Islander peoples, ensuring links to endocrinology review and improved care during admission. Further research is needed of this novel approach.

Acknowledgements

Funding source: St Vincent's Hospital Applied Medical Research/Inclusive Health Fund grant

Background photo taken by Susie Welch while on Palawa country

Artwork: Dalarinji - "Ours belonging to Us", artist: Lani Balzin