

# Connecting Clinical Pharmacy Services with a Tertiary Diabetes Clinic

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## Introduction

- The Queensland Inpatient Diabetes Survey (QuIDS) 2019 State-wide Audit showed that 28% of patients admitted to PAH have diabetes, 39.51% of which are being treated with insulin. From 2021 to 2022, 644 interventions were documented and reported by clinical pharmacists relating to oral diabetic medications and insulin problems at the PAH. Although the introduction of “Beacon” clinics helped relieve the waiting list for diabetes outpatients, the patients who are seen at the PAH diabetes outpatient clinic are more complex and require ongoing follow-up.

## Objective

- To integrate pharmacy services into a diabetes clinic to measure key performance indicators including pharmacist interventions, number of patients seen by pharmacist (activity base funding) and to overall improve patient outcomes through multidisciplinary patient directed care.

## Results

- From 54 patient reviews, we recorded 100 interventions
- 81% of interventions were actioned by either a pharmacist, general practitioner or endocrinologist.
- Of the 19% of interventions not actioned, it related to clinicians prescribing different pharmaceutical management pathways and is also related to the limited FTE allocated to follow-up interventions made for pilot trial.
- Using the Harm categorization document from SHPA, interventions were classified as minor, moderate or severe. Of the 100 pharmacist interventions, 49% were classified as minor, 48% as moderate, and 3% as severe harm rating.

**Table 1: Interventions Recorded over 3 months**

Interventions Actioned Vs Not Actioned	Total
Actioned	81
Not Actioned	19
<b>Interventions relating to Specialist</b>	
Endocrinology	48
Pharmacy	28
General Practitioner	20
Other (Vascular Surgery & Cardiology)	4
Overall total	100
<b>Interventions by Harm Rating</b>	
Minor	49
Moderate	48
Severe	3
<b>Interventions by Category</b>	
Condition Untreated or Undertreated & referral to specialist	40
Education and Provision of Information	27
Change of Therapy and drug selection	15
Laboratory Monitoring	12
Compliance	4
Adverse Event and Allergy Documentation	2

## Project Design and Implementation

- Stakeholder engagement with the Endocrinology department enabled success in design and implementation of pilot trial. This pilot trial was designed collaboratively from 2019 to 2022.
- A pharmacist was integrated into a Diabetes clinic as a pilot trial over a 3-month period (June 2022 through August 2022). Clinic ran every Monday afternoon and consisted of 4 consultants, 2 registrars, 1 resident and 1 nurse practitioner.
- Activity Base Funding, HARM rating, Interventions Actioned/Not Actioned, Intervention by Team and Type of intervention was recorded, classified and measured

## Staff Survey - Diabetes Clinic Pilot Trial

- We analysed staff satisfaction and experience after 3 months of integrating a pharmacist within the diabetes clinic by surveying clinic staff post-trial period. We found the following:
- 100% of staff within the endocrine and diabetes clinic believed that the addition of a pharmacist improved medication management in the outpatient clinic
- Further to this it was found from 13 respondents noted that the pharmacist saved a total of 230 minutes of clinician time per clinic day during the trial period (i.e.. 4 hours of pharmacy service).
- 79% of clinic staff were either very satisfied or satisfied with the ease of acc
- On a scale of 1 to 10, an average score rating of 8/10 was achieved for pharmacy services provided meeting the needs and requirements of the clinic during the trial period.

## Conclusion

- A model of care that includes a pharmacist within a diabetes clinic improves patient outcomes and continuity of care through primary and secondary care providers.

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