Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

Assessing impact of a palliative care pharmacist clinic within a tertiary hospital multidisciplinary outpatient service

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Background

A palliative care multidisciplinary clinic, limited by resourcing, was unable to ensure timely assessment of outpatients. This impacted on medication management for a complex patient cohort taking multiple high-risk medications. A specialist pharmacist clinic was introduced in November 2019, providing medication reconciliation, review and education immediately prior to the multidisciplinary team (MDT) appointment. Additionally, a weekly teleconference pharmacist clinic was established to assess and monitor patients' medication changes and continue titration in the community.

Aim

Assess the impact of a specialist pharmacist clinic on palliative care service provision

Methods

A retrospective review of patient medical notes was undertaken to determine demographic data and activities conducted in the clinic.

A palliative care nurse surveyed patients by telephone to assess satisfaction with service.

A survey of staff was conducted to assess the impact of the pharmacist involvement on patient safety and efficiency of the MDT clinic.

Results

Data was collected for the first 6 months of the first 3 years (2020, 2021, 2022) of the specialist pharmacist clinic.

Data presented reports the first appointment with the pharmacist.

Patient demographics

Chart 1: Number of patients and appointments

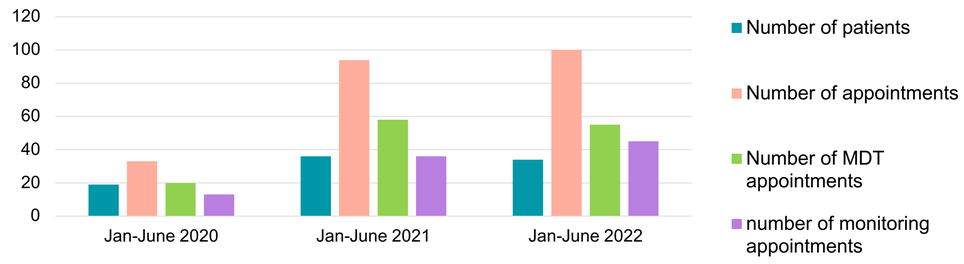


Table 1: Patient demographic information

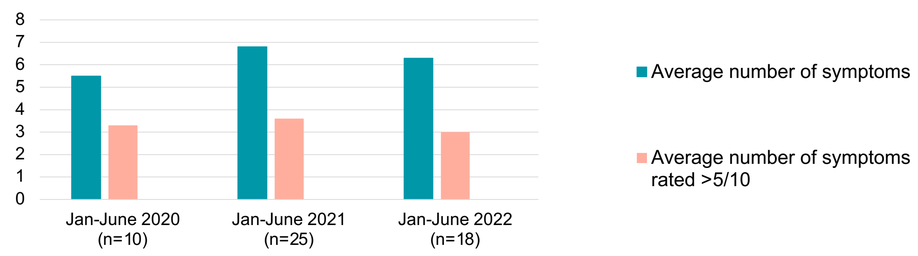
	Jan – June 2020 (n=19)	Jan – June 2021 (n=36)	Jan – June 2022 (n=34)
Gender			
Female	9 (47.4%)	19 (52.8%)	12 (35.3%)
Male	10	17	22
Age (years)			
Average	62.7	59.0	62.1
Range	32-87	30-90	(34-88)
Malignancy	16 (84.2%)	31 (86.1%)	25 (73.5%)
Solid tumours	15 (1*)	27 (2*)	24 (2*)
Haematological tumours	1	4 (1*)	1
End stage organ failure	4 (21.0%)	9 (25.0%)	8 (23.5%)
Renal	3 (1*)	5 (3*)	2 (2*)
Respiratory	1	3 (1*)	4
Cardiac	0	1 (1*)	1
Liver	0	0	1
Miscellaneous	0	0	2

* patients with more than one terminal diagnosis

Symptom burden

Patients self-rated their symptoms prior to their first appointment using the Symptom Assessment Scale. The tool consists of 7 pre-determined symptoms and the person can add further symptoms to the list. They rated each symptom from 0 (no distress) to 10 (worst possible experience).

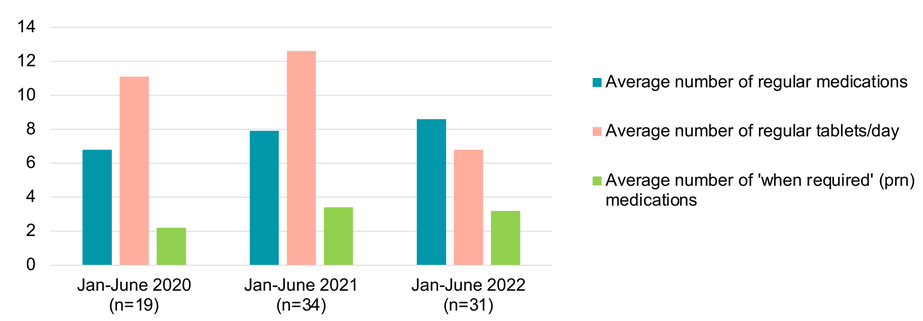
Chart 2: Self-rated symptom distress



Number of prescribed medications

A medication reconciliation was conducted for each patient at their first appointment. Patients were taking a large number of medications including oral, topical, inhalations and injectable medications.

Chart 3: Number of medications



Discussion

Utilisation of a specialist palliative care pharmacist in the outpatient clinic has enabled medication reconciliation, identification of medication issues, as well as an assessment of patient's medication understanding and provision of education. This has assisted in facilitating safe and practical medication regimens for community-based patients with shared medication knowledge across providers.

In addition, the pharmacist monitoring medication changes has enabled safe medication titration to be successfully implemented in a timely fashion improving patient's symptom management and quality of life. It has also enabled multidisciplinary palliative care appointments to be freed up for new patients.

Patients and their carers feel supported and more confident about taking their medications. The palliative care consultants reported confidence in initiating medication changes knowing that there would be a follow-up review by an experienced clinician.

Results

Discussions with patients

Discussions with patients included symptom assessment and management, specific medication information and general medication issues.

The most common symptoms discussed at the first appointment were pain, nausea and/or vomiting, bowel management, sleep issues and dyspnoea.

Table 2: Number of issues discussed during first appointment

Dates	Average	Median	Range
Jan-June 2020	5.3	5	1-14
Jan-June 2021	8.2	8	3-15
Jan-June 2022	8.4	8	4-16

Chart 4: The 5 most common symptoms assessed and discussed

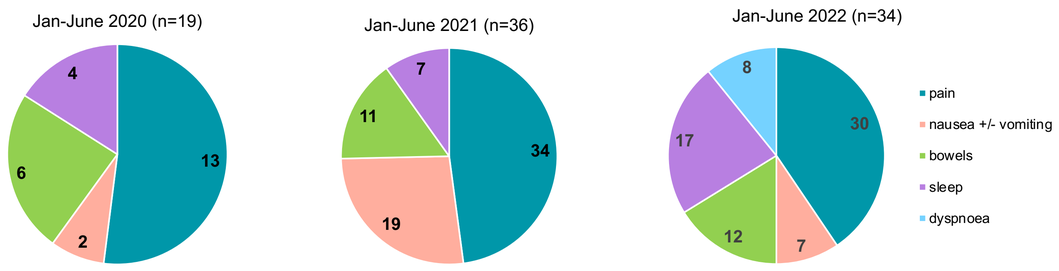
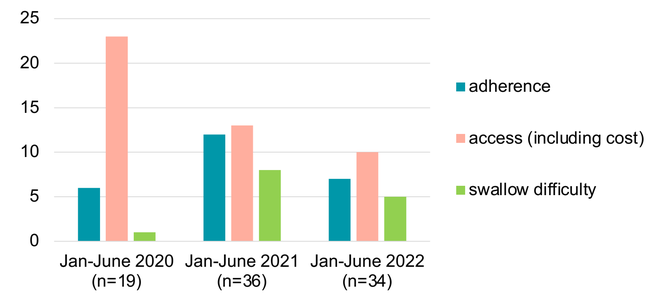


Chart 5: General medication issues and discussions



The pharmacist liaised with hospital specialists, GPs, community palliative care services, community and hospital pharmacists, and rural services, to determine and communicate patient medication profiles and to facilitate continuity and safety of medication regimens.

Patient satisfaction

Table 3: Patient satisfaction survey results

Questions	Jan-June 2020 (n=5)		Jan-June 2021 (n=10)	
	YES	NO	YES	NO
1. (2020) Did you find clinic helpful?	5	0		
1a. (2021) Did you find the face-face clinic useful?			10	0
1b. (2021) Did you find the telehealth clinic useful?			9	1x NA
2. Did the pharmacist help you understand why you are taking the medicines?	5	0	9	1
3. Did the pharmacist answer your questions or concerns about your medicines?	5	0	10	0
4. Do you feel more confident now taking your medicines?	5	0	9	1
5. Would you recommend this service to other patients?	5	0	10	0
6. Do you have any suggestions to make the pharmacist clinic more useful?	0	5	0	10

Health professionals survey

The palliative care nurses and consultants who participate in the MDT outpatient clinic indicated (in a survey) that the pharmacist clinic is valuable for the confidence of patients and their medication safety.

Financial consideration

In the 2021/22 financial year the clinic generated $58,900 Activity Based Funding (ABF) income.

Patient quotes:

- *"She listened to what I was going through and made a plan that suited me."*
- *"Personalised, feel more comfortable talking about symptoms."*
- *"She worked with me, listened to me, put a thorough care plan in place."*
- *"She is gold. It's reassuring to have someone to talk to who had a good understanding not just of his cancer but him as a person."*
- *"I can't fault the service, when you are doubting and in pain, she makes everything feel better."*

Healthcare colleagues quotes:

- *"Invaluable to ensure patients management plans align with their goals and values whilst also supporting improved patient health literacy." (Palliative Care Clinical Nurse Consultant (CNC))*
- *"Concerns are addressed quickly and resolved before they can develop into bigger medication issues." (Palliative Care CNC)*
- *"Patients and families have built a strong rapport with [the pharmacist] and this is testament to her level of knowledge, professionalism and kindness." (Palliative Care CNC)*
- *Assists patients and families with not only medications but with the complexities associated with palliative care (physical, emotional and psychosocial distress)." (Palliative Care CNC)*
- *"Reading your outpatient notes has shown how valuable the role of pharmacist is in end-of-life care." (Cancer Services Residency Pharmacist)*
- *"Her expertise and experience in symptom assessment allow the team to provide full MDT approach and be confident in mediation changes and follow-up." (Palliative Care Consultant)*
- *"Intradisciplinary skills applied to clinical assessment and support for patient and care-giver highly valued." (Palliative Care Consultant)*

Conclusion

This new clinic has demonstrated the value of a specialist palliative care pharmacist in an outpatient clinic. It has improved symptom management and medication safety for patients with palliative care needs and complex medication regimens to support them to stay in their home.