

Wanted: Specialist Haematology/Oncology Pharmacist

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Haematology and medical oncology patients receive high-risk medication in complex regimens. Guidelines recommend pharmacists with specialised knowledge are an integral multidisciplinary team member.

We undertook an audit to assess if there was an increase in number and complexity of therapy for Haematology/Oncology patients admitted to a 32-bed inpatient ward servicing all specialities, in a regional hospital, and how our current pharmacy service compares to published Australian service standards.

Method

- Retrospective analysis
- All Haematology and Medical Oncology inpatients
- 3 month period (October to December)
- 2017 – 123 patients; 2020 – 183 patients

We created a data collection tool based on standards that should be met and populated these fields with extensive utilisation of electronic medical records, dispensing software, and clinical pharmacy programs.

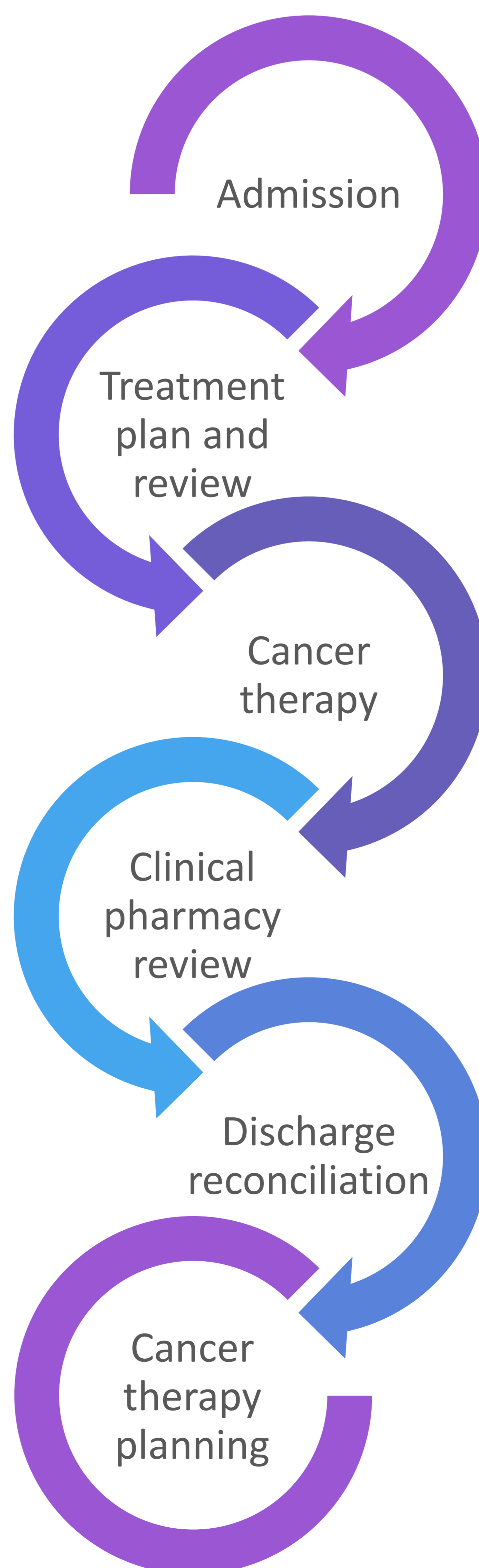
Discussion

Our inpatients are provided clinical pharmacy services by a single general level rotational pharmacist, and many staff have had increasing difficulty servicing this area.

Our findings show significant growth in the number of patients and in the complexity of treatment, within the patient cohort.

Our pharmacy service has not expanded in alignment with this increase in patient population, nor has the specialisation of the service requirements.

Staff ratios are being reviewed in light of the audit results.



Number of patients

A 91% increase of patients receiving chemotherapy whilst an inpatient, between 2017 and 2020. There was a 248% increase in haematology inpatients.

Elective admissions

An increase from 17 to 55 patients in 2017 and 2020 timeframes, respectively. Elective admissions are for treatment or investigation of likely malignancy, with proceeding management.

Medication Management Plans

Approximately half of the cohort received a Medication Management Plan (MedMAP) prior to cycle 1 of cancer therapy.

High risk medications

>95% of patients were prescribed a high-risk medication, as per the APINCHS classification.

Discharge reconciliation

<35% of patients received documented discharge reconciliation and counselling.

There was a significant increase in treatment regimens and algorithms requiring admission, which aligns with an ever-evolving cancer therapy space.