Exploring the pharmacist's role in intravitreal outpatient clinics across Australian public hospitals: a qualitative analysis of semi-structured interviews with pharmacists

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Background

At the Royal Victorian Eye and Ear Hospital, the role of the pharmacist has evolved from a supplier of medications to improving efficiency of intravitreal clinics and patient safety. Pharmacists' roles at other intravitreal clinics around Australia are not well understood.

Aims

- To describe the current roles of pharmacists in intravitreal outpatient clinics across Australia
- To develop a 'best practice' guideline for pharmacists in intravitreal outpatient clinics

Methods

Public hospitals that met the following criteria were included:

- Had an ophthalmology service
- Intravitreal injections were administered in an outpatient setting (i.e. not in theatre)
- A designated hospital pharmacy department supplied the intravitreal injections

All pharmacy departments identified were invited to participate in a recorded 30minute telephoned semi-structured interview. Data gathered from the interviews were collated and sent by email to the focus group for feedback to develop a best practise guideline.

Results & Discussion

Current roles of pharmacist

Of the 14 pharmacy departments that participated, 57% shared the role with the dispensary team, 21% had dedicated pharmacists, 14% had a 'solution' pharmacist within their dispensary team and 7% of intravitreal injections were dispensed by the manufacturing pharmacist. Current roles of pharmacists are summarised in Figure 1.

Results & Discussion

Figure 1: Current roles of pharmacists in intravitreal outpatient clinics (n=14)

Pharmaceutical assessment and evaluation

100% medication order review

86% prepared & dispensed intravitreal injection prior to the clinic

36% had access to decision support tools

0% completed medication history interview

Counselling and education

29% supervised dispensing and additional education

7% patient medication counselling

7% provision of drug information

Pharmaceutical interventions

57% of clarified which eye(s) needed to be injected

42% checked duration was more than a month since last injection

36% used generic label e.g. 'intravitreal use only'

21% provided different batch numbers for both eye injections (where possible)

14% manufactured triamcinolone in PD aseptic area

7% clarified indication for PBS prescriptions

Other interventions

21% prepared prescription for doctors

Developing a best practise guideline

The focus group helped to refine the guidelines. The findings are summarised in Figure 2. Currently, no pharmacy department has completed all the activities listed in the best practise guideline.

Conclusion

Pharmacy departments varied in the levels of clinical pharmacy services they provided. This study provides pharmacy departments an opportunity to review their role in the intravitreal clinic and to strive for continuous improvement to provide a comprehensive level of clinical pharmacy service.

Figure 2: Best practise guideline and levels of clinical pharmacy service at outpatient intravitreal injections clinics

Basic

- Verify patients details by checking for three identifications e.g. 3 ID: name, address, DOB
- Ensure Medicare card/concession details correct
- Check for ADR
- PBS scheme eligibility: Authority number & condition/treatment plan outlined
- Non PBS: SAS form for traimcinolone & prescribed by authorised prescriber
- Use dispensing history to review patient's past medical histroy
- Review medication order on prescription only and dispense medications "For doctors use only"

Moderate

- Use decision support tools to verify treatment plan
- Ensure medication selection matches plan:check if there is new/changed therapy
- Ensure the following information is provided by the prescriber: nominated eye(s) to be injected and indication
- Ensure duration from last injection more than 28 days from last injection
- Check strength (note ranibizumab comes in two different strengths)
- Check ADR/contraindications (if available): high IOP, infection, bleeding, worsening vision
- Check Batch (some doctors request 2 different batches if both eyes are being injected) and expiry
- Directions on label: For intravitreal injection into the LEFT/RIGHT/BOTH eyes by the doctor for *insert condition*
- Provide counselling to patient
- Provide patient infomation leaflet

Comprehensive

- Complete a medication reconcilliation
- Provide medication management plan
- Prepare prescriptions for doctor
- Provide training and education
- Participate in interdisclinary care planning
- Become an integral part of the multidisciplinary team at the outpatient clinic