

Understanding transitions of care pharmacists: barriers, facilitators and aspirations

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SHPA Transitions of Care and Primary Care Specialty Practice

Background

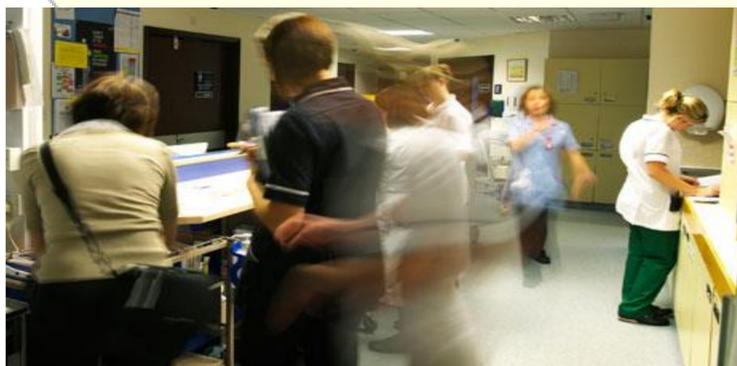
- During transitions of care, patients are vulnerable to medication misadventure.
- Transition of care roles are emerging, but little is known about these pharmacists' experiences.

Aims

- Explore Discharge Liaison and Transition Care pharmacists' experiences across Australia.
- Identify barriers and facilitators faced in daily practice and aspirations for these roles.

Methods

- Ethics approval: UniSA Human Research Ethics Committee.
- On-line survey disseminated via the SHPA eNews and AACP newsletter.
- Inclusion criteria: Pharmacists in primary care or transition of care roles
- Collated data was interrogated using the Survey-Monkey™ software. Free text answers were analysed using line-by-line coding to develop themes.



Results

Of the 63 pharmacists who responded, 25 worked either in Discharge Liaison (n=11) and/or Transition Care (n=18). Four respondents worked in both, providing 29 responses for transition of care roles.

Pharmacists' attributes

- 88% were female and 56% were from Victoria.
- 76% worked exclusively in metro locations.
- 40% had more than 20 years experience, 24% between 10 & 20 years and 36% with less than 10 years experience.
- 92% had additional qualifications & 44% were accredited to conduct medication reviews.

Barriers

- Lack of career path
"It's a dead-end position. Anyone with aspirations for leadership won't stay in a transition care role"
- Limited resources for staffing
"Current funding models for transition care pharmacy services are a huge barrier"
- Poor awareness of service from referrers - hospital and GP.
"Our lack of capacity to meet demand means some referrers give up."
- Difficulties engaging GPs
- Service is not prioritised by Pharmacy Departments or hospital administration

Facilitators

- Positive relationships within a multidisciplinary team
- Interdisciplinary team member support for pharmacists' contributions
"We are a fantastic multidisciplinary TCP team all based together for easy client discussions."
- Service can be tailored to meet the patient's needs
"There's no limit on the time spent with a client, or the number of home visits needed."
- Full access to case records
- Streamlined and timely communication pathways

"It's where hospitals truly embrace handover to the community medicines management team, rather than just discharge."

Aspirations

- Expanded capacity and service provision
"I'd love to see us targeting more patients and seeing them in a timely manner."
- Greater hospital pharmacy engagement
"I hope hospital-initiated medication reviews are a reality within 2 years."
- Telehealth & other enabling IT for case conferences to optimise 'reach'
- Improved awareness of transition care pharmacist roles in the wider community (especially among GPs and community pharmacists).



"I'd love the position to be more well-known so community pharmacies and GP clinics understood who I was when I contacted them."

Conclusions

- The community and healthcare system need to acknowledge the gaps with existing transition care service provision, especially with respect to medication management.
- The contribution of pharmacists in transition care roles needs to be valued.
- Increased support and resourcing for transition care pharmacists will serve to strengthen the safety net beneath patients and in turn promote improved health outcomes.

