



**Queensland
Government**

Introducing a
Ophthalmology
Clinical Pharmacist
to an Outpatient
Clinic



INNOVATION



IMPROVEMENT

Please select whether this is an improvement to an existing process, product or service, or a new innovation within your organisation

HRT Improvement Group
Brisbane, Queensland
19/6/19

Organisation Name: Princess Alexandra Hospital

Presenter(s) name(s): Scott Mitchell

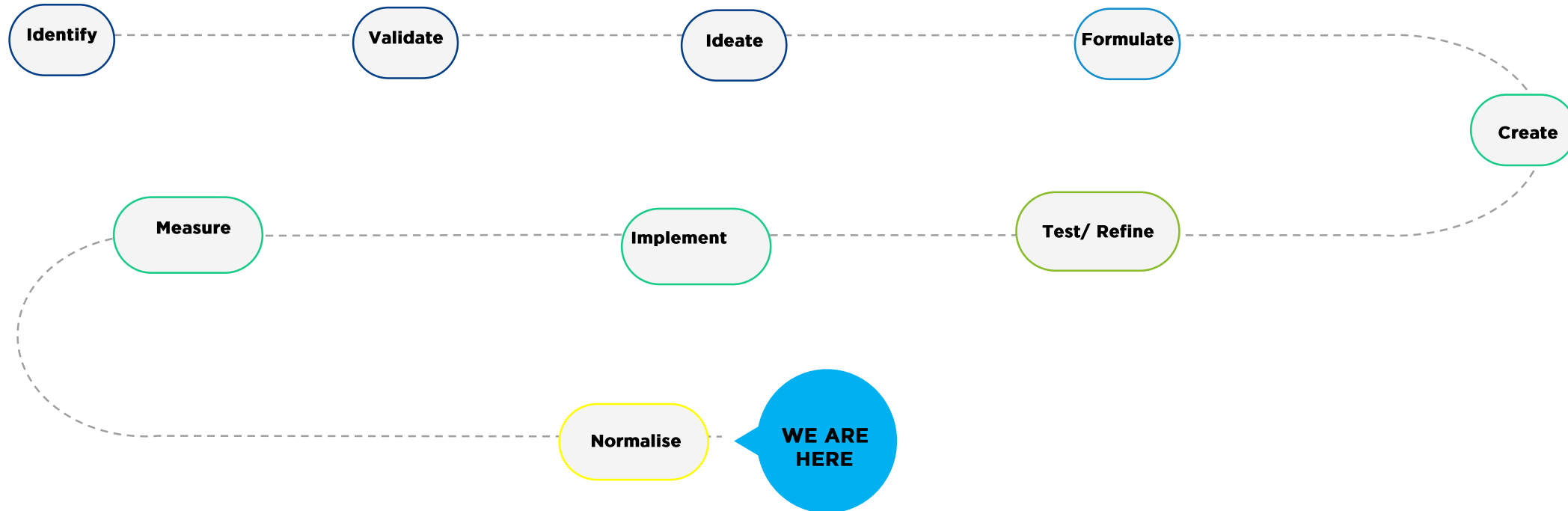
Presenter(s) job title: Pharmacist Team Leader for Ambulatory Services
& Rehabilitation

Contact Details for key person: scott.mitchell@health.qld.gov.au





Where are you on the journey?



Please mark where on your improvement Journey where you are by moving the blue bubble to the relevant spot on your Journey.

Identify that there is a problem worth solving,

Validate that it exists and is worth solving (eg cost benefit),

Create ideas (*Ideate*) for how to solve the problem and select the most appropriate one,

Formulate a plan and seek necessary approval/funds etc,

Create Develop/ Build/Activate the innovation/improvement

Test and Refine the solution till it meets your needs, *Implement* it within your organisation including change and adoption strategies to engage with users

Measure the effectiveness of the innovation/improvement against the baseline to understand how it has solved the identified problem (or not) and any learnings),

Normalise the improvement/Innovation into standard business practice



Current Issue to be addressed

- In July 2018, the Princess Alexandra Hospital (PAH) Division of Surgery funded a 6-month trial of an Outpatient Ophthalmology Pharmacist.
- The role was based on a Financial Improvement Plan from the division of Surgery.
- Cost saving opportunities identified included management of high cost intravitreal injections within the clinic.
- The primary outcome measure was a reduction in pharmaceutical expenditure and/or the predicted future savings.
- In addition, quality and patient safety metrics were to be demonstrated.





Aims for Improvement & Innovation

- Cost effective drug use
- Improving continuity of stock supply
- Review imprest / inpatient supply delivery, SAS/PBS administrative tasks
- Development of clinical relationships with staff in ophthalmology fostering collaboration
- ADR recording to ensure compliance with accreditation standards
- Sourcing cost-effective medication as needed
- Supporting treating team for inpatient admissions
- Contribution and development of ophthalmology prescribing guidelines and unit specific medication guidelines
- Co-ordination of S4 & S8 medication control management
- Provision of education to the nursing (eg. “drug of the week”) and medical team
- information (product changes, education □ nurses, medical staff & pharmacists, product shortages/alternatives)
- Assist with Digital Hospital (MARS)
- Monthly financial reporting (ABF & medication) @ DTC and identification of DUE targets with team leader and DUE Pharmacist
- Maintain appointment records of patient consultations as per ABF protocol requirements. Averaging 30 patient consultations/week.
- Documenting medication histories, medication reviews for patients attending Eye clinic
- Regular engagement with other hospital Perioperative Pharmacists/Ward Pharmacist
- Review high risk patient’s pre-admission (not seen by PAC / Emergency cases/ anticoagulation use) and providing details regarding post-operative management
- QUM audits and research projects in collaboration with the medical and nursing staff

Innovation into action

<p>We sought and gained support by:</p>	<p>Division of Surgery Director of Pharmacy Director of Ophthalmology NUM for Ophthalmology</p>
<p>Designed/Built the solution by:</p>	<p>Business case for a 0.5 FTE 6 month pharmacist trial was created</p>
<p>We tested it by:</p>	<p>Conducting a 6 month trial that started in July 2018 and ended in Dec 2018.</p>

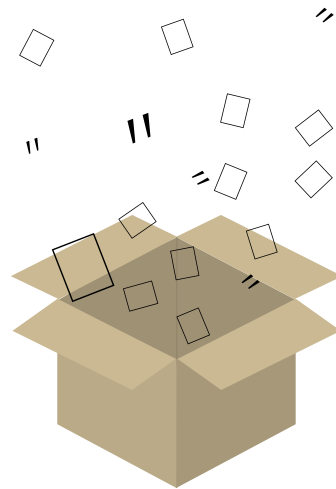
Outcomes



Medication Target	Date Intervention Effective From	Amount Saved to date	Projected 12 months savings
Ophthalmology Clinic Imprest Stock Optimisation	July 2018	\$28,353.78	Ongoing review required, unable to project savings
Acquisition of sample stock – Eylea/Lucentis/Ozurdex	August 2018	\$ 92,212.96	\$368, 851.84
Admission as OP for Eylea Bilateral Intravitreal Injections*	August 2018	\$72,462.72	\$253, 123.20
Admission as OP for Lucentis Bilateral Intravitreal Injections*	August 2018	\$15,792.25	\$60,160.94
Prednefrin Forte – Maxidex Prescribing Alteration	Aug/Sep 2018	\$3205.22	\$12820.9
Total		\$212, 026.93	\$694, 956.88

LESSONS LEARNT

- It is vital to create a sound 'plan of attack' prior to commencement of a new role
- Engage with all stakeholders
- Despite resistance from a team to consider practice changes - respectfully persevere!
- Ensure that establish great rapport with all team members



RECOMMENDATIONS

- Establish a solid professional foundation with your stakeholders prior to opting for a trial
- Ensure that you have created a sustainability for the role

Summary Slide

Presenter Name and Contact Details : Scott Mitchell email: scott.mitchell@health.qld.gov.au

PROBLEM	We identified the following issue/challenge/opportunity:	<i>Initially the target was reviewing the management high cost intravitreal injections</i>
	We validated this by:	<i>Optimizing PBS revenue opportunities via PBS remuneration and utilization of sample stock</i>
	We defined the problem worth solving as:	<i>Change in prescriber practices in the clinic</i>
SOLUTION	We defined a successful outcome as:	<i>Actual cost savings over a 2 month commencement analysis as \$212, 000 saving for the hospital</i>
	We created the following solution:	<i>Maximizing PBS remuneration – as per Business case target Accessed further opportunities: Reducing wastage Education Clinic reviews of Category 1 patients requiring urgent surgery</i>
OUTCOME	We have seen the following results:	<i>Established as 1FTE HP4 Projected cost savings for the hospital – Annual estimation \$694, 956.88 ABF tier 2 funding (Average of 30 patient reviews per week) – Annual estimation = \$803, 400 Increase in patient care and medication history documentation for high risk ophthalmology patients</i>

