

---

# Partners in Disability Care: A Paediatric-Pharmacy Shared Care Model

Initiative Type

Model of Care

Service Improvement

Status

Sustained

Added

14 December 2023

Last updated

03 January 2024

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcclence.qld.gov.au/improvement-exchange/partners-disability-care-paediatric-pharmacy-shared-care-model>

## Summary

---

---

The Child Development Service (CDS) at the Gold Coast Hospital and Health Service (GCHHS) is a pioneer in integrating pharmacists into paediatric disability care, showcasing benefits in patient care and clinic efficiency. Despite a surge in demand for paediatric care over the last 24 months, innovative strategies, including increased pharmacy support, have increased efficiency. This is evident in reduced waiting times, increased occasions of service per patient, improved quality of care and a significant return on investment.

### Key dates

Mar 2019

Dec 2023

### Implementation sites

Child Development Service, Gold Coast Community Child Health.

### Partnerships

Pharmacy Department, Gold Coast University Hospital.

## Key Contacts

Dr Angela Owens

2510

[Anonymous](#)

Paediatrician

Child Development Service, Gold Coast HHS

07 56879183

angela.owens@health.qld.gov.au

---

## Aim

To offer an alternative care model for medication reviews in young people with developmental disabilities at the Child Development Service at the Gold Coast HHS, aiming to enhance patient care and clinic efficiency by involving pharmacists, under indirect paediatric supervision, to perform medication follow-ups.

## Benefits

- Reduction in number of paediatrician appointments required per child, which increase the capacity of paediatricians to focus on new referrals to service.
- Enhanced individual care through paediatrician-pharmacist collaboration: more review appointments available, increased timeliness of review, increased capacity to offer more new paediatric appointments and address waiting list demands.
- Significant return on investment, with the service yielding 2.2 times its cost.
- Increased virtual care: as the pharmacy clinic operates predominately virtually, this improves accessibility and flexibility for patients and caregivers, reducing geographical barriers and increasing convenience in accessing specialised care.
- Additional skill set of Pharmacists complementing multidisciplinary team, improving paediatricians' understanding of medications.
- Pharmacists broaden their scope of practice, functioning seamlessly within the interdisciplinary team.

## Background

The CDS at the Gold Coast HHS pioneered pharmacist integration within the service four years ago, marking an industry first. This innovative service delivery model has resulted in development of clear guidelines around the role and scope of the pharmacist within paediatric disability care and showcased tangible benefits in quality of patient care and clinic efficiencies. Over the past 24 months, the Paediatric Development Clinic has faced unprecedented demand with a 175% increase in new referrals. Despite the implementation of various improvement priorities, this demand has exceeded allocated funding resources.

---

## Solutions Implemented

To increase the capacity of paediatricians to address these new referrals, additional temporary funding was deployed to the Pharmacy Support Team to perform medication follow-ups. Overall, through a mix of permanent and temporary funding, the Pharmacy Team provide 0.7 FTE service to the Child Development Service.

- They provide 25 x 45-minute review appointments per week.
- Families are offered a virtual review, unless there is a clinical indication for an in-person review (for example concerns with weight loss).
- Families provide updated growth and blood pressure measurements (measured at their local community pharmacy) to the CDS pharmacist at the review so these can be plotted and monitored.
- Paediatricians provide case discussions, therapeutic advice and write prescriptions to the Pharmacy team – 3 x 1- hour indirect supervision sessions per week.
- Pharmacists document interaction on electronic record, provide an email summary to the family and provide a summary letter to the patients General Practitioner and Education Provider to ensure continuity of care.

## Evaluation and Results

This has resulted in: **Graph 1: Demonstrated uptake of Pharmacy Clinic** **Graph 2: Average number of Occasions of Service per patient per year**

- demonstrated uptake of patients to service, with at least 27% of paediatric patients in shared-care arrangement with pharmacy (Graph 1)
- a reduction in paediatric appointments required for each patient (Graph 2)
- through the combination of paediatrician-pharmacist shared-care, an increased number of review appointments per patient
- ability to provide clinical review in a more appropriate time frame i.e. pharmacy one - two months vs paediatrician eight months
- significant return on investment, with the service yielding at least 2.2 times its cost
- increased utility of virtual care for medication reviews, with the service providing 96% of appointments virtually in 2023
- verbal feedback from families about benefit of service, however yet have received formal qualitative data
- average failure to attend rate of 11% (within industry norms of 10-15%)
- the addition of the 0.4 FTE temporary pharmacy support over the last 12 months has contributed to paediatricians being able to see a 28% increase in their new case load
- a 10% decrease in patient wait time for a new appointment
- upskilling of paediatricians' in knowledge of medications
- increased pharmacy scope of practice, functioning as an inter-disciplinary team member
- multiple enquiries across Australia from other services seeking guidance in setting up similar models of care, including across General Paediatric settings for other health conditions.

---

## Lessons Learnt

Lessons learnt include:

- Pharmacists can play a pivotal role in providing an alternative to paediatrician's performing routine medication follow-up appointments.
- The team of pharmacists does need to be relatively small (currently stable staffing of 6-8) so that they can be adequately trained up on some of the non-pharmaceutical interventions provided to our families.
- Adequate paediatric supervision time needs to be factored in to provide case discussion, write any urgent referrals required by families and write scripts.
- Patients have embraced virtual care, however, to ensure safety with medication follow-up, this does rely on the patients to have growth and blood pressure measurements completed at their local community pharmacy. This has required training of families and some email follow-up after clinic to obtain these results, as well as pro-active strategies (such as adding this information into reminder text messages about upcoming appointments).

PDF saved 17/05/2024