



Service Priorities and Programmes Electronic Presentations

Convention ID: 163

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Generalization and Specialization of the roles of Oncologist and Pharmacist by the Integrated Oncology Pharmacist-managed Herceptin Clinic

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Keywords:

Oncology Pharmacist-managed Herceptin Clinic
oncology pharmacist
multidisciplinary care

Introduction

In January 2016, Oncology Pharmacist-managed Herceptin Clinic has been established in Queen Mary Hospital, which targets patients on adjuvant maintenance trastuzumab (Herceptin®) therapy for early breast cancer. Conventionally, Clinical Oncologist follow-ups were arranged for these patients once every 2 cycles. With the implementation of this clinic, patients were arranged to see Clinical Oncologist and Oncology Pharmacist alternatively every 2 cycles instead. The service aims to shorten patient waiting time; relieves Clinical Oncologist's workload and optimize patient pharmaceutical care through the integrated care of Clinical Oncologists and Oncology Pharmacists.

Objectives

1. To reduce patient waiting time for trastuzumab administration
2. To investigate the effectiveness of Oncology Pharmacist-managed Herceptin Clinic on relieving Clinical Oncologist's workload
3. To optimize patient pharmaceutical care by Clinical Oncologist and Oncology Pharmacist multidisciplinary approach

Methodology

Patients who were referred to Oncology Pharmacist-managed Herceptin Clinic from January 2016 to December 2016 were recruited. Data were collected from the Clinical Management System (CMS). The patient waiting time in the Clinical Oncologist (Control) and Oncology Pharmacist group were presented using means and compared using unpaired t-test. 95% confidence interval is adopted and $p < 0.05$ is taken as the level of significance. The reduction in Clinical Oncologist's workload is reflected by the number of appointments replaced by Oncology Pharmacist. For satisfaction survey, a questionnaire with 4 questions in 5-point scale is adopted. The descriptive data were presented as mean value.

Result

Forty appointment data from each group were collected. The mean waiting time is 306 minutes for the control group and 183 minutes for the intervention group. Patient's waiting time was reduced by 123 minutes ($P < 0.0001$, 95% CI: 91.7 to 154.3). The total number of Clinical Oncologist appointments replaced by Oncology Pharmacist during the study period was 74. The mean patient satisfaction score was 4.5 out of 5 points.

With the shortened patient waiting time, reduction in Clinical Oncologist's workload and patient satisfaction, it can further value the extended roles of Oncology Pharmacist in the management of oncology patients. It can also strengthen the collaboration between Clinical Oncologists, Oncology Pharmacist through this multidisciplinary approach.