

Coordination and Delivery of Remote Clinical Pharmacy Services During the COVID-19 Pandemic: A Survey of Pharmacy Professionals at Cancer Centres Across Canada

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Background

Clinical pharmacy services such as medication reconciliation, medication counselling, and toxicity follow up are integral elements of cancer patient care.^{1,2}

Due to COVID-19 pandemic restrictions, pharmacy professionals were faced with the challenge of maintaining clinical pharmacy services (CPS) for ambulatory cancer patients while minimizing patient contact.³

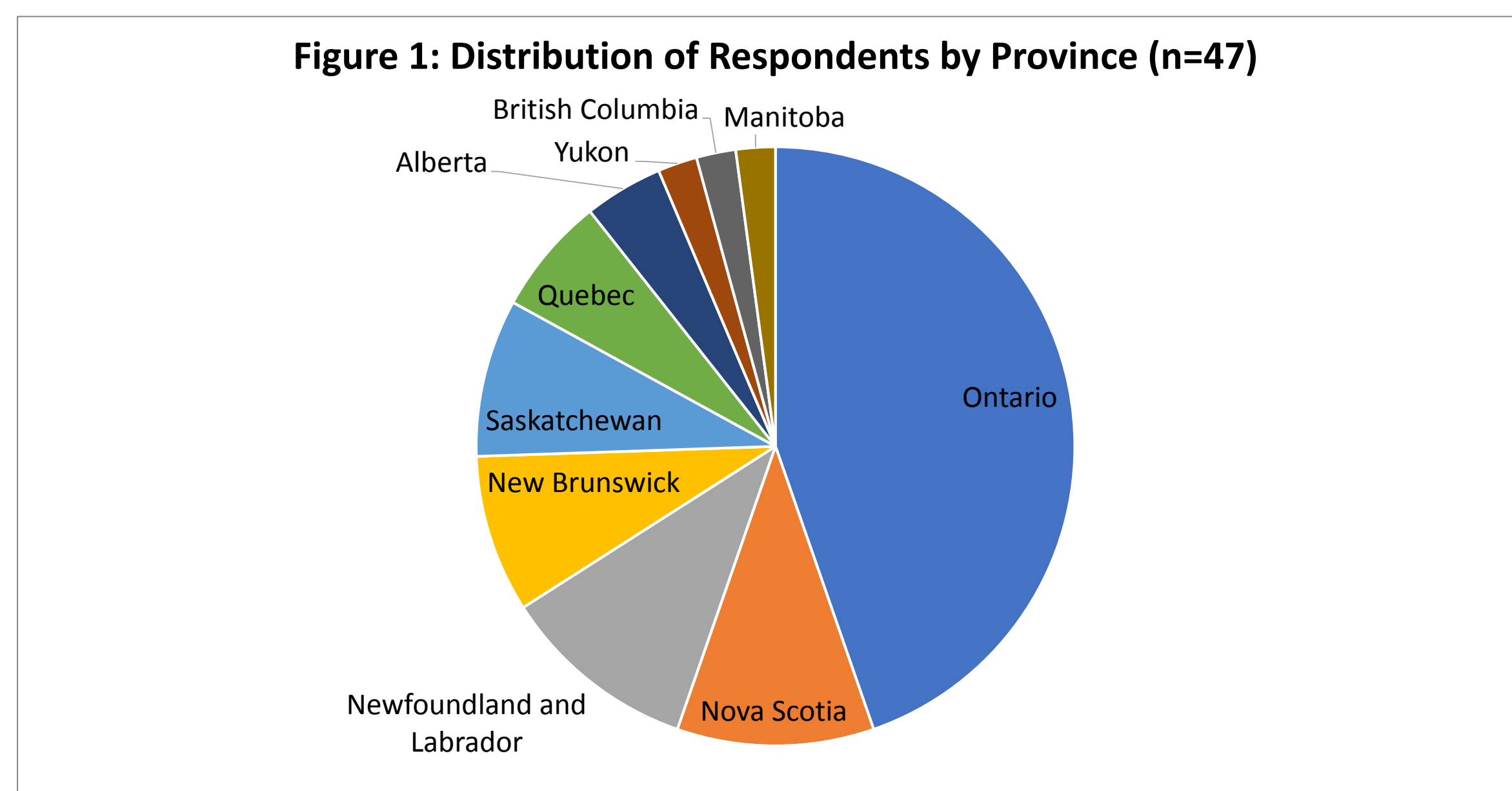
Objective

To survey pharmacy professionals from across Canada and describe how cancer centre pharmacies adapted to deliver oncology CPS at the onset of the COVID-19 pandemic.

Methodology

- Prospective cross-sectional survey study analyzed using descriptive statistics.
- Online 39-item questionnaire was developed through group debriefing sessions and review of the virtual care literature.
- Members of the Canadian Association of Pharmacy in Oncology (CAPHO), Oncology Pharmacists of Toronto Regional Association (OPTRA), and staff of regional Canadian Cancer Centres were invited to participate via email.
- The questionnaire collected information about
 - Use of personal protective equipment in patient interactions
 - Changes to CPS delivery mode for patient-facing services
 - Confidence in level of CPS provided during the pandemic
 - Barriers and facilitators of providing CPS during the pandemic
- Respondents were then invited to participate in an optional interview to further discuss these changes (not reported here).

Figure 1: 45 % of respondents (n=21) were from the province of Ontario.



Results

Table 1: Demographics of Respondents (n=47)

| Role | # (%) |
|---|------------|
| Staff Pharmacist | 31 (66%) |
| Clinical Lead | 4 (9%) |
| Manager or Director | 10 (21%) |
| Other (Researcher, Pharmacy Technician) | 2 (4%) |
| Site # (%) | |
| Academic Regional Cancer Centre (RCC) | 22 (46.8%) |
| Regional Cancer Centre | 15 (31.9%) |
| Satellite Centre affiliated to RCC | 5 (10.6%) |
| Cancer Centre not affiliated to RCC | 5 (10.6%) |

Table 2: Impact of COVID-19 on CPS Delivery of patient interactions (initial wave) n=43, # (%)

| | N/A | Decrease | No change | Increase |
|--------------------------|----------|----------|-----------|----------|
| Face to face | 0 | 27 (63%) | 16 (37%) | 0 |
| Telephone | 3 (7%) | 0 | 13 (30%) | 27 (63%) |
| Email | 17 (40%) | 0 | 16 (37%) | 10 (23%) |
| Video communication | 28 (65%) | 0 | 12 (28%) | 3 (7%) |
| Use of Pharmacy Trainees | 10 (23%) | 25 (58%) | 6 (14%) | 2 (5%) |

Figure 2: Reported use of PPE in face-to-face encounters (n=47; 73 selections)

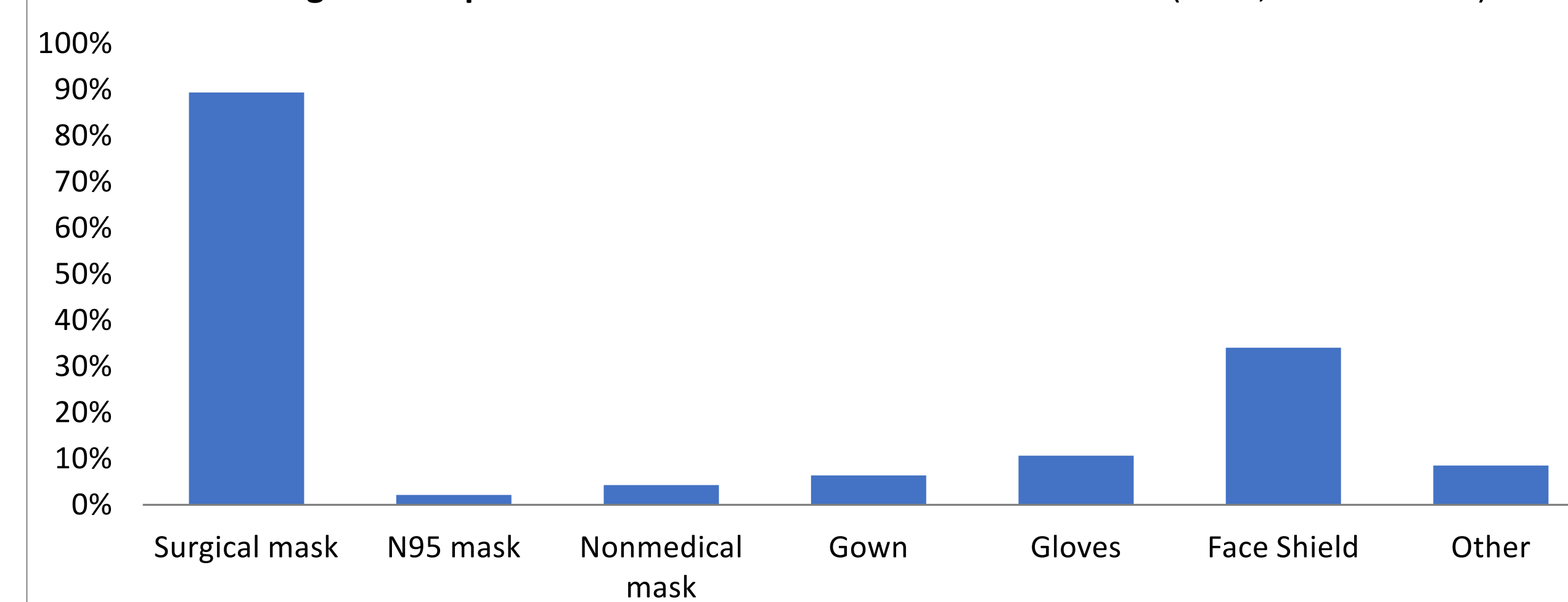


Figure 2: Respondents most commonly wore surgical masks for patient interactions. Face shields were used by 34% (first wave).

Figure 3: How confident are you that the delivery of clinical pharmacy services during the COVID-19 pandemic were adequately preserved as compared to pre-pandemic levels? (n=47)

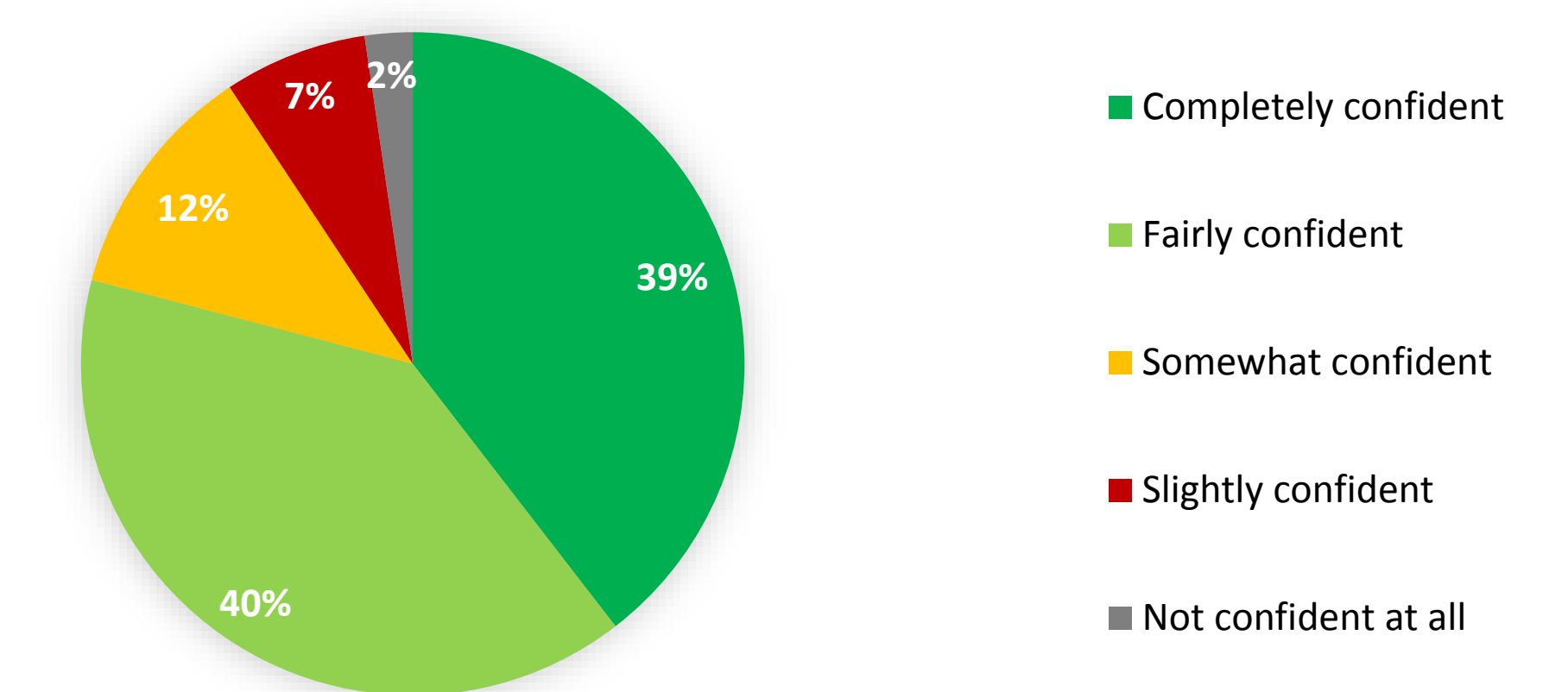


Figure 4: Facilitators of CPS Delivery during the Pandemic (n=43; 82 selections)

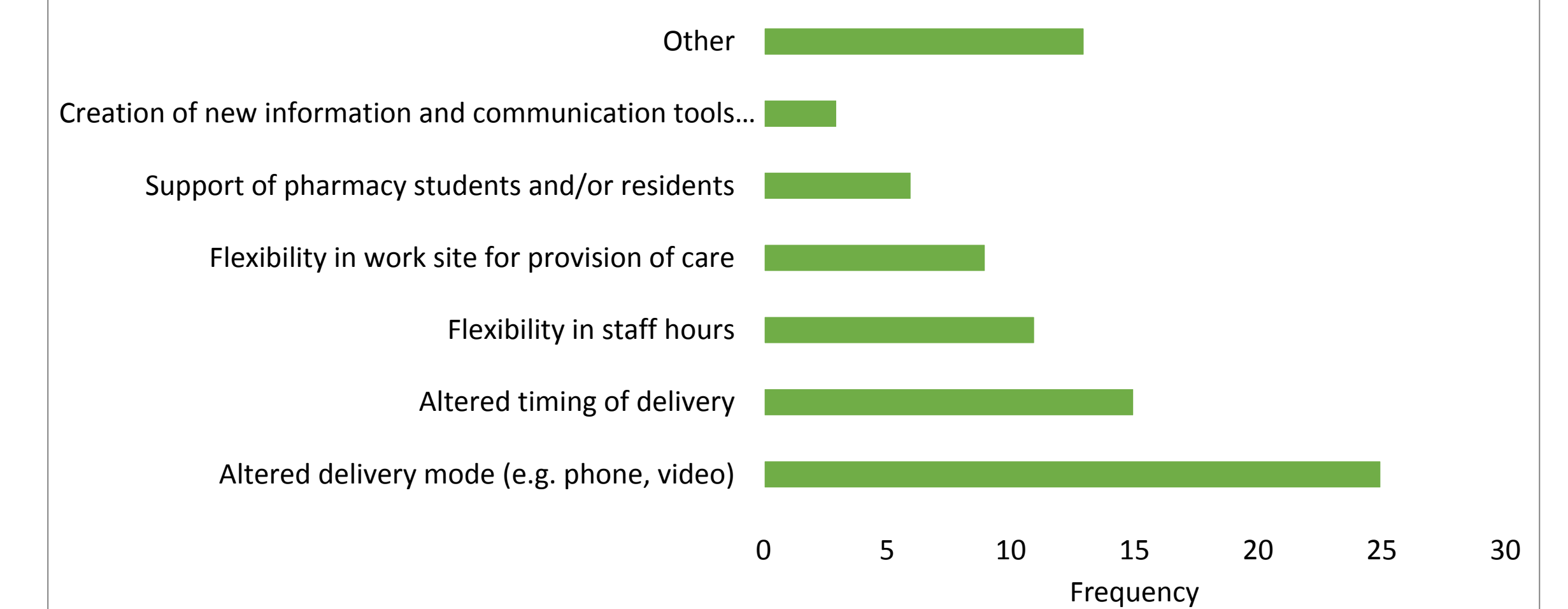


Figure 4: Responses for "other" included support from management, teamwork / communication among pharmacy staff, and openness to adapt

Figure 5: Barriers to CPS Delivery during the Pandemic (n=43; 84 selections)

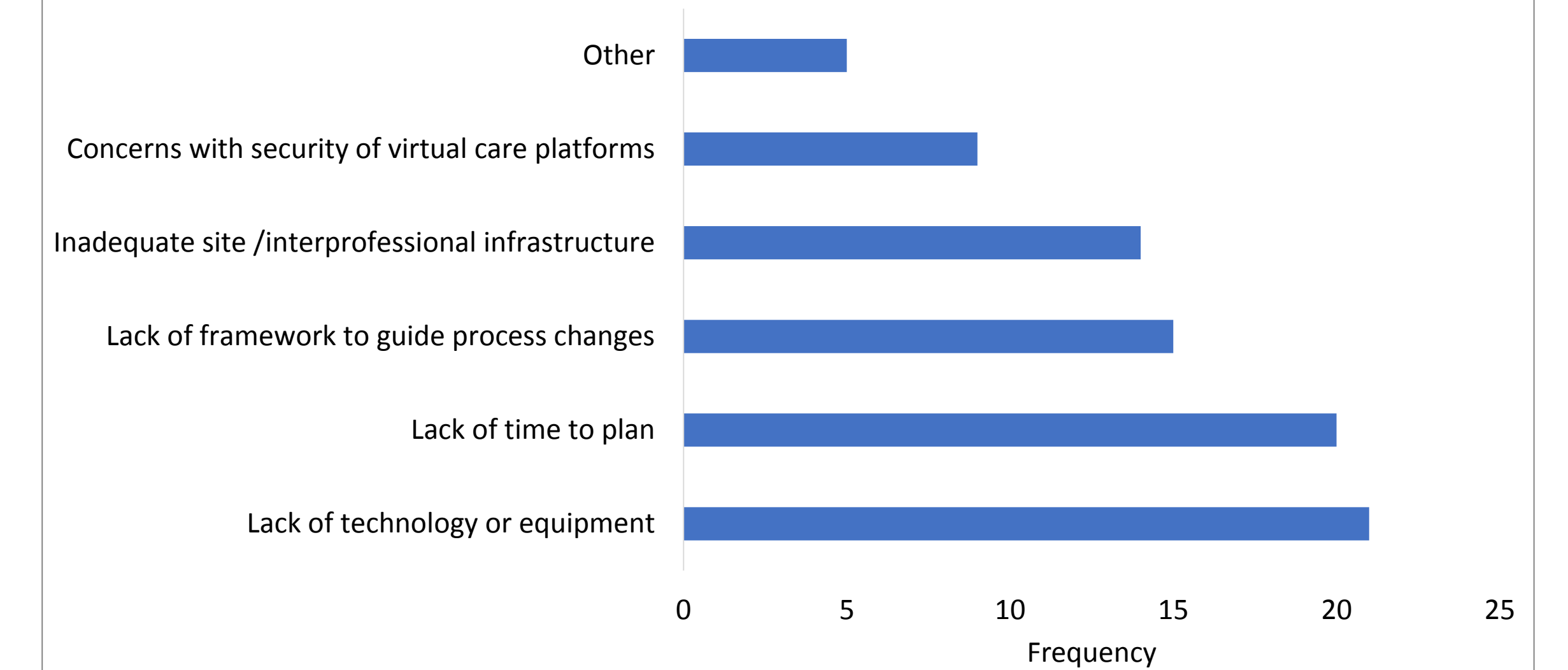


Figure 5: Responses for "other" included human resources (staff shortages) and lost value of face-to-face interactions for chemotherapy patients

Conclusion

- Sites mostly adapted by increasing telephone consultations and decreasing in-person encounters.
- Most oncology pharmacy professionals were confident that CPS levels were maintained during the first wave of the COVID-19 pandemic.
- Flexibility in service provision, improved access to technology, and remote CPS frameworks may enable successful CPS delivery in a virtual environment.

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References

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