

LETTER TO THE EDITOR

AUSTRALIAN HOSPITAL OUTPATIENT PHARMACIES: SERVICE ADAPTATIONS DURING THE 2020 NATIONAL CORONAVIRUS DISEASE 2019 LOCKDOWN

International studies show that telepharmacy service delivery increased to maintain safe pharmaceutical care during the coronavirus disease 2019 (COVID-19) pandemic,¹ but little is known about the use of telepharmacy in Australia. We surveyed Australian hospital outpatient pharmacy managers to identify how their services were adapted during the 2020 COVID-19 lockdowns.

There is no centralised list of hospital outpatient pharmacy departments in Australia, therefore the cross-sectional survey was advertised through professional networks and emailed to hospital pharmacy contacts if available. Survey responses were collected between December 2020 to March 2021. The study was approved by the St Vincent's Hospital Human Research Ethics Committee (2020/ETH02877).

At least one response was obtained from every state and one from the Northern Territory ($n = 34$ hospitals). COVID-19 service adaptations were not uniform, with both face-to-face and telepharmacy services reported (Table 1).

Most respondents continued face-to-face service delivery ($n = 25$), driven by low incidence of COVID-19 and hospital policy. At one site 'Most of our clinics were still running', while other hospitals reduced or ceased face-to-face outpatient consultations due to COVID-19 precautions; 'our organisation mandated all clinics be telehealth unless there were unusual circumstances'. Adaptations made to reduce patient contact in face-to-face services included increasing the quantity of

medications dispensed, reducing opening hours and providing alternative collection points (e.g., drive-through pick-ups).

Five metropolitan hospitals and one regional hospital reported pre-existing telepharmacy services (18% of respondents). Eight metropolitan pharmacies introduced telepharmacy (24% of respondents). All 14 telepharmacy services provided patient counselling, 11 conducted remote medication reconciliation, while eight undertook remote dispensing. Implementation challenges aligned with those previously identified,^{2,3} i.e. technology, infrastructure and staffing. Managers reported that telepharmacy disrupted pharmacists' workflow and increased workload. Compared to face-to-face services, there were additional phone calls, medication packing and posting, organising temperature-sensitive transport and increased administration. Crucially, many noted that because prescriptions were delivered directly from prescribers to the pharmacy, the responsibility of filling prescriptions shifted from patient to pharmacist, often requiring repeated follow-ups: 'getting in contact with patients was challenging, at times requiring multiple phone calls'. Hospital pharmacies had to work quickly to implement new procedures to support these changes. Respondents noted the need for 'immediate staff training and adjustment to the perceived new service' and 'increased staff numbers' to cope with additional workload.

Managers perceived patient preferences to be mixed. Many patients preferred face-to-face services because they 'struggled with telehealth technology' or experienced communication difficulties (especially related to hearing impairment). However, managers explained that patients with significant risk factors for complications from COVID-19 infection, and those who live a considerable distance away, prefer telepharmacy. Other managers noted that many patients simply value the convenience of medication postal delivery. Although retaining some COVID-19-related adaptations was perceived as beneficial by most respondents, many considered that telepharmacy, and telehealth more broadly, should be used selectively: 'We need to make sure that the right tool is used for the right person and we always need to provide options'.

Table 1 Mode of service deliver prior to and during April/May 2020 lockdown ($n = 34$)

	<i>n</i> (%)
Provided telepharmacy prior to April/May 2020 lockdown	6 (17.6)
Introduced or continued telepharmacy during April/May 2020 lockdown	14 (41.2)
Continued face-to-face hospital pharmacy services during April/May 2020 lockdown	25 (73.5)

This survey was limited by the low number of responses, likely attributed to survey fatigue,⁴ as well as difficulty in directly contacting the target population.

Australian hospital pharmacists adapted face-to-face services, as well as introducing telepharmacy, to ensure the continued provision of pharmaceutical care during COVID-19 lockdowns. Addressing patients' needs and preferences, and understanding the impact on pharmacists' workload and job satisfaction are essential for delivering effective and sustainable telepharmacy services in the future.

ACKNOWLEDGEMENTS

The authors would like to thank the pharmacists at St Vincent's Hospital, Sydney for reviewing the pilot survey. Open access publishing facilitated by University of New South Wales, as part of the Wiley - University of New South Wales agreement via the Council of Australian University Librarians.

CONFLICTS OF INTEREST STATEMENT

Professor Day is an Editorial Board member of the *Journal of Pharmacy Practice and Research*. To minimise bias, he was excluded from all editorial decision-making related to the acceptance of this article for publication. The other authors have no conflicts of interest to declare.

AUTHORSHIP STATEMENT

JEC, SW, TL, NT, MTB and TM conceived the original concept. JEC, SW, TL, NT, DD, MJC and MTB designed the methodology. JEC, SW and MJC collected the data and conducted the analyses. All authors critically revised the manuscript.

ETHICS STATEMENT


The study was approved by the St Vincent's Hospital Human Research Ethics Committee (2020/ETH02877).

DATA AVAILABILITY STATEMENT


The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Received: 17 February 2022

Revised version received: 22 March 2022

Accepted: 31 March 2022