

Overview: Standards of Practice for Clinical Pharmacy Services

INTRODUCTION

These standards supersede the previously published *SHPA Standards of Practice for Clinical Pharmacy* and *SHPA Standards of Practice for the Provision of Medication Reconciliation*.^{1,2}

The practice of clinical pharmacy continues to evolve with the changing needs and demands of contemporary health care. These standards are applicable to the delivery of clinical pharmacy services across all care settings: inpatients, outpatients and patients in the community. They describe the activities delivered by pharmacists for patients to minimise the risks associated with the use of medicines and to optimise the use of medicines.

Comprehensive and accountable clinical pharmacy services are an essential component of contemporary health care. Ideally, every health service organisation will have resources to provide all clinical pharmacy activities to every patient based on their needs.

Australian and overseas practice-based evidence confirm that the pharmacist activities described in these standards support an individual patient's medication management plan (MMP) and reduce morbidity, mortality and the cost of care.³⁻⁵

Clinical pharmacy services for individual patients support the objectives of:

- *Guiding Principles to Achieve Continuity in Medication Management*⁶
- *National Safety and Quality Health Service Standards*⁷
- *Australian Safety and Quality Goals for Health Care*⁸
- *Hospital Accreditation Workbook*⁹
- *National Strategy for Quality Use of Medicines*¹⁰
- *Medication Safety Self-Assessment for Australian Hospitals*¹¹
- *Antimicrobial Stewardship in Australian Hospitals*.¹²

In addition, clinical pharmacy services for individual patients enable the objectives of national strategies to improve patient safety and quality of care to be met, such as:

- *Patient-Centred Care: Improving Quality and Safety through Partnerships with Patients and Consumers*¹³
- *Match Up Medicines: A Guide to Medication Reconciliation*¹⁴
- National Inpatient Medication Chart (NIMC), National Aged Care Residential Medication Chart, Paediatric Medication Chart, Private Hospital NIMC and Private Hospital Day Surgery NIMC¹⁵
- *National Medication Management Plan*¹⁶
- *Australian Charter of Healthcare Rights*¹⁷
- *OSSIE Guide to Clinical Handover Improvement*.¹⁸

Other SHPA standards of practice and guidelines in specialty areas should be read in conjunction with these standards including:

- *Standards of Practice for Medication Safety*¹⁹
- *Standards of Practice for Drug Use Evaluation in Australian Hospitals*²⁰
- *Standards of Practice for the Provision of Clinical Oncology Pharmacy Services*²¹
- *Standards of Practice for Mental Health Pharmacy*²²
- *Standards of Practice for the Community Liaison Pharmacist*²³
- *Guidelines for Self-Administration of Medication in Hospitals and Residential Care Facilities*²⁴
- *Standards of Practice for the Provision of Oral Chemotherapy for the Treatment of Cancer*²⁵
- *Standards of Practice in Emergency Medicine Pharmacy Practice*²⁶
- *Standards of Practice for the Provision of Consumer Medicines Information by Pharmacists in Hospitals*²⁷
- *Standards of Practice for Critical Care Pharmacy Practice*²⁸
- *Standards of Practice for the Provision of Palliative Care Pharmacy Services*²⁹
- *Standards of Practice for Pharmacy Investigational Drugs Services*³⁰
- *Standards of Practice for Medicines Information Services*.³¹

The professional conduct of pharmacists providing clinical services in all aspects of practice should be guided by the:

- Pharmacy Board of Australia codes and guidelines³²⁻⁴⁰
- *SHPA Code of Ethics*⁴¹
- *National Competency Standards Framework for Pharmacists in Australia*.⁴²

Familiarity with the medicines management pathway and how other non-clinical hospital pharmacy services support each step of the pathway is useful to understand the context of clinical pharmacy services (Figures 1, 2).

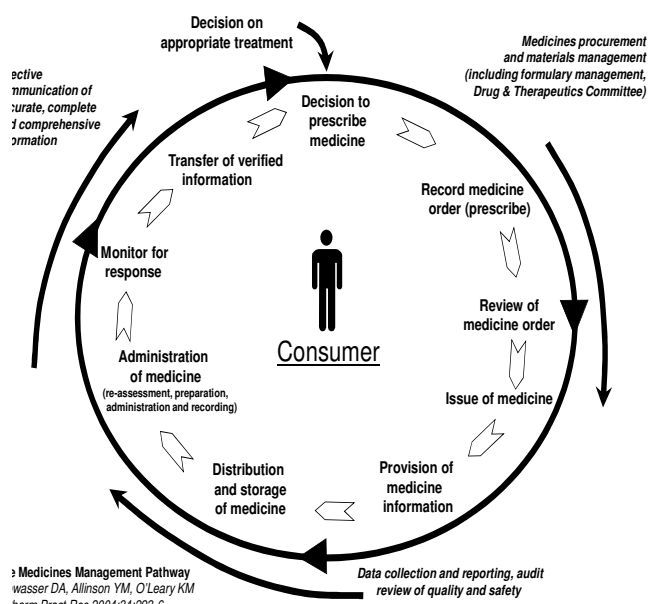


Figure 1. Overview of the medicines management pathway cycle.

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OBJECTIVE AND DEFINITION

Objective

The objectives of a clinical pharmacy service and clinical pharmacy activities are to minimise the inherent risks associated with the use of medicines, increase patient safety at all steps in the medicines management pathway and optimise health outcomes.

Definition

Pharmacists undertake clinical pharmacy activities for individual patients to minimise the inherent risk associated with the use of medicines. Clinical pharmacy activities support a collaborative approach (with patients, carers, prescribers and other health professionals) to medicines management.

Clinical pharmacy activities described in these standards include:

- medication reconciliation
- assessment of current medication management
- clinical review, therapeutic drug monitoring and adverse drug reaction management
- contributing to the MMP
- providing medicines information
- facilitating continuity of medication management on discharge or transfer
- participating in interdisciplinary ward rounds and meetings
- training and education
- participating in research
- quality improvement activities and peer review.

A clinical pharmacy service describes a team of pharmacists (with support from pharmacy technicians and assistants) who are involved in the delivery of a combination of these activities to individual patients or groups of patients.

EXTENT AND OPERATION

These standards are comprised of 15 chapters that detail the clinical pharmacy activities listed above. They provide guidance on maximising clinical pharmacy services and activities, managing workloads, using pharmacy support staff and improving the quality of clinical pharmacy services. These chapters are:

- Chapter 1: Medication reconciliation
- Chapter 2: Assessment of current medication management
- Chapter 3: Clinical review, therapeutic drug monitoring and adverse drug reaction management
- Chapter 4: Medication management plan
- Chapter 5: Providing medicines information
- Chapter 6: Facilitating continuity of medication management on transition between care settings
- Chapter 7: Participating in interdisciplinary care planning
- Chapter 8: Prioritising clinical pharmacy services
- Chapter 9: Staffing levels and structure for the provision of clinical pharmacy services
- Chapter 10: Training and education
- Chapter 11: Participating in research
- Chapter 12: Pharmacy assistants and technicians supporting clinical pharmacy services
- Chapter 13: Documenting clinical activities
- Chapter 14: Improving the quality of clinical pharmacy services
- Chapter 15: Clinical competency assessment tool.

Each chapter is also linked to relevant competencies and accreditation frameworks.

Overview of hospital pharmacy services

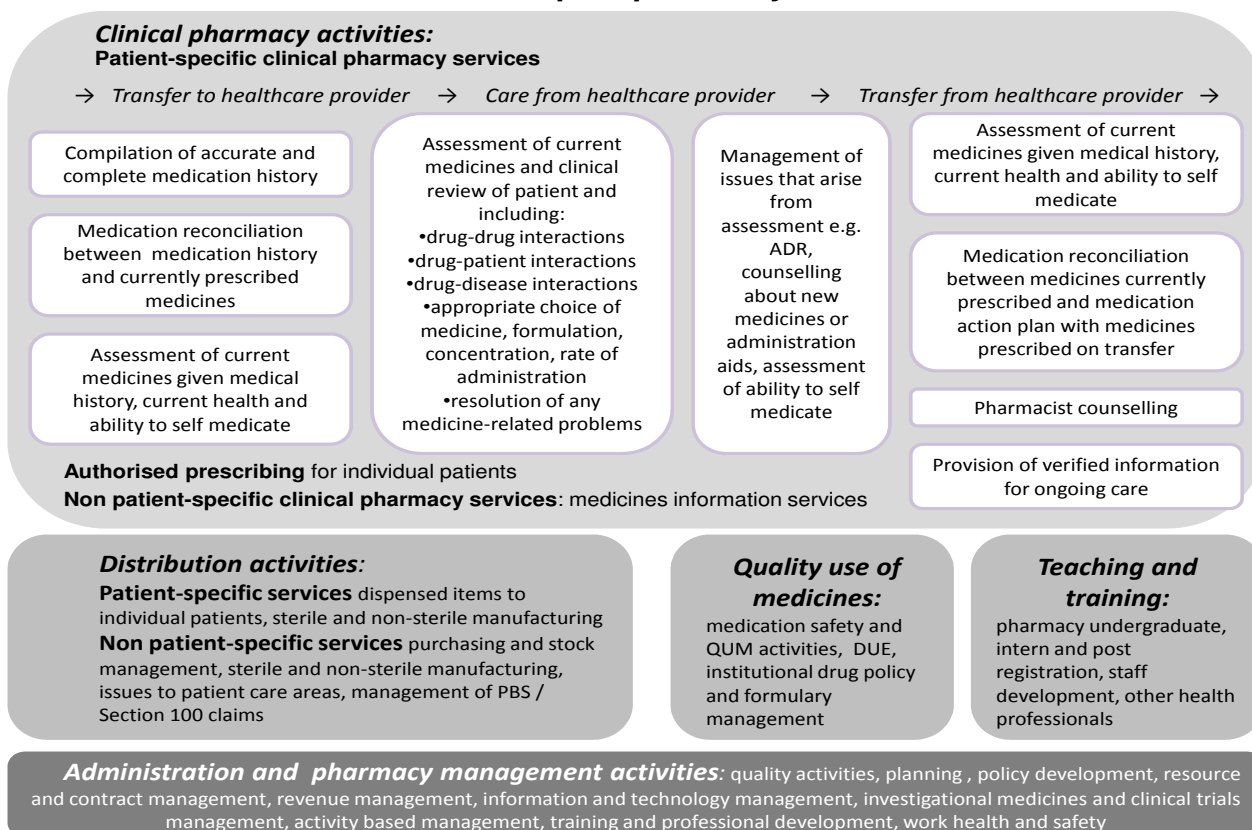


Figure 2. Hospital pharmacy services that support the medicines management pathway.

Clinical pharmacy activities are not restricted to hospital practice; pharmacists in many settings deliver the activities described in these standards. However, the notion of a designated clinical pharmacy service is generally associated with hospital practice.

There should always be a separation of the functions of prescribing, dispensing and administering medicines in all practice settings, wherever possible. In some settings, e.g. theatres, rural and remote areas, or in emergencies this may not always be possible, but the principle is supported as it provides the checks and balances necessary for safer prescribing and delivery of medicines.⁴³

Separating these functions ensures that another health professional takes an independent review of the next step in the medicines management pathway. Pharmacists proactively collaborate with prescribers, retrospectively review medicines ordered, and intervene when errors or omissions have occurred or improvements can be made. The clinical pharmacy activities described in these standards focus on the optimum use of medicines for an individual patient, and are required irrespective of the number of prescribers or the profession of the prescriber. Medicines ordered by pharmacists authorised to prescribe should be reviewed by the dispensing pharmacist or the clinical pharmacist responsible for the patient's care.

Decision support and therapeutic information offered through electronic prescribing systems can support prescribing within designated parameters but they do not replace review of prescribed medicines by a pharmacist.

Communication and cooperation between acute, subacute, non-acute and primary care sectors is important for patients to receive uninterrupted care. For this reason, facilitating continuity of medication management on discharge or transfer is a core clinical pharmacy activity.

Where appropriate, pharmacists should contribute to a patient's electronic health record to facilitate the continuity of medication management.

Pharmacy services should be available when patients require them, 7 days per week and for extended hours. Limiting services to business hours and 5 days per week reduces the timeliness of service delivery and may impact on patient care.

Ideally, every health service organisation will have resources to provide a clinical pharmacy service to every patient based on their needs. However, limited funding and insufficient staffing levels to meet patient numbers and inpatient throughput mean that pharmacy services may not be provided to all patients. Pharmacy managers, in conjunction with the organisation's managers, need to plan for these circumstances by determining the groups of patients that will benefit the most from a clinical pharmacy service and which clinical pharmacy activities are prioritised in their organisation.

These decisions should be in line with the organisation's policies and need to be described in service agreements that detail the patients/service areas that will have access to clinical pharmacy services and which clinical pharmacy activities are priorities for each group of patients/service area. These decisions should also align with the national safety and quality health service standards and their goals.^{7,8}

Pharmacists also need to prioritise the patients who will receive which clinical pharmacy activities on a day-to-day basis.

Patients most at risk of medicines-related problems are likely to obtain the maximum benefit from clinical pharmacy activities. Patients most at risk of medicines-related problems include those who:^{1,15,16,44,45}

- have medication misadventure as the known or suspected reason for their presentation or admission to the health service organisation
- are aged 65 years or older
- take 5 or more medicines
- take more than 12 doses of medicines per day
- take a medicine that requires therapeutic monitoring or is a high-risk medicine
- have clinically significant changes to their medicines or treatment plan within the last 3 months
- have suboptimal response to treatment with medicines
- have difficulty managing their medicines because of literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties
- have impaired renal or hepatic function
- have problems using medication delivery devices or require an adherence aid
- are suspected or known to be non-adherent with their medicines
- have multiple prescribers for their medicines
- have been discharged within the last 4 weeks from or have had multiple admissions to a health service organisation.

In addition to meeting their continuing professional development requirements, pharmacists have a responsibility to contribute to the training and education of other pharmacists, pharmacy students and health professionals. This may involve experiential training of undergraduate and postgraduate students, or orientation and training of inexperienced pharmacists or those recently returning to the workplace. The shpaclinCAT competency framework for pharmacists provides a tool to support pharmacist development as part of an ongoing program of review and enhancement.⁴⁶

Pharmacists should be involved in presentations and education programs for colleagues and patient groups, e.g. cardiac rehabilitation, participate in medication management-related nursing education and in public health education programs, e.g. smoking cessation.

Pharmacists should support, initiate and participate in research projects, whenever possible. Pharmacists involved in research activities must adhere to the principles and procedures outlined by key authoritative bodies and the organisation's research and ethics committees.^{29,47,48}

Participation in quality use of medicines activities within hospitals and research into optimal use of medicines and the practice of clinical pharmacy are essential components of a clinical pharmacy service. Quality use of medicines activities are inclusive of medication safety, drug use evaluation and antimicrobial stewardship.^{12,19,20,49} Pharmacists can be involved in drug use evaluation activities by: identifying clinical areas requiring evaluation, data collection and the design and provision of education programs.

Each pharmacy service should have a clearly defined quality improvement governance system which outlines the goals for the quality of service delivery. This governance system should be in accordance with the larger framework of the organisation.^{7,8} A quality improvement governance system for a clinical pharmacy service should consider the range and day-to-day prioritisation of clinical pharmacy activities delivered and any service agreements.

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