

# **SHPA Standards of Practice for the Community Liaison Pharmacist**

## **The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Rehabilitation**

*These are standards of professional practice and not standards prepared or endorsed by the Standards Association of Australia. They are not legally binding.*

### **INTRODUCTION**

A community liaison pharmacy service provides assistance with medication management and pharmaceutical care in order to promote quality drug use in the community.

Community liaison is a new role for pharmacists and it can be expected to change and develop as the role becomes more defined. These guidelines will need to be developed according to local circumstances and reviewed and revised over time as the role of the community liaison pharmacist (CLP) evolves.

For the purposes of this document the role of the CLP is to ensure continuity of pharmaceutical care for patients in the healthcare system.

A community liaison pharmacist provides links between hospital care and the home, as well as between different healthcare providers.

### **OBJECTIVES**

The objective of the CLP is the optimisation of pharmaceutical care provided to patients at risk of medication misadventure. Some ways in which the CLP can achieve this are:

- providing a link between the patient, pharmacy staff in hospitals and community pharmacists;
- facilitating links between the healthcare team and the patient;
- coordinating the pharmaceutical care plan;
- promoting quality use of medicines through hospital and community education programs;
- promoting an awareness of the role of medications in overall medical management;
- minimising admission to hospital due to medication mismanagement.

The expected outcomes of the CLP practice are improved quality of life for patients by their empowerment, and appropriate allocation of healthcare resources.

### **CLINICAL SERVICE**

All clinical activities will be carried out within the SHPA Standards of Practice for Clinical Pharmacy<sup>1</sup>

To achieve the objectives, the CLP should:

- set up systems to identify and contact 'at risk' patients in hospital for medication counselling and home visits. Examples of high risk groups include:
  - patients with multiple medications
  - patients with altered drug regimens during hospitalisation
  - patients who have been admitted to hospital because of medication misadventure/misuse
  - patients newly trained in the use of appliances e.g. inhalation devices, compliance aids
  - patients at risk because of language difficulties, dexterity problems, impaired sight
  - patients with long-term medication requirements who do not have the capacity or support to manage their medication
  - housebound patients
  - patients living alone
  - elderly patients;
- promote the use of medication record cards and other appropriate aids for medication management, stressing the need for regular updating of all information;
- provide counselling to post-discharge and referred patients as well as carers, and where possible aim to simplify the medication regimen, in consultation with the patient's medical practitioner and domiciliary nurse where appropriate;
- ensure the patient's community pharmacist is notified promptly about discharge medications, alterations to previous therapy and ongoing pharmaceutical care plans;

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- promote liaison between pharmacists, medical practitioners, domiciliary nurses, community health and other allied healthcare workers, thus ensuring a team approach to patient care;
- promote pharmacist involvement in aged-care facilities and community-based mental health facilities, and quality use of medicine in the community through education programs and provision of relevant drug information;
- develop and measure outcomes of the CLP services;
- optimise the use of the CLP through marketing strategies;
- develop policies and procedures specific to the CLP's practice setting.

### RESOURCES

Adequate resources are required for the CLP to provide a service of good clinical standard. Advantages of the CLP being part of a hospital pharmacy department include access to continuing education, staff development and training programs, liaison with hospital staff pharmacists, and facilitation of training of other pharmacists and students.

The following facilities need to be considered:

- hospital-based office with appropriate facilities (telephone, computer, etc.) for record keeping, storage and retrieval of information, receipt of messages;
- access to patients' hospital medical records;
- liaison with clinical pharmacists, medical personnel, allied health professionals and nursing personnel;
- access to drug information resources;
- access to nursing home patients in the area;
- access to community groups and day centres for educational presentations;
- access to interpreter services;
- access to car for home visits;
- reference texts for specialty areas appropriate to the practice setting;
- access to reference library.

### QUALIFICATIONS AND EXPERIENCE

The number of patients per CLP will depend on the local circumstances. Factors which should be taken into account include the distances the CLP will have to travel, availability of other community support networks, complexity of medical management and drug regimens of patients visited, social situation and associated factors.

When employing a CLP, consideration should be given to the applicant's:

- understanding of pharmaceutical care;

- broad experience, preferably hospital and community pharmacy practice;
- postgraduate qualifications e.g. Fellowship of the Society of Hospital Pharmacy, Diploma in Hospital Pharmacy;
- clinical experience in various specialties at a level above base grade pharmacist;
- administrative experience;
- current driver's licence;
- research skills;
- working knowledge about health resources in the area;
- participation in continuing education.

The CLP should display the following personal attributes:

- self motivation;
- good written and oral communication skills;
- good presentation skills with creative ability;
- insight, patience and empathy with patients, in particular psychiatric patients and the aged;
- ability to work independently;
- sensitivity to cultural differences;
- ability to work with other healthcare providers.

### DOCUMENTATION AND EVALUATION

Measurable outcomes are essential if the services of a CLP are to be valued. Indicators of activities should be measurable, relevant and reproducible. Indicators should be appropriate for local conditions and could include the following areas:

#### Workload Indicators

- number of patients referred;
- time required for average patient with defined risk factors;
- clinical interventions;
- number of medication cards prepared;
- number of contacts with each patient;
- number of patient enquiries received from medical practitioners and pharmacists.

#### Process Indicators

- use of compliance devices;
- use of medication record cards;
- use of discharge counselling;
- links with hospital and community health professionals;
- communication methods with healthcare providers;
- number of home visits to at risk patients.

#### Impact Indicators

- target audience reached.

#### Outcome Indicators

- improved relationships with medical practitioners and other healthcare providers regarding patient medication management;
- improved medication management skills by patients;
- better use of resources;
- empowerment of patients.

The following examples may need to be adapted to local conditions:

- the CLP's involvement in community and aged care facilities measured by attendance at community talks;
- documentation of activities such as medication reviews in aged care residences;
- survey of medication cards given out, asking patients if they have shown them to their medical practitioners and local pharmacists and if the card is being updated by the medical practitioner;
- survey to patients and carers detailing measure of satisfaction with the CLP's counselling service;
- survey of healthcare providers;
- survey of customer status at selected intervals post discharge;
- improved health outcomes for patients could be measured by a survey concerning awareness of medication discharge cards, how useful they have found the CLP and how aware they are of their activities;
- other indicators of response could include requests for visits by the CLP with educational materials and the number of enquiries made to the CLP by local pharmacists and medical practitioners;
- number of referrals from nursing unit managers on wards, medical practitioners, hospital and

- community pharmacists, staff in residential facilities;
- monitor the CLP's contacts with other healthcare workers on customer's behalf;
- survey number of readmissions to hospital due to medication misadventure for a particular patient;
- document quantity of drugs stockpiled in patients' homes comparing before and after the CLP's intervention and relationship to therapeutic misadventures;
- time spent on initial interviews, compared with number and time spent on follow-up interviews;
- clinical interventions documented include therapeutic drug monitoring, medication dosage and frequency changes, adverse drug reactions, drug interactions and allergies.

#### Reference

1. The Society of Hospital Pharmacists of Australia Committee of Specialty Practice in Clinical Pharmacy. SHPA standards of practice for clinical pharmacy. In: Johnstone JM, Viénet MD, editors. Practice standards and definitions. The Society of Hospital Pharmacists of Australia. Melbourne: SHPA, 1996.

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