
PRACTICE STANDARDS

SHPA Standards of Practice for Drug Information Services

The Society of Hospital Pharmacists of Australia
Committee of Specialty Practice in Drug Information

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

1. INTRODUCTION

These Standards of Practice have been developed to provide guidance for practitioners and managers in the provision of drug information services. They define the minimum requirement for service provision, but also give guidance on extended levels of service.

These Standards replace the 'SHPA Guidelines for Australian Drug Information Services'¹ and the 'SHPA Guidelines for Quality Assurance of Drug Information Centres'.²

They have been developed for all patient care settings and aim to ensure the highest possible quality of patient care. They should be read in conjunction with other related SHPA Guidelines and Standards of Practice, including the 'SHPA Standards of Practice for Clinical Pharmacy',³ the *Australian Drug Information Procedure Manual*,⁴ and the 'SHPA Code of Ethics'.⁵ In particular, the *Australian Drug Information Procedure Manual* should be consulted for details of many topics included in these standards by reference.

2. DEFINITIONS

Drug information is the provision of written and/or verbal information or advice about drugs and drug therapy in response to a request from other healthcare providers, organisations, committees, patients or members of the public.⁶ This may relate to a specific patient or consist of general information promoting the safe and effective use of medications. Guidelines for the provision of information on the management of poisoning have been published elsewhere.⁷

Drug information service describes activities undertaken by pharmacists in providing information to optimise drug use. The term includes, but is not limited to, the specialised service offered by a drug information centre.

Drug information centre refers to a facility specifically set aside for, and specialising in, the provision of drug information.

Drug information pharmacist refers to a pharmacist who has completed a course of training in drug information such as the advanced course established by the SHPA Committee of Specialty Practice in Drug Information,⁸ or equivalent, and specialises in the provision of drug information.

Consumer medication information service refers to an information service which specifically provides information and counselling on medications for consumers. These Standards include the provision of drug information; guidelines for patient counselling have been published elsewhere.^{3,9}

3. AIMS AND OBJECTIVES

The aim of a drug information service is to optimise patient outcomes by supporting the quality use of medicines.

The drug information pharmacist contributes to the quality use of medicines by the provision of current, timely, accurate, objective and appropriate information on drugs and drug therapy.

4. EXTENT AND OPERATION

4.1 Services

A major function of a drug information service is consultation regarding the drug therapy of individual patients. The scope of this service may include monitoring and follow-up of patient therapy and progress. Individual drug information services should specify to whom their services are available, e.g. health professionals, consumers. The availability of the service should be communicated to potential users.

Drug information services may also provide services which promote quality use of medicines in a broader setting, including:

- preparation of pharmacy and therapeutics committee material and evaluations;
- publication of bulletins or newsletters directed to pharmacists, doctors, nurses and other health professionals;
- participation in programs to establish institutional protocols for appropriate drug use;

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- participation in the education of pharmacists, pharmacy trainees and students, and other health professionals;
- participation in drug use evaluations;
- assistance in the development of investigational drug studies;¹⁰
- participation in programs which report and attempt to prevent adverse drug reactions and medication errors.

4.2 Access

Access to a drug information service may be by any suitable communication method: verbally or in writing, by telephone, facsimile and other electronic means, or via a third party such as a community or ward pharmacist.

A response to a drug information enquiry may also be by any suitable communication method. A response should be in a form and level of complexity appropriate for the particular situation and personnel involved.

4.3 Service Provision

All aspects of a drug information service which involve professional judgment must be undertaken by a registered pharmacist. Other staff may provide support services such as clerical, librarian and technical functions in accordance with the State or Territory pharmacy registering authority guidelines.

4.4 Hours of Service

The drug information service should be available during normal business hours. Arrangements should be made for after-hours service.

5. POLICIES

5.1 General

Policies and procedures should be specific to the service concerned and reviewed at least annually by management in consultation with drug information staff and clients within an overall quality improvement plan. Policies should be communicated to users of the service as necessary.

5.2 Resources and Operation

A drug information service must be resourced and operate so as to provide and clearly communicate current, timely, accurate, objective and appropriate information on drugs and drug therapy.

5.3 Policy and Procedure Manual

A drug information service should maintain a current policy and procedure manual. The manual should include details of standards of practice, range of serv-

ices provided, availability of service, procedures for enquiry receipt and reply, literature evaluation, methods of recording and retrieval of data, details of available resources, quality assurance practices, current job descriptions for all staff and local practices including site-specific regulations or procedures.

5.4 Data Maintenance

The service should establish methods of data maintenance including methods of ensuring the currency of information.

5.5 Documentation of Key Functions

Procedures should be documented for the following key functions:

- methods of obtaining literature including reprints and other literature citations, adverse drug reaction reports, journal subscriptions, texts, manufacturers' literature, commercial databases, and an ongoing system for selection, indexing, filing and retrieval of literature;
- procedures to ensure that when receiving a drug information request, all relevant details are systematically sought from the person making the enquiry while maintaining confidentiality of personal details;
- maintenance of appropriate records of all requests, including date, identity of requestor, request, response, identity of respondent and resources used. Records should contain sufficient data for quantifying workload, and for quality review and assessment. Records of specific requests should be retrievable;
- provision of fully referenced written responses when appropriate;
- provision for the maintenance of the drug information pharmacist's clinical and drug information skills;
- procedures to ensure security of systems including regular backup for electronic systems, authorised access, and a disaster recovery plan;
- participation in a quality improvement program to ensure the service meets the standards of the accreditation guide for Australian hospitals and extended care facilities, *The EQUIP Guide*;¹¹
- administration of human resources, other resources, and financial accountability.

5.6 Specialisation and Networking

When a drug information centre is associated with a specialised institution, the service should develop a specialised reference collection and expertise within their area of specialisation. This is required in obstetrics and gynaecology, paediatrics, psychiatry,

oncology and consumer information services. Electronic networking between centres both intra and interstate is recommended and can be facilitated by the *Australian Drug Information Network (ANDIN)* and other technology.

6. RESOURCES

A drug information centre must have ready access to a collection of suitable resources.

6.1 References

The centre must maintain a current collection of reference materials appropriate to the scope and nature of the services provided, and include books, journals, reprints, drug profiles and manufacturers' literature. The collection must represent the variety of pharmaceutical and therapeutic literature available, and be sufficient to ensure timely response to requests. Ideally the centre should be in close proximity and have access to appropriate library facilities.

The centre should have access to:

- at least one secondary retrieval system to the primary periodical literature and access to original reports in the periodical literature;
- appropriate computer-based information resources;
- a comprehensive medical library;
- consultation with specialists in various fields.

6.2 Facilities and Equipment

The centre should have adequate space and equipment for storage of the reference collection and provision of service. Facilities must comply with occupational health and safety standards. A minimum of 20 m² is recommended for a centre staffed by 1 equivalent full-time (EFT) staff member. An additional 5-10 m² is recommended for each additional EFT staff member. Additional space may be required depending on other activities or specialties of the centre.

6.3 Budget

The drug information centre must be provided with adequate funding to cover capital and operating costs.

7. STAFFING STRUCTURE AND LEVELS

The number of drug information pharmacists required to staff a drug information centre is approximately 1.0 EFT per 20 000 WIES* (Weighted Inlier Equivalent Separations).¹² Additional staff may be re-

* Weighted Inlier Equivalent Separation is the number of inpatient episodes of care multiplied by a weighting factor to adjust for complexity and resource consumption.

quired for specialised centres and for services that are available to consumers and external clients where there is a greater demand on resources. For non-hospital-based services, allowance must be made for establishment and maintenance of infrastructure.

Adequate clerical assistance is required to support the professional activities of the centre. Clerical duties may include indexing, filing and other data management but not receiving calls or communicating drug information.

8. TRAINING AND EDUCATION OF STAFF

8.1 Qualifications

Drug information pharmacists should have a postgraduate qualification such as the Graduate Diploma in Clinical Pharmacy, the Fellowship of the Society of Hospital Pharmacists of Australia or other relevant studies in disciplines such as epidemiology and statistics.

8.2 Additional Training

Training through the SHPA drug information training course is recommended.⁸ Specialised training requirements include:

- computer-based information system searching (e.g. Medline);
- literature selection, evaluation and utilisation;
- knowledge of legal and ethical responsibilities in supplying information;
- verbal and written communication skills;
- management of the resources of the centre;
- counselling skills if the service is available to consumers.

8.3 Experience

A drug information pharmacist should have at least three years postgraduate experience with clinical pharmacy experience including the clinical specialties relevant to the services of the centre and its associated institutions.

8.4 Maintenance of Skills

Provision should be made for maintenance and development of both clinical and drug information skills. Awareness of relevant issues of high professional and public interest should be maintained.

9. PROCEDURES AND DOCUMENTATION

9.1 General

All information generated by the drug information centre or used as a resource for a drug information enquiry should be maintained in a secure manner which ensures that it contributes to the in-house resources and enables it to be readily accessed for fu-

ture enquiries, for quality review and statistical evaluation where appropriate. This may include:

- replies to enquirers;
- adverse drug reaction reports;
- clinical trial protocols and investigators' brochures;
- bulletins or reviews;
- treatment protocols;
- primary literature;
- externally provided information not available from commercial databases, e.g. manufacturers' information including internal reports, advertising material, conference proceedings and articles from references not located in the centre.

9.2 Enquiry Processing Documentation

Enquiries to a drug information centre may vary from a simple uncomplicated query to an urgent or complex query requiring a thorough literature search and evaluation.

A standard procedure for enquiry processing should be established, e.g. flow chart, standard documentation forms and search strategies. These procedures ensure that all phases of enquiry processing are met, priorities established, appropriate background information sought, that maximum use is made of available information, and appropriate records are maintained.

In anticipation of requests, appropriate responses may be formulated for issues which have attracted media attention, are controversial, and where there have been rapid developments.

9.2.1 Background information

The type of background information required for an enquiry will depend on the nature and purpose of the enquiry. However, some standard information will be relevant to most enquiries received. Name, occupation and contact number of the enquirer should be documented. Details of why the enquiry was made, i.e. patient specific, for research or publication, for protocol etc. should be recorded. If the enquiry is patient related, standard patient details including medical and drug history may be required and should be documented.

9.2.2 Enquiry form

A standard drug information enquiry form should be used as a memory prompt and to ensure thorough documentation of the enquiry. The enquiry form should include:

- name and occupation or profession of enquirer (anonymity for consumers if requested and if legally and ethically responsible);

- details of enquiry;
- name of person taking the enquiry;
- date and time of receipt;
- date and time reply required;
- method of contacting enquirer;
- reason for enquiry;
- patient demographics;
- current and past medications;
- relevant medical history;
- relevant laboratory results;
- other (pregnancy, allergies, etc.).

9.2.3 Search strategy

Categorisation of the enquiry into standard classifications assists as a reminder to elicit particular relevant information in addition to formulating a search pattern. Each centre should develop and maintain a list of search strategies reflecting the nature of their enquiries and the resources available.

9.2.4 Preparation of response

Following receipt of an enquiry, procurement of the required background information and allocation of priority, suitable data to formulate a reply are collected. It is important to develop techniques to ensure that a systematic approach to gathering information is employed and the most appropriate resources are used. Search strategies should be followed when conducting a literature search. The resources reviewed and utilised in formulating a reply must be documented in the reply records.

9.3 Communication of Reply

A reply may be provided verbally or in written form. In either case full documentation of the enquiry, background information, search strategy and reply must be kept in a retrievable manner. Documentation procedures must also ensure that the confidential nature of the enquirer and patient is respected.

9.3.1 Verbal replies

Verbal replies may be given over the telephone, directly to the enquirer, or via a third party if appropriate. This method is suitable for conveying simple information. Alternatively it may be used as a method for discussing the reply prior to providing written documentation.

9.3.2 Written replies

Written replies are most useful when the information to be provided is complex or detailed or where documentation is requested. A written reply, fully referenced, should follow a standard format:

- summary statement of the enquiry;

- response, which should include an introduction, the sources searched if appropriate, summary of findings with comment on deficiencies and supporting data. The reporting of negative findings is equally as important as positive results;
- conclusion, which must address the enquiry and be supported by the findings;
- opinion, advice and recommendations may be included provided their status is made clear;
- reference citations which conform to a standard format such as the Vancouver convention.¹³

9.4 Feedback

Feedback forms should be used with all written replies. The data provided on these forms can be used during the review process (see Quality Improvement).

Follow-up of verbal replies through telephone surveys is also recommended.

9.5 Records

All information requests and replies must be documented both as a legal record of activities and as a resource for future enquiries. In addition, documentation provides information for workload statistics and quality assurance programs. Documentation of the reply must include full details of the content of the reply when provided verbally or a full copy of the written reply, the resources used in formulating the reply, the date and time of reply and the name of the person providing the reply.

9.6 Ethical and Legal Issues

Information on legal and ethical issues is available in the *Australian Drug Information Procedure Manual*, including practice guidelines, negligence and liability, provision of information in special circumstances, confidentiality and copyright issues.⁴

10. QUALITY IMPROVEMENT

10.1 Introduction

A drug information service aims to achieve the quality use of medicines by providing and communicating timely, accurate, balanced and comprehensive information on drugs and their usage. To ensure this, a systematic process for quality monitoring, development and problem solving is required. Activities should focus on improving the current standards, not merely maintaining them. Identified problems should be documented and reported. Routine quality activities may highlight areas of concern that require further investigation. A quality improvement program should be implemented by all centres to ensure that practice standards are met and regularly evaluated.

10.2 Objectives

The objectives of a quality improvement program are to:

1. identify key areas of drug information practice;
2. establish indicators of quality for these key areas;
3. establish minimum acceptable levels of performance for these indicators;
4. review performance against indicators;
5. identify opportunities for improvement;
6. develop and implement plans for improvement.

10.3 Procedures

Assessment of quality can be divided into three major areas: structure, process and outcome. Detailed checklists for reviewing a drug information service are included in the *Australian Drug Information Procedure Manual*.⁴

10.3.1 Structure

Structure assessment includes an annual review of:

- resources including personnel;
- facilities;
- organisation.

10.3.2 Process

Process assessment reviews the activities involved in the provision of drug information, including:

- documentation;
- receipt of enquiries;
- resource search;
- data collection;
- evaluation and assessment of data;
- formulation of replies.

10.3.3. Outcome

Outcome assessment reviews the results of the provision of drug information. Feedback forms and telephone surveys will give an indication of the service being provided. It is suggested that each quarter a telephone survey is carried out on enquiries received during one week of the quarter. An example of a survey form is included in the *Australian Drug Information Procedure Manual*.⁴

10.4 Reviews

A review of process and outcome should be carried out at least twice yearly. Enquiries should be reviewed from start to finish including data from feedback forms and surveys. A minimum of 30 enquiries, randomly selected, should be reviewed.

The review should be conducted by one or more people depending on the size of the centre. Appropriate reviewers can be:

- pharmacists from the institution where the centre is based;
- pharmacists from other institutions;
- other health professionals.

The pharmacist in charge of the centre should be involved in the review process.

The impact on patient care may be analysed by quality and clinical importance.¹⁴

Suggested categories are:

1. Quality improvement

- avoided adverse drug reaction, medication error, or drug interaction;
- enhanced therapeutic effectiveness, or provided more effective treatment of disease;
- improved appropriateness of therapy, e.g. unnecessary therapy discontinued, medication changed to a more appropriate one for a particular disease;
- improved compliance;
- increased carer's awareness, or information only.

2. Clinical importance

- extremely important – life-saving;
- very important – potential or existing major organ dysfunction;
- important – raises care to a more acceptable standard;
- minor importance – improved patient comfort;
- information only.

10.5 Performance Levels

The minimum acceptable level of performance in the review of performance of a drug information service is 100%, that is the service must meet all the requirements specified in the guidelines and checklists provided in the *Australian Drug Information Manual*.⁴

10.6 Results of Review

Following review of the service, a report should be prepared presenting the results, who carried out the assessment and suggestions for improvement. Issues should be discussed with staff and a quality action plan developed. These discussions, plans, implementation and outcomes should be documented.

An annual report on the service should be prepared. The report should include a comparison with

the previous year's reviews, evidence of improving performance, priorities, responsibilities, and resolved and unresolved issues.

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