

SHPA Standards of Practice for the Provision of Palliative Care Pharmacy Services

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

INTRODUCTION

These standards describe activities consistent with good practice for the provision of pharmacy services to a palliative care unit, service, specialist clinic or hospice. They also encompass services provided to palliative care patients in general wards or being cared for on an outpatient basis. They include care for both adult and paediatric patients. The role of the pharmacist in palliative care has not been fully defined in the literature and is continually evolving.^{1,2} Current pharmacy services in Australia are mainly provided on a part-time basis and involve clinical, administrative, educational and medication supply functions.² The pharmacist responsible for the overall service to a palliative care unit is referred to as a palliative care pharmacist. These standards should be read in conjunction with other standards of practice relating to relevant clinical pharmacy services.^{3,5}

OBJECTIVES AND DEFINITIONS

The World Health Organization describes palliative care as 'an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual'. Palliative care is not just for the last few weeks of life. It is applicable early in the course of illness, in conjunction with other therapies, such as chemotherapy or radiation therapy, and includes investigations needed to better understand and manage distressing clinical complications.

A palliative care unit is defined as any unit caring for patients with active, progressive, far-advanced disease for whom prognosis is limited. Although the majority of patients have incurable malignancy, care is also provided for other patients in the terminal phase of their illness including those suffering from HIV/AIDS, degenerative neurological disorders (e.g. motor neurone disease, multiple sclerosis), and end-stage organ failure.

These standards describe the desired requirements for a clinical service to a palliative care unit and are aimed at optimising patient outcomes through the quality use of medicines.

EXTENT AND OPERATION

The pharmacy department should offer clinical service to all inpatients and outpatients of the palliative care unit, including patients seen through specialist outpatient clinics. Preferably the service should be on a full-time basis and available seven days a week, however it is recognised that in most institutions this will not be achievable.

Pharmacists should work as a member of the multidisciplinary healthcare team. The establishment of a good working relationship with medical, allied health, pastoral care and nursing staff, as well as community health professionals, volunteers, patients and their carers is the basis of successful clinical practice. Communication

and cooperation should exist with community-based pharmacists and other healthcare providers to facilitate a patient's ongoing pharmaceutical care.

A thorough knowledge of the Pharmaceutical Benefits Scheme (PBS) is mandatory. The palliative care pharmacist should actively participate in all clinical activities of the palliative care unit or team such as ward rounds, meetings, case presentations, journal clubs and lectures.

POLICIES AND PROCEDURES

There are a range of activities that contribute to the overall provision of a successful clinical palliative care pharmacy service.

Clinical Pharmacy Services

The palliative care pharmacist should adhere to the established standards for the provision of clinical pharmacy services for individual patients.³

Liaison

Liaison with other pharmacists, such as oncology pharmacists, generalist clinical pharmacists and dispensary staff, should occur to efficiently coordinate supply of appropriate medicines. The palliative care pharmacist should collaborate with other health professionals to ensure optimal drug therapy for patients with incurable disease. This requires the collection and interpretation of pertinent clinical data, and assuming professional responsibility for optimising drug therapy outcomes.

Medication Action Plan

For each patient of the palliative care unit, the palliative care pharmacist should develop a Medication Action Plan using the guidelines developed in the SHPA Standards of Practice for Clinical Pharmacy.³ When developing the Medication Action Plan consideration should be made of the special circumstances affecting palliative care patients. Medicines are commonly prescribed for non-approved indications (e.g. antidepressants or anticonvulsants for neuropathic pain), by unusual methods of administration (e.g. intrathecal, epidural, intraventricular, topical, rectal, enteral), by unusual routes of administration (e.g. tablets given rectally, eye drops given orally) or in uncommon parenteral combinations (e.g. via syringe drivers).^{6,7}

Outcomes

Differences in expected outcomes may exist for patients cared for in palliative care units as opposed to a hospice. While hospices may admit patients for respite or symptom management, they predominately provide care for patients during the end of life period, whereas palliative care units commonly exist in acute care facilities and are intended to provide acute care or stabilisation of a patient prior to discharge to home with carer or community nursing support, other hospital, an aged care facility, hostel or a hospice.

Continuation of Care

A major feature of a palliative care unit is preparing patients for continuation of care within the community. In addition to the Medication Action Plan, this may involve:

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- organising continued medicine supply in the community through liaison with general practitioners, community palliative care providers, community pharmacies, carers and family;⁹
- working with health departments, hospitals, community pharmacies and palliative care services to ensure appropriate access to narcotics including sufficient quantities and availability out of hours for urgent use; and
- providing educational support to these groups, particularly about the use of medicines for non-approved indications and how to access such medicines in the community setting.

Manufacturing Services

Palliative care patients may be prescribed non-standard dosage forms that require extemporaneous compounding. This may include the preparation of dosage forms to facilitate administration (e.g. sublingual solutions, suppositories), flavouring medicines to improve compliance, eliminating or adjusting ingredients that patients cannot tolerate, and preparing or changing drug concentrations.¹ The preparation of sterile products, such as syringes for syringe drivers, or cytotoxic medicines, may be required. The palliative care pharmacist should liaise with the manufacturing unit to ensure stability, compatibility, bioavailability, and sterility of products.^{10,11}

Administrative Services

The administrative duties of the palliative care pharmacist are those activities that are required for the management, organisation and ongoing development of the clinical service and may include:

- preparation and regular review of policies and procedures associated with the provision of a clinical service to palliative care patients;
- supervision of support staff and the provision of direction and education to pharmacy undergraduates, trainees and pharmacists with little experience in palliative care;
- provision of palliative care education to other healthcare staff, including students;
- organising continuing supply of non-approved medicines, or those not readily available on the PBS, initiated while an inpatient of the palliative care service. This may include medicines available through the Special Access Scheme of the Therapeutic Goods Administration or approved through the institution's Drug and Therapeutics Committee; and
- reporting to the Director of Pharmacy Services and Director of Palliative Care on the functioning of the service when requested. Information may include workload statistics, drug usage data, recommendations for the cost-effective use of medicines, and information on pharmacy interventions, medication errors and adverse drug reaction monitoring.

RESOURCES

The palliative care pharmacist should be provided with sufficient staffing and adequate hours to effectively run the service. Support staff should also be made available to ensure that minimal non-clinical activities are performed by clinical pharmacists.

Adequate office and storage space should be made available. A library of reference and educational material should be collated and maintained. Suggested references are listed in Appendix 1. The palliative care pharmacist should have access to appropriate palliative care journals and should have direct access to both e-mail and the Internet (Appendices 2, 3).

The palliative care pharmacist should be provided with sufficient resources to obtain formalised training and/or accreditation.

STAFFING STRUCTURE AND LEVELS

The primary focus when determining an appropriate staffing structure must be the provision of patient-focused quality care.³ The size and type of palliative care service and local resources will determine the staffing structure required. Adequate support staff should be available to perform non-clinical functions.

Previous standards of practice have recommended bed type:pharmacist ratios for hospice and palliative care patients, however these appear to be inadequate and do not account for the fluctuating nature of a palliative admission.^{3,4} Palliative care patients may be among the sickest patients within an institution, requiring a myriad of drugs to control symptoms. They require the highest levels of specialist clinical pharmacy input to optimise symptom management, reduce risk of drug-related harm and prevent unnecessary polypharmacy. A bed:pharmacist ratio of 20:1 is suggested for a palliative care unit dealing with acute patients requiring stabilisation of symptoms, such as unrelieved pain. A ratio of 30:1 is sufficient for stable patients, respite and hospice care. These ratios must also consider other factors such as outpatient clinics, day therapies and clinical trial involvement.

Palliative care involves a multidisciplinary approach with pharmacists performing a broader range of tasks than just medication management. The palliative care pharmacist can be involved in duties such as assessment of patient symptoms, advising on appropriate therapies, patient counselling and coordination with external healthcare providers. They often form a close attachment to patients and families. This intimacy and the constant dealing with death and dying can lead to a high level of stress and burnout. Adequately trained and experienced staff should be available to replace the palliative care pharmacist during times of leave and ensure necessary succession planning.

TRAINING AND EDUCATION

The palliative care pharmacist should be able to interpret, generate and disseminate knowledge as it applies to palliative care pharmacy practice. In order to achieve this the palliative care pharmacist should be able to:

- retrieve and evaluate the relevant palliative care literature;
- integrate new and existing information to establish recommendations for clinical use; and
- contribute to the development of medication protocols for use in the palliative care population.

The palliative care pharmacist should have appropriate education, training and experience in palliative care pharmacy practice as per the guidelines established for clinical pharmacy.⁴ They ideally should have postgraduate qualifications in clinical pharmacy and, if possible, palliative care. Knowledge of and experience in oncology and general medicine specialties is a distinct advantage. They should possess up-to-date knowledge of clinical palliative care, including the use of non-pharmacological therapies, and be capable of exercising independent, responsible clinical judgment. As per SHPA requirements, they should complete the minimum hours per year of continuing professional development within the field of palliative care pharmacy practice.

Regular attendance at conferences and educational meetings relevant to palliative care, such as those organised by the Palliative Care Association of Australia, Clinical Oncological Society of Australia, International Society of Oncology Pharmacy Practice and SHPA, should be undertaken to maintain and update specialist knowledge. Liaison with multidisciplinary special interest groups in palliative care and the SHPA Committee of Specialty Practice in Cancer Services is encouraged.

The palliative care pharmacist should possess interpersonal and communication skills to be able to interact successfully with patients and carers, and function efficiently as a member of the multidisciplinary team. The palliative care pharmacist is a resource for the dissemination of palliative care-related drug

Table 1. Suggested performance indicators for palliative care pharmacy services

Clinical activity	Performance indicator
Accurate medication history ³	Percentage of patients/carers interviewed by a pharmacist by the end of the following working day after palliative admission
Clinical reviews ³	Number of clinical reviews per number of total bed days
Medication action plan	Number of Medication Action Plans prepared per patient admissions
Coordination of continuing medicine supply	Percentage of patients (returning to the community) for whom medicine supply was organised through a community pharmacy
Patient counselling	Percentage of patients/carers (returning to the community) receiving discharge medicines who receive medicines information

information. This function should include the education of medical, nursing and allied health staff, as well as pharmacy colleagues, trainees and students.

RESEARCH

Involvement in research should be a core activity of palliative care pharmacy practice.³ While this may not be possible in all situations or practices, pharmacists should contribute to the pursuit of evidence-based practice in palliative care. Research activities include involvement in the conception and design of research activities, literature review, collection, analysis and interpretation of data, and presentation and publication of findings. They should be familiar with all clinical aspects of trials that involve palliative care patients and conform to accepted standards of practice for investigational drugs.¹² They should liaise with investigators, study personnel and the clinical trials pharmacist to facilitate the efficient running of studies. If a clinical trials pharmacist is not employed within the institution, the palliative care pharmacist should accept responsibility for the pharmacy aspects of these trials.

QUALITY

A quality assurance program for the provision of clinical services to the patients of the palliative care unit must be developed and maintained. This should be based on the accepted standards.³ The program should include a number of performance indicators. Some suggested indicators are outlined in Table 1.

DOCUMENTATION

Effective documentation contributes to the pharmaceutical care of palliative care patients and improves communication with other members of the multidisciplinary team. This may include recording in the patient medical record, maintaining pharmacy patient profiles, Medication Action Plan, and workload documentation.³ It may also include data entry into computerised pharmacy information/dispensing systems or personal digital assistants.

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- SHPA Committee of Specialty Practice in Oncology. SHPA standards of practice for the provision of clinical oncology pharmacy services. *J Pharm Pract Res* 2002; 32: 115-18.
- SHPA standards of practice for hospital pharmacy outpatient services. *J Pharm Pract Res* 2006; 36: 220-4.
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- Davis MP, Walsh D, LeGrand SB, Naughton M. Symptom control in cancer patients: the clinical pharmacology and therapeutic role of suppositories and rectal suspensions. *Support Care Cancer* 2002; 10: 117-38.
- Gilbar PJ. A guide to enteral drug administration in palliative care. *J Pain Symptom Manage* 1999; 17: 197-207.

9. SHPA Committee of Specialty Practice in Rehabilitation. SHPA standards of practice for the community liaison pharmacist. *Aust J Hosp Pharm* 1996; 26: 570-2.

10. SHPA Committee of Specialty Practice in Parenteral Services. SHPA guidelines of practice for aseptic dispensing services. *Aust J Hosp Pharm* 1994; 24: 509-12.

11. SHPA Committee of Specialty Practice in Oncology. SHPA standards of practice for the safe handling of cytotoxic drugs in pharmacy departments. *J Pharm Pract Res* 2005; 35: 44-52.

12. SHPA Committee of Specialty Practice in Investigational Drugs. SHPA standards of practice for pharmacy investigational drugs services. *J Pharm Pract Res* 2006; 36: 46-53.

Appendix 1. Useful texts relating to palliative care

Doyle D, Hanks GW, MacDonald N, editors. *Oxford textbook of palliative medicine*. 3rd ed. Oxford: Oxford University Press; 2004.

Woodruff R. *Palliative medicine: evidence-based symptomatic and supportive care for patients with advanced cancer*. 4th ed. Melbourne: Oxford University Press; 2004.

Palliative Care Expert Group. *Therapeutic guidelines: palliative care*. Version 2. Melbourne: Therapeutic Guidelines Limited; 2005.

Writing Group. *Therapeutic guidelines: analgesic*. Version 4. Melbourne: Therapeutic Guidelines Limited; 2002.

Twycross R, Wilcock A. *Symptom management in advanced cancer*. 3rd ed. Oxford: Radcliffe Medical Press; 2001.

Twycross R, Wilcock A, Charlesworth S, Dickman A. *Palliative care formulary*. 2nd ed. Oxford: Radcliffe Medical Press; 2002.

Dickman A, Schneider J, Varga J. *The syringe driver: subcutaneous infusions in palliative care*. 2nd ed. Oxford: Radcliffe Medical Press; 2005.

Appendix 2. Useful journals relating to palliative care

Journal	Publisher
Journal of Pain and Symptom Management	Elsevier Science
Journal of Palliative Care	Clinical Research Institute of Montreal
Palliative Medicine	SAGE Publications
European Journal of Palliative Care	Hayward Medical Communications
BMC Palliative Care	Biomed Central
Pain	Elsevier
Supportive Care in Cancer	Springer-Verlag

Appendix 3. Useful palliative care web sites

Description	Web address
Palliative care formulary (UK)	www.palliativedrugs.com
Palliative care matters (UK)	www.pallcare.info
Palliative care program (Canada)	www.palliative.org
The Journal of Supportive Oncology	www.supportiveoncology.net
Australian resource	www.caresearch.com.au
Australian resource	www.virtualcancercentre.com

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