

SHPA Standards of Practice for Parenteral Therapy in Home Health Care

The Society of Hospital Pharmacists of Australia
Committee of Specialty Practice in Investigational Drugs

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

INTRODUCTION

Home health care (HHC) involves the provision of products and services to patients at their residences aimed at maintaining health and minimising the psychosocial stress of illness or disability. The products range from personal care to high technology care such as infusion therapy. For the purposes of this document, HHC refers to, but is not limited to, home infusion therapy and other injectable drug therapy. It includes parenteral drug and nutrition therapy. The provision of HHC requires the team effort of health professionals, including doctors, nurses and pharmacists. The pharmacist's role is the optimisation of pharmaceutical services provided to patients in this setting.

HHC is a new area of practice in Australia and the practice settings and models will be expected to evolve. HHC patients may have been sent home from hospital requiring a short course or long-term maintenance of parenteral therapy. Pharmaceutical services may be provided by hospitals, community pharmacies, home health agencies or specialised companies, either at the patient's home or at alternate sites such as ambulatory infusion or skilled nursing facilities. This document is applicable to the provision of HHC pharmaceutical services by pharmacists practising in all healthcare settings.

The standards of practice for clinical pharmacy are applicable to the HHC setting, and this document has been written as a companion to those standards.¹ The standard for the preparation of pharmaceuticals in Australian hospital pharmacy departments,² the guidelines for aseptic dispensing,³ and the guidelines for safe handling,⁴ packaging⁵ and transport of cytotoxic drugs⁶ are all applicable. Other standards of practice and guidelines that should be used where appropriate include those for consumer product information,⁷ community liaison,⁸ oncology pharmacist,⁹ drug information¹⁰ and outpatient services.¹¹

OBJECTIVES

The objective of the HHC pharmacist is the optimisation of pharmaceutical services provided to

patients who receive their therapy in a home or alternate site setting.

The expected outcomes are:

- successful treatment or palliation of the illness;
- improvement of the patient's quality of life by facilitation of a return to a normal lifestyle;
- continuity of pharmaceutical care between hospital and home;
- minimisation of adverse effects from drug and other parenteral therapy;
- cost-efficient use of resources.

EXTENT AND OPERATION OF THE PRACTICE OR SERVICE

Pharmacists responsible for HHC services may need to outsource some elements listed below (e.g. supplies may be outsourced ready prepared) and in order to encompass all elements may need to liaise with appropriate specialist pharmacists. The extent of pharmacist involvement in those elements introduced by the phrase 'participate in' is dependent on how the service is organised and the expertise of the other team members.

Pharmacists responsible for the HHC service should:

- establish a good working relationship with other members of the healthcare team and the patient and/or the patient's care giver(s);
- participate with other members of the team in the initial and ongoing assessment of the ability of the patient, and/or the patient's care giver(s), to administer the therapy;
- participate in the selection, and monitor the effectiveness and suitability, of drugs and drug delivery systems or devices;
- participate in the education of the patient and/or the patient's care giver(s) about the drug therapy and delivery system, and possible adverse effects or problems;
- prepare a pharmaceutical care plan;
- educate other members of the healthcare team in the use of drugs and drug delivery systems where necessary;

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- educate the patient and or the patient's care giver(s), and other members of the healthcare team where necessary on the safe handling of cytotoxic drugs, related waste and spills;
- prepare protocols for the use of drugs and drug delivery systems;
- establish a suitable expiry period for products, with regard to drug stability and product sterility, giving consideration to storage conditions and method of preparation;
- ensure that appropriate drug supplies, equipment, devices and ancillary equipment (e.g. spill kits) are available in the home, in a timely manner. If administration is to be performed by the patient and/or the patient's care giver(s) the drug shall be presented in a form appropriate for their ability (which may be a ready-to-use form that requires no manipulation);
- ensure facilities are available to store drugs appropriately, and monitor storage throughout the course of treatment;
- ensure that drugs and equipment are disposed of appropriately;
- ensure that therapeutic drug monitoring and the monitoring necessary to detect adverse effects is performed;
- prepare and monitor a program for detecting and reporting all adverse drug and device-related events to other members of the healthcare team and the TGA;
- gather information necessary to monitor the outcome of therapy;
- communicate clinically relevant observations and recommendations to prescribers and other members of the healthcare team;
- participate in patient progress and other healthcare team meetings.

POLICIES AND PROCEDURES

Each HHC service should have written policies regarding the selection, acquisition, storage, expiry, compounding, dispensing, distribution, and administration of drugs, and associated monitoring of the patient and home environment. This should include selection and maintenance of delivery systems and administration devices. Other aspects that should be considered include pharmacist availability (e.g. 24-hour availability), patient selection and education, emergency procedures for supply and drug therapy problems, performance indicators for a quality assurance program and outcome measures.

RESOURCES

If required, a suitable facility for the aseptic com-

pounding of parenteral products, antibiotics and cytotoxic drugs must be readily available.^{3,4} The HHC pharmacist should have an appropriate library of current reference and educational materials readily available, and have access when required to a drug information centre. Other resources that may be required include office space and a mobile telephone or pager.

STAFFING STRUCTURE AND LEVELS

Staff levels must be appropriate to ensure that a pharmacist is available when required by the patient and/or the patient's care giver(s), and other members of the healthcare team for therapy planning, patient training and monitoring, and compounding. Training replacement staff to cover for absences is essential. Support staff should be used where possible to perform administrative and non-clinical functions such as drug acquisition and distribution. Suitably qualified technicians may assist with compounding, computer data entry and other suitable routine tasks.

TRAINING AND EDUCATION OF STAFF

The HHC pharmacist must work as a member of the healthcare team and exhibit administrative and communicative skills and initiative. The HHC pharmacist must possess up-to-date clinical knowledge, be capable of exercising responsible clinical judgment, and be capable of operating independently when necessary. A recognised postgraduate qualification in hospital or clinical pharmacy is highly recommended. In the absence of a specific qualification in compounding of parenteral therapies, preparation of drug delivery devices, and the clinical use of the drugs used in HHC, the HHC pharmacist must have adequate practical experience. Membership of the Australian Home and Outpatient Intravenous Therapy Association and attendance at relevant meetings and conferences is highly recommended. Membership of the Australian Society for Parenteral and Enteral Nutrition, and The Society of Hospital Pharmacists of Australia is recommended.

QUALITY

A quality system must be operational to monitor the appropriateness of the pharmaceutical service and to continually improve the service provided.¹² The system must comply with the standard for the preparation of pharmaceuticals in Australian hospital pharmacy departments.² Further guidance on quality assurance programs is available.^{13,14}

DOCUMENTATION

The HHC pharmacist must provide appropriate documentation so that continuity of patient care is as-

sured for extended hours coverage, holidays and in the event of absences. Further guidance on documentation of patient profiles in the medical record, and of workload is provided in the standards of practice for clinical pharmacy.¹

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