SHPA Standards of Practice for Medicines Information Services

SHPA Committee of Specialty Practice in Medicines Information

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

INTRODUCTION
These standards provide guidance for practitioners and managers responsible for medicines information services and aim to ensure the highest level of patient care. Minimum requirements are defined and guidance is provided for extended levels of service in specialist areas of practice. The standards replace The Society of Hospital Pharmacists of Australia (SHPA) Standards of Practice for Drug Information Services and should be read in conjunction with other relevant SHPA standards (including the Standards of Practice for Clinical Pharmacy) and the SHPA Code of Ethics. More detailed information is available in the Australian Drug Information Procedure Manual and the Australian Medicines Information Training Workbook.

OBJECTIVES
Medicines information services:
• provide balanced, evidence-based information and patient-centred information that is readily accessible to health professionals;
• integrate resources and professional skills to provide clinical support to health professionals and patients, at a higher level than using routine clinical information resources or the Internet;
• support the clinical workforce responsible for prescribing, dispensing, administering, storing, manufacturing, compounding and monitoring medicines.

DEFINITIONS
Medicines Information
Information or advice which contributes to high-quality patient care and public health by promoting the quality use of medicines. It supports judicious, appropriate, safe and efficacious use of medicines to optimise health outcomes. Medicines information can be provided in response to a request from a health professional, organisation or consumer and may relate to a specific patient or consist of general information promoting the safe and effective use of medicines.

Medicines Information Pharmacist
A pharmacist who has extensive knowledge and skills in medicines information, a sound knowledge of evidence-based medicine and therapeutics, completed training in medicines information and specialises in providing medicines information. A medicines information pharmacist usually works in a medicines information centre.

Medicines Information Service
Activities undertaken by pharmacists to provide medicines information. The term includes, but is not limited to, the specialised service offered by medicines information pharmacists.

Medicines Information Centre
A facility specifically set aside for, and specialising in, the provision of medicines information.

Consumer Medicines Information Service
A service which provides information and counselling about medicines to consumers or their carers. Standards for pharmacists providing consumer medicines information in hospitals are also available.

EXTENT OF SERVICES
Clients
A major function of a medicines information service is consultation with health professionals or consumers regarding the pharmaceutical care of individuals. This can include advice about therapeutic drug monitoring, patient observations and continuing care. A medicines information service should specify its clients, e.g. health professionals, consumers. The availability of the service should be communicated to its potential clients.

Services can also be provided in a broader setting, such as:
• preparing pharmacy and therapeutics committee material and evaluations
• publishing bulletins or newsletters for pharmacists, doctors, nurses and other health professionals
• contributing to departmental and institutional protocols and clinical guidelines
• participating in drug use evaluations
• assisting in the management of clinical trials
• pharmacovigilance, e.g. adverse reaction reporting, medication safety programs
• therapeutic drug monitoring
• educating and training consumers, pharmacists and other health professionals.

Access
Access to a medicines information service can be via any suitable communication method, either verbal or written.

A response to a medicines information enquiry can also be via any suitable communication method, either verbal or written. A response should be in a form and level of complexity appropriate for the enquiry and enquirer.
Professional Staff
All aspects of a medicines information service which involve professional judgement must be undertaken by a pharmacist. Other staff may provide support services such as clerical, librarian and technical functions.

Hours of Service
The medicines information service should be available during normal business hours. If required, arrangements should be made for an after-hours service, e.g. an on-call pharmacist.

POLICIES

Resources and Operation
The service must be resourced and operate so as to provide and communicate current, timely, accurate, objective and appropriate information on medicines and the therapeutic use of medicines.

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

A policy and procedure manual should include:
- detailed standards of practice
- range of services provided
- availability of service
- procedures for enquiry receipt and reply
- literature evaluation methods
- processes for recording and retrieving data
- details of available information resources
- quality assurance practices
- position descriptions
- local practices, including site-specific regulations and procedures.

Procedures should be documented for the following key functions:
- personnel management, information sources and financial accountability;
- methods of selecting, obtaining and storing published literature, adverse reaction reports and other relevant sources of information;
- receiving enquiries to ensure that all relevant details are systematically sought from an enquirer while maintaining confidentiality of personal details;
- recording all requests in a timely manner, including date and time received, identity of enquirer, the request, the response, resources used, the respondent, the date and time of the response and any subsequent communications, e.g. further information provided or patient outcome;
- preparing fully referenced written responses when appropriate; and
- participating in a quality improvement program to ensure the standards specific to a medicines information service are met.

Data Maintenance
The service must collect and maintain records of its operation and restrict access to authorised users. Electronic records should be archived regularly and data maintained in a secure format and location. Procedures for retrieving data should be regularly checked to ensure that archived data can be accessed and restored according to a disaster recovery plan.

Specialisation and Networking
A service associated with a specialised therapeutic area or client group (e.g. paediatric, women’s health, mental health, cancer care, consumer information) should develop a specialised reference collection and expertise. Networking with colleagues within the specialty is recommended as a means of sharing knowledge and experience. Medicines information pharmacists should consult specialist centres when required.

RESOURCES
A medicines information service must have ready access to suitable resources. Additional requirements for a medicines information centre are listed below.

Funding
A medicines information centre must be provided with adequate funding to cover capital and operating costs. For non-hospital based services, an allowance will be required to establish and maintain infrastructure.

Sources of funding should be fully disclosed and not incur potential conflicts of interest.

Personnel
The number of medicines information pharmacists required to staff a medicines information centre is approximately one equivalent full time (EFT) per 25 000 National Weighted Activity Units. Additional staff may be required for specialised centres and for services available to consumers. For non-hospital based services, staff requirements should reflect the scope and workload of the service.

Clerical assistance is required to support the pharmacists’ professional services. Clerical duties may include indexing, filing, and other data management, but not receiving verbal requests or communicating responses.

Facilities
The medicines information centre should have adequate space and equipment for operations and storage of references, and be located in an area which allows quiet study and confidential verbal communications with clients. Facilities must comply with occupational health and safety standards. A minimum of 20 m² is recommended for a centre staffed by 1.0 EFT pharmacist. An additional 5 m² is recommended for each additional EFT staff member. Further space may be required for other activities or specialties of the centre.

References
A medicines information centre must have ready access to current reference material appropriate to the scope and nature of the service. It should be sufficient to ensure timely responses to requests. There should be access to:
- medical librarians and external reference collections
- secondary information resources if relevant to the role of the service
- specialist practitioners for consultation, as required.

TRAINING AND EDUCATION
It is desirable that pharmacists specialising in medicines information have:
- a postgraduate qualification such as a Master of Clinical Pharmacy or studies in other relevant disciplines such as epidemiology, public health and statistics; and
• at least 3 years of postgraduate experience in clinical pharmacy, including areas of specialty practice relevant to the medicines information service.

Specialised training in medicines information should include:
• searching bibliographical databases for medical and pharmaceutical literature
• critical analysis and interpretation of medical and pharmaceutical literature
• legal and ethical responsibilities in supplying information
• verbal and written communication skills
• resource management
• counselling skills (if the service is available to consumers).

Provision should be made to maintain and develop both clinical pharmacy and medicines information skills.

PROCEDURES AND DOCUMENTATION
All information and advice provided by a medicines information centre or used as a resource for an enquiry should be maintained securely for legal and archival purposes. Enquiries contribute to in-house resources so ready access for future enquiries, quality review, statistical analysis or legal review must be available.

Enquiry Processing
Standard procedures for enquiry processing should be established. These should ensure that all phases of processing are completed, priorities established, appropriate background material sought, optimum use made of available information and appropriate records maintained.

A medicines information centre should establish guidelines for managing workload and the order of processing requests. In clinical practice, priority should be given to issues affecting immediate patient care. An agreed response time should be established. If necessary the enquirer may be advised that the scope of a search may be limited due to resource constraints or workload priorities.

Background Information
The type of background information required will depend on the nature and purpose of the enquiry. Information likely to be relevant to most enquiries includes:
• name and occupation of the enquirer;
• contact details for the response;
• reason for the enquiry (e.g. patient related, research, education, protocol development); and
• relevant details of medical history and current medications, for patient-related enquiries.

An enquiry form or purpose-built computer programs will help to ensure thorough documentation. This should include:
• name and occupation of the enquirer (anonymity for consumers, if requested, and if legally and ethically responsible);
• details of the enquiry;
• name of the pharmacist taking the enquiry;
• date and time of receipt;
• date and time a reply is required;
• method of contacting the enquirer;
• reason for the enquiry; and
• relevant patient details (e.g. age, current and past medications, medical history, pathology results).

Search Strategies
Search strategies should be developed which identify the most relevant resources for specific enquiry types. Common examples may include therapeutic options, dosage, adverse reactions, interactions and pharmaceutical stability. The order that resources are consulted reflects the prior experience of the medicines information pharmacist.

Using a search strategy as a guide promotes an objective approach to handling an enquiry and reduces the risk that important sources of information might be overlooked. Efficiency can also be increased by directing attention to the most productive resources. Strategies must be kept up-to-date and adapted to the specifics of each question.

Responding to Enquiries
The response to an enquiry must address the enquirer’s needs. Information identified as relevant must be assessed, interpreted and summarised to optimise the value of the response for the enquirer. Urgent enquiries may require an initial response based on readily available information with further detail provided later if required.

All responses should be documented including the resources reviewed and utilised to format a reply.

Replies may be communicated verbally or in writing, either directly or via a third party if appropriate. The level of detail provided should reflect the enquirer’s needs.

A comprehensive written response should include:
• summary of the enquiry
• the response, which should include an introduction
• sources searched
• summary of findings (with comments of the quality of the information)
• conclusion (which must address the question and be supported by the findings)
• reference citations in a standard format, e.g. Vancouver style.

Feedback
A request for feedback should be included when feasible (see Quality Improvement). Comments on the usefulness of the response should be requested as well as any information which may enhance the quality of the service. Information on patient outcomes should be sought and added to the record of the enquiry.

Records
All information requests and replies must be documented and stored as a legal record and as a resource for future enquiries. A minimum period of storage may be required to comply with relevant legislation. Documentation is also required to assess workload and for quality assurance programs. Verbal replies should be summarised and a full copy of written replies retained. In all cases, the record should include the resources used, the date and time of the reply, and the name of the person providing it.

Ethical and Legal Issues
Pharmacists providing medicines information must comply with the legal and ethical principles required for pharmacists and health professionals. In particular:
• the identity of the enquirer and reason for the enquiry must be established prior to providing information or advice;
• a medicines information pharmacist must be satisfied that an enquirer is seeking information for legitimate purposes;

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• confidentiality of an enquirer must be respected and personal information not disclosed to a third party without consent;
• it may be necessary to provide information which contradicts another health professional if this enhances patient safety or outcome;
• where appropriate, departmental or institutional authority should be sought before responding to requests from the media or legal representatives; and
• copyright law must be respected when obtaining and providing reference material.11

QUALITY IMPROVEMENT
A systematic process for quality monitoring, development and problem solving is required. Activities should improve rather than maintain current standards. Identified problems should be documented and reported. Routine quality activities may highlight areas of concern that require further investigation.

Objectives
The objectives of a quality improvement program are to:
• identify key areas of medicines information practice
• identify key performance indicators for these areas
• establish minimum acceptable levels of performance for these indicators
• identify opportunities for improvement
• develop and implement plans for improvement.

Procedures
Assessment of quality can be considered in terms of structure, process and outcome.

Structure
Structure assessment includes annual review of:
• resources, including personnel
• facilities
• organisation.

Process
Process assessment reviews the activities of providing the service, including:
• documentation
• receipt of enquiries
• quality and extent of resource searches
• data collection
• evaluation and assessment of data
• formulation of replies.

Outcome
Outcome assessment reviews the results of providing the service. Feedback forms and user surveys can provide an indication of the service as received. A process should be established to seek feedback from a proportion of enquiries received.

Reviews
A review of process and outcome should be conducted regularly on randomly selected enquiries. The number of enquiries to be selected will depend on the time available for the quality review process with relevant staff. The frequency of reviews should allow time for enquiries to be completed and feedback obtained.

At least 10% of all enquiries should be reviewed in this manner. External reviewers should contribute where possible. For example:
• other pharmacists or clinical pharmacologists from the same hospital or institution;
• pharmacists or clinical pharmacologists from other hospitals or institutions; and
• other health professionals.

The impact on patient care can be analysed by quality and clinical importance.12 For example, for quality improvement:
• avoided adverse reaction, medication error or adverse interaction;
• enhanced therapeutic effectiveness or more effective treatment of disease;
• improved appropriateness of therapy, e.g. unnecessary therapy discontinued, more appropriate therapy commenced;
• improved compliance; and
• increased knowledge of staff, patients or carers.

For example, for 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.

Results of Review
The results of a review should be reported together with 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 include a comparison with previous years, evidence of improving performance, priorities, responsibilities and resolved and unresolved issues.

References

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