

FACT SHEET

Medicines in focus

This fact sheet addresses medication safety and management in relation to the Australian Commission on Safety and Quality in Health Care's (ACSQHC) *National Safety and Quality Health Service (NSQHS) Standard*⁵, the ACSQHC's *Australian Safety and Quality Goals for Health Care*^{3,4}, and the Australian Pharmaceutical Advisory Council's (APAC) *Guiding principles to achieve continuity in medication management*¹³.

Clinical pharmacy services - Optimising patient health outcomes

A major Australian hospital-based study found that for every dollar spent on a clinical pharmacist to initiate changes in medicines therapy or management, approximately \$23 was saved on length of stay, readmission probability, medicines, medical procedures and laboratory monitoring.¹ Clinical pharmacy services and activities are delivered to minimise the inherent risks associated with the use of medicines, increase patient safety at all steps in the medicines management pathway and optimise health outcomes for patients.²

Medication safety is a priority area for the Australian Commission on Safety and Quality in Healthcare's (ACSQHC) *Australian Safety and Quality Goals for Healthcare*, namely "Reduce harm to people from medications through safe and effective medication management".^{3,4} Medicines are associated with a higher incidence of errors and adverse events than other healthcare interventions.⁵ Medication errors, adverse events and inappropriate use of medicines contribute to increased costs in healthcare and impact on the quality of care provided to patients.

Safe and effective use of medicines is the core business of pharmacists. Their specialised education, training and expertise enable them to focus on medicines and provide support to patients and other members of the healthcare team. Pharmacists deliver clinical pharmacy services to patients from presentation and admission to discharge from hospital, as well as in outpatient (non-admitted patient) clinics, in aged care facilities and in primary care.

Clinical pharmacy services:

- support the patient's right to receive safe and high quality care⁶
- ensure safe and effective use of medicines

- are cost effective
- underpin the ability for organisations to achieve accreditation under ACSQHC's *National Safety and Quality Health Service Standards*, in particular Standard 4: Medication Safety^{5,7,8}
- are associated with reduced morbidity^{9,1} and hospital mortality rates,^{10,11} and decreased medication errors^{10,12}
- reduce risks associated with medicine use and enhance patient safety and quality of care
- support the Australian Pharmaceutical Advisory Council's (APAC) *Guiding principles to achieve continuity in medication management*¹³

Clinical pharmacy services comprise a range of activities, as documented in the Society of Hospital Pharmacists of Australia's *Standards of Practice for Clinical Pharmacy Services*², and include:

- Medication reconciliation
- Assessment of current medication management
- are cost effective
- Clinical review, therapeutic drug monitoring and adverse drug reaction management
- Contributing to the medication management plan
- Providing medicines information
- Facilitating the continuity of medication management on discharge or transfer
- Participating in interdisciplinary ward rounds and meetings

These and other activities are recognised as key components of medication safety and the quality use of medicines. All of the above activities are included as either core criteria or actions required to achieve Standard 4: Medication Safety of the ACSQHC's *National Safety and Quality Health Service Standards*.

Research from Australia has shown that clinical pharmacist review to optimise the use of medicines contributed to reduction in length of stay, reduced potential for hospital readmission and associated savings in the cost of care.¹

In 2008, a Special Commission of Inquiry report into *Acute Care Services in NSW Public Hospitals* recommended

"...guidelines which involve consultation by and participation of clinical pharmacists in patient care at the earliest appropriate opportunity... to enable a clinical pharmacist to take a patient's medication history, participate in ward rounds, review the patient's medical chart during their inpatient stay and review medications on discharge."¹⁴

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Table 1 - Selected health service standards, goals and guiding principles, and how pharmacists can help

Standards, goals and guiding principles	How pharmacists help	Clinical pharmacy services: considerations
<p>ACSQHC's NSQHS standards⁵</p> <p>Standard 1: <i>Governance for safety and quality in health service organisations</i></p> <p>Standard 2: <i>Partnering with consumers</i></p> <p>Standard 3: <i>Healthcare Associated Infections</i></p> <p>Standard 4: <i>Medication Safety: Governance and systems for medication safety</i></p> <p>Documentation of patient information: The clinical workforce accurately records a patient's medication history and this history is available throughout the episode of care.</p> <p>Medication management processes The clinical workforce is supported for the prescribing, dispensing, administering, storing, manufacturing, compounding and monitoring of medicines.</p> <p>Continuity of medication management The clinician provides a complete list of a patient's medicines to the receiving clinician and patient when handing over care or changing medicines.</p> <p>Communicating with patients and carers The clinical workforce informs patients about their options, risks and responsibilities for an agreed medication management plan.</p> <p>Standard 5: <i>Patient Identification and Procedure Matching</i></p> <p>Standard 6: <i>Clinical handover</i></p> <p>Standard 9: <i>Recognising and Responding to Clinical Deterioration in Acute Health Care</i></p> <p>Standard 10: <i>Preventing Falls and Harm from Falls</i></p> <p>ACSQHC's Safety and Quality Goal¹³:</p> <p>Priority area 1.1 Medication Safety: <i>Reduce harm to people from medications through safe and effective medication management</i></p> <p>1.2 Healthcare associated infection (HAI): <i>Reduce harm to people from HIAs through effective infection control and antimicrobial stewardship</i></p> <p>APAC Guiding Principles¹³</p> <p>Principle 1: Leadership for medication management</p> <p>Principle 2: Responsibility for medication management</p> <p>Principle 3: Accountability for medication management</p> <p>Principle 4: Accurate medication history</p> <p>Principle 5: Assessment of current medication management</p> <p>Principle 6: Medication action plan</p> <p>Principle 7: Supply of medicines information to consumers</p> <p>Principle 8: Ongoing access to medications</p> <p>Principle 9: Communicating medicines information</p> <p>Principle 10: Evaluation of medication management</p>	<ul style="list-style-type: none"> » Pharmacists providing clinical pharmacy services directly support the healthcare team and assist healthcare organisations in meeting: <ul style="list-style-type: none"> » the NSQHS Medication Safety Standard^{5,7,8} and ACSQHC's Safety and Quality Goals^{3,4} » the Australian Pharmaceutical Advisory Council's (APAC) Guiding principles to achieve continuity in medication management¹³. » Large research studies from the US have found that pharmacist-provided clinical pharmacy services which include admission drug/medication histories and adverse drug reaction monitoring, and increased staffing of clinical pharmacists are associated with reduced hospital mortality rates and decreased medication errors.^{10,12} » A study of 49 UK National Health Service organisations found an association between the number of pharmacists employed who were undertaking key value add clinical activities, and lower mortality rates.¹¹ » A 2010 systematic review examining the effects of US pharmacist – provided direct patient care noted that mortality, hospitalisation/ readmission, inpatient length of stay, and ED visits benefit greatly from pharmacist services as do safety outcomes which include adverse drug events and medication errors.⁹ 	<p>Executive and Board</p> <ul style="list-style-type: none"> » Does your organisation support the patient's right to receive and have access to clinical pharmacy services? » Does your organisation adequately resource clinical pharmacy services to enable pharmacists to work at the bedside and in outpatient clinics? » Do you support the risk management role of pharmacists who deliver clinical pharmacy services to patients? » Do you ensure that appropriate governance arrangements exist to support the safe and effective use of medicines? » What is your organisations process to meet the ACSQHC's NSQHS Standards⁵ and Australian Safety and Quality Goals for Healthcare^{3,4}, and the APACs Guiding Principles to Achieve Continuity in Medication Management¹³? <p>Directors of Pharmacy</p> <ul style="list-style-type: none"> » Is funding available for clinical pharmacy services in your current business model or future funding submissions? What data are you collecting that will support your business case? » Have you prepared a business case to take to the executive that shows how pharmacists can support your organisation in meeting ACSQHC's NSQHS Standards and Goals? <p>Patients/consumers</p> <ul style="list-style-type: none"> » Do you know that you have the right to access safe and high quality care that includes access to clinical pharmacy services? » Do you know that a pharmacist can review your medication to ensure that your medication-related concerns can be resolved before you leave this organisation?

An electronic version and complete list of references is available at <http://www.shpa.org.au> (Updated February 2014)

The Society of Hospital Pharmacists of Australia (SHPA) is the professional body which represents over 4,000 pharmacists, pharmacy students, pharmacy technicians and associates practising in all parts of the Australian health system.

SHPA vision

Excellence in Medicines Management.

SHPA purpose

Deliver value through people, systems and processes and processes for the best patient outcomes