



Quality Care  
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

# EXCELLENCE

Supporting Excellence in Pharmacy

June – July 2011

**WIN AN iPad 2  
OR iPhone 4!**



WIN AN iPad 2 OR AN iPhone 4 WITH THE NEW QCPP TUTORIALS

PHARMACY PRACTICE INCENTIVES - WHEN TO IMPLEMENT

FOCUS ON THE STANDARD: CUSTOMER SERVICE

IMPLEMENTING PROFESSIONAL SERVICES

# WELCOME



## What's next? The new QCPP Requirements Manual

By now, QCPP accredited pharmacies will have received their new QCPP Requirements Manual. The manual has been updated from the 2nd edition to reflect that QCPP is now acknowledged as Australian Standard 85000:2011 – quality management system for pharmacies in Australia.

The revised manual looks great, but whilst it has a modern new design, the basic principles and layout remains the same. There are still Procedures and Templates, and the requirements still identify what actions you need to take and what evidence you need to provide at assessment to demonstrate you comply with each action. One of the changes you will notice is that the individual standards are now known as Elements and the 18 Elements now make up the one Australian Standard.

As community pharmacy has continued to innovate and develop, so too has QCPP evolved. The majority of changes relate to the supply of therapeutic goods (Element 2), and professional services (Element 3). Since Fifth Community Pharmacy Agreement (5CPA) Pharmacy Practice Incentive (PPI) payments are linked to outcome based measures and the delivery of specific services to the quality Standard, eligibility for each PPI priority area is linked to meeting specific QCPP requirements. Some amendments to QCPP have been made in order to meet government policy objectives and data collection obligations to assist you to meet PPI requirements. A summary of all new and changed QCPP materials is included at the front of the new manual.

It is intended that QCPP practices are adopted into regular pharmacy routines, not just performed for your QCPP assessment. Although assessment against the new requirements will not be

mandatory until 1 November 2011, QCPP recommends that pharmacies should start implementing the new requirements immediately. This is because pharmacies will need to demonstrate existing records for the previous 3 months at the time of assessment. For example, if you have registered for DAA and Clinical Interventions under PPI, you will be required to submit data to Medicare Australia after the first quarter of the 2011/12 financial year.

Your Quality Care State Managers are a great support for your pharmacy for maintaining your QCPP accreditation and delivering quality assured services to your community. Also, keep an eye on the QCPP website [www.qcpp.com](http://www.qcpp.com) and follow the link to view the multimedia tutorials for more information on QCPP and the new QCPP Requirements Manual.

As Chair of the Quality Assurance and Standards Committee, which provides strategic direction for the Quality Care Pharmacy Program, I would like to acknowledge the dedicated service to QCPP and The Pharmacy Guild of Australia of Jenny Bergin, who has recently resigned as Director of the Quality Assurance and Standards division at the Pharmacy Guild. During Jenny's tenure as Director at the Guild, she was responsible for a number of significant achievements including the review of the QCPP standard and its recognition by ABSDO as the Australian Standard for quality management systems for pharmacies in Australia. Perhaps most importantly, Jenny took over QCPP at a time when it was really struggling. Today, QCPP is once again the Guild's key program, with the accreditation rate currently at 83 per cent. We wish Jenny well for the future.

Paul Sinclair

Chair, Quality Assurance and Standards Committee

National Councillor



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## COMING SOON

### QCPP Requirements Manual

By now, QCPP accredited pharmacies would have received a copy of the new QCPP Requirements Manual. The new manual is now in an easier to read format and has been revised to reflect the acknowledgement of QCPP as an Australian Standard. New related requirements have also been added to assist pharmacies to become eligible for the 5CPA Pharmacy Practice Incentives.

### QCPP Evidence Folder

The QCPP Evidence folders were developed in late 2010 to help pharmacies meet the requirements of accreditation. Pharmacies can customise the Evidence Folder and use it to keep together all necessary evidence to demonstrate that the QCPP Requirements have been met and provides ease of access to important information. Due to the popularity of the Evidence folder QCPP is currently in the process of producing more folders. The Evidence folders will be available via your local Guild State Branch in early September.

### QCPP Operations Manual

The Quality Care Pharmacy Program is also in the process of developing an Operations Manual folder, to complete this set of helpful resources. The purpose of this resource is to provide pharmacies with a folder that can be easily customised and that will help store your pharmacy's tailored QCPP policies, procedures, templates and checklists. The Operations Manual ensures that there is a single source for all up-to-date master documents that are used as part of the implementation of the QCPP requirements. The Operations Manual will be available via your local Guild State Branch in early September.

### New Window Decal

The Quality Care Pharmacy Program is now recognised as Australian Standard 5000:2011 – quality management system for pharmacies in Australia and QCPP accredited pharmacies will now be accredited to this Australian Standard. The QCPP window decal (to the right) has now been redesigned to reflect this achievement. The new window decals will gradually be sent to all accredited pharmacies in the 'congratulations pack' at the time of gaining accreditation or reaccreditation. Please ensure you replace any outdated decals with the current decal.



To request a copy of the decal please visit [www.qcpp.com](http://www.qcpp.com) and complete the *Request a replacement certificate or window decal* form.



## WIN AN iPad 2 OR AN iPhone 4 WITH THE NEW QCPP MULTIMEDIA TUTORIALS!

QCPP are developing a suite of multimedia tutorials that focus on various features of the program. Currently there are two tutorials online including, introducing QCPP and the new QCPP Requirements Manual. For your chance to 'WIN an iPad 2 for Pharmacists or iPhone 4 for Pharmacy Assistants', simply watch the tutorials and complete the questionnaire. The competition closes 1 August 2011, so ensure you watch the tutorials and enter the competition before this date.

More tutorials will be added regularly to assist you in achieving excellence in your pharmacy. Continue to check the website to view the new tutorials as they go live.

For your chance to WIN an iPad 2 or iPhone 4 visit [tutorials.qcpp.com](http://tutorials.qcpp.com) now!

# PHARMACY PRACTICE INCENTIVES – WHEN TO IMPLEMENT

Peter Reeves – National Manager Assessments, QCPP

**Requirements to be eligible for PPI payments are included in the new QCPP Requirements Manual that was distributed to all QCPP accredited pharmacies in June. The question that often arises is “When do the new requirements need to be implemented?”**

**The short answer to the above question is “Immediately”.**

Once the new QCPP Requirements Manual is received by a pharmacy it is important that pharmacy staff check the requirements and begin implementing as soon as practical. Assessors will start to assess the new requirements from July 2011, but these requirements will only be the subject to Remedial Action Reports from November 2011. The PPI payments for DAAs and Clinical Interventions are made four times per year and claims need to be submitted to Medicare Australia by each pharmacy (claim form provided by Medicare Australia). Once the claim is received, Medicare Australia will confirm that the pharmacy is correctly registered and retains QCPP accreditation. If the pharmacy is entitled to a payment, it will be included in the regular PBS payment runs. If the pharmacy is not registered, or its QCPP accreditation has lapsed, the payment will not be made.

For the other priority areas, payments will be made annually on the confirmation of accreditation by QCPP as well as PPI registration. Under the previous incentive payment arrangements, QCPP only confirmed to Medicare Australia that the pharmacy was accredited. From July 2011, QCPP will also be reporting to Medicare Australia on the compliance of the pharmacy to the specific requirements of the priority areas within QCPP. This means that the pharmacy needs to have the objective evidence in place to show that it is complying with the requirements at the time of assessment and has complied with the requirements in the period leading up to the assessment.

It is important that on receipt of the new QCPP manual that the pharmacy staff check the specific requirements for each of the PPI priority areas and begins to implement them. As per QCPP implementation rules, six months after the distribution of the requirements, they become mandatory for accreditation.

This does not mean that the pharmacy only needs to begin implementation six months after receipt of the manual. Implementation must begin as soon as practical so that there is sufficient objective evidence of compliance at the time of assessment.

## **Dose Administration Aids**

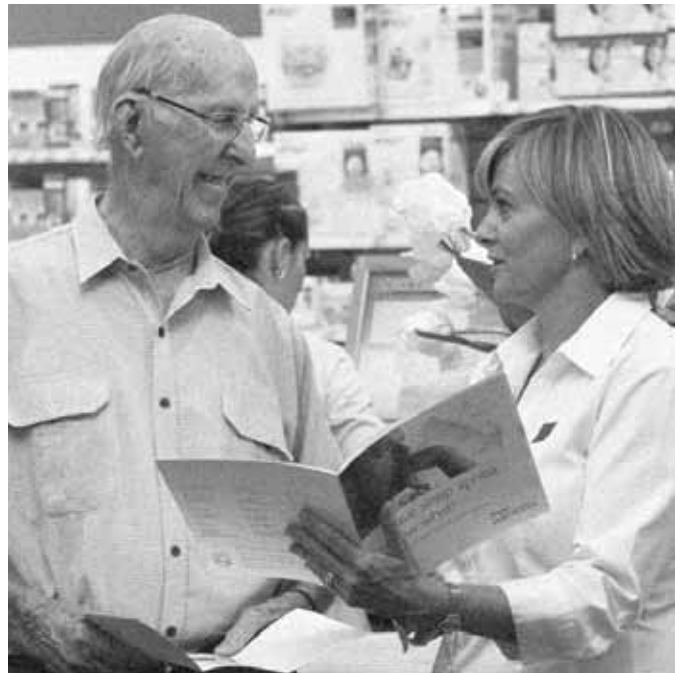
Pharmacies will need to count the number of patients receiving a DAA each week and report this data to Medicare Australia four times a year. Under PPI, only service provision to community based patients will entitle the pharmacy to a payment, therefore services to Government funded aged care facilities and prisons do not contribute towards for the incentive payment. Most QCPP pharmacies are already meeting the quality requirements for DAAs but will need to review the revised T3B Dose Administration Aids checklist to ensure they are meeting the requirements which have been amended to enable the reporting requirement four times per year.

## **Clinical Interventions**

The pharmacy must record and classify any instance where the pharmacist makes a clinical intervention regarding the supply of a medicine. The D.O.C.U.M.E.N.T. classification system must be used and is described in the PSA Standard and guidelines for pharmacists performing clinical interventions. As this incentive is paid four times per year and the payment is impacted by the number of interventions reported, it is recommended that an electronic system is used to capture, summarise and report on the interventions. Recording of clinical interventions should begin as soon as possible as the first reporting period ends on 30 September 2011. The aggregate number of interventions recorded under D.O.C.U.T. categories will be reported to Medicare Australia by the pharmacy. A QCPP Assessor will assess the pharmacy's procedures and the reporting at each assessment.

## **Staged Supply**

To be eligible for the incentive payment, the pharmacy must have the quality management framework in place (i.e. P2K Staged Supply Procedure and T2F Staged Supply Checklist) to demonstrate compliance where the service is provided. This PPI payment is not linked to any specific volume of service provided; therefore the only information that will be forwarded to Medicare Australia is if the service meets the relevant QCPP requirements. This will be done on accreditation.



### Primary Health Care

This PPI priority area is made up of five elements:

- Health Promotion
- Diabetes
- Cardiovascular disease
- Respiratory Disease
- Mental Health

To be eligible for payment, a pharmacy must meet the requirements of at least two of these elements.

For health promotion, a pharmacy must have documented at least one health promotion activity which meets the requirements of T3H Health Promotion Checklist.

For the other four disease specific elements, a pharmacy must have complied with the requirements of the QCPP templates T3C Screening and Risk Assessment Checklist and/or T3I Disease State Management Service Checklist with reference to the specific health condition, and have records for the patients that have used the service.

The records may be maintained either manually or by using an electronic recording system such as GuildCare. At the time of assessment, the Assessor will review the evidence and, if sufficient, will record compliance as part of the QCPP assessment. The same would apply for any of the other professional services.

It needs to be remembered that to qualify for the Primary Health Care PPI incentive, pharmacies must at least:

- Offer one disease specific service and have conducted and documented at least one health promotion; OR
- Offer two disease specific services.

### Community Service Support

Fortunately all the 'Community Service Support' requirements for PPI have been included in QCPP for a number of years. The requirements in this category remain largely unchanged in the new QCPP Requirements Manual and it is envisaged any pharmacy currently complying with the QCPP standard will comply with the PPI for this priority area.

### Working with Others

For the 'Working With Others' priority area, the pharmacy needs to have recorded interprofessional collaboration with members of a minimum of two other registered health professionals. The QCPP templates have been revised to include the recording of appropriate details for interprofessional collaboration for a number of professional services. Theoretically a pharmacy could comply with this requirement by recording only two collaborations; however this would only occur if the pharmacy only performed the appropriate professional services twice within the accreditation cycle. It is necessary that all the appropriate collaborations are recorded according to the new T2E Interprofessional Collaboration Checklist. Every time a pharmacist contacts a doctor, registered nurse, dentist or any of the ten registered health professions on behalf of a patient or to discuss a professional issue, a record should be kept. This is good business practice and a requirement to receive the PPI payment.

To summarise, pharmacies need to begin implementation of the new QCPP requirements as soon as practical. This is particularly true for the majority of changes that relate to the Pharmacy Practice Incentive payments.

**PPI Implementation Checklist >**

## PPI IMPLEMENTATION CHECKLIST

PPI PRIORITY AREA	QCPP REQUIREMENT	WHAT YOU NEED TO DO
<b>Community Pharmacy Service Charter and Customer Service Statement</b>	<b>Element 11 Action 3</b> Including <b>T11C</b> Customer Service Statement	<input type="checkbox"/> Receive the Community Pharmacy Service Charter via mail <input type="checkbox"/> Develop your Customer Service Statement <input type="checkbox"/> Publicly display and adhere to the charter and statement
<b>Dose Administration Aids</b>	<b>T3B</b> Dose Administration Aids Checklist	<input type="checkbox"/> Check revised <b>T3B</b> Dose Administration Aids Checklist to ensure you meet its requirements <input type="checkbox"/> Amend your recording system to denote whether the customer resides in a community setting <input type="checkbox"/> Collate data on how many community based patients your pharmacy provides a DAA to each week <input type="checkbox"/> Report data to Medicare Australia four times a year
<b>Clinical Interventions</b>	<b>P2H</b> Clinical Interventions Policy	<input type="checkbox"/> Review revised <b>P2H</b> <input type="checkbox"/> Develop your clinical interventions policy <input type="checkbox"/> Develop your recording system using the D.O.C.U.M.E.N.T. classification system <input type="checkbox"/> Perform and record Clinical Interventions, adhering to your policy <input type="checkbox"/> Collate the aggregate number of D.O.C.U.T. Clinical Interventions <input type="checkbox"/> Report data to Medicare Australia four times a year
<b>Staged Supply</b>	<b>P2K</b> Staged Supply Procedure <b>T2F</b> Staged Supply Checklist	<input type="checkbox"/> Review the <b>P2K</b> Staged Supply Procedure and <b>T2F</b> Staged Supply Checklist. Incorporate these into your Operations Manual <input type="checkbox"/> Follow the Staged Supply Procedure and comply with the Staged Supply Checklist
<b>Primary Health Care</b> Diabetes Respiratory Disease Cardiovascular Disease Mental Health Conditions	<b>T3C</b> Screening and Risk Assessment Checklist <b>T3I</b> Disease State Management Service Checklist	<input type="checkbox"/> Review revised <b>T3C</b> and new <b>T3I</b> . Consider whether any existing services need to be modified to meet the requirements of these checklists <input type="checkbox"/> Develop a Screening and Risk Assessment Service and/or a Disease State Management Service for your chosen health condition(s) <input type="checkbox"/> Implement the service(s) in your pharmacy, adhering to the relevant checklist
Health Promotion	<b>T3H</b> Health Promotion Checklist	<input type="checkbox"/> Review the revised <b>T3H</b> Health Promotion Checklist <input type="checkbox"/> Plan and run (a) health promotion activity/ies which meets the requirements of <b>T3H</b> Health Promotion Checklist
<b>Community Service Support</b>		
Needle & Syringe Program	<b>T3D</b> Needle and Syringe Program Checklist	<input type="checkbox"/> Offer service which meets the requirements of <b>T3D</b> Needle and Syringe Program Checklist
Opioid Substitution Program	<b>T3A</b> Opioid Substitution Program Checklist	<input type="checkbox"/> Offer service which meets the requirements of <b>T3A</b> Opioid Substitution Program Checklist
Return of Unwanted Medicines (RUM)	<b>P2J</b> Return of Unwanted Medicines	<input type="checkbox"/> Offer service which complies with the <b>P2J</b> Return of Unwanted Medicines Procedure (mandatory for accreditation)
Pharmacy Assistant Training	<b>T2C</b> Supplying <i>Pharmacy Medicines</i> and <i>Pharmacist Only Medicines</i> Checklist	<input type="checkbox"/> Meet Requirement 2 of the Supplying <i>Pharmacy Medicines</i> and <i>Pharmacist Only Medicines</i> Checklist (mandatory for accreditation)
eHealth	<b>Element 18</b> Information Technology	<input type="checkbox"/> Meet the mandatory requirements of <b>Element 18</b> Information Technology (mandatory for accreditation)
<b>Working with Others</b>	<b>T2E</b> Interprofessional Collaboration Checklist <b>P2I</b> Interprofessional Collaboration Policy	<input type="checkbox"/> Develop your interprofessional collaboration policy <input type="checkbox"/> Develop your recording system (paper based or electronic) <input type="checkbox"/> Record all interprofessional collaboration in your recording system



## FOCUS ON THE STANDARD

# ELEMENT 11: CUSTOMER SERVICE

## COMMUNITY PHARMACY SERVICE CHARTER AND CUSTOMER SERVICE STATEMENT

Peter Guthrey – Pharmacist Consultant

### Element 11 Action 3

#### Evidence required at Assessment:

**The Australian Charter of Healthcare Rights and Customer Service Statement. Proof the Australian Charter of Healthcare Rights and Customer Service Statement are publicly displayed and adhered to.**

Element 11 requires pharmacies to have systems in place to ensure the provision of good customer service. For many years, QCPP has required pharmacies to maintain and display a customer service charter. To better reflect the pharmacy's role as a provider of health care, and recognise the rights of healthcare consumers in any health setting, it is now a requirement for accredited pharmacies to publicly display and adhere to the recently developed Community Pharmacy Service Charter and a Customer Service Statement.

In addition to being a QCPP accreditation requirement, the public display of the Charter and Statement is an eligibility requirement for the Pharmacy Practice Incentives (PPI). The Charter and Statement must be displayed from 1 July 2011.

### Community Pharmacy Service Charter

The Charter is based on the Australian Charter of Healthcare Rights and has been adapted to community pharmacy after consultation with consumers, carers and other groups. It aims to inform patients and consumers of their rights, as well as the quality of health services they can expect to receive from their community pharmacy. Pharmacies have recently received a copy of the Community Pharmacy Service Charter as well as 100 'Community Pharmacy Service Charter – *what does it mean for you?*' consumer brochures. The Charter resources are also available electronically at [www.5cpa.com.au](http://www.5cpa.com.au).

### Customer Service Statement

A Customer Service Statement outlines the services your pharmacy offers to the community. The Statement is designed to provide your customers with general information about your pharmacy and outline the specific professional services you offer. The minimum requirements for the Statement are outlined in T11C Customer Service Statement. You can use the template from the CD contained in your QCPP Requirements Manual to help create your Customer Service Statement. An alternative template and example is available at [www.5cpa.com.au](http://www.5cpa.com.au).

### What do I need to do?

1. Receive the Community Pharmacy Service Charter by mail
2. Develop your Customer Service Statement
3. Publicly display both the Charter and Statement in your pharmacy from 1 July 2011

## Key Messages

- The Community Pharmacy Service Charter is an approved adaptation of the Australian Charter of Healthcare Rights
- Your Customer Service Statement must contain the mandatory fields contained in T11C Customer Service Statement
- Pharmacies are required to display and adhere to the Charter and Statement from 1 July 2011. This is a QCPP accreditation and PPI eligibility requirement

# MYSTERY SHOPPER PROGRAM AND THE REQUIREMENTS OF THE NCCTG

Peter Reeves – National Manager Assessments, QCPP

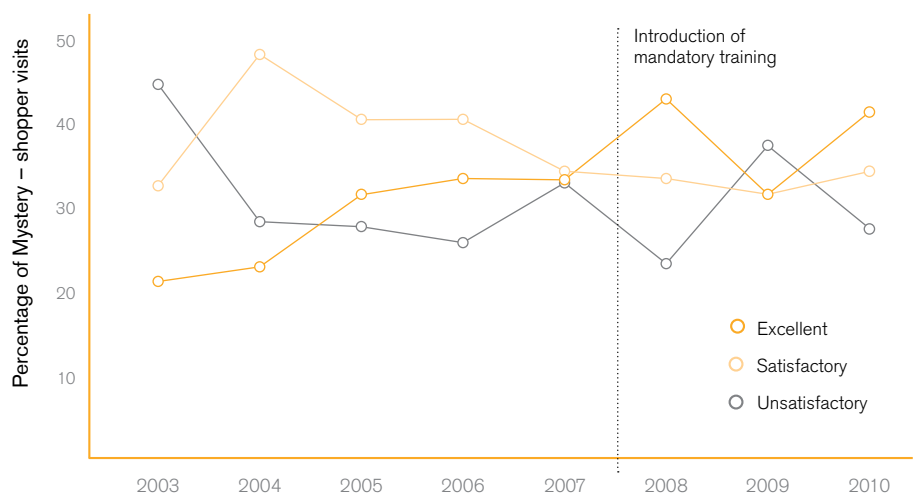
The Pharmacy Guild's Mystery Shopper program has been part of the QCPP since 2003. The information generated by the program has been used continually to demonstrate the case for maintaining the *Pharmacy Medicine (S2)* and *Pharmacist Only Medicine (S3)* schedules. There has been a concerted effort by a number of interested parties that argue for their removal or the dilution of these schedules.

The main thrust of the Guild's argument has been that by ensuring these medicines are only available in pharmacies, there is an assurance that competent health care will be provided as required.

The National Coordinating Committee for Therapeutic Goods (NCCTG) is part of the combined governments committee (COAG) that receives the reports from the Guild, but has determined that it needs more information about customer interactions around the supply of the scheduled medicines. In order to determine this information we will be continuing to conduct the Mystery Shopper program but we will also be making some changes to the way the mystery shopper event is conducted. NCCTG is particularly interested in the Quality of Advice (QoA) for specific types of interaction. This means that future Mystery Shopper visits may include the shopper providing some information and asking for advice.

An Expert Reference Group (ERG) will be assisting with the design of the scenarios used. A pharmacist will validate the QoA using the audio recording of the event. All data that may identify a pharmacy or person within the pharmacy will be removed as the only information maintained will be the validated outcome.

Average Mystery Shopper Scores  
2003 to 2010



The reports that will be sent to the pharmacy will only include the same information that is currently being provided about the adherence with industry protocols – the QoA outcome will be kept confidential.

An interim report is due to NCCTG in August this year, and then every March for the next four years. Another review of the *Pharmacy Medicine* and *Pharmacist Only Medicine* schedules will be undertaken in 2015. It is important that the community pharmacy industry can demonstrate the continuing benefits of the two over the counter medicine schedules and the value of these benefits to the Australian community.

The above figure summarises the outcomes of the Mystery Shopper visits since 2003. It should be noted that over this time the number of pharmacies that score 'Excellent' has risen from 20% to 40%. Over the same period stores that

scored unsatisfactory have dropped from 46% to 26%. It is clear that the change in the scores is due to the additional training that is being provided on the supply protocols and the impact of the higher QCPP accreditation rates. The much higher score in 2008 is due to the introduction of mandatory training requirements for pharmacy staff under QCPP. The initial and ongoing Refresher Training requirements became mandatory for all pharmacy staff that supply scheduled medicines in March 2008. ■

# IMPROVE PATIENT CARE AND CUT RED TAPE

## HOW TECHNOLOGY SYSTEMS SUPPORT YOUR BUSINESS

Andrew Matthews – National Manager Accreditation and Standards  
and Peter Guthrey – Pharmacist Consultant

Sound documentation and records management is central to all quality management systems. In recent decades, technology has revolutionised the workflow of community pharmacies, creating integrated dispensing, accounting and point-of-sale systems. The quality, ease-of-recording and efficiency benefits of these changes are obvious; there would be very few pharmacists who would advocate a return to the days of manual script processing, manual customer account reconciliation and manual PBS claims. As pharmacies continue to expand their professional service offering, it is timely to consider how technology can help you provide integrated streamlined services which help you improve patient outcomes and offer services consistently.

While QCPP doesn't mandate electronic based recording systems for professional services, pharmacies should consider the pros and cons of electronic recording systems when introducing or reviewing pharmacy services. Generally speaking, electronic systems offer:

- Fast data retrieval
- Ability to quickly generate reports
- Generate more efficient workflow
- Ability to use data effectively

A good example of the value of professional service recording systems is Clinical Interventions. The original PROMISe studies funded under previous Community Pharmacy Agreements resulted in development and refinement of a documentation and electronic communication system for medication incidents and pharmacist professional interventions. The technical specifications for software providers to develop clinical intervention software for PPI were based on this research. Eligibility for the Clinical Intervention PPI payment requires pharmacies to use a recording system that documents both the classification of the intervention (using D.O.C.U.M.E.N.T.)\* and the recommendation made. Whilst paper based records can achieve this, they do not link to the patient record in the dispense software and may take a long time to aggregate data which meets Medicare Australia's reporting requirements.

The data which is held in electronic systems can be used to support the uptake of professional services offered by your pharmacy through identifying customers who may benefit from a service. The April-May edition of Excellence (see pages 14-16) discussed a 'prompt' that may lead a patient into a Screening and Risk Assessment activity, or a 'tool' that may lead into a Disease



State Management service. The data in your dispense database can be used to help you target patients for professional services such as Dose Administration Aids, Disease State Management or Screening/Risk Assessment services. Commercial software packages, such as GuildCare's suite of programs and some dispensing software systems are examples of how these functions can be efficiently incorporated into existing workflow.

As the health sector moves towards a universal electronic patient record, it is important pharmacists adopt systems which will improve our integration within the health care team. Electronic systems can help prove to the Government the value of pharmacy health services and showcase pharmacy's commitment to providing high quality health care. ■

\*PPI only requires pharmacies to report Clinical Interventions in the D.O.C.U.T categories to Medicare Australia – see *PSA Standard and guidelines for pharmacists performing clinical interventions – March 2011* for more information on the D.O.C.U.M.E.N.T. classification system or visit [www.5cpa.com.au](http://www.5cpa.com.au).



# IMPLEMENTING PROFESSIONAL SERVICES

Peter Guthrey – Pharmacist Consultant

**In recent years, the range of professional health services in community pharmacies have rapidly expanded. The introduction of Pharmacy Practice Incentives (PPI) represents a unique opportunity to introduce new professional services in your community pharmacy.**

The Primary Health Care PPI priority area provides accredited pharmacies with incentives to implement Health Promotion, Screening and Risk Assessment and Disease State Management services in their pharmacies. The previous edition of Excellence looked at what these services are and how they may link together. In this edition, we look at how such services can be implemented, the benefits they bring to your business, and take some tips from those who are successfully providing these services already.

Whilst pharmacies are well placed to deliver Primary Health Care services to their community, there is wide variation on how advanced or entrenched these services are. Whilst larger pharmacies and members of banner groups may have additional

resources available to them to implement Primary Health Care services, any pharmacy can get involved in these areas and there is support available. In fact, the 2011 Pharmacy of the Year – Orana Mall Pharmacy in Dubbo, NSW – is an independent pharmacy that has reaped significant benefits by providing a wide variety of Primary Health Care services to their community.

A key to introducing new professional services is to ensure the implementation is planned appropriately and that goals and timelines are realistic. There are a few tools to help you achieve this, such as through a formal project plan, development of a business case or using a Plan-Do-Study-Act cycle. These tools help businesses move towards introducing new services and help give a big picture view of how the project is progressing. There are a range of other tools contained within QCPP to help support the process such as:

- Service specific checklists (found in the Templates section of the QCPP Requirements Manual) which provides a framework for services, including minimum requirements.
- Templates and forms to help record progress (e.g. T15B Training Record, T6A Business Plan).

**“We will continue to innovate and expand our professional services [and] maintain our close links with our local health care team ... to ensure our customers health care needs are met.”**

Lisa Benton, Orana Mall Pharmacy owner

In introducing new professional services, Orana Mall Pharmacy developed implementation plans. These plans included objectives, service structure, budgets and launch information. The implementation plan then guided preparation for the new service, including staff training and marketing material. Once a service is introduced, it requires regular reflection to help improve the service. This can occur in a number of ways, including patient feedback, discussion at staff meetings or a more formalised evaluation process. Implementing identified improvements will be needed to entrench the service as part of normal business.

The biggest hurdles for Orana Mall Pharmacy in implementing their range of professional services were shifting customer perceptions and finding the right staff to be involved. Pharmacy owner Lisa Benton said that:

“fee-for-service was initially difficult to implement. It was a new concept for our customers, a pharmacy charging for services. [However] our customers now see the benefits of the services.”

Orana Mall Pharmacy recognises the supportive role that QCPP played in the introduction of new Primary Health Care services in their pharmacy:

“QCPP has supported the implementation of our professional services. It is a great way to develop procedures and guide the direction of the business. Written protocols and procedures in our QCPP operations manual ..., training prior to implementation and follow up reviews of procedures at staff meetings ensures consistent delivery of the services.” >



## Key points for service implementation

- Planning and training are crucial.
- Don't try and achieve too much at once. Start small and use early successes to build on later.
- Don't expect to get it perfect the first time around. Adjustments and tweaks are a normal part of business. Delaying implementation to resolve all possible issues during the planning stage may reduce staff enthusiasm and waste resources.

# IMPLEMENTING PROFESSIONAL SERVICES

Continued

## **Orana Mall's Diabetes Disease State Management service**

The diabetes service is a broad disease state management service which is tailored to each customer. The service is designed to empower the patient to actively manage their health condition through discussion, review and setting goals. The service focuses on medicine management and extends to lifestyle counselling, device training, linking patients to support groups and other health professionals. The service is conducted by pharmacists and registered nurses who have undertaken additional training, and extends beyond normal medicine counselling or supplying diabetes consumables (such as needles and lancets). As such, the diabetes disease state management service represents valuable service to the consumer, which they are willing to pay for.

Depending on the nature of the consultation, patients are charged between \$5 and \$20 for the service. Importantly, Orana Mall Pharmacy has seen additional business benefits such as customer loyalty and increased medicine compliance as a result of this service.

The service has also helped build partnerships with other health professionals and services in the area. For example, the pharmacy often liaises with doctors, diabetes educators and dietitians on behalf of patients in the provision of the diabetes service.

The following table shows how different aspects of T3I Disease State Management Service Checklist relate to the service offered by Orana Mall Pharmacy. ■

**“Implementation of our professional services has resulted in increased foot traffic and customer loyalty.”**

Lisa Benton, Orana Mall Pharmacy owner





## ORANA MALL PHARMACY DIABETES DISEASE STATE MANAGEMENT SERVICE

### Meeting the requirements of T3I Disease State Management Service Checklist

<b>1. Resources</b>	Staff are employed specifically to operate this service
<b>2. Training and qualifications</b>	Pharmacists and registered nurses who provide service undertake additional training developed for the service
<b>3. References</b>	Accu-Chek Performa product manual Therapeutic Guidelines: Endocrinology Australian Medicines Handbook QCPP Requirements Manual Easy Clinic Operations manual
<b>4. Equipment</b>	Accu-Chek Performa System (ARTG #135509) Accu-Chek Safe-T-Pro Plus, single use lancing device Gloves Sharps containers
<b>5. Equipment calibration and maintenance</b>	Calibrate Accu-Chek Performa per product manual After each use clean machine with 70% isopropyl alcohol
<b>6. Facilities to support the program</b>	Service provided in a private consultation room within the pharmacy
<b>7. Policies/ Procedures</b>	Consultation Booking Procedure (for front of shop staff) Consultation Protocol Health Professional Referral Policy
<b>8. Records</b>	Patient file including: Consultation record Accu-Chek monitor data Copy of health professional referral



# HOW QCPP CAN CONTRIBUTE TO YOUR CPD

Andrew Matthews – National Manager Accreditation and Standards

Terri Russel – Communications Coordinator, Victorian Branch

## Did you know you can claim CPD credits by preparing your pharmacy for QCPP accreditation?

30 September is the end of the 2010/11 CPD year, so claiming CPD credits by preparing for your QCPP assessment not only gets your pharmacy quality accredited, but assists you to reach your annual CPD credit total.

Because every pharmacy is different it is not possible to set a standard amount of CPD credits pharmacists can claim. However, the following information can be used as a guide to recording QCPP accreditation on your own CPD record\*.

### **CPD Group 1 Activity: information accessed without assessment – 1 CPD credit per hour of activity**

Example: Pharmacists attending staff training on QCPP, quality assurance and implementing a quality management system in the pharmacy.

### **CPD Group 2 activity: knowledge or skills improved with assessment – 2 CPD credits per hour of activity**

Example: Reviewing your pharmacy's current practice against guidelines and practice standards, and updating policies, procedures and checklists in preparation for QCPP assessment.

### **CPD Group 3 activity: quality or practice improvement facilitated – 3 CPD credits per hour of activity**

Example: Facilitating a quality or practice-improvement initiative such as a new service or procedure in accordance with QCPP, evaluating the change, and demonstrating a measurable service improvement.

The Pharmacy Board Guidelines specifically mention preparing for an external review such as QCPP as an example of a Group 2 activity in their Pharmacy Guidelines on Continuing Professional Development. See [www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx](http://www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx)

Remember, in the case of all CPD undertaken, maintenance of appropriate records\*\* is the responsibility of the pharmacist. ■

\*This activity is not accredited and would need to be self recorded.

\*\*For each activity you must record date of activity, source of provider, type of activity, topics covered, accreditation status and CPD credits.

# EXPLANATION OF PPI START UP PAYMENT

## Start-up payments for Pharmacy Practice Incentives (PPI) have now commenced.

Three of the PPI priority areas – DAAs, Clinical Interventions and Staged Supply – attract a once only 'start up' payment for eligible pharmacies. If your pharmacy registered for these PPI priority areas before 30 June 2011 and meets the eligibility criteria, you will receive the start-up payment during the coming months\*.

The value of the start-up payments has been confirmed as follows:

- DAAs \$1800
- Clinical Interventions \$4550
- Staged Supply \$1720

Eligible pharmacies who registered for these three incentives will receive \$8070.

Payments to eligible pharmacies commenced on 4 July 2011 and will continue through until mid-September 2011. Payments will be made by Medicare Australia into your nominated bank account and will appear on your remittance advice under the following payment codes:

- QRIA – PPI Start up payment Dose Administration Aids
- QRAC – PPI Start up payment Clinical Interventions
- QRAS – PPI Start up payment Staged Supply

\* Section 90 pharmacies who are accredited with QCPP are eligible to register for Pharmacy Practice Incentives. Pharmacies must have been QCPP accredited as of 30 June 2011 to be eligible to receive start-up payments.



### QCPP HELPLINE – HIGH CALL VOLUME

The QCPP Helpline had been experiencing a high volume of calls due to the finalisation of the QMA and commencement of the PPI. Our dedicated team have been working hard to respond to your calls as quickly as possible. We have expanded our team to cope with this demand and appreciate your patience and understanding during this busy time. If your call is regarding a payment we recommend payment to be made via BPay or Fax. Pharmacies who were assessed before 30 June 2011 have until 31 July 2011 to finalise accreditation.

For implementation advice please call your State branch.

### CORRECTIONS – APRIL/MAY 2011 EDITION OF EXCELLENCE

Page 7 incorrectly referred to 'T3A Dose Administration Aids Checklist'. The correct name of the checklist is 'T3B Dose Administration Aids Checklist'. This error also occurs in some printed copies of the DAA PPI fact sheet.

Page 8 contained incorrect text under 'Community Service Support – Features'. A corrected copy of this article can be found at [www.qcpp.com](http://www.qcpp.com).

Excellence and QCPP are committed to correcting errors or inaccurate material.



## Quality Care Pharmacy Program

An initiative of The Pharmacy Guild of Australia

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