



Quality Care
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

EXCELLENCE

Supporting Excellence in Pharmacy

January – February 2012



FOCUS ON THE STANDARD: SCREENING AND RISK ASSESSMENT

UPDATES TO QCPP REQUIREMENTS MANUAL

QCPP CUSTOMER SURVEY

MEDICARE LOCALS: OPPORTUNITIES FOR COMMUNITY PHARMACY

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A NEW YEAR RESOLUTION FOR YOUR PHARMACY

The start of a new year is a time to reflect on your previous year's disappointments and achievements, and consider what commitments you want to take on to make the new year better than the one before. Although New Year resolutions are often personally focused, why not resolve to achieve some defined goals for your pharmacy business in 2012?

Defining goals and objectives for your pharmacy, or developing a business plan prior to implementing new services, is a fundamental aspect of any business. Yet, some businesses do this poorly, or not at all, and pharmacy is no exception. Element 6 of the Quality Care Pharmacy Program requires pharmacies to 'have systems in place to ensure the business operates effectively, maintains profitability, and sustainability'. The actions within Element 6 are all targeted at improving the effective operation of your business. Two new actions have been incorporated into the Australian Standard in Element 6: Implementing new products and services using risk management methodology and business case assessment (Action 8); and business continuity planning (Action 9). Now that pharmacies are being assessed against the new requirements, our QCPP assessors are finding that Element 6 and especially the new actions are not done well by some pharmacies.

The 5CPA Pharmacy Practice Incentives are available to help pharmacies implement professional services consistent with the quality Standard, and the new year might be the time to reconsider your business model taking into account customer needs and market pressures (Element 6, Action 1). By using a

risk management methodology and business case assessment you might realise your business could be more profitable and sustainable by providing more professional services. In a community pharmacy setting these services are highly valued by our customers, and in certain business models can be fee-for-service. They should not be subsidised by existing business activities without a business case that demonstrates subsequent market gain and return on investment.

Evidence also suggests that while pharmacies estimate, monitor and report income, costs and expenses (Element 6, Action 4), they don't do anything with these key performance indicators. Action 6 requires pharmacies to analyse their business performance data and take action on key issues to maintain profitability.

So, commit to a New Year QCPP resolution to improve your pharmacy business by better integrating the QCPP quality management system into your business, and understand how Element 6 sets out the key actions for an effective, profitable, and sustainable community pharmacy business.

Happy New Year!



Paul Sinclair

**Chair, Quality Assurance
and Standards Committee**

National Councillor,

The Pharmacy Guild of Australia

FROM THE DIRECTOR

Past editions of Excellence have provided lots of information and examples of the 5CPA Pharmacy Practice Incentives (PPIs) and how QCPP accommodates the PPI Program Specific Guidelines. In this edition, we focus on the PPI priority area of 'Primary Health Care'.

Many pharmacies have now established PPI areas such as Staged Supply, Clinical Interventions and DAAs in accordance with the QCPP requirements, but are requiring more support and guidance on the Primary Health Care area. Although community pharmacy has provided services such as blood pressure monitoring and blood glucose testing for some time, delivering these services has progressed so that they should no longer be 'just a test'. It is important that your customers leave the pharmacy knowing not only what the result of their tests are, but how it relates to their health and what they should do about it. I hope this edition helps you by providing more case studies and examples, and includes how Medicare Locals may support and integrate your roll-out of primary health care services across your community.

The first of the QCPP Requirements Manual Updates were mailed out to pharmacies early January. These updates, as summarised in this edition on page 7, include minor corrections from when the Manual was first distributed in June 2011, or updates to the requirements consistent with changes to PPI Program Specific Guidelines. We also continue our guest author series with articles from QCPP State Managers Nicole Floyd (QLD) and Meryl Kane (NSW), and QCPP Assessor and Tasmanian pharmacist Suzanne Hickey.

Happy New Year and *Excellence* reading!



Andrew Matthews

National Director

Quality Assurance and Standards

THINGS TO KNOW

Member fee increase

We would like to advise that there will be a CPI increase of your QCPP annual membership and assessment fees as recommended by the Pharmacy Guild's National Council to cover the increased costs of running the program. QCPP is a member funded program which covers all its costs from program membership fees. This fee increase will apply to any pharmacy with an accreditation date from 1 January 2012. The new QCPP fee structure (per pharmacy) will be as follows:

Membership	Fees (incl. GST)	
Guild Members	Membership fee	\$1853.50
	Assessment fee	\$852.50
	Total	\$2706.00
Non-Guild Members	Membership fee	\$2253.50
	Assessment fee	\$852.50
	Total	\$3106.00

Being a QCPP member entitles you to many benefits which include free support and advice regarding all aspects of QCPP. It also entitles you to a free cold chain dispensary refrigerator test for each external assessment, access to Fast Track tools and resources, QCPP Helpline support and all administrative and accreditation services. In every state branch there are helpful and knowledgeable QCPP State Managers that can provide you with free QCPP assistance such as implementation advice, telephone and in-pharmacy assistance.

Lapsed accreditation due to incomplete remedial actions and non-financial QCPP members

To gain QCPP accreditation a pharmacy must complete a number of steps including undergoing an external assessment, submitting a legal and professional obligations declaration (**T1A**) and paying the QCPP annual membership fee.

It's important to remember to pay your QCPP fees on time. The Program and assessment rules (Rule 29 – Incentives, fees and subsidies for accreditation) state that accreditation can only be issued if all program fees have been paid by the pharmacy. If your membership fees have not been finalised by the due date your QCPP accreditation will be subject to lapsing and you will be no longer eligible to access any Pharmacy Practice Incentive (PPI) payments. Extension requests will be considered for pharmacies with difficult or unforeseen circumstances.

It's also important to remember that if a remedial action is identified during an assessment, the pharmacy has up to three months from the date of the assessment to undertake the identified remedial action and have the remedial action verified as being complete by the assessor. During this period the pharmacy is deemed to be accredited. If remedial actions are not complete and verified in the three month period, the pharmacy may be subject to sanctions that may include lapsing of accreditation.

Extension requests must be sent in writing via email to assessments@qcpp.com. Extensions will be considered for pharmacies with difficult or unforeseen circumstances. They may also be considered if the pharmacy can provide evidence that they are in the process of actively undertaking actions to fix any major remedial actions.

QCPP Requirements Manual invoice

QCPP has recently received queries regarding the timing of the distribution of QCPP Requirements Manual once an invoice has been issued. It's important to note that your QCPP Requirements Manual will be sent upon payment of the invoice and no sooner.

QCPP Requirements Manual updates arriving January

Many of you will have already received the first update to the QCPP Requirements Manual 2011 which was posted to pharmacies in early January 2012. Look out for the red labelled Manual Update #1 A4 envelope and ensure you include these updates in your Requirements Manual and remove old versions of the documents provided. Refer to page 6 of this edition of *Excellence* for information on what the update will include. If your pharmacy's pack has not yet arrived you can access the same documents electronically by visiting www.qcpp.com and clicking on the QCPP Standard tab.

New T1A form – version 2.1

Included in the January manual updates was a new **T1A** Legal and Professional Obligations Declaration form. Version 2.1 includes a revision of the services listed on page 2 and the addition of the PPI Annual Payment Eligibility Declaration attachment. Version 2.1 of the **T1A** form came in to effect as of 1 January 2012 and pharmacies whose anniversary or accreditation date is from 1 January will be required to complete the new version of this form when next due (next accreditation/ anniversary date). If your pharmacy is registered for PPI priority areas that attract an annual payment then you are required to submit the **T1A** attachment to be eligible to access payment from Medicare. If your pharmacy is not registered for PPI priority areas that attract an annual payment there is no requirement to complete the third page.

Change of ownership and updated PPI Program Specific Guidelines

If your pharmacy has undergone a complete change of ownership it is important for you to be aware of a recent change in the PPI Program Specific Guidelines released in December 2011. The Guidelines state (as per 18.8):

'For PPI priority areas that attract an annual payment, if a pharmacy changes PBS approval number only one Declaration can be lodged. The Declaration is to include only the current PBS approval number at the date the Declaration is lodged. If the pharmacy changes PBS approval number between the time the Declaration is lodged and the date the annual payment is processed, the current PBS approval number as at the time the payment is processed will be paid.'

Similarly for periodical payments (as per 18.6), 'If an Eligible Community Pharmacy changes PBS approval number during an eligible Claiming Period for Clinical Interventions/DAAs, the pharmacy can only lodge a single Clinical Intervention/DAA Claim form under its current PBS approval number. The Claim form should include services provided as specified in these Guidelines provided across the whole eligible Claiming Period.'

Corrections to Operations Manual

In the recently produced Operations Manual Suggestion 2 on the Customising the Folder page was incorrectly referred to as *Order by frequency*. This should have been *Order by document* type as per the instructions following the title explains. ■

UPDATED PPI GUIDELINES

The 5CPA General Terms and Conditions and Pharmacy Practice Incentives (PPI) Program Specific Guidelines have been updated to reflect the need for more clarity and information regarding 5CPA and in particular the PPI Program.

As a participant in the PPI Program, it is the pharmacy's responsibility to ensure any staff who participate in the PPI Program remain aware of the current terms and conditions and guidelines. These documents outline the program requirements and a pharmacy's obligations. It is vital that these documents are reviewed and understood.

Key updates to the 5CPA General Terms and Conditions

1. The inclusion of new terms such as the *PPI Annual Payment Eligibility Declaration (Declaration)* and updates to existing terms.
2. Updates to definitions such as *Australian Government*;
3. Updates to section 5. *Payments*; and
4. Eligible Community Pharmacy obligations whilst participating in any 5CPA Programs.

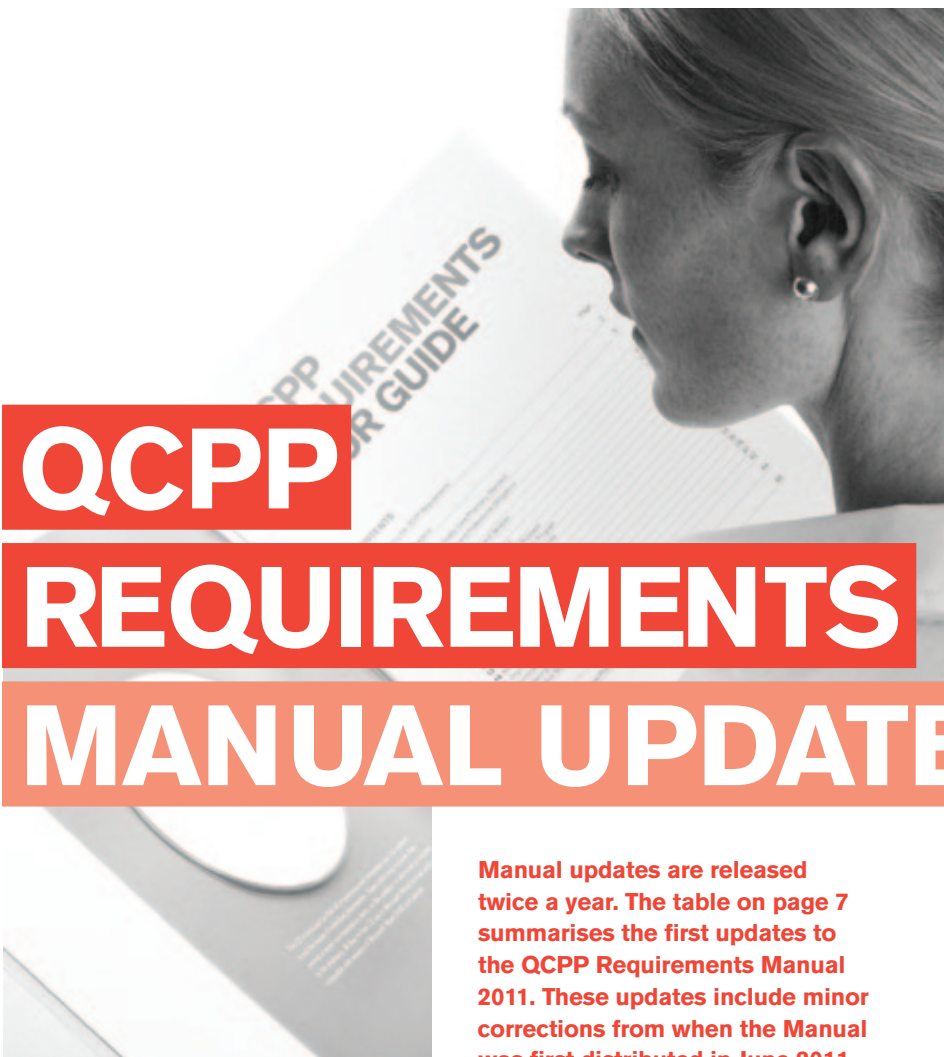
Key updates to the PPI Program Specific Guidelines

1. The introduction of the *PPI Annual Payment Eligibility Declaration (Declaration)*. This Declaration will come into effect from 1 January 2012 and will be an attachment to the QCPP T1A form. This means that all eligible community pharmacies (with an accreditation/anniversary date from the 1 January 2012 onwards) participating in the PPI Program will be required to submit the Declaration as part of their Eligibility Criteria to receive annual payments.
2. Changes to Eligible Community Pharmacy obligations whilst participating in the PPI Program.
3. The inclusion of further details regarding the Program requirements when recording and claiming under the Clinical Interventions and Dose Administration Aids priority areas.

To review these documents please visit www.5cpa.com.au and click on the *Resources* tab.

To obtain a copy of the updated QCPP T1A including the Declaration please visit www.5cpa.com.au and refer to the *PPI Forms and Factsheets* section or alternatively this will be available at www.qcpp.com under the *QCPP Standard* tab.

Need help? Contact the 5CPA Help Line on 1300 555 262 or email support@5cpa.com.au ■



QCPP

REQUIREMENTS

MANUAL UPDATES

The QCPP Requirements Manual is continually being reviewed to ensure QCPP requirements align with current professional standards and practices.

Manual updates are released twice a year. The table on page 7 summarises the first updates to the QCPP Requirements Manual 2011. These updates include minor corrections from when the Manual was first distributed in June 2011, or updates to the requirements consistent with changes to PPI Program Specific Guidelines.

The updated documents were distributed by mail to all accredited pharmacies early January 2012. On receipt of these, please ensure old versions of documents are removed from the pharmacy's manual and replaced with the new versions as provided in the update pack. If the pack has not yet arrived a pharmacy can access the same documents electronically by visiting www.qcpp.com and clicking on the *QCPP Standard* tab.

The impact or action required column on the next page outlines the key revisions to the manual that a pharmacy will need to consider when reviewing their operations to align with QCPP and PPI requirements. The new **T1A** Legal and Professional Obligations Declaration (v2.1) came into effect as of 1 January 2012. As **T2G** Clinical Interventions Checklist is new it will not become mandatory for assessment until 1 March 2012. However, you can choose to be assessed against this

immediately if you are ready before this date. As the other updates listed are minor, or necessary to meet PPI requirements they will be assessable immediately.

New T2G clinical interventions checklist

As explained, the manual update includes the new **T2G** Clinical Interventions Checklist which becomes assessable as of 1 March 2012. The checklist recognises the PSA's *Standard and guidelines for pharmacists performing clinical interventions* as the standard all pharmacies should use to perform and record clinical interventions. The key feature of the checklist is the requirement to use the D.O.C.U.M.E.N.T. classification system when recording clinical interventions. The vast majority of pharmacies have claimed the Clinical Interventions PPI periodic incentive payments and should already be familiar with the system. The checklist requirements are explained more fully in Figure 1 on page 8.

The checklist compliments the existing QCPP **P2H** Clinical Interventions Policy. You should consider your clinical interventions policy when reviewing this document and amend the policy to resolve any conflict with the new checklist requirements. ■

ACTION, PROCEDURE OR TEMPLATE	CHANGE	IMPACT OR ACTION REQUIRED
Table of Contents - PROCEDURES	Updated to reflect new versions of procedures/policies listed in this table. Title of P8A also corrected.	Replace previous table of contents behind green Procedures tab in Requirements Manual with version 2.1.
Table of Contents - TEMPLATES	Updated to reflect new versions of templates listed in this table.	Replace previous table of contents behind red Templates tab in Requirements Manual with version 2.1.

Element 1 – Compliance with legal and professional obligations

T1A Legal and Professional Obligations Declaration	Revised services on page 2 and addition of Pharmacy Practice Incentives (PPI) Annual Payment Eligibility Declaration attachment.	Version 2.1 of the T1A form will become effective as of 1 January 2012. Pharmacies whose anniversary or accreditation date is due from 1 January will be required to complete the new version of this form. If your pharmacy is not registered for PPI priority areas that attract an annual payment there is no requirement to complete the PPI Annual Payment Eligibility Declaration attached to the revised form.
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Element 2 – Supply of medicines, medical devices and poisons

P2A Dispensing Procedure	Minor correction	Incorrect reference to P2K Staged Supply and T2F Staged Supply Checklist has been removed and replaced with reference to P2B Brand Substitution Policy in the <i>Related procedure or template</i> column next to action 31. Replace previous procedure in Requirements Manual with version 2.1.
T2G Clinical Interventions Checklist	New checklist	Review new checklist (version 2.0) and identify what actions need to be implemented to comply with QCP Requirements by 1 March 2012 when this checklist becomes mandatory. Add new checklist to Requirements Manual.

Element 3 – Delivery of health programs and services

T3A Opioid Substitution Program Checklist	Revised actions (mandatory)	Review changes to actions 4.3, 7.4 and 8.1. Confirm that take away doses are contained in child resistant packaging (4.3) and that the pharmacy is maintaining and following a system for communication with prescribers and other relevant health care professionals in alignment with the Interprofessional Collaboration Checklist and the pharmacy's Interprofessional Collaboration Policy (7.4). Ensure that a record of each supply is being maintained with patient records for opioid substitution therapy (8.1f). Replace previous checklist in Requirements Manual with version 2.1.
T3B Dose Administration Aids Checklist	New action (mandatory) and minor rewording to evidence requirements.	Review new action 3.2 (mandatory). If delivering this service ensure the pharmacy has access to approved guidelines for providing dose administration aids. Review minor rewording to evidence requirements in action 8.1e.
T3C Screening and Risk Assessment Checklist	Minor correction	Action 7.1i of this checklist originally referenced 'monitoring and case detection'. This wording has been replaced with 'screening and risk assessment'. Replace previous checklist in Requirements Manual with version 2.1.
T3H Health Promotion Checklist	Minor correction	T15B Training Record has been added to the <i>Procedures/template</i> available column for Action 2.1 in this checklist. Replace previous checklist in Requirements Manual with version 2.1.

Element 11 – Customer service

T11C Customer Service Statement	New actions	Update pharmacy Customer Service Statement to reflect new mandatory actions at 1a, 1b, 1c, 5c, 5d and 5e.
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QCPP REQUIREMENTS MANUAL UPDATES

CLINICAL INTERVENTIONS CHECKLIST

Actions marked with an asterisk are mandatory and will be assessed. Any modified template must include these actions marked with an asterisk.

Program requirement	Action to meet the program requirement	Evidence required at an assessment	Procedures/ templates available
Personnel			
1. Resources	No additional requirements.		
2. Training and qualifications	2.1 Ensure pharmacy staff involved in clinical interventions have completed relevant training.	Training records show the required training has been completed.	
Reference material			
3. Reference material	* 3.1 Maintain access to approved guidelines for clinical interventions	Proof of access to the guidelines	
Premises and equipment			
4. Equipment to support the program	No additional requirements.		
5. Equipment calibration and maintenance	No additional requirements.		
6. Facilities to support the program	No additional requirements.		
Procedures and templates			
7. Procedures required	* 7.1 Maintain and follow a system for providing clinical interventions	Explanation and evidence of how the pharmacy provides clinical interventions	P2H Clinical Intervention Policy
	* 7.2 Maintain and follow a system for communicating with prescribers and other relevant health care professionals.	Explanation and evidence of how the pharmacy communicates with prescribers and other relevant health care professionals.	P2I Interprofessional Collaboration Policy T2E Interprofessional Collaboration Checklist

Action 2.1 – Training
Training is not marked as mandatory. Performing clinical interventions is considered a core competency of pharmacy practice at registration and additional training has not been mandated. Any relevant training, such as the PSA's online training and workshops, or GuildCare's workshops or webinars, should be recorded on the training record.

Action 3.1 – Reference material
The approved guidelines are PSA *Standard and guidelines for pharmacists performing clinical interventions*. An electronic copy can be found on the PSA website or via www.5cpa.com.au under the Resources tab.

Action 7.1 – Procedures and templates
The system for providing clinical interventions may be a policy, procedure or a combination of both. An assessor may ask for an explanation and evidence of how this system works.

Action 7.2 – Procedures and templates
Interprofessional collaboration requirements are consistent with other Element 2 and Element 3 checklists.

CLINICAL INTERVENTIONS CHECKLIST **T2G**

Program requirement	Action to meet the program requirement	Evidence required at an assessment	Procedures/ templates available
Records			
8. Recording system	* 8.1 Maintain and follow a recording system for clinical interventions. Records are to include:	Proof there is a recording system for clinical interventions. Proof the records are being maintained. Proof number of clinical interventions performed can be recorded.	Nil
	* a. Date of the intervention.		
	* b. Medicines which are relevant to the intervention.		
	* c. Consumer details (including patient identifier [e.g. name or number], age range and gender and relevant consumer history).		
	* d. Any communication with the prescriber or other health professionals.		
	* e. Classification of the intervention type and recommendation type		
	* f. Use of D.O.C.U.M.E.N.T. classification system		
	* g. Outcome (or expected outcome) of intervention and any follow up.		
* h. Name or initials of pharmacist who performed the intervention.			

Action 8.1 – Recording system
The D.O.C.U.M.E.N.T. clinical intervention system is now a requirement. Note the mandatory fields included in the list. While a unique identifier must be used for each intervention recorded, this does not have to be the patient's name. Some non-prescription clinical interventions may be anonymous.

Figure 1 Tips on implementing clinical interventions

FOCUS ON THE STANDARD: ELEMENT 3 – SCREENING AND RISK ASSESSMENT FOR CARDIOVASCULAR DISEASE

NATIONAL STROKE FOUNDATION *KNOW YOUR NUMBERS* PROGRAM

Alison Hicks – Project Officer, National Stroke Foundation

and Peter Guthrey – Pharmacist Consultant

Screening and risk assessment services are becoming more widespread in community pharmacies, particularly following the introduction of the annual Primary Health Care PPI payment. While blood pressure monitoring services have been available in community pharmacies for many years, it has generally been provided in an ad-hoc manner, rather than being a structured and consistent service. In this article we will look at *Know your numbers* as an example of how to implement a cardiovascular disease risk assessment program in pharmacy.

Know your numbers is an established and comprehensive risk assessment program based on current recommended clinical guidelines and provides pharmacies with evidence based consumer resources and staff training. The program's resources includes a risk assessment checklist and action plan to identify individuals at risk of cardiovascular disease.

Cardiovascular disease and stroke

Cardiovascular disease, which includes conditions affecting the heart and blood vessels, is Australia's biggest killer causing more than 46,000 deaths each year. Stroke is the second biggest single killer and leading cause of disability in Australia with 1 in 6 people suffering a stroke in their lifetime.

Nine out of ten Australian's have at least one preventable risk factor for cardiovascular disease. The National Stroke Foundation has promoted an 'absolute risk' approach to cardiovascular risk reduction that takes into account each individual's overall risk profile.

Cardiovascular disease and type 2 diabetes can be preventable and risk assessment activities in community pharmacies can help an individual identify their risk and use strategies to reduce their risk of developing these conditions.

Know your numbers

Know your numbers was developed by the National Stroke Foundation (NSF) in 2007 to increase awareness of hypertension amongst the general public and, for those identified at high risk of disease, to recommend a more detailed cardiovascular risk assessment in primary care.

The program is based on the establishment of 'pressure stations' primarily in community pharmacies through a partnership with The Pharmacy Guild of Australia.

Cardiovascular risk can be assessed using a combination of a blood pressure measurement and written consumer responses to questions on lifestyle, previous medical history and basic demographic characteristics. The primary target audience for Know your numbers is adults aged over 50 years, as this group is at highest risk of hypertension and cardiovascular disease, and secondary audience will be adults aged over 25 years.

The program's consumer resources allow pharmacies to provide consistent, evidence based information to their customers. The resources aim to improve an individual's understanding of their risk factors, what their BP results mean, and what they can do to lower their risk of cardiovascular disease to stay healthy. Lifestyle modification advice includes information about ongoing blood pressuring monitoring, salt reduction, weight loss, exercise and smoking cessation. A range of in-store promotional resources is available to assist with promoting the health service within pharmacy.

Since 2007, it is estimated that over 100,000 people have had a Know your numbers check in Queensland, Victoria and NSW with over 1200 registered 'pressure stations'. Data collated from 2007-2010 indicates:

- 50% of people checked did not know or were unsure of their BP numbers
- 43% had high blood pressure (>140/90mmHg)
- almost 30% were referred to their GP for a full cardiovascular disease assessment
- 66% were opportunistic checks with customers just passing by.

Screening and risk assessment under QCPP

To be eligible to access an annual incentive payment under the Primary Health Care PPI priority area, pharmacies need to meet the requirements of **T3C** Screening and Risk Assessment Checklist. Some activities under Know your numbers can also be used to meet the requirements of the **T3H** Health Promotion checklist.

The National Stroke Foundation has worked with QCPP to support pharmacies meet the requirements of these two checklists. Figure 2 outlines how aspects of the program relate to the requirements of **T3C** Screening and Risk Assessment Checklist.

- Up to date, evidence based resources provided to pharmacies
- Health check based on current recommended clinical guidelines

- Omron Healthcare is a partner and provides Omron BP machines to new KYN pharmacies
- BP machine calibration is completed by Omron for free every 2 years
- Clear guidance on appropriate location of health check included in resources

- Clear documented guidelines on completion of the health check, target group identified, online training (including video segments) to support staff
- Clear guidelines on referral process with GP referral letter included in resources

- Paper based or electronic format allows for efficient and relevant data to be collected and reported

- Comprehensive online training available for staff
- Clear guidelines on the purpose of the program including consumer disclaimers
- Program guidelines including manual and resource kits
- Partnership with Omron – ongoing support to staff
- NSF staff support

SCREENING AND RISK ASSESSMENT CHECKLIST		
Actions marked with * asterisk are mandatory and will be assessed. Any modified template must include those actions.		
Program requirement	Action to meet the program requirement	Evidence required at an assessment
Personnel		
1. Resources	No additional requirements.	
2. Training and qualifications	* 2.1 Ensure staff members involved in the use of any testing equipment are trained in its correct use.	Training record shows the required training.
	* 2.2 Ensure staff members involved in screening and risk assessment understand the limitation of their ability to interpret results and provide advice.	Training or induction record shows the results have been given.
Reference material		
3. Reference material	* 3.1 Ensure the pharmacy has access to current information resources.	Proof the pharmacy has access to current information resources.
Premises and equipment		
4. Equipment to support the program	* 4.1 If equipment or therapeutic devices are used in the screening activity ensure all equipment used in screening and risk assessment activities comply with Australian Standards or are listed on the Australian Register of Therapeutic Goods.	Proof equipment complies with the appropriate Australian Standard or is listed on the Australian Register of Therapeutic Goods.
	* 4.2 If skin penetration occurs:	
	* a. Ensure there are disposal containers if any clinical waste and/or sharps are generated.	Proof there are disposal containers for waste and/or sharps.
	* b. Ensure staff have access to appropriate protective items (e.g. gloves, masks, eye protection).	Proof staff have access to protective items.

Procedures and templates		
7. Procedures required	* 7.1 Maintain and follow a procedure for screening and risk assessment.	The procedure for screening and risk assessment includes or makes reference to: <ol style="list-style-type: none"> How and where tests will be conducted. Which customers will be targeted for screening. Obtaining patient consent. Explaining relevance of results to patient health and lifestyle. The format, content and distribution of resources. Adoption of appropriate infection control measures (if the activity involves physical contact or skin penetration). Requirements to ensure sharps containers are sealed before disposal (if the activity involves sharps). Disposal of sharps containers (if the activity involves sharps). Providing the name and contact details of the person performing the screening and risk assessment or provided to the patient. Providing follow-up (where appropriate).
	* 7.2 Maintain and follow a system for communicating with prescribers and other relevant health professionals.	Explanation and evidence of how the pharmacy communicates with relevant health care professionals.
	* 7.3 Maintain and follow a procedure for infection control (if the activity involves physical contact with customers or skin penetration).	The procedure for infection control. Proof makes reference to: <ol style="list-style-type: none"> Hand hygiene Personal protective equipment, such as gloves, masks, eye protection. The prevention and treatment of needlestick injuries. Segregation and disposal of clinical waste. Avoiding contamination of equipment and clothing.
Records		
8. Recording system	* 8.1 Maintain and follow a recording system for screening and risk assessment. Records are to include:	Proof there is a recording system for screening and risk assessment being maintained.
	* a. The key features of any explanation or recommended follow-up action.	
	* b. Details of the person that performed, interpreted and explained the testing and results.	

Figure 2 How Know Your Numbers relates to QCPP Requirements (T3C Screening and Risk Assessment Checklist)

Case study

KNOW YOUR NUMBERS IN PRACTICE GOLDFIELDS FULLIFE PHARMACY

Goldfields Fullife Pharmacy serves the members of the community in the regional town of Gympie, Queensland. They initially registered to participate in Know your numbers in 2008 as they felt it was a good fit with their model of service delivery and other health promotion activities run in store.

Margaret Curtis who manages the health promotion activities in the pharmacy believes that 'Know your numbers acts as a meaningful tool to engage customers in a health discussion about the importance of regular blood pressure measurement and keeping an accurate record so that they do in fact know their numbers and monitor their numbers'. This is important 'as high blood pressure can have such a detrimental impact on the body. Also what may start as a dialogue initially around blood pressure can easily link in and lead to discussions around other health conditions including diabetes and sleep apnoea. It's more than a test, it's about giving consumers a better understanding of their health.'

Staff at Goldfields have embraced the program, as they are all keen to assist people with their health issues. Initially the program was explained to the staff and

how it fits in with the pharmacy model with staff supported through regular training sessions. Roleplays were used to empower staff with the skills and confidence to adopt their own approach to facilitate customer engagement in Know your numbers which they are comfortable with. Staff morale builds following a successful interaction with a customer regarding their health. Goldfields have an excellent relationship with Omron who support Know your numbers and provide additional face-to-face staff training (e.g. on an annual basis).

Goldfields run a permanent Know your numbers pressure station, adjacent to where patients are seated, when waiting for their prescriptions. This has worked well for the pharmacy with customers asking about the service, waiting customers are approached by staff inviting them to participate in a Know your numbers check and having all of the resources available makes it easy for the staff. A local daily pamphlet drop within the local shopping centre is seen as a highly successful way to encourage people to visit the pharmacy for the Know your numbers check in addition to other pharmacy services.

Involvement in Know your numbers has been a rewarding experience for the staff and is seen as an important service to offer the members of their community. From a business perspective customers are encouraged to return to the pharmacy with their Know your numbers wallet card for ongoing blood pressure monitoring and it provides an opportunity to build rapport with customers. 'Even if one person gets help per week it is really rewarding as that person may not have been aware of their risk and are now able to follow it up!' ■



Resources

If you would like further information on Know your numbers visit www.strokefoundation.com.au or email knowyournumbers@strokefoundation.com.au

SCREENING, RISK ASSESSMENT AND DISEASE STATE MONITORING – ALL PART OF THE SERVICE

PIGOTT'S BLACKBUTT PHARMACY

Peter Guthrey – Pharmacist Consultant

Piggott's Blackbutt Pharmacy is located in the Newcastle suburb of New Lambton in New South Wales. The pharmacy was established in 1951 and has been owned by the Piggott family for 41 years. For many years, the pharmacy has prided itself on providing good health advice to their customers.

Bronwyn Stanley, as pharmacist-in-charge, manages the pharmacy and is usually the sole pharmacist working in the pharmacy. Through their understated warmth, Bronwyn and the team of staff go about helping people as they arrive in the pharmacy. They use a proactive discussion and receptive listening style to help identify the health needs of their customers. These needs can result in the pharmacy providing screening, risk assessment or disease state monitoring services to their customers.

Bronwyn explains 'The more you talk with customers, the more you understand about their health. This often leads to you suggesting that a customer sit down and do some tests which opens them up for discussion and doing something with the results. For example, a conversation with a customer will often lead to us sitting down and doing a blood pressure reading.'

Another good example of this is requests for cold and flu medicines. Bronwyn notes that requests for these products often turn into chats about smoking cessation and doing a quick lung screen using the PiKO-6 device. 'We have done about 30 or so lung function tests in the last six months

and referred about half of these people to their doctor for spirometry or further investigation.'

Piggott's Blackbutt Pharmacy offers a number of screening, risk assessment and monitoring activities as part of their daily interaction with customers. This includes:

- blood pressure screening
- blood glucose screening
- lung function screening
- asthma screening (using peak flow meter).

In all these activities, the results are recorded either in GuildCare or in the patient notes in the dispensing program. The pharmacy records include not just the test results but also the meaning of the result and the recommendations they make. The recommendation could be a doctor referral, lifestyle advice or regular screening, risk assessment or monitoring by the pharmacy.

These primary health care services have not sprung up overnight. Rather, Bronwyn has introduced new services when a need has been identified. Like many pharmacies, blood pressure tests have been offered for many years. Blood glucose testing has been added more recently. Chris Piggott, former owner of the pharmacy, notes 'we used to see one or two people with diabetes every few days. Now we see 15 to 20 people with diabetes every day.'

The newest service the pharmacy has started is lung testing using the PiKO-6 device. The PiKO-6 is a small hand-held

device which the user blows into for six seconds to identify lung capacity and any lung obstruction. The pharmacy started to offer the service as part of a research project, which was run by the Australian Lung Foundation, as part of Fourth Community Pharmacy Agreement funded research. This included training in how to use the PiKO-6 meter and other aspects of chronic obstructive pulmonary disease (COPD). The training was run in a workshop and extra in-pharmacy follow up after the initial training. The pharmacy has continued to offer the service after the research project finished. Bronwyn notes 'It is really quite easy to use. Once you know how to avoid the issues that can lead to incorrect results, it's great.'

The service is mainly offered to people who are thinking about smoking cessation or show warning signs of COPD. These warning signs can include chronic cough, having trouble climbing a flight of stairs or a wheeze.

For Bronwyn and the team though, it is all part of the service.

'What we do here is a natural part of our existing counselling and advice. It's not a stand alone service which we need to advertise. These tests are part of what we do every day to help our customers.' ■



PIGGOTT'S BLACKBUTT PHARMACY

Blood Pressure Screening

- requested by the customer or suggested by the pharmacist
- recording of results has become easier by using the GuildCare software to record results. *'It fits in really well with the work flow'*
- records recommendations, as well as just the numerical results

Lung Function Screening

- often conducted in response to cold/flu medicine requests or smoking cessation customers
- training in the device conducted by the Australian Lung Foundation with in-pharmacy follow-up. *'Once we were shown some of the do's and don'ts for using the device, we became confident in using the device properly'*
- records recommendations, not just the number
- about half of people tested are referred to doctor for further investigation

Asthma Screening (using peak flow meter)

- sometimes requested by the customer, other times identified when supplying salbutamol [Ventolin®/Asmol®] via asthma cards
- records recommendations, as well as just the numerical results

Blood Glucose Screening

- fee for testing service
- service mainly used by people who are pre-diabetic or who have gestational diabetes. *'Most people with type 2 diabetes already test their sugar levels. We don't want to double up with what they already do'*
- records recommendations [such as lifestyle advice], as well as the numerical results

SCREENING AND RISK ASSESSMENT – MORE THAN JUST A TEST

CHEMMART HEALTH CHECKS

Peter Guthrey – Pharmacist Consultant

Pharmacy based screening and risk assessment programs for chronic health conditions have grown in recent years. Chemmart® Pharmacies' Take 20 Australia Health Checks program is one example of a more comprehensive screening and risk assessment service designed to assist customers to take a more active approach in managing their health and wellbeing.

Chemmart® launched the Take 20 health checks for \$20 in April 2011 as part of their 'wellbeing service' offered to customers. The 20 minute checks are designed to be a risk assessment for common health problems such as heart disease and type 2 diabetes.

The 20 minute health checks are conducted by a trained pharmacist and/or pharmacy assistant to assess a person's risk of health conditions such as type 2 diabetes, hypertension and cardiovascular disease.

The health check includes tests such as:

- blood pressure
- serum cholesterol
- blood glucose level
- body weight and height.

The health check however, is more than just a test. It is designed to encourage discussion about risk factors, how to minimise them and refer to other health professionals when needed. This can include lifestyle advice, suggestions about ongoing monitoring or discussion of medicines.

In launching any new product or service, good planning is crucial. Chemmart® Pharmacies' planning, as outlined in figure 3, looked at the services currently being offered in pharmacy and the services they knew customers were looking to access from pharmacies. Starting with a blood pressure test Chemmart® undertook market research and noted significant variation in the way pharmacy staff conducted the test and the advice being provided. These variations were noticed both between pharmacies and within the same pharmacy. An important aim of the service was for Chemmart® pharmacies to develop a methodology to ensure consistent delivery of physical tests, assessment and advice which reflected current guidelines.

Training is a fundamental part of creating a consistent and high quality service. To make the training more accessible, Chemmart® used a blended learning model using a combination of its online training portal, classroom-based and in store training, and a competency assessment.

Training is a fundamental part of creating a consistent and high quality service.

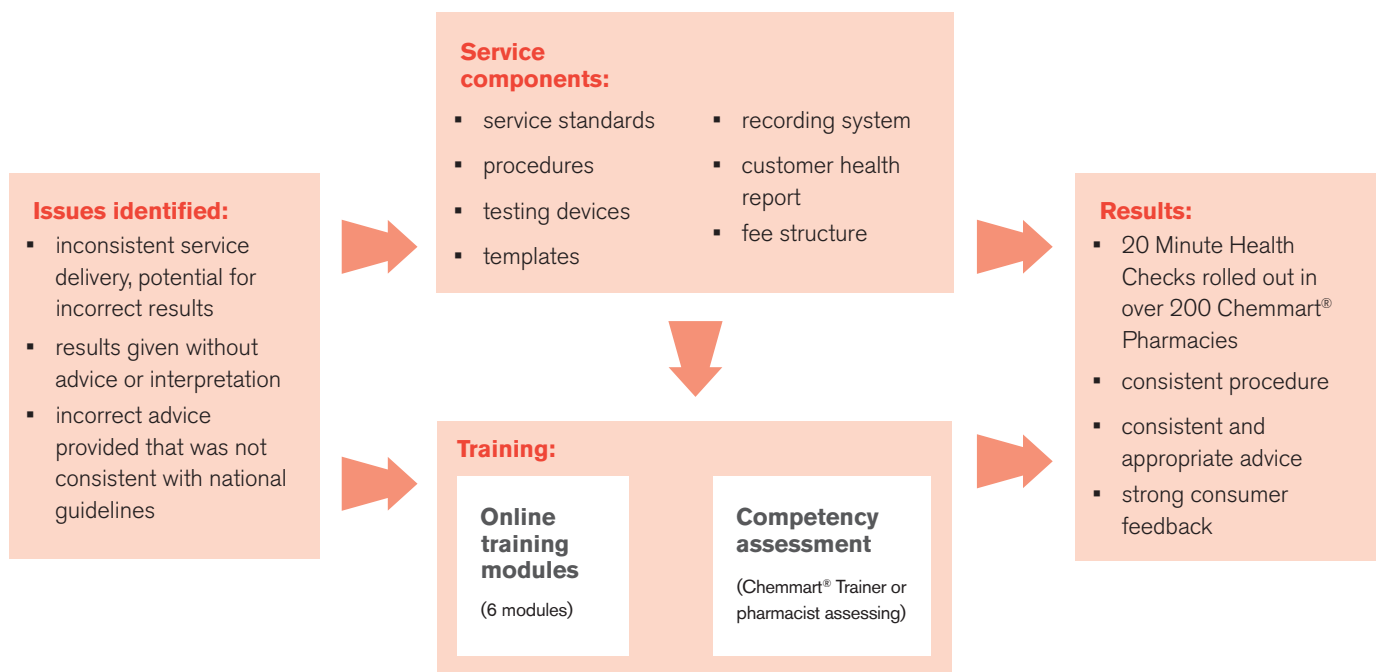


Figure 3. The development of a screening and risk assessment service: Chemmart's Take 20 Australia health check

The training was designed to be highly practical to improve learner engagement.

Chemmart® also developed an online tool where pharmacy staff could input the customer's results and a personalised health report would automatically be generated. The report helps customers to share the results with their doctor. The tool also supports consistent service delivery as pharmacy staff explain the results as they are provided within the report.

The response to the service has been really strong and generated positive feedback from customers and pharmacies involved in the service. Pharmacy assistants involved in providing the service have found the new roles rewarding, while pharmacists have enjoyed interacting with their customers on other issues.

Consistency is a core function of a quality management system. When designing or improving services, good training, good procedures and good recording help create consistency. Chemmart® have worked with QCPP to ensure the service meets the requirements of **T3C** Screening and Risk Assessment Checklist. Screening and risk assessment activities for cardiovascular disease and type 2 diabetes may also contribute toward eligibility for the Primary Health Care PPI annual payment. ■



Thank you to all the pharmacies and organisations that have provided examples of how they are implementing primary health care services. QCPP's intention is to showcase in *Excellence* newsletter specific pharmacies or pharmacy programs to provide examples to QCPP member pharmacies how professional pharmacy services may be implemented. QCPP does not endorse individual pharmacies, banner groups, specific services or programs.

USING QCPP CUSTOMER SURVEY DATA

ONE PHARMACY'S SURVEY EXPERIENCE AND HOW THEY USED THEIR RESULTS TO ENHANCE THEIR BUSINESS

Guest Author: Suzanne Hickey – Pharmacist and Partner, Swansea Pharmacy, Tasmania

We are a small coastal community pharmacy in Swansea in Tasmania and are privileged to have views from the dispensary of Freycinet and the occasional whale in the bay. With a population of about 600 every customer is valued. We all recognise customers pay our wages. We often receive chocolates, cakes, flowers, 'real' eggs, fresh fish, cards and other gifts of appreciation from our customers. But do we really know what other customers think about our service and offerings?

Fortunately we were one of 600 pharmacies that participated in the QCPP Customer Survey earlier this year. We took the opportunity to invite customers through our local newsletter to participate anonymously in the independent national survey to contribute to improving pharmacy in general, and our pharmacy specifically. For those customers that declined to complete the survey we took the opportunity to ask what we could do to enhance their visit to the pharmacy and documented the comments which happened to be in line with the survey results. Customers feel important when you genuinely want to please.

We also copied the survey for the staff to complete – a different angle to the customer but just as important (they are our internal customers). It has been suggested that next time we include the other local business operators to help grow the business-to-business aspect of our community and specifically our pharmacy.

Following receipt of our results we congratulated the staff on their exceptional results however we were all still eager to

learn where we could improve. The survey report was distributed to staff for comment and included the Customer Service Charter and the Australian Charter of Healthcare Rights. At our staff breakfast meeting we discussed how we could improve on the issues identified and encouraged all staff to think about how they could make a difference to our customers.

We identified this as an opportunity to refresh customer service in our pharmacy and review how we were implementing the QCPP elements. We have developed an Element Report Sheet which includes the date, element, action and sign off to augment our elements review procedure. This is also supporting evidence for Action 7 of Element 7 which requires pharmacies to maintain and follow a system for improving processes within the pharmacy. A summary of the items for improvement identified, actions required and results are outlined below.

HOW WE ARE ADDRESSING AREAS FOR IMPROVEMENT

Customers noted a lack of privacy for confidential conversations

A business architecture analysis was completed resulting in plans for a private counselling room and staff amenity area with reduced stock holding capacity. This is planned for completion after Easter 2012.

When counselling in the existing storeroom I have asked customers whether they would prefer a desk set up or a lounge setting, surprisingly all opted for an informal area with comfortable relaxed chairs and coffee table. One customer commented 'so we can have a chat' rather than an interview.

The reduced stock holding capacity was discussed and following consultation with various wholesalers a satisfactory agreement surrounding quantity and discounts ensured we were not disadvantaged. To improve the perception of privacy at our existing counselling desk quotes were also obtained for a perspex/glass divider.

Peak time – too busy to listen to regular customers

This one hurt, as our regular customers are our bread and butter. Customer and scripts per hour reports were obtained. Rosters and duties were adjusted accordingly.

Customer requests for more health promotional activities

A monthly plan was developed piggy backing on advertised health weeks/months with appropriate product promotion supported by company representatives and advertised in our newsletter.

To reintroduce specials

Following lots of discussion with staff, we resolved to source reliable, quality products with a competitive retail price point and acceptable margin for over the summer tourist season. This was not impossible. Products were sourced, a promotional plan developed and existing product bins replaced. We are currently monitoring the results.

Staff identified the need to engage loyalty club members with regular offerings

Staff reviewed club membership and proposed direct contact with offers before advertising or promoting to non-members.

Organisational changes required for professional services to be successful

A review of skills, duties and resources resulted in further training and a re-organisation of duties and assigned responsibilities.

Internal communication at times ineffective – a negative impact on our brand

We engaged an IT specialist to implement an internal email and calendar system. Weekly two hour sessions have ensured we all are now competent but as yet not totally consistent with daily logins. However the system is very effective.

QCPP CUSTOMER SURVEY IN 2012

We have registered to participate in the next survey. This is an opportunity to address our customers' needs and wants and measure the effectiveness in their eyes of the changes resulting from the last survey. This is sharing ownership with the customer and showing we are grateful for their business.

Do not miss the opportunity to find out what your customers really think about your pharmacy, and most importantly having the opportunity to improve your brand. Places are limited so visit www.qcpp.com to register now.

About the author: Suzanne Hickey is a practising pharmacist and part owner of the Swansea Pharmacy in Tasmania and still manages to fit in time to support QCPP as an assessor. ■

QCPP RESOURCES



Revised Refresher Training Guidelines

The revised Refresher Training Guidelines are now available at www.qcpp.com on the *Training* page under the *Resources* tab. There are no new requirements; the guidelines have simply been enhanced to assist pharmacy staff in understanding more clearly the requirements for *Pharmacy Medicines* and *Pharmacist Only Medicines* related training. If you have any questions regarding Refresher Training please contact your QCPP State Manager or the QCPP Helpline on 1300 363 340.



New Operations Manual and Evidence Folders

QCPP are happy to announce that the new folders developed to accommodate a pharmacy's Operations Manual are now available. The red Evidence Folders have also been enhanced with new tabs and a larger binder to better fit the necessary documents required for evidence during an assessment. Both of these folders are now available from your QCPP State Manager.

MEDICARE LOCALS: WHAT ARE THEY AND OPPORTUNITIES FOR COMMUNITY PHARMACY

Nicole Floyd – QCPP State Manager, QLD Branch

What is health reform?

In August 2011, the commonwealth, state and territory governments signed a national agreement to address the challenges of rising health care costs in Australia. As part of this agreement, greater focus and investment has been placed on the primary health care system to assist with reducing the current burden placed on the hospital system.

What are Medicare Locals?

Medicare Locals are independent organisations that coordinate this focus, seeking to improve efficiencies in the primary health care system and address the needs of the local community. The key roles of the Medicare Locals will include:

- reviewing the current health services available in their boundary and identifying and addressing gaps in services
- working closely with Local Hospital Networks to improve the continuum of care from discharge
- plan and support after hours care for patients
- connect general practice, pharmacy, allied health, hospital, aged care and Aboriginal and Torres Strait Islander health organisations/providers to assist patients with navigating primary health care services
- support the implementation of health promotion and prevention activities
- support health providers to adopt and meet quality standards in their service delivery.

In total 62 Medicare Locals will be operating by July 2012 across the nation. To review the profile of the Medicare Local operating in your area go to: www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/medilocprofiles

How can community pharmacy be involved?

This is a great opportunity for community pharmacy. Community pharmacies are well established health service destinations providing an existing infrastructure to implement programs and services through the most accessible health professional – the community pharmacist.

Initially it is important for you to become familiar with the Medicare Local in your area. What are their key objectives? What have been their achievements to date? Who are they partnering with to achieve these objectives? How is their membership structured? How can you as an individual practitioner be involved and kept up to date with their activities?

Contact your Medicare Local so it is aware of your pharmacy's place in the community and what services you provide. Promote services such as home medicine reviews, dose administration aids, opioid substitution, QUMAX, health promotion and staged supply.

Remember these organisations need to be aware of all services available in primary health care so that they can coordinate the patient journey efficiently.

Having increased awareness of your services not only assists the structures within the Medicare Local but allows partnering health care providers to have an improved knowledge of services available. This in turn will also assist you with useful referral pathways for your patients.

It's not only about what services you currently provide. The Medicare Local may identify gaps in services and propose local funding for your pharmacy to assist in filling those gaps. For example, the Gold Coast Medicare Local recently invited local pharmacies to apply for funding to improve after-hours access to medicines.

There is certainly scope also for involvement as pharmacists in the governance, advisory and operational structures within the Medicare Locals. It would be encouraged for any pharmacist to investigate nomination processes for board representation, local lead clinician groups and other clinical governance roles. It is important that community pharmacy is represented sufficiently within these structures.

How is QCPP important?

A key objective of the Medicare Local is to support health care providers with meeting quality standards with service delivery. Already community pharmacy has been proactive in this area with participation in QCPP. Over 90% of community pharmacies nationally are QCPP accredited and are assessed against policies and procedures consistent with a quality management system. Ensure you maintain your QCPP accreditation and promote the high quality assurance standards of community pharmacy.

We would encourage all pharmacists to take an active interest in participating with your Medicare Local at a local level. From a pharmacy perspective, Medicare Locals are particularly interested in promoting where to locate information about pharmacy opening hours, languages spoken and available services. This is consistent with the requirements in your **T11C** Customer Service Statement and your obligations under the Community Pharmacy Service Charter. This information is not only valuable to Medicare Locals to assist with their service planning, but also useful for GPs and other local health providers. For this reason it is vitally important to maintain your pharmacy's online profile on www.findapharmacy.com.au. To update your pharmacy's details ring 1300 137 608.

If you have any questions about Medicare Locals and how the Pharmacy Guild can assist your involvement, please contact your local Pharmacy Guild Branch. ■



MYSTERY SHOPPING WHEN THINGS DON'T GO QUITE TO PLAN

Meryl Kane – QCPP State Manager, NSW Branch

Our QCPP state managers (QSMs), assessors, mystery shoppers and pharmacy liaison officers (PLOs) often have to travel long distances to visit pharmacies. Mystery shopper visits, which are random assessments used to assess the maintenance of QCPP standards in accredited pharmacies, require our contracted mystery shoppers, accompanied by a QSM or PLO to travel far and wide across Australia. This article shows just how far they go and what can happen along the way. Thank you to Meryl Kane, our NSW QCPP State Manager, for sharing the stories of the NSW QCPP team and their near escapes.

This story started as a discussion on 'how far can you drive with the fuel light on?' When mystery shopping in the Broken Hill area, we drove south 270 km to Wentworth and Dareton. After visiting five pharmacies in Broken Hill we drove down to the Murray River where it joins the Darling, visited the pharmacy there and then went on to Dareton with the intention of driving back to Broken Hill the following day to catch the plane back to Sydney. Having seen the roadhouse at Coombah on the way down, about halfway between Wentworth and Broken Hill, we thought that would be the most suitable place to stop for fuel. We arrived at Coombah with the fuel gauge at just above empty and went in to the roadhouse to discover they had no fuel. The phone lines had been down in the area so the owner missed placing her order. A discussion with the driver of another car resulted in an agreement to siphon fuel but there was no tubing available.

Broken Hill was marginally closer than going back to Wentworth, so turning the air-conditioning off and proceeding at a remarkably steady pace, we headed to Broken Hill. Soon after, the fuel light came on but we had no choice but to ignore it. Fortunately the area is quite flat and it required minimal fuel to keep going in our rented Corolla. We made it all the way to the service station at South Broken Hill and put 49.2L of fuel in the car, which I assume holds 50L. So the answer to my original question: you can get over 100km on an empty tank if you have to.

The adventures didn't stop there for the NSW branch. Cherie Kesby, a PLO with NSW, thought her biggest issue when making her way to the airport at 6am one Sunday, would be the QANTAS strike. However, Cherie and her mystery shopper nearly missed their flight to Coffs Harbour when the train taking her to the airport was delayed after hitting a kangaroo further up the line. Janelle, another one of our PLOs and her mystery shopper, trumped Cherie on the wild life front when they were slowed to a 20km/h crawl (normally 110km/h speed limit) by wild goats on their drive from Nyngan to Bourke. The women also encountered flocks of emu so it was quite a stressful trip for the two who were born and bred in the eastern suburbs of Sydney.

As you can tell it can be quite interesting for a day in the life of our QCPP staff. They travel to great lengths to ensure QCPP pharmacies get the support they need no matter where they are located. QCPP is proud to have a nationwide reach and be able to provide support services across Australia.

If you would like more information about our mystery shopping program please visit the Mystery shopping page at www.qcpp.com under the *Accreditation* tab or contact your QCPP State Manager. ■



Quality Care Pharmacy Program

An initiative of The Pharmacy Guild of Australia

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