



Quality Care
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

EXCELLENCE

Supporting Excellence in Pharmacy

August – September 2011



A PATHWAY TO PPI PREPAREDNESS

DELIVERY OF HEALTH PROGRAMS AND SERVICES

PREPARING FOR YOUR QCPP ASSESSMENT

QCPP TUTORIALS COMPETITION – WINNERS ANNOUNCED

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WELCOME



A great result for QCPP... and for community pharmacy.

I am delighted to announce that 93% of QCPP registered pharmacies are now accredited, or booked for an upcoming QCPP assessment leading to accreditation. That represents 4,700 community pharmacies! This is a great achievement for community pharmacy, and demonstrates that pharmacy is committed more than ever to providing quality assured services to the Australian public.

Guild Councillors and Guild staff often discuss QCPP and use our accreditation statistics in various advocacy meetings with Government and other policy makers. Because we know QCPP provides support and guidance in the delivery of professional health services and the daily operation of your pharmacy, we can assure policy makers of consistency of service and appropriate standards in community pharmacy. QCPP's recognition as an Australian Standard and accreditation by JAS-ANZ*, further cements our position in these discussions.

Community pharmacy now delivers a more comprehensive model of pharmacy health care to the Australian public. This model has evolved to reflect the changing focus of pharmacy practice from one dominated by a product supply process to one incorporating delivery of professional services. QCPP supports your pharmacy to help deliver this increasing range of professional pharmacy services, consistent with the Fifth Community Pharmacy Agreement and the Pharmacy Practice Incentives (PPIs).

Implementing PPI

How are you going with implementing the new QCPP requirements and the PPIs? My feeling as I talk to our pharmacy colleagues is that we have all embraced the concept of PPIs but now may need some assistance with their implementation in the workplace. The last two editions of *Excellence* have provided a lot of this information, so use these as reference resources to help. This edition continues this theme, with more focused articles on 'how to'.

The QCPP team is currently working on a revised set of Fast Track materials to assist you, and remember, your QCPP State Managers and Pharmacy Liaison Officers in each Guild branch are always there to help. In the coming months they will also be able to supply new Operations and Evidence folders for you to collate your own QCPP materials. Many branches are running 'How to Integrate PPI into your Quality Management System' roadshows, so look out for these.

Reminder – quarterly data for Clinical Interventions and DAAs

QCPP assessors will not be assessing the new QCPP requirements as mandatory until 1 November 2011. However, if you registered for Clinical Interventions and DAA PPIs, you should be collating your numbers for the July – September 2011 claim period ready to submit your manual Medicare claim for an incentive payment (paid four times per year). The other four PPI priority areas are subject to an annual payment upon completion of accreditation.

The QCPP team is keen to support you to embed quality into every aspect of your business. We want to make this easy for you, and provide the tools to help you achieve this. I'm excited for the future of the Quality Care Pharmacy Program!

Paul Sinclair

Chair, Quality Assurance and Standards Committee

National Councillor

*JAS-ANZ: Joint Accreditation System for Australia and New Zealand.

COMPETITION WINNERS ANNOUNCED

After reading through an impressive number of entries we are excited to announce the winners of the 2011 *WIN with the QCPP Multimedia Tutorials Competition*. The winners were selected based on their correct response to nine multiple choice questions and one question where they were asked to describe the benefits of QCPP to their pharmacy in 25 words or less.

The winning pharmacist was Garrick Stevenson of the Ararat Healthwise Pharmacy in Victoria. We were particularly impressed with Garrick's description of how QCPP has benefitted his pharmacy. To quote Garrick, "QCPP has inspired our pharmacy to provide the highest quality of service to our customers resulting not only in increased foot traffic, but happier customers!"

Rachel Miller, our winning pharmacy assistant, is from the Beenleigh Medical Chemmart Pharmacy in Queensland. Rachel told us that "QCPP creates a benchmark of service we need to maintain and in all cases try to exceed. Gives the pharmacy direction, structure, consistency and professionalism."

Garrick is now the owner of a brand new Apple iPad 2 and Rachel has received the latest Apple iPhone4.

Rachel and Garrick's entries were closely followed by a number of other great responses so we decided to also award two runners up for each competition. Congratulations to the following people who have been awarded a \$50 Westfield gift voucher for their responses.

"It provides structure, encourages uniformity in how things are done resulting in better quality service received by the customer and improves workflow"

Celia Milander of Figtree Plaza Chemist, NSW
Pharmacist runner up

"All members of staff know what is expected of them because of standardised procedures and templates and our customers get consistent great service"

Matthew Sims of Chisham Ave Dispensary, WA
Pharmacist runner up

"Our small pharmacy has benefitted by improved communications and a renewed focus on excellence in what we do"

Carolyn Goblett of Chesterville Pharmacy, VIC
Pharmacy Assistant runner up

"QCPP enables the staff of Kieraville Pharmacy to customise and provide dedicated quality and knowledgeable service to our customers."

Michelle Lunney of Kieraville Pharmacy, NSW
Pharmacy Assistant runner up



"QCPP has inspired our pharmacy to provide the highest quality of service to our customers resulting not only in increased foot traffic, but happier customers!"

Garrick Stevenson, Ararat Healthwise Pharmacy in Victoria

"QCPP creates a benchmark of service we need to maintain and in all cases try to exceed. Gives the pharmacy direction, structure, consistency and professionalism."

Rachel Miller, Beenleigh Medical Chemmart Pharmacy in Queensland

PPI FAQs AND ONGOING PAYMENTS

Annual Incentive payments

PPI priority areas that attract an annual flat payment are calculated by dividing the total funding pool for each priority area (each year) by the total number of participating eligible pharmacies. For the first year, for each participating pharmacy, this equates to approximately:

Staged Supply	\$1000
Primary Health Care	\$850
Community Service Support	\$850
Working with Others	\$850

Ongoing Incentive payments

For the Dose Administration Aids and Clinical Intervention priority areas, payments will be made four times a year to eligible pharmacies that submit their PPI data to Medicare Australia by the required dates. Depending on the number of eligible pharmacies, the funding available will provide an average payment of approximately:

DAA's	\$5000
Clinical Interventions	\$3000

Please note: These figures are averages only. Your pharmacy may receive more or less than these amounts.

When is the first eligible PPI claiming period for DAAs and Clinical Interventions?

1 July 2011 to 30 September 2011

When do I need to submit my first DAA and Clinical Interventions claim to Medicare?

It must be received by Medicare no later than 14 October 2011.

Can I still register for PPI?

Yes. Registration can be made online at www.5cpa.com.au

How do I update my PPI registration?

If your pharmacy has already registered for PPIs you do not have to register again on the website. Simply follow the link provided in your 5CPA confirmation PPI registration email.

How can I access further information?

Pharmacy Practice Incentives 5CPA Support

Phone 1300 555 262

Email support@5cpa.com.au

www.5cpa.com.au



A PATHWAY TO PPI PREPAREDNESS

Peter Guthrey – Pharmacist Consultant

Pharmacies are now beginning to be assessed against the new QCPP Requirements and preparing to submit claim forms for Dose Administration Aids (DAAs) and Clinical Interventions to Medicare. This article looks at what implementation support is available to accredited pharmacies and explores one pharmacy's journey of integrating Pharmacy Practice Incentives (PPIs) into their quality management system.

The introduction of PPIs has been well received by community pharmacies. After the initial step of registering for PPI and achieving or maintaining accreditation, many pharmacies are now focussed on ensuring they meet the requirements of the six PPI priority areas to be eligible to receive payment.

There are a variety of tools to help implement services which meet the requirements of the respective PPI incentive payments. The previous edition of *Excellence* contained a PPI Checklist which can be used to help pharmacies integrate the new QCPP Requirements into their daily policies and procedures. Similarly, the last three editions of *Excellence* have described the various PPI priority areas and are essential reading for those responsible for implementing QCPP within the pharmacy.

New and updated Fast Track materials, including sample policies and sample procedures for PPI related QCPP materials will be available in the coming months. Watch the State Guild Bulletins for information on when these materials become available.

Case Study: Sandringham Amcal Pharmacy, Victoria

Sandringham Amcal Pharmacy is located near the beautiful Port Phillip Bay in Melbourne's south east suburbs. Proprietor Simon Rankin describes his pharmacy as busy with high traffic. When asked about QCPP, Simon admits that, like many pharmacies, the busy nature of day-to-day pharmacy operations means that traditionally it was difficult to implement new programs and initiatives within the pharmacy.

After recently becoming accredited after a period of being lapsed, the pharmacy has been keen to take advantage of the full range of incentives, having registered for all six priority areas. Simon shared that "We're very excited about [PPIs]. Financially, the annual payments are equivalent to having to sell an extra 8,000 packs of Panadeine or an extra 10,000 packs of nappies... and this is to reward us for things we do every day to help our customers with their health."

Despite good intentions, the pharmacy owners and staff found it difficult to find the time to prepare for PPI during their regular work day. After being interrupted in the pharmacy while trying to become familiar with PPI, Simon called a locum in and sat down for a day to prepare his pharmacy. "Within 3 hours of reading, I knew everything I needed to know about PPI. I had a good understanding of what I needed to do and figured out how I was going to do it in my pharmacy."

Preparing for PPI: Sandringham Amcal Pharmacy's Approach

STEP 1

Become familiar with PPI

- Read *Excellence* newsletter
- Explore www.5cpa.com.au
- Review PPI Checklist

STEP 2

Community Pharmacy Service Charter

Dose Administration Aids
Clinical Interventions

STEP 3

Staged Supply

Community Services Support
Working with Others

After being interrupted in the pharmacy while trying to become familiar with PPI, Simon called a locum in and sat down for a day to prepare his pharmacy. "Within 3 hours of reading, I knew everything I needed to know about PPI!"

Tips for implementation

- Don't try and do everything at once. Identify the most important areas as a first priority.
- Find time to read and work in an uninterrupted environment, you will be able to work through your tasks much faster.
- Test yourself against checklist requirements and put yourselves in the position of the assessor.

Sandringham's plan involved initially focussing on Clinical Interventions and Dose Administration Aids (DAAs) as it was important to implement recording systems so they could generate data for the July – September 2011 claiming period. The next priority areas they focused on were Staged Supply, Community Service Support and Working with Others, as these were seen as relatively easy to implement. While the pharmacy is keen to be involved with services in the Primary Health Care category, they believe that it may involve some work before implementing a new service in the pharmacy and because of this have focused on ensuring they are eligible for the other five PPI priority areas first.

Community Pharmacy Service Charter

The *Community Pharmacy Service Charter* has generated customer interest after being displayed in the pharmacy. Customers often ask questions of staff about the Charter, providing an opportunity to 'reinforce the role of pharmacy as part of the health care team'.

Dose Administration Aids

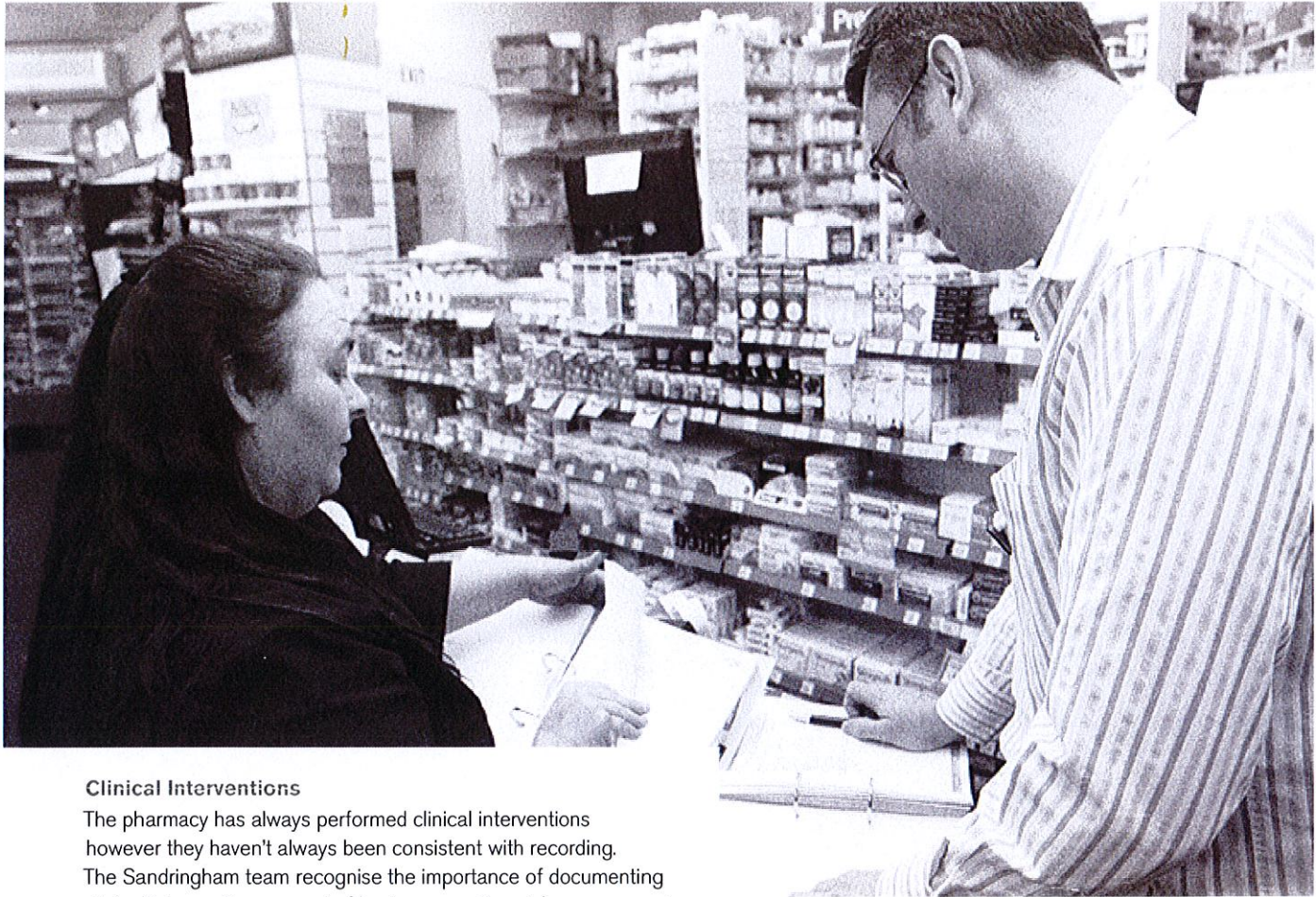
While the team felt they had been doing DAAs well for a number of years, the introduction of the incentive payments prompted them to review the *T3B Dose Administration Aids Checklist*. In addition to updating the pharmacy's recording system, the team identified some improvements to their DAA procedure based on the requirements in the checklist. The pharmacy has improved their procedures in relation to consumer medicine information (CMI) recording and cautionary and advisory labels. Simon reflects, "Everyone is doing DAAs, but are they doing it properly? We audited ourselves against the checklist and fixed a few things up. We should be doing these things properly, and I feel better that we have done this." >

STEP 4

Primary Health Care

A PATHWAY TO PPI PREPAREDNESS

Continued



Clinical Interventions

The pharmacy has always performed clinical interventions however they haven't always been consistent with recording. The Sandringham team recognise the importance of documenting clinical interventions as part of business practice, risk management and demonstrating the role of pharmacists. Simon stated "We are excited about [the] clinical intervention [incentive payments]. Pharmacists say things which save patient lives, and we don't think much about it. [We need to] write it down to show others what we [pharmacists] do ... and how we save the system money."

A good example of this was recently when a customer had been prescribed a sub-therapeutic dose of tamoxifen to treat breast cancer. The low-dose was picked up and discussed with the doctor, who corrected what turned out to be a potentially serious error. This simple intervention may have saved a life, and that is what clinical interventions are all about. The pharmacy recorded the clinical intervention in their recording system using D.O.C.U.M.E.N.T. and made a note of the phone call.

The pharmacy has been keen to ensure that interventions and recording can occur within the workflow of the pharmacy. They have taken up an electronic recording system which allows easy recording and produces a report at the 'click-of-a-button' at the end of the reporting period. The pharmacy also uses a voice recorder to dictate more complex interactions and annotate them in quieter periods, such as weekends or when pharmacy students are working in the pharmacy. ■

Implementation Support

PPI Implementation Checklist

Available at www.qcpp.com

Excellence newsletter

Back copies available at www.qcpp.com

5CPA website

www.5cpa.com.au

QCPP State Managers

Contact details on back page of *Excellence* newsletter

RECORDING CLINICAL INTERVENTIONS

Andrew Matthews – National Director Quality Assurance and Standards

Intervening on drug related problems is consistent with the day-to-day practice of pharmacy. Pharmacists routinely undertake clinical interventions as part of their duty of care. QCPP has always required a clinical intervention policy (P2H) and this has been strengthened in the new 2011 version of the QCPP Requirements Manual. The key change to the policy structure is a new focus on a classification system for recording interventions and recommendations.

QCPP's P2H policy only suggests D.O.C.U.M.E.N.T. as the classification system. However, to claim the Clinical Interventions PPI payment, the D.O.C.U.M.E.N.T. system must be used. The interventions recorded under the D.O.C.U.T. categories are the only ones that can be claimed as part of the manual Medicare claim for PPI. Clinical intervention software platforms, such as GuildCare, which record either all D.O.C.U.M.E.N.T. or just the D.O.C.U.T. categories will comply with reporting requirements for PPI.

As medicines experts, pharmacists are aware of a patient's complete medication history, including non-prescription medicines. Clinical interventions show how we make a difference to patient safety and how we facilitate enhanced health outcomes for consumers.

Can clinical interventions involving *Pharmacy Only* and *Pharmacist Only Medicines* be claimed?

A clinical intervention is 'a professional activity by the pharmacist directed towards improving the quality use of medicines'. It results in a recommendation for a change in the patient's medicine therapy, means of administration or medicine-taking behaviour.

Quality use of medicines does not apply just to prescription medicines. Likewise, your recording of clinical interventions does not apply just to prescription medicines or PBS-listed medicines.

It is vitally important that pharmacists can demonstrate the breadth of clinical interventions they make, including those involving unscheduled medicines, *Pharmacy Medicines* and *Pharmacist Only Medicines*. An intervention may also be one identified between a non-prescription medicine, and a patient's prescription medicine(s).

To record a clinical intervention, the mandatory requirements include information that could easily be collected for a *Pharmacy Medicine* or *Pharmacist Only Medicine* intervention. Recording requires a patient identifier (not a name), an age range (not a specific age) and gender, as well as details about the intervention.

The number of clinical interventions you claim via the manual Medicare claim form should include the total of all valid clinical interventions classified as D.O.C.U.T. interventions including non-prescription related interventions. The clinical interventions PPI payment does consider the pharmacy's PBS claimable script number as part of the incentive calculation, but interventions are not restricted to PBS scripts.

How to D.O.C.U.M.E.N.T.

For more information on using the D.O.C.U.M.E.N.T. classification system, refer to the PSA 'Standard and guidelines for pharmacists performing clinical interventions' available at www.psa.org.au and www.5cpa.com.au

Pharmacists, given our attention to detail, sometimes struggle with the most appropriate code for classifying

interventions. The classification system is not perfect, and sometimes all of the codes may not seem relevant for your specific intervention. The PSA Clinical Intervention guidelines state (section 4.5):

"It is important to note, however, that the comprehensive recording of the clinical intervention is paramount, not the categorisation of the DRP.* Should pharmacists find it difficult to classify particular DRPs, they should make their best estimate of the appropriate category and include brief notes to assist interpretation of the scenario. However, it should be noted that there may often be grey areas and overlap when classifying DRPs". ■

* DRP: Drug-related problem

D.O.C.U.M.E.N.T.

- D = Drug selection
- O = Over or underdose prescribed
- C = Compliance
- U = Undertreated
- M = Monitoring
- E = Education and information
- N = Not classifiable
- T = Toxicity or adverse reaction

FOCUS ON THE STANDARD: ELEMENT 3 – HEALTH PROMOTION

Rachel Wright – Marketing Manager QCPP

Health promotion activities can provide huge benefits to the local community and, if compliant with QCPP requirements, may support pharmacies in achieving incentive payments under the Pharmacy Practice Incentives (PPI) program. But how do we make it engaging? Our 2011 Pharmacy of the Year, Orana Mall Pharmacy, have been delivering a range of activities to get their customers to think more about their health. This article looks at how you can meet QCPP requirements while delivering engaging health promotion activities and even have some fun along the way.

Health promotion in the context of community pharmacy is where the pharmacy actively engages consumers and the community to promote health and wellbeing at a population or group level. Health promotion includes strategies such as health education, health counselling, provision of health information and skills development. The Australian Government has acknowledged for some time the benefits of health promotion practices and pharmacies are now being recognised for their role in health promotion as one of the Primary Health Care elements of PPI.

Health Promotion Requirements under QCPP: **T3H Health Promotion Checklist**

The *Health Promotion Checklist (T3H)* outlines the requirements for health promotion under QCPP. To meet the requirements of this checklist pharmacies must take the following actions:

- Ensure pharmacy staff and other personnel have undertaken skills development and/or training in health promotion. (Action 2.1)
- Maintain a relationship with other organisations to facilitate and deliver training in health promotion. (Action 2.2)
- Ensure the pharmacy has access to current evidence based information resources. (Action 3.1)
- Ensure patients can access evidence based information resources in the pharmacy. (Action 3.2)
- Maintain and follow a system for providing health promotion activities to members of the public at a population or group level. (Action 7.1)

- Maintain and follow a system for communicating with prescribers and other relevant health care professionals. (Action 7.2)
- Maintain and follow a recording system for health promotions. (Action 8.1)
 - Records are to include details of:
 - the activities undertaken
 - when the activities were undertaken
 - the target audience
 - impact/outcomes (if appropriate).

These actions are aimed at ensuring health promotion is well planned and structured which will help make activities valuable to both your customers and the staff that lend their time to delivering health promotion within the pharmacy. Having staff well informed before activities start, through training and identifying appropriate activities for the target audience, will also assist with engaging customers in a format that well suits their needs.

Health promotion may occur as a single event at a point in time, or it may occur as a sustained campaign which evolves and develops over time.

Planning health promotion activities

A way to start planning is looking at what is already happening in the community. For example, Orana Mall Pharmacy starts planning their health promotion activities around the national calendar of events available on the Department of Health and Ageing website www.health.gov.au. This way they can ensure the messages they are trying to deliver don't get overlooked because of other major health campaigns going on at the same time. Aligning local messages, for example providing information on the local diabetes services, during national promotions, such as National Diabetes Week, can complement wider promotions and potentially assist in making a bigger impact in getting the message out.

Orana Mall Pharmacy are conscious though that the calendar is too much for any pharmacy to take on. Consequently they identify which activities they can run that complement the existing professional service programs they provide and the target audience they are trying to reach. Similarly, many banner groups and marketing groups provide support and guidance to their pharmacies in delivering health promotion activities which support the objectives of the group.



Providing valuable and accurate information

Identifying the target audience and activities you plan to deliver is only the first step; guaranteeing the information provided to customers is accurate is essential. This is why information provided or referred to should be evidence based, and is why pharmacies must have access to evidence based information to meet the requirements of the *T3H Health Promotion Checklist*. Collaborating with peak organisations and other health professionals who specialise in the relevant area can help a pharmacy in identifying appropriate materials and messages for their customer. For example Orana Mall Pharmacy work closely with specialists in the area of sleep apnoea to deliver services through their *Easy Clinic*. This relationship with health professionals ensured staff were trained in delivering appropriate messages when they recently set up a stand to promote sleep apnoea in Orana Mall.

Engaging customers

You might be well planned and organised but how do you get people to stop and take notice of your promotion long enough to engage them in the messages you are trying to deliver? Trish and Suzie, the nurse consultants at Orana Mall Pharmacy found a creative way to get noticed during their recent sleep apnoea health promotion. As you can see from the photos both were willing to embarrass themselves a little for the cause. Dressed in full body jumpsuits, slippers and pink sleep masks they set up a display in the centre of their shopping mall to promote their message. Their stand got a great response and they were able to identify the impact of their activities through the number of people that came back for follow up information on sleep apnoea services after the event. This type of information can be extremely valuable in evaluating the worth of staff time in delivering such activities and for determining the need for future events. It is also essential to record this information as part of QCPP Requirements. ■

Identifying the target audience and activities you plan to deliver is only the first step; guaranteeing the information provided to customers is accurate is essential.





FOCUS ON THE STANDARD: ELEMENT 3 – DELIVERY OF HEALTH PROGRAMS AND SERVICES

Guest author Aaron D'Souza

(with Andrew Matthews – National Director Quality Assurance Standards)

QCPP Element 3 deals with the 'Delivery of Health Programs and Services: The pharmacy shall have systems to ensure health programs and services are provided effectively, efficiently, and in accordance with professional standards'. Community pharmacy now delivers a more comprehensive model of pharmacy health care to the Australian community. This adaptation, which has occurred over a number of years, is recognised by the changing focus of pharmacy practice from predominantly pharmaceutical supply to more extensive delivery of professional services. Guest author Aaron D'Souza provides a structured consideration of three important factors- infrastructure, staffing, workflow- when planning delivery of professional services.

Infrastructure (Actions 3, 4, 5)

Sound documentation and records management is central to quality management systems. Electronic systems can help prove to Government the value of pharmacy health services and showcase pharmacy's commitment to providing high quality health care. As the health sector moves towards a universal electronic patient record, it is important pharmacies adopt systems which will improve our integration within the health care team. We would no longer think of dispensing by hand and paper; it's smart thinking to also apply information technology options to professional services. To get started, here is a brief checklist of useful IT infrastructure:

- A well maintained and functioning dispense software database system
- This includes ensuring your server has appropriate free space
- At least one speedy dispense terminal with updated hardware and specifications or a laptop if you're keen on not disrupting the dispense workflow

- Speak with your hardware provider
- Be realistic with your hardware – just because it runs MS Word, a web browser and your dispense system doesn't mean it is adequate
- A reliable printer (colour is better)

What about your monitoring equipment? Action 3 requires you to have the appropriate equipment required for delivery of the service or program (e.g. blood pressure monitors or scales). To ensure credibility in your service with patients you need to be able to use the equipment correctly, and provide reliable and accurate measurements. Where possible, the equipment should comply with an Australian Standard, or be registered on the Australian Register of Therapeutic Goods (ARTG). The ARTG is often printed somewhere on the device, or can be searched for online (see TGA website). You may need to contact the manufacturer.



Dedication of physical space in the pharmacy requires clever planning.

Dedication of physical space in the pharmacy requires clever planning. QCPP requires the pharmacy to have an appropriate area that allows for private and confidential interactions with consumers (Element 5, Action 3). While useful, consulting rooms are not essential, however, your dedicated area should align with the type of service you plan to offer. For instance, if a blood pressure screening and risk assessment program is offered and marketed as a highly professional, well monitored service using the skills and time of the pharmacist then a consult room or booth is ideal. However, in smaller pharmacies this is not always practically possible. If a more casual approach is taken then the pharmacy may feel that a desk away from the usual pharmacy activity is more appropriate. Regardless, a QCPP assessor must be confident that the area does allow for private and confidential consumer interaction.

The core considerations with infrastructure are to:

- 1 Create efficiencies with functional IT systems
- 2 Plan the quality of service
- 3 Choose your equipment and fixtures to match your service offer

Staffing (Action 1)

In conjunction with considering your pharmacy infrastructure, consider how your staff are going to drive it to deliver a successful service and produce a return on your investment. Identify key staff who should be involved. Initially this person

may be you. The benefit here is that you can get the systems up and running. The hazard may be that staff will not have ownership of the service, be less committed, and risk ineffective roll-out or service failure. All staff members can play a role in professional service delivery. QCPP requires those involved to be appropriately trained or qualified. For smaller pharmacies, taking it all on yourself may be the only option. For larger pharmacies, not delegating the operational set-up (rather than the strategic structure) may be poor management, and may set you up for a fall.

An astute approach is to pitch the benefits of the professional service to all staff and identify who is excited and passionate as well as who has the competencies required. Having the service delivery driven by more than one staff member (including yourself) is prudent to help ensure service delivery during the majority of opening hours.

An innovative approach may be to hand the implementation of your professional services to your intern pharmacist. Chances are with your guidance, encouragement and feedback they'll do a better job than you!

The features of an intern lend perfectly to the new paradigm of professional services as they:

- have excellent knowledge and usually a thirst for knowledge
- have something to prove – especially if they want a job after their intern year
- usually want to develop other skills such as business management and staff leadership

- are a relatively inexpensive resource
- work 38 hours a week
- can be moulded to deliver the service in accordance with your vision.

The key aspect is to coach them into the role which includes helping them develop the required communication skills.

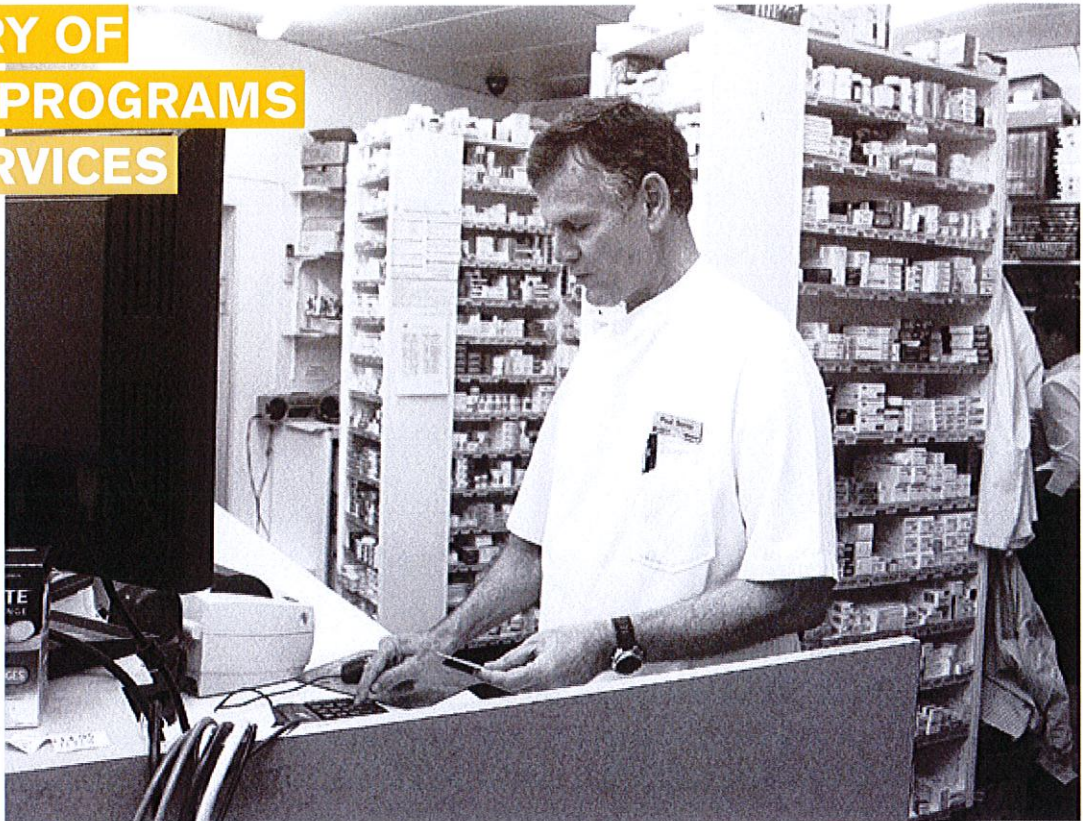
For graduating interns, professional services are a great way to grow a part of the business and settle into a niche for the pharmacy. What they need are two things:

- 1 A sense of **importance** about the service
 - This is developed through education and research into the service
 - Encourage them to learn it then get them to teach all the staff about it
- 2 A sense of **confidence** to build the service
 - This is developed through your **support**, feedback and coaching
 - It still takes work from the owner and manager but it's much less work than developing it

Pharmacies who have successfully implemented professional services have identified one person with responsibility to 'make it happen'. This could indeed be the intern. Some larger pharmacies have appointed a professional services manager. As with all other aspects of the pharmacy the owner/manager should set realistic goals and targets and measure outcomes against these. >

DELIVERY OF HEALTH PROGRAMS AND SERVICES

Continued



Workflow (Action 4)

Professional services should complement, not compete with, a functioning and seamless dispensary flow. A strong barrier to implementing professional services is the fear that this flow will be disrupted. Let's get this clear, professional services are not a bolt on. They are not another product to be sold. They are an expanded offer that require a shift in thinking.

Many pharmacists would say that professional services are new – I disagree. Pharmacists have always counselled on the correct use of medicines. Also, we regularly initiate new-to-therapy patients. These are both professional services and provide a positive start to expanding the range of professional services you can offer. Why these have worked is because we've integrated these functions with the dispensing process.

Software is integral to integrate professional services into the flow of dispensing. GuildCare software is one example of software that can detect patients for professional services at the point of dispense by communicating with dispense software. This act of analysis and the ensuing pop-up notification reduces

work for pharmacists. Using this model, pharmacy can offer a value-added service alongside the dispensed medicine.

Key workflow considerations for pharmacies include:

- Who will deliver the service.
Can an intern?
- If the pharmacist delivers the service, who ensures the dispensary flow is not slowed?
- Who supports the pharmacist to print required forms and patient materials?
- Who supports the pharmacist to enter data into IT platforms?
- How is the pharmacist keeping an eye on time spent delivering the service?

Identification and mitigation of workflow disruptions and efficiencies is essential and this is achieved through practising after hours then piloting during slow open hours. It doesn't have to be perfect the first time. The most successful pharmacies comment that it took a few goes but clicked with persistence. The Plan, Do, Study, Act process described in last edition of *Excellence* is a good model for modifying your first up service once you have undertaken an evaluation of how things are working.

Summary

Professional pharmacy services are the future of pharmacy. The challenges of infrastructure, staffing and workflow will be unique to every pharmacy. Make it happen by planning well, allowing mistakes to happen, fix these mistakes, and try again. To me, there is no such thing as failure with professional services; just a result. With persistence that result will equal success. ■

About the author: Aaron D'Souza is a passionate advocate of professional practice change through service provision, and was the 2007 PSA young pharmacist of the year. Aaron continues to practise as a managing partner of Terry White Chemists, Stafford, in Queensland. He is also manager of Clinical Services, GuildCare.

Based on an article originally published in *AusPharm* (www.AusPharm.net.au)

PREPARING FOR YOUR QCPP ASSESSMENT & WAYS TO AVOID COMMON REMEDIAL ACTIONS

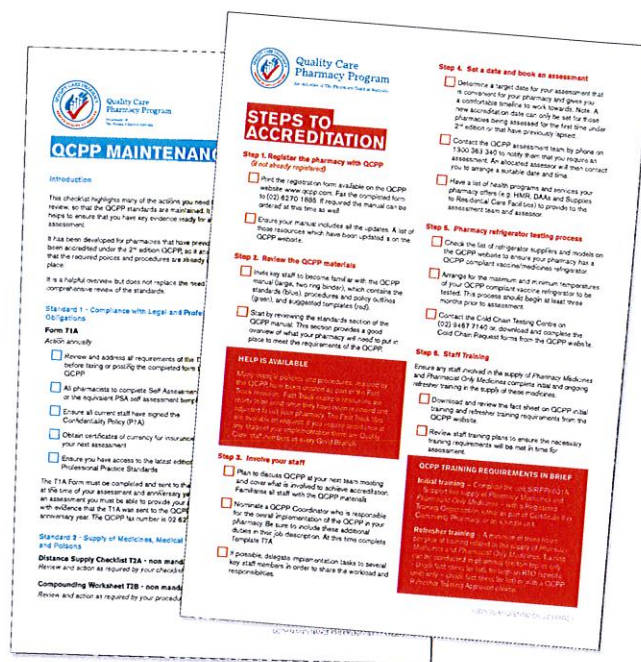
Frances Stanton – Program Manager, Assessments

For a number of pharmacies, the QCPP assessment does not end when the assessor leaves on assessment day. If you were one of more than 800 pharmacies that were assessed in June, you probably spent the next week or so completing remedial actions. Don't fret, you are not alone.

The top three remedial actions observed after assessments related to the provision of evidence of current cold chain testing, initial *Pharmacy Medicines* and *Pharmacist Only Medicines* training and Refresher Training for all staff involved in the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines*.

Here are a few tips on how to be better prepared and avoid remedial actions at your next assessment:

- 1 Get your vaccine fridge QCPP compliant by checking the list on the QCPP website and getting it certified by the **Cold Chain Testing Centre** (02 9467 7140) regularly. Ensure that your most recent certificate is no more than 12 months old at the time of assessment.
- 2 To comply with the **initial training requirements**, enrol all staff involved in the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines* to complete the unit SIRPPK001A (Support the Supply of Pharmacy Medicines and Pharmacist Only Medicines) with a registered training organisation (RTO), either as part of a Certificate II in Community Pharmacy or as a single unit as soon as possible. Remember to keep a copy of their certificate in their staff record.



- 3 Create a calendar for Refresher Training. QCPP requires a minimum of three hours per year of training with a focus on the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines*. Training can be conducted in-pharmacy, through an RTO (specified units only) or through a course approved as Refresher Training. There is a fact sheet as well as a list of approved Refresher Training available on the QCPP website for your reference.

The QCPP website (www.qcpp.com) also has easy to use checklists to assist both first time accreditation seekers (*Steps to Accreditation Checklist*) and those who want to maintain their accreditation (*QCPP Maintenance Checklist*). These are designed to remind you of what to prepare, monitor and record as part of your quality management system and help ensure your assessment goes as smoothly as possible.

If you have any questions about QCPP, always remember that your QCPP membership provides you with implementation assistance from the QCPP State Manager and implementation officers in your State Branch (their contact details can be found at the back of the *Excellence* newsletter) as well as administrative assistance via the helpline 1300 363 340 (or help@qcpp.com).

Good luck and all the best on your next QCPP assessment! ■

CUSTOMER SURVEY - OPPORTUNITIES FOR IMPROVEMENT

By Peter Reeves – National Manager Assessments

The QCPP Customer Survey results are being analysed and in September the overall analysis will be presented to the International Society for Quality Health Care (ISQua) Conference in Hong Kong. CFEP, the organiser of the survey is able to compare the results from our survey with the results of similar surveys in other health care facilities here and overseas. The results are looking very good for pharmacy in Australia. The international benchmarks are showing that Australian community pharmacies have some of the highest customer satisfaction scores in healthcare.

In February QCPP members were invited to nominate to be part of a patient survey pilot study. The 600 available places were quickly filled, and those successful pharmacies have been part of the new service that is being put together for our members.

Each pharmacy was given 60 survey forms to hand out to customers on a prearranged schedule. These forms could then be filled out and either placed in an envelope and into a survey box or sent directly to the survey organisers. The surveys in the box were also sent to the organisers.

Once the survey forms are received, the organiser arranges the analysis of the data and sends a report to the pharmacy. The survey data is also being analysed for the global information using all the returned survey forms. This analysis will give us a measure of customer satisfaction with pharmacies in Australia.

The identity of the individual pharmacies and their results are kept confidential from QCPP and the Guild.

The aggregate results of the customer survey will be presented at the ISQua Conference. Peter Reeves, National Manager Assessments QCPP and Michael Greco from CFEP Surveys will be presenting a short paper summarising the initial findings of the survey to this international forum.

More detailed analysis of the results will be released over the next few months as they become available.

We also expect that we will be able to benchmark this data about pharmacies in Australia with other healthcare professions here and overseas.

Based on the positive feedback we have received we are now planning for a larger survey to be announced soon. Watch your *Excellence* newsletter for more details.

As shown by so many of the comments received, individual pharmacy reports can be used to discover ways to improve service to the customer and improve business. This can only be done if the pharmacy staff takes the information and uses it, rather than finding reasons why it is hard to change. ■



Survey findings:

18,140 Questionnaires returned from a total of 474 pharmacies.

700 Questionnaires were returned by post (i.e. not completed on the premises). There was no significant differences found between postal and on-premises ratings by patients.



Highest scoring item **Staff's respect for patients**

Across all pharmacies the mean score *staff's respect for patients* was 91% which equates to a score between very good and excellent. Other high scoring items included *appearance of pharmacy, staff's greeting, staff's listening and staff's explanations*.



Lowest scoring item **Availability of privacy**

Across all practices the mean score for *availability of privacy* was 68% which equates to a score between good and very good. Other low scoring items included *access to pharmacy (e.g. parking) and comfort of surroundings*.

Feedback on survey experience

Of the 17 pharmacies who returned feedback forms commenting on their experience of undertaking the survey:

- 100% rated the experience as good, very good or excellent with 71% rating it very good or excellent
- 94% found the report useful or very useful
- 71% said the survey encouraged them to make changes to the pharmacy such as:

"We are having a staff meeting to address issues and action plans so that hopefully we will show improvements in the next survey."

"Will direct both pharmacists on duty to be responsible for order so all bases are covered - with stock in store. Also to use private desk more often."

"Putting up sign about private consultation."

"Perhaps increase opening hours. Look at increasing staff training and number of waiting seats."

"Will use our private area more often."

"We are looking at moving our counselling table for more privacy"

"The anonymity of the survey encouraged patients to be honest whereas previous in-house customer service survey lacked this, therefore better results. Also gave us an overview of the demographic."

"Good to address QCPP ongoing improvement. Also good to see results reflect what we always thought were our strengths and weaknesses."

"Good to hear back the areas we do well in. Great to reinforce the importance of this to staff. Areas to improve can be constructive – we may not be aware of!"

"Definitely gave us an insight on areas that we need to focus on improving".

"The feedback is detailed and shows where we stand against other pharmacies in different areas."

"Easy to fill out. Got some interesting feedback. Had some good results and found some holes in our service."

"We were able to determine where we were lacking in best customer service."

"Because we were directed to give them to script only customers they were usually our 'regulars' and so they would find the place good or wouldn't come back. We did not hand them out Saturday AM which had a different demographic."

"Well presented. Questions easy for customers to understand and didn't take too long."

"Only 60 surveys to get 46 responses – wish we had more to hand out."

REFRESHER TRAINING FOR PHARMACY ASSISTANTS IMPROVES CUSTOMER SERVICE

Peter Guthrey, Pharmacist Consultant and Peter Reeves, National Manager of Assessments

At the launch of QCPP 2nd Edition in 2006 it was announced that training would become a mandatory requirement for pharmacy assistants. This training was made up of both formal accredited training in *Pharmacy Medicines* and *Pharmacist Only Medicines* and ongoing training to refresh and improve the information received during the first lot of training.

Given that this was a new mandatory requirement, it didn't come into effect until March 2008. Over the last three years it is estimated that nearly 30,000 pharmacy assistants have done the *SIRPPK001A Support the supply and sale of Pharmacy and Pharmacist Only Medicines* training unit.

One of the questions that QCPP assessors are asked is "Why do we need to provide this training?" The basis for the question is that there is no legal requirement and pharmacies have operated for many years with available casual staff that get trained on the job. Whilst the assessors could give a detailed explanation, it is more reasonable to consider the Standard writers' motives to get the real answer.

Pharmacy is becoming more complex. The role of the pharmacy assistant needs to include both an understanding of the therapeutic goods that make pharmacy different from normal retail stores and the ability to assist with the filtering of the supply of non-prescription medicines to the public. The accredited training unit covers this material as an introduction to pharmacy. However over time the basic skills need to be refreshed and the information about the scheduled non-prescription medicines needs to be developed. That is the purpose of the refresher training.

In order to ensure the content of the refresher training, QCPP requires that it either must be an accredited or approved program focusing on *Pharmacy Medicines* or *Pharmacist Only Medicines*.

1 Accredited training: This is delivered by a registered training organisation (RTO) as part of a certificate course in community pharmacy. Details of which accredited units count can be found at www.qcpp.com.

2 Approved refresher training: A training activity where the content of the course is approved by QCPP as meeting the Refresher Training Guidelines.

3 In-pharmacy training: If necessary, the QCPP requirements permit refresher training to be prepared and presented by the senior pharmacy staff.

There is a perception that the only aspect of the *Pharmacy Medicines* and *Pharmacist Only Medicines* training required is to follow the supply protocols covered in the initial training such as CARER, "What, Stop, Go" or "Ask, Assess, Advise". However the main reason for both the initial and Refresher Training is to ensure all pharmacy assistants can do their job correctly and improve the customer service provided. As such, Refresher Training should build on the initial training through supporting product knowledge, health knowledge and assisting pharmacy staff apply the supply protocols to specific customer requests.

As more pharmacy assistants receive initial training and have it reinforced by Refresher Training, the results of the Mystery Shopper program continue to improve. This has allowed the Guild to successfully argue for the maintenance of the two non-prescription schedules.

The list of the content approved refresher training is outlined in the table on the following page.

Approved Refresher Training



Training	Applicant	Approved Duration	Approval Period
Pain Pod – Modules 6	Reckitt Benckiser	1 hour	1 September 2011 to 30 August 2013*
Ego Advanced	Ego Pharmaceuticals	30 minutes**	12 August 2011 to 11 August 2013
Cough and Cold Refresher Training	Pharmacy Guild (Queensland Branch)	3 hours	1 June 2011 to 30 June 2013
Gastro Oesophageal Reflux and the Pharmacy Assistant	Novartis (distance education)	1 hour	14 March 2011 to 13 March 2012
Smoking and Addiction JJet Online Training	Johnson & Johnson	20 minutes per module***	1 March 2011 to 31 March 2013
Upper Respiratory Tract Face to Face Presentations	Johnson & Johnson	3 hours	1 March 2011 to 31 March 2013
Pain Pod – Modules 1– 5	Reckitt Benckiser	30 minutes per module	1 February 2011 to 28 February 2013
SIRPPKS005A – Cough and cold products (Face to Face workshops)	Pharmacy Guild (NSW Branch)	3 hours	1 February 2011 to 1 February 2011
Cough, Cold and Flu	Johnson & Johnson	1 hour 20 minutes	1 January 2011 to 31 January 2013
Pharmacy Assistant Conference 2010, Gold Coast	Pharmacy Guild	Up to 3 hours 10 minutes****	29 October 2010 to 30 October 2010
Selling <i>Pharmacy Medicines</i> – Let's Get it Right	Pharmacy Guild (NSW)	1.5 hours	19 July 2010 to 8 June 2013
Refresher Training – <i>Pharmacy and Pharmacist Only Medicines Workshops</i>	Pharmacy Guild (Tasmania)	2 hours	8 June 2010 to 8 June 2011

* Provisional approval. Confirm details at www.qcpp.com.

** Only Ego Advanced modules which relate to Pharmacy Medicines are approved Refresher Training. See www.qcpp.com for more details.

*** At least two modules must be completed to meet the minimum 30 minute Refresher Training requirement

**** See www.qcpp.com for details of individual approved conference sessions.

CORRECTIONS

UPDATED SUMMARY OF CHANGES

A few items were recently identified as missing from the Summary of Changes page in the QCPP Requirements Manual 2011. The most up to date version of this document can be downloaded from the QCPP website at www.qcpp.com/QCPP/Requirements/Requirements.page. A hard copy of this document will be distributed with future manual updates.

JUNE/JULY 2011 EDITION OF EXCELLENCE

Page 2 incorrectly referred to the 'Australian Standard 5000:2011 – quality management system for pharmacies in Australia'. The correct number of the Standard is 'Australian Standard 85000:2011 – quality management system for pharmacies in Australia'.

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

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Supporting Excellence in Pharmacy