

Community pharmacist project

The 'Developing the role of a pharmacist in community palliative care multidisciplinary teams to improve outcomes for people at home and their carers pilot project' (community pharmacist project) is funded under the Commonwealth's *Palliative care for people at home* initiative.

Calvary Health Care Bethlehem has been appointed to implement the project over the period October 2008 – 30 June 2010.

1. Project Overview

1.1 Project description

The community pharmacist project aims to develop the role of a pharmacist as a member of a community palliative care multidisciplinary team.

1.2 Target group

The target group is people with life limiting illnesses who are clients of the pilot site ('clients').

1.3 Partnerships and identification of key stakeholders

Partnerships may be developed with, but not limited to, the following key stakeholders:

- Community palliative care service (pilot site)
- Palliative Care Consortium
- Hospital and community based pharmacists
- General practitioners
- Hospital based palliative care consultancy teams
- Palliative Care Victoria
- The Pharmacy Guild of Australia
- Department of Human Services (Cancer and Palliative Care Unit working with Continuing Care and Clinical Service Development Unit, and Evaluation Unit)
- Department of Health and Ageing

1.4 Unmet needs to be addressed

In the financial year 2005-2006 community palliative care services had contact with 8,887 palliative care clients in Victoria. It is unknown whether any of these clients had contact with a pharmacist as this data was not collected. However, it is known that during that time pharmacists were not employed in any Victorian community palliative care services.

Pharmacists have expert knowledge of prescription medications. In Australia they are expected to:

- Promote and contribute to rational drug use
- Dispense medication in a way which provides maximum benefit to the patient
- Prepare pharmaceutical products
- Provide primary health care
- Provide drug information (source: <http://www.apec.asn.au/geninfo-06.htm>).

Outcomes of previous studies indicate that the input from a pharmacist to direct service delivery can have significant benefits to clients.

An Australian study titled *Improving medication management of palliative care clients: enhancing the role of community pharmacists* (2005) recommended forming a new model for the delivery of pharmacy palliative care services to the community, and that this model could include:

- Ability for pharmacists to provide services in the same location as that of other health professionals
- Ability to provide the services on more than one occasion to the same patient
- Provision of 'case conferencing' services to community treatment centres (for example, pharmacist involvement at the palliative care service).

A UK study titled *Evaluation of the effectiveness of UK community pharmacists' interventions in community palliative care* (2002) concluded that "when community pharmacists are appropriately trained and included as integrated members of the team, they can intervene effectively to improve pharmaceutical care for palliative care clients."

In addition, the Australian government has already implemented two programs that involve pharmacists providing a service to clients living in the community. The 'Residential Medication Management Review' enables permanent residents in aged care facilities to have a pharmacist review their medication needs to optimise the therapeutic effectiveness and management of the residents' medication regimes and minimise possible adverse effects (source: <http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-epc-dmmrqa.htm>). The 'Home Medicines Review' enables clients living at home in the community to have a pharmacist review their medication to maximise their individual benefit from their medication regimen (source: <http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-epc-dmmr.htm>). Aspects of these programs may be transferable to the pilot project.

The pilot project will add an innovative element in engaging pharmacists as key members of the community palliative care multidisciplinary team to ensure both clients and their carers are provided with best practice for medical assessment, advice and evidence-based information to assist them in remaining at home.

2. Project activities

2.1 Project outcomes/objectives

The pilot project will develop, implement and evaluate the role of pharmacists in community palliative care multidisciplinary teams to improve outcomes for people at home, and their carers. It is an innovative proposal that is based on research that suggests involving pharmacists can lead to improved client outcomes.

The pilot project will achieve these outcomes through:

- Identification and engagement of a community palliative care service to pilot the project
- Employment of a pharmacist
- Piloting the model of care, including developing protocols and pathways that are transferable to other services.

2.2 Tasks/deliverables/performance indicators/timeframes

The key tasks to be undertaken to meet the objectives are:

| | PROJECT OUTCOMES/OBJECTIVE | TASKS/ACTIVITIES | PERFORMANCE INDICATORS | TIMEFRAMES DURATION AND COMPLETION |
|---|-----------------------------------|---|---|---|
| 1 | Develop a detailed project plan | Complete and submit a draft project plan for review by the Commonwealth and incorporate feedback. | Agreed project plan | 30 October 2008 |
| 2 | Project development | <ul style="list-style-type: none"> • Seek expressions of interest from community palliative care services to pilot the project • Establish a steering committee • Develop an evaluation plan | <ul style="list-style-type: none"> • Community palliative care service engaged • Steering Committee established • Evaluation plan agreed | November 2008 to January 2009 |
| 3 | Project implementation | <p>The community palliative care service will:</p> <ul style="list-style-type: none"> • Develop Pharmacist's role description • Advertise Pharmacist's position • Develop palliative care protocols and pathways for consumers. • Pilot project <p>The Pharmacist will</p> <ul style="list-style-type: none"> • Develop evidence based consumer information • Develop evidence based training material for clinicians • Establish model of care for the rollout of the enhanced pharmacist's role. | <ul style="list-style-type: none"> • Pharmacist's role agreed • Pharmacist employed • Protocols and pathways agreed • Pilot project implemented • Consumer information developed • Training material developed • Model of care established | February 2009 – 30 June 2010 |
| 4 | Project evaluation | Evaluate pilot project | Evaluation report completed | April 2010 |