

Use of General Level Framework to Establish Pharmacists' Compliance with APAC's Guiding Principles to Achieve Continuity in Medication Management

Kerr K¹, Coombes I^{1,2}, Coombes J^{1,2,3}, Cardiff L¹, Bettenay K^{1,2}
Whitfield K^{1,2}

1. Safe Medication Practice Unit, Queensland Health
2. University of Queensland
3. Princess Alexandra Hospital



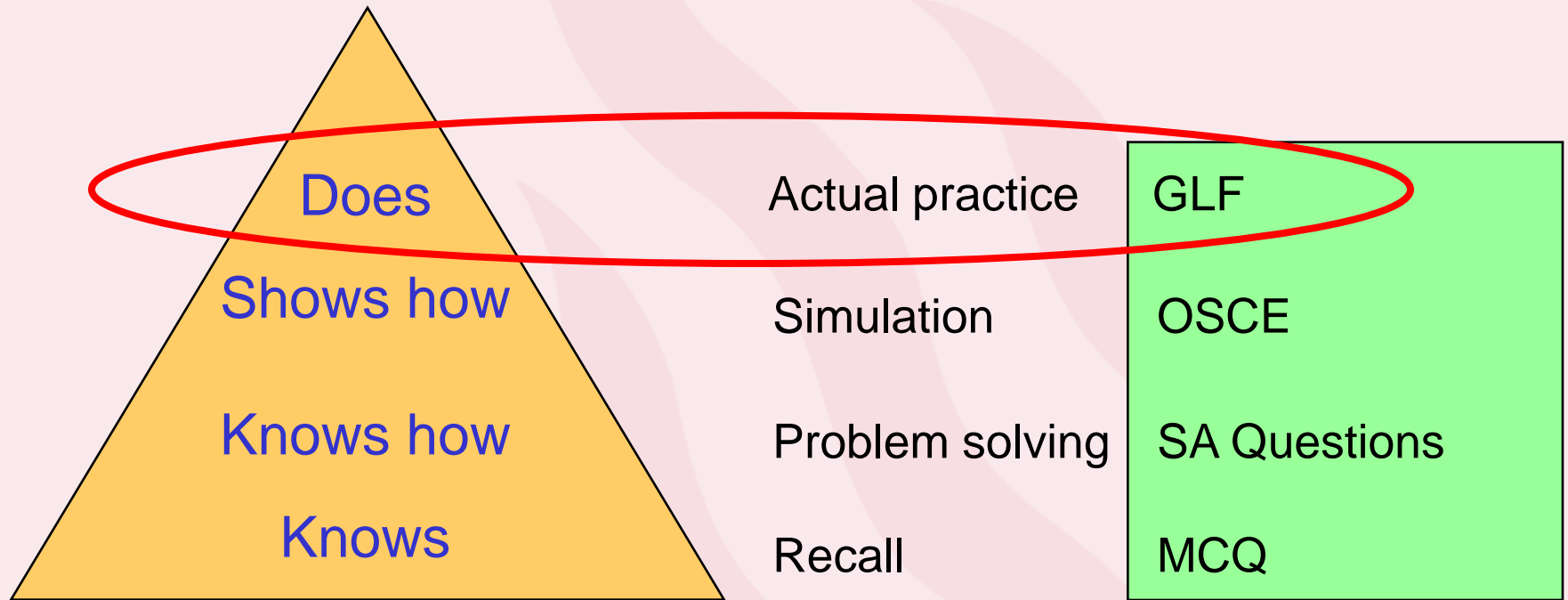
Overview

- General Level Framework in Queensland
- Link GLF to APAC
- Results - Performance of activities within GLF that are components of APAC-CoMM
- Key messages

Queensland Health's General Level Framework

- Performance/competency hybrid tool
- Evaluation and feedback on clinical activities
- Adapted from UK model in 2006
- Mapped against Australian standards & guidelines
- 98 separate activities
- Frequency of: “always”, “usually”, “sometimes”, “never”
- Minimum standard
- Now in use for pharmacists across QH

How Do We Know What Pharmacists Do?



Miller 1990

JPB 2005

Method – Linking GLF to APAC

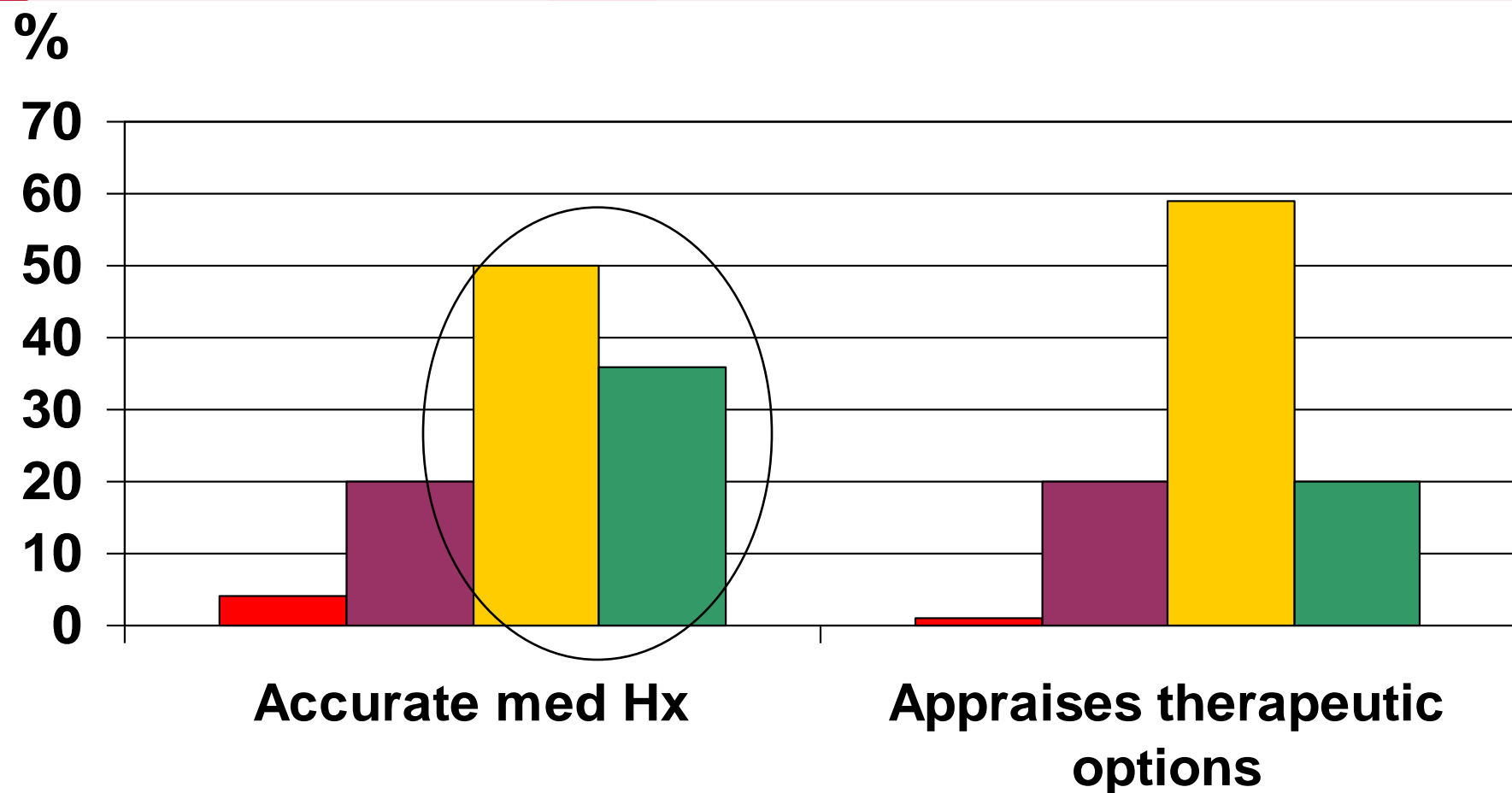
- Principles 1 - 3 & 10 not linked to GLF activities
- 29 / 98 activities directly linked to principles 4 - 9
- GLF results for those 29 activities analysed to determine adherence to APAC throughout Qld Health
- Snapshot of service delivery during visits

Results - Demographics

To Dec 2007:

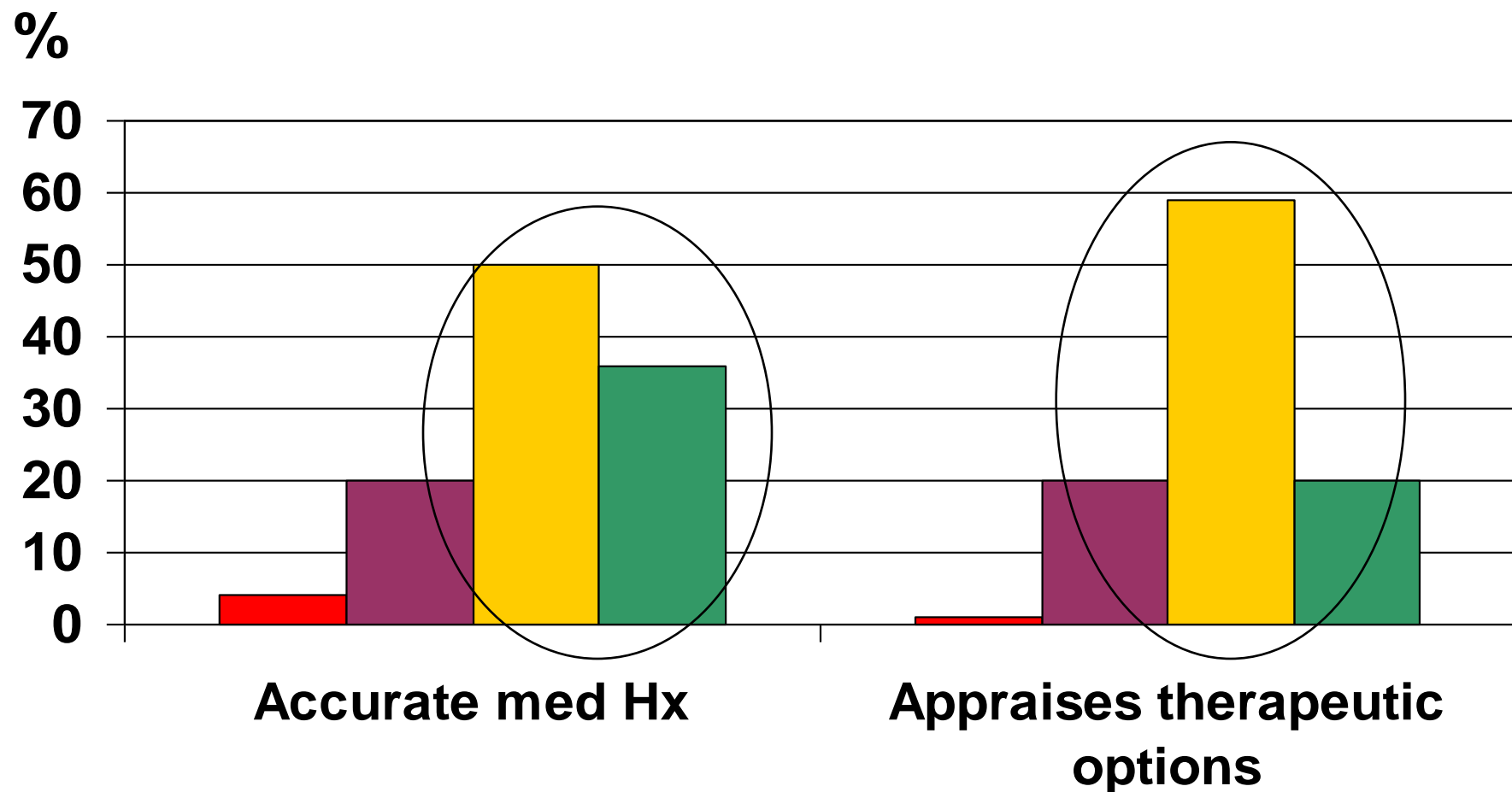
- 202 baseline evaluations (approx. 50% of total workforce)
- 26 sites (64% of sites with pharmacists)
- Mean 3.3 years, range <1 year to >10 years in clinical practice
- Approx. 20% had post-graduate qualifications

Adherence with APAC Principles 4 & 5



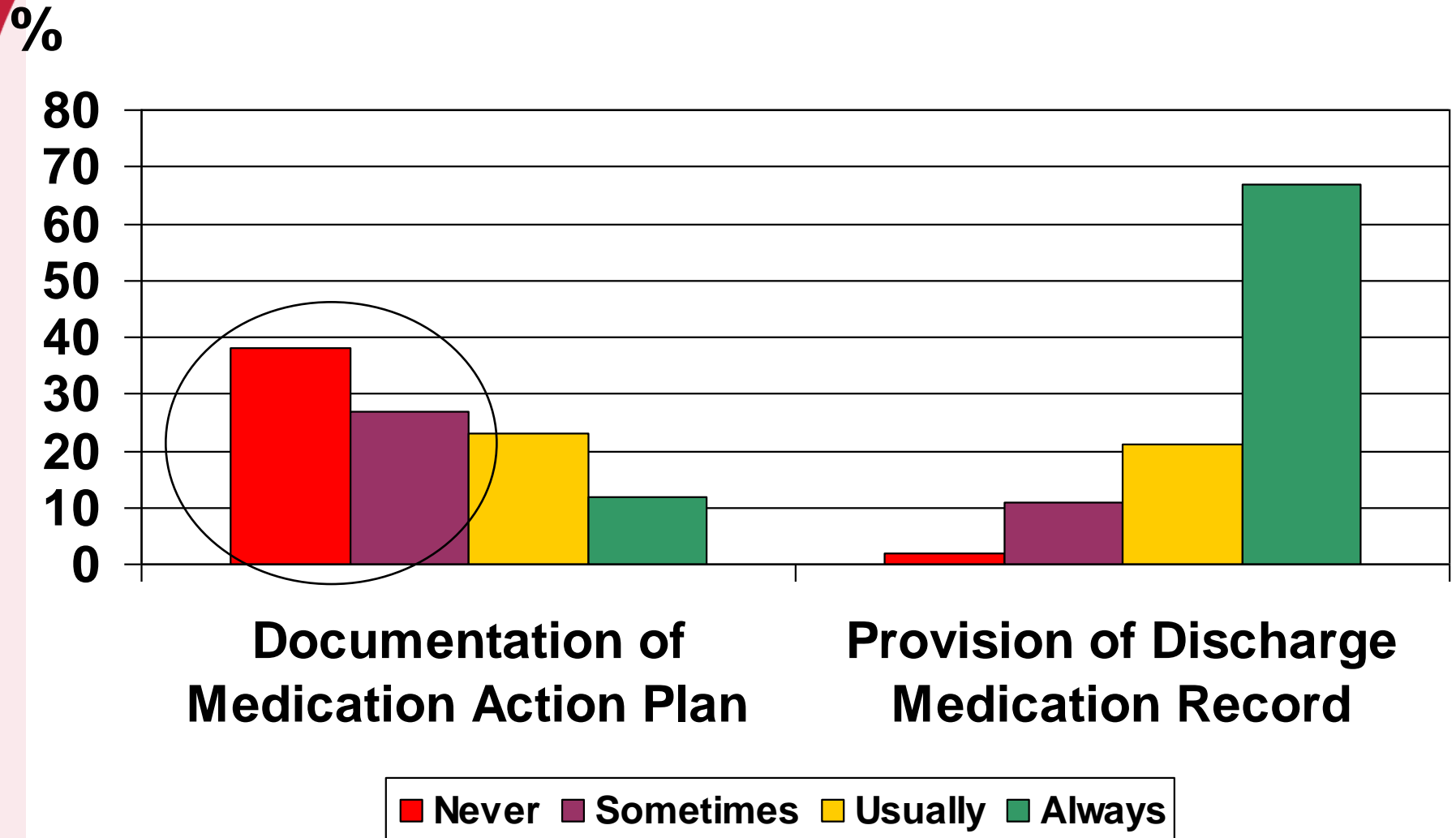
■ Never (0-24%) ■ Sometimes (25-50%) ■ Usually (51-84%) ■ Always (85-100%)

Adherence with APAC Principles 4 & 5

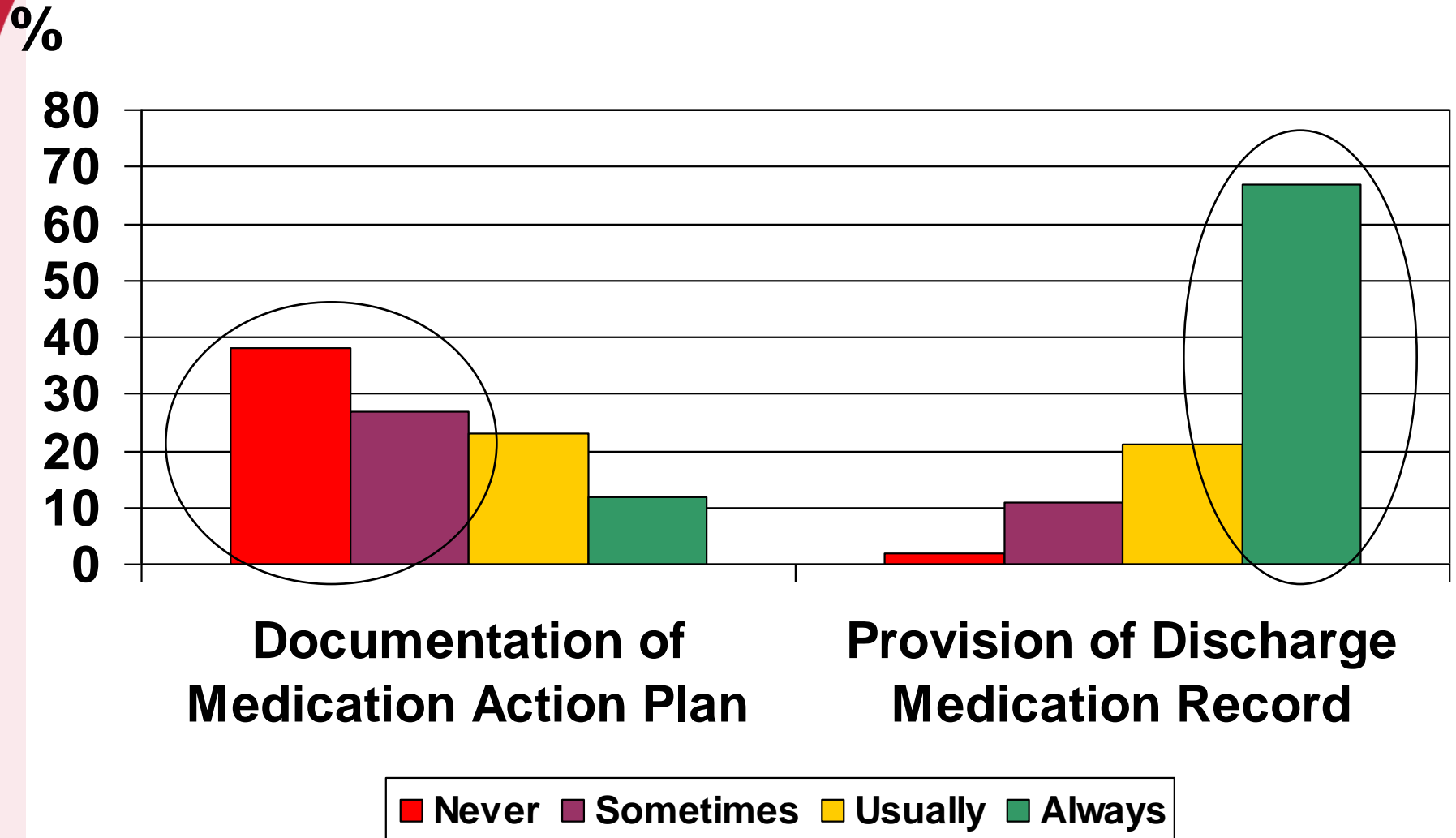


■ Never (0-24%) ■ Sometimes (25-50%) ■ Usually (51-84%) ■ Always (85-100%)

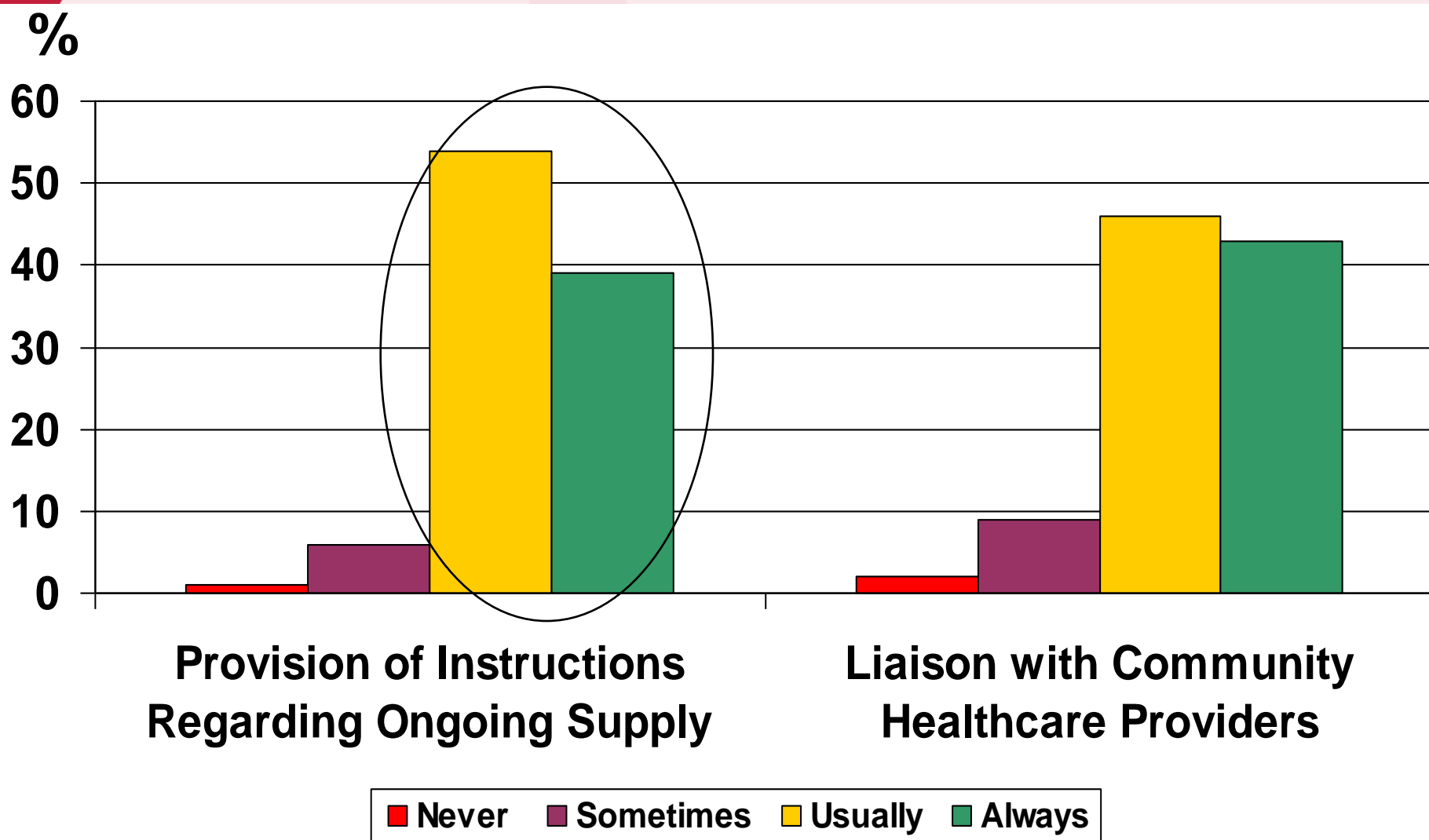
Adherence to APAC Principles 6 & 7



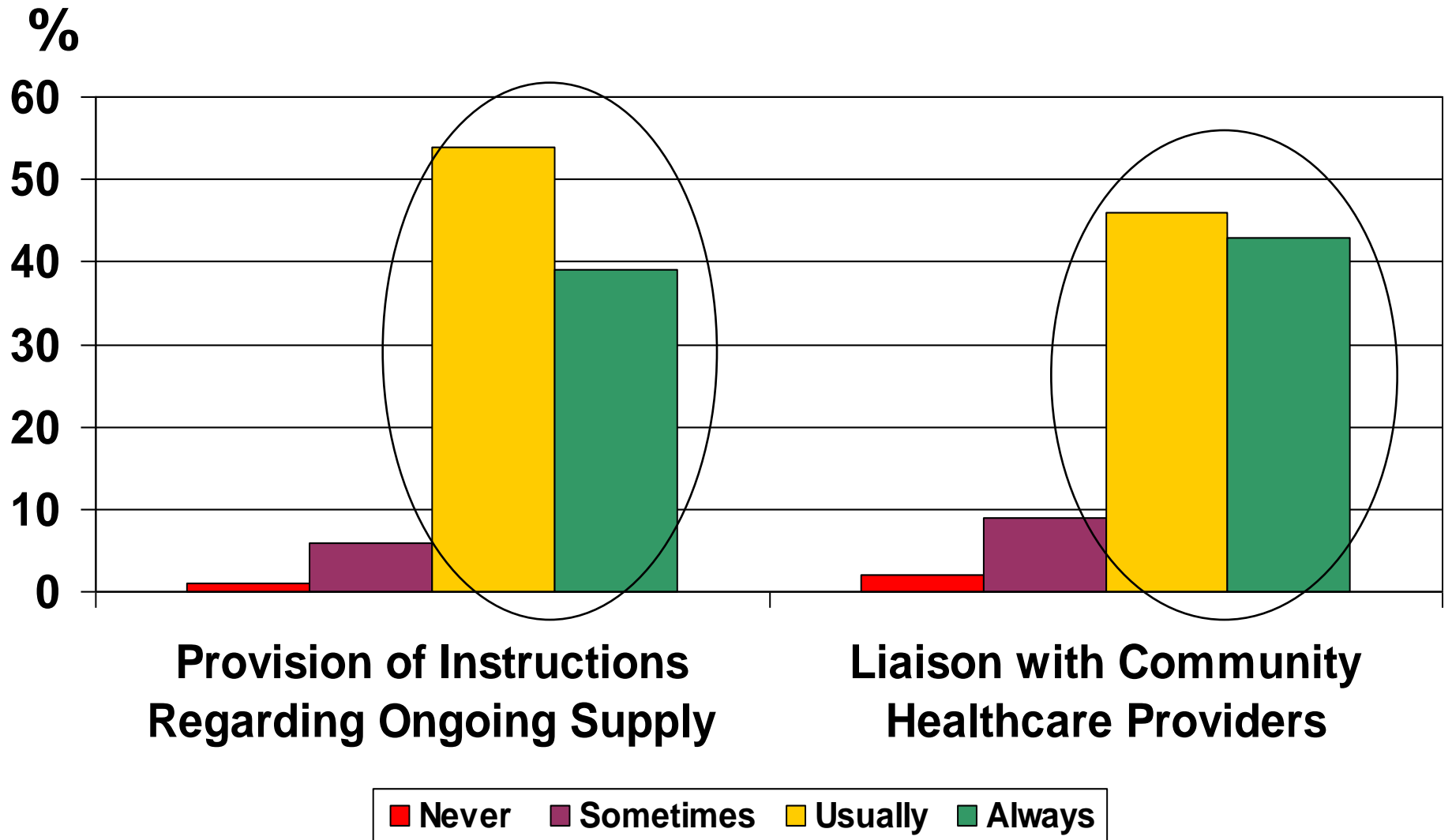
Adherence to APAC Principles 6 & 7



Adherence to APAC Principles 8 & 9



Adherence to APAC Principles 8 & 9



Discussion

- Consistent undertaking of some activities e.g.
 - Provision of discharge medication record
- Gaps in undertaking specific activities e.g.
 - Medication Action Planning
- Strategies for improvement identified (individual, site, state)
 - Tailored CPD plan for individuals
 - Report to Director of Pharmacy for each site
 - SMPU initiatives focussed e.g.
 - development of a state-wide MAP form
 - skills workshops

Limitations

- Snapshot of individual practice - based on approx 2 - 3 hour observation
- Observation bias
- Variation between assessors
- Only “general level” pharmacists assessed
- GLF not a useful measure of compliance with APAC Guiding Principles 1, 2 ,3 & 10

Conclusion

- GLF results provide a useful guide to local and state-wide performance against APAC Guiding Principles
- The future:
 - Repeat GLFs
 - Increased training & development opportunities
 - Development & implementation of Advanced Level Framework

Thanks to:

- The Medication Review team at SMPU
- QH GLF Evaluators Group
- All 202 QH pharmacists who underwent GLF evaluation

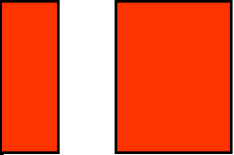
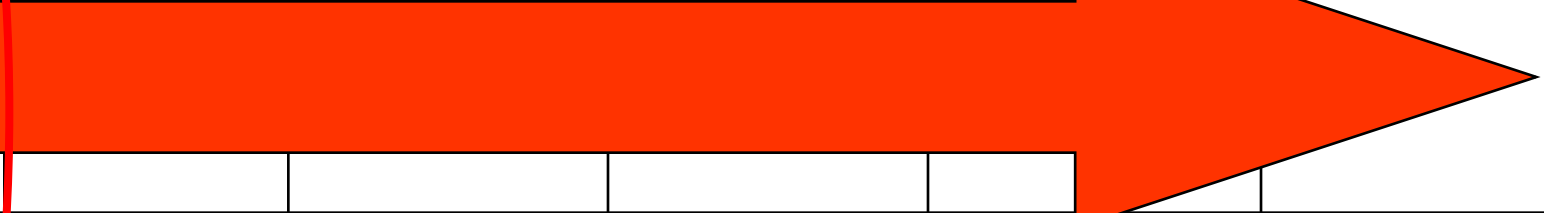
Mapping Standards to Actions

APAC Guidelines Cont QUM	QH Service Capability Framework for Pharmacy Services	SHPA Clinical Pharmacy Standards	PSA/ Guild/ SHPA Competency Standards	QH Pharmaceutical Review Activities	Individual behaviours – combined to competencies
<ul style="list-style-type: none"> • Guiding principles – linked to Pharmaceutical reform 	<ul style="list-style-type: none"> • ADRs • History • Review • Evaluation 	<ul style="list-style-type: none"> • 8 Activities/ procedures link to MAP 	<ul style="list-style-type: none"> • History • Review • Plan • Provide information 	<ul style="list-style-type: none"> • Patient selection to discharge 	<ul style="list-style-type: none"> • Patient Care • Problem solving • Professional competencies

Mapping Standards to Actions

APAC Guidelines Cont QUM	QH Service Capability Framework for Pharmacy Services	SHPA Clinical Pharmacy Standards	PSA/ Guild/ SHPA Competency Standards	QH Pharmaceutical Review Activities	Individual behaviours – combined to competencies
<ul style="list-style-type: none"> • Guiding principles – linked to Pharmaceutical reform 	<ul style="list-style-type: none"> • ADRs • History • Review • Evaluation 	<ul style="list-style-type: none"> • 8 Activities/ procedures link to MAP 	<ul style="list-style-type: none"> • History • Review • Plan • Provide information 	<ul style="list-style-type: none"> • Patient selection to discharge 	<ul style="list-style-type: none"> • Patient Care • Problem solving • Professional competencies

Mapping Standards to Actions

APAC Guidelines Cont QUM	QH Service Capability Framework for Pharmacy Services	SHPA Clinical Pharmacy Standards	PSA/ Guild/ SHPA Competency Standards	QH Pharmaceutical Review Activities	Individual behaviours – combined to competencies
					
<ul style="list-style-type: none"> • Guiding principles – linked to Pharmaceutical reform 	<ul style="list-style-type: none"> • ADRs • History • Review • Evaluation 	<ul style="list-style-type: none"> • 8 Activities/ procedures link to MAP 	<ul style="list-style-type: none"> • History • Review • Plan • Provide information 	<ul style="list-style-type: none"> • Patient selection to discharge 	<ul style="list-style-type: none"> • Patient Care • Problem solving • Professional competencies