



Quality Care
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

EXCELLENCE

Supporting Excellence in Pharmacy

October – November 2011



PHARMACY
OF THE YEAR 2012

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STAGED SUPPLY AND INTERPROFESSIONAL COLLABORATION

ISLANDS OF QUALITY: BRIBIE ISLAND

HOW QCPP CAN SUPPORT YOU: HELPLINE AND RESOURCES

CLAIMING FOR PPI: DAA AND CLINICAL INTERVENTIONS

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THINGS TO KNOW

What to do in the case of a change of ownership/ PBS number

- 1 Complete *Change of Pharmacy Status* form (available at www.qcpp.com) and fax to QCPP on 02 6270 1885 or call the QCPP helpline on 1300 363 340 or email help@qcpp.com
- 2 If your pharmacy has undergone a complete change of ownership then you will need to register for PPI at www.5cpa.com.au for the services your pharmacy offers. If your pharmacy details change for any other reason and you have previously registered for PPI, ensure you change PPI selections via the link provided by 5CPA or contact the 5CPA helpline on 1300 555 262 or email support@5cpa.com.au
- 3 Review your pharmacy's operations manual to ensure your pharmacy's policies and procedures align with QCPP requirements and the services your pharmacy offers including those services you registered for under PPI.

Please note: When a pharmacy's PBS number has changed during a claim period for DAAs or Clinical Interventions, the only PBS number that can be claimed against is the most current at the end of the claiming period. This is because Medicare have no way of accepting two claims for the same period. If there is a change during the claim period then old and new owners need to negotiate the transferring of any PPI payments during the sale of the pharmacy.

Delay with the first DAAs and Clinical Interventions PPI periodic payments.

Payments in relation to the eligible claiming period ending 30 September 2011 and annual payments for other priority areas are expected to be made from 4 January 2012. Systems and processes are being established that will ensure that payment timeframes are reduced for future claiming periods.

Corrections to August/September 2011 edition of Excellence

In the last edition the following error was identified.

Correction in table on page 19 for the Pain Pod – Module 6 approved duration should have been *1 hour* and the approval period is *1 September 2011 to 30 August 2013*.



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WELCOME

First PPI claim finalised but more to do.

The Fifth Community Pharmacy Agreement continues to 2015, so this means you will need to submit a claim four times a year, every remaining year of the Agreement, to get your ongoing incentive payments. Pharmacies who registered for the Pharmacy Practice Incentive (PPI) priority areas Clinical Interventions and Dose Administration Aids submitted their first claim to Medicare by 14 October. The next claim due date for the period 1 October to 31 December 2011 is 14 January 2012.

All community pharmacies who registered for PPIs would have received their start-up payment by now. Those pharmacies who submitted their first valid claim for DAAs and Clinical Interventions by 14 October, will start receiving payment from Medicare for these claims from January 2012. Remember, Clinical Interventions, DAAs and the other four PPI priority areas are not fee-for-service payments. The payment of PPIs is linked to the delivery of a specific service to the Program requirements and the Quality Care Pharmacy Standard.

While the raw number of clinical interventions and the number of DAA patients for the claim period needs to be provided by your pharmacy four times a year using the Medicare claim form, this number will be used within an incentive formula by Medicare so that the incentive is weighted on service volume and script volume. Medicare will source your script volume from their records. Average payments will be approximately \$5,000 per annum for DAAs and \$3,000 per annum for Clinical Interventions. There is no payment per clinical intervention or per DAA patient. As with all averages your pharmacy may receive more or less than these average payments.



Paul Sinclair
**Chair, Quality Assurance
and Standards Committee**
National Councillor,
The Pharmacy Guild of Australia

In the last edition of *Excellence* we promoted a stepwise approach to PPI preparedness by focusing on the Community Pharmacy Service Charter, DAAs and Clinical Interventions. Now that you have your quality systems in place for these areas, you should be working on meeting your requirements for Staged Supply, Primary Health Care, Community Service Support and Working with Others. This edition of *Excellence* helps by providing advice for pharmacies on staged supply and interprofessional collaboration – the Working with Others priority area. This edition also focuses on 'how QCPP helps' by including more information on PPIs, QCPP resources, our helpline and local state/territory QCPP staff.

On the matter of staff, I am pleased to welcome Andrew Matthews to the role of National Director of Quality Assurance and Standards. As National Director he has responsibility for the Quality Care Pharmacy Program. Andrew is a pharmacist with a background in both hospital pharmacy and community pharmacy as well as academia. I look forward to working with Andrew to continue the ongoing success of the QCPP and its support of community pharmacy.

New National Director

I am delighted to be appointed as National Director of Quality Assurance and Standards at The Pharmacy Guild of Australia. I am passionate about QCPP, and believe it is a great program that provides real support and guidance on professional health services and the business of pharmacy. With 92% accreditation rates, it is clear that community pharmacy has embraced QCPP and the Pharmacy Practice Incentives of the 5CPA. It is exciting that pharmacy is finally recognised for the professional services it provides that improve health outcomes for the Australian public.

The QCPP staff throughout Australia are a terrific team. Whether they work in your state or territory or the National Secretariat, all are committed to ensuring you are supported to incorporate QCPP into your everyday pharmacy practice. QCPP is not something you do just for your assessment date. It should be an integral part of your business.



Andrew Matthews
National Director,
Quality Assurance and Standards

I look forward to building on the success of QCPP, and acknowledge the great work and commitment of my predecessor Jenny Bergin. The recognition by external accreditation agencies and the acknowledgment of QCPP as an Australian Standard are great accolades for QCPP. I see a bright future, with greater customer awareness of what QCPP accreditation means for the pharmacy consumer, and further enhancement of the QCPP requirements to ensure ever better professional services in pharmacy, and a viable, sustainable community pharmacy network.

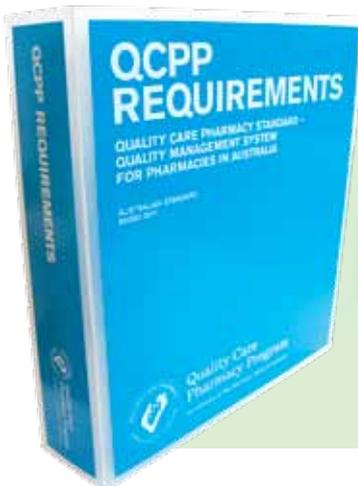
I am contactable at the National Secretariat of the Guild in Canberra.

QCPP SUPPORT RESOURCES

New Fast Track resources for QCPP now available

In 2007 QCPP developed the initial Fast Track resources which were designed to assist pharmacies transition to QCPP 2nd edition. Since then many pharmacies have continued to adapt the example Fast Track policies, procedures and recording templates to suit the needs of their pharmacy and to include in their operations manual.

Additional Fast Track materials were released in September 2011 to assist pharmacies implementing QCPP requirements that relate to PPIs. QCPP will continue to review, update and provide Fast Track files to help pharmacies with their day-to-day operations. To access electronic copies of the PPI related Fast Track files please contact your local QCPP State Manager.



QCPP Requirements Manual Order Form

Owning a QCPP Requirements manual is mandatory for QCPP accreditation. The manual is a ring binder folder that includes the Standard, elements, procedures and templates which outline the requirements of accreditation. All pharmacies accredited at the time received a copy of the new manual in June 2011. If you would like to purchase a QCPP Requirements Manual please download an order form from the *Forms, Tools and FAQs* page under the *Resources* tab at www.qcpp.com. The manual is \$220 (excl. GST) for Guild members and \$300 (excl. GST) for non-Guild members. After purchasing the manual any updates including revisions to the Standard, procedures or templates will be provided free of charge.

Promoting QCPP Accreditation

When a pharmacy attains accreditation under QCPP, it is beneficial for the pharmacy to promote this achievement to the local community. This allows the pharmacy to communicate this milestone to the pharmacy's existing customers and the general public. Below are a few suggestions on how you might promote your accreditation:

Using the QCPP logo – Once a pharmacy becomes accredited, the pharmacy is eligible to use the QCPP logo to promote accreditation. For example, the logo can be printed on the pharmacy's letterhead and stationery, or included on the pharmacy's website. If you would like to request to use the QCPP logo complete the application form on the *Promoting Accreditation* page under the *Members Service* tab at www.qcpp.com

New QCPP Window Decal – The QCPP Window Decal has recently been updated to reflect that QCPP is now the Australian Standard. Unlike older versions of the decal these do not require updating and should last for many years as the pharmacy maintains their accreditation. We want to make sure you are able to proudly display your accreditation status to your customers at all times so we are currently providing the new decals in our congratulations pack at time of accreditation. Alternatively you can contact your local QCPP State Manager for the new decal.

Official presentation of the accreditation certificate – One way of promoting accreditation is to arrange an official presentation of your accreditation certificate to the pharmacy owner(s) and staff. For example, a local dignitary or MP could present the certificate. The local media could be invited to the event to ensure local media coverage. This public presentation can demonstrate the sense of success of your achievements amongst pharmacy staff.



DAA AND CLINICAL INTERVENTIONS CLAIMING FOR PPI

The Pharmacy Practice Incentives Periodic payment(s) application (claim form) is available on the Medicare website under the Pharmacy Practice Incentives (PPI) Program section.

If you are eligible to receive incentive payments for DAAs and/or Clinical Interventions for the 1 October to 31 December 2011 claiming period you must complete and submit this claim form to Medicare by **14 January 2012**.

Tips for completing this claim form

- 1** Under Claim details (Item 4) tick the box for the 1 October to 31 December claiming period.
- 2** When claiming the number of clinical interventions performed during the 1 October to 31 December claim period you can only claim clinical interventions recorded under the D.O.C.U.T. classifications. Clinical interventions recorded under the M.E.N. components of the D.O.C.U.M.E.N.T. classification system cannot be claimed. Clinical interventions recorded under any other classification system cannot be claimed.
- 3** When claiming the number of eligible patients provided with *weekly* DAAs during the 1 October to 31 December claiming period you must only claim the following patients:
 - a. Patients (living in the community) receiving a *weekly* DAA service in your pharmacy for each week of the claiming period. Patients that live in a government funded Residential Aged Care Facility (RACF) and/or correctional facility cannot be claimed;
 - b. Patients where your pharmacy dispenses the prescription and packs the DAAs in accordance with **T3B** Dose Administration Aids Checklist; or
 - c. Patients where your pharmacy dispenses the prescription and the DAAs is packed at another site (DAA packing warehouse, another pharmacy, etc.) and meets the requirements of **T3B** Dose Administration Aids Checklist.

When completing the DAA section of the claim form ensure you count **each patient for each week** over the full claim period (13 weeks) for example:

| Each week of the claim period 1 Oct to 31 Dec | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | Total to include on claim form |
|---|----|----|----|----|----|---|----|----|----|----|----|----|----|--------------------------------|
| DAA Patients per week | 10 | 12 | 10 | 10 | 10 | 9 | 15 | 10 | 10 | 8 | 10 | 10 | 10 | 134 |

Examples to consider when claiming DAA patients:

- 1** If a patient receives multiple DAA packs for one week this patient would be counted as 1 for the week.
- 2** If a patient receives multiple weekly DAAs (e.g. to take on holidays) you would count them as 1 patient for each week you have packed the weekly DAAs e.g. patient going on 4 week holiday, you have packed 4 weekly DAAs for them to take with them, this patient would be counted as 1 patient per week over 4 weeks (1 x 4 = 4).
- 3** If a patient is supplied a monthly or fortnightly DAA (packed in a single DAA) this patient is counted as 1 patient during the week the patient was supplied the monthly or fortnightly DAA.

It is important to keep records of all DAAs and clinical interventions that you are claiming. These records will be required to validate your claims for auditing purposes by the QCPP and/or Medicare.

Eligible Claim Periods

Claim forms are to be lodged with Medicare by mail or facsimile. Claim forms are due with Medicare approximately two weeks after the end of each Eligible Claiming Period as outlined in the following table:

| Eligible Claiming Period | DAA and Clinical Interventions Claim Due Date |
|--------------------------|---|
| 1 January to 31 March | 14 April |
| 1 April to 31 May | 14 June |
| 1 June to 30 September | 14 October |
| 1 October to 31 December | 14 January |

For further information and resources visit www.5cpa.com.au
For general enquiries email: support@5cpa.com.au
or phone: **1300 555 262**

FOCUS ON THE STANDARD: ELEMENT 2 – STAGED SUPPLY

Peter Guthrey – Pharmacist Consultant

Staged supply is the provision of a medicine in instalments. While the name might be new to some people, the concepts of ‘daily dosing’ or ‘weekly dosing’ have long been practised in community pharmacies. Requirements for staged supply have been introduced in the QCPP Requirements Manual 2011. This article looks at what staged supply is and what resources are available to assist pharmacies integrate the service within their quality system.

Staged supply is the process by which pharmacists supply medicines to consumers in periodic instalments of less than the total required or prescribed quantity at agreed intervals. This could mean supplying a customer daily, weekly or as otherwise agreed. It does not include opioid substitution programs (e.g. methadone syrup, buprenorphine). Staged supply is further defined in the recently developed Pharmaceutical Society of Australia's *Standard and guidelines for pharmacists providing a staged supply service for prescribed medicines*.

New QCPP requirements for staged supply have been introduced in 2011 in line with the development of the PSA professional guidelines and introduction of the Pharmacy Practice Incentive (PPI) Program. These developments recognise a push for staged supply services to be delivered in a more consistent and formal manner.

QCPP Requirements

P2K Staged Supply Procedure and **T2F** Staged Supply Checklist outline key QCPP requirements for the delivery of staged supply to customers including appropriate packaging and labelling of staged supply instalments and sound records management. The requirements are outlined further in the table below.

Examples of staged supply

Case 1

Mrs Smith presents prescriptions for twenty oxycodone – SR 40mg (Oxycontin) tablets every 4 days. After identifying excessive use, the doctor has requested you supply Mrs Smith with two tablets daily.

Case 2

James, a 23 year old male, is taking olanzapine tablets, but appears to fill his repeats in an erratic manner. He asks if you can help him and you both agree to commence a staged supply service where he picks up his medicines daily. You also agree to contact his doctor if you have concerns about him forgetting to pick up his medicine.

PPI Eligibility

Under the Pharmacy Practice Incentive (PPI) Program, eligible pharmacies can receive an incentive payment for meeting the quality requirements of a staged supply service for prescribed medicines. Signing up for this PPI commits pharmacies to staged supply for PBS medicines when requested by prescribers and means that pharmacies must have their procedure in their operations manual and show they comply with the checklist. Evidence of service delivery is not required as it is recognised the number of patients receiving this service varies over time and many pharmacies will have periods where no patients are utilising this service. However, the incentive payment requires the service to be available should it be needed. When delivering the service, the pharmacy must follow the **P2K** Staged Supply Procedure and meet the requirements outlined in the **T2F** Staged Supply Checklist.

Implementing Staged Supply

Meet QCPP Requirement

P2K Staged Supply Procedure

T2F Staged Supply Checklist

Features

Key features of the checklist and procedure include:

- Packaging and labelling requirements
- Mandatory recording requirements, including recording the date and time of supply and pharmacist signature
- Requirements which apply to in-pharmacy dosing

Pharmacies will need to review the Staged Supply Checklist (T2F) and take any action needed to ensure compliance with the checklist. When providing the service, pharmacies must follow the Staged Supply Procedure (P2K).

Tips on implementing staged supply

| STAGED SUPPLY | | P2K |
|---|-------------------------------|-------------------------------|
| Actions marked with an asterisk are mandatory and will be assessed. Any modified procedure must include those actions marked with an asterisk. | | |
| Action | Related procedure or template | Responsibility for the action |
| Commencing staged supply | | |
| * 1. Receive request for commencing staged supply (e.g. from prescriber/customer) OR Pharmacy identifies customer to start staged supply. | T2E - Staged Supply Checklist | |
| 2. Confirm the identity of the customer. | NI | |
| 3. Discuss the operation of the service with the customer. | NI | |
| 4. Provide information leaflet about staged supply service. | NI | |
| * 5. Interact with the prescriber (if necessary) and document any changes on the prescription and in the dispensing record. | NI | |
| 6. Complete Staged Supply Agreement, including details of staged supply arrangement, customer's signature and pharmacist's signature. | NI | |
| Supplying medicine(s) | | |
| * 7. Dispense prescription (if required). | PSA - Dispensing | |
| * 8. Record the dispensed medicine in the patient staged supply record (if required). Adjust the balance in the staged supply record. | NI | |
| * 9. Select the dispensed item to be supplied. Check against original or duplicate prescription, to ensure the correct medicine for the correct patient is supplied. | NI | |
| * 10. Repack medicine in the required quantity from the dispensed product into an appropriate container. | NI | |
| * 11. Place label for repackaged medicine(s) (do not apply the medicine provided as in-pharmacy dispense, although such dispense must be clearly identifiable to prevent dispensing error). | NI | |
| * 12. Affix dispensing label(s) to each immediate container and (does not apply for medicine provided as in-pharmacy dispense, although such dispense must be clearly identifiable to prevent dispensing error). | NI | |
| * 13. Apply appropriate auxiliary labels. | NI | |
| * 14. Note the quantity of each medicine supplied in the patient staged supply record. | NI | |
| * 15. Move all paperwork, dispensed medicine(s), repackaged medicine(s) to a checking area. | NI | |
| * 16. Check the supplied medicine and customer records, counting: <ul style="list-style-type: none"> a. Repackaged medicine match the prescription. b. Customer label on the correct product. c. Customer records have been completed correctly. | NI | |
| * 17. Ensure the customer signs the Staged Supply Record to acknowledge supply. | NI | |
| * 18. Supply the medicine(s) to the customer. If the medicine(s) are provided as in-pharmacy dispense, ensure the medicine being taken by the customer. | NI | |

Action 8
Tip: Don't forget to adjust the total balance in the staged supply record.

Actions 9 – 12
Tip: The medicine(s), including repackaged medicines, must be packed and supplied in an appropriate container with a dispensing label affixed.

Training – Action 2.1
Tip: Make sure staff members are trained in the pharmacy's procedure. This should be noted on the **T15B** Training Record. Any other training related to staged supply (e.g. PSA online training module) should also be on this record.

Procedures and Templates – Action 7.1
Tip: Any interprofessional collaboration which occurs as part of staged supply must comply with the requirements of **P2I** Interprofessional Collaboration Policy and **T2E** Interprofessional Collaboration Checklist.

| STAGED SUPPLY CHECKLIST | | | T2F |
|---|---|--|---|
| Actions marked with an asterisk are mandatory and will be assessed. Any modified template must include those actions marked with an asterisk. | | | |
| Program requirement | Action to meet the program requirement | Evidence required at an assessment | Procedural template available |
| Personnel | | | |
| 1. Personnel | No additional requirements. | | |
| 2. Personnel training | * 2.1. Ensure support staff members working with staged supply are trained in the pharmacy's procedure. | Training record shows the required training has been completed. | T15B - Training Record |
| Reference material | | | |
| 3. Reference material | * 3.1. Materials access to approved guidelines for pharmacies providing staged supply. | Proof of access to the guidelines. | NI |
| Premises and equipment | | | |
| 4. Equipment support and maintenance | * 4.1. If syringes are to be used with their medicine in the pharmacy, ensure only disposable single use caps are used for drawing medicine in the pharmacy. | Proof the pharmacy uses single use disposable caps. | NI |
| 5. Equipment calibration and maintenance | No additional requirements. | | |
| 6. Facilities to support the program | * 6.1. If syringes are administered a dose of their medicine in the pharmacy: <ul style="list-style-type: none"> a. Ensure administration of medicine does occur in a clean area. b. Ensure the person receiving the dose has access. | Proof the site for administration of medicine does in clean area. Proof there is access to disinfecting zone. | NI |
| Procedures and templates | | | |
| 7. Procedure required | * 7.1. Establish and follow a system for communicating with patients and other relevant health care professionals. | Explanation of how the pharmacy communicates with patients and other relevant health care professionals. | PSI - Interprofessional Collaboration Policy T2E - Interprofessional Collaboration Checklist |

Recording system – Action 8.1
Tip: The recording system must include a record of each supply event, including:

- date and time of supply
- quantity of medicine supplied
- signature of the customer[^]
- signature of the pharmacist[#]
- staged supply fee paid to the pharmacy[^]

- Resources**
- Pharmaceutical Society of Australia resources available at www.psa.org.au:
- Staged supply online learning module (5CPA funded)
 - Sample staged supply service agreement
 - Sample staged supply information sheet
 - Sample staged supply record
- GuildCare Staged Supply recording system – for more information visit: www.guild.com.au/guildcare

[^] This field is non-mandatory
[#] This field is non-mandatory for electronic records

FOCUS ON THE STANDARD: ELEMENT 3 – INTERPROFESSIONAL COLLABORATION

Rachel Wright – QCPP Marketing Manager

and Peter Guthrey – Pharmacist Consultant

Pharmacists routinely collaborate with other health professionals in the interest of their patients. Under the Pharmacy Practice Incentive (PPI) program, the Working with Others incentive payment will recognise pharmacies that collaborate with other registered health professionals and appropriately document these interactions. Working as part of a broader health team can be rewarding and can lead to better health outcomes for your customers. This article looks at common examples and the QCPP requirements for interprofessional collaboration.

To qualify to receive an annual incentive payment under the Working with Others PPI priority area, eligible pharmacies are required to meet requirements of QCPP to demonstrate they are building ongoing relationships with other registered health professionals by clearly recording specific cases where they have undertaken interprofessional collaboration in the interests of the care of a patient. Pharmacists are required to clearly document the outcome(s) from interprofessional collaboration with registered health professionals from *at least two* different registered health professional groups. It is expected that this number will increase over the term of the Agreement. These interactions would need to have occurred with a 'registered health professional', as defined by the Australian Health Practitioner Regulation Agency (AHPRA).

“We have doctors ringing up to discuss prescribing recommendations...This wouldn't happen if that relationship wasn't there.”

Mina and Bashaer Barsoum
Estella Pharmacy, Wagga Wagga

Registered Health Professionals as defined by AHPRA¹



¹ This diagram shows the current list of health professions that are represented by a National Board as part of the National Registration and Accreditation Scheme available on the AHPRA website www.ahpra.gov.au. From 1 July 2012 Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists will be included in the national scheme and will be represented by new National Boards. Note: Dietitians are not registered as part of the National Registration and Accreditation scheme.

Interprofessional collaboration is more than directing a patient to another health professional such as ringing to make an appointment for the patient. It is a two way interaction between the pharmacist and other health professionals in the interest of the patient. When considering who you collaborate with, most pharmacists would identify general practitioners as the most commonly contacted health professional. However, it is likely many pharmacists collaborate with a much wider range of registered health professionals. Opposite are some examples of how other pharmacies are gaining value from their approach to interprofessional collaboration with different health professionals.



Case Study 1

COLLABORATING WITHIN A MEDICAL CENTRE (ESTELLA PHARMACY, WAGGA WAGGA)

Estella Pharmacy is a small medical centre pharmacy in a satellite suburb of Wagga Wagga, NSW. The medical centre has one full time medical doctor, a practice nurse, receptionist and dentist who visits one day a week. After opening the pharmacy in the growing suburb in May 2009, the pharmacy became QCPP accredited for the first time in June 2011. Pharmacy owner and managers Mina and Bashaer Barsoum have fostered close working relationships with other health practitioners both inside and outside of the medical centre.

Strong working relationships with the doctors have helped facilitate good patient outcomes. For example, the pharmacy believes that better outcomes from Home Medicine Reviews (HMRs) are achieved when the relationship with the doctor is strong: "The accredited pharmacist gets access to more information and the strong relationship building helps form better patient outcomes for HMR. Good relationships and trust mean the doctor has confidence in the recommendations and the pharmacy can follow up."

Strong relationships also result in collaboration in routine practice. For example "We have doctors ringing up to discuss prescribing recommendations, such as appropriate therapeutic alternatives to erythromycin when the product is unavailable. This wouldn't happen if that relationship wasn't there."

The introduction of PPI payments has encouraged the pharmacy to keep better records of how they work with other health professionals. Bashaer says "As a mother working part time, we have different pharmacists working on different days. It's good to know that when I'm working there will be a record of what has happened when I haven't been there."



Case Study 2

COLLABORATING WITH REGISTERED NURSES (ORANA MALL PHARMACY, DUBBO)

2011 Pharmacy of the Year, Orana Mall Pharmacy in the regional NSW city of Dubbo, has approached interprofessional collaboration between the pharmacists and other health professionals as an important part of their day-to-day business for many years. The pharmacy's owners saw value in formalising their relationship with other health professionals and introduced registered nurses to the payroll eight years ago. Suzie Beach started out as the pharmacy's first nurse consultant and her colleague, Trish Thorne has been there now for five years.

Both women are registered nurses in child and family health, with Suzie specialising in midwifery and Trish in paediatrics. Initially the intent of the nurses in the pharmacy was to offer a baby clinic service to the community, however their roles have since developed and evolved.

Tony Winmill, one of the Orana Mall pharmacists, explains:

"They are friendly, approachable and accessible to the whole family. I see them as a very 'hands-on' part of the business. They complement the role of pharmacists well. For example, the pharmacist could dispense a new prescription for a Type 2 diabetes medicine. As part of normal medicine counselling we will ask a few questions to determine if the customer might benefit from more information about Type 2 diabetes and then offer to introduce the customer to the nurse consultant. The pharmacist will then discuss the customer's situation with Trish or Suzie who can then provide appropriate information on diabetes, support materials and help them connect with local diabetes services."

People can be waiting six weeks to get into the local diabetes clinic, so the collaboration between the pharmacist and the nurse can mean patients have some support while waiting for their appointment. Information, such as how to move to a low GI diet can help customers feel confident to start adapting their lifestyle while they wait for advice from health professionals specialising in diabetes.

Collaboration with other health professionals is not limited to the in-pharmacy nurses at Orana Mall. The pharmacy has relationships with local medical practitioners and specialists relating to other health services they offer within the pharmacy such as sleep apnoea.

FOCUS ON THE STANDARD: ELEMENT 3 – INTERPROFESSIONAL COLLABORATION

Continued

Recording interprofessional collaboration

To demonstrate interprofessional collaboration between your pharmacists and other health professionals it is important to record these interactions. The **T2E** Interprofessional Collaboration Checklist clearly outlines QCPP recording requirements for interprofessional collaboration. As per the checklist, pharmacies must:

- 8.1** Maintain and follow a recording system for documenting occasions of interprofessional collaboration. Records for each occasion of interprofessional collaboration should include:
- Date the interaction occurred.
 - Name and discipline of the health professional (including registered health practitioners).
 - A short description of the interaction.
 - The actual or anticipated result of the interprofessional collaboration.

In September additional Fast Track materials were developed to assist pharmacies implement QCPP requirements relating to PPIs. To support interprofessional collaboration an example *Interprofessional Collaboration Policy* and *Interprofessional Collaboration Record* template have been developed. The *Interprofessional Collaboration Record* template would be helpful for those pharmacists that prefer to record their interaction with other health professionals in one central place however this is not always necessary. Some pharmacists may choose to record interprofessional collaboration with other health professionals with other records relating to the service that is being discussed. For example if the discussion was in relation to dispensing some may choose to record the interaction within their dispensing software or if it related to a discussion about a disease state management service they might record the details in an individual's consultation form for that service. For the latter, the recently developed Fast Track *Disease State Management Record of Consultation Form* might be a helpful format to start with. This template, like all Fast Track files, is an example and can be adapted to suit a particular disease state management service that you offer in your pharmacy. For more information on Fast Track resources see QCPP Resources on page 4.

Implementing Working with Others

Meet QCPP Requirement

Show evidence of interprofessional collaboration with at least TWO (2) different registered health professional groups.

Evidence of interprofessional collaboration must comply with the requirements of the following QCPP materials:

T2E Interprofessional Collaboration Checklist

P2I Interprofessional Collaboration Policy

Interprofessional Collaboration requirements exist in the following templates:

- **T2F** Staged Supply Checklist
- **T3B** Dose Administration Aids Checklist
- **T3C** Screening and Risk Assessment Checklist
- **T3E** Smoking Cessation Service Checklist
- **T3F** Medication Management Review Checklist
- **T3H** Health Promotion Checklist
- **T3I** Disease State Management Service Checklist
- **T3J** Medicines Adherence Checklist

Features

Key features of the checklist include:

- A requirement to have an interprofessional collaboration policy.
- Recording requirements, including the key points of the interaction and discipline of the health professional.

Pharmacies will need to read the Interprofessional Collaboration Checklist (**T2E**) and take any action needed to ensure compliance with the checklist. Pharmacies will need to develop an interprofessional collaboration policy.

Records of interprofessional collaboration must meet the requirements of the Interprofessional Collaboration Checklist (**T2E**) to be considered evidence to support PPI payments. These records may be generated as a result of these services listed in the left column.

CHANGES TO ASSESSMENTS: MINIMISED CONFLICT OF INTEREST AND ALTERNATIVE ASSESSOR PROVISION

Frances Stanton – QCPP Assessments Program Manager

The last assessment for most of the QCPP pharmacies would have been under the allocation model that was introduced in 2010. The allocation model for assessments is a requirement of the Joint Accreditation System of Australia & New Zealand (JAS-ANZ) to continue to provide QCPP pharmacies the assurance of being assessed under a national standard by an accredited organisation. In January 2012, more changes to the model are being introduced.

Minimised conflict of interest from previous assessor relationships

Part of the JAS-ANZ accreditation also requires the establishment of a Partiality Committee, made up of a number of independent stakeholders, to ensure that conflicts of interest are avoided or managed if they are unavoidable. The allocation policies will continue to require allocation of assessors by the National Office, however any previous relationship of an assessor with a pharmacy will no longer be part of the consideration. This will help ensure that all pharmacies are being assessed equally each time.

For some pharmacies (or groups of pharmacies with the same owner or belonging to the same banner group), this may mean that you will have a different assessor from the one that has previously visited you two years ago. This provides an added benefit of having a fresh set of eyes to see how your pharmacy is performing against the elements.

The interpretation of the elements and the evidence required for assessment remain consistent among the QCPP assessor cohort but the assessment approach may vary slightly. The flow of the assessment on the day may enable the pharmacy to get new ideas of how to streamline procedures or perform their day to day activities in a different way. This is a great example of continuous improvement in action! So don't be afraid of having a different assessor at your next assessment – your pharmacy may benefit from the new interaction.

Single assessor for pharmacy groups and alternative assessor provision

QCPP understands that there are exceptional cases where conflict of interest or difficulty in finding a mutually convenient assessment date may arise. There will still be provision for an individual pharmacy or a pharmacy group to object to an individual assessor, however this will be restricted to no more than one refusal based on perceived or actual conflicts of interest. The size of groups that will be allocated to a single assessor will also be limited to a maximum of ten pharmacies. Larger groups will be divided into groups of ten or fewer and allocated different assessors.

Requests to access this provision can be done by sending an email to the National Manager of Assessments Peter Reeves through assessments@qcpp.com and he will take your case under consideration. Please note that this request must be done BEFORE confirming an assessment date with your current allocated assessor. ■





ISLANDS OF QUALITY –

PART 4

BRIBIE ISLAND

Hayley Smilie – Pharmacist and Brett Muller – QCPP Assessor

Perched off the coast mid-way between Brisbane and the Sunshine Coast, with a resident population of more than 17,000 people, is the picturesque community of Bribie Island. Bribie Island is one of only two Queensland islands that are connected by bridge to the mainland. It is more than 34 kilometres long and 8 kilometres across at the widest point and hugs the northern coastline of Moreton Bay tapering to a long spit at the northerly tip of the island near Caloundra. In this article we look at how QCPP is being implemented in this beautiful part of Australia, which is home to five pharmacies all of which are accredited.

Most of Bribie Island is uninhabited national park with a mere 14% of the island being populated. On the western side of the island lies the famous Pumicestone Passage, a protected marine park – home to dolphins, dugongs and turtles. The southern end of the island has views over Redcliffe and Deception Bay. This area has been extensively developed with the five main suburbs being Bellara, Bongaree, Banksia Beach, Whitepatch and Woorim. Buckley's Hole, located at the southern tip of the island, is a protected bird habitat and refuge.

The five pharmacies on Bribie Island are Bellara Pharmacy, Banksia Beach Discount Drug Store, Bribie Island Discount Drug Store, Bongaree Amcal Pharmacy and Woorim Beach Pharmacy. Each of the pharmacies offer an extensive range of professional services and take pride in ensuring that pharmacists and qualified staff are available to assist with the health care needs of their customers. All pharmacies on Bribie Island are QCPP accredited and have been assessed within the past twelve months. The assessors, Kerry Devereaux and Brett Muller, have been impressed with the excellent customer service observed during assessments and the exemplary working relationships shown between pharmacy staff and other health professionals on the island.

Margaret Hodges, who has lived on Bribie Island for over 20 years, owns four of the five pharmacies on the island. Both Margaret and her husband John have been active members of the island community throughout this time. Bellara Pharmacy which is located less than one kilometre from the Bribie Island Bridge in the main shopping centre on the island has been owned and operated by Margaret and John since they arrived on the island. It truly is a family business and Margaret's son, John Hodges, also works in the

pharmacy as the retail manager. The pharmacy is open every day of the year including weekends and public holidays.

Bellara Pharmacy employs six pharmacists, a part time diabetes educator, a baby and child nurse, a naturopath and 22 pharmacy assistants. The many health programs and services provided by Bellara Pharmacy include:

- Opioid substitution program
- Blood pressure monitoring
- Diabetes education and supply of NDSS products
- Blood glucose monitoring
- Dose administration aids (DAAs)
- Home medicines reviews (HMRs)
- Full time naturopath in-store
- Baby Nurse Consultations
- Free home delivery service.

The Quality Care Pharmacy Program (QCPP) has played a key role in the success of the pharmacies on Bribie Island by providing a benchmark for professional services and customer service. "QCPP has helped us maintain consistency and standards across our pharmacies – particularly when new staff members come on-board", Margaret said.



Margaret uses what she describes as a “short form” that she has developed for induction of new staff members. This form covers key QCPP principles including confidentiality, general pharmacy information, and methods of taking-in and giving-out of prescriptions. When staff members commence in any of her pharmacies they receive this initial training. About 3–4 weeks later, when the new staff member has become more familiar with the pharmacy systems, more comprehensive training is provided on similar topics. Margaret has found that early provision of this information has minimised potential problems like scripts being given out to the wrong person.

Around 70% of the population on Bribie Island are aged over 40 years so there is a large burden of chronic disease in the community. There is a close relationship between many of the local doctors and the Bribie Island pharmacies and as a result the care of patients is often shared between the two. For example, local doctors regularly send patients with high blood pressure (BP) to their local pharmacy for frequent monitoring of their BP before deciding whether to commence the patient on any medicines. The customer is provided with a book to record their BP readings in and this is taken to

both their doctor and pharmacy. In addition, a record of the BP measurements is kept within the pharmacy according to QCPP requirements. Margaret is understandably very proud of the services provided by her pharmacy; “...it’s nice to think that the local doctors are that confident in the services our pharmacy provides that they regularly refer their patients to us.”

A diabetes educator is employed for a half-day each fortnight in both Bellara Pharmacy and Bribie Discount Drug Store. Local residents who have questions about diabetes diet modifications or who are having difficulty stabilising their blood glucose levels can book an appointment to see the educator when she is next in. The diabetes educator may recommend alterations to the timing of administration of insulin to reduce the number of “hypos” and improve blood glucose control. The educator also has a standard referral form for local doctors, which she often uses to request consideration of changes to insulin dose or to different type of insulin. The diabetes education service is very popular in the Bribie Island community and this is evident by the educator’s full fortnightly schedule when she attends the pharmacy.

The fifth pharmacy on Bribie Island is Woorim Beach Pharmacy, currently owned by Naz and Shamim Hudda. They previously lived in Melbourne but relocated to Bribie five years ago for the warmer climate. Woorim Beach Pharmacy provides many health programs and services including: the opioid substitution program; dose administration aids (DAAs); blood pressure monitoring; home medicines reviews; free home deliveries; is a supply agent for the NDSS program. In addition, the Woorim Beach Pharmacy team have won several customer service awards within the Caboolture Shire.

This article concludes our Islands of Quality series. This occasional four part series has demonstrated the vast reach of the Quality Care Pharmacy Program and the often long distances our assessors have to travel. Thank you to Brett Muller for his contributions to this series, as one of the remote QCPP assessors. Thank you also to the many QCPP accredited pharmacies and pharmacy owners who have also shared their stories. If you would like to read the other articles in our Island of Quality series you can access previous editions of *Excellence* by visiting the Publications page under the Resources tab at www.qcpp.com ■

QCPP HELPLINE – WE'RE HERE TO HELP

Frances Stanton – Program Manager QCPP Assessments

and Chris Shortis – Program Manager QCPP Support

Being part of the Quality Care Pharmacy Program has many advantages and one of these is having a team to support you with accreditation. The QCPP Help Line (1300 363 340) can provide you with administrative assistance from registration through to assessment.

There are two teams that are dedicated to providing you with support in obtaining and maintaining your QCPP accreditation.

The **Support Team** is here to provide a range of administrative services including reminders for when declaration forms, invoices and requirements are due as well as processing registration and other forms for accreditation. They can also advise how your accreditation is tracking and will ensure you receive your congratulations pack in a timely manner so you can proudly display your certificate and QCPP window decal in your pharmacy.



Support Team (L to R): Farhad, Anne, Nicole and Chris

You can contact the Support Team by ringing the Helpline 1300 363 340 and choosing option 2 when prompted or by sending an email to help@qcpp.com. The team will be more than happy to help you with:

- advising and providing the forms you need to fill out to register for QCPP
- obtaining information about PPI eligibility and payment status
- updating your pharmacy details when there has been a change e.g. contact details, relocation, change of ownership, etc.
- providing you with a copy of your invoice, T1A, Requirements manual or certificate in case yours is misplaced or damaged
- referring and escalating your queries you to the appropriate area/s for specialist advice regarding QCPP accreditation and PPI implementation.

The **Assessments Team** ensures that you are well on your way to getting assessed by putting you in touch with your allocated assessor and sending you information about when your external assessment is due.

You can contact the Assessments Team by ringing the Helpline 1300 363 340 and choosing option 1 when prompted or by sending an email to assessments@qcpp.com. The team can give you a hand with:

- requesting an assessor to be allocated to your pharmacy (for your first accreditation or if your accreditation has lapsed)
- completing your QCPP assessment appointment form
- providing advice when you are unable to get assessed by your accreditation date
- putting you in touch with your allocated QCPP Assessor, before or after an assessment
- helping post-assessment if you have questions about your remedial actions or are unable to complete them in time
- providing you with more information about the status of your assessment.

As part of QCPP, you also have access to your local QCPP State Manager and Implementation Officers who can help you prepare for your external assessments by providing implementation interpretation and program information. You can also contact your QCPP Assessor to reschedule assessment dates when your confirmed booking needs to be moved (please note that some fees may apply as per the booking and cancellation policy written in your appointment form) as well as to submit your assessment evidence after their visit to your pharmacy. Their contact details and other useful information are also available under the **About QCPP** tab at www.qcpp.com. Always remember that we are here to help make QCPP work for you, we are only a phone call (or email) away!

If you have an enquiry that is specific to PPI please contact the 5CPA phone line on **1300 555 262** or visit www.5cpa.com.au



Assessments Team (L to R): Melissa, Frances, Jordana and Sharon

Quality Care Pharmacy Program has many advantages and one of these is having a team to support you in the development of the quality systems in your pharmacy.

QCPP Customer Service Guarantee

Quality Care Pharmacy Program (QCPP) is committed to achieving Customer Service Excellence. We have set time limits to make every effort to ensure that our Service Guarantee is met. We strive to provide our members with a quality customer service and always ensure that relevant and updated information is communicated to you in a timely and professional manner.

Customer Service Support

- 1** Accessibility to the QCPP Helpline Phone: 1300 363 340 and help@qcpp.com email during business hours. We will be available from 9.00am to 5.00pm (EST) Monday to Friday.
- 2** We will endeavor to answer your phone call within six rings. If all lines are busy or you have left a message out of opening hours we will return your phone call within one working day.
- 3** We will acknowledge receipt of emails within two working days and we will respond in detail, by phone or in writing, to all written customer enquiries within five working days.

Privacy

- 4** QCPP is wholly committed to upholding the National Privacy Principles established under the Privacy Act 1988 (Commonwealth) and as such will safeguard the information. You have the right to access your personal information. We will only provide information to organisations for the purposes related to the administration of the QCPP. However your information may also be shared with The Pharmacy Guild of Australia and JAS-ANZ as part of your accreditation. If you have any questions about your privacy rights please contact QCPP on 1300 363 340.

Document Processing

- 5** Dispatch of the assessment booking confirmation will be sent within five working days of a planned assessment date.
- 6** Dispatch of documents for achievement of QCPP Accreditation, once accreditation has been finalised (this includes final assessment report, T1A and invoice payment received) will be made within ten working days.
- 7** Responses to change of a pharmacy status for continued accreditation will be made within five working days.

Continuous Quality Improvement

- 8** We will review our QCPP Requirements manual, website and other resources on an ongoing basis and provide accredited pharmacies with manual updates at least twice a year.
- 9** We value and encourage your comments and feedback about QCPP and our service delivery and will address and respond to all feedback within the timeframes outlined within this agreement.
- 10** This service agreement will be reviewed annually.

PREPARING FOR YOUR QCPP ASSESSMENT AND WAYS TO AVOID REMEDIAL ACTIONS

Frances Stanton – QCPP Assessments Program Manager

Keeping HR records up to date

The QCPP assessment usually does not end when the assessor leaves on the day due to remedial actions that need to be addressed before you can be recommended for accreditation.

One of the main areas where remedial actions need follow-up involves staff policies and records. This relates to Elements 12 to 16 of the Standard.

Just as you would advise your customers, prevention is better than cure

The best way to avoid being issued remedial actions at your QCPP assessment is to be prepared. During your assessment the assessor will ask to see your staff roster to select staff members whose HR records will be examined closely on the day. Staff records should be up to date with all the required documents for the assessor to inspect. This not only minimises the likelihood of remedial actions being issued but also helps your assessment go faster and smoother, minimising any potential disruption to the business.

Increasing your immunity to HR records related remedial actions

The first step to preparing your HR documents for assessment is knowing what to include. Documents specific to the pharmacy as well as those needed for each staff member are outlined in the chart opposite.

Although not all of these documents are mandatory, they are designed to fit together and assist the pharmacy be able to efficiently manage staff. It may take time to get set up the first time but it will only take a few minutes to keep up to date and will continue to prove useful to the running of your pharmacy.

QCPP Support – need a boost to get ready? We're here to help.

Your **QCPP Requirements manual** contains the full text of the relevant elements of the Standard as well as a detailed list of what you need to do to implement them. There are also sample procedures (green tab) and templates (red tab) available to start you off.

QCPP Fast Track files that contain customisable samples, example templates and policies are also available from your QCPP State Manager.

QCPP State Managers and Implementation Officers are available in your local Guild State Branch. They are always ready to provide assistance over the phone or even visit you if required.

For more general enquiries to track your membership or accreditation status, please don't hesitate to ring the **QCPP Helpline** on **1300 363 340** to reach the Support (choose option 2) or Assessments (choose option 1) Team.



| Staff Employment Life Cycle | Element | Procedures & Pharmacy Documents (Prepare 1 for the pharmacy) | Staff Records (Prepare 1 for each staff member) |
|------------------------------------|--------------------------------|--|---|
| Before | 12 Recruiting Staff | P12A Employing Staff T12A Position Description T12B Selection Criteria | T12C Application for Employment T12D Reference Check T14B Record of Interview T12E Offer of Employment T12F Letter to Unsuccessful Applicants T13A Induction Checklist |
| | 13 Inducting Staff | P13A Inducting Staff | |
| During | 14 Managing Staff | P1A Confidentiality Policy P14A Staff Disciplinary policy P14B Leave Policy P14C Conducting a Performance Review P14D Workplace Grievance T14A Staff Roster | T14B Record of Interview |
| | 15 Ongoing Staff Training | P15A Staff Training | T15A Training Plan T15B Training Record* |
| After | 16 Dismissals and Resignations | P16A Actions When Staff Leave P7E Improving the Business | T16A Staff Counselling Interview T16B Statement of Service T14B Record of interview T15B Training Record T7C Incident Register T7D Incident Report |

* T15B Training Record. Ensure that you include all relevant training records for each staff member relating to Elements 2 & 3 as well. This may include *Pharmacy Medicine* and *Pharmacist Only* initial training and ongoing refresher training and training for other programs/services delivered in the pharmacy (e.g. needle & syringe, dosage administration aids, equipment hire, etc.) depending on the position description of each staff member.

QCPP ON THE WORLD STAGE: ISQua CONFERENCE IN HONG KONG

Peter Reeves – National Manager, Assessments

The International Society for Quality in Health Care (ISQua) is an international accreditation organisation for healthcare. Each year ISQua holds a conference where many of the key people involved in the safety and quality accreditation of healthcare providers present information on their work and how it is being used for improvement nationally.

Australian organisations that are accredited by ISQua include Australian General Practices Accreditation Ltd (AGPAL), Quality in Practice Pty Ltd (QIP), the Australian Council on Healthcare Standards (ACHS), The Aged Care Standards and Accreditation Agency (ACSAA) and Quality Improvement Council (QIC). A number of individual members of the Guild are also members of ISQua.

At this year's conference in Hong Kong, Peter Reeves, National Manager Assessments and Michael Greco CEO of Client Focused Evaluations Program (CFEP), presented the results of the QCPP customer survey to conference delegates. Their paper was one of only 134 accepted out of over 1,000 papers submitted and with over 1,900 experts in quality and safety in health systems in attendance at the four day conference this was a great opportunity to showcase the results of the patient survey.

After the ISQua presentation a number of other pharmacy groups spoke to Peter and Michael about the survey and how QCPP is helping Australian community pharmacy provide high quality service to Australians. It is anticipated that this presentation will not be the last and the higher profile of QCPP on the world stage can only help Australian pharmacy.

It should be noted that QCPP is accredited by the Joint Accreditation System for Australia and New Zealand (JAS-ANZ) as a Conformity Assessment Body (CAB). The decision to use JAS-ANZ instead of ISQua was based upon a number of factors including the wider recognition of JAS-ANZ in Australia and its closer relationship to the Commonwealth Government.

About the pilot study

Some of the results of the customer survey were included in the previous issue of *Excellence* and a more detailed analysis is only just beginning as some patient surveys were still being submitted up until the end of October.

The patient survey this year was treated as a pilot study to confirm the viability and likely uptake of the survey by pharmacies around Australia. The opportunity to participate in the study was restricted to the first 600 pharmacies that applied after invitations were issued with the February-March edition of *Excellence*. The individual pharmacy reports are a useful tool to discover ways to improve service to the customer and improve business. The survey results are only a guide as

the real improvements can only be made if the pharmacy staff choose to use the information to implement necessary changes in their pharmacy.

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

Upcoming patient survey opportunity for QCPP members

Following on from the success of the pilot study, an expanded patient survey program will be offered in 2012. 1,100 pharmacies will be included in next year's program. It is anticipated that many of the original pharmacies will again participate so that we can begin to develop time based information about pharmacies and how they can use patient data to improve their businesses. Participation in the program is free to QCPP members and can count as evidence that the pharmacy is taking steps to understand its customer needs as required by Element 7 of the Standard.

Applications will be open from the beginning of December and will close either when all 1,100 available places are filled or on 28 February 2012. This year's registration process closed after two weeks when all 600 places were filled. Pharmacies are advised to register as early as possible to avoid disappointment.

Registration will be available at www.qcpp.com from Thursday 1 December 2011. If you have any problems accessing the online registration form please call the QCPP Helpline on 1300 363 340 (Option 1). ■

DAY IN THE LIFE OF A QCPP IMPLEMENTATION OFFICER

Kerry Free – QCPP Implementation Officer, Victorian Branch

My name is Kerry Free and I am one of the Victorian QCPP Implementation Officers. I enjoy the variety of responsibilities associated with my role and the opportunity to work with pharmacies in both regional and metro areas.

With QCPP accreditation being a two year cycle, it's our practice that pharmacies and the state QCPP team remain in frequent contact. Having held the position of Implementation Officer for three years, I find it rewarding to receive friendly phone calls from pharmacy staff we have helped in the past, and who seek to continue a relationship in the future. The reasons for contact are many and varied but can include: registration, documentation organisation, accessing resources and their efficient utilisation, change of ownership and resource updates for regulation compliance.

One of my daily activities can involve assisting a pharmacy undergo their first accreditation. Often there can be initial hesitation about implementing QCPP and sometimes pharmacies just need a guide as to where to start. I also help pharmacies with reaccreditation and provide sample documents for completing remedial actions after assessment. QCPP has developed a range of tools to assist with all stages of an accreditation. I ensure pharmacies are aware of what is available to assist them by visiting the business or contact them via telephone.



Kerry (left) with Footscray Plaza Pharmacy Staff

At the moment a lot of what I discuss with pharmacies concerns PPIs and their relationship to QCPP. This involves anything from where to access the Medicare claim form to how to access more information. I usually direct pharmacies to the 5CPA website or email/post required documentation to them. Documents most frequently requested are factsheets or simplified explanations of how to claim.

With the industry undergoing so much change of late, I look forward to working with Victorian pharmacies to help them improve their business operations and achieve or maintain their accreditation. ■

QCPP TO THE RESCUE



We were sorry to hear that the shopfront of one of our QCPP accredited pharmacies, Blackshaws Road Night Chemist in Victoria, was badly damaged when a car lost control and drove in to the store in September. Kerry Free, a QCPP Implementation Officer with the Victorian Branch of the Guild visited the pharmacy the next morning to offer support and morning tea to the pharmacy staff. She was delighted to see that despite the ordeal the Altona North pharmacy staff were in good spirits. Tony Stone, one of the owners said "On a brighter note, being a Quality Care Pharmacy, our emergency response in organising a rapid re-opening certainly paid off. We were able to dispense again, just two hours later and managed to restore Point of Sale late last night!"



Blackshaws Staff (L to R): Tony, Peter, Mary & Leisa

Tony also advised that Guild Insurance responded within hours of the accident and they were up and running a few hours later. Customers have also been very supportive with gifts and chocolates. ■



PHARMACY OF THE YEAR 2012



Quality Care
Pharmacy Program
An initiative of The Pharmacy Guild of Australia



The Pharmacy
Guild of Australia

The Pharmacy Guild of Australia is searching for the highest standards of quality in community pharmacy. The Pharmacy of the Year Awards provide the highest recognition of excellence in our industry, and entries are now open.

Winners will share in a cash prize and also receive a stylish trophy to display in their pharmacy, and a professional in-pharmacy photo shoot to be used in subsequent promotions. Travel and registration costs to attend the award ceremony at the Australian Pharmacy Professional (APP) conference on the Gold Coast, 8–11 March 2012, will be paid for category winners.

There are three categories in which Quality Care pharmacies can be considered as a finalist:

- 1 Excellence in business management,**
- 2 Excellence in community engagement, and**
- 3 Innovation in professional services.**

Each category winner will be in the running to win the overall Pharmacy of the Year Award.

So even if you have entered Pharmacy of the Year in the past, why not be in the running to be recognised for all of your hard work this year? Now is the time to submit your entry for 2012!

Encouraging her fellow pharmacy owners to enter this year's competition, the 2011 overall winner Lisa Benton of Orana Mall Pharmacy Dubbo NSW, said:

"Being named Pharmacy of the Year 2011 is fantastic recognition of our team's hard work, innovation and passion for improving our patients' health outcomes. This is the highest recognition of excellence in our industry in business management, professional services and community engagement. Our team is very proud of this achievement."

SUBMISSIONS CLOSE 5PM FRIDAY 2 DECEMBER 2011
www.pharmacyoftheyear.com.au

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Quality Care
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

Supporting Excellence in Pharmacy