

IPAC Project - MEDICINES STAKEHOLDER LIAISON PLAN

Complete a plan for each stakeholder

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| Name of Stakeholder / Service Provider | |
| Name of primary Stakeholder contact person (include phone number) | |
| Type of service provider | <ul style="list-style-type: none"> • Community pharmacy provider _____ • Hospital _____ • Other GP service provider _____ • Tertiary referral centre _____ • Aged Care Facility _____ • Pathology provider _____ • Other (please specify): _____ |
| Nature of involvement in providing medication related services to the ACCHS | <ul style="list-style-type: none"> • S100 provider _____ • S100 support provider _____ • QUMAX arrangement _____ • Dispensing pharmacist _____ • HMR provider _____ • Tertiary referral centre _____ • Local hospital _____ • Other (please specify): _____ |
| Preferred method(s) of engagement | <ul style="list-style-type: none"> • Phone _____ • Email _____ • Face-to-face _____ • Other (please specify) _____ |
| Outline any suggested areas for improvement in workflow/liaison | |

Evidence of Outcome

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|--|--|
| Actions undertaken to improve workflow/liaison | |
| Evidence that actions have led to improvement in workflow/liaison | |
| Feedback from Stakeholder / Service Provider | |
| Feedback from ACCHS | |

Date of plan finalisation: ____ / ____ / ____

Signature of Stakeholder representative: _____