



Insert ACCHS
Logo

Integrating Pharmacists into ACCHs to improve chronic disease management (IPAC)

<ACCHO NAME>

Pharmacist Work Plan

Date completed:

The following work plan has been developed in consultation between the project pharmacist <name> and the health service, with facilitation by NACCHO representative <name >. This plan was developed after an assessment of the needs of the health service, existing pharmacy support through S100 or QUMAX and with consideration of the skills of the pharmacist. The 10 core roles of the IPAC project form the basis of this work plan. The specific needs of the project evaluation has been incorporated into the work plan which may seem to be extra to the normal role of a pharmacist. It is recommended that an initial review be done 3 months into the project and the plan revised as necessary. A report against the work plan will form part of the final evaluation. Key Actions need to be SMART.

S- Be **Specific** about what you want to achieve.

M- Ensure your result is **Measurable**. Have a clearly defined outcome and ensure this is measurable (KPIs).

A- Make sure it is **Achievable**.

R- Check that its **Realistic**, it must be possible taking account of time, ability and finances.

T- Make sure it is **Time** restricted, an achievable time frame, deadlines and milestones to check progress.

This plan will be developed with input from the pharmacist (or contracted community pharmacy) and the health service. Copies will be provided to the health service, pharmacist (or contracted community pharmacy), PSA and the NACCHO project team members.

The purpose of the work plan are to:

- a. Clarify the specific role of the pharmacist within the health service according to identified need.
- b. Clarify the work requirements of the project evaluation
- c. Allow review of the performance of the pharmacist in meeting the needs of the health service and the goals of the project.
- d. Identify learning needs of the project pharmacist

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Resource needs	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>Resources needed to enable actions and outcomes eg learning needs, equipment, software,</i>	<i>Comments are optional.</i>
Core Role 1: Medication Management Reviews					
Provision of or facilitation of HMR	Throughout project	Completed HMR including Item 900 claim	No of Item 900 claims - MBS	Contact with local HMR accredited pharmacists. Clinical mentoring as required	<detail local arrangements>
Provision of non-HMR where HMR is not possible	Throughout project	Completed non-HMR including GP follow up	No of non-HMR recorded - log book No of related MBS items by AHW	Clinical mentoring as required	<Total enrolled patient target>
Core Role 2: Team-based collaboration					
Refinement of a process of obtaining patient consent	<Agreed process within 1 month start of pharmacist>	>80% of patients receiving services have provided consent for collection of data	No of enrolled patients - log book.	Consent forms & process	Development of a process for obtaining consent to be commenced by NACCHO project officer. However, review may be necessary if this is found to less than optimal
Enrolment of patients in project and obtaining informed consent	Average 4 new patients/day in first half of project Average 4 encounters/day by end of project	Participation consent obtained from [xxx/FTE] patients for project	No of enrolled patients as % of target - logbook		

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Resource needs	Comments
Participation on team clinical meetings	Throughout project	Pharmacists participates in all relevant clinical team meetings	No of case conferences attended - MBS No of non-claimable clinical team meetings attended – logbook	MBS claiming rules for these items numbers	
Core Role 3: Medication adherence assessment & support					
Conduct N-MARS assessment on all patients at least twice during the project	Phase 1: 9 months Phase 2: 15 month	All patients enrolled for project evaluation have had at least 2 nMARS assessments	No of patients for whom 1 or 2 nMARS has been recorded in Log Book. nMARS flagged in CIS		
Core Role 4: Medication appropriateness audit, and Assessment of Underutilisation					
Provide MAI and AOU assessment on [30 patients per FTE] pharmacist, twice during the project and selected at random	Phase 1: 3 months Phase 2: 12-15 month	All randomized <i><add target quantity for site></i> patients have had 2 MAI and AOU assessments	No of randomised patients for whom 1 or 2 MAI and AOU have been recorded in Log Book MAI flagged in CIS	Access and familiarity with references in MAI and AOU	
Core Role 5: Preventative health care					
Participate in concurrent preventive health programs offered by the AHS with other staff	Throughout project	Significant and relevant contribution to the ACCHS's preventive health programs	No of activities participated in and recorded in log book (in Education & training)	Education materials, education in public health principles	
Core Role 6: Drug Utilisation Review					
Provide at least 1 drug utilisation review in response to practice specific issues.	15 months	At least one DUR performed, documented and fed back to staff	No of DUR Details of DUR from log book	Education on the design & implementation of DUR	

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Resource needs	Comments
Core Role 7: Education and training					
Develop a structured education plan based on assessment of practice staff needs and revised as necessary	Plan:3 months Review: 7 months	Education plan developed	Review of education plan – pdf in logbook	Access to existing programs NPS, GP synergy, AHW training etc, Knowledge and assessment of other programs service and staff are already doing	
Provide group education sessions	Throughout project	Education plan achieved	No of activities for staff education; PDF of education materials and evaluations - log book	Training in group education	
Mentor training for Aboriginal 'Medicines Workers' involved in onsite supply	Throughout project	Medicines workers more confident and competent in medicines supply activities	Certificate of achievement Qualitative feedback from clinic staff	Contact with available trainers; copies of educational material	Only relevant where onsite supply of meds
Core Role 8: Medicines information service					
Ad hoc response to drug information queries by staff	Throughout project	Staff obtain a timely response to all drug information queries	No and type of staff drug info queries - log book	Access to online literature database AMH, TG, complementary medicines reference, contact with other drug info services such as Mothersafe phonenumber	

Core Role 9: Medicines stakeholder liaison					
Liaise with stakeholders and document plan for ongoing interaction. Priority should be based on need.	In first 3 months for regular stakeholders, then as required	Stakeholder plan has been developed that meets the needs of both parties	Liaison Plan and Outcomes documents - logbook		
Liaise with community pharmacy re dispensing and supply services	As required	Service from community pharmacy meets the needs of the health service	No of service related contacts with pharmacy and outcome of contact - log book	Knowledge of s100/QUMAX business rules. Awareness of ACHHS work plan	
Core Role 10: Transitional care					
Communicate with other agencies re clinical or supply management issues eg RCF, hospital, community pharmacy	Throughout project	Continuity of Care to and from other agencies is facilitated	No of patient-related interagency contacts - log book		

Signed..... Date.....
Manager, ACCHS

Signed..... Date.....
NACCHO IPAC project Officer

Signed..... Date.....
IPAC pharmacist

Signed..... Date.....
Contracted community pharmacist (if applicable)