

Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) Consent

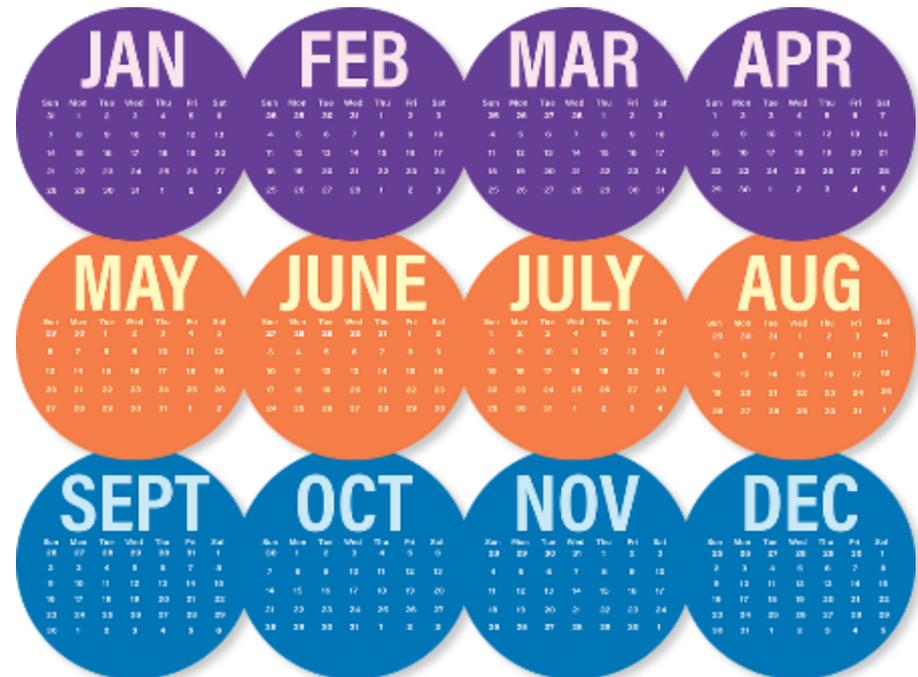


PSA is the peak national body for pharmacists

- 'Regular' patients aged 18 years or over with chronic disease
- Targeted chronic diseases
- Based on Australian Institute of Health and Welfare analysis



- At any stage within 15-month period of pharmacist project time
- Early participation encouraged
- Guidance for participant selection necessary
- Defined by the participant inclusion criteria



Regular patients aged 18 years and over with:

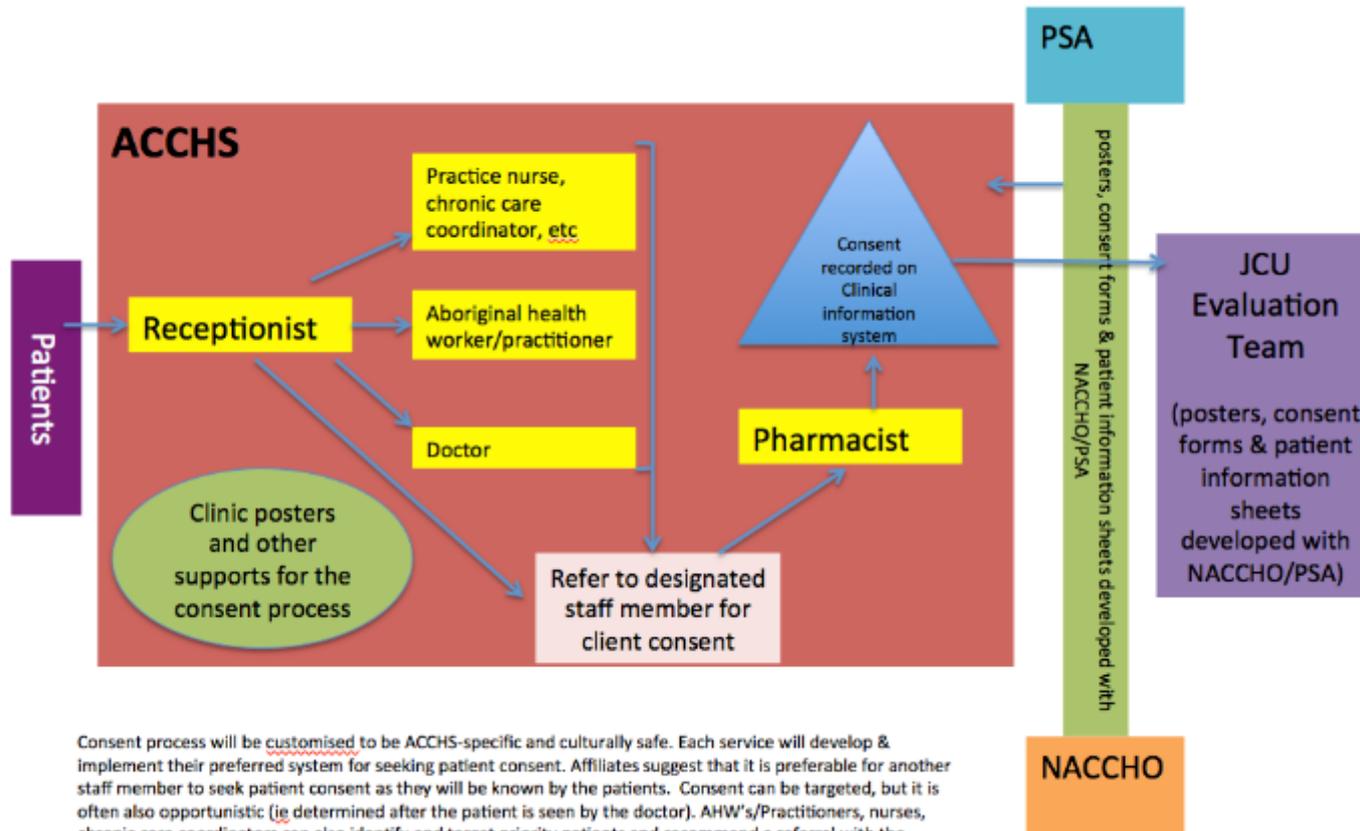
- CVD
- Diabetes
- CKD
- Other chronic conditions



- Convenience sampling
- Developed in consultation with NACCHO Affiliates
- Targeted or opportunistic
- Referral by a doctor, health worker or other healthcare provider
- Practice pharmacist may also approach patients
- ACCHS to determine preferred participant recruitment process

DRAFT SCHEMA FOR PATIENT CONSENT-PTP TRIAL

JCU, PTP Tranche 2 Trial



Consent process will be customised to be ACCHS-specific and culturally safe. Each service will develop & implement their preferred system for seeking patient consent. Affiliates suggest that it is preferable for another staff member to seek patient consent as they will be known by the patients. Consent can be targeted, but it is often also opportunistic (ie determined after the patient is seen by the doctor). AHW's/Practitioners, nurses, chronic care coordinators can also identify and target priority patients and recommend a referral with the consent process referred to the designated staff member. Refusal to give consent should not preclude a patient from receiving pharmacist services. Patients who give consent will be noted on the clinical information system. This schema is a draft guide.

“PSA is the peak national body for pharmacists”

- Informed consent required for participation
- Participant Information Brief used for provision of written information
- Information to also be provided verbally
- Written consent sought from all eligible patients who agree to receive pharmacist services
- Refusal to give consent should not preclude receiving pharmacist services

Written consent is required to acknowledge:

- Understanding of information provided
- Agreement for extraction of de-identified health information
- Agreement to the information being stored, used and published
- Free consent to participate in this project

Consent form is to be signed and dated by the patient, a witness, and designated staff member seeking patient consent

College of Medicine and Dentistry, James Cook University on behalf of the
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**MASTER PARTICIPANT
CONSENT FORM**

The IPAC Project has put a qualified Pharmacist into the clinic of this Aboriginal Community Controlled Health Service for 15 months. The pharmacist will help people with their medicines and health. The project is looking to see if the health of people seeing the pharmacist gets better over time.

1. _____ has explained the IPAC project to me including:

- The purpose of the Project
- Who is funding the Project
- What participation in this Project involves
- What the risks and benefits of participation are
- How some information about my health will be collected, and how I will not be able to be identified
- How this information will be stored and protected
- Who owns the information collected in this Project
- How this information will be used
- That I can choose not to participate, or stop participating, at any stage (and how) without affecting my current or future health care
- How to contact the Project leader to ask questions about the Project
- How to contact the Ethics Committee to make a complaint about the ethical conduct of the Project

2. I have been given a Participant Information Sheet describing all the above points, or someone has read it to me in a language I can understand.

3. I understand all the above points and have been able to ask questions about anything that is unclear.

4. I agree to receive care for my health from the pharmacist in this clinic.

5. I understand I do not have to pay money for this service.

6. I agree that my information collected by this Project can be used for the purposes described.

7. I freely give my consent for participation in the IPAC Project.

8. I understand that I will be given a signed copy of this document to keep.

_____ (Participant)	_____ (Signature of Participant)	_____ (Date)
_____ (Witness)	_____ (Signature of Witness)	_____ (Date)
_____ (Team member)	_____ (Signature of Team member)	_____ (Date)

The IPAC Project is the Integrating Pharmacists within Aboriginal Chronic Disease Management Project (IPAC). The Project Partners and Project Team Steering Committee for the IPAC Project include: The Royal Aboriginal Community Controlled Health Organisation (RACCHO), Pharmaceutical Society of Australia, and the College of Medicine and Dentistry, James Cook University. Project Partners include the Victorian Aboriginal Community Controlled Health Organisation (VACCCHO), Queensland Aboriginal and Islander Health Council (QAHC), and the Aboriginal Medical Services Alliance in the NT (AMSANT). The Project Reference Group includes representatives of RACCHO, AMSANT and ACCCHO.

- Patient to receive a written copy of Participant Information Brief & signed consent form
- Pharmacist to scan & forward signed consent forms to JCU
- Practice pharmacist to record consent in ACCHS CIS
- GRHANITE data extraction period specified
- All data will be de-identified



- Possible at any stage without consequence
- Pharmacist to record reason for withdrawal in logbook
- Data no longer collected by GRHANITE
- All records removed from CIS & logbook
- HRECs to receive information about patients who withdrew consent

For first time patient entry in the logbook, pharmacist to enter:

- Patient ID (find this in the ACCHS CIS)
- Is patient over 18?
- Inclusion criteria that apply to this patient (CVD, Diabetes Mellitus, CKD, Other chronic condition)
- Patient initials

If consent is withdrawn, enter on the logbook home screen:

- Patient ID
- Reason for withdrawal

Thank you!