

Chapter 5: Providing Medicines Information

INTRODUCTION

Pharmacists provide medicines information to health professionals to influence the prescribing, administration, monitoring and use of medicines for individual patients. The information or advice may be initiated by the pharmacist or may be in response to a verbal or written request from a health professional.

This activity also includes providing consumer medicines information (CMI) to patients during an episode of care. Pharmacists have a responsibility to provide comprehensive information and advice to enable patients/carers achieve safe and effective use of their medicines. Also see *SHPA Standards of Practice for the Provision of Consumer Medicines Information by Pharmacists in Hospitals*.¹

To provide accurate and relevant medicines information, pharmacists require critical literature evaluation skills, an awareness and understanding of the available medicines information resources and their limitations, as well as competence in interpersonal communication techniques. See *Chapter 10: Training and education*.

Providing medicines information to patients encourages the quality use of medicines and is a key principle in the continuity of medication management across the continuum of care as required by the *Guiding Principles to Achieve Continuity in Medication Management*.²

OBJECTIVE AND DEFINITION

Objective

It is a fundamental responsibility of pharmacists to provide information on medicines-related matters. Providing medicines information to health professionals helps to provide patient-centred care and optimises quality use of medicines. Providing medicines information to patients is a core element of patient-centred care. It improves patient capacity for involvement, engages them in their health care and encourages the safe and appropriate use of medicines, enhancing therapeutic outcomes.

Definition

Medicines information for health professionals and patients may include:

- written medicines information, either CMI or specific written information produced by the organisation. See *SHPA Standards of Practice for the Provision of Consumer Medicines Information by Pharmacists in Hospitals*¹
- a medicines list
- information and advice provided verbally or in written form appropriate for the particular situation and person involved
- verbal instructions, education and demonstrations
- product information
- specific medicines protocols
- local formularies.

For this chapter, medicines information does not include information provided directly by a specialist medicines information service, although may include occasions where interpretation of information provided is required by the pharmacist. See the *SHPA Standards of Practice for Medicines Information Services*.³

EXTENT AND OPERATION

Where appropriate, pharmacists should provide medicines information to health professionals proactively. This may include supplying information about the use, administration, adverse effects and monitoring of medicines. In particular, health professionals may find information helpful for medicines:

- that are relatively new, not marketed or have limited information available
- that are associated with specific requirements which, if not followed, may adversely affect patient care
- about which they have limited experience.

Pharmacists should utilise the expertise and resources of a specialist medicines information service when appropriate.

Information and education should be provided to the patient for all newly commenced medicines; greater detail should be provided for high-risk medicines and for medicines likely to be continued following discharge.

Ideally, all patients should be provided with medicines information and education. If this is not possible, prioritise those where maximum benefit is likely to be obtained. Patients most at risk of medicines-related problems include those who:

- have medication misadventure as the known or suspected reason for their presentation or admission to the health service organisation
- are aged 65 years or older
- take 5 or more medicines
- take more than 12 doses of medicines per day
- take a medicine that requires therapeutic monitoring or is a high-risk medicine
- have clinically significant changes to their medicines or treatment plan within the last 3 months
- have suboptimal response to treatment with medicines
- have difficulty managing their medicines because of literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties
- have impaired renal or hepatic function
- have problems using medication delivery devices or require an adherence aid
- are suspected or known to be non-adherent with their medicines
- have multiple prescribers for their medicines
- have been discharged within the last 4 weeks from or have had multiple admissions to a health service organisation.

POLICY AND PROCEDURE

Providing Medicines Information to Health Professionals

Obtain all relevant patient information, including comprehensive details of why the information is needed to enable a patient-centred response. Relevant information may include:

- diagnosis (including current and past medical and surgical problems)
- goals of treatment
- test results or other relevant parameters, e.g. age
- routes of administration which are appropriate for the patient.

Enquiries related to immediate patient care requirements should be given highest priority.

Determine why an enquiry was made and how the information provided is to be used. Sometimes the questions may not be the most relevant or may refer to peripheral issues, rather than the primary problem.

The enquiry may be dealt with immediately if accurate and sufficient information is available. If the enquiry requires research, systematically retrieve information using the available resources and expertise. If further consultation is required, discuss patient-specific details with a medicines information pharmacist or other specialists.

Formulate a reply that meets the specific needs of the enquirer. Communicate the response in a written or verbal form as required. Document the enquiry and response in the patient's health record according to local policy. See *Chapter 13: Documenting clinical activities*. Follow-up with the enquirer to determine if the response supplied was satisfactory and contributed to patient care, or if further information is required. Advise the enquirer if further relevant information becomes available.

Providing Medicines Information to Patients

Ensure that information about medicines and counselling is provided to both the patient and the person responsible for administering and managing their medicines. Obtain patient consent before sharing any information with others in line with privacy and confidentiality legislation.

Identify patients that require medicines-related information, in particular patients at risk of medicines-related problems or who specifically request information.

Discuss information that was previously provided, the patient's perception of the indication and efficacy of their medicines and previously experienced adverse events to identify specific education requirements.

Patient's understanding of their medicines and retention of information will be optimised if education occurs on an ongoing basis during their episode of care and at the time of discharge or transfer. It may be necessary to schedule education interviews at different times, such as during an ambulatory clinic visit, on admission, during the medication history interview, throughout an inpatient stay, and/or immediately before discharge or at discharge/transfer.

Ensure privacy, minimise the risk of interruptions and ensure that education interviews occur at convenient times. How education is given will depend on the patient's needs, who is receiving education and the timing of education interviews, e.g. during hospital stay, time of discharge or review. Use various techniques including one-to-one discussions, group teaching and information resources such as CMI's, audiovisual and educational displays. There are five steps in an education interview.

1. Planning

Identify patient's medicines list. Key education points must be relevant and tailored to the patient's needs as providing exhaustive information may be counter-productive.

During the interview assess the patient's ability to understand the information and ask them to describe how they are going to take the medicine. Consider modifying the strategies used to counsel patients with cognitive or perceptual problems, or for those on medicines that may impair their ability to recall information. Consider the need for an interpreter for patients with language difficulties. Where appropriate use counselling aids, e.g. pictorial aids.

2. Introduction

After determining the ability of the patient to communicate, choose an appropriate location and adopt a suitable position to enable the session to take place comfortably and effectively and:

- greet the patient/carer
- establish the identity of the patient/carer
- introduce yourself
- confirm that the time is convenient
- respect the patient's right to decline education
- identify and attempt to overcome any communication barriers (use an interpreter if necessary)
- establish rapport with the patient/carer to support ongoing communication
- explain the purpose of the session
- organise medicines in a logical sequence
- provide a medicine list as an adherence aid.

3. Counsel Patient/Carer on Relevant Aspects of their Medicine Regimen

Provide information on:

- generic and brand names of the medicine, physical description and strength
- intended purpose and expected action/duration of treatment
- administration advice
- special directions or precautions
- common adverse effects, ways to minimise them and action required if they occur
- storage advice
- relevant interactions
- techniques for self-monitoring therapy
- intended duration of therapy
- ongoing supply and follow-up arrangements, see *Chapter 6: Facilitating continuity of medication management on transition between care settings*
- action to be taken in the event of a missed dose
- use of adherence aids
- ceased medicines and relationship to new medicines
- new medicines or medicines with changed dose or dose forms
- written medicines list as required.

Provide and discuss CMI's:

- for all new and changed medicines
- where a brand/formulation change has been made
- where requested by the patient/carer or another health professional.

Also see *SHPA Standards of Practice for the Provision of Consumer Medicines Information by Pharmacists in Hospitals*.¹

4. Conclude Interview

At the end of the session:

- summarise the vital information
- assess the patient's understanding
- ensure the patient has all the relevant information
- supply adherence aids as necessary
- ask the patient if they have any questions or if there is any information they did not understand.

In addition to medicine-specific information, where appropriate include the following elements of patient education:

- contingency plan (monitoring required and who is responsible)
- administration technique, e.g. crushing tablets
- lifestyle advice.

Encourage the patient to contact the pharmacist if required and provide the pharmacy and pharmacist contact details.

5. Future Planning

Based on the assessment of the patient's understanding, determine whether follow-up is required for:

- further education sessions including home visits or Home Medicines Review, MedsCheck, Diabetes MedsCheck or medication review in outpatient or non-admitted settings
- referral to other healthcare providers
- communication of relevant strategies or perceived problems to necessary health professionals.

Document the information provided, who it has been transferred to and any recommendations for reviews on the medication management plan or directly into the patient's health record or equivalent, according to local policy. See *Chapter 13: Documenting clinical activities*.

Obtain patient consent before sharing any information with other health professionals in line with privacy and confidentiality legislation.

Table 5.1 lists the competencies and accreditation frameworks that are relevant to this chapter.

References

1. Society of Hospital Pharmacists of Australia. Standards of practice for the provision of consumer medicines information by pharmacists in hospitals. *J Pharm Pract Res* 2007; 37: 56-8.
2. Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra: The Council; 2005.
3. Society of Hospital Pharmacists of Australia. Committee of Specialty Practice in Medicines Information. Standards of practice for medicines information services. *J Pharm Pract Res* 2013; 43: 53-6.
4. Society of Hospital Pharmacists of Australia. Clinical competency assessment tool (shpaclinCAT version 2). In: SHPA standards of practice for clinical pharmacy services. *J Pharm Pract Res* 2013; 43 (suppl): S50-S67.
5. Australian Pharmacy Profession Consultative Forum. National competency standards framework for pharmacists in Australia. Deakin: Pharmaceutical Society of Australia; 2010.
6. Australian Commission on Safety and Quality in Health Care. National safety and quality health service standards. Sydney: The Commission; 2012.

Table 5.1 Competencies and accreditation frameworks
Relevant national competencies and accreditation standards and shpaclinCAT competencies
shpaclinCAT⁴
Competency unit 1.2 Assessment of current medication management and clinical review 1.2.12 Review and interpretation of patient-specific data
Competency unit 1.5 Discharge/transfer facilitation 1.5.2 Provision of information for ongoing care
Competency unit 1.6 Patient education and liaison 1.6.1 Need for information 1.6.2 Cultural and social background 1.6.3 Provision of information to patient and/or carer 1.6.4 Provision of information regarding non-pharmacological therapies
Competency unit 2.1 Problem solving 2.1.2 Access information 2.1.3 Abstract information 2.1.4 Evaluation and application of information
Competency unit 2.3 Provision of therapeutic advice and information to health professionals 2.3.1 Provision of accurate information 2.3.2 Provision of relevant and usable information 2.3.3 Provision of timely information

Competency unit 2.4 Communication 2.4.1 Patient and carer 2.4.3 Prescribing staff 2.4.4 Nursing staff 2.4.5 Other health professionals
Competency unit 2.5 Personal effectiveness 2.5.1 Prioritisation 2.5.3 Efficiency 2.5.4 Logic 2.5.5 Assertiveness 2.5.6 Negotiation 2.5.7 Confidence
Competency unit 2.7 Professional qualities 2.7.2 Confidentiality 2.7.4 Responsibility for patient care
National competency standards framework for pharmacists⁵
Standard 1.1 Practise legally 1 Comply with statute law, guidelines, codes and standards 2 Respond to common law requirements 3 Respect and protect consumer's right to privacy and confidentiality 4 Support and assist consumer consent
Standard 1.3 Deliver 'patient-centred' care 1 Maintain primary focus on the consumer 2 Address consumer needs
Standard 1.4 Manage quality and safety 1 Protect and enhance consumer safety 2 Respond to identified risk
Standard 2.1 Communicate effectively 1 Adopt sound principles for communication 2 Adapt communication for cultural and linguistic diversity 3 Manage the communication process 4 Apply communication skills in negotiation
Standard 4.2 Consider the appropriateness of prescribed medicines 3 Promote optimal use of medicines
Standard 4.3 Dispense prescribed medicines 3 Assist consumer understanding and adherence
Standard 7.1 Contribute to therapeutic decision-making 4 Support and assist consumer self-management
National safety and quality health service standards⁶
Standard 4 Medication safety: continuity of medication management 4.12 Medicines list
Standard 4 Medication safety: communicating with patients and carers 4.15 Provide current medicines information