

Enhancing the role of the community pharmacist in palliative care



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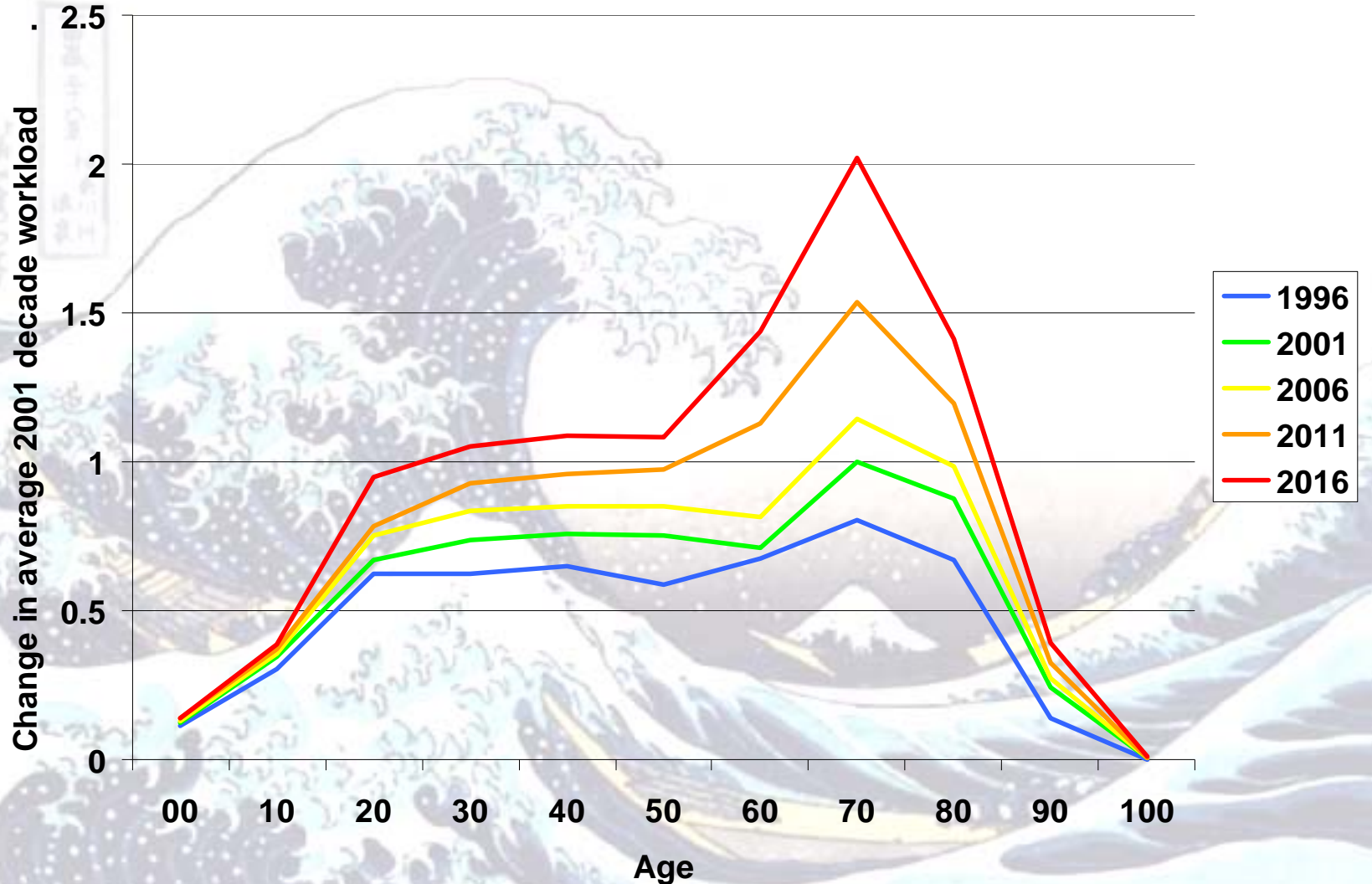
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On behalf of the wider team

Background

- Funded by the Pharmacy Guild Australia
- Aim: to enhance the role of the community pharmacist in palliative care
- Interdisciplinary teams crucial in palliative care
- Community pharmacists are acknowledged but....
- Community pharmacists not perceived as playing a central role in the team
- Emphasis on community based care
- Greater need

The demand Tsunami



Palliative care and public health

Community pharmacies are:

- Integral to primary care
- Local, part of person's micro-system
- Proximal & stable
- Trusted
- Familiar - long standing relationships
- A community resource
- Part of existing social capital/social capacity

Aims

- To identify needs of all stakeholders
- To develop an on-line educational package
- To develop an MMR model with palliative care

Deliverables

Education Package

Goal: To provide an online education package and comprehensive resource about palliative care for community pharmacists

MMR for PC patients

Goal: To develop protocols for accredited pharmacists to conduct MMRs that address the unique needs of palliative care patients

Context of larger study

- Scoping
- Focus groups
- Attitude survey
- Pilot of MMR with palliative care model

Focus groups

- Focus groups or interviews with 122 participants -16 focus groups and 19 interviews
 - Pharmacists - 54
 - GPs - 10
 - Palliative care nurses - 44
 - Family members/carers of palliative care patients - 14

Areas

- WA Metropolitan & WA Regional
- Victoria Metropolitan
- NSW Metropolitan & NSW Regional
- QLD Metropolitan & QLD Regional

Analysis

- All transcribed & analysed using NVivo 8
- Framework
 - Role
 - Needs & supports
 - Barriers
 - Education
 - Model
 - Team
- Team analysis/checking

Findings: The Pharmacist' role

1. Pharmacists

- A lack of understanding about palliative care by some pharmacists
- A clear motivation by pharmacists to be very involved
- Some pharmacists more interested than others



Findings: Pharmacists

Symptom management

Medications, interactions, side effects

Advice on medications that may no longer be needed

Informing the family on the use of medications

Maintaining a reasonable stock of medication for patients

Following up patients after discharge to carers were able to manage medications at home

Supporting patients and families

Providing extra information about medications to GPs

...in the nursing homes, it's the GP that are, are running it and a lot of them don't really have the, the greatest knowledge of palliative care....so I think we could actually give them some advice on certain medications that we use, if we knew what we we're talking about. (Community

Needs: Pharmacists

- Information
- Education
- Communication



I think that it, it's easy, like I say, if someone brings in a script over the counter, for example....., Oxycodone, it's easy to dispense that, mention some side effects, but put that in the whole concept of palliative care, that, that prescription is part of, you know, this family has come in, they've got emotional concerns, they've got, you know, there, there's a whole lot of other issues other, other than just handing that box over the counter. So I think pharmacists maybe sometimes find it hard to, to maybe confront that situation of the worried family member or even if the person who's dying, has come in to pick up their own medication. So I think maybe they need some social skills and maybe... things to say to them which, which will somehow encourage or help them or strengthen them without sounding over patronising and saying, "Oh you know, they'll be okay." (Community Pharmacist

Findings: 2. Nurses

- Nurses saw the community pharmacist as a potential ally when communicating with GPs
- A local, easily accessible resource
- An extra source of information
- Able to provide clear information
- Nurse education

I think often some doctors don't know what to do. If you've got some information [from the pharmacist] you can give them some suggestions –the pharmacist's got specialised knowledge and sometimes the GP, because they're doing everything else, don't have that specialised knowledge so they [pharmacists] can support you [nurses] [to offer alternatives to the GP] (Nurse)

Needs: Nurses

- Essential to have training and education
- Urgency of palliative care
- Principals and practice

- *it's the urgency and it's the palliative care care that they don't comprehend when people, people have fairly severe symptoms on top of the fact that they have a terminal illness. So there's a lot of emotion attached around stuff. If they're not able to access medication, it's stressful. And so we want everything yesterday (Nurse Perth)*
- *some pharmacists they'll take the script and they'll say, "I'll get them in this afternoon's delivery." The next chemist you'll do the same thing and they'll say, "Oh we'll get it tomorrow afternoon." You know there's only, there's a big warehouse that they all get their drugs from, this is what they say, so I can't see the difference in, they don't understand the urgency (Nurse*

Haloperidol gets prescribed. One of my clients rang up in an absolute rage because the pharmacist has said, “There’s nothing wrong with your brain, what have they put you on that for?” And we’ve given it for, you know, as an anti-nausea agent (Nurse

Findings: 3. Carers

- Advice & a 'sounding board'
 - Medications
 - Side effects
 - House-hold aids
- Trusted – especially when long standing
- Take information to the GP in a '3 way' relationship
- Go out of their way and often easier to communicate with than GP
- Support

I think all they need really is to be a good listener.. and to have social skills.

.because it all comes back to that...It's the relationship that you build up between you and your, your, your chemist....we go to chemists who have got some connection with us (Carer)

Home Alone Case Study- 4

Meet Ellen



Ellen is 92yrs old, is very stoical and fiercely independent. She lives alone in a Homes West unit with her 2 dogs.

Since her husband died, Ellen has preferred to live alone for 35yrs. Her son lives in the country. Her daughter provides meals regularly now.

Ellen has bladder cancer and painful bone metastases. Until her health recently deteriorated, Ellen had been driving her car, even though she had a urinary catheter.

Ellen's daughter Mary is 55 years old, married with 3 children. She works full time, is pushed for time and relies heavily on her 22 year old daughter to help with the house and other children. She also cooks for her mother and takes the food over – quite a distance. She collects prescriptions from her mother's local pharmacy:



Findings:

4. GPs

- Limited
- Specific
- In-depth
- They would ask for advice (on medications)
- Did not see a psychosocial role – that is the domain of the GP
- In some regional areas this was often different
 - Long standing close relationships
 - Relieving some of the pressure of a hectic role



- *Of course medication [is an appropriate role], or probably medication review or just check that all medication given is working altogether. I think they [community pharmacists] could probably give advice about the way medication is prescribed as well as the form (GP*
- *I don't see a pharmacist role as a psychosocial role (GP*

all kind of things happening in palliative care and the specific problems in palliative care...like, well, they get short of breath, pain they will know probably quite a lot about but there are a lot more things like the nausea, like, hallucinations, psychotic symptoms, dry mouth for instance, and things like that. I'm not sure whether they [community pharmacists] are really into that (GP Mackay)

Where we are and next steps

- Attitude survey
- Education modules
- Pilot of MMR with palliative care
- Next steps:
 - Education for other professionals on the role of the community pharmacist
 - Work to embed the community pharmacist into the team
 - Evaluate the education modules