Information Paper

Community Pharmacist Access to Selected Laboratory Results

Introduction

The TestSafe service (www.testsafe.co.nz) is being extended to include records on medications dispensed by Community Pharmacists.

As part of the implementation of this service, community pharmacists , who's systems are contributing data to the TestSafe repository, are being provided the option to access selected laboratory results for their patients. This access is provided subject to a number of security and audit features developed to ensure patient's confidentiality is maintained. This paper provides information as to why this access is provided to Community Pharmacists and what they will use it for.

Why Pharmacists Need Laboratory Results

Pharmacists already have the ethical obligation to establish the appropriateness of a prescription before dispensing it. If they have reasonable grounds to suspect the prescription is inappropriate, they must obtain all necessary information from their records, those of other care providers, and other suitable sources to establish whether they can safely dispense it or must consult the prescriber about the need to change it.

It is already accepted practice for pharmacists to access laboratory test data when making decisions about the appropriateness of individual prescriptions. Giving pharmacists access to TestSafe laboratory test data does not create a new obligation or a new accountability for pharmacists. It merely provides a new, more efficient and more convenient method for pharmacists to obtain information they already access.

Under the Pharmacy Council's Code of Ethics, pharmacists practice within an "all reasonable steps" protocol. That means, in the case of dispensing prescriptions, they will held accountable for adverse outcomes of care where they have failed to take all reasonable steps to establish the appropriateness and safety of the prescription they have been asked to dispense. Specifically the Code states:

> *"3.10 Inappropriate or erroneous prescribing*
>
> *Where a pharmacist has reasonable grounds to consider that a prescription contains any error, omission, irregularity or ambiguity or is not legitimate, or that a prescribed medicine could be detrimental to a patient's health, the pharmacist must confer with the prescriber and document the details and outcome."*

More information on the Pharmacy Council Competence Standards in this area is provided at the end of this paper.

This obligation and its attendant standards require the pharmacist to intervene to establish the appropriateness of the prescription where the pharmacist has reasonable grounds to suspect the well being of the patient may be endangered. The trigger for the decision to take further steps to establish appropriateness comes from the assessment of the patient's history or situation, or from information disclosed by the patient.

This intervention takes the form of assembling information about the patient's health status and the pharmacodynamic and pharmacokinetic characteristics of the prescribed medicine; and from this establishing whether a change in therapy is desirable and then an informed discussion with the prescriber.

As part of this process it is already established practice for pharmacists to obtain laboratory test information either from the prescriber or directly from the test provider where the pharmacist considers this information is needed to inform their decision on the appropriateness of a prescription for a specific patient.

What TestSafe Provides Pharmacists

The TestSafe system provides Community Pharmacists with access to the following laboratory results, *for patients in their care*:

- FBC
- INR
- Fe studies (includes Fe, IBC, ferritin)
- Thyroid function tests
- Anticonvulsant levels
- General Chemistry (includes electrolytes, creatinine, urea, AST, ALT, ALP, GGT, CK, Urate, Troponin, lipids)
- MSU
- HbA1c

The following table describes common situations in which a Community Pharmacist requires access to these results when dispensing:

Test	Example Usage
FBC	When dispensing medicines such as clozapine, azathioprine or methotrexate to monitor for important side-effects that can affect blood cells. This is current practice with clozapine where a community pharmacist must check the lab results before the dispensing of clozapine. Any abnormal results require immediate referral to GP or the mental health care team with regard to clozapine.
INR	When dispensing warfarin or a new medicine that may interact with warfarin to a person on known to be on warfarin therapy. Warfarin is a high risk medicine and it is important to ensure that the INR is within the therapeutic range. An INR that is not in the therapeutic range would prompt the immediate referral to patients GP.
Fe studies	When dispensing medicines to a pregnant woman to ensure that iron levels are within the normal range. Poor adherence to iron containing medicines is a common problem often due to gastrointestinal side-effects. If levels are not in the normal range a consultation with the Lead Maternity Carer would be recommended.
Thyroid function tests	When dispensing medicines (e.g. thyroxine) to treat thyroid disorders to assist in determining adherence to therapy. When dispensing medicines such as lithium carbonate and amiodarone which can affect thyroid function.

Anticonvulsant levels	When dispensing sodium valproate or phenytoin to promote adherence to the regimen and to ensure that the serum levels are within the therapeutic range. Contact would be made with the GP if out of range.
General Chemistry	When dispensing medicine combinations known to adversely affect renal function (diuretics, ACE inhibitors and non steroidal anti-inflammatory medicines). When dispensing high doses of potassium tablets to ensure that serum levels are in the appropriate range, particularly for patients that are also taking digoxin. Contact would be made with the GP if out of range. When dispensing medicines for the treatment of gout to determine adherence to therapy.
MSU	When dispensing antibiotics, or to investigate concerns regarding the sensitivities of antibiotic to a particular infection. The GP would be contacted where potential issues are identified.
HbA1c	When dispensing medicines or providing a pharmacy service to a patient who is known to have diabetes, in particular if there are concerns with regard to the patients adherence to both their medications to manage diabetes and the associated lifestyle treatment goals such as diet and exercise. The GP would be contacted where there is concern regarding potential adherence issues.

More Information: Pharmacy Council Competence Standards

The Pharmacy Council's Competence standards state the following requirements for Pharmacists when dispensing patient medications:

"Element 2.3 review the medicine therapy of individual patients

2.3.1 Interprets individual patient's medical history and medicine records

2.3.2 For each medicine, checks the dosages and methods of administration are optimal

Element 2.4 Recommend necessary changes to medicine therapy of individual patients

2.4.1 Identify necessary changes to medicine therapy

2.4.2 Recommends the optimal medicine, dose form and method of administration for the patient

Element 6.2 Assess Prescriptions

6.2.1 Determines whether individual prescriptions should be dispensed

Element 6.5 Decide what is safe and appropriate to dispense

6.5.1 Confirms that each selected medicine is suitable for the patient

Examples of Evidence:

Confirms that dosage, route of administration & duration of therapy are suitable.

Identifies possible interactions or incompatibilities

6.5.3 Applies all patient information to dispensing decisions

6.5.4 Contacts prescriber to recommend medicine, dose or dose form changes."