Tasmanian Area Health Services will introduce Pharmaceutical Reform into all Tasmanian acute public hospitals and mental health services in January 2011. Pharmaceutical Reform is an invaluable opportunity to better support the safe use of medicines for our patients.

Pharmaceutical Reform in public hospitals will provide:

- All patients with additional medication management services as outlined in the national standards – Australian Pharmaceutical Advisory Council (APAC) Guidelines.  

- Access to the Pharmaceutical Benefits Scheme (PBS) within public hospitals.

Pharmaceutical Reform has been introduced in all states except NSW & ACT. Patients have benefitted from changes for well over five years in Victoria. Tasmanian patients deserve the advantages that Pharmaceutical Reform offers; safer and improved access to medications.

Rural Hospitals will begin Pharmaceutical Reform in Phase II of the project, commencing in January 2013.

What are the objectives?

- Improvement of patient outcomes through a more consistent and timely provision of quality medication management services across Tasmanian Area Health Services.

- Greater continuity of care through the systematic transfer of medication related information between hospitals, primary care providers and the consumer.

- Empowerment of patients to manage their medications more safely.

- Introduction of the PBS into Tasmanian Area Health Services to facilitate the supply of more appropriate quantities of medications and reduce confusion between systems of supply.

- Increased equity in access to medications between public, private and community based care.

- Accountability by health service managers and health professionals for the implementation of medication management.

What improvements will Pharmaceutical Reform deliver to Tasmanian public hospitals?

- A team of clinical pharmacists who offer more medication related advice to doctors and nurses.

- Activities such as timely admission medication history interviews and daily medication chart review will be routine.

- More time spent providing patients with verbal and written information about their medicines.

- For the first time, patients will receive up to one month’s supply of medications on discharge (instead of between 5 and 7 days), reducing the pressure for a patient to see a doctor in the community so quickly after discharge just to obtain scripts for ongoing medication supply.

Where to find more information:

DHHS Intranet
Email: pharmaceuticalreform@dhhs.tas.gov.au

Pharmaceutical Reform Team Members:

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1 Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra; Commonwealth of Australia: 2005