

Tiwi Health Board Pharmacy Project

Presentation to National Medicines Symposium

Linking people, actions and policy for Quality Use of Medicine

Actions that mean the difference

*An experience in making policy work on the
Tiwi Islands*

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Introduction to Tiwi Health Board Pharmacy Project

Seeking to improve Quality Use of Medicines on the Tiwi Islands through the following objectives

- **Control over the supply of pharmaceuticals on the Tiwi Islands**
- **Maximise the utilisation of IT in the prescribe/dispense/reorder process**
- **Offset outlays on pharmaceuticals with income generated for operator**
- **Encourage innovative thinking in development**
- **Up skilling Aboriginal Health Worker understanding of pharmacy**
- **Contribution to Community Development**
- **The opportunity to evaluate the contribution of a pharmacy service and a pharmacist to an independent health system.**

Features of remote Aboriginal community

- Culture = Sensitive to local needs
 - ✓ Customs
 - ✓ Language
 - ✓ Knowledge base
 - ✓ Law
- Location = Access in local community
 - ✓ Systems need
 - ✓ Tyranny of distance
 - ✓ Clinician prescribed medicines
 - ✓ Store sold medicines
- Ownership = Community Control
 - ✓ Stable and predictable environment
 - ✓ Efficient and economic community pharmacy
 - ✓ Local employment as technicians



Culture = Sensitive to local needs

- **Law**
 - The meaning of s2, s3,s4!
 - Registration of clinicians
 - NT PADDA Gazettal Notice List
- **Language**
 - English second language
 - AHW as cultural liaison
 - Labeling of medicines
- **Customs**
 - Cultural relationships
 - Significant events
- **Knowledge base**
 - Bush medicines
 - Bush tucker

✓THB Objectives met:

Contribution to
Community
Development



Location=Access in local community

- **Tyranny of distance**
 - Service
 - Communications
 - Orders
 - Deliveries
 - Credits
- **Systems need**
 - Simple to use
 - Only as much as needed
- **Clinician prescribed medicines**
 - PBS s100 v s85
- **Store sold medicines**
 - S2 Poisons License



- ✓ THB Objectives met:
Maximise the utilisation of IT in the prescribe/dispense/reorder process

Ownership = Community Control

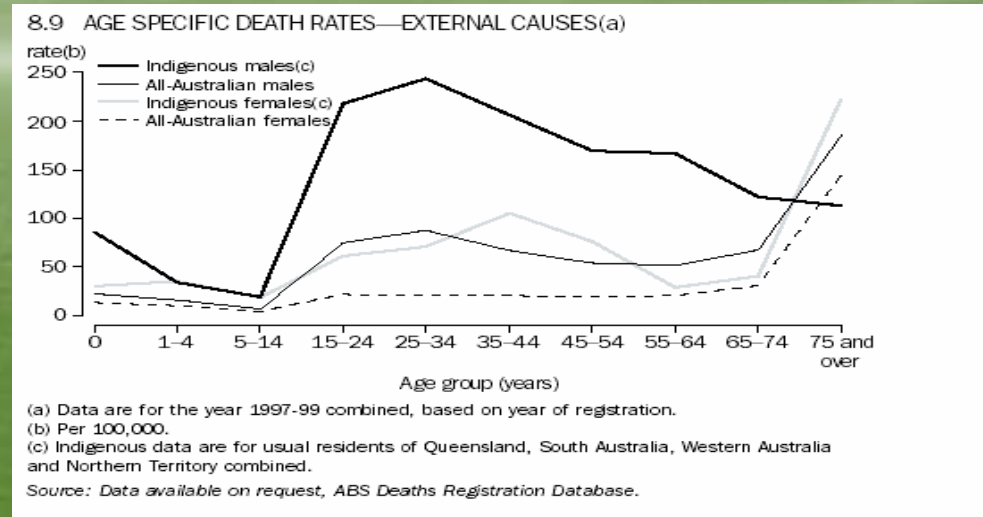
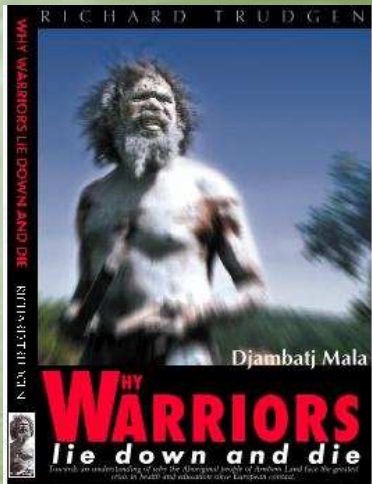
- Stable and predictable environment
 - ✓ Board control
 - ✓ Support of Lands Council
 - ✓ Stakeholder support
- Efficient and economic community “pharmacy”
 - ✓ “...and it’s different”
- Local employment as technicians
 - ✓ Certificate 3 in Health Training Package

THB Objectives met:

- ✓ Control over supply
- ✓ Offset outlays with income generated



Improve Aboriginal Health



What is "Good Health"?

- ❖ Free of disease etcetera
- ❖ Contented in mind and body
- ❖ Ability to improve oneself

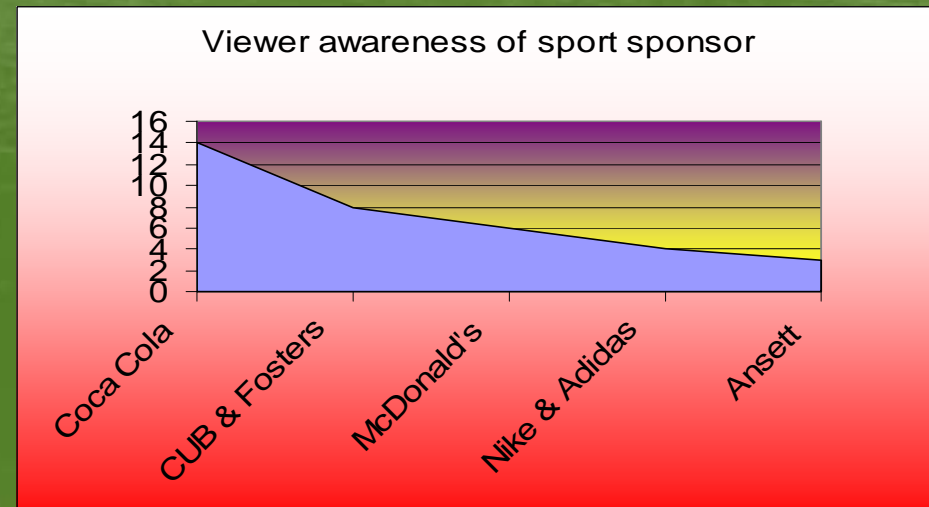
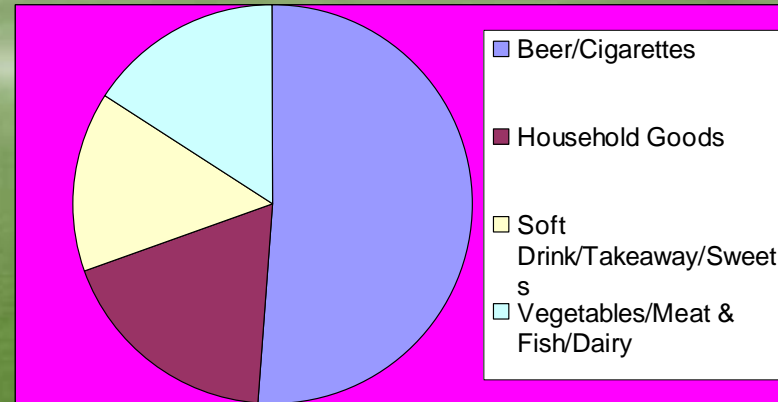
How to measure "improved health"?

- ❖ Reduced morbidity
- ❖ Life expectancy
- ❖ Compliance with a clinician's advice

What is the challenge?

- **Improve Aboriginal Health by...**
...an holistic approach

- Education
- Employment
- Housing
- Environmental Health
- Harm minimisation
- Quality health care



The context for QUM in an Aboriginal community



Australian Council for Safety
and Quality in Health

The Council's key priorities for action are:

- supporting those who work in the health care system to practise safely → • **Training**
- improving data and information for safer care → • **IT System**
- involving consumers in improving health care safety → • **Consultation**
- redesigning systems of health care to facilitate a culture of safety, and → • **Dose Administration Aids**
- building awareness and understanding of health care safety → • **Primary Health Care team**

**Prescribing and
Dispensing
Issues and Needs
in
Remote Health Clinics
in the
Northern Territory**

Dr Philippa Hudson



August 2001

The pharmacist can contribute...

- Be proactive
- Rethink methods
- Act wisely
- Be a team member

...leads to

Quality Use of Medicine...

...and true professional contribution towards good health

...and so it is...



FOR MORE INFO...

<http://www.rollomanning.com/tiwi.html>