



Practice guidelines for the provision of sleep apnoea services within pharmacy

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Acknowledgments

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Preface

The Practice guidelines for the provision of sleep apnoea services within pharmacy aim to promote standardisation of this professional service within pharmacies in Australia.

The PSA recognises the importance of continuity of care within the healthcare environment. These Guidelines provide assistance to pharmacists on professional issues and obligations relating to pharmacy sleep apnoea services.

They also promote policies and protocols designed to ensure effective channels of communication and collaboration between healthcare providers to ensure best possible outcomes for the patient.

How to use these Guidelines

These Guidelines are an educational resource for pharmacists to promote best practice in the delivery of sleep apnoea services via community pharmacy. Pharmacists are expected to exercise professional judgement in applying the guidance provided to the specific presenting circumstances.

Guidelines developed by the PSA are not definitive statements of correct procedure but usually reflect agreement by experts in the field. PSA guidelines are underpinned by available clinical evidence, and encourage the application of theoretical concepts shown to facilitate changes in practice and implementation of new services. PSA guidelines can be used as a support tool for balanced, professional decision-making in the context of the consumer's needs, beliefs and preferences. It can contribute to quality assurance processes and may assist in the resolution of legal disputes or ethical dilemmas. They are not intended to provide clinical information. It is the responsibility of individual pharmacists to maintain their clinical skills, knowledge and competence.

These Guidelines should be read and considered in conjunction with information and recommendations provided in the two documents produced by the the Australasian Sleep Association:

- Position paper. Best practice guidelines for provision of CPAP therapy. At: www.sleep.org.au/information/sleep-documents/best-practice-guidelines-for-provision-of-cpap-therapy
- Guidelines for sleep studies in adults. At: www.sleep.org.au/information/sleep-documents/guidelines-for-sleep-studies-in-adults-2014

The above documents provide additional information on sleep studies in adults and CPAP therapy and complement this PSA guideline.

Pharmacists are encouraged to use this document in conjunction with existing operating procedures in the pharmacy¹.

Terminology

Table 1. Definitions of terms appearing in the Guidelines

| ABBREVIATION OR TERM | DEFINITIONS ² |
|------------------------------|---|
| AHI | Apnoea-hypopnoea index (a measure of sleep severity, presented as the number of apnoeas plus hypopnoeas per hour of sleep). |
| ASA | Australasian Sleep Association (the peak professional body in Australia and New Zealand). |
| ASA guidelines | Refers to the document ' <i>Position Paper: Best Practice Guidelines for Provision of CPAP Therapy</i> .' Version 2.2, 14 January 2009. Australasian Sleep Association. |
| Initial consultation | Initial CPAP machine set-up and mask fitting. |
| Auto titrate | A study where a CPAP device automatically determines the minimum pressure needed to control OSA in a patient. ³ |
| CPAP | Continuous positive airway pressure (consists of a machine with a flow generator attached by tubing to a nasal or oro-nasal mask. Positive air pressure is blown through the upper airway to maintain airway patency). |
| Home sleep study | A diagnostic test for sleep apnoea conducted in a patient's home. |
| Limited channel study | A diagnostic test for sleep apnoea that measures fewer parameters than polysomnography. A combination of respiratory variables including arterial oxygen saturation, respiratory effort and airflow are usually measured, and sleep staging is generally omitted (also known as a 'type 3 or 4' study). |
| OSA | Obstructive sleep apnoea (a chronic disorder characterised by repetitive upper airway closure during sleep). |
| Physician | Medical practitioner (general practitioner or specialist physician). |
| Polysomnography (PSG) | An overnight sleep study that measures various parameters used in diagnosis of sleep disorders. Recordings usually include: <ul style="list-style-type: none"> • electro-encephalogram, electro-cardiogram, electro-oculogram, • electro-myogram, airflow, respiratory effort, and oxygen saturation. |
| QCPP | Quality Care Pharmacy Program (a quality assurance accreditation program for community pharmacies. The program is overseen by the Pharmacy Guild of Australia and aims to ensure that pharmacies provide quality professional services and customer care.) |
| Sleep apnoea | In this document this term only refers to obstructive sleep apnoea. |
| Sleep apnoea service | Refers to health services for patients with sleep apnoea. It primarily refers to a CPAP provider, but may include organisations that also provide diagnostic services (unattended polysomnography or limited channel studies). |
| Sleep clinic | A health care facility (which may be in a hospital or private practice setting) that provides medical care and diagnosis for patients with sleep disorders, including sleep apnoea. |
| Sleep physician | A specialist medical practitioner trained in the investigation and management of sleep disorders. Sleep physicians are often respiratory physicians who further specialise in the area of sleep medicine. |



Introduction

Sleep apnoea is a chronic condition where a repeated temporary cessation of breathing (apnoea), or reduced airflow (hypopnoea), results in obstructed breathing during sleep.^{4,5}

This causes dips in oxygen saturation and upsets sleep. If left untreated moderate-to-severe sleep apnoea can lead to health problems such as hypertension, cardiovascular disease (e.g. heart attacks, heart failure), strokes, diabetes, and depression.^{7,8} Untreated sleep apnoea also leads to a reduced quality of life.

There are three types of sleep apnoea; obstructive, central and mixed. Obstructive sleep apnoea (OSA) is the most common form.⁹ The severity of sleep apnoea varies from a few to several hundred breathing interruptions per night, with each interruption lasting from a few seconds to a minute.⁶ The Apnoea-hypopnea index (AHI) measures the number of apnoeas and hypopnoeas per hour of sleep, and is used to classify the severity of sleep apnoea:

- Normal: less than 5 interruptions per hour
- Mild: 5–15 interruptions per hour
- Moderate: 15–30 interruptions per hour
- Severe: over 30 interruptions per hour.

The prevalence of OSA is high and it increases with age. It is estimated that 4% of middle aged men and 2% of middle aged women may have OSA with daytime symptoms (excessive sleepiness).¹⁰ Obesity is strongly associated with sleep apnoea and given Australia's increasing obesity epidemic, the prevalence of OSA is probably higher. It is expected that a large proportion of Australians have undiagnosed OSA.¹¹

Like other chronic conditions OSA requires long-term management.³ Mild forms of OSA can usually be addressed with lifestyle changes such as weight reduction, adjusting sleep positions in the bed and reducing alcohol and tobacco consumption. First-line treatment of moderate-to-severe OSA involves CPAP therapy.³ Evidence suggests that in moderate-to-severe OSA, CPAP reduces cardiovascular mortality and morbidity, reduces daytime sleepiness and thus the risk of motor vehicle crashes.³



Community pharmacies are well placed to provide sleep apnoea services. Pharmacies are frequented by consumers due to easy access and convenience; and pharmacists and pharmacy staff are experienced in the provision of professional services such as blood pressure monitoring, blood glucose and cholesterol testing and smoking cessation services.

In Australia CPAP therapy is provided through a variety of pathways and providers, including tertiary sleep clinics (public and private), private manufacturer sales consultants, internet sites, direct manufacturer outlets and community pharmacies.¹²

Ambulatory testing of sleep apnoea provides a convenient option for patients and community pharmacy is in a position to work in collaboration with sleep clinics or clinicians to support patients with this testing mechanism and ensuing treatment options such as CPAP therapy. Patients and stakeholders should reasonably expect quality

and uniformity in services provided by community pharmacies.¹² However, the provision of CPAP services in Australia is not currently regulated, and there is considerable variation in the way services are provided.¹² In particular, it is important that services are delivered in collaboration with other healthcare professionals, and pharmacists and pharmacy staff have appropriate training in both the provision of CPAP therapy and sleep apnoea education.

Several studies have identified the need for professional guidelines to promote standardisation of service provision, and ensure quality of patient care and interdisciplinary communication, uphold pharmacy's reputation, delineate professional roles and establish practice boundaries.^{12,13}

This guideline aims to provide information on best practice in implementing sleep apnoea services and to promote high standards of practice and uniformity in the provision of sleep apnoea services from community pharmacies.

“UNTREATED
SLEEP APNOEA
ALSO LEADS
TO A REDUCED
QUALITY OF LIFE.”



Sleep apnoea services from community pharmacies

Providing primary and preventive health care is a recognised role of pharmacists¹⁴ and offering pharmacy sleep apnoea services provides an opportunity to offer health promotion and education services to consumers.

“MANAGING A PATIENT DIAGNOSED WITH SLEEP APNOEA OR WITH POTENTIAL SLEEP APNOEA IS A SHARED RESPONSIBILITY.”

Studies have shown that pharmacists can be successfully trained to identify patients at risk of sleep problems.¹⁵ Pharmacists can have a role in the primary care management of OSA, particularly in the identification, screening and referral of ‘at-risk’ patients.^{13,15} Availability of home based sleep screening tests for sleep apnoea via community pharmacy provides easy, timely and cost-effective access for patients.¹⁶ Pharmacies can also provide CPAP device education, disease state management, patient support and follow-up, and monitoring of adherence. Patients sourcing CPAP therapy from community pharmacy providers highly value that service.¹⁷ Community pharmacies have the potential to promote OSA awareness and improve optimal usage of CPAP.¹⁷ Pharmacists and pharmacy assistants have different roles and responsibilities in providing sleep apnoea services and these should be defined and clarified before the service is implemented.

All pharmacy staff must be informed about their roles and responsibilities within the service, including relevant policies and procedures.

In relation to service provision for OSA, all pharmacy staff should be educated about:

- their roles and responsibilities for this service
- policies and procedures for collecting consumer healthcare information, including Aboriginal and Torres Strait Islander status
- privacy legislation
- cultural safety.

Role of the pharmacist

The pharmacist's role in sleep apnoea services may include:

- involvement in identifying patients at risk of sleep apnoea (see Appendix 1 for risk assessment screening tools)
- discussing complications of untreated sleep apnoea
- referring patients to an appropriately trained physician for clinical assessment
- involvement in discussing home sleep tests with patient as requested by a physician
- advising patients on the treatment(s) recommended by their physician e.g. why CPAP was recommended and the advantages of CPAP treatment
- educating patients on lifestyle modifications to improve sleep apnoea symptoms
- reviewing patient's medications (OTC and prescription) and highlighting medicines that may be contributing to poor sleep health
- raising consumer awareness about sleep health problems by undertaking health promotions and linking in with national promotional programs
- collaboration with other health professionals involved in patient's care
- involvement in monitoring patient adherence and referring patients back to physician if CPAP therapy was unsuccessful.

Role of the pharmacy assistant

It is important pharmacy assistants involve a pharmacist to provide clinical advice to patients about sleep apnoea. Pharmacy assistants have an important support role in the provision of professional services from pharmacy. Their role in sleep apnoea services may include:

- involving the pharmacist, at initial discussions and whenever necessary, to discuss options for patients at risk of sleep apnoea
- initiating a home sleep test as discussed with pharmacist
- making customer appointments, referring customers to the pharmacist for clinical advice, handling customer queries and complaints
- providing technical support by giving CPAP device education e.g. mask fitting, how the equipment works and how to use and clean it

- providing follow up support e.g. device trouble shooting, ordering and replacing consumables on CPAP devices
- monitoring patient CPAP device usage via data downloads and providing ongoing technical support
- ordering shop stock and maintaining adequate levels of consumables
- staying up to date with new models of equipment and associated training, parts changes etc.

Diagnosis and treatment pathways

Due to the unregulated nature of sleep apnoea services in Australia there are some models of practice that lack collaboration with appropriate medical practitioners. Models in a pharmacy that do not involve a medical practitioner can carry medico-legal risks and ethical concerns for pharmacists.

Conflict of interest

Provision of CPAP services requires skill and knowledge; however the sale of the CPAP device is seen as a commercial transaction. A potential conflict of interest arises when health care practitioners provide both diagnostic services and the sale of equipment.³ The patient should receive impartial advice about their diagnosis and treatment options, and a pharmacist should always refer the patient to an appropriately trained physician for confirmation of diagnosis and treatment recommendations.

Involve the patient's physician

Managing a patient diagnosed with sleep apnoea or with potential sleep apnoea is a shared responsibility. Effective communication between health professionals is essential to overall success.³ A clinical review by a skilled physician can help determine the existence of comorbidities, and the appropriateness and type of any diagnostic study required. This collaboration also enables continuity of care for the patient. The results from any initial screening questionnaires and/or home sleep studies should be referred to the patient's physician or sleep physician for further investigation.

Involving the patient's physician also meets the requirements of Principle 9 of the PSA Code of Ethics for Pharmacists – collaboration with other health professionals (see *Collaboration with other health care providers*).

“PHARMACISTS SHOULD ALSO BE AWARE THAT SOME TYPES OF SLEEP STUDIES ARE NOT SUITABLE FOR ALL PATIENTS.”

Type of sleep study

There are 2 broad categories of sleep studies¹⁸:

- Polysomnography (PSG) – type 1 and 2 study.
- Limited channel sleep studies – type 3 and 4.

A home sleep test is convenient and preferred by many patients but only type 1 and 2 studies attract Medicare subsidies. Specifically a type 2 home sleep test (i.e. full PSG at home), can only attract a Medicare rebate if the test is billed and reported by a sleep physician and there is a valid referral from a medical practitioner prior to the test. Furthermore, the necessity of performing the test must be communicated in writing to the referring medical practitioner by the sleep physician, prior to the test being performed. For these Medicare eligibility criteria refer to this website: www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=itemID&q=12250

Pharmacists should also be aware that some types of sleep studies are not suitable for all patients. In particular, type 3 and 4 studies have only been validated as ‘rule-in’* tests for uncomplicated patients who have a high clinical likelihood of moderate-severe obstructive sleep apnoea.* Results of home sleep studies should be always interpreted by a sleep physician.

Collaboration with other healthcare providers

Collaboration with other healthcare providers in the local community when providing sleep apnoea services, particularly local general practitioners, other pharmacies, carers of patients and other community and hospital sleep clinics, is important. All communications with other healthcare providers should be documented in the consumer’s history.

Refer to the PSA Code of Ethics for Pharmacists Principle 9 – Collaboration.¹⁹ Review the relevant Professional Practice Standards – Fundamental Pharmacy Practice and Continuity of Care through Medication Liaison Services, and the relevant Competency Standards Domain 2 – communication, collaboration and self-management.²⁰

Refer also to the Pharmacy Board of Australia’s Code of Conduct Standard 4 ‘Working with other practitioners’.²¹

To ensure ongoing inter-professional communication, regular written correspondence, (including electronic format), with any referring physician is important. This can be achieved by:

- providing written correspondence with any referring physician after patient’s initial visit
- providing written correspondence to the referring physician at the conclusion of a CPAP trial
- providing ongoing written correspondence with the physician overseeing the patient’s management
- referring patients back to their physician with written communication when problems or clinical issues arise
- contacting the referring physician before making pressure modifications on CPAP device.

A pre-written agreement between the physician and the pharmacy can outline or authorise changes or substitutions to be made to the patient’s CPAP therapy, however it is recommended to notify the physician of any changes to therapy.

*Positive results from a type 3 or 4 test may correctly identify cases of OSA, however negative results do not clearly rule out disease (that is, these tests may be useful for ‘ruling in’ but not ‘ruling out’ OSA). For this reason, type 3 and 4 tests should be used selectively in patients with a high pre-test probability of moderate-to-severe OSA and without cardiac, pulmonary or neurological co-morbidities which can confound results.¹⁷ Further testing may be needed where type 3 or 4 test results are inconclusive or where there is disagreement between the results and clinical suspicion.¹⁷ Current Australian guidelines recommend that type 3 and 4 studies be used under the supervision of an accredited sleep physician, in order that the pre-test probability for OSA and the risk for co-morbidities may be assessed.¹⁷ Type 1 and 2 studies have the diagnostic accuracy to both ‘rule in’ and ‘rule out’ sleep disorders.

Promoting the service

Promotion of a new service is important as it needs to be recognisable to the consumer so they can request it. In addition, awareness and the consequent expectation of consumers to receive a particular service can help drive its implementation by the pharmacy and staff.²²

The promotion plan should include both active and passive promotion methods. Whilst displaying posters and brochures can be effective in raising consumer awareness, evidence from the United Kingdom has demonstrated that active promotion results in greater levels of participation.²³

Passive display of posters and brochures alone is not enough; pharmacy staff should be trained to approach consumers, discuss and explain the service.

Provide staff with some key messages including listening for clues in patients who have key clinical features of OSA. These may include snoring, unrefreshed sleep, daytime sleepiness, witnessed apnoeas by bed partner, common comorbidities and medicines associated with sleep apnoea. This may increase staff confidence in promoting the service.

Pharmacies may also consider linking their sleep apnoea-related services to Government and not-for-profit health promotions such as Sleep Awareness Day and Sleep Awareness Week. Check the Department of Health website for current dates at: www.health.gov.au/internet/main/publishing.nsf/Content/health-pubs-calendar-index.htm

Pharmacies can promote sleep apnoea services by:

- displaying posters, banners, displays boards that advertise the service
- identifying consumers for pharmacy sleep apnoea services through health promotion and risk-assessment analysis by using a risk-assessment screening tool (*see Appendix 1*)
- motivating 'at-risk' consumers to consider talking to their doctor to see if a sleep study is warranted
- providing advice to consumers about sleep health and sleep problems in general
- promoting the service to local medical practitioners and other relevant health professionals
- maintaining current knowledge of sleep apnoea-related health information and treatment strategies.

It is important to allocate adequate time and resources when promoting and explaining the service to consumers and local healthcare professionals.

“PROMOTION OF A NEW SERVICE IS IMPORTANT AS IT NEEDS TO BE RECOGNISABLE TO THE CONSUMER SO THEY CAN REQUEST IT.”



Pharmacy sleep apnoea service delivery

“PHARMACISTS SHOULD ENSURE ALL PHARMACY STAFF ARE EDUCATED AND TRAINED ABOUT INTEGRATING SLEEP APNOEA SERVICES INTO THE EXISTING PHARMACY WORKLOAD AND WORKFLOW.”

The suggested standpoints below endeavour to provide a patient-centred practice framework for pharmacies involved in the diagnosis and/or treatment of obstructive sleep apnoea.

Pharmacies offering sleep apnoea services should ensure that:

- the initial consultation involves a registered pharmacist in the discussion
- validated screening tools are used to identify at risk patients (*see Appendix 1*)
- at risk patients are referred to a medical practitioner for further assessment (*see referral template in Appendix 2*)
- the diagnosis of OSA from a home sleep test is made by an appropriately trained physician
- treatment recommendation(s) for either CPAP or other treatment options are made by an appropriately trained physician
- CPAP therapy is initiated only after a physician's written prescription or a sleep clinic's written recommendation

- a physician is involved in the patient's ongoing treatment review and management, especially in instances of treatment failure or treatment-resistant disease
- the initial consultation involving the CPAP machine set-up and mask fitting is provided by an experienced and appropriately trained staff member
- the patient is able to be seen for an appointment within 7 days if an urgent request is made by the referring physician
- the average time allocated to the initial consultation is sufficient, since initial patient experience affects long-term uptake. Approximately sixty minutes is recommended, however this consultation time should be as long as the patient requires
- a signed consent form, including any hire agreement, is obtained from all patients prior to initiating CPAP trial.

Staff education and training

Pharmacists should ensure all pharmacy staff are educated and trained about integrating sleep apnoea services into the existing pharmacy workload and workflow. Staff training should be delivered in collaboration with an independent provider.

Pharmacies should commit to training staff by:

- allocating dedicated staff to receive appropriate training in provision of CPAP and sleep apnoea-related services. The staff trained need to be fully conversant with the brand of CPAP equipment used in the pharmacy
- ensuring training is provided by an approved independent provider. It is recommended that staff training is not solely provided by CPAP device manufacturers, however, staff may benefit from complementary training delivered by these sources
- ensuring a system exists for revision of training and maintaining currency of knowledge. For example, ensure regular refresher courses for staff trained in provision of CPAP and sleep apnoea-related services, at least once a year, preferably by an external approved organisation which will also provide ongoing assessment of proficiency
- keeping records of ongoing annual proficiency of trained staff with evidence of training updates from manufacturers supplying CPAP equipment.

Resources

CPAP service requirements

Pharmacy staff should be adequately trained in the use of CPAP equipment. A pharmacy CPAP service should involve the following elements:

- offer an in-house mask fitting or nasal pillow fitting service. Check for correct fit. Test that mask has no leaks
- offer CPAP masks for hire
- offer CPAP machines for hire
- offer machine pressure checks (e.g. through use of a manometer device)
- offer access to equipment servicing or repair
- provide patient education on sleep apnoea
- provide patient follow up services
- offer the service for a sufficient number of days per week to meet local area patient demand
- maintain adequate staff skill level with sufficient clinical experience and continuing professional development activities.

Pharmacies providing CPAP services should commit to providing equipment, including all related consumable items, to ensure minimal interruption of patient's continuity of care.

Pharmacists should be aware that some consumers may be eligible for assistance via various State and Federal funding initiatives for funding of medical devices.

Pharmacies retailing CPAP machines should:

- keep adequate stock of all consumable items
- make available for purchase related consumables items for the CPAP equipment they stock and sell (e.g. filters, seals, tubing etc.)
- have both automatic and fixed positive airway pressure devices available for purchase, as some patients may not be suitable for auto-titrating
- consider the option of making more than one manufacturer's CPAP machine available for patient to purchase
- strongly consider stocking more than one type and brand of CPAP masks and related consumable items.

Pharmacies offering CPAP machines for hire should:

- keep adequate stock of all consumable items
- make available for purchase related consumables items for the CPAP equipment they stock and sell (e.g. filters, seals, tubing etc.)
- clean and disinfect all CPAP machines according to the manufacturer's specific recommendations.

Consultation area

The physical environment or layout of the pharmacy is a key factor in the success of pharmacy sleep apnoea services.²²

A service area which offers space for consultation and privacy assists staff to integrate professional aspects of practice, such as the delivery of sleep apnoea services, into their daily routine.²²

The consultation area should:

- be private and discreet i.e. either an enclosed area or one with a door or partition
- be designated for one patient at a time and not interrupted for other purposes
- include a bed or fully reclinable chair that allows the trial of a mask in the horizontal and lateral recumbent position (as mask fitting can be different when lying down compared to sitting)
- include an area for cleaning and sterilisation of equipment.

“PATIENT FOLLOW-UP, ESPECIALLY IN THE INITIAL STAGES OF STARTING CPAP THERAPY ARE IMPORTANT TO ACHIEVE GREATER PATIENT ADHERENCE AND TREATMENT SUCCESS.”

Consumer consent

The pharmacist must ensure appropriate processes exist to obtain consumer consent prior to delivery of sleep apnoea services.

As part of the consent process, the consumer should be:

- provided with appropriate and reliable information (preferably written) about sleep apnoea procedures
- informed of any fees associated with the service and consent to such costs
- asked to sign a written consent form
- asked if they have a regular primary healthcare provider and in the interest of ensuring continuity of care, they consent to providing that provider with a copy of their sleep study results and/or treatment plan.

Consumer documentation

Ensure there is appropriate documentation for the sleep apnoea service.

Include the following information in consumer records:

- consumer's full name, date of birth and contact details
- referring doctor or clinic if applicable
- brand of CPAP machine used
- details of consumables items recommended
- date of sleep test records and AHI scores
- date and details of referral made
- recommended pressure for CPAP device and any data downloads from patient's device.

Keep documentation of the consumer's consent with relevant consumer screening documents. Store all documents in a format and location that allows timely access and easy retrieval. Ensure consumer information is stored in a secure system, and access and disclosure processes comply with the relevant privacy legislation.

Confidentiality and consumer privacy

Ensure that any person involved in providing sleep apnoea services in the pharmacy understands privacy legislation and respects and safeguards the consumer's privacy and confidentiality at all times, particularly in relation to information obtained as a result of providing these services.

Store all consumer information using secure systems to ensure privacy and confidentiality. Access to, and disclosure of, consumer information must comply with the relevant privacy legislation. Information can only be used for the purpose it was collected, or unless otherwise authorised by the consumer. Retain information relating to sleep apnoea services for a minimum of 7 years, in keeping with other professional service programs.²⁴

Refer to the Australian Privacy Principles, Criterion 3²⁵, PSA Professional Practice Standards, Standard 1: Fundamental Pharmacy Practice²⁰ and see the PSA Privacy obligations for pharmacists at: www.psa.org.au/supporting-practice/privacy-obligations-for-pharmacists for further information about privacy obligations for pharmacists.

Patient education

Providing education and counselling about sleep apnoea is an essential function of pharmacists to assist patients in gaining an understanding of their condition and use of their medical devices.

Ongoing patient support from the CPAP provider is also essential. This plays an important role in motivating the patient to optimise their adherence.

To achieve effective patient education and counselling about sleep apnoea:

- include information about related health issues and treatment options
- information about CPAP and how this therapeutic device works
- follow a checklist for all education and counselling sessions so all relevant information relating to sleep apnoea is discussed. See Appendix 3 for a patient education checklist. Appendix 4 has some further useful resources and websites
- include counselling on lifestyle modification with any CPAP device use (see Appendix 3 checklist)

- invite the patient's bed partner to attend education sessions where applicable
- provide written materials (brochures, pamphlets, PSA Self Care Fact Cards)
- make available or suggest websites for any audio-visual resources for patients to use (e.g. DVD or video demonstration).

Patient adherence

OSA has all the characteristics of a chronic condition which requires ongoing treatment, management of comorbidities and patient support.²⁶ These are all areas a community pharmacy can become involved in.

CPAP therapy is highly effective if used regularly. However, adherence has been identified as a barrier to effective treatment.³ The first few weeks of starting CPAP therapy is probably the most important for a patient because their initial experience and overall satisfaction may influence their long-term adherence.²⁷

Adherence can be monitored by determining a patient's usage of their CPAP device from data downloads and sending a report to the referring doctor or sleep clinic. Pharmacies should provide a data download service with CPAP machine usage as this allows for objective measurement of adherence and offers opportunities to support the patient.

A checklist of what minimum data should be included in this report is available on page 15 (Attachment 1) of the ASA CPAP guidelines at: www.sleep.org.au/information/sleep-documents/best-practice-guidelines-for-provision-of-cpap-therapy.³ At a minimum, pharmacies should monitor patient's nightly hours of CPAP usage to measure optimal adherence.

Patient follow-up services

Patient follow-up, especially in the initial stages of starting CPAP therapy are important to achieve greater patient adherence and treatment success.¹⁷ Also for those on established long-term CPAP treatment, periodic review of CPAP usage and any associated problems with reinforcement of treatment principles are appropriate.³

Follow-up can be achieved by:

- offering a formal patient follow-up service
 - contact the patient as often as required during the first 12 months of commencing CPAP therapy
- offering a face-to-face or telephone interaction
- contacting the patient within seven days of their initial visit
- contacting the patient within seven days of them commencing their CPAP trial
- offering as needed appointments outside scheduled visits
- keeping written or electronic records of all follow up appointments.

See Appendix 5 for a patient follow-up checklist.

Mandatory notifications and reporting

Pharmacists should be aware that some transport licensing agencies in the different states or territories in Australia may require health practitioners to report if they believe a person with a medical condition could increase the risk of a motor vehicle accident.

Pharmacists should:

- contact the relevant transport licensing agency in their state or territory to see if this applies.
- make the patient aware that they need to declare to the licencing authorities if they have any medical condition which may affect their ability to drive, including sleep problems
- be aware that in some states or territories of Australia it is a requirement that a health practitioner report to the licencing agency any medical condition that may affect the patient's ability to drive. If this is applicable to the state or territory in which you practice, the pharmacist should make the patient aware of this.

Policy and procedures manual

Pharmacies should have a policy and procedures manual for sleep apnoea services available in the pharmacy. See Appendix 6 for details of what information should be kept in this manual.

Prior to starting a sleep apnoea service, pharmacists should consult the checklist in Appendix 7 to ensure all elements of the service are available to them.

“CPAP THERAPY IS HIGHLY EFFECTIVE IF USED REGULARLY. HOWEVER, ADHERENCE HAS BEEN IDENTIFIED AS A BARRIER TO EFFECTIVE TREATMENT.”

“IT IS IMPORTANT TO MEASURE THE SUCCESS OF YOUR CPAP AND SLEEP APNOEA RELATED SERVICES.”

Quality assurance

All pharmacies providing sleep apnoea and CPAP services should develop a quality assurance measurement to ensure they maintain the quality of the service they provide and to maintain credibility with patients and referring sleep health professionals. They should review their services regularly.

It is important to measure the success of your CPAP and sleep apnoea related services. For an ongoing service, this should be done at pre-determined intervals, with feedback used to direct adjustments and changes as part of continuous quality improvement processes. An assessment during the activity allows a snapshot to be taken so that adjustments can be made if required to what is being done, particularly when the service is not as successful as hoped. Staff and consumers of the service should be encouraged to formally evaluate the service.

Pharmacies offering sleep apnoea services should:

- formally record patient satisfaction of the service at specified intervals (*see Appendix 8*)
- have a policy for dealing with patient complaints
- formally record staff satisfaction of the service (*see Appendix 9*)

- establish a collaborative relationship with the patient's referring doctor or sleep clinic to be in a position to continuously improve on advice offered to patients
- ensure the pharmacy is Quality Care Pharmacy Program (QCPP) accredited to help monitor the quality of the CPAP and sleep apnoea related services. Revise policies and procedures such as cleaning of equipment as necessary
- ensure the pharmacy operates its sleep apnoea services in accordance with the QCPP principles
- consider the financial viability of a sleep apnoea service
- ensure the sleep apnoea 'section' of the pharmacy is periodically reviewed for business key performance indicators
- monitor and record patient symptoms at specified intervals during follow up
- consider formally assessing satisfaction of referring doctor and sleep clinic.

The QCPP provides guidance on quality management of systems, reporting and documentation of policies, processes, procedures, templates, performance standards, evidence requirements and supplementary tools. QCPP standards require pharmacy to have systems in place to ensure the business operates efficiently, maintains profitability and sustainability and is therefore financially viable.

Appendices

Appendix 1: Sleep questionnaires

Several obstructive sleep apnoea questionnaires are available as screening tools.¹⁸

- Stop–Bang questionnaire. Information on copyright can be found at: <http://www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/stop-bang.php>
- Berlin questionnaire. Information on copyright can be found at: <http://www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/berlin-questionnaire.php>
- STOP questionnaire. Information on copyright can be found at: <http://www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/stop-bang.php>
- OSA 50. Information on copyright can be found at: <http://www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/osa50.php>

No one questionnaire is better than another as they all have different sensitivities and specificities. Note: It may be necessary to seek permission from the authors to use screening tools in practice.

The Australasian Sleep Association Guidelines for sleep studies in adults also discuss the utility of these questionnaires at: www.sleep.org.au/information/sleep-documents/guidelines-for-sleep-studies-in-adults-2014

The Epworth sleepiness scale is not an OSA screening questionnaire but can be used to gauge excessive daytime sleepiness in patients. Note that not all patients experience daytime sleepiness with OSA. Copyright information can be found at: <http://www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/ess.php>

Appendix 2: Referral template

Initial referral



Referral letter

2013

Healthcare provider: _____ Pharmacist: _____

Address: _____ Address: _____

Phone: _____

Date: _____

Re: Consumer's name: _____

Consumer's address _____

Date of intervention: _____ Discussed via phone:

I have referred _____ to you for review, following the identification of a potential issue concerning their care.

Potential issue (DRP, medications and/or medical conditions involved): _____

Recommendations (e.g. drug change recommended): _____

Advice given (e.g. dose administration aid recommended): _____

Additional notes: _____

References: _____

Yours sincerely,

Pharmacist's name: _____ Post nominals: _____

PSA/08/13

Appendix 3: Patient education checklist

| PATIENT EDUCATION CHECKLIST FOR SLEEP APNOEA SERVICE DELIVERY ^{2,3,28,29} | DATE COMPLETED |
|--|----------------|
| <p>Discuss the following at counselling and education sessions with the patient:</p> <ul style="list-style-type: none"> • The nature, symptoms and potential complications of OSA • The severity of OSA in the patient’s particular case. Consequences of not treating (i.e. medical and driving risks where applicable) • Information about how OSA is diagnosed • Benefits of treating OSA with CPAP therapy • Goals for treatment and use of CPAP therapy • Setting realistic treatment outcome expectations with CPAP therapy • Factors which may impact on tolerance and effectiveness of CPAP usage e.g. nasal dryness, skin irritation etc. • Specific information about how to use the CPAP device, interface and any accessories supplied • Inclusion of the patient’s spouse/bed partner or social support person for education and counselling sessions • What to do and who to contact with device troubleshooting – what resources are available to the patient • Cleaning and safety of CPAP equipment and interface • General advice on lifestyle and medical issues which may impact on the success of CPAP treatment (see lifestyle advice below). <p>Aim to discuss the above points at the initial patient consultation, however to avoid over-loading the patient, certain aspects of the patient education may be left for later appointments. Enter the date in this checklist when you discuss each point with the patient so important aspects are not missed out.</p> | |
| <ul style="list-style-type: none"> • At any opportunity, including initial consultation or follow up, discuss general lifestyle and medical issues which may impact on success of CPAP treatment, such as advising patient³: • to cease smoking (if applicable) • to avoid drinking excess alcohol (see <i>Australian guidelines</i> at https://www.nhmrc.gov.au/guidelines/publications/ds10) • to avoid sedatives and insomnia medicines • about weight loss strategies in overweight or obese patients • about the best sleeping positions to help sleep apnoea • about treatment options for any nasal obstruction. | |

Appendix 4: Useful websites and resources

Websites:

- The Australasian Sleep Association offers a 'Find a Sleep Service' search option at: www.sleep.org.au
- Sleep Health Foundation. At: www.sleephealthfoundation.org.au
- Sleep Disorders Australia. At: www.sleepoz.org.au

Resources:

- Sleep health facts at Sleep Health Foundation website. At: www.sleephealthfoundation.org.au/fact-sheets-a-z.html
- Position paper. Best practice guidelines for provision of provision of CPAP therapy. Australasian Sleep Association. 2009. At: www.sleep.org.au/information/sleep-documents/best-practice-guidelines-for-provision-of-cpap-therapy
- Guidelines for sleep studies in adults: prepared for Australasian Sleep Association 2014. At: www.sleep.org.au/information/sleep-documents/guidelines-for-sleep-studies-in-adults-2014

Appendix 5: Patient follow-up checklist

The following parameters should be considered at patient follow-up:

- Weekly phone calls in the first month of treatment to help establish adherence and provide assistance.
- Adherence checks via microprocessor (chip) based CPAP compliance – determine patients' usage from the meter of the CPAP device and calculate the average daily hours of CPAP usage.
- Device troubleshooting – check that the device (and any humidifier) is operating satisfactorily. Perform yearly follow up phone calls to troubleshoot problems with mask, or machine usage.
- Checking of filters and associated equipment, masks and head gear and advise the patient of any faults and suggested remedial action.
- Providing further education and information to the patient as required
- Re-checking Apnoea-hypopnoea index (AHI) – this should be lower than when patient originally started CPAP therapy. It is also a visual indicator for the patient that their therapy is working and can help with patient motivation to continue. Note, however, that the AHI on the machine is a guide only and if the values are discrepant with the clinical picture, further assessment by the patient's physician is required.
- Contact the referring sleep physician if any major issues are encountered with patient, or if there are problems with therapy that cannot be solved, or if patient has stopped CPAP therapy.

Appendix 6: Procedures manual

Ensure appropriate procedures to verify all resources are available prior to each sleep apnoea service session.

Develop a policy and procedures manual for sleep apnoea services. Include the following requirements in the policy and procedures manual:

- A clearly defined purpose for the service enabling pharmacy staff to understand the role the service has in the delivery of primary and preventive health care.
- A checklist or flow chart of the service including how it works and how it is integrated into the established functioning of the pharmacy.
- A clearly defined description of the roles and responsibilities of all pharmacy staff involved in the service.
- A training schedule for all pharmacy staff informing them of their roles and responsibilities.
- A stock management protocol for ensuring all consumable items are readily available for customers to purchase.
- A policy for communication and provision of service information to local healthcare providers and consumers.
- A procedure for referring consumers for further diagnosis and treatment.
- A work health and safety protocol so all equipment, especially those with electrical cords are used safely and do not endanger patient and staff safety.
- Use of professional Guidelines and procedures for the development and maintenance of the sleep apnoea service area including (as necessary) screening, furniture, equipment.
- Waste management policy.
- Equipment sterilisation policy.
- A process and requirement for documenting sleep apnoea services including the creation and maintenance of consumer records, addition of details to the consumer's electronic health record where possible.
- A policy for documentation and storage of consumer records (with consumer consent) that ensures consumer confidentiality is maintained.
- Details of the responsibilities for maintenance of the service and associated documentation (e.g. access, storage, security, backups).
- A process for maintaining access to, and currency of, relevant health information for consumers.
- A process for the development and update of relevant forms and templates (i.e. screening and needs assessment tools, and consumer history statements).
- A policy for the management of enquiries and complaints about the service both from consumers and other healthcare providers.
- Details of how to document incident reporting and risk management
- Details of how to monitor and address deviations from prescribed protocols and procedures.
- Details of a monitoring and audit timetable for service review to ensure continuous improvement of the services.

Appendix 7: Sleep apnoea service checklist for pharmacies

| CHECKLIST FOR SLEEP APNOEA SERVICE DELIVERY | DATE COMPLETED |
|---|----------------|
| Develop a policy and procedure manual for the service | |
| Ensure the pharmacy's insurance policies are appropriate for the delivery of sleep apnoea services | |
| Ensure all staff involved in providing sleep apnoea services are appropriately trained in: Identifying patients at risk of sleep apnoea and referring as appropriate CPAP services provision e.g. <ul style="list-style-type: none"> • patient mask fitting • equipment function • downloading data | |
| Train all staff in the pharmacy about their roles and responsibilities within the sleep apnoea service so they are familiar with relevant policies and procedures. This includes: <ul style="list-style-type: none"> • sleep apnoea service delivery including appointment arrangements, referral of consumer queries, and handling of consumer complaints • sale of consumables • policies and procedures for collecting patient healthcare information, including Aboriginal and Torres Strait Islander status • privacy legislation • cultural safety | |
| Establish a private consultation area that meets the following requirements: <ul style="list-style-type: none"> • Area is sufficient to accommodate the consumer (both sitting and lying), their carer if appropriate, and the staff • Provides appropriate space and furnishings to allow consumers to sit or lie and receive treatment as necessary • Allows for space, surfaces and equipment to be displayed • Makes available appropriate hand washing and cleaning facilities | |
| Ensure adequate stock of consumables and storage of equipment. | |
| Ensure systems are developed to document and store consumer records (with consumer consent) | |
| Maintain access to, and currency of, relevant health information for consumers | |
| Ensure work health and safety issues are accounted e.g. ensure electrical cables, tubes, wires etc. do not pose a safety hazard for customers | |
| Promote a sleep apnoea service to consumers. Link with national promotional days such as Sleep Awareness Week via the Sleep Health Foundation | |
| Develop a consumer sleep apnoea booking and reminder service | |
| Ensure the consumer receives adequate information about the use of their equipment, how to clean their equipment, who to contact for trouble shooting, how often to replace consumables, how to address lifestyle issues and sleep apnoea in general. | |
| Ensure consent forms are completed and stored securely | |

Appendix 8: Patient satisfaction form

We welcome your feedback.

| | NOT AT ALL | | | VERY MUCH | |
|--|------------|---|---|-----------|---|
| Did staff offer you information about sleep apnoea? | 1 | 2 | 3 | 4 | 5 |
| Was the information offered helpful? | 1 | 2 | 3 | 4 | 5 |
| Did the pharmacist offer you appropriate support? | 1 | 2 | 3 | 4 | 5 |
| Were staff members helpful when you spoke to them about sleep apnoea? | 1 | 2 | 3 | 4 | 5 |
| Would you come back to this pharmacy for help with sleep related issues? | 1 | 2 | 3 | 4 | 5 |
| Would you recommend this pharmacy to friends and family for sleep related health issues? | 1 | 2 | 3 | 4 | 5 |

Please put this form in the box provided, or give it to any of the pharmacy staff.

Thank you for your time!

Appendix 9: Staff evaluation form

| | NOT AT ALL | | | VERY MUCH | |
|--|------------|---|---|-----------|---|
| Was the information in this guideline helpful when planning your sleep apnoea service? | 1 | 2 | 3 | 4 | 5 |
| Will you continue to offer a sleep apnoea service? | 1 | 2 | 3 | 4 | 5 |
| What information in these guidelines was not helpful? | | | | | |
| Do you have any suggestions on improving these guidelines? | | | | | |

Thank you for your time!

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