Community Pharmacy ART Refill Services and Documentation Flow Diagram

**Flow of Action**

Folder audit to identify pool of clients that are eligible using stated eligibility criteria

Is client eligible?

- Yes
  - Use a sticker on folder to mark identified eligible clients’ medical folders
  - Confirm client’s eligibility & his/her willingness to be devolved to Community Pharmacy (CP)
  - Client proceeds to Health Facility (HF) Pharmacy
    - Client proceeds to the chosen CP for next ART refill appointments after his/her initial introduction with the Community Pharmacist
    - *CP picks up Pharmacy Order Forms (prescriptions) & medicines at the HF for clients’ next ART refill appointments
    - *Enroll the clients into CP Patient Status Register
    - *Conduct chronic care screening, adherence assessment & counselling & screen them for drug therapy problems (DTPs) including Adverse Drug Reactions (ADRs)
    - *Dispense clients’ medicines as prescribed if there are no severe to life-threatening DTPs, ADRs or adherence issues, otherwise refer clients back to HF.
    - *Schedule clients’ next ART refill appointment
    - *Monitor clients’ appointment keeping and track defaulters
    - *Refer client back to HF if there is severe to life threatening ADRs, DTPs or adherence issues or 6-monthly clinical & lab. reassessment and new ART prescriptions for next refills (if due).
  - Health Facility’s Medical Records staff
  - Health Facility Clinician or ART Nurse

- No
  - STOP
  - Continue with routine drug pick up. Reassess for eligibility after 6 months or on client request.
  - No
  - STOP

**Persons Responsible**

- Health Facility’s Medical Records staff
- Health Facility Clinician, ART Nurse or Pharmacist
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**Data Collection Tools**

- Clients’ folder/ART care card; Viral Load Result Form; Last Pharmacy Order form
- Medication Adherence Assessment form
- Devolvement sticker
- Eligibility determination and Devolvement Form; Client’s Informed Consent Form
- Eligibility determination and Devolvement Form, Patient Initial & Subsequent Encounter Form, Pharmacy order forms (Three bimonthly prescriptions for ARV refills)
- Eligibility & Devolvement Form; Patient Initial & Subsequent Encounter Form; Informed Consent Form; Pharmacy Order Forms; Facility Appointment Diary (CP referral)
- Retain copies of these forms

**Data Reporting & Domiciliation**

Information about all clients’ encounters at the community are domiciled back to the HF every 2 weeks by the CP,

- *CP prepares & submits by the 1st of every new month the CP MSF, while CRRF & PPR submitted bimonthly.
- *Record staff submits HF Devolvement MSF monthly

- Community Pharmacist

At the Heath facility: Clinician re-assesses client eligibility to continue ARV refills at the CP; and if yes, he/she reissues new ART prescriptions for continuation of community ART refills

*Complete Informed Consent Form (if not filled already)
*Client picks up 2 months ARV refills
*Schedules follow-up ARV refill visit at the CP
*Inform client to come back to HF for semiannual clinical & lab. reassessment and get new prescriptions for next ART refills at CP.

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