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The Provision of Drug Information Services Guidelines (1995)

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

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Published by the Canadian Society of Hospital Pharmacists (CSHP), Ottawa, Ontario. 1995 edition. Use of this document was approved by CSHP Council in 1995.

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Suggested citation:

Canadian Society of Hospital Pharmacists. The Provision of Drug Information Services Guidelines. Ottawa (ON): Canadian Society of Hospital Pharmacists; 1995.

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The Provision of Drug Information Services Guidelines

PREFACE

This is the 1995 edition of the Canadian Society of Hospital Pharmacists (CSHP) Guidelines for the Provision of Drug Information Services. These Guidelines provide a framework for developing and operating a drug information service.

1. SCOPE

These Guidelines provide practical information on aspects of developing and operating a drug information service. These Guidelines do not pertain to establishing a toxicology service.

2. GLOSSARY OF TERMS, ABBREVIATIONS, AND SYMBOLS

The definitions given below apply to the terms used in these Guidelines. They may have different meanings in other contexts.

Drug Information	integration of locating, analyzing, applying and communicating information concerning drugs, usually for use by the person in a decision-making role in patient management.[1]
Drug Information Centre	a defined area, physically separate from a dispensary, from which the drug information service operates.
Drug Information Services	a formalized unit with staff and resources dedicated to providing information to health care professionals and/or the public on aspects of drug therapy.
Toxicology Service	a service that provides information to health care professionals in the assessment of potential toxicities and on the management of drug or chemical exposures.

3. SCOPE OF DRUG INFORMATION SERVICES

3.1

Drug information services shall, on a regular basis:

a) Respond to patient-specific clinical information inquiries:
Drug Information (DI) pharmacists shall:
i) support the delivery of pharmaceutical care by providing access to well-organized, unbiased, current, comprehensive, drug information for pharmacists involved in the identification, resolution and prevention of drug related problems in order to assist in the improvement of patient outcomes;
ii) respond to patient-specific drug therapy requests from other health care professionals and or consumers; and,
iii) participate in patient care indirectly by contributing to the quality of drug usage.
b) Provide Pharmacy and Therapeutics Committee and formulary support:
Drug Information (DI) pharmacists shall:
i) evaluate medical and pharmaceutical literature;
ii) provide objective, complete drug reviews that may be used for formulary consideration to ensure appropriate and cost effective drug use ;
iii) evaluate written and verbal material about drugs provided by pharmaceutical representatives; and,
iv) maintain, or assist with the maintenance of, an up-to-date formulary of approved drugs and/or drug use guidelines.
c) Support learning needs of pharmacists and other health care professionals:
Drug Information (DI) pharmacists shall:
i) provide informed opinion on drug related matters through newsletters, seminars, case studies, work shops, attendance at rounds, or dissemination of appropriate reference material.

3.2

The following additional services may be provided by the DI
pharmacist where feasible:

a) preparation of newsletters, patient information handouts, nonmarketed drug data sheets, intravenous administration guidelines;
b) coordination of patient-specific adverse drug reaction reporting;
c) formulary revision;
d) data collection and evaluation, drug inventory maintenance and/or protocol set up for investigational drug studies; and,
e) other direct patient care activities (e.g., patient counselling, medication history interviews, discharge interviews).

4. HUMAN RESOURCES

4.1

Overall responsibility for the service should be assigned to the drug information pharmacist.

4.1.1

All pharmacists in the pharmacy department should have access to the drug information service.

4.1.2

All pharmacists providing drug information should possess the following:

a) competence in evaluation, selection, and utilization of medical literature;
b) effective written and verbal communication skills;
c) ability to contribute to inservice education programs;
d) knowledge of clinical drug use and therapeutics;
e) knowledge of pharmaceutical care2;

f) knowledge of library facilities, literature retrieval systems, and electronic data processing methodology;
g) knowledge of the legal and ethical responsibilities of supplying drug information; and,
h) specialized knowledge as required for specific service.

4.2

Clerical services should be available for such duties as word processing, filing, record-keeping, etc.

5. AVAILABILITY OF DRUG INFORMATION SERVICES

5.1

Each drug information service shall define its clients, and shall establish policies and procedures to ensure that the needs of the clients are met.

5.2

In a hospital setting, where the drug information service is located within the pharmacy department, hospital personnel involved with patient care should have access to drug information services 24 hours a day, including:

a) on-site access during business hours;
b) evening and weekend coverage by staff pharmacists if on duty; and,
c) after hours coverage by an “on-call” pharmacist.

5.3

Where the drug information centre is not staffed on a continuous basis, clients should be able to leave a message and have access to emergency procedures.

6. PREMISES

6.1

Where the drug information service is provided from the pharmacy department, a specific area of the pharmacy department should be designated as the Drug Information Centre.

6.2

Where the drug information service is provided from a location physically removed from the pharmacy, sufficient reference texts should be available in the main pharmacy to meet the needs of routine drug information requests.

6.3

The drug information centre should include:

a) adequate workspace;
b) shelving for reference texts and journals;
c) comprehensive filing system(s);
d) a dedicated telephone line; and,
e) notice board.

Access to computer, fax, modem and copy machine is desirable.

7. EXPENSES

7.1

Operating expenses of the DI Centre should take into consideration:

a) personnel costs;
b) capital expenditures;
c) communication costs; and,
d) reference material costs.

8. REFERENCE MATERIAL

8.1

Drug information reference material shall be selected to suit individual practice settings. The list of Recommended Drug Information References for Hospital Pharmacists3 can be used as a guide.

Note: *The hospital's library may contain medical and nursing journals that need not be duplicated within the drug information centre.*

9. POLICIES AND PROCEDURES

9.1

Written policies and procedures shall be established as a guide to those operating the service and those using the service.

9.2

Written policies and procedures should include:

a) hours of service and after-hours access to service;
b) population served;
c) services provided/not provided;
d) information resources available;
e) procedure for handling requests;
f) handling requests from pharmacy students, residents, etc.;
g) work priorities;
h) user responsibilities;
i) borrowing privileges;
j) philosophy of maintaining current information;
k) reporting of adverse drug reactions;
l) documentation of statistics;
m) medico-legal liability;
n) quality assurance;
o) the use of drug information resources by non-drug information personnel;
p) any fee to be charged for extraordinary requests for information; and,
q) media relations.

10. FILING

10.1

The drug information filing system should be comprehensive and current.

10.2

The inclusion/exclusion criteria for filing information is dependent on the scope of services offered.

10.3

The filing system may utilize file folders, index cards, information stored on computer, or a combination of these systems.

10.4

Unnecessary duplications of information within the department should be discouraged.

11. RECORDS

11.1

Drug information inquiries should be documented.

11.2

A request form designed to record drug information requests will facilitate the recording of statistical data and may include:

a) category of inquirer;
b) nature of request;
c) follow-up information obtained;
d) response;

e) outcome (where available);
f) reference material used in formulating response;
g) date of request and response;
h) time required to generate response;
i) name of pharmacist answering the request; and,
j) other data as deemed appropriate.

11.3

Responses to complicated or interesting inquiries may be filed for future use.

11.4

Periodic reports summarizing DI questions, workload and activities of the DI service should be prepared.

12. QUALITY ASSURANCE

12.1

The effectiveness of the drug information service shall be evaluated on a continuing basis.

12.2

Evaluation shall include the review of structure, process, and outcome elements.

12.2.1

The structure of the drug information service may be evaluated by reviewing the following:

a) staffing levels;
b) hours of service;
c) availability and appropriate use of resources; and
d) the presence of current policies and procedures.

12.2.2

The process of answering drug information questions may be evaluated by:

a) reviewing the documentation of questions and answers;
b) peer review of written responses;
    i) internal peer review;
    ii) external peer review; and,
    iii) committee review; and,
c) analysis of the request documentation forms (e.g., by type of request).

12.2.3

The outcome of the provision of drug information may be evaluated by a user survey (written or telephone follow-up) designed to identify the following:

a) user satisfaction with the timeliness and perceived quality of the response;
b) what was done with the information (e.g. an order was changed, a dose modified, etc.); and,
c) the impact of the information on patient outcome (e.g.. disease was cured, symptoms improved/resolved or prevented).

13. REFERENCES

1. Ascione FJ, Manifold CC, Parenti MA. Principles of Drug Information and Scientific Literature Evaluation. Drug Intelligence Publications Inc., Hamilton, IL, 1994.

2. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. Am J Hosp Pharm 1990;47:533-543.

3. Recommended Drug Information References for Hospital Pharmacists. Canadian Society of Hospital Pharmacists, Ottawa, Ontario, January 1995.

14. BIBLIOGRAPHY

The following publications may assist the reader in implementing drug information practice as outlined in the Guidelines:

1. Ascione FJ, Manifold CC, Parenti MA. Principles of Drug Information and Scientific Literature Evaluation. Drug Intelligence Publications Inc., Hamilton, IL, 1994.

2. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. Am J Hosp Pharm 1990;47:533-543.

3. Recommended Drug Information References for Hospital Pharmacists. Canadian Society of Hospital Pharmacists, Ottawa, Ontario, January 1995.

4. Committee on Professional and Hospital Activities, International Classification of Disease, 9th Revision, Clinical Modification, Ann Arbor, Michigan, 1978.

5. Thompson DF, Kaczmarek ER. Literature filing system for hospital pharmacy practice. Am J Hosp Pharm 1984; 41:2392-5.

6. Dobbins RV, King CM Jr. Revised classification and filing system for hospital pharmacy. Hosp Pharm 1983; 18:7-12, 23-8.

7. ASHP Drug Information Series, 1995: Analyzing and Recording a Drug Information Request; Evaluating Drug Literature; Preparing a Drug Information Response.

APPENDIX A: MAJOR DRUG INFORMATION CENTRES IN CANADA