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Pharmaceutical Care: Information Paper on How You Are Doing with Pharmaceutical Care* (1997)



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

Pharmaceutical Care: Information Paper on How You Are Doing with Pharmaceutical Care*

Published by the Canadian Society of Hospital Pharmacists (CSHP), Ottawa, Ontario. 1997 edition. Use of this document was approved by CSHP Council in 1997.

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Suggested citation:

Canadian Society of Hospital Pharmacists. Pharmaceutical care: information paper on how you are doing with pharmaceutical care. Ottawa (ON): Canadian Society of Hospital Pharmacists; 1997.

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Pharmaceutical Care: Information Paper on How You Are Doing with Pharmaceutical Care*

PREPARED BY THE PHARMACEUTICAL CARE ADVISORY COMMITTEE OF THE CANADIAN SOCIETY OF HOSPITAL PHARMACISTS.

This document was approved under the title of Information Paper: How Are You Doing with Pharmaceutical Care; the title was fine-tuned in 2009.

The following series of questions is intended to be an assessment for you as a practicing pharmacist and for you to assess your institutional environment. The self-assessment portion should identify components of pharmaceutical care which are your strengths, as well as identify components which require more

effort; these may be targeted as personal or team goals and objectives.

For each question, you should indicate if the statement fits the practice of pharmaceutical care provided by you or your institution. A “yes” suggests this is a strength, while a “no” or “partial” identifies components that potentially require attention. A number of columns have been provided to allow you to reevaluate your progress in building the components of pharmaceutical care on a regular basis (e.g., 6 months or annually).

INSTITUTIONAL ASSESSMENT

Note: *The following statements apply to any administrative structure of pharmacy services, regardless of the presence or absence of a Pharmacy Department. If you practice within alternate administrative structures, for statements involving a pharmacy department, substitute health care team administration.*

	Date	Date	Date
1. The institution recognizes that pharmacists provide direct patient care.			
2. There is a commitment from pharmacy administrators, pharmacists and support personnel to provide pharmaceutical care.			
3. The pharmacist is recognized as sharing responsibility for overall patient outcomes related to drug therapy.			
4. There is an ongoing assessment of the need for pharmaceutical care for different patients and patient populations within the institution.			
5. The pharmacy or health care team sets the priorities for the development, implementation, or expansion of pharmaceutical care.			
6. The pharmacy or health care team develops goals and objectives for the implementation or expansion of pharmaceutical care.			

CSHP Mission:

CSHP is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related healthcare settings.



	Date	Date	Date
7. Pharmaceutical care is an integral part of patient care and is provided on a continuous basis.			
8. The pharmacists' written job description includes well defined pharmaceutical care responsibilities.			
9. The institution recruits and retains pharmacists competent in the provision of pharmaceutical care.			
10. Performance evaluations include assessment of the pharmacists' knowledge, abilities, and skills in providing pharmaceutical care.			
11. Professional development opportunities are available to pharmacists for enhancement of knowledge and skills to provide pharmaceutical care.			
12. The institution provides time and / or financial support for pharmacists to participate in professional conferences, societies, and academic endeavours related to the provision of pharmaceutical care.			
13. The institution promotes pharmaceutical care to patients, the general public, health care administrators, and other health professionals.			
14. The quality of pharmaceutical care provided by the staff is evaluated by well-defined methodology, and the findings are communicated to relevant groups within the institution on a regular basis.			
15. Pharmacy administration communicates and cooperates with other health care administrators and professionals for the purpose of enhancing pharmaceutical care to patients.			
16. Inpatients receive pharmaceutical care.			
17. Outpatients receive pharmaceutical care.			
18. Pharmacists who provide pharmaceutical care are responsible to the patient and the institution.			
19. Drug therapy-related interventions and recommendations are documented in the patient's health care record.			
20. Necessary patient information is available to the pharmacist in a timely and convenient manner.			
21. Pharmacists do not routinely perform tasks that could be performed by technicians or automated.			

	Date	Date	Date
22. Pharmacy administration regularly reviews the value of tasks and activities of the pharmacists and support personnel to ensure continued value.			
23. A regular evaluation is made to ensure that the most appropriate person completes the activities involved in the provision of pharmaceutical care.			
24. Transfer of responsibility and communication between previous and subsequent care givers occurs for continuity of care.			
25. The prioritization of pharmaceutical care services is based on identified patient needs.			
26. Electronic media is available for the retrieval, storage, and transfer of relevant patient and pharmacotherapeutic information.			
27. Pharmacists develop and conduct formalized drug usage evaluations and quality assurance programs, and integrate the results into the institution's patient care evaluation program.			
28. Pharmacists participate in the decision making process for activities related to drug therapy utilization within the institution.			
29. Pharmacists provide presentations, publications, and other informative activities on drug-related topics to patients, the general public, and health care team members.			

PHARMACISTS' SELF-ASSESSMENT

	Date	Date	Date
1. The pharmacist establishes a covenantal relationship with the patient for the provision of pharmaceutical care.			
2. Relevant patient and drug therapy information is collected, synthesized, and interpreted to identify drug-related problems.			
3. Patients' drug-related problems are defined and prioritized on the basis of risk to the patient to ensure that the most immediate concerns are addressed initially.			
4. Desired pharmacotherapeutic and clinical outcomes are established for each drug-related problem.			
5. Relevant, feasible pharmacotherapeutic alternatives are determined for each drug-related problem.			
6. A pharmacotherapeutic plan is developed to resolve each drug-related problem.			
7. An appropriate monitoring plan, incorporating only necessary measurements, is designed for assessment of each pharmacotherapeutic plan.			
8. The appropriate pharmacotherapeutic regimen and monitoring plan is implemented in a timely fashion for each identified drug-related problem in all patients.			
9. The patient's clinical outcome from the pharmacotherapeutic plan is assessed in a timely manner, and adjustments made in the plan, as needed.			
10. The responsibility for the pharmaceutical care of individual patients is transferred to subsequent pharmacists when the primary pharmacist is unavailable or the patient's location changes.			
11. The identification of drug-related problems, the pharmacotherapeutic and monitoring plans, the responsibility for the pharmacist, and the outcomes are recorded in the patient's health care records for all patients.			

*Revised from "Departmental Directions for Clinical Practice in Pharmacy, A Departmental Assessment Instrument", American Society of Health-System Pharmacists, Bethesda, Maryland.