

OFFICIAL PUBLICATIONS

Patient Outcomes: Information Paper on the Responsibility for Outcomes (1996)



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

Patient Outcomes: Information Paper on the Responsibility for Outcomes

Published by the Canadian Society of Hospital Pharmacists (CSHP), Ottawa, Ontario. 1996 edition. Use of this document was approved by CSHP Council in 1996.

This paper was retired by the CSHP Council in 1996. Though its content is considered outdated, the paper is made available so that readers have access to information that is suitable for referencing or conducting historical research.

If you are interested in a current version of this paper, please check CSHP's website: there is no guarantee that such a version exists.

Suggested citation:

Canadian Society of Hospital Pharmacists. Patient outcomes: information paper on the responsibility for outcomes. Ottawa (ON): Canadian Society of Hospital Pharmacists; 1996.

© Canadian Society of Hospital Pharmacists 1996

All rights reserved. Publications of the Canadian Society of Hospital Pharmacists can be obtained from:

30 Concourse Gate, Unit 3
Ottawa ON K2E 7V7
Telephone: 613.736.9733
Fax: 613.736.5660
Internet: www.cshp.ca

An electronic copy of this document is available, for personal use, to:

- members of CSHP, at CSHP's website: www.cshp.ca
- non-members of CSHP at a cost, by contacting the Publications Administrator at the above address

Requests for permission to reproduce or translate CSHP publications – whether for sale or for non-commercial distribution – should be addressed to the CSHP Publications Administrator using the above contact information.

This publication represents the view of Canadian Society of Hospital Pharmacists and was approved after careful consideration of the evidence available. All reasonable precautions have been taken by the Canadian Society of Hospital Pharmacists to verify the information contained in this publication.

The Canadian Society of Hospital Pharmacists is not a regulation-setting organization.

This published material is being distributed without warranty of any kind, either expressed or implied. Although the intended primary application of this publication is stated in its introduction, it is important to note that it remains the responsibility of the user of the publication to judge its suitability for his or her particular purpose within the context of his or her practice and the applicable legislative framework. In no event shall the Canadian Society of Hospital Pharmacists or any persons involved in the development and review of this publication be liable for damages arising from its use.

CSHP Official Publications are subject to periodic review, and suggestions for their improvement are welcomed. Where more than one version of a publication exists, the most recent version replaces the former version(s). Users of the CSHP's publications are advised to check CSHP's website for the most recent version of any publication.

All inquiries regarding this publication, including requests for interpretation, should be addressed to the Canadian Society of Hospital Pharmacists using the above contact information.

Patient Outcomes: Information Paper on the Responsibility for Outcomes

PREFACE

This is the 1996 edition of the Canadian Society of Hospital Pharmacists Patient Outcomes: Information Paper on the Responsibility for Outcomes. This document was approved under the title of An Information Paper on Pharmaceutical Care: Responsibility for Outcomes; the title was fine-tuned in 2009.

Information papers are intended to educate members and/or an external public party regarding a specific issue. It may be an end point in itself and may not necessarily lead to development of a discussion paper. An information paper may lead to development of a statement, standard or guideline. An information paper is not required to follow a standard format, but does go through the CSHP approval process (Publication Advisory Committees followed by Council approval) prior to release.

1. INTRODUCTION

The adoption of pharmaceutical care as a practice philosophy for the provision of direct patient care requires the acceptance of responsibility by the pharmacist. Pharmaceutical care has been defined as “the responsible provision of drug therapy for the achievement of desirable outcomes”.¹ This definition clearly states the need for the provider to take responsibility for the achievement of desired outcomes. This document is intended to assist pharmacists in understanding and promoting their role in pharmaceutical care.

2. RESPONSIBLE TO WHOM?

Adoption of pharmaceutical care as a practice philosophy for direct patient care requires the acceptance by the pharmacist that he is directly responsible to the patient. It is the desired outcomes, as defined by the patient in co-operation with the health care team that determine what alterations in drug therapy and care are required.

The pharmacist is responsible to the patient for ensuring that drug therapy is achieving the targeted outcomes. It is important that the pharmacist establish a direct, one-on-one relationship in which an open exchange of information and discussion between the pharmacist and the patient occurs. The pharmacist takes the initiative to establish this relationship by using effective communication skills, including, but not limited to, active listening, interview assertiveness, and sincere empathy. To gain an understanding of what the patient needs and expects from drug therapy, the pharmacist must consistently consider and appreciate the patient’s perspective on their drug therapy needs; existing inadequacies in therapy; and the patient’s understanding of the potential benefits of drug therapy. In some situations the patient will not be able to communicate for himself, and the pharmacist will need to work with a family member, guardian or care giver to establish the relationship to facilitate pharmaceutical care.

To facilitate the establishment of an open, covenantal relationship on which the philosophy of pharmaceutical care is based, the pharmacist must organize his activities, functions and duties to allow adequate time and opportunity to discuss and evaluate drug therapy needs with individual patients. This may require delegating functions to others, e.g., pharmacy technicians, nurses, clerical staff. An objective evaluation of activities as they impact on patient outcome will help identify those activities which require the pharmacist, and those which could be eliminated or delegated to allow more direct pharmaceutical care.

3. RESPONSIBLE FOR WHAT?

Pharmaceutical care mandates that the practitioner is responsible for the achievement of desired outcomes from drug therapy by individual patients. Consequently it is important for the patient and the pharmacist to establish what can be accomplished with drug therapy. It is also important for the

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.



Patient Outcomes: Information Paper on the Responsibility for Outcomes

pharmacist to identify and recognize the outcomes for which they cannot accept responsibility. Some resolved by a pharmacist through drug therapy, but rather require the skills of other health care workers (i.e., a surgeon). However, the pharmacist can work with the patient to minimize the symptoms of the condition which interfere with the patient's quality of life (e.g., pain management).

The pharmacist should collaborate with the patient to define realistic goals which can be achieved with drug therapy, as well as to identify what cannot be altered by drug therapy. For example, the goals of drug therapy for a patient with ischemic heart disease should be to prevent any symptoms (e.g., chest pain); opening obstructed arteries is not a goal of drug therapy. The outcome should be something that is measurable, either objectively or subjectively, by the patient, pharmacist, or other health care worker. By defining measurable outcomes and time frames, both the patient and the pharmacist will be able to determine if the drug therapy has been successful or if modifications are required. The act of defining measurable outcomes indicates to the patient and other health care workers those aspects of the patient's care for which the pharmacist has accepted responsibility. For example, if a desired outcome from drug therapy is for the patient to get a good night's sleep, the pharmacist can indicate to the patient and other health care workers that they will evaluate the response to sedative/hypnotics and initiate action to alter therapy as necessary.

4. RESPONSIBLE WHEN?

Once the pharmacist establishes a relationship with the patient, he/she accepts responsibility for the drug therapy of the patient from that time forward. This requires the pharmacist to assume immediate responsibility for evaluating the need, desired outcome, and success of therapy. The pharmacist then is responsible until such time as the patient requests that the pharmacist no longer be involved in their care or care is transferred to another

conditions (e.g., inflamed gallbladder) can not be

pharmacist or health care worker. Responsibility does not end at the end of the pharmacist's shift. Consequently the pharmacist must establish mechanisms for patient care delivery during their absence (i.e., during night shifts, weekends, holidays etc.). This includes the efficient transfer of information (drug related problems, desired outcomes, current therapeutic plans, monitoring plans, etc.) to their colleagues or other health care workers when necessary. To minimize the need for transfer of care, assigning one pharmacist to look after a patient's needs for the majority of the time is desirable. Redistribution of work activities may also be required to improve continuity of care. Specific information on follow-up and evaluation is needed when transferring care. Similarly, hospital pharmacists should work with their community colleagues to establish mechanisms for the transfer of pharmaceutical care information between hospital and community.

5. RESPONSIBLE WHY?

Many pharmacists ask why they should be responsible for drug therapy when they cannot prescribe the drugs. However, pharmaceutical care does not require the pharmacist to diagnose and prescribe, but rather that the pharmacist work with the patient to establish the target outcomes from therapy, determine options for achieving these outcomes, evaluate the progress of therapy, and initiate action to resolve deficiencies.

Pharmacists have a unique body of knowledge regarding drug therapy that allows the pharmacist to work with the patient in determining what has been accomplished and what can be achieved with drug therapy. Deficiencies in achieving drug therapy can be evaluated by the pharmacist and discussed with the physician.

Pharmacists use their knowledge and accept responsibility for drug related outcomes, primarily

because of their desire to help individual patients. Additionally, pharmacists strive to meet society's expectations that all health care workers will maximize their efforts to improve health care and to use resources efficiently. Adverse drug reactions and unresolved drug related problems are known to contribute significantly to patient morbidity and treatment costs. By identifying and resolving drug related problems pharmacists can optimize resource utilization and improve patient outcomes.

6. LITERATURE CITED

1. Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm* 1990; 47:533-43.