OFFICIAL PUBLICATION

POSITION STATEMENTS

Pharmacy Practice in Hospitals and Other Collaborative Healthcare Settings

2016

Canadian Society of Hospital Pharmacists

Société canadienne des pharmaciens d'hôpitaux

Pharmacy Practice in Hospitals and Other Collaborative Healthcare Settings:
Position Statements (2016)

Published by the Canadian Society of Hospital Pharmacists (CSHP), Ottawa, Ontario. 2016

Suggested citation:

Pharmacy Practice in Hospitals and Other Collaborative Healthcare Settings: Position Statements. Ottawa, ON. Canadian Society of Hospital Pharmacists; 2016.

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

CSHP did not accept financial support from an external source for the development, production, or dissemination of this publication.

Purpose and Use

This publication was written to provide an updated reference for Canadian pharmacists practising in hospital and other collaborative healthcare settings because the *Professional Hospital Pharmacy Practice: Standards (2003)* were retired by the Board of the Canadian Society of Hospital Pharmacists (CSHP) in 2015. It was approved by the CSHP Board in October 2016.

A person who has become a patient—for whom our profession desires optimal drug therapy outcomes—is the focus of day-to-day practice by a busy team using a variety of treatments (many of which are medications). How can this person participate in his or her own care, to ensure that the outcomes experienced meet his or her particular needs? The statements set out in this document attempt to describe policy statements for patient-focused pharmacy practice.

As a set of position statements, this document (referred to as the CSHP pharmacy practice statements) expresses the stance of CSHP and describes a desired and achievable level of performance that is applicable to the practice of pharmacy in a healthcare organization, regardless of geographical location, experience, or area of practice.

This collection of position statements may be used for many purposes:

- Conducting self-assessment, in the context of practice evaluation
- Communicating the role of the pharmacy team in the provision of patient care
- Guiding best practice and quality improvement activities
- Writing detailed practice guidelines
- Writing policies and procedures
- Developing strategic plans

Please refer to CSHP's guidelines for more information about best or leading practices for a specific service, program, or other aspect of a pharmacy practice; they are consistent with the spirit of these position statements.

Organization of the Statements

"The Patient's Experience: Keeping the Patient at the Centre of Care" section sets the stage for the patient-centred position statements. Each position statement is numbered and falls into one of three patient-centred sections:

Practice model for patient-centred care

The suggested model of pharmacy practice remains grounded in the principles of the pharmaceutical care approach.1-3 The model has evolved to include activities shown to improve outcomes, such as medication reconciliation at key transition points, attending patient care rounds, and incorporating best evidence into decision making.

Partners

Engaging with a team is considered key to advancing patient care. Collaborative partnerships extend to all members of the patient care team. Strong leadership is required to direct and support these partnerships.

Stewardship

In recent years, the medication-use system has become increasingly complex and it now relies upon well-established policies and procedures, typically connected to various forms of technology, as well as on the availability of many providers to function properly. Pharmacy professionals in hospitals and related healthcare settings are expected to be good stewards of the resources allocated to operate these systems.

The statements are numbered to help the reader refer to a particular statement (or set of statements). The numbering does not imply a hierarchy of importance within the collection of statements, nor does it imply precedence of the numbered statements over the explanatory text in unnumbered paragraphs.

A glossary of selected terms used in this paper is provided and is followed by a Literature Cited section.

The Patient's Experience: Keeping the Patient at the Centre of Care

Medication use in a hospital or other collaborative healthcare settings is a complex process that begins and ends with the patient. In a system that is continually striving to keep the patient at the centre of care, an integrated team of pharmacy practitioners is available to patients and families while working collaboratively with other healthcare providers to support the best use of medication. Wherever possible, pharmacy team members interact directly with the patient. In circumstances where this is not possible, consultation with a family member or other care provider is done to determine the optimal treatment plan involving medication.

Patient-centred care welcomes patients and their families "as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs."[1] It is about getting to know the patient as an individual, not as a disease that needs to be treated. It puts the focus on the needs of the patient, not the needs of the healthcare service.[2] Research has shown that patient-centred care can improve patients' overall health and reduce the burden on healthcare services.[3] This involves creating healthcare systems that are adaptive to the needs of patients, patient groups, and the public.[4]

The core concepts of patient-centred care are compassion, respect and dignity, information sharing, participation, and collaboration.[4, 5] Seeing care as the patient views it is a key element. This perspective takes into account people's values, lifestyles, social and family situations, and opinions and ideas about their care.[5,6] The goal is not to give patients whatever they ask for,[1] but rather to nurture an ongoing conversation that informs care planning and decision-making.[1]

When providing patient-centred care, the pharmacy team should respect the values that individuals hold as a result of their personal circumstances and culture (including age, ethnicity, religion, socioeconomic status, abilities, gender and sexual orientation, and health beliefs). Use of this culturally respectful approach (known as cultural competence) enhances the effectiveness of the care provided.[7, 8] Another consideration is the patient's medication experience, which influences the person's expectations about medication use and adherence to a treatment regimen.[9, 10] Additional factors affecting treatment participation include other people's opinions (e.g., friends and family members), the patient's beliefs about the importance of medication, and the patient's relationships with healthcare providers.[10-12] Throughout the care continuum, it is important to maintain an open dialogue, while remaining aware that the patient's experience may change, even though the medications do not.[13]

Keeping the patient at the centre of care requires a consistent effort to engage patients in the management of their acute and chronic health needs. It is possible that the level of engagement will range from non-existent in some situations to fully participatory in others. Regardless of how involved an individual chooses to be, it is expected that pharmacy practitioners recognize the role that medication will or will not play in addressing patient needs.

Practice Model for Patient-Centred Care

The fundamental goal of pharmacy services is to optimize patient outcomes through collaborative work within multidisciplinary teams to achieve the responsible use of medications across all settings.[14, 15] The pharmacy practice model described here is applicable beyond inpatient units, extending to the patient's home and to primary care, long-term care, and chronic complex care settings.

This practice model is shaped by the ethos of patient-centred care and uses a team-based approach that involves the patient. It is designed so that patients receive the most clinically appropriate, safe, and cost-effective therapy, supported by the best available evidence, to optimally meet the patient's needs on the basis of indication and effectiveness.[13] The partnerships that develop are mutually beneficial to the healthcare system, healthcare providers, patients, and their families.[16]

The practice model involves developing and implementing a care plan that reflects the patient's goals for care and takes into account a wide variety of information about the patient, including but not limited to the patient's medical condition and current medication use. The patient's clinical need determines the extent to which pharmaceutical care is provided. The health needs of distinct populations, including Indigenous people,[17] immigrants, refugees, and people who are homeless or impoverished, are to be addressed. For example, the value of Indigenous healing practices is recognized and respected, and such practices are used in the treatment of Indigenous patients at their request and in collaboration with Indigenous healers and elders.[17]

Clinical pharmacy services provided within the practice model are expected to continuously adapt to changes in society, such as changes to patient expectations, legislative framework, technology, and human resource capacity.

The Patient's Story

The practice model begins with healthcare providers listening to, understanding, and respecting the patient's story about experiences and expectations that will affect the use of medications.

1. Healthcare providers know which medications the patient is taking upon entry to care.

    - For each patient, a complete, accessible, accurate, and current medication profile is available.
    - The patient's story about medication use is recorded in the patient's health record. The record is accurate, complete, and up to date. It includes information about the patient's use of medication and any adverse drug reactions that the patient has experienced.
    - Team members participate in obtaining and reconciling (according to local policies and processes) information about patient medications at points of transfer within a healthcare facility. This process may involve obtaining the best possible medication history at admission and conducting medication reconciliation at admission, internal transfer, or discharge.[18, 19]

2. The patient's story about care received is recorded in the patient's health record.

    - The health record is accessible to healthcare providers, including pharmacists.
    - Pharmacy practitioners continually update the patient's health record to reflect plans for clinical interventions and their anticipated outcomes for later reference by any of the patient's healthcare providers. The patient's health record may be analyzed to inform quality improvement initiatives.[14, 20]

Pharmaceutical Care

3. The patient knows the role of each pharmacy team member within the healthcare team.[21]

4. Discussions about how to achieve the best outcomes from a patient's medications routinely occur among the patient's pharmacist, other healthcare providers, the patient, and the patient's caregivers.[14, 22]

    - The patient and the pharmacist exchange information, using terms that the patient understands and in the patient's preferred language, if possible.[14]
    - The patient and the pharmacist establish a trusting, professional relationship to facilitate patient assessment and treatment planning.

- The pharmacist encourages the patient to participate in the development and implementation of a specifically tailored treatment plan.
- The pharmacist assesses the appropriateness, effectiveness, and safety of all of the patient's medications, using the best available evidence.

5. The pharmacist assesses the patient's medication-related health, applying an evidence-based approach to develop the therapeutic relationship, assess drug-related needs, and identify actual or potential drug-therapy problems.[23]

6. A pharmacy care plan, which the patient accepts, is put into effect for each patient under the care of a pharmacist.[24] The plan is created to meet the patient's goals of therapy, detailing the interventions that will be undertaken and a schedule for monitoring and follow-up.[23]

7. The team of healthcare providers determines the patient's goals of care through conversation with the patient and then uses these goals to develop a shared treatment plan.

   - Pharmacists participate in patient care rounds, ideally with the most responsible healthcare provider present.[25, 26]
   - Pharmacists apply the principles of evidence-based practice to identify treatment options reflecting the patient's goals of care.

8. The team of healthcare providers, including the pharmacist, assists the patient in understanding their illness or condition, the reasons for treatment, the treatment options, and the associated risks and benefits.[27]

9. Patients, caregivers, and other relevant healthcare providers are informed when any changes are made to the medication regimen during the patient's care encounter (e.g., hospital stay, during an outpatient visit)[25, 28] and are given the rationale for the change(s) made.

10. Patients and healthcare providers have timely access to drug information, including advice on the therapeutic use of drugs.

    - The pharmacy ensures that drug information provided to pharmacists is up to date and relevant and that such information is made available to pharmacists in a timely manner.
    - The pharmacist ensures that drug information provided to the patient is up to date, relevant, and suitable to the patient's culture, level of health literacy, and that such information is provided in a timely manner.

11. Patients (and their caregivers) know how to safely use their medications and adopt relevant lifestyle behaviours to best manage their care.

    - The pharmacy, in conjunction with its organization, develops policies, procedures, and other tools to promote the safe and effective administration of medications (e.g., schedule of administration times, policy on authority to administer, policy on patient self-administration, parenteral therapy manual, and procedure for using medication administration device).

12. Pharmacists identify and address potential and actual drug-therapy problems experienced by patients so that "the patient experiences a change in their drug therapy or receives strategies or information to improve medication adherence."[24]

    - When feasible, pharmacists work to proactively mitigate drug-therapy problems to avoid heavy reliance on reactive provision of care.[25]

- Medications that are of limited benefit and present risk to the patient are not used, and those no longer indicated are stopped.

13. At all transitions of care (e.g., from home to hospital or from hospital to a long-term care facility), patients, caregivers, pharmacists, and other healthcare providers receive clear instructions about what to do if any medications are changed, discontinued, or withheld as a result of an admission to hospital (or an outpatient visit) or if any new medications are added during admission (or during an outpatient visit).[29, 30]

14. The patient and the patient's caregivers know which parameters to monitor for the beneficial and adverse effects of medication therapy, relative to the desired goals of therapy.

- The pharmacist provides information about the following topics to anyone who is monitoring the patient's response to the medication:
  i) expected therapeutic response;
  ii) monitoring parameters to maximize efficacy, minimize toxicity, and detect adverse drug reactions;
  iii) adherence to treatment plan;
  iv) management of drug-therapy problems (such as adverse events).

15. Pharmacists monitor the patient's response to the treatment plan, assessing beneficial and adverse effects of medication therapy, relative to the desired goals of therapy. This evaluation also serves to identify new medical conditions requiring treatment or a change in medication, or any new drug-therapy problem that may have developed.[23]

16. Pharmacists promote seamless and coordinated care by contributing to the transfer of information about medication orders at all transition points (i.e., whenever a patient moves between or within healthcare settings, including a return to the community) to the appropriate healthcare providers.[14]

17. The care of the patient continues to be provided by an appropriate member of the patient's healthcare team (e.g., by periodic phone calls) or on an ongoing basis (e.g., through visits to an ambulatory clinic) to assist the patient in achieving optimal medication therapy outcomes and to detect adverse effects or non-adherence to medication therapy.

18. Pharmacists refer patients to other healthcare providers and to reputable support groups, agencies, or services for additional help, as appropriate.

Partners

Effective pharmacy leadership and collegial relationships with key stakeholders are key to optimizing medication use. They give voice to the stakeholders, direct progress, support human resource development, and establish systems and processes that hold people and organizations accountable, producing desired outcomes for patients.

Pharmacy Department

19. The pharmacy department's commitment to patient-centred care is formally documented and is demonstrated to patients, their families, and all other people with whom the department is affiliated.[21]

- All job descriptions and performance evaluation tools for staff and leadership include expectations regarding patient-centred care.[21]

20. The pharmacy department values partnerships among key stakeholders such as healthcare workers, related healthcare organizations, and members of the public, which result in collegial relationships as all stakeholders work to improve patient outcomes.

- The pharmacy has one or more representatives on all relevant organizational and regional committees and working groups, such as ethics boards.
- The pharmacy collaborates with local pharmacy regulatory authorities, regardless of the department's registration requirements.
- The pharmacy supports staff as preceptors of students from non-pharmacy educational programs (e.g., nursing students, medical students).

21. The pharmacy department works with other departments to ensure the institution's organizational structure does not hamper patient care.

- Where pharmacists or pharmacy technicians report to someone outside the pharmacy department (as might occur in a clinical program or with matrix reporting), conscientious communication and collaboration occurs among all parties involved to coordinate and optimize the use of complementary competencies, mitigate redundancies, uphold professional standards, and comply with relevant legislation.

22. The pharmacy department sets the models of pharmacy practice and leads pharmacy practice change for all pharmacists and pharmacy technicians, regardless of practice setting or reporting structure within the organization.

23. Pharmacy staff and leadership, including those who work outside of routine business hours (e.g., evening or weekend shifts), have opportunities to engage in formal and informal interactions with each other.[21]

24. The pharmacy department encourages life-long learning in providing direct patient care, refining personal practice skills, and developing leadership skills.

- The pharmacy department operates or is affiliated with an accredited pharmacy residency program, where feasible.
- The pharmacy department supports staff as preceptors of students or has affiliations with academic institutions.

25. Research is an integral component of pharmacy practice, therefore, staff are encouraged to initiate, support, and participate in research activities.[31]

Pharmacy Team Members

26. Patients are viewed as valuable, effective partners in shared decision making.[16]

- The pharmacy team is committed to engaging patients in the development of safe, high-quality medication systems.

27. The medication-related needs of patients are met by a skilled pharmacy team.

- Each member of the pharmacy team is accountable for their decisions about medication therapy.
- Pharmacists and pharmacy technicians have a leadership role in decisions about how drugs are prepared, stored, supplied, transported, and used within the organization.
- Pharmacists have a leadership role in decisions about how drugs are prescribed.
- The pharmacy department involves pharmacist and pharmacy technician students in the patient care model.
- Pharmacists and pharmacy technicians develop and participate in educational events and programs to help them achieve and maintain the competency needed to meet the needs of patients and other members of the healthcare team.

- The pharmacy department, as part of the larger pharmacy community, works with academic institutions, accreditors of educational programs, and regulatory authorities to develop, deliver (e.g., via experiential education), and evaluate pharmacy educational curricula to prepare pharmacists and pharmacy technicians.[32]
- Pharmacists are well positioned to be leaders in promoting the importance of preventive medicine, and understanding social determinants of health and emerging or current critical issues affecting population health.

28. Patients and healthcare workers (including the pharmacy team) form collegial, inclusive, collaborative partnerships within the continuum of patient care, irrespective of where care is provided.

- Where care of patients is provided, the pharmacy team commits to the following:
  a) forming collegial, inclusive relationships with each other within the organization, and with other pharmacy teams outside the organization;
  b) supporting each other;
  c) respecting each other's professional autonomy; and
  d) taking personal responsibility for their contributions to the team,[33] contributing with openness, honesty, and a willingness to learn and providing and receiving feedback.[34]
- Pharmacists and pharmacy technicians contribute to decisions about how medications are used.[33]
- Pharmacists and pharmacy technicians serve as educators within pharmacy, nursing, medicine, and other healthcare professions.

29. The pharmacy department supports participation of its pharmacists and pharmacy technicians in provincial and national organizations that strive to advance safe, effective medication use in hospitals and other healthcare settings (e.g., education leave to attend professional conferences and/or participate on boards and councils).

Stewardship

The concept of stewardship is a shared responsibility of many: the patient, healthcare workers, public institutions, private organizations, and the government.

Patient-centred care focuses on how best to meet the needs of the person (i.e., the patient), not how best to fit the patient into the system.[1] When patient-centred care is in place for a collective group, it is used to make system-wide changes.[4] With this in mind, stewardship helps to protect the interests of the person at the individual level and at the level of the collective group.

The pharmacy department has a complete "line of sight" on the medication-use system, from research to market authorization, from prescription to outcomes, and from procurement and preparation to dispensing and disposal of waste.[13] Accordingly, pharmacy personnel are well positioned and equipped to offer options on how best to meet the medication-related needs of individual patients and the public. The pharmacy department is responsible and accountable for the provision of pharmacy services. The use of pharmacy resources is responsibly managed, allocated, and monitored.

Policy Development and System Design

30. The pharmacy department encourages and supports the clinically, socially, and environmentally responsible use of resources.

- Within the department's policy framework, resources are ethically and sustainably managed in ways that promote the well-being of patients and other stakeholders in the present and the future.

- The interests of patients and the safety of healthcare workers are central to decision making and take priority over the other interests of healthcare providers and administrators.
- The pharmacy department responsibly uses only those resources that are needed, and designs, evaluates, and continually improves safe, secure medication-use systems.[35]

31. The health, safety, and well-being of patients, healthcare workers, and the public are paramount in the pharmacy department's decision-making processes and are not to be compromised by incentives and targets.[34]

- The pharmacy department commits to critical population health initiatives, for example, immunization programs, smoking cessation programs, and outbreak management of communicable diseases.
- The pharmacy department collaborates with the relevant health authority to promote infection control initiatives.
- A capacity plan is developed and implemented to ensure that the quality of services provided by the pharmacy is not compromised by changing demands for those services. The capacity plan is regularly reviewed against measures of quality, as well as actual workload and resources used, to determine whether changes are needed to improve quality and to keep the plan up to date.

32. The pharmacy department serves as a leader in ensuring organizational compliance with the medication-related requirements of Accreditation Canada.

33. The physical environment is organized and laid out to support best practice, to minimize unnecessary movement, and to provide a logical, orderly progression of activity. It is designed to both directly and indirectly support the activities occurring within. Consideration is given to the flow of materials and supplies, finished preparations, people, information, and equipment.

- The physical environment is configured to support all activities occurring therein (including administrative activities), with protection of medications, supplies, and personnel being paramount.
- All equipment and utensils used in the provision of pharmacy services are fit for their purpose and are used accordingly.

34. The delivery of high-quality care is facilitated by appropriate technology; technology that could potentially compromise care is not used.

- The pharmacy department is involved in decisions concerning the development, design, and use of information technologies such as provider order entry, barcoded medication verification, electronic health records, drug administration devices (e.g., "smart" pumps), and electronic decision support tools.
- Decisions about the selection and implementation of technology are based on sound, critical decision-making frameworks that consider healthcare technology assessments, impact on patient safety, and other relevant factors.

35. Records of standard operating procedures, decisions, activities, specifications, master formulae, and procedures related to the goods and services provided by the pharmacy department are created and retained in accordance with the law. These records are unambiguous, complete, legible, free of errors, and readily retrievable. Any changes to records are traceable, such that a historical transcription is available of the facts pertaining to the goods and services provided.

- Staff know the value of high-quality data and know how to record data accurately.
- The pharmacy department has implemented policies and standard operating procedures to direct the goods and services provided by the department.

36. Strategic improvements that align with the strategic priorities of the larger organization are continually made to the delivery of pharmacy services to improve patient care through the optimal use of medications and resources.

- The pharmacy department has the means to strategically plan its service delivery model. This planning is built on data about patients, treatment options, and outcomes.
- The pharmacy department strategically uses the highest quality data available on patient outcomes to plan, implement, evaluate, and improve its services.
- Quality and safety are incorporated into the design of the pharmacy's processes and physical environment. A quality management program is implemented to ensure that the products and services provided by the pharmacy meet required specifications and that actions are taken to continually improve those products and services.
- The pharmacy department responds and adapts to changes in the demand for services to meet the medication-related needs of patients.
- The position of head of the pharmacy department is held by a pharmacist who possesses comprehensive and specialized knowledge about the complexity of the medication-use system.[36]
- The head of the pharmacy department demonstrates effective leadership skills and builds collegial relationships with critical stakeholders to implement, evaluate, and improve services.

37. Quality, and therefore safety and reliability, is incorporated in every step of the design and maintenance of the premises, equipment, and processes used in the delivery of pharmacy services.[37]

- A quality assurance program is in place to ensure the delivery of high-quality pharmacy goods and services. It takes into account pharmacy personnel, the physical environment, procurement, procedures, and proof that the desired results are being achieved.
- All policies and standard operating procedures are validated, approved, and regularly reviewed by designated personnel.
- Personnel who are expected to comply with the policies and procedures are informed of all changes to the policies and standard operating procedures.
- Change control practices are defined and implemented to ensure that any required changes to the system are introduced and managed in a systematic, controlled fashion, without unwanted consequences.
- A quality control program is in place to assess department compliance with quality requirements for necessary and relevant tests.
- A quality improvement program is in place to regularly assess and improve all aspects of the pharmacy's operations.
- Decisions concerning quality are based on a risk-management framework.
- Pharmacy management is "involved in all decisions to outsource any aspect of the medication-use process" [38] with its institution.
- The pharmacy department determines which measures (or end points) it will monitor to effectively assess and improve the structure, process, and outcomes of pharmacy services using a risk-management framework. Methods are established to regularly collect and analyze the data for these measures (or end points) and to take appropriate action.
- The pharmacy department involves patients in defining research topics that can help in assessing and improving the quality and safety of patient care.

38. A contingency plan is developed to guide the delivery of pharmacy services in the event of emergencies or service disruptions (e.g., following equipment failure, during weather-related emergencies, or in the event of mass casualties).

Medication Policy

39. Patients receive medications that have been shown to be effective and that are appropriately used for a specified indication.

    - Pharmacists, with other healthcare providers, develop and implement evidence-based clinical practice guidelines, drug therapy protocols, and order sets that include medications.
    - Pharmacists develop patient care pathways for specific patient groups, building on critical assessment of available data and information.
    - The effectiveness and appropriateness of medication therapy in optimizing patient outcomes is assessed through drug-use evaluation. The pharmacy department, in cooperation with an interprofessional committee, supports a drug-use evaluation service.
    - Prescribers are not exposed to undue influence to prescribe a drug for which supporting evidence is lacking.

40. Patients and the healthcare system benefit from the incorporation of principles of stewardship into routine practice.

    - Where a formal medication stewardship program exists (e.g., opioid or antimicrobial stewardship programs), its leadership should include a pharmacist.[39]
    - The rational selection and use of medications is guided by a formulary or another system to optimize patient care. The decision-making process within the chosen system takes into account quality of care and a variety of other factors, such as therapeutics, safety, economics, access, and equity. The pharmacy department, in cooperation with an interprofessional committee, maintains the chosen system.

41. The activities of pharmaceutical representatives while they are interacting with healthcare workers (e.g., in patient care areas) and the distribution of medication samples is governed by policy, developed in conjunction with the pharmacy department.

Medication Safety

42. The medication-use system is made safer with the implementation of risk-reduction strategies that consider the patient's perspective and that are based on retrospective and prospective analyses.

    - The membership of quality and safety committees includes members of the public.[16]
    - The pharmacy department instills a culture of safety in its decisions and processes.
    - The pharmacy department takes an interprofessional approach to reporting, monitoring, and evaluating medication incidents (including adverse reactions), and learns from medication incidents that have occurred in other organizations or jurisdictions.
    - The pharmacy department incorporates risk-reduction strategies in its systems approach to managing safety.
    - Suspected and known adverse reactions to medications are reported to the Canada Vigilance Program (MedEffect Canada).
    - Medication incident data are submitted to provincial and national organizations with links to the Canadian Medication Incident Reporting and Prevention System (CMIRPS).[40]
    - Medication alerts, recalls, and quality issues published by the Canada Vigilance Program (MedEffect Canada) are reviewed, documented and acted upon, as relevant.

43. Concerns that something seems amiss receive attention, regardless of their origin.

    - Pharmacy staff act on any such concerns.

44. Pharmacy staff encourage and help patients and their advocates to become involved in improving medication safety.[16]

45. Patients and healthcare workers are supported when a patient safety incident occurs.

Medication Procurement

46. The drug products required by patients are obtained in a timely manner.

- Access to medications that are needed in an urgent or emergency situation is supported by risk management strategies and is not impeded by the pharmacy's hours of operation.
- The pharmacy department manages systems for reliable, secure access to medications at all times, including when an emergency necessitates immediate access by designated non-pharmacy personnel.[41]

47. The origin, and thus the safety, of all medications, equipment, and critical supplies (e.g., primary packaging and filters) used to prepare and dispense medications is traceable along the supply chain, from the point of purchase to the point of use or disposal.

48. Medication shortages are minimized, prevented, and managed in a timely and appropriate manner that avoids hoarding or profiteering.

49. Unnecessary waste associated with pharmacy operations is minimized.

Medication Handling, Storage, and Distribution

50. Patients never receive medications that are not fit for use.

- All medications that are not fit for use (e.g., expired medications, tampered products, and returned products not suitable for redistribution) are not allowed to enter the medication-use process. Such medications are quarantined and segregated from general inventory.
- Medications are compounded only when an equivalent preparation is not commercially available; they are compounded according to best practices.

51. Patients receive medications that are prescribed for them, that are fit for their intended indications, and whose quality meets or exceeds the required specifications.[42]

52. Patients receive medications in a unit-dose, ready-to-administer format that supports safe administration. All doses are labelled and clearly identifiable up to the point of administration.

53. Medications are stored[33] and transported under conditions that promote safe and secure handling, full traceability, and longevity, while maintaining product integrity (e.g., cold chain, tamper-evident technology).

- The pharmacy department is a key stakeholder in the design, implementation, and maintenance of handling, distribution, and storage systems for medications (including drug samples) throughout the organization.
- The pharmacy department has systems in place to safely secure medications,[33] to ensure that only authorized personnel have access to the medications relevant to their respective roles, and to detect when controls have been breached.

54. Patients, healthcare workers, and the public know how to safely use and dispose of medications and related products (e.g., use of sharps containers).

55. Patients and healthcare workers are protected from accidental contamination and exposure to hypersensitizing substances (e.g., beta-lactam drugs, latex) or hazardous substances.

    - The pharmacy department has systems in place to safely handle hazardous medications in the pharmacy.
    - Hazardous medications are stored separately from other inventory to prevent contamination and exposure.
    - The pharmacy department partners with stakeholders to advise on systems to safely prepare, handle, store, and distribute hazardous medications.

56. Patients, healthcare workers, the public, and the environment are protected from exposure to medications and related products (e.g., expired, rejected, returned, or recalled products), hazardous substances, and controlled substances that enter into a waste stream.

    - The pharmacy department, in collaboration with the waste management team and others, assists the organization in developing policies for the safe disposal of medications to ensure compliance with regulatory requirements.

Glossary

The following definitions apply for terms used in these statements. They may have different meanings in other contexts.

Capacity plan	A plan that establishes the maximum output or production that can be achieved by a defined set of resources. Such a plan also describes the amount and type of resources needed to produce a different level of output in the event of demand for changes in output.
Change control practices	A set of written procedures describing the processes to be undertaken if a change is requested (or planned) that will affect the physical environment, equipment, supplies, or processes, or that may affect the quality of a good or service provided. These procedures ensure that changes are considered and approved before being implemented, that the changes either address a problem or improve the system, and that services are not disrupted.
Collaborative healthcare settings	Hospitals, long term care institutions, mental health institutions, rehabilitation institutions, multihospital systems, multidisciplinary family health/primary care clinics, perioperative and ambulatory care clinics, and other healthcare systems.
Drug therapy problems	"Any undesirable event or risk experienced by the patient that involves, or is suspected to involve, drug therapy, and that interferes with achieving the desired goals of therapy and requires professional judgment to resolve"[23]
Entry to care	The process of admitting a person to a healthcare facility as an inpatient or registering a person in an emergency department or outpatient program.
Hazardous medication	A medication that exhibits one or more of the following characteristics in humans or animals: carcinogenicity, teratogenicity or other developmental toxicity, reproductive toxicity, organ toxicity at low doses, genotoxicity; also, structure and toxicity profiles of new drugs that mimic existing drugs deemed hazardous by the five previous criteria.[43]
Healthcare workers	All personnel who work in a healthcare setting, including, but not limited to, employees, physicians, emergency service personnel, home care personnel, public health personnel, persons who are not directly involved in patient care (e.g., administrative staff), contract employees, volunteers, and students.
Indigenous people	Of or relating to Métis, Inuit, and First Nations people, regardless of where they reside.
Medications	Therapeutic products[44] that contain a drug, as well as natural health products,[45] vitamin and mineral supplements, and herbal remedies, regardless of whether the substances were not obtained with a prescription Used interchangeably with "drugs".
Medication safety	The aspect of healthcare that encompasses all elements of medication usage, such as incidents, unwanted effects, interactions, processes and systems for safe use, as well as effective communication.[13]

	Safe use of medications is intended to reduce avoidable harm, increase patient confidence in and commitment to taking medications, and to help patients feel comfortable in talking openly with healthcare providers when they have a question or difficulty with their medication therapy.[13, 18]
Patient-centred care	A multifaceted approach to care that welcomes patients and their families as valued partners with healthcare providers in the design, delivery, and assessment of the care given to the patient. The care is holistic, empowering, and tailored to meet the needs of the patient (and their family).[3] It takes into account the patient's preferences; lifestyle; physical, cultural, and psychosocial supports; goals; needs and expectations; and what people think about their care.[1] At the level of a collective group of patients or the public, patient-centred care influences system-wide changes to the design and delivery of health care.[4] Also known as patient- and family-centred care or person-centred care (pl. people-centred care).
Pharmaceutical care	A patient-centred "practice in which the practitioner takes responsibility for the patient's drug-related needs, and is held accountable for this commitment."[23]
Pharmacy care plan	"A treatment plan that is founded on pharmaceutical care and which is developed according to the standards of care. The plan includes all of the following activities: establishing goals of therapy, determining interventions to prevent or resolve DTPs [drug therapy problems], and scheduling follow-up monitoring."[24]
Pharmacy practitioners	Pharmacists, pharmacy technicians (regulated, where applicable), pharmacist students, and pharmacy technician students.
Pharmacy team	Pharmacy practitioners, pharmacy assistants, and others who provide very similar services as pharmacy assistants.
Quality assurance	"The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled."[46]
Quality control	"The observation techniques and activities used to fulfill requirements for quality."[46]
Quality improvement	An approach to enhancing performance by systematically and continuously making and evaluating changes to the system.
Stewardship	The responsible use of resources in taking care of someone or something. Stewardship "involves balancing competing influences and demands."[47]

Acknowledgements

CSHP acknowledges the following people for their contributions to this publication. Without their knowledge and skill, this paper would not have been possible.

Andrew Brillant

Danette Beechinor

Diane Brideau-Laughlin

Douglas Doucette

Jessica Robinson

Sally Ginson Duke

Zack Dumont

Catherine Lyder

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For more information, please contact:

Canadian Society of Hospital Pharmacists

30, Concourse Gate, Unit #3, Ottawa, ON K2E 7V7

T: 613.736.9733 • F: 613.736.5660

www.cshp.ca

Canadian Society of Hospital Pharmacists

Société canadienne des pharmaciens d'hôpitaux