

APPENDIX A

STANDARDS OF PRACTICE FOR PHARMACEUTICAL CARE

Standards of Care: A set of expectations of the performance of an *individual* practitioner

Professional Standards A set of expectations for a *community* of practitioners

STANDARDS OF CARE FOR PHARMACEUTICAL CARE PRACTITIONERS

Category	Standard
I. Assessment	<p>1. The practitioner collects relevant patient-specific information to use in decision-making concerning all drug therapies.</p> <p>2. The practitioner analyzes the assessment data to determine if the patient's drug-related needs are being met, that all the patient's medications are appropriately indicated, the most effective available, the safest possible, and the patient is able and willing to take the medication as intended.</p> <p>3. Identification of drug therapy problems: The practitioner analyzes the assessment data to determine if any drug therapy problems are present.</p>
II. Care plan development	<p>4. The practitioner identifies goals of therapy that are individualized to the patient.</p> <p>5. The practitioner develops a care plan that includes interventions to: resolve drug therapy problems, achieve goals of therapy, and prevent drug therapy problems.</p> <p>6. The practitioner develops a schedule to follow-up and evaluate the effectiveness of drug therapies and assess any adverse events experienced by the patient.</p>
Follow-up evaluation	<p>7. The practitioner evaluates the patient's actual outcomes and determines the patient's progress toward the achievement of the goals of therapy, determines if any safety or compliance issues are present, and assesses whether any new drug therapy problems have developed</p>

Standard of Care 1: Collection of Patient-specific Information

The practitioner collects relevant patient-specific information to use in decision making concerning all drug therapies.

Measurement criteria

1. Pertinent data are collected using appropriate interview techniques.
2. Data collection involves the patient, family and care-givers, and health care providers when appropriate.
3. The medication experience is elicited by the practitioner and incorporated as the context for decision-making.
4. The data are used to develop a pharmacologically relevant description of the patient and the patient's drug-related needs.
5. The relevance and significance of the data collected are determined by the patient's present conditions, illnesses, wants, and needs.
6. The medication history is complete and accurate.
7. The current medication record is complete and accurate.
8. The data collection process is systematic and ongoing.
9. Only data that are required and used by the practitioner are elicited from the patient.
10. Relevant data are documented in a retrievable form.
11. All data elicitation and documentation is conducted in a manner that ensures patient confidentiality.

Standard of Care 2: Assessment of Drug-related Needs

The practitioner analyzes the assessment data to determine if the patient's drug-related needs are being met, that all the patient's medications are appropriately indicated, the most effective available, the safest possible, and the patient is able and willing to take the medication as intended.

Measurement criteria

1. The patient-specific data collected in the assessment are used to decide if all of the patient's medications are appropriately indicated.
2. The data collected are used to decide if the patient needs additional medications that are not presently being taken.
3. The data collected are used to decide if all of the patient's medications are the most effective products available for the conditions.
4. The data collected are used to decide if all of the patient's medications are dosed appropriately to achieve the goals of therapy.
5. The data collected are used to decide if any of the patient's medications are causing adverse effects.
6. The data collected are used to decide if any of the patient's medications are dosed excessively and causing toxicities.
7. The patient's behavior is assessed to determine if all of his/her medications are being taken appropriately in order to achieve the goals of therapy.

Standard of Care 3: Identification of Drug Therapy Problems

The practitioner analyzes the assessment data to determine if any drug therapy problems are present.

Measurement Criteria:

1. Drug therapy problems are identified from the assessment findings.
2. Drug therapy problems are validated with the patient, his/her family, caregivers, and/or health care providers, when necessary.
3. Drug therapy problems are expressed so that the medical condition and the drug therapy involved are explicitly stated and the relationship or cause of the problem is described.
4. Drug therapy problems are prioritized, and those that will be resolved first are selected.
5. Drug therapy problems are documented in a manner that facilitates the determination of goals of therapy within the care plan.

Standard of Care 4: Development of Goals of Therapy

The practitioner identifies goals of therapy that are individualized to the patient.

Measurement Criteria

1. Goals of therapy are established for each indication for drug therapy.
2. Desired goals of therapy are described in terms of the observable or measurable clinical and/or laboratory parameters to be used to evaluate effectiveness of drug therapy.
3. Goals of therapy are mutually negotiated with the patient and health care providers when appropriate.
4. Goals of therapy are realistic in relation to the patient's present and potential capabilities.
5. Goals of therapy are attainable in relation to resources available to the patient.
6. Goals of therapy include a timeframe for achievement.

Standard of Care 5: Statement of Interventions

The practitioner develops a plan of care that involves interventions to resolve drug therapy problems and interventions to achieve goals of therapy.

Measurement criteria:

1. Each intervention is individualized to the patient's condition, needs, and drug therapy problems.
2. All appropriate therapeutic alternatives to resolve the drug therapy problems are considered, and the best are selected.
3. The plan is developed in collaboration with the patient, his/her family and/or caregivers, and health care providers, when appropriate.
4. All interventions are documented.
5. The plan provides for continuity of care by including a schedule for continuous follow-up evaluation.

Standard of Care 6: Establishing a Schedule for Follow-up Evaluations

The practitioner develops a schedule to follow-up and evaluate the effectiveness of the outcomes from drug therapies and assess any adverse events experienced by the patient.

Measurement criteria:

1. The clinical and laboratory parameters to evaluate effectiveness are established, and a timeframe for collecting the relevant information is selected.
2. The clinical and laboratory parameters that reflect the safety of the patient's medications are selected, and a timeframe for collecting the relevant information is determined.
3. A schedule for the follow-up evaluation is established with the patient.
4. The plan for follow-up evaluation is documented.

Standard of Care 7: Follow-up Evaluation

The practitioner evaluates the patient's actual outcomes and determines the patient's progress toward the achievement of the goals of therapy, determines if any safety or compliance issues are present, and assesses whether any new drug therapy problems have developed.

Measurement Criteria:

1. The patient's actual outcomes from drug therapies and other interventions are documented.
2. The effectiveness of drug therapies is evaluated, and the patient's status is determined by comparing the outcomes within the expected timeframe to achieve the goals of therapy.
3. The safety of the drug therapy is evaluated.
4. Patient compliance is evaluated.
5. The care plan is revised, as needed.
6. Revisions in the care plan are documented.
7. Evaluation is systematic and ongoing until all goals of therapy are achieved.
8. The patient, family and/or care-givers, and health care providers are involved in the evaluation process, when appropriate.

THE STANDARDS FOR PROFESSIONAL BEHAVIOR

Category	Standard
Quality of Care	The practitioner evaluates his/her own practice in relation to professional practice standards and relevant statutes and regulations.
Ethics	The practitioner's decisions and actions on behalf of patients are determined in an ethical manner.
Collegiality	The pharmaceutical care practitioner contributes to the professional development of peers, colleagues, students, and others.
Collaboration	The practitioner collaborates with the patient, family and/or care-givers, and health care providers in providing patient care.
Education	The practitioner acquires and maintains current knowledge in pharmacology, pharmacotherapy, and pharmaceutical care practice.
Research	The practitioner routinely uses research findings in practice and contributes to research findings when appropriate.
Resource allocation	The practitioner considers factors related to effectiveness, safety, and cost in planning and delivering patient care

Standard I: Quality of Care

The practitioner evaluates his/her own practice in relation to professional practice standards and relevant statutes and regulations.

Measurement criteria

1. The pharmaceutical care practitioner uses data from the literature to evaluate his/her performance in practice.
2. The pharmaceutical care practitioner seeks peer review on a continual and frequent basis.
3. The pharmaceutical care practitioner utilizes data generated from his/her practice to critically self-evaluate performance.

Standard II: Ethics

The practitioner's decisions and actions on behalf of patients are determined in an ethical manner.

Measurement criteria

1. The practitioner maintains patient confidentiality.
2. The practitioner acts as a patient advocate.
3. The practitioner delivers care in a nonjudgmental and nondiscriminatory manner that is sensitive to patient diversity.
4. The practitioner delivers care in a manner that preserves/protects patient autonomy, dignity, and rights.
5. The practitioner seeks available resources to help formulate ethical decisions.

Standard III: Collegiality

The pharmaceutical care practitioner contributes to the professional development of peers, colleagues, and others.

Measurement criteria

1. The practitioner offers assistance to other practitioners whenever asked.
2. The practitioner promotes relationships with patients, physicians, nurses, and other health care providers.

Standard IV: Collaboration

The practitioner collaborates with the patient, significant others, and health care providers in providing patient care.

Measurement criteria

1. The patient is seen as the ultimate decision maker and the practitioner collaborates accordingly.
2. The practitioner collaborates with the patient's health care providers whenever it is in the best interest of the patient.

Standard V: Education

The practitioner acquires and maintains current knowledge in pharmacology, pharmacotherapy, and pharmaceutical care practice.

Measurement criteria

1. The practitioner uses the skills of reflectivity to identify areas where knowledge needs to be supplemented.
2. The practitioner continually updates knowledge with publications, professional journal subscriptions, current texts, practitioner interactions, and continuing education programs.

Standard VI: Research

The practitioner uses research findings in practice and contributes to research findings when appropriate.

Measurement criteria

1. The practitioner uses research as the basis for practice.
2. The pharmaceutical care practitioner systematically reviews the literature to identify knowledge, skills, techniques, and products that are helpful in practice and implements them in a timely manner.
3. The practitioner approaches his/her practice with a perspective to conduct applied research when appropriate.

Standard VII: Resource Allocation

The practitioner considers factors related to effectiveness, safety, and cost in planning and delivering patient care

Measurement criteria:

1. The pharmaceutical care practitioner is sensitive to the financial needs and resource limitations of the patient, the health care providers, and the institutions with which he/she interacts.
2. Decisions are made by the pharmaceutical care practitioner to conserve resources and maximize the value of those resources consumed in practice.