

Clinical Services

Statement	Patients	Healthcare professionals	Hospital Pharmacists
<p>1) Hospital pharmacists should be involved in all patient care areas to prospectively influence collaborative therapeutic decision-making and should have access to all clinical data of the patients' health record</p>	<p>Collaborative care is accepted to provide the best outcomes for patients.</p> <p>Therapeutic decision-making is an interdisciplinary activity where all healthcare professionals should be involved. Patients should be aware that Hospital Pharmacists contribute to the safe and effective use of medication. Full access to all clinical data of patients allows Hospital Pharmacists to fulfil their role.</p>	<p>Collaborative care is accepted to provide the best outcomes for patients. Therapeutic decision-making is an interdisciplinary activity where all healthcare professionals should be involved. Healthcare professionals can rely on Hospital Pharmacists to contribute to safe, efficacious and cost-effective use of medication. Full access to all clinical data of patients is required to fulfil this role</p>	<p>Hospital Pharmacists should provide basic clinical services to the greatest extent possible and should pursue the expansion of these activities.</p> <p>Hospital Pharmacists should be integrated into health care teams and accepted as decision-makers regarding medication use.</p> <p>Hospital Pharmacists should have full access to all clinical data of patients in order to fulfil this role.</p>
<p>2) Advanced clinical pharmacy services should manage medication therapy to optimize therapeutic outcomes.</p>	<p>Patients should be aware that Hospital Pharmacists during their clinical activities should be consulted and may intervene before, during and after the treatment is recommended.</p>	<p>Errors can occur during prescription and administration of medicines, highlighted in scientific literature. Healthcare professionals should utilise the Hospital Pharmacists' clinical pharmacy skills in situations where pharmaceutical care is required (such management of anticoagulation therapy, antimicrobial therapy, and therapeutic drug monitoring). Hospital Pharmacists can contribute to the appropriate use of medicines at all stages, starting with the perceived need for a particular medicine for prescribing and ending with the assessment and monitoring of its efficacy and tolerability</p>	<p>Hospital Pharmacists should manage medication therapy for high risk patients. Hospital Pharmacists should have an overview of all medication therapies for patients under their care and record pharmaceutical interventions with the aim to improve quality and safety of all medication use.</p>

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		for patients after administration.	
<p>3) Hospital pharmacists should be an integral part of all patient rounds to assist with therapeutic decision-making and advice on clinical pharmacy and patient safety issues. They are accessible as a point of contact for health care providers.</p> <p>Proposed new statements:</p> <p>Hospital Pharmacists should be an integral part of all patient care teams to assist with therapeutic decision-making and advise on clinical pharmacy and patient safety issues. This ensures that Hospital Pharmacists are accessible for patients and other healthcare professionals.</p>	<p>Patients can be assured that Hospital Pharmacists are part of patient care teams providing knowledge and skills regarding medicines and their use to assist with therapeutic decision-making and advise on clinical pharmacy and patient safety issues. Due to their education Hospital pharmacists are a bridge between different healthcare professionals (doctors and nurses) wherever medication is requested.</p>	<p>Healthcare professionals can rely on the participation of Hospital Pharmacists in patient care teams to assist with therapeutic decision-making and advice on clinical pharmacy and patient safety issues. This participation should be demanded and considered a minimal standard. Due to their education Hospital pharmacists are a bridge between different healthcare professionals wherever medication is requested.</p> <p>New Proposal:</p> <p>Healthcare professionals can rely on the participation of Hospital Pharmacists in patient care teams to assist with therapeutic decision-making and advice on clinical pharmacy and patient safety issues. This should be widely encouraged and considered a basic step in routine pharmaceutical care for patients.</p>	<p>Hospital Pharmacists must develop sustainable clinical services and maintain a consistent high standard of practice in order to ensure optimal patient outcomes. It is necessary to invest in training and specialisation to develop greater clinical accuracy, experience and awareness. National and European guidelines should assist Hospital Pharmacists in the implementation and development of such programs. Due to the varied education of pharmacists understand the needs of other healthcare professionals and can facilitate the communication to patients. The clinical activities should be certified and audited.</p>

- Comment [AB2]:** I am not sure about this sentence
- Comment [AB1]:** To avoid „all rounds“ because in some countries it could be impossible
- Comment [AB3]:** This sentence for doctors and nurses can be dangerous

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<p>4) All prescriptions should be reviewed and validated by a Hospital Pharmacist prior to dispensing and administration of medication. The Hospital Pharmacist should continue to monitor all patients who receive medicines to ensure appropriate medication use and optimal outcomes.</p>	<p>Patients can rely on Hospital Pharmacists as they contribute to reduce the risk of medication errors. They also contribute to the appropriate use of medicines to reach the optimal patient outcomes by monitoring all patients receiving treatment.</p>	<p>Healthcare professionals can rely on Hospital Pharmacists to contribute to reduce the risk of medication errors. They also contribute to the appropriate use of medicines by providing advice regarding the medication therapy as well as monitoring the patients</p>	<p>Hospital Pharmacists should systematically review and validate all prescriptions prior to dispensing and administration of medication. If there is a restriction preventing review and validation for all patients, selected patient groups can be prioritised.</p> <p>Hospital Pharmacists should monitor patients taking medicines at least for a selected group of patients or medicines</p> <p>Hospital Pharmacists should contribute in the definition of procedures for correct prescription and administration of medicines.</p>
<p>5) Pharmacists' clinical interventions should be documented in the patients health record</p>	<p>In the interest of patient safety the patients' health records should be complete, exhaustive and include all contributions provided by all health care professionals involved in their care, including interventions made by Hospital Pharmacists.</p>	<p>Healthcare professionals can expect Hospital Pharmacists to contribute to patients' health records ensuring they are complete, exhaustive and accurate. This includes pharmaceutical advice, recommendations and all interventions conducted by the pharmacy team.</p>	<p>Hospital Pharmacists are accountable for their practice, including pharmaceutical advice, validation and any recommendations. All interventions should be documented in the patients' health records for reasons of traceability, necessity, and patient safety. The documentation is also necessary to support any therapeutic decision by doctors. Hospital pharmacists should contribute in the definition of procedures and a classifications system of such</p>

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			records.
<p>6) Hospital pharmacists should promote medication information transfer whenever patients move between healthcare settings</p>	<p>By scientific evidence transfer between sectors of care – including different units of hospitals – is highly prone to medication errors due to missed information.</p> <p>When a patient is transfer between healthcare settings there is a risk of error due to lost information. Patients can expect Hospital Pharmacists to transfer information about their medication whenever they are moved to another healthcare setting, to provide safe and optimal continuation of treatment.</p>	<p>Complex medication treatments needs clear information transfer which should be provided at using comprehensive knowledge and understanding of medicines by Hospital pharmacists</p>	<p>Hospital pharmacists should contribute to transfer all medication information whenever patients are moved in another sector of care including different units of the hospital. Hospital Pharmacists should attempt to resolve any medication related issues and use a pharmacy information record to communicate this information. If not established Hospital Pharmacists should establish this record.</p>
<p>7) Hospital pharmacists should ensure that patients are educated on the appropriate use of their medicines.</p>	<p>Inappropriate handling of medicines can reduce and even eliminate the effect of medicines Patients (or their caregivers) can rely on Hospital Pharmacists to provide information about their medicines, so that they can manage their medication independently, ensuring optimal outcomes and to prevent re-</p>	<p>Healthcare professionals can rely on Hospital Pharmacists to provide adequate information to patients regarding their medication.</p> <p>If appropriate, additional education regarding medication use can be provided. This is so that the patients</p>	<p>Hospital Pharmacist should provide written instructions for all patients and additional education and counselling to patients and/or their caregivers when deemed appropriate.</p>

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	admission. Hospital Pharmacists have the responsibility, competencies and the interest to provide this advice.	can manage their medication independently or with the assistance of a caregiver to ensure optimal outcomes.	
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