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## Pharmacist Prescribing within a Health Care Facility: KEY MESSAGES

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*Key messages ensure the delivery of effective and consistent communication to target audiences (both internal and external). Particularly within a national organization that relies on the coordination of a number of regional spokespersons, positive branding is accomplished only when the messages align and support one another.*

*Key messages form the base of a cohesive information campaign. While the content and tone of individual presentations and/or interviews inevitably varies, key messages provide a focus, help direct and control discussions and ensure that critical messages are heard and reinforced.*

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The effective presentation of the Pharmacist Prescribing Statement and Information Paper relies on the clear delivery of CSHP's basic messages:

- CSHP advocates a collaborative relationship between physicians and pharmacists
- CSHP supports physicians and pharmacists as partners in prescribing
- CSHP supports the establishment of legislation to formalize collaborative prescribing agreements
- CSHP recognizes the issue of competency and supports competence assessment at both the facility and college/association and provincial levels
- CSHP practice standards prioritize the delivery of exceptional patient care. CSHP believes that the collaborative model enables both physicians and pharmacists to maximize the potential for positive patient outcomes
- CSHP recognizes the informal and successful collaborative arrangements that currently exist within the practice of Canadian hospital pharmacy. Formalizing prescriptive authority for pharmacists further enhances the relationship between physicians and pharmacists and promotes the continued interdependence of these professions in order to most effectively deliver quality patient care.

### **Other key messages for Pharmacist Prescribing within a Health Care Facility include the following:**

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The provision of health care to Canadians in institutions and organized health care settings involves the collaborative efforts of physicians, pharmacists, nurses and other health professionals. Ultimately, pharmacists share in the responsibility for optimal patient outcomes from drug therapy. Pharmacists provide control of dispensing functions and the provision of drug information services, in addition to solving patient- and medication –related problems and making decisions regarding the prescription and monitoring of drugs and drug regimen adjustments.

**Key message: CSHP advocates the role of pharmacists as prescribers. CSHP supports the pharmacist's role in a collaborative prescribing model. This model improves patient health outcomes and increases the successful and efficient delivery of direct patient care.**

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A collaborative prescribing model requires a co-operative practice relationship between a pharmacist and a physician or other health professional with the legal authority to prescribe medications. Recognition of both physician expertise in disease diagnosis and pharmacist expertise in pharmacotherapy and disease management helps maximize the efficacy of quality patient care. In an ideal collaborative practice, the physician makes diagnoses and recommends initial treatment decisions for the patient and the pharmacist selects, initiates, monitors, modifies, continues and discontinues pharmacotherapy as appropriate to achieve the desired patient outcomes. Both the physician and the pharmacist share in the risk and responsibility for the patient outcomes achieved in a collaborative practice model.

**Key message: CSHP supports a model of collaborative practice i.e. physicians make the diagnosis and decide whether or not treatment is appropriate, while the pharmacist's specialized knowledge and skills are applied to the selection, monitoring, modification, and discontinuation of appropriate medication according to patient response.**

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In July and August of 1996, CSHP's Task Force on Pharmacist Prescribing conducted a survey of all hospitals in Canada with greater than 50 beds. A significant number of hospitals reported that pharmacists were involved in "basic prescribing practices", e.g., therapeutic interchange programs, clarification of orders and ordering of non-prescription drugs. The survey demonstrated that a broad range of pharmacist-managed or collaborative drug therapy programs exists in Canadian hospitals (please see information paper for #s).

**Key message: Many hospital pharmacists are routinely involved in basic prescribing practices. Promoting more formal collaborative arrangements between physician and pharmacist promotes the delivery of exceptional patient care and the optimization of therapeutic outcomes.**

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Provincial regulations for the health professions generally do not prohibit the delegation of medication prescribing from physicians to pharmacists. Many institutions have formally delegated prescribing authority to pharmacists in specific disease management arenas. Pharmacists in Canada with informally delegated prescribing authority should confirm that they are not exposing themselves and their patients to unnecessary risks from such arrangements.

Explicit collaborative prescribing agreements should be established which clearly define the delegated authority to the pharmacist. These collaborative prescribing agreements should be reviewed and approved by all of the appropriate governing bodies within the facility, such as the Drugs and Therapeutics Committee, Medical Advisory Committee, Risk Management Committee, and possibly also the insurer and facility lawyers.

**Key message: Canadian pharmacists seeking the right to prescribe or make other complex drug therapy decisions should be protected by formal and explicit collaborative arrangements with an institution/organization's medical staff.**

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