

New CSHP Standards: Comments from the President

On behalf of the CSHP Council I am pleased to present CSHP's new Professional Standards for Hospital Pharmacy Practice in this issue of the Society's Journal. These new practitioner-based standards are broad statements describing desired and achievable levels of performance that are applicable to all hospital pharmacists, regardless of geographic location, specialty, experience, or area of practice. They were developed by a dedicated and hard-working task force chaired by Emily Somers of Halifax, Nova Scotia. Two drafts of the new standards were circulated for review and comment to Society members across the country, including CSHP committee chairs and CSHP Council members. After consideration and incorporation, as appropriate, of the feedback derived from these reviews, CSHP Council ratified the new standards in March 2001.

In view of the practitioner-based focus of the new standards, CSHP council has established the New Standards Committee. This committee, cochaired by Valentina Jelincic and Donna Wheeler-Usher, is responsible for developing a number of new guidelines, position statements, and information papers to support the new standards and their components of practice.

The New Standards Committee and CSHP Council recognize that the old CSHP Standards of Practice,

published in 1993, still contain valuable and practical information for hospital pharmacy practice. Council has therefore agreed that the 1993 CSHP Standards of Practice will become a set of interim guidelines, which will be referred to as "CSHP Guidelines for Practice". The information they contain is available to practitioners until guidelines specifically directed to the new standards are developed (over the next 3 years). Therefore, wherever the term "standard" or "standards" appears within the text of the 1993 standards, please read "guideline" or "guidelines" respectively.

Should you have any questions regarding the new standards or the guidelines, position statements, and information papers that are currently being developed to support them, please contact one of the cochaairs of the New Standards Committee, Valentina Jelincic (e-mail validus@sympatico.ca) or Donna Wheeler-Usher (e-mail dwusher@netcom.ca).



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Canadian Society of Hospital Pharmacists

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Canadian Society of Hospital Pharmacists

Professional Standards for Hospital Pharmacy Practice

Working Definitions

Standard — Broad statement that describes desired and achievable level of performance expected, that is applicable to all hospital pharmacists regardless of geographical location, specialty, experience or area of practice; and forms the basis for development of guidelines specific to various contexts of practice.

Guideline — Detailed description of the components of a specific service, program or other aspect of a hospital pharmacist's practice.

Components of Practice — Criteria against which an individual's performance as a pharmacist may be measured by self and others.

STANDARD 1

Professional Accountability and Continued Competence

Each pharmacist is accountable and responsible to the patient and continually acquires competencies relevant to their patients' needs.

Components of Practice

- 1.1 Practices in accordance with
 - 1.1.1 Relevant provincial and federal legislation
 - 1.1.2 CSHP Standards, official publications and other relevant practice documents
 - 1.1.3 Professional code of ethics
 - 1.1.4 Institutional policy
- 1.2 Assumes responsibility for actions and practices within level of competence
- 1.3 Conducts self assessment at regular intervals to identify strengths and weaknesses
- 1.4 Identifies, develops and implements a plan for continued competency development
- 1.5 Documents professional development activities
- 1.6 Dedicated to the profession through committee and/or scholarly involvement
- 1.7 Demonstrates effective communication skills and interpersonal skills
- 1.8 Responds to and reports situations which may be adverse for the client and/or health care providers

In addition, the pharmacy manager:

- 1.9 Promotes a practice environment that supports professional accountability and responsibility; and

supports continuous professional development for competent pharmacy practice

STANDARD 2

Provision of Quality Services

Each pharmacist provides, facilitates and promotes pharmacy services that meet the needs and expectations of the patient and healthcare providers

Components of Practice

- 2.1 Applies evidence based principles in practice
- 2.2 Supports the development of evidence based guidelines
- 2.3 Seeks out and acts upon opportunities to improve service by evaluating practice and service outcomes
- 2.4 Responsible for continuous pharmaceutical care and seamless care of patients
- 2.5 Ensures documentation of patient care activities
- 2.6 Participates in the review and development of relevant institutional and departmental policies
- 2.7 Manages human, physical and financial resources to promote quality services
- 2.8 Collaborates with patients to assess needs, establish mutual goals and develop and implement a care plan
- 2.9 Collaborates with other healthcare providers

In addition, the pharmacy manager:

- 2.10 Promotes a practice environment that enables the provision of quality services
- 2.11 Continuously evaluates and refines drug utilization based on measured outcomes

STANDARD 3

Evaluation, Application and Provision of Unique Knowledge

Each pharmacist evaluates, applies and provides unique knowledge to achieve safe and effective outcomes to enhance practice

Components of Practice

- 3.1 Involvement in the medication use processes from procurement to administration
- 3.2 Able to retrieve, evaluate and apply appropriate drug and pharmacy information taking into account patient specific factors



- 3.3 Able to apply evidence based pharmacotherapy, taking into account patient-specific factors
- 3.4 Continuously evaluates and refines medication regimens based on measured outcomes
- 3.5 Contributes to the development of new knowledge through participation in scholarly activities

In addition, the pharmacy manager:

- 3.6 Promotes a practice environment that enables the pharmacist to use their unique knowledge

STANDARD 4

Patient Advocate

Based on drug related needs, each pharmacist acts as an advocate for:

- their patients and patient groups,
- continuous improvement in pharmacy practice within the institution, and
- continuous improvement in the overall healthcare system.

Components of Practice

- 4.1 Develops and sustains collaborative partnerships with patients, patient groups, other healthcare professionals, hospital administrators, government, and the pharmaceutical industry to advocate for safe, effective and efficient drug therapy
- 4.2 Advocates for practice improvements including safer medication systems, evidence based practice, direct patient care and continuous care of the patient.
- 4.3 Supports the patient and/or family by providing information and assisting in its interpretation allowing them to participate in decisions regarding their drug therapy
- 4.4 Participates in community healthcare forums

In addition, the pharmacy manager:

- 4.5 Promotes a practice environment that enables the pharmacist to act as an advocate for the patient, for pharmacy practice and the healthcare system.

STANDARD 5

Educator

Each pharmacist promotes safe, effective and efficient use of drugs through the provision of education to patients, pharmacists and other healthcare providers.

Components of Practice

- 5.1 Ensures a system is in place to identify those patients with the greatest need for drug information
- 5.2 Effectively communicates appropriate drug and drug related information needed to promote the safe and effective use of medication

- 5.3 Provides and participates in continuing education and practical training of pharmacists and students
- 5.4 Mentors students and other pharmacists
- 5.5 Educates other healthcare providers in the safe and cost effective use of drug therapy and the role of the pharmacist in direct patient care
- 5.6 Involved with the education of other students

In addition, the pharmacy manager:

- 5.7 Promotes a learning environment that includes practice sites and preceptors for pharmacy students

BACKGROUND

The Canadian Society of Hospital Pharmacists (CSHP) has been setting standards for hospital practitioners since its inception. Hospitals have changed much since the first provincial association of hospital pharmacists was established in 1939 in Edmonton, Alberta and since CSHP national's existence was formalized in 1948. CSHP published the first bound copy of Revised Standards, Guidelines and Statements in 1991, and this document is updated regularly. The creation and continuous updating of standards, guidelines and statements is one of the most significant ways that CSHP supports hospital pharmacists.

Part of the responsibility of CSHP's Standards and Publications Committee is to ensure that the official statements, standards and guidelines of the Society are kept up to date so that they retain their usefulness to the members as a tool for improving practice. In 1998, CSHP sought input from the membership who strongly indicated that CSHP needed to take a new approach to the development of standards and that these standards needed to reflect the great changes taking place in hospital pharmacy practice.

The new Standards for hospital pharmacy practice are practitioner based and are broad statements to describe desired and achievable levels of performance, that are applicable to all hospital pharmacists regardless of geographical location, specialty, experience or area of practice.

CSHP is committed to the continued support of hospital pharmacists in meeting these new standards of practice and in setting the strategic direction for hospital pharmacy practice to protect the public and serve the public interest.

INTRODUCTION

Hospital pharmacy is a unique practice environment for pharmacists. Pharmacy practice in health systems is distinguished by the complexity of the medication-use process, intensity of medication use, close collaboration of pharmacists with other healthcare professionals, focus on improving patient outcomes, pharmacist access to



patient information, compliance with professional standards of practice and specialization.¹

Hospital pharmacy practice faces a multiplicity of changes, challenges, and conflicts:

- Increasing complexity and costly drug therapy;
- An increased risk of adverse effects of drug therapy and growing drug safety issues in general;
- A need for managers to act strategically to meet the requirements of the health system;
- Growth in ambulatory care and alternative care, and a need to coordinate these areas with inpatient care;
- A need to critically evaluate automation and technology from the perspectives of safety, cost, and operations to improve patient care quality;
- A need to continue to take advantage of new pharmacy practice opportunities (e.g., primary care);
- A need to develop and use business-planning skills in the development and evaluation of pharmaceutical programs and services;
- More competition for resources in health systems;
- An increase in the number of allied health professionals with an expanded scope of practice, including prescribing authority.²

The dynamic and challenging practice environment found in healthcare facilities requires unique standards of practice focused on the changing needs of hospital pharmacists.

REFOCUSING HOSPITAL PHARMACY STANDARDS

Pharmacy is a highly regulated profession, influenced by various standard setting bodies. As a voluntary organization, CSHP sets unique standards of practice for hospital pharmacists that complement broader standards (Figure 1). In the context of an ever changing healthcare system, hospital pharmacists have responded by assuming new and expanded roles, functions and contexts of practice. CSHP has responded by creating Standards of Practice that focus on the practitioner.

The approach used in the development of these new standards was based on two key points:

- Professional characteristics of hospital pharmacists form the foundation upon which standards are formed.
- The standards reflect the varied environments in which hospital pharmacists work.

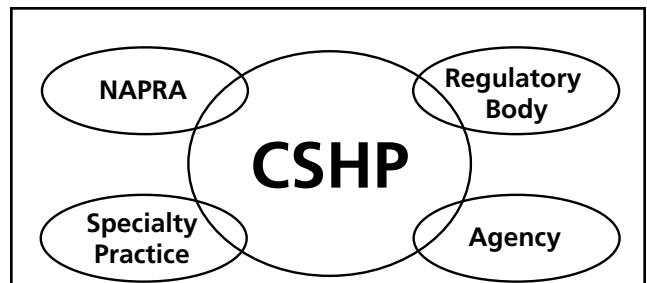


Figure 1. This illustrates the relationship of the various standard setting bodies to the CSHP Standards. The center of the figure depicts the CSHP Standards of Practice, which describe expectations of a hospital pharmacist. The four adjoining circles depict other sets of standards developed by other organizations that also describe expectations of pharmacists.

The **Regulatory Body** represents provincial and territorial legislation that governs the practice of pharmacy. Through these bodies, the profession is granted the authority to set standards for the practice and education of its members, with an obligation to protect the public and serve the public interest.

The **National Association of Pharmacy Regulatory Authorities (NAPRA)** has recently set national standards of practice that describe expectations of all practicing pharmacists.

Standards developed for **Specialty Practice** define expectations for pharmacists in various disciplines of practice (e.g., cardiology, oncology, drug utilization).

Agency includes hospitals, clinics and community health centres, which set standards that describe specific actions and interventions required in patient care settings. This broad range of standards represents complementary and congruent expectations for the hospital pharmacist.

Hospital pharmacists are expected to practice at the level described in the CSHP Standards of Practice. In addition, as the context of pharmacy practice continues to change, hospital pharmacists are accountable to all other standards that apply to their practice.

Applying Standards to Practice

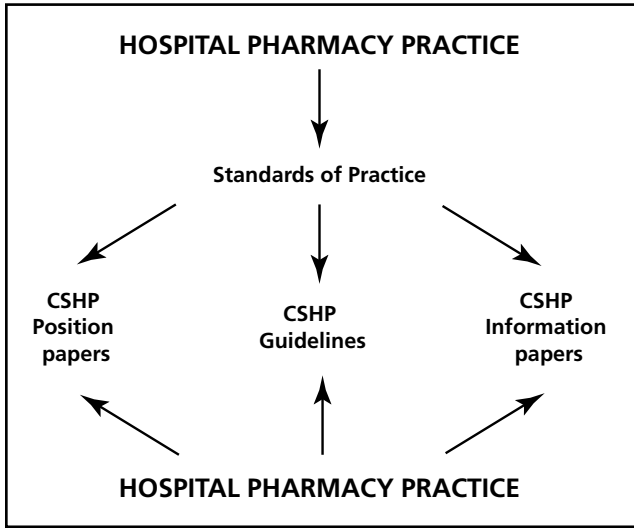
The Standards are broad in nature, capturing the varied practice settings and roles in which hospital pharmacists practice. The corresponding components of practice illustrate the Standards by defining the primary ways by which each standard may be met. The components of practice provide the criteria against which an individual hospital pharmacist's actual performance may be measured by self and others. Components of practice may be further developed to address specific contexts of practice and required competencies. Other methods of assessing the performance of hospital pharmacists include position descriptions, performance appraisals, quality assurance

1. Zellmer WA. The distinctiveness of health-system pharmacy. *Am J Health Syst Pharm* 2000;57(1):28.

2. Gouveia WA, Shane RS. Pharmacy practice management in the next century. *Am J Health Syst Pharm* 1999;56(15):2533.



processes, peer review processes and comparisons to the “reasonable and prudent” practice of other hospital pharmacists.



Assumptions Related to the Standards

Definition:

Standard — Broad statement to describe desired and achievable level of performance that is applicable to all hospital pharmacists regardless of geographical location, specialty, experience or area of practice.

The CSHP Standards are based on the following guiding principles:

- apply at all times to all hospital pharmacists in all practice roles (e.g., direct patient care practice, education, administration and research);
- form the basis for the development of standards for specialty practice;
- may be used in conjunction with other resources to guide hospital pharmacy practice (e.g., hospital or facility mission statements; pharmacy or clinical care team models);
- may be used to develop position descriptions, performance appraisal and quality improvement tools;
- provide a guide to assist hospital pharmacists in decision-making;
- support hospital pharmacists by outlining practice expectations of the profession;

- inform the public and others about what they can expect from practicing pharmacists; and
- are used as a reference for reasonable and prudent practice.

Assumptions Related to Components of Practice

Definition:

Components of Practice — Criteria against which an individual’s performance as a pharmacist may be measured by self and others. They are not the actual tools by which performance is measured.

Components of Practice of the CSHP Standards are guided by the following principles and in many cases are supported by guidelines, position papers and other official publications of CSHP:

- illustrate how standards are met;
- although not all components of practice are measurable at this time, it is expected that assessment tools to assist pharmacists will be developed and referred to over time;
- may be further refined or developed to specifically describe their application in a given context or environment of practice;
- are not intended to be all-inclusive or exhaustive lists of how the standards are met; and
- may be expanded to describe the practice expectations of hospital pharmacists of varying levels of competence, ranging from entry-level to advanced-level practitioners.

The New Standards Committee and CSHP Council recognize that the old CSHP Standards of Practice, published in 1993, still contain valuable and practical information for hospital pharmacy practice. In view of this, Council has agreed that the 1993 CSHP Standards of Practice become a set of interim guidelines and will be referred to as CSHP GUIDELINES FOR PRACTICE. They will provide information to the practitioner until such time as guidelines specifically directed to the new standards are developed over the next 3 years. Therefore, in each case where the term “standard(s)” is used within the old standards’ text, please read “guideline(s)”.

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