HOSPITAL PHARMACIST REVIEW

Patient Identification Verification

Reference	Requirement(s)
HPA Bylaws Schedule F Part 2 s.3.2	Unless dispensing to staff, outpatients or the general public under section 4(5), all registrants must use at least two person-specific identifiers to confirm the identity of a patient before providing any pharmacy service to the patient.
PODSA Bylaws s.36	A registrant must take reasonable steps to confirm the identity of a patient, patient's representative, registrant or practitioner before providing any pharmacy service that requires accessing, using or disclosing of patient personal health information.
PPP-54 Policy Statement #2	**For outpatients:** Where a patient or patient's representative is personally known to the registrant, the registrant may positively identify the patient or patients' representative. In cases where the patient or patient's representative is not known to the registrant, positive identification is best achieved by viewing one piece of primary identification or two pieces of secondary identification. As a best practice, these steps should be documented.

Profile Check

Reference	Requirement(s)
HPA Bylaws Schedule F Part 2 s.13(1)	During pharmacy hours the full pharmacist must review the drug order before the drug is dispensed.
HPA Bylaws Schedule F Part 2 s.13(2)	The full pharmacist must check the drug order for a) the patient's name, hospital number and location, b) the signature of the practitioner, c) the name of the drug, d) the dosage form and strength, e) the route and frequency of administration, f) the duration of treatment if limited, g) directions for use,

	h) the date and time the order was written, and, i) in the case of verbal and/or telephone orders, the name and signature of the person who received the order.
HPA Bylaws Schedule F Part 2 s.13(3)	The full pharmacist must review the pharmacy patient record before dispensing the patient's drug and at appropriate intervals thereafter to assess a) appropriateness of therapy, b) drug interactions, c) allergies, adverse drug reactions and intolerances, d) therapeutic duplication, e) correct dosage, route, frequency and duration of administration and dosage form, f) contraindicated drugs, g) intravenous administration problems including potential incompatibilities, drug stability, dilution volume and rate of administration, and h) any other drug related problems.
HPA Bylaws Schedule F Part 2 s.13(5)	The full pharmacist must monitor drug therapy to detect, resolve and prevent drug-related problems at a frequency appropriate for the medical condition being treated.
HPA Bylaws Schedule F Part 2 s.13(6)	Monitoring includes but is not limited to a) a review of the patient record and/or health record, b) discussion with the patient's practitioner and/or other appropriate individual, and c) use of physical assessment skills when trained to do so.
HPA Bylaws Schedule F Part 2 s.13(4)	The full pharmacist must notify the patient's nursing staff immediately if a problem with a prescription for a ward stock item is discovered.
HPA Bylaws Schedule F Part 1 s.11(4)	**For outpatients:** A full pharmacist must review the patient's personal health information stored on the PharmaNet database before dispensing a drug and take appropriate action if necessary with respect to any concern regarding the appropriateness of the drug or any drug therapy problem.

Counselling

Reference	Requirement(s)
HPA Bylaws Schedule F Part 2 s.13(7)	The full pharmacist must provide drug information, including patient-specific information to patients and health care personnel.
HPA Bylaws Schedule F Part 2 s.13(8)	A full pharmacist, or a limited or student pharmacist under the direct supervision of a full pharmacist, must provide drug consultation to an outpatient or the outpatient's representative, or to an inpatient on request, and must a) confirm the identity of the patient, b) identify the name and strength of drug, c) identify the purpose of the drug, d) provide directions for use of the drug including the frequency, duration and route of therapy, e) discuss common adverse effects, drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur, f) discuss storage requirements, g) provide prescription refill information, h) provide information regarding (i) how to monitor the response to therapy, (ii) expected therapeutic outcomes, (iii) action to be taken in the event of a missed dose, and (iv) when to seek medical attention, and i) provide other information unique to the specific drug or patient.
HPA Bylaws Schedule F Part 2 s.13(9)	If a full pharmacist requests a history from a patient or a patient's representative, the following information must be obtained: a) medical conditions and physical limitations; b) allergies, adverse drug reactions, and idiosyncratic responses; c) past and current prescribed drug therapy including the drug name, strength, dosage, frequency and duration and effectiveness of therapy; d) compliance with the prescribed drug regimen; e) Schedule II and III and unscheduled drug use.
HPA Bylaws Schedule F Part 1 s.12(1)	**For outpatients:**

	Subject to subsection (2), a full pharmacist must consult with the patient or patient's representative at the time of dispensing a new or refill prescription in person or, where not practical to do so, by telephone.
HPA Bylaws Schedule F Part 1 s.12(5)	**For outpatients:** The pharmacist/patient consultation for a REFILL prescription must include a) confirmation of the identity of the patient, b) name and strength of drug, c) purpose of the drug, d) directions for use of the drug including frequency and duration, e) whether the patient has experienced a drug therapy problem.

Documentation

Reference	Requirement(s)
HPA Bylaws Schedule F Part 2 s.16(1)	The full pharmacist must document directly in the patient record all activities and information pertaining to the drug therapy of the patient.
HPA Bylaws Schedule F Part 2 s.16(2)	The documentation must include but is not limited to a) actual or potential drug-related problems that warrant monitoring, b) recommendations for changes in drug selection, dosage, duration of therapy, and route of administration, c) recommendations for monitoring the response to drug therapy, d) notations of consultations provided to other health care professionals about the patient's drug therapy selection and management, e) notations of drug-related patient education and/or consultation provided, f) clarification of drug orders and practitioner's telephone orders received directly by the registrant, and g) allergies, adverse drug reactions and intolerances.
HPA Bylaws Schedule F Part 2 s.17	Documentation of the identity of any registrant who prepared a prescription product or performed a final check must be in writing, readily available and retained for at least three years after the date on which the prescription product was last dispensed.

PODSA Bylaws s.35(1)	**For outpatients:** A registrant must enter the prescription information and record it in PharmaNet at the time of dispensing and keep the patient record current.
HPA Bylaws Schedule F Part 1 s.6(4)	**For outpatients:** At the time of dispensing, a prescription must include the following additional information: (g) written confirmation of the registrant who (i) verified the patient identification, (ii) verified the patient allergy information, (iii) reviewed the personal health information stored in the PharmaNet database, (iv) performed the consultation, (v) performed the final check including when dispensing a balance owing, and (vi) identified and addressed a drug therapy problem, if any.