



**A PRINCIPLED APPROACH
TO DELIVERING
PATIENT-FOCUSED
CARE**

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Just as individual practitioners must constantly reflect on their practice in order to learn and grow so must the regulatory College. We do this by extracting and sharing best practices when things go well – but must be equally diligent in identifying the lessons learned when they do not. The alleged incident of chemotherapy under-dosing that occurred in March of last year is one such example.

Although significant attention was given to investigating the incident itself including an independent report by Dr. Jake Thiessen which found no individual fault, College Council felt strongly that there were broader lessons that could be learned and shared with all pharmacists and pharmacy technicians. Council established the Task Force on Professional Responsibility in Practice with a mandate to review pharmacists' and pharmacy technicians' practice responsibilities and formulate findings and recommendations that would focus on identifying the broader lessons.

The result was the development and unanimous Council approval of Professional Responsibility Principles designed to articulate a member's professional responsibility in practice regardless of role or practice setting. The principles reflect the reality that the healthcare environment and member practice is continuously evolving and may not incorporate a traditional pharmacist-patient relationship or practice setting. Members must consider these principles in the context of their current practice environment and in conjunction with the Standards of Practice.

PRINCIPLE 1: *Members are relied on to use their knowledge, skills and judgment to make decisions that positively enhance health outcomes for patients and provide patient-focused care.*

An understanding of individual patient needs and circumstances is paramount in providing patient-

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focused care. Members are required to assert professional judgment to act in the best interest of the patient and must balance professional versus organizational responsibilities to ensure best patient outcomes and safety. When making decisions, the member's relationship with the patient is of primary importance to ensure the patient's best interests are represented. This necessitates open communication with the patient and all health professionals involved in the patient's care. Members must consider the big picture and be cognizant of the intended and unintended consequences of their actions or inactions.

PRINCIPLE 2: *Pharmacists are responsible for applying therapeutic judgment in order to assess the appropriateness of therapy given individual patient circumstances.*

Pharmacists must practice medication therapy management (MTM) and use therapeutic judgment when providing patient care. MTM optimizes therapeutic outcomes for individual patients utilizing a pharmacist's unique knowledge and experience. As a practice model, MTM supports a coordinated and integrated approach to providing patient care within the broader healthcare delivery system. Applying therapeutic judgment requires a pharmacist to assess the appropriateness of a drug independent of the technical accuracy of a prescription or order, and necessitates consideration of the context in which the drug will be utilized. When a pharmacist determines that additional information is required, he or she has the responsibility to evaluate applicable evidence-based resources to resolve actual or potential drug therapy problems in order to ensure the best patient outcomes. Achieving an appropriate treatment outcome is also dependent on being able to guarantee the quality and safety of drug procurement and distribution systems.

PRINCIPLE 3: *Communication and documentation are central to good patient care when working in a team environment.*

Patient care teams consist of both the intra-professional team with multiple members of the same profession, and the inter-professional team with a variety of healthcare professionals from different professions working collaboratively to deliver quality care within and across settings. A member needs to be conscious that the composition of the care team may vary and everyone who contributes to patient care is a part of the care team. As practice and treatment evolves, members may need to reflect on the changing needs of the patient to determine with whom information is shared. When sharing in the care of a patient it is essential that all appropriate team members are informed of the care plan and that each health professional assumes responsibility for identifying and communicating actual or potential issues to the rest of the team. Effective communication requires an assessment of information that is required and a strategy to obtain this information in addition to sharing information the member possesses. Caution and attention to detail must occur during transitions between team members to ensure appropriate transfer of information and uninterrupted patient care. Members are encouraged to effectively use technology to record patient information in a central location to facilitate information sharing.

PRINCIPLE 4: *Trust in the care provided by colleagues and other health professionals must be balanced with critical evaluation.*

Finding the correct balance between trust and independent evaluation is of utmost importance in order to deliver high quality patient care while not

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paralyzing practice to investigate every situation. When providing patient care there must be a level of trust between team members but that trust should not be blind as members need to evaluate information based on the circumstances. Members need to apply professional judgment to determine when critical evaluation is required, and effectively communicate research and findings to other health professionals.

PRINCIPLE 5: *Members must be diligent in identifying and responding to red flag situations that present in practice.*

Members must be innovative, attentive and agile to identify and respond to “red flag” situations that may arise in practice. Practice that has the potential for a high degree of harm to patients requires additional scrutiny by members. This might include practicing in non-traditional settings, initiating a new practice or process, working with an unfamiliar or high-alert drug such as chemotherapy, or working with complex and vulnerable patient populations. Members must use professional judgment and experiential knowledge to identify situations that do not seem to conform to expected practice circumstances to ensure that these situations are addressed and that appropriate information is gathered to support practice decisions. Clarity regarding patient circumstances is of utmost importance.

A SHIFT IN FOCUS

Practicing with these professional responsibilities in mind requires a conscious shift in our focus from the individual task at hand to the bigger picture of patient-focused care. The principles remind us of our overriding responsibility as regulated healthcare professionals, to uphold our ethical and fiduciary duty to put the best interest of our patients, above our own. This fundamental accountability is rooted in the social contract that exists between society and all regulated healthcare professions, and forms the fragile foundation of trust to which self-regulation exists.

We must always remember that our patients have put their most precious asset – their health and well-being – in our hands. We are the holders of power in the patient-practitioner relationship and our patients trust that we will use the knowledge,

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skills and abilities that we have to make decisions that positively enhance their health outcomes.

In order to support pharmacists' and pharmacy technicians' efforts in actively practicing these Professional Responsibility Principles and the Standards of Practice, the College is shifting its focus as well. Routine pharmacy inspections will evolve from observing “what” is being done to focusing on evaluating actual practice behaviours and interactions with patients and colleagues. Time will be spent on the areas of practice that most directly impact patient and public safety. The emphasis will be on coaching and sharing of best practices to provide members with opportunities and resources to evolve their practice and enhance health outcomes for their patients.

NEXT STEPS

Understanding and internalizing these Professional Responsibility Principles is a critical component toward our consistent delivery of patient-focused care. Throughout the coming months and years the College will continuously share and reinforce these principles with all pharmacists and pharmacy technicians. Additionally, the principles will be used by the College to guide the development of new or revised programs, policies and guidelines and will be shared with pharmacy stakeholders, provincially and federally, to ensure that foundational elements like curriculum and standards of practice are appropriately aligned with these important concepts.

The current constraints on the healthcare system, limited resources and an aging population, will undoubtedly continue to influence public policy. The result will be a growing increase in overlapping scopes of practice as the system struggles to balance efficiencies and access with the safe delivery of healthcare services. In this increasingly complex model of healthcare the patient remains the common denominator.

Practicing with these Professional Responsibility Principles in mind will ensure that we continue to establish ourselves as integral members of the healthcare team who, as medication experts, are dedicated to using our knowledge, skills and abilities to enhance the health and well-being of patients. Regardless of our role or practice setting we must remain diligent in our delivery of patient-focused care. Remembering, if not us, now . . . then who, when? 



Ontario College
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Professional Responsibility Principles

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Principle 3:

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Principle 4:

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Principle 5:

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