



Policy and Procedure of Clinical Pharmacy Service

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**Approval Process**

	Name	Title	Institution	Date	Signature
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**Acronyms:**

<b>DGMS</b>	Directorate General of Medical Supplies
<b>MoH</b>	Ministry of Health
<b>FDA</b>	Food and Drug Administration
<b>MAOIs</b>	Monoamine Oxidase Inhibitors
<b>MDT</b>	Multidisciplinary Team



## **Policy and Procedure of Clinical Pharmacy Service**

### **1. Introduction**

Clinical pharmacy service is a patient-oriented service developed to promote the rational use of medicines, and more specifically, to maximize therapeutic benefits (optimize treatment outcomes), minimize risk, reduce cost, and support patient choice and decisions, thereby ensuring the safe, effective, and economic use of medicine treatment in individual patients.

Al Masarra Hospital recognizes a patient's right to get the proper use of medication at three levels on, during and after admission. Hence, developed this document to keep up an excellence and establish standards for the implementation and evaluation of the clinical pharmacy service especially in the field of psychiatric care management and addiction treatments.

### **2. Scope**

This document is applicable to all health care providers dealing with Clinical Pharmacy Services (Physicians/Doctors, Pharmacy professionals, Nursing staff and other linked Health care workers) in Al Masarra Hospital.

### **3. Purpose**

- 3.1** To provide a direct patient care for the admitted patients.
- 3.2** To promote a safe and effective medication use.
- 3.3** To determine the impact of clinical pharmacy service within a multi-professional healthcare team on the quality of admitted patients' drug therapy.
- 3.4** To provide a progressive health outcome for the admitted patients.



#### 4. Definitions

- 4.1** Clinical Pharmacy Service: a health science discipline in which pharmacists provide patient care that optimize medication therapy, promotes health, wellness and disease prevention.
- 4.2** Drug interaction: a change in a drug's effect on the body when the drug is taken together with a second drug. A drug-drug interaction can delay, decrease, or enhance absorption of either drug. This can decrease or increase the action of either or both drugs or cause adverse effects.
- 4.3** Adverse Drug Reaction: an unwanted effect caused by the administration of a drug.
- 4.4** Patient Counseling: is a broad term which describes the process through which health care professionals attempt to increase patient knowledge of health care issues. Patient counseling may be verbal or written performed on an individual basis or in groups, & provide directly to the patient or relatives.
- 4.5** Medicine Reconciliation: it is a structured approach to document an accurate list of current medications when a patient is admitted to the hospital and record which medicines are to continue, change or stop.
- 4.6** Prescription Review: a structured critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimizing the impact of medicines, minimizing the number of medication-related problems and reducing waste.
- 4.7** Poly-pharmacy: the concurrent use of multiple medications by one individual.
- 4.8** Therapeutic Drug Monitoring: is the management of a patient's drug regime based on serum, plasma, or whole blood concentration of a drug.

#### 5. Policy

- 5.1** Clinical pharmacists must be practitioners who provide comprehensive medication management and related care for patients admitted in the hospital.



- 5.2 Clinical pharmacists must be licensed with specialized advanced education and training who possess the clinical competencies necessary to practice in team-based, direct patient care environments.
- 5.3 Clinical pharmacists must work in collaboration with Multidisciplinary Team (MDT) to deliver comprehensive medication management that optimizes patient outcomes.
- 5.4 Care must be coordinated among MDT and across systems of care as patient transition in and out of various settings.

## 6. Procedure

6.1 The clinical pharmacist's process of care comprises the following components:

- 6.1.1 **Assessment of the patient.** Clinical pharmacist assesses medication-related needs by:
  - 6.1.1.1 Reviewing patient files using a problem-oriented framework (e.g., interpreting and analyzing subjective and objective information) to determine the clinical status of the patient.
  - 6.1.1.2 Meeting with the patient/relatives to obtain and document a complete medication history to identify all of the patient's current medications (including regimens and administration routes), adherence, allergies, and attitudes and experiences with medication therapy.
  - 6.1.1.3 Obtaining, organizing, interpreting and prioritizing patient medication related problems.
- 6.1.2 **Evaluation of medication therapy.** Clinical pharmacist identifies strategies to optimize medication therapy by:
  - 6.1.2.1 Assessing, with other members of the health care team, the appropriateness of current medications on the basis of health conditions, indication, and the therapeutic goals of each medication.
  - 6.1.2.2 Evaluating the effectiveness, safety, and affordability of each medication.



- 6.1.2.3 Assessing medication-taking behaviors and adherence to each medication.
- 6.1.2.4 Identifying medication-related problems and evaluating collaboratively with other members of the health care team the need for intervention.
- 6.1.3 **Development and implementation of a plan of care.** Clinical pharmacist develops and implements, collaboratively with the patient and his/her relatives, a plan for optimizing medication therapy by:
  - 6.1.3.1 Reviewing the patient's active medical problem list to inform and guide the development of an individualized assessment and plan for optimizing medication therapy.
  - 6.1.3.2 Formulating a comprehensive medication management assessment and plan in collaboration with the health care team and implementing this plan to achieve patient-specific outcomes.
  - 6.1.3.3 Educating the patient/relatives (both verbally and in writing) to ensure understanding of the care plan, to optimize adherence, and to improve therapeutic outcomes.
  - 6.1.3.4 Establishing patient-specific measurable parameters and time frames for monitoring and follow-up in collaboration with other members of the health care team.
- 6.1.4 **Follow-up evaluation and medication monitoring.** Clinical pharmacist performs follow-up evaluations in collaboration with other members of the health care team to continually assess patient outcomes by:
  - 6.1.4.1 Coordinating with other providers to ensure that patient follow-up and future encounters are aligned with the patient's medical and medication-related needs.
  - 6.1.4.2 Conducting ongoing assessments and refining the plan of care to optimize medication therapy and ensure that individual goals are achieved.



6.1.4.3 Monitoring, modifying, documenting, and managing the plan of care in collaboration with the patient/relatives and his/her other health care providers.

## **6.2 Clinical Pharmacy Service activities in Al Masarra Hospital**

- 6.2.1 Documentation of pharmaceutical interventions in the patient files in Al-Shifa 3+ Hospital information system.
- 6.2.2 Patient Counseling (On discharge and on follow-up). (See Appendix 1. Counseling Checklist)
- 6.2.3 Educational Activities (Internal and External CME).
- 6.2.4 Adverse Drug Reaction and Medication Error reporting.
- 6.2.5 Approval of Risperdal Consta, Paliperidone, Quetiapine and Clozapine (after reviewing patient file and counsel patient/relatives for their willing). Attending major ward rounds.
- 6.2.6 Medicine reconciliation process - On admission, transfer and discharge. (See Appendix 2. Medicine Reconciliation form in the system)
- 6.2.7 Prescription reviews (poly-pharmacy prescription review, drug-drug or drug-food interactions, prescription pattern and therapeutic drug monitoring).

## **7. Responsibility**

### **7.1 Clinical Pharmacy Professionals Shall:**

- 7.1.1 Serve as therapeutic leaders for the appropriate use of medications according to professional and regulatory standards and lead initiative to detect, mitigate, and prevent medication errors and adverse events.
- 7.1.2 Identify patient's drug-related problems and effectively communicate with physicians/doctors and other healthcare providers.
- 7.1.3 Provide consultation on prescription and non-prescription medications.
- 7.1.4 Participate in the evaluation and management of diseases and health conditions in





collaboration with other health care providers.

- 7.1.5 Develop, document and execute therapeutic plans utilizing the most effective, least toxic, and most economical medication treatments as per established protocol.
- 7.1.6 Recommend medications, including initiation, continuation, discontinuation, and altering therapy, based upon established protocols.
- 7.1.7 Analyze laboratory and diagnostic test data so as to modify drug therapy and dosing as necessary.
- 7.1.8 Perform physical measurement necessary to assure the patient responds to drug therapy.
- 7.1.9 Identify and take specific corrective action for drug-induced problems.
- 7.1.10 Assist in the management of medical emergencies, adverse drug reactions, and acute and chronic disease states.
- 7.1.11 Document relevant finding of a patients' health status in the patients' medical record.
- 7.1.12 Assist with inpatient rounding as agreed upon by the admin. Provide confidential patient care through dedicated, honest and trustworthy staff.



## 8. Document History and Version Control Table

<b>Document History and Version Control</b>			
<b>Version</b>	<b>Description of Amendment</b>	<b>Author</b>	<b>Review Date</b>
1	Initial release	Policy and Procedure Team(P&MS)	March 2021
2	Review & Updated		June 2025
<b>Written by</b>		<b>Reviewed by</b>	<b>Approved by</b>
Ph.Isra Al Lawati		Najla Al Zadjali	Dr. Bader Al Habsi

## 9. Related Documents

- 9.1 Policy and Procedure of Medication Error Reporting, Al Masarra Hospital
- 9.2 Policy and Procedure of Medicine Reconciliation on Admission, Transfer or Discharge, Al Masarra Hospital
- 9.3 Policy and Procedure of the Management of Adverse Drug Reaction, Al Masarra Hospital
- 9.4 Policy and Procedure of Drug-Drug interaction, Al Masarra Hospital  
Policy and Procedure of Drug-Food interaction, Al Masarra Hospital



## 10. References

<b>Title of book/ journal/</b>	<b>Author</b>	<b>Year of publication</b>	<b>Pages</b>
Standards of Practice for Clinical Pharmacists. Available from <a href="http://www.accp.com/docs/positions/guidelines/StndrsPracClinPharmPharmaco8-14.pdf">http://www.accp.com/docs/positions/guidelines/StndrsPracClinPharmPharmaco8-14.pdf</a>	American College of Clinical Pharmacy.	2014	794 – 797
Clinical Pharmacy Service Standards	Sussex Partnership,NHS	2017	1-14



## Appendices

### Appendix 1. Counseling Checklist

## Counseling Checklist Form

Patient I.D: ..... Date:.....

Counseling Tips	Information Giving		
	Yes	No	Not Applicable
Indication			
How to take - Dose (child, adult, elderly, liver disease, kidney disease) - Timing - If you forget to take the dose - If you stop taking the dose - You take more than you should			
Possible side effects - Very Common - Common			
What you need to know before you take  - Pregnancy/ breast feeding  - Driving and using machines  - Food interaction / alcohol interaction.			
Storage			
Disposal			

**Counselor's Name:**.....

**Rx List :**

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**Other Counseling Tips:**

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Appendix 2. Medicine Reconciliation Form

**PHARMACY AND MEDICAL STORES,  
 AL MASARRA HOSPITAL, MoH  
 Medicine Reconciliation**

<p>Date of Admission: _____</p> <p>Patient ID: _____</p> <p>Age: _____</p> <p>Gender: _____</p> <p>Allergies: _____</p>	<p>Diagnosis: _____</p> <p>Reasons for Admission: _____</p> <p>Ward: _____</p>
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Drug History on Admission					
Source	Medication/Dose/Frequency/Route	Action			Comments
		Continue	With-hold	Stop (date)	
Patient					
Relatives					
mothers					
Hospital					
Referral					
POD					
Others					
Herbal medication/ Over the Counter or others?					

  

Completed by: _____	Signature: _____	Checked by: _____	Signature: _____
Date/Time: _____			



### Appendix 3. Poly-Pharmacy Review Checklist

Description	Yes / No	Action	Outcome
Identify objective of Drug Therapy			
Identify essential drug therapy			
Does the patient had taken unnecessary drug therapy?			
Are therapeutic objectives being achieved?			
Does the patient have ADR or is at risk of ADRs?			
Is the drug therapy cost-effective?			
Is the patient willing and able to take drug therapy as intended?			

**Appendix 4: Audit Tool. Clinical Pharmacy Service**

S.N.	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Observation Interview	Does the institution provide Clinical Pharmacy Service for the patients?					
2	Observation  Document review	Does the institution have a written policy and procedure of Clinical Pharmacy services according to an international standard of drug management policies?					
3	Observation  Interview	Are the other healthcare professionals aware about the services provided by the clinical pharmacist in the hospital?					
4	Observation  Interview	Is the assigned clinical pharmacist working according to the policy and procedure?					
5	Observation  Interview  Document Review	Is there any evidence that the Clinical Pharmacist performs patient assessments, interprets drug therapy related tests and carries out interventions for the necessary cases?					
6	Observation  Interview  Document Review	Is there any evidence that Clinical Pharmacy service in the institution is doing medicine reconciliation procedures in coordination with other linked health care providers?					
7	Observation  Interview  Document Review	Does the Clinical Pharmacist promptly transmits written notification to the patient's diagnosing prescriber or enters the appropriate information in a patient's record system shared with the prescriber?					



## Appendix 5. Document Request Form

Document Request Form			
<b>Section A: Completed by Document Requester</b>			
1. Requester Details			
Name	Ph.Isra Al Lawati	Date of Request	June 2022
Institute	Al Masarra Hospital	Mobile	-
Department	Pharmacy & Medical Stores Department	Email	-
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Clinical Pharmacy Service		
Document Code	AMRH/PHARM/P&P/018/Vers.02		
<b>Section B: Completed by Document Controller</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	June 2022
Signature		Stamp	







**Appendix 6. Document Validation Checklist**

Document Validation Checklist					
Document Title: Policy and Procedure of Clinical Pharmacy Service		Document Code: AMRH/PHARM/P&P/018/Vers.02			
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
<b>1.</b>	<b>Approved format used</b>				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed			✓	
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
<b>2.</b>	<b>Document Content</b>				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
<b>3.</b>	<b>Well defined procedures and steps</b>				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart				
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
<b>4.</b>	<b>General Criteria</b>				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ..... For implementation ..... More revision ..... To be cancelled					
Reviewed by: <u>Kunooz Al Balushi</u> Reviewed by: <u>Ruvilee Ramel-Bueno</u>					

