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Recommendations for Patient Medication Records

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EUSP

PATIENT MEDICATION RECORDS AS AN ESSENTIAL COMPONENT FOR QUALITY PHARMACEUTICAL SERVICES

1. Over the last few years the European Union of the Social Pharmacies (EUSP) has been thoroughly examining the **role of the pharmacist** following developments in the profession.

   Industrialization of pharmaceutical production and the growing diversity, specificity and technical nature of medicines which this industrialization has produced, have changed the mission and responsibilities of the pharmacist.

   The EUSP has drawn considerable inspiration from other discussions on the subject and has begun defining and stipulating what the patient and the Public Health authorities should currently be entitled to expect from the pharmacist in terms of services accompanying the dispensing of a medicine, prescribed or otherwise.

   The role of the pharmacist needs to be generally redefined, but the **essential acts** of professional practice must also be enumerated.

   This approach therefore involves developing the **quality** of the pharmacist's services, quality being understood to mean meeting the **patient's** legitimate needs and expectations. With this in mind the key notions which should be our main concern in the area of medicines are **accessibility, efficiency** and **safety**.

2. The pharmacist's role today (and even more so tomorrow) consists of providing **intellectual** services: accompanying, supporting and protecting the supply of medicines. This involves dispensing **information** and **advice**.

   We must therefore create the conditions to ensure these services can be made available to patients.

3. These conclusions led the EUSP to adopt and publish its **"Six commitments for quality pharmaceutical services"**. For the content and commentary on these commitments see the EUSP publication of September 2002.

   The recommendations presented here are a continuation of these commitments and contribute to their implementation through designing and defining an appropriate instrument: **the patient medication record (PMR)**. This instrument appears to be an indispensable part of the process of **pharmaceutical care**: accurate and complete information for the patient on the medicine he receives (with or without a prescription), advice and monitoring when it is dispensed, follow-up and assessment of patient compliance and effects of medication.

4. The PMR contains **structured information about the patient and his treatment, and the actions taken by the pharmacist in dispensing the medicines and monitoring this treatment**.

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5. The **goals** of the PMR are multiple, diverse and all geared to improving pharmaceutical services intended to improve the patient's health and well-being.

   These goals are the following:

   - provide the necessary **information** to pharmaceutically monitor the patient in order to ensure the efficiency and safety of the treatment, and in particular by detecting and recording drug-related problems (medicines interactions, compliance with the treatment, etc.) and their origins.
   - ensure appropriate pharmacist intervention (inform and advise the patient, explain the correct use of medicines, etc.).
   - consult other health professionals and in particular the prescribing doctor (sharing **information**, assessing treatment, etc.).
   - contribute to pharmacovigilance.
   - pass on statistical data which can be used for scientific research.
   - help the pharmacist assess the practice of his profession (self-assessment) and what kind of further training he may require.
   - document all pharmaceutical action, particularly as part of the pharmacist's responsibility and payment.
   - administrative management of dispensing.

6. However, the lay-out of the PMR must respect certain **requirements** if they are to be a legitimate and efficient tool.

   These requirements may be classed as follows:

   Firstly, the drafting and use of the records must respect **professional ethics** as they apply to pharmacists and also **patients' rights**. The pharmacist must make the patient a **partner** in the management of his file and render the **information** intelligible.

   Secondly, the medication records must have a clearly defined **structure** allowing useful links between the sections. If not they lose all efficiency in daily practice. To achieve this computer software is indispensable.

   Thirdly, the PMR must use **standard terminology** both to avoid any later misinterpretations, and to communicate this **information** to other health professionals.

   Fourthly, the PMR must be a dynamic tool, which will only remain useful if the **information** therein is **updated** in real time.

7. However it is not just the content of the patient medication record which must evolve.

   The structure of the tool must be clearly defined from the outset and then it must continue to evolve in order to meet the objectives for which it was created.

   The method of collecting **information** will become standardized as it is increasingly exchanged, discussed and evaluated with other health professionals.

   The PMR which exist side by side with the medical file will very likely turn into a concept of a **general patient record**, to be **shared** between different health professionals while respecting **confidentiality**.

   EUSP wishes to contribute to the discussions on the records and to promote among its members any developments which will encourage their implementation.

   However, we must not ignore the complexity of the **information** to be collected. Including it in the records will require a step-by-step approach. All of the goals in the following recommendations will only be achieved progressively.

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RECOMMENDATIONS FOR PATIENT MEDICATION RECORDS

1. EUSP recommends that pharmacists keep patient medication records, a working tool for pharmacists to promote **quality, efficiency and safety of pharmaceutical care**.

2. These records must collect, store and allow the exchange of **information about the patient, his medicine and action taken by the pharmacist as part of dispensing and monitoring treatment**.

3. These records must be drawn up in compliance with professional ethics.

   The **information** contained in the records is **confidential** and protected by professional secrecy.

   The compiling and use of the records and notification of third parties must respect **patients' rights**, in particular the right to know and understand the recorded **information**.

4. As well as meeting these requirements the medication records must permit, through a dialogue with the patient and in consultation with him:
   - accurate and complete **patient information** about medicines prescribed to him with or without prescription;
   - **advice and checks** during dispensing;
   - **monitoring and evaluation** of patient's compliance and the effects of the medication.

5. The medication records shall facilitate and encourage, using objective and useful **information, pharmacotherapeutic dialogue** between prescribers and pharmacists.

6. The medication records must **document pharmaceutical interventions**, particularly regarding the pharmacist's liability, an assessment of his practice and of his remuneration.

7. The terminology, structure and format of the records must make them a tool which is **legible, usable and easy to share with other health professionals**.

8. EUSP therefore recommends keeping the medication records in an **appropriate electronic form**, designed to meet their specific purpose.

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9. EUSP recommends that PMRs should contain certain **information** based on the following list.

1. **Two types of fixed and updated information about the patient:**

Administrative information:

- identification:
  - full name
  - date of birth
  - gender
  - address, phone, fax, e-mail
- social security details;
- GP.

Information about the patient's **physiology** and **pathology**:

- physiology: weight, height, biological analyses;
- pathology: **information** with an indication of source and classified according to reliable, recognized pathologies, such as the International Disease Classification[1] (IDC):
  - chronic, known pathologies which are relevant to pharmaceutical surveillance.;
  - special diets;
  - allergies.

2. **Record of medicines dispensed to the patient**, according to a reliable, recognized drug classification system such as the Anatomical Therapeutic Classification (ATC)[2].

- the nature of the medicine, including form, quantity and dose;
- dispensing date;
- prescribing doctor.

3. **Information** concerning the **pharmacist's dispensing and monitoring of medication**. This **information** shall cover all nature of incidents - **drug-related problems**[3] - occurring during medication. It must be in a standard format, such as the codification system of the Pharmaceutical Care Network Europe Foundation (PCNE)[4].

It can also give rise to **specific action on the part of the pharmacist,** which must also be recorded in a coded fashion.

The following must therefore be recorded:

- the care plan established as part of the pharmaceutical monitoring;
- the pharmacist's personal notes;
- the patient's statements or important **information** provided by him;
- statements formally or informally made or passed on (such as pharmaceutical opinion) during consultations between the pharmacist and other health professionals, in particular the prescribing doctors.

[1] IDC: International statistical classification of disease and related health problems - World Health Organization (WHO) - final revision 10.

[2] ATC: Anatomical Therapeutic Chemical classification for drugs - WHO.

[3] "A drug-related problem" (DRP) is an event or circumstance involving drug therapy that actually or potentially interferes with desired outcomes" - Pharmaceutical Care Network Europe (PCNE).

[4] Classification of DRPs - final revision of 6.8.2003 vm; short version: "The PCNE Classification V5.00"). Classification proposing 6 types of problems, 6 categories of causes, 5 types of intervention and 3 levels of results.

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