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Glossary of Terms

This Glossary lists terms and definitions used at the Pharmacists Clinic, UBC - Faculty of Pharmaceutical Sciences (the Clinic). This Glossary is not intended to be a definitive list of terminology for general use.

ASSESSMENT[1] - the first step in the comprehensive medication management (CMM) process; a systematic review and appraisal of the patient's medication; involves gathering information, learning about the patient's medication experiences, developing a Best Possible Medication History (BPMH), and identifying and prioritizing drug therapy problems.

BEST POSSIBLE MEDICATION HISTORY[2] – a comprehensive, written list of current medications (all prescription medications, non-prescription medications and natural health products) a patient is taking regularly (including medication taken regularly on an "as needed" basis); is documented in a plain-language format that is intended for patient use and a copy is provided to a patient after a medication review service has taken place. The document must be provided as part of CMM.

CARE PLAN[1] – the second step in the CMM process; detailed schedule outlining the patient and pharmacist activities and responsibilities [including implementation, evaluation and follow-up], designed to achieve goals of therapy, and resolve or prevent a drug therapy problem.

CHRONIC DISEASE – a prolonged (for 3 or more months) condition that often does not improve and is rarely cured completely. Examples include diabetes, hypertension, congestive heart failure, asthma, depression, chronic obstructive pulmonary disease.

CLINICAL PHARMACIST – a licensed full pharmacist in good standing with the College of Pharmacists of BC whose practice is focused on providing CMM.

COMPREHENSIVE MEDICATION MANAGEMENT (CMM)[3] - Patient-centered care to optimize safe, effective and appropriate drug therapy. Care is provided through collaboration with patients and their health care teams. The pharmacists' role in CMM is to:

- Assess patients and their medication-related needs and identify actual or potential drug therapy problems
- Formulate and implement care plans to prevent and/or resolve drug therapy problems
- Recommend, adapt or initiate drug therapy where appropriate
- Monitor, evaluate and document patients' response to therapy
- Collaborate and communicate with other health care providers, in partnership with patients

CONTINUITY OF CARE – the assurance of uninterrupted drug therapy for the best health outcome of the patient which can include, but is not limited to, collaborating with other health care professionals.

DRUG THERAPY PROBLEM (DTP)[1] – an actual or potential undesirable event experienced by a patient which involves, or is suspected to involve, drug therapy and that interferes with achieving the desired goals of therapy. Seven types of DTPs exist:

Unnecessary drug - The drug therapy is unnecessary because the patient does not have a clinical indication at this time.

Needs additional drug - Additional drug therapy is required to treat or prevent a medical condition.

Ineffective drug - The drug product is not optimally effective at producing the desired outcome.

Dosage too low - The dosage is too low to produce the desired response.

Adverse drug reaction - The drug is causing an adverse drug reaction

Dosage too high - The dosage is too high, resulting in undesirable effects.

Patient adherence - The patient is not able to take the drug regimen appropriately.

EVALUATION[1] – the third step in the CMM process; patient encounters at planned intervals to determine the outcome of drug therapy; purpose is to record actual patient outcomes resulting from pharmacotherapy, evaluate progress of the patient toward achieving goals of therapy, determine if previous drug therapy problems have been resolved, and assess whether new drug therapy problems have developed.

EVIDENCE-BASED MEDICINE[4] – the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

FOLLOW-UP CONTACT – a CMM encounter with a patient and Clinical Pharmacist based on an existing care plan.

FULL WORK-UP CONTACT – a first-time CMM encounter with a patient and Clinical Pharmacist where a complete assessment, care plan and evaluation plan is prepared (also occurs when sufficient time has lapsed between encounters such that a full work-up is required).

MEDICATION RECONCILIATION[5] – a process provided as a part of CMM. It is intended to prevent medication errors at transition points in patient care; this includes: creating the most complete and accurate list possible of all medications a patient is currently taking, using this list when writing medication orders, comparing the list and the medication orders; identifying any discrepancies and bringing them to the attention of the prescriber and, if appropriate, making changes to the orders, communicating the best possible medication history to the patient (and/or patient's family), and appropriate caregivers.

MEDICATION REVIEW – a patient care service provided as part of assessment step of CMM; a service that focuses on gathering medication information from multiple sources; improving patient understanding about medications; preparing a BPMH for the patient; and documenting the care provided.

PHARMACEUTICAL CARE[1] – the philosophy behind a patient centered practice in which the pharmacist takes responsibility for identifying and resolving a patient's actual or potential drug therapy problems, and is held accountable for this commitment. In order to provide the highest level of pharmaceutical care, the pharmacist must provide CMM.

SOAP NOTE[6] - a documentation format used by health care professionals to record patient care. The four parts to a SOAP note are: 'Subjective, Objective, Assessment, and Plan. Subjective refers to subjective data obtained from the patient or caregiver interview that is recorded in a narrative format. Objective refers to relevant objective data gathered about the patient's status (vital signs, lab results, physical examinations, etc.). Assessment refers to the health care professional's analysis and summary of the patient's problem(s). Plan refers to the description of the detailed plan for patient care.

References:

1) Cippole R, Strand L, Morley P. Pharmaceutical Care Practice: The Patient Centered Approach to Medication Management. 3rd Edition. McGraw Hill 2012
2) PharmaCare Policy Manual. BC Ministry of Health. 2012
3) Definition of Medication Management. Blueprint for Pharmacy. Canadian Pharmacists Association. July 30, 2013.
4) Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. 1996. **Evidence based medicine: what it is and what it isn't.** BMJ 312: 71–2 [3].
5) Institute for Safe Medication Practices Canada.

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