

## Prescriptive Authority for Pharmacists – Hospital Pharmacy

### DEFINITIONS

“**Director of Pharmacy**” a person who may have authority to legally bind the licensed pharmacists who are employees of the Saskatchewan Health Authority (SHA).

“**Level 1 and 2 prescribing**” see [Pharmacist Prescriptive Authority](#). All requirements, conditions and expectations outlined for level 1 prescribing apply to hospital pharmacists, except for those that apply to SHA policy.

#### Minor Ailments Prescribing Training

Hospital pharmacists are not required to take minor ailments training unless they are practising within a patient self-care environment.

“**Practitioner**” includes physicians, dentists, registered nurses (e.g. nurse practitioners and those with additional authorized practices), optometrists, midwives and podiatrists as specified in [The Drug Schedules Regulations](#).

### ACRONYMS

CPA – Collaborative Practice Agreement  
PAR – Pharmacist Assessment Record  
PIP – Pharmaceutical Information Program  
SHA – Saskatchewan Health Authority

**1) The bylaws require that the pharmacist’s prescription decision has been consented to by the patient or patient’s legal representative. How does that work in the hospital setting?**

Generally, consent for treatment is determined by SHA policy. This includes pharmacist prescribing, but for greater certainty, the SHA informed consent policies should specify these services.

**2) Because a Director of Pharmacy may have legal authority to bind the licensed pharmacists who are employees of the SHA, he or she can execute a collaborative practice agreement on your behalf authorizing your Level 2 prescribing. However, the Medical Director may not have the authority to bind the practitioners who have privileges with the SHA. Then, how can collaborative practice agreements between pharmacists and physicians be executed within the SHAs?**

The bylaws include special provisions for Public Health Care Institutions, such as the SHA. Such agreements can be made in accordance with SHA policy.



**3) The following are examples of Level 2 prescribing performed by pharmacists according to SHA policy:**

- **Step down therapy (e.g. using established step-down therapy criteria which specifies drug and dosage to change intravenous therapy to oral therapy)**
- **Physician orders for an antibiotic “as per pharmacy” or “as per protocol”**
- **Automatic substitution policies (e.g. changing an order for 500mg acetaminophen to 650mg acetaminophen as the SHA stocks 325mg tabs).**
- **Dosage adjustments required in patients with renal impairment**

**What guidance can SCPP give to collaborative practice agreements in the hospital setting?**

The SCPP has developed a [framework](#) and [template](#) to assist with the development of these agreements, in addition to SHA protocols and policies. More information can also be found in Part K, Section 4 of the [SCPP Regulatory Bylaws](#).

**4) What are the responsibilities of pharmacists prescribing under a CPA, in a SHA ambulatory setting, to ensure transitions of care into the community setting?**

See question 2 and 3 regarding CPAs in a health authority.

**Prescribing within the SHA** is governed by SHA policy to the extent that it is consistent with the intent of the bylaws. SCPP interprets this as meaning that if all the elements of the service are within the SHA (i.e. prescribing and dispensing), then documentation and communication according to SHA policy must take place to ensure continued flow of patient information.

**Continued Patient Care**

Practitioners within the hospital should be mindful that health care practitioners in the community may have inconsistent or incomplete access to patient medical records including medications prescribed and dispensed within the hospital. To ensure continued flow of patient information, SCPP recommends communication to those working in the community to allow safer transition of patient care.

**5) What kind of documentation is required by hospital pharmacists with Level 1 prescribing?**

Documentation according to SHA policy is acceptable. However, the patient’s medication history in the PIP should be consulted.