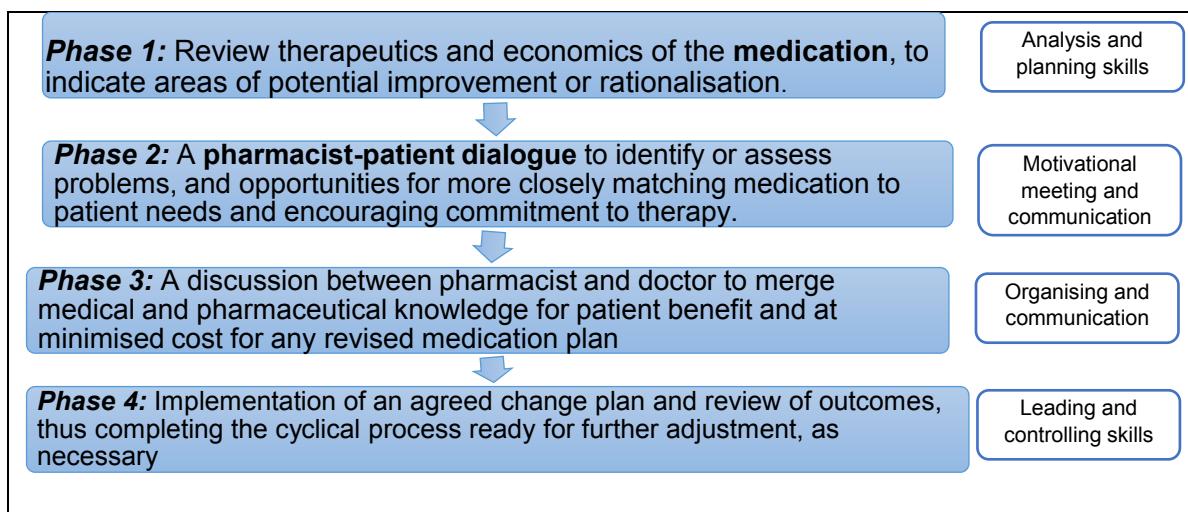


### 3) The Phases and steps for the Pharmaceutical care, Medicines Management



Standard phases for medicines management interventions, modified (Tweedie & Jones, 2001)

#### Ten steps to achieve comprehensive medication management

1. Identify patients who have **not achieved** clinical goals of therapy.

**Phase 1&2**

2. Understand the patient's **personal medication experience/history** and **preferences/beliefs**.

3. Identify **actual use** patterns of all medications including over-the-counter, bioactive supplements, and prescribed medications.

4. **Assess each medication** (in the following order) for appropriateness, effectiveness, safety (including drug interactions), and adherence, focused on achievement of the clinical goals for each therapy.

5. **Identify all drug therapy problems** (the gap between current therapy and that needed to achieve optimal clinical outcomes).

**Phase 3**

6. **Develop a care plan** addressing recommended steps, including therapeutic changes needed to achieve optimal outcomes.

7. **Patient agrees with and understands care plan**, which is communicated to the prescriber/provider for his or her consent/support. **Concordance vs Adherence**

8. **Document** all steps and current clinical status versus goals of therapy.

**Phase 4**

9. **Follow-up evaluations** with the patient are critical to determine effects of changes, reassess actual outcomes, and recommend further therapeutic changes to achieve desired clinical goals/outcomes, other team members and personalized (patient unique) goals of therapy are understood by all team members.

10. Comprehensive medical management is a **reiterative process**—care is coordinated with personalized (patient unique) goals of therapy are understood by all team members.





الخطوة الأولى: اتفاق المريض (Patient agreement), الخطوة الثانية: اتفاق المريض (Patient agreement) -> Adherence

الخطوة الثالثة: مراجعة و評價 (follow up + evaluation) -> Adherence

الخطوة الرابعة: تقييم تجربة المريض (Patient experience) -> Adherence

الخطوة الخامسة: 4 مراحل (4 phases) -> Adherence

الخطوة السادسة: 10 خطوات (10 steps) -> Adherence

الخطوة السابعة: نظام كندي (Canadian System)

الخطوة الثامنة: جمع معلومات المريض (Patient information) -> Collect

الخطوة التاسعة: تقييم الاستخدام (Assess) -> Assess

الخطوة العاشرة: تقييم كل دواء (Assessment of each medication) -> Assess

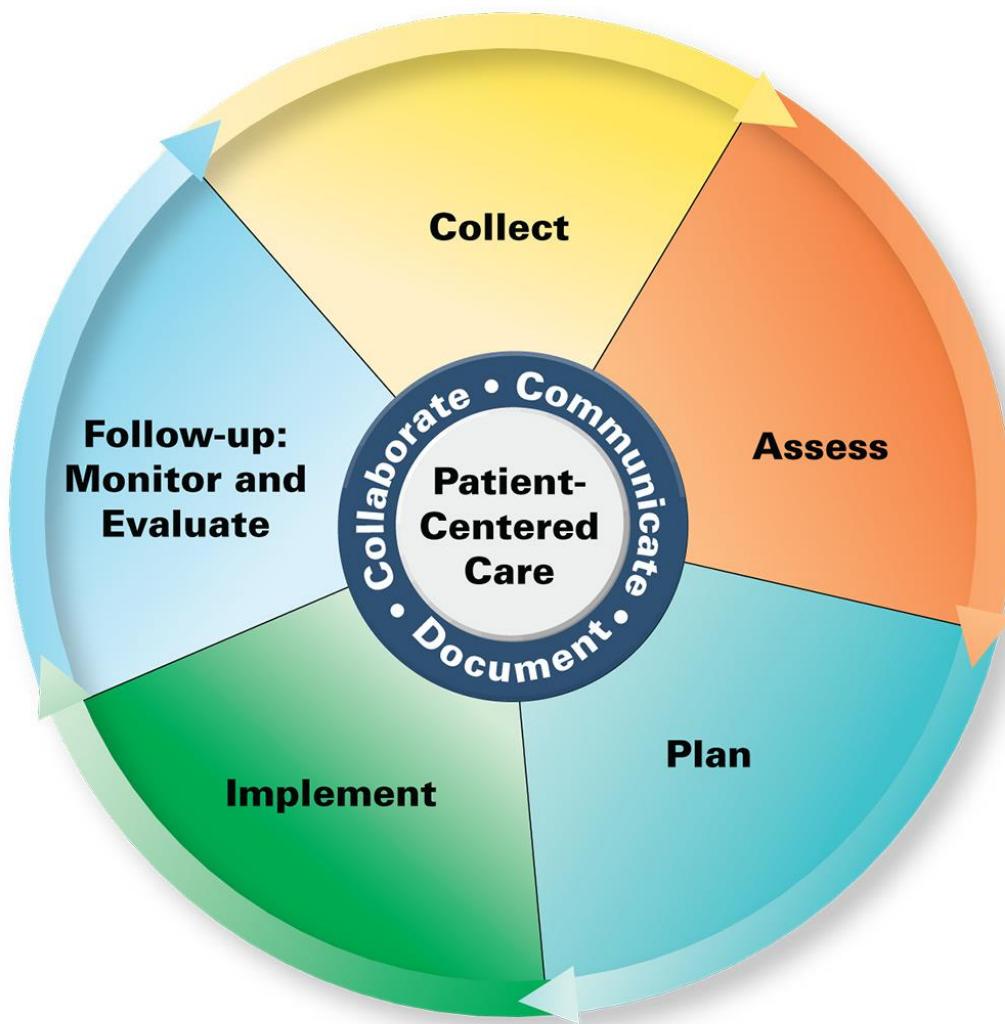
الخطوة الحادية عشر: تقييم النتائج (Assessment of results) -> Assess

الخطوة الثانية عشر: تقييم الاتصال (Two pathway communication) -> Assess

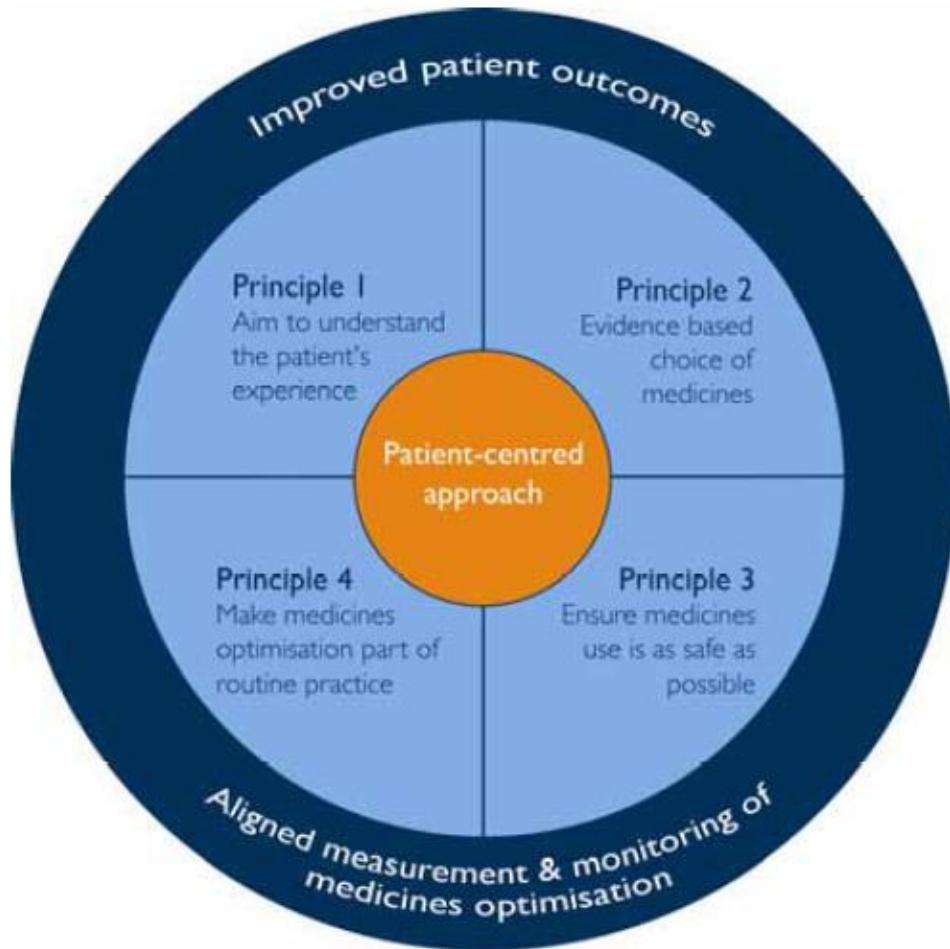
الخطوة الثالثة عشر: تطبيق (Implementation) -> Implement

الخطوة الرابعة عشر: متابعة و مراقبة (Follow up and monitor) -> Monitor

الخطوة الخامسة عشر: تقييم تجربة المريض (Patient experience) -> Assess



## 4) Medicines Optimisation Principles and subsequent outcomes and influences

**Principle 1: Aim to understand Patient's Experience**

Outcomes this principle is intended to influence:

- 1) Patients are more engaged, understand more about their medicines and are able to make choices, including choices about prevention and healthy living.

➤ Measured by patient communication outcomes

- 2) Patients' beliefs and preferences about medicines are understood to enable a shared decision about treatment.

➤ Measured by Medication Beliefs questionnaires

- 3) Patients are able to take/use their medicines as agreed.

➤ Measured by Adherence (details on adherence lecture)

- 4) Patients feel confident enough to share openly their experiences of taking or not taking medicines, their views about what medicines mean to them, and how medicines impact on their daily life.

➤ Measured by Satisfaction questionnaires and quality of life questionnaires.

طاعه تبزيره اكتام و معاشره Medicational optimization  $\Leftrightarrow$  most recent term (مطابق بتعبر) Medicational optimization  $\Leftrightarrow$  Pharmaceutical Care science 4 suggested principles  $\Leftrightarrow$  a) Medicational optimization b) Pharmaceutical Care science  $\Leftrightarrow$  improve patient outcomes  $\Leftrightarrow$  ادويه يعصف بـ<sup>ي</sup> اكتام فـي المـعـارـفـه  $\Leftrightarrow$  Aligned measurements, patient centered approach  $\Leftrightarrow$  4 principles  $\Leftrightarrow$  معاشره اكتام

لأنه إذا تم القياس على معيار Gold Standard (القياس على معيار ذهبي) فإن المعايير الأخرى (القياس على معيار ذهبي) مثل sales ، marketing ، medicine) ليسوا لها "If you Can majore it, you Can manage it" طموح: لإدارة "If you Can majore it, you Can manage it" طموح: لإدارة

النحوين :- Medication beliefs questionnaires & no beliefs بحسب حاليه حاليه  
ـ 3 :- Adherence دينيه و تعايش  
ـ 4 :- من جنبيه ( impact on their daily life , share openly their experience )  
beliefs about , Adherence , medication  
- health related quality of life ( impact ) نعم

Cost effective نسباتی تی حافظه مجموعه علی بارشة، بیرونیاتی تی Capital letter ← AND ← Principle 3  
admission and readmission در این Safety در این معاشر، ← ②. Avoid harm of patient در این معاشر،  
pharmaco economic principles در این ریکور معاشر ③ unplanned readmission of hospital بیماری، Hospitals ←  
استیاد تی بی اینست کریز team work ← Principle 4  
· routine measurements routine assessment داعیا گیریا team work  
· Medicine management دارو Medicine of optimization

**Principle 2: Evidence based choice of medicines**

Outcomes this principle is intended to influence

- 1) Optimal patient outcomes are obtained from choosing a medicine using best evidence (for example, following NICE guidance, local formularies etc) and these outcomes are measured.
- 2) Treatments of limited clinical value are not used and medicines no longer required are stopped.

**Principle 3: Ensure medicines use is as safe as possible AND Cost Effective**

Outcomes this principle is intended to influence:

- 1) Incidents of avoidable harm from medicines are reduced.
- 2) Patients remain well and there is a reduction in admissions and readmissions to hospitals related to medicines usage.
- 3) Application of cost effective and pharmacoeconomics principles (greater value for money invested in medicines)

**Principle 4: Make medicines optimisation part of routine practice**

- 1) Patients receive consistent messages about medicines because the healthcare team liaise effectively.
- 2) It becomes routine practice to signpost patients to further help with their medicines and to local patient support groups.
- 3) The impact of medicines optimisation is routinely measured.



ضي ب جريها سينا

برنامجهای مدیریت دارویی Medicine management Services  
برنامجهای مدیریت دارویی Medicine management Services 20 bound  
Medicine management 1 hour دو ساعت یک ساعت

## Medicine optimization

## Medicina le consiliorum

(احمد النولی) ار

pharmaceutical care)

## medication review

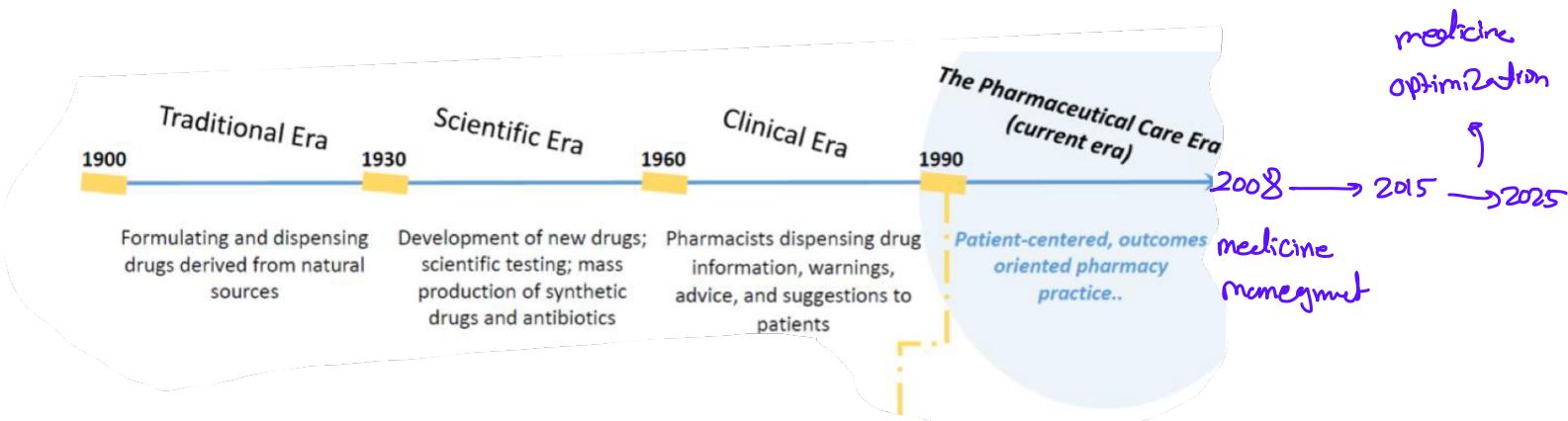
The pharmacist should be 責 for the services other than dispensing of medication.

الآن في المنهجيات المعاصرة، يتم تطبيق المنهجيات التحليلية على المنهجيات التقييمية، مما يسمى بالمنهجيات التحليلية التقييمية.

، كُبِّلَ دِكْتُرَاهُ تَبَعَّجَ دِكْتُورَ رِبْعَوْنَا، Cost effective .

جوفر 26 معین از رفاقت تطویر المنهی در ترجمه منظمه one bound program دی چورناده

جوم بالمعادلة المثلثية ستعطى درجة  $\angle A$  كالتالي  $\angle A = 26 \text{ JD} - 2 \text{ JD} = 24 \text{ JD}$



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