

Descriptive Elements of Pharmacist Intervention Characterization Tool - DEPICT 2

Instructions		RECIPIENT	
		A. PATIENT / CAREGIVER	B. HEALTH CARE PROFESSIONAL
Instructions: Check the cells that correspond to the components of the pharmacist's intervention. A checked cell represents "Yes". An empty cell represents "No or Not Reported". HCP= Health Care Professional			
		<i>Examples: Patient Counseling Academic Detailing</i>	
0.00	Who the pharmacist contacts as part of the service	<input type="checkbox"/>	<input type="checkbox"/>
1. CONTACT WITH RECIPIENT: <i>how the contact with the recipient occurs</i>			
1.01	One-on-one contact	<input type="checkbox"/>	<input type="checkbox"/>
1.02	Contact with group	<input type="checkbox"/>	<input type="checkbox"/>
2. SETTING: <i>where the recipient received the service</i>			
2.01	Community pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
2.02	Hospital bedside	<input type="checkbox"/>	<input type="checkbox"/>
2.03	Emergency department	<input type="checkbox"/>	<input type="checkbox"/>
2.04	Hospital pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
2.05	Ambulatory / Primary care setting	<input type="checkbox"/>	<input type="checkbox"/>
2.06	HCP office	<input type="checkbox"/>	<input type="checkbox"/>
2.07	Recipient's home	<input type="checkbox"/>	<input type="checkbox"/>
2.08	Nursing home / Long-term care facility	<input type="checkbox"/>	<input type="checkbox"/>
2.09	Public places / Classrooms	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Other setting clearly stated, not previously included	<input type="checkbox"/>	<input type="checkbox"/>
3. FOCUS OF INTERVENTION: <i>characteristics of the patient who benefits indirectly or directly from the intervention</i>			
3.01	On a specific medical condition	<input type="checkbox"/>	<input type="checkbox"/>
3.02	On a specific medication or pharmacological class or dosage form	<input type="checkbox"/>	<input type="checkbox"/>
3.03	On a pre-specified sociodemographic patient's characteristics	<input type="checkbox"/>	<input type="checkbox"/>
3.04	Without any disease, pharmacological or sociodemographic restriction	<input type="checkbox"/>	<input type="checkbox"/>
4. CLINICAL DATA SOURCES: <i>where the pharmacist obtains the information for patient's assessment</i>			
4.01	Drug prescription orders	<input type="checkbox"/>	<input type="checkbox"/>
4.02	Pharmacy records / Pharmacy computer system	<input type="checkbox"/>	<input type="checkbox"/>
4.03	Point-of-care testing	<input type="checkbox"/>	<input type="checkbox"/>
4.04	Medication list or brown bag data	<input type="checkbox"/>	<input type="checkbox"/>
4.05	Patient self-monitoring data	<input type="checkbox"/>	<input type="checkbox"/>
4.06	Adherence measuring tools	<input type="checkbox"/>	<input type="checkbox"/>
4.07	Physical / Functional assessment procedure or test	<input type="checkbox"/>	<input type="checkbox"/>
4.08	Cognitive / Mental assessment test	<input type="checkbox"/>	<input type="checkbox"/>
4.09	Laboratory tests / Therapeutic drug monitoring	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Patient interview (not including assessment procedures or tests)	<input type="checkbox"/>	<input type="checkbox"/>
4.11	Medical records	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Discharge or referral letter	<input type="checkbox"/>	<input type="checkbox"/>
4.13	Direct contact with HCP	<input type="checkbox"/>	<input type="checkbox"/>
4.14	Aggregated clinical databases / Alert systems	<input type="checkbox"/>	<input type="checkbox"/>
4.15	Other clearly stated clinical data sources, not previously included	<input type="checkbox"/>	<input type="checkbox"/>
5. VARIABLES ASSESSED: <i>parameters evaluated by pharmacist to construct intervention</i>			
5.01	Drug selection (Rx, OTC or other)	<input type="checkbox"/>	<input type="checkbox"/>
5.02	Medication / Therapy effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
5.03	Medication safety	<input type="checkbox"/>	<input type="checkbox"/>
5.04	Patient / Caregiver educational needs / Beliefs	<input type="checkbox"/>	<input type="checkbox"/>
5.05	HCP information needs	<input type="checkbox"/>	<input type="checkbox"/>
5.06	Medication adherence	<input type="checkbox"/>	<input type="checkbox"/>
5.07	Medication list / History accuracy	<input type="checkbox"/>	<input type="checkbox"/>
5.08	Patient nutrition or lifestyle	<input type="checkbox"/>	<input type="checkbox"/>
5.09	Screening results	<input type="checkbox"/>	<input type="checkbox"/>
5.10	Costs of treatment	<input type="checkbox"/>	<input type="checkbox"/>
5.11	Medication accessibility / Availability	<input type="checkbox"/>	<input type="checkbox"/>
5.12	Expired or improperly stored medication	<input type="checkbox"/>	<input type="checkbox"/>
5.13	Dispensing or administration errors	<input type="checkbox"/>	<input type="checkbox"/>
5.14	Laboratory tests requirements	<input type="checkbox"/>	<input type="checkbox"/>
5.15	Legal or administrative requirements	<input type="checkbox"/>	<input type="checkbox"/>
5.16	Other clearly stated variable(s) assessed, not previously included	<input type="checkbox"/>	<input type="checkbox"/>

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6. ACTION(S) TAKEN BY PHARMACIST: *whatis done to address the identified problems*

6.01	Structured Educational Program	<input type="checkbox"/>	<input type="checkbox"/>
6.02	Drug information or patient counseling	<input type="checkbox"/>	<input type="checkbox"/>
6.03	Reminders / Notification about non-compliance	<input type="checkbox"/>	<input type="checkbox"/>
6.04	Referral to other HCP or service	<input type="checkbox"/>	<input type="checkbox"/>
6.05	Change or suggestion for change in therapy / Lab tests order	<input type="checkbox"/>	<input type="checkbox"/>
6.06	Update of patient's medication list	<input type="checkbox"/>	<input type="checkbox"/>
6.07	Monitoring results report	<input type="checkbox"/>	<input type="checkbox"/>
6.08	Other clearly stated action(s), not previously included	<input type="checkbox"/>	<input type="checkbox"/>

7. TIMING OF ACTION(S) *when the action takes place for each recipient*

7.01	On or during patient admission	<input type="checkbox"/>	<input type="checkbox"/>
7.02	On patient discharge	<input type="checkbox"/>	<input type="checkbox"/>
7.03	First weeks after patient discharge	<input type="checkbox"/>	<input type="checkbox"/>
7.04	Inter / Intra patient health care facility transfer	<input type="checkbox"/>	<input type="checkbox"/>
7.05	After an acute patient event or exacerbation	<input type="checkbox"/>	<input type="checkbox"/>
7.06	Medication dispensing	<input type="checkbox"/>	<input type="checkbox"/>
7.07	Scheduled appointment	<input type="checkbox"/>	<input type="checkbox"/>
7.08	At any time	<input type="checkbox"/>	<input type="checkbox"/>
7.09	New or changed prescription	<input type="checkbox"/>	<input type="checkbox"/>
7.10	Other clearly stated timing of action(s), not previously included	<input type="checkbox"/>	<input type="checkbox"/>

8. MATERIALS THAT SUPPORT ACTION(S): *Items developed or provided as part of the service*

8.01	Discharge or referral letter	<input type="checkbox"/>	<input type="checkbox"/>
8.02	Educational materials / Leaflets / Written action plan	<input type="checkbox"/>	<input type="checkbox"/>
8.03	Medication compliance device/ Administration aid device	<input type="checkbox"/>	<input type="checkbox"/>
8.04	Medication list / Medication schedule / Medication report	<input type="checkbox"/>	<input type="checkbox"/>
8.05	Patient diary / Health diary	<input type="checkbox"/>	<input type="checkbox"/>
8.06	Guidelines / Clinical procotols / Evidence chart	<input type="checkbox"/>	<input type="checkbox"/>
8.07	Self-monitoring device	<input type="checkbox"/>	<input type="checkbox"/>
8.08	Auxiliary labels / Pictorial instructions / Written reminders	<input type="checkbox"/>	<input type="checkbox"/>
8.09	Other materials developed or provided, not previously included	<input type="checkbox"/>	<input type="checkbox"/>

9. REPETITION: *Recurrence and frequency of actions and contacts with recipient*

Action recurrence

9.01	Action(s) described in item 6 performed in one contact	<input type="checkbox"/>	<input type="checkbox"/>
9.02	Action(s) described in item 6 performed in multiple contacts	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of contacts

9.03	Number of contacts with recipient during service	<input type="checkbox"/>	<input type="checkbox"/>
9.04	Intervention duration per recipient (in days)	<input type="checkbox"/>	<input type="checkbox"/>

10. COMMUNICATION WITH RECIPIENT

Method

10.01	Face-to-face	<input type="checkbox"/>	<input type="checkbox"/>
10.02	Written (including web-based)	<input type="checkbox"/>	<input type="checkbox"/>
10.03	Telephone	<input type="checkbox"/>	<input type="checkbox"/>
10.04	Video conference	<input type="checkbox"/>	<input type="checkbox"/>

Distribution of contacts during intervention

10.05	Only in person	<input type="checkbox"/>	<input type="checkbox"/>
10.06	Mainly in person with some remote contact	<input type="checkbox"/>	<input type="checkbox"/>
10.07	Equally in person and remotely	<input type="checkbox"/>	<input type="checkbox"/>
10.08	Mainly remotely with some contact in person	<input type="checkbox"/>	<input type="checkbox"/>
10.09	Only remotely	<input type="checkbox"/>	<input type="checkbox"/>

11. CHANGES IN THERAPY AND LAB TESTS

PHARMACIST AUTONOMY

11.01	Not applicable (Check if item A.6.05 was not selected)	<input type="checkbox"/>
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Medication and Lab tests

11.02	Autonomy to start prescription medication	<input type="checkbox"/>
11.03	Autonomy to suspend prescription medication	<input type="checkbox"/>
11.04	Autonomy to change prescription medication	<input type="checkbox"/>
11.05	Autonomy to order laboratory tests	<input type="checkbox"/>

Capability to make changes in prescription medication or lab tests

11.06	Changes or lab tests orders with restrictions (dependent prescribing model)	<input type="checkbox"/>
11.07	Changes or lab tests orders without restrictions (independent prescribing model)	<input type="checkbox"/>