Drug and Therapeutics Committee
Training Course

Session 1.
Drug and Therapeutics Committee—Overview

Participants’ Guide
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Developed in Collaboration with the
World Health Organization
Geneva, Switzerland
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>AB</td>
<td>antibiotic</td>
</tr>
<tr>
<td>ADR</td>
<td>adverse drug reaction</td>
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<tr>
<td>ARI</td>
<td>acute respiratory infection</td>
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<tr>
<td>DDD</td>
<td>defined daily dose</td>
</tr>
<tr>
<td>DTC</td>
<td>Drug and Therapeutics Committee</td>
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<tr>
<td>DUE</td>
<td>drug use evaluation</td>
</tr>
<tr>
<td>NSAID</td>
<td>non-steroidal anti-inflammatory drug</td>
</tr>
<tr>
<td>ORS</td>
<td>oral rehydration salts (used without being defined in slides)</td>
</tr>
<tr>
<td>PHC</td>
<td>public health care</td>
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<tr>
<td>STG</td>
<td>standard treatment guideline</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TOR</td>
<td>terms of reference</td>
</tr>
<tr>
<td>URTI</td>
<td>upper respiratory tract infection</td>
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<tr>
<td>VA</td>
<td>visual aid</td>
</tr>
<tr>
<td>VEN</td>
<td>vital, essential, nonessential</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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SESSION 1. DRUG AND THERAPEUTICS COMMITTEE—OVERVIEW

Purpose and Content

The Drug and Therapeutics Committee (DTC) is an essential component of a health care organization’s medicine selection, use, and distribution program. This committee has many different functions that will contribute to the goal of improving medicine selection and rational use of medicines. This session provides an overview of the role and functions of a DTC and describes all aspects of this important committee.

This training series is intended for practitioners who serve on a DTC. The emphasis of this session and of the entire training series is on the technical aspects of a DTC, including medicine selection for the formulary, identification of medicine use problems, and the promotion of interventions to improve medicine use. Participants are referred to the “Further Readings” section for information on the establishment and implementation of a new DTC. The WHO publication Drug and Therapeutics Committee: A Practical Guide provides step-by-step procedures for starting a new DTC.

Objectives

After attending this session, participants will be able to—

- Understand the role of the DTC
- Understand DTC structure and organization and its relationship to other hospital committees
- Understand the functions of a DTC, including advisory responsibilities, development of policies and procedures, formulary management, identification of medicine use problems, and promotion of strategies to improve medicine use and medicine safety.
- Discuss the importance of the DTC in promoting rational use of medicines, especially antimicrobial use and injections

Preparation and Materials

- Read the Participants’ Guide
- Read the World Health Organization (WHO) manual Drug and Therapeutics Committees: a Practical Guide. (See “Further Readings” below.)
Further Readings


Introduction

Key Definitions

Drug and Therapeutics Committee (DTC)—The committee that evaluates the clinical use of medicines, develops policies for managing pharmaceutical use and administration, and manages the formulary system

Formulary Committee—The committee dedicated to selecting, developing, and maintaining a list of approved medicines for the hospital or clinic

Formulary—A list of medicines that are approved for use in the health care system by authorized prescribers

Formulary System—A system of periodically evaluating and selecting medicines for the formulary, maintaining the formulary, and providing information in a suitable manual or list

Medicine Use Problems and the Need for a DTC

Many countries will spend 30 to 40 percent of their health care budgets on pharmaceuticals, and much of that money is wasted because of irrational use and inefficiencies in procuring medicines. Other serious problems that health care organizations face include the overuse of antibiotics, increasing antimicrobial resistance, increasing adverse drug reactions (ADRs), and considerably higher costs associated with pharmaceutical use. DTCs can provide the leadership and structure to select appropriate medicines for the formulary, identify medicine use problems, promote rational use of medicines, and help reduce pharmaceutical costs.

Many surveys worldwide have revealed inappropriate medicine use. Examples are taken mainly from Quick and others (1997), Managing Drug Supply, the 2004 international conference on improving the use of medicines, the website http://www.icium.org, and the WHO Database on Drug Use in Primary Health Care in Developing Countries, 2001–2006. Results from the latter database can be accessed from the WHO medicines website under—

- Presentations given at the Technical Briefing Seminar, which is conducted by WHO Geneva every year and can be accessed at http://www.who.int/medicines/areas/policy/en/index.html
- Briefing given to delegates at the 60th World Health Assembly in 2007, which can be accessed at http://www.who.int/medicines/areas/rational_use/WHA60NGObriefingshortMay07.pdf.

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The sources show that—

- 30–60 percent of primary health care patients receive antibiotics, perhaps twice what is clinically needed.\(^2\)
- 6–90 percent of patients receive inappropriate antibiotics in teaching hospitals (adapted from Hogerzeil 1995, pp.1–6).
- Standardized surveillance of outpatient use of antibiotics in Europe showed that in 2002, France consumed three times as more antibiotics than the Netherlands even though these countries are neighbors and are likely to have the same case-mix (Goosens et al. 2005). Surveillance of antimicrobial resistance in Europe and some other countries has shown that resistance of \textit{S. pneumonia} to penicillin is correlated with use; that is, countries using more antibiotic had more resistance (Albrich, Monnet, and Harbath 2004).
- Overall in developing countries at primary health care level, less than 70 percent of pneumonia cases are treated with an appropriate antibiotic, and yet more than half of all viral upper respiratory tract infections are treated inappropriately with antibiotics; furthermore, doctors, paramedical workers, and nurses all seemed to perform equally (WHO/PSM Database on Medicines Use in Primary Health Care in Developing Countries, 2007).
- Overall in developing countries at primary health care level for the treatment of acute diarrhea, less than half are treated appropriately with oral rehydration solution, and yet about half are treated with antimicrobials, which is rarely necessary; furthermore, treatment in the private sector was considerably poorer than in the public sector (WHO/PSM Database on Medicines Use in Primary Health Care in Developing Countries, 2007).
- About half of all patients at the primary health care level in developing countries in all regions are not treated in compliance with clinical guidelines (WHO/PSM Database on Medicines Use in Primary Health Care in Developing Countries, 2007).
- 5–50 percent of primary health care patients receive injections, up to 90 percent being medically unnecessary. Many of these injections are not given in a sterile manner, and so cause the spread of bloodborne infections such as hepatitis B and C and HIV/AIDS (adapted from (1) Managing Drug Supply 1997; (2) Simonsen 1999\(^3\); (3) Hutin 2003\(^4\)).

A health care organization’s DTC has numerous responsibilities that, when performed successfully, will have a positive impact on health care. The overall value of the DTC is not

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easily measured, but many authorities agree that it is a valuable component of a comprehensive health care system. Some of the important benefits of a functioning DTC are—

- Selection of effective, safe, high-quality, and cost-effective pharmaceuticals for the formulary
- Identification of medicine use problems that can lead to improved medicine use, including antimicrobial use
- Improved medicine use, including antimicrobial use
- Improved quality of patient care and health outcomes
- Management of antimicrobial resistance
- Increased staff and patient knowledge
- Decreased ADRs and medication errors with improved management
- Improved medicine procurement and inventory management
- Management and control of pharmaceutical expenditures through better management

**Role and Functions of a DTC**

The DTC’s role is to optimize rational use of medicines by evaluating the clinical use of pharmaceuticals, developing the policies for managing medicine use and administration, and managing the formulary system. The committee has broad responsibilities in determining what medicines will be available, at what cost, and how they will be used.

The committee’s functions are numerous and may be only partially performed by other committees. The primary functions are—

- Advising medical, administrative, and pharmacy departments on pharmaceutical related issues
- Developing pharmaceutical policies and procedures
- Evaluating and selecting medicines for the formulary and providing for its periodic revision
- Identifying medicine use problems
• Promoting and conducting effective interventions to improve medicine use (including educational, managerial, and regulatory methods)

• Managing ADRs and medication errors

**Advising Medical Staff, Administration, and Pharmacy**

The DTC is a valuable asset to the medical staff, administration, pharmacy, and other departments within the health care organization. The committee provides advisory services to these departments on all aspects of pharmaceutical selection, use, and distribution. Typically, the DTC provides recommendations and advice, whereas the executive or medical staff committee takes action on these recommendations and implements approved decisions.

Many other departments and medical services, including the nursing department, public health, the Infection Control Committee, immunization programs, and dental services, would benefit from the DTC and its advisory services in both public and private sectors.

**Developing Drug Policies and Procedures**

The DTC is responsible for developing pharmaceutical policies in the health care organization. These policies are necessary to adequately control important aspects of medicine selection, purchase, distribution, use, and administration. The DTC is the logical choice for performing these tasks, since its members have the most experience and training in pharmaceutical therapy and distribution. Policies and procedures are generally the first order of business in the committee, because they will provide the foundation for other functions that evolve from the committee. Besides general policies about medicine use, the following specific policies should be in place—

• Addition of new medicines
• Nonformulary medicines
• Restricted medicines
• Investigational medicines
• Standard treatment guidelines (STGs) and other interventions to improve medicine use
• Generic substitution and therapeutic interchange
• Automatic stop orders
• Structured order forms and guidelines
• Pharmaceutical representatives and promotional literature

The development of comprehensive policies and procedures is critical to the success of the DTC. These policies will provide the framework for implementing improvements in medicine selection and use.
**Evaluating and Selecting Medicines for the Formulary**

One of the most important functions of the DTC is the evaluation and selection of medicines for the health care organization’s formulary. Evaluating medicines and consequently approving or rejecting them requires significant expertise and commitment from the committee.

The evaluation of medicines will require a rigorous approach that looks at documented efficacy, safety, quality, and cost of all medicines requested for the formulary. A system of periodic review of medicines on the formulary is also needed because the information base about medicines is constantly changing. These changes may be reflected in new indications, information about efficacy and safety, and comparative information with other medicines. The cost of a medicine, whether it is a new medicine or a generic that has been on the formulary for many years, may change frequently and requires frequent evaluation. Consistent decision making is necessary in the selection of medicines and involves—

- Evidenced-based medicine
- Consideration of local context
- A transparent evaluation process

Evaluating medicines for the formulary includes the review of generic medicines and other therapeutic equivalents so the most cost-effective formulary for the hospital and primary care clinic can be established. The evaluation process should include review of the primary pharmaceutical literature (especially randomized controlled trials), published STGs, pharmacoeconomic studies, review articles, and reliable textbooks.

**Identifying Medicine Use Problems**

The DTC is required to assess the quality of care (related to medicine use) in a consistent, ongoing fashion. This responsibility, however, is frequently overlooked. Time and attention here will have significant return in the long term with improved quality of pharmaceutical therapy, improved patient outcomes, and decreased pharmaceutical costs. Several pharmaceutical management areas need to be assessed to identify medicine use problems—

- Pharmaceutical procurement and availability
- Pharmaceutical distribution
- Medicine prescribing
- Dispensing
- Administration and use
- ADR reports
- Medication error reports
- Antimicrobial resistance surveillance reports

Many different methods are used to assess the quality of care, including the following that will be discussed in this training series: ABC and vital, essential, nonessential (VEN) analyses, defined daily dose (DDD) analysis, aggregate data analysis, health care facility indicators, hospital antimicrobial indicators, and drug use evaluation (DUE or drug use review).
Promoting Interventions to Improve Medicine Use

Irrational use of medicines, a common problem present in all health care systems worldwide, contributes to poor patient outcomes and wastes valuable resources. Promoting and implementing effective interventions are necessary to ensure rational use of medicines. Important interventions to improve medicine use are as follows—

- Educational programs
  - Drug bulletins and newsletters
  - In-service education

- Managerial programs
  - Development of STGs
  - DUE
  - Clinical pharmacy programs
  - Structured order forms and automatic stop orders

- Regulatory programs
  - Pharmaceutical registration
  - Professional licensing
  - Pharmaceutical outlet licensing

Managing Adverse Drug Reactions

The committee must address the issue of ADRs to medications on a regular basis. ADRs are a serious problem with increasing incidence, as more medicines become available and more people become exposed to them. In the United States, a review of prospective studies showed that in 1994, hospitalized patients had 2.2 million ADRs (6.7 percent incidence) and an estimated 106,000 fatalities. Other studies have shown that ADRs account for 3–7 percent of all hospital admissions. These data become more significant when you consider that the statistics in these studies do not include errors of administration, which would only increase the total incidence of morbidity and mortality. The DTC should have a plan to address the problems of ADRs including regular monitoring, assessment, reporting, correcting identified problems, and prevention.

Newly released medicines can be a problem because of lack of knowledge and inadequate clinical experience associated with them. The current trend to “fast track” pharmaceuticals into distribution is also increasing the incidence of adverse side effects because these new medicines may not have been adequately tested before release by regulating authorities. Older medicines may produce just as many side effects, but their effects are largely known and can be anticipated and prevented in many instances.

Managing Medication Errors

Medication errors may occur in prescribing a medicine, in preparing and dispensing by a pharmacist, in preparing and administering by a nurse, and when a patient takes the medicine. The problem is pervasive and occurs with all persons who handle medications. The causes of errors are numerous and include lack of knowledge, fatigued employees, careless work attitudes, poor procedures for pharmaceutical distribution, and mental mistakes. Errors will occur no matter how ideal a health care setting may be. Therefore, the DTC must provide the mechanism to monitor, assess, and prevent medication errors.

Organization of a DTC

The DTC is usually made up of health care professionals from the medical staff (with representatives of the major specialties), pharmacists, nursing personnel, and representatives from administration. Although this mix of personnel would provide the most input from diverse segments of the health care organization, no single recommendation that dictates who is on this committee. Since to a large extent the committee regulates what physicians will be prescribing and how pharmacists are involved with pharmaceutical therapy and logistics, these professionals will need a significant voice on the committee.

Ideally, a well-known and respected physician will provide leadership for the committee, with a pharmacist as co-chair or executive secretary. These individuals should be appointed by the health care organization’s administration. The committee must maintain a line of authority and support to top management in the health care system. Figure 1 illustrates a DTC’s typical organization.

When specific medicines are being considered, the committee may invite specialists to participate in meetings as needed; these individuals do not have voting privileges. Subcommittees may be formed to carry out specific tasks, for example, therapeutic class review of antimicrobial medicines or the development of a medication error prevention strategy.

Meeting regularly, at least three to six times a year, is very important for the DTC. If necessary, the committee will need to enforce mandatory attendance to accomplish the functions of the committee. Minutes are prepared for each meeting and distributed to appropriate medical, nursing, and pharmacy departments.

Finally, all goals, terms of reference, policies, decisions, and other actions of the DTC should be documented and the records should be kept.
Many DTCs have found it necessary to form an associated subcommittee of the DTC that deals solely with antimicrobials. The purpose and goal of this subcommittee is to ensure that safe, effective, cost-effective antimicrobials are made available to the health care organization. This subcommittee also dedicates itself to ensuring that antibiotics are used only when clinically indicated, at the correct doses, and for the appropriate duration of time. The subcommittee must also ensure that patients are taking these medicines correctly, because correct use may have a profound effect on treatment outcomes and the prevention of antimicrobial resistance.

Functions of the antimicrobial subcommittee are similar to the DTC, but with an emphasis on antimicrobial medicines. Ideally, an antimicrobial subcommittee would function as follows—

- Address issues relating to antimicrobials including correct prescribing
- Develop policies concerning use of antimicrobials for approval by the DTC and medical staff; policies should specifically include sections on methods to limit and restrict use of antimicrobials in the hospital and primary care clinics
- Assist in evaluating and selecting antimicrobials for the formulary
- Organize educational programs for health care staff
- Assess and monitor antimicrobial sensitivities and resistance patterns in hospitals and primary care clinics; prepare monthly reports of these activities and disseminate to appropriate departments and health care professionals
Infection Control Committee

The Infection Control Committee oversees the hospital’s infection control, prevention, and monitoring programs. This committee operates independently of the DTC, but frequently relies on the DTC’s advisory function. Infection Control Committees perform the following major functions—

- Develop and recommend policies and procedures pertaining to infection control
- Address food handling, laundry handling, cleaning procedures, visitation policies, and direct patient care practices, including hand washing and immunizations
- Obtain and manage critical bacteriological data and information, including surveillance data
- Recognize and investigate outbreaks of infections in the hospital and community
- Educate and train health care workers, patients, and nonmedical caregivers

Figure 2 illustrates the organizational structure of these committees within the health care organization.
Guiding Principles for DTCs

For a DTC to be effective, certain principles must be adopted and followed throughout the committee activities and proceedings. These principles can be applied to any committee or any function of the health care system.

- Transparent and unbiased decision-making
  - Explicit criteria and process
  - Documentation of activities
  - Absence of conflict of interest including pharmaceutical manufacturers and suppliers
  - Development and enforcement of a strict ethics policy for all committee activities

- Objectivity—Evidence-based approach and levels of evidence

- Consistency—Activities of the committee are consistent and follow established policies and procedures. Medicines in the formulary and STGs consistent throughout the health care system.

- Impact orientation—Indicators of process, impact, and outcome show improved health care results.
Factors Critical for Success of a New or Long-Standing DTC

- Establish clear goals and purpose
- Obtain wide representation on the committee—prescribers, nurses, pharmacists, administration
- Permit no relationship of the committee or committee members with pharmaceutical manufacturers or suppliers
- Communicate all DTC information, policies, procedures, recommendation, and actions to staff
- Obtain official status approved by the administration (local hospital director and regional health bureaus) with strong management support—important issue
- Ensure the committee has a motivated, respected, and dynamic chairperson and members
- Develop support from medical and pharmacy departments and local professional schools
- Ensure contextual incentives

Ethical Concerns of the DTC

The committee needs to operate in a manner that ensures transparency and avoids conflicts of interest with manufacturers and distributors of pharmaceuticals and medical supplies. For the committee to maintain objectivity and credibility, a strict ethics policy must be developed and rigorously enforced at all times. The committee can have no relationship with pharmaceutical companies other than a purely professional one that encourages the acquisition of quality medicines and the flow of unbiased information about their products.

Monitoring DTC Performance

DTCs are present in many hospitals and clinics, but many are not effective in improving the use of medicines or in managing pharmaceutical distribution. The following process and outcome indicators will help identify when a DTC is effective and making an impact.

Process indicators—

- Is there a DTC document that indicates terms of reference (TOR) including goals, objectives, functions, and membership?
- Is a budget allotted to DTC functions?
- What percentage of DTC members attend more than half of meetings?
- How many DTC meetings are held per year?
• Are there documented criteria for addition and deletion of medicines to the formulary?

• Have STGs been developed, adapted, adopted, and implemented?

• How many educational programs were presented in the last year?

• How many intervention studies to improve medicine use have been conducted?

• How many DUEs have been undertaken?

• Is there any documented policy for controlling access of pharmaceutical manufacturing representatives and promotion literature to hospital staff?

Outcome indicators—

• Medicine selection
  o Number of medicines on the hospital formulary
  o Percentage of prescribed medicines on the formulary
  o Number of antimicrobials on the formulary

• Prescribing quality
  o Percentage of patients treated in accordance with STGs
  o Percentage of pharmaceutical treatments meeting agreed criteria of DUE

• Pharmaceutical safety—Mortality and morbidity rates per annum due to adverse consequences of medicine use (ADRs and medication errors)

• Financial sustainability—Cost of DTC activities versus the money saved through improving pharmaceutical use and decreasing waste

Activity

**Review of the Participants’ DTC**

To start our activities for this DTC training program, it would be helpful to review the kinds of programs that your DTC provides. Please take a few minutes and answer the following questions using the Drug and Therapeutics Committee Questionnaire (annex 1). Please tear the completed form from your Participant’s Guide and hand it in to the session moderator.

During this activity, participants will be asked to discuss individual challenges and barriers to starting and maintaining a DTC. This discussion is important because it will give all of the participants and the trainers knowledge of the existing challenges and barriers and will help guide the training to identify solutions to some of these issues.
Summary

The Drug and Therapeutics Committee should be a dynamic, integrated, and productive organization that deals with all issues concerning the use of medicines. The committee can provide leadership in promoting rational use of medicines.

Important functions of the committee include—

- Advising medical, administrative, and pharmacy departments
- Developing policies and procedures for the use and distribution of medicines
- Evaluating and selecting medicines for the formulary and providing for its constant revision
- Identifying medicine use problems
- Promoting effective interventions to improve medicine use including educational, managerial, and regulatory activities
- Managing ADRs and medication errors

Factors critical for success include the following—

- Clear goals and purpose
- Wide representation—prescribers, nurses, pharmacists, administration
- No relationships between DTC and manufacturers or suppliers
- Communications to staff of all DTC information, policies, procedures, recommendation, and actions
- Official status approved by administration (local and Ministry of Health) with strong management support
- Motivated, respected, and dynamic chairperson
- Promotion and support by medical and pharmacy departments and local professional schools
- Contextual incentives
Annex 1. Drug and Therapeutics Committee Questionnaire

Name ________________________________________________________________

Town/city __________________________________________________________________

Name of work site _________________________________________________________

Region _____________________________________________________________________

Please completely fill out the questionnaire below. If your health care facility does not have a DTC, please indicate whether the activity mentioned in the question is done by another organization within your health care facility.

<table>
<thead>
<tr>
<th>DTC Question</th>
<th>Answer</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Does your hospital have a DTC?</td>
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<td>If yes, how many years has the DTC been established?</td>
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<td>Yes ____</td>
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<td></td>
<td>Number of years ___________</td>
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<tr>
<td>Does your DTC have a Subcommittee on Antimicrobials?</td>
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<td>Yes ____</td>
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<td>No ____</td>
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<td>Does your hospital have an Infection Control Committee?</td>
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<tr>
<td>What are the major functions of your DTC?</td>
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<tr>
<td>DTC Question</td>
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<td>Comments</td>
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<tr>
<td>Does your DTC have guidelines and procedures that regulate the functions of the DTC?</td>
<td>Yes ____</td>
<td>Yes ____</td>
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<td>What professional staff members are represented on the committee? Please list them</td>
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<td>How many members typically attend DTC meetings? Please list those who usually attend</td>
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<td>Who serves as the DTC chairperson?</td>
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<td>Who serves as the secretary?</td>
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<td>How often does the DTC meet?</td>
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<td>What topics are covered in the regular meetings of the DTC?</td>
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<td>Do you maintain minutes of the DTC meeting?</td>
<td>Yes ____</td>
<td>Yes ____</td>
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<tr>
<td>Does your hospital have a medicine formulary?</td>
<td>Yes ____</td>
<td>Yes ____</td>
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<tr>
<td>DTC Question</td>
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<td>Comments</td>
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<td>Does your committee routinely evaluate new requests for the formulary or</td>
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<td>essential medicines lists?</td>
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<td>No ____</td>
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<td>Does your committee regularly review the formulary for availability of</td>
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<td>the most effective, safe, and cost-effective medicines?</td>
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<td>No ____</td>
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<td>How many chemical entities are in your formulary?</td>
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<td>How many medicine products (including different formulations and different</td>
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<td>banded products of the same chemical entity)?</td>
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<td>Approximately how often do prescribers prescribe medicines that are not in</td>
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<td>the formulary list?</td>
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<td>Is there a medicine information center in your hospital?</td>
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<td>If no, does your hospital have plans to institute one?</td>
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<tr>
<td>What sources of pharmaceutical information are used to evaluate medicines for the formulary? (Please list each source.)</td>
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</tr>
<tr>
<td>Does your DTC have an Internet connection for pharmaceutical information searches?</td>
<td>Yes _____</td>
<td>No _____</td>
</tr>
<tr>
<td>Who provided the medicine information sources for your hospital and when did this occur?</td>
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<tr>
<td>What is the role of pharmaceutical companies or suppliers in providing information on new medicines and promoting medicines in your institution?</td>
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<tr>
<td>Does your DTC have established policy for evaluating adverse drug reactions?</td>
<td>Yes _____</td>
<td>No _____</td>
</tr>
<tr>
<td>Does your DTC have established policies to assure product quality?</td>
<td>Yes _____</td>
<td>No _____</td>
</tr>
<tr>
<td>DTC Question</td>
<td>Answer</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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<tr>
<td>Does your DTC participate in evaluating pharmaceutical costs?</td>
<td>Yes</td>
<td></td>
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<tr>
<td></td>
<td>No</td>
<td></td>
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<tr>
<td>Does your DTC have established methods for periodically evaluating the use</td>
<td>Yes</td>
<td></td>
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<tr>
<td>of medicines in the hospital? If yes, what methods are used?</td>
<td>No</td>
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<tr>
<td>Has the committee detected any problems in the use of medicines? If yes,</td>
<td>Yes</td>
<td></td>
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<tr>
<td>please describe the problems.</td>
<td>No</td>
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<tr>
<td>Does your DTC have programs or strategies to improve pharmaceutical use</td>
<td>Yes</td>
<td></td>
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<tr>
<td>problems? What are these strategies?</td>
<td>No</td>
<td></td>
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<tr>
<td>Does your DTC participate in preparing technical specifications for</td>
<td>Yes</td>
<td></td>
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<tr>
<td>procurement of medicines?</td>
<td>No</td>
<td></td>
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<tr>
<td>What are some major accomplishments of the committee?</td>
<td></td>
<td></td>
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<tr>
<td>DTC Question</td>
<td>Answer</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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<tr>
<td>What are major problems of your committee?</td>
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<tr>
<td>What would you like to see accomplished with your committee?</td>
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</tbody>
</table>