



June 20, 2017

Judy Chong  
Ontario College of Pharmacists  
483 Huron Street  
Toronto, ON M5R 2R4

**Re: CSHP – Ontario Branch – Recommendation to Update and Revise Approach to Criteria**

Dear Ms. Chong:

The Ontario Branch of the Canadian Society of Hospital Pharmacists (CSHP-OB) feels that the Ontario College of Pharmacists (OCP) should be commended for ongoing efforts to improve hospital medication systems and practice in Ontario. We are also pleased with the approach and focus on continuous quality improvement that the OCP has taken.

CSHP-OB continues to support the concept of a “best practice” approach to hospital assessment. In light of the need for Regulatory bodies such as the OCP to be transparent and open, we believe changes and further explanation and definition of the hospital assessment criteria is needed. We have also heard feedback from our members on the current format of the hospital assessment criteria and have recommendations to improve the format for the benefit of all parties involved.

**Definition of Standards**

The assessment criteria do not explicitly state what minimum standards are for hospital practice in Ontario. In talking to our members, it has become apparent that this lack of clarity is leading to some potential problems. One such challenge is that hospitals may not prioritize work on initiatives that would meet minimum standards and instead focus energy on emerging or organizational standards. Alternatively, organizations may try to meet all assessment criteria and due to lack of focus, achieve decreased overall results. CSHP-OB proposes a change to the criteria to clearly indicate if a standard is a minimum standard. This change would aid organizations in focusing on important basic improvements that would quickly raise patient safety. This approach would make it clearer where resources should be optimally applied to obtain certificate of accreditation as a hospital pharmacy. This change would also help ensure any public disclosure of hospital assessments is informed by a view to minimum standards, decreasing the risk of misinterpretation which would cause public alarm and decrease confidence in the process of regulation of hospital pharmacies.

Our members have indicated that a format similar to that used by Accreditation Canada Standards would be familiar to hospitals and would support the enhancement of practice that is sought by all stakeholders. Accreditation Canada has three levels of standards: Required Organizational Practices, High Priority Standards and Other Standards. We are suggesting that OCP may wish to consider an approach where different levels of standards are identified such as “required”, “emerging” and “aspirational”. Such an approach would make it clear to all what criteria must be met by an organization to obtain certification. Further the inclusion of aspirational standards or emerging standards could be stated with timelines for implementation. This would clearly set an agenda of continuous quality improvement that would maintain a dialogue between OCP, CSHP-OB, The Ontario Hospital Association, practicing pharmacists and other stakeholders. Over time these standards could be transitioned from ‘aspirational’ to ‘emerging’ to ‘required’ further enhancing all practice across the province.

### **Timelines for ‘Emerging Standards’**

As mentioned above we are also suggesting that the assessment criteria identified as aspirational or emerging have clear timelines associated with them. Currently, aside from standards related to Sterile Compounding, it is unclear when emerging standards will be enforced. Furthermore, even within the criteria related to sterile compounding there is great confusion as to which criteria will be required prior to January 1, 2019 and which will be required on or after this date.

Without a firm timeline it becomes very difficult for hospital organizations to adequately plan for these ‘emerging’ standards and to allocate adequate resources in a timely manner. It is in the public’s best interest to make sure that organizations take a proactive rather than reactive approach with these emerging standards. By clearly stating timelines and expectations and working with partners to set clear timelines for ‘emerging standards’ required standards can be developed and rolled out that enhance patient safety and the public’s best interest.

### **Pharmacist – Pharmacy Technician**

We encourage OCP to further discuss and debate the scopes of practice for pharmacists and pharmacy technicians. In many of the criteria that are included in the assessment document there is a particular requirement that tasks are only to be completed by a pharmacist thereby restricting pharmacy technicians from completing tasks. In many cases, it may be more effective to have a pharmacy technician perform these tasks under supervision of a pharmacist. An example would be reviewing override reports from an automated dispensing cabinet or

checking missing doses. A pharmacy technician is well positioned to review these and triage unexplained events to a pharmacist for further review and assessment. We suggest that the competencies of the individuals to complete the task are important and in some cases technician competencies may be adequate to take on some accountabilities. Restrictive language may be appropriate with certain tasks but such language may also stifle innovation and potential advancements in practice that would lead to enhanced patient care activities and better patient care outcomes.

### **Document Formatting**

The document used for criteria has been updated, and we commend the OCP for making changes to improve the hospital experience.

We recommend further changes to the assessment document – ideally a web based portal that could be updated on an ongoing basis would be beneficial. We believe this approach would allow hospitals to reduce the time needed to complete assessments and therefore allow a greater focus on improvements versus time to complete documentation.

Again CSHP-OB commends the college for their work to date on the criteria and we would welcome more dialogue regarding how we can work together to enhance the standards. Please contact me if you would like to discuss our recommendations in more detail. In closing, we once again would like to thank the OCP for taking a leadership role in helping improve medication systems and as a result patient outcomes in Ontario.

Respectfully submitted on behalf of CSHP-OB executive and council,



Ryan Itterman  
President, Canadian Society of Hospital Pharmacists – Ontario Branch