

June 23, 2016

Pharmacy Practice Publications Steering Committee
Cathy Lyder, Chair
Canadian Society of Hospital Pharmacists
#3 - 30 Concourse Gate
Ottawa ON K2E 7V7

Re: Request for feedback on the draft position statements on pharmacy practice in hospitals and other healthcare settings

To the Pharmacy Practice Publications Steering Committee:

In response to the request for feedback on the draft position statements on pharmacy practice in hospitals and other healthcare settings, the Ontario Branch of Canadian Society of Hospital Pharmacists' executive would like to provide the following:

Overall, we are supportive and excited by the content of this position statements. The clear focus on the patient as the centre of their own healthcare experience is clearly communicated through all sections. The specific activities and goals are supported by current best practice, measurable and referenced. These statements should provide individual pharmacists and pharmacy leaders with guidelines to develop, refine or shape practice. Suggestions for consideration were identified, and are summarized below:

- 1) Content, depth and structure: recognizing that this is an initial draft of a multi-authored document, it would be expected that the overall tone and detail of the position statements lacks some consistency. For example, the first section on pharmaceutical care is written with great detail, whereas section 32 under medication safety, the call to action for pharmacy staff to support and initiate action in the interests of the patients does not provide any detail or examples.
- 2) Pharmacist-Patient relationship: The relationship of the pharmacist to the patient is held at the highest level throughout this document, and CSHP-OB strongly supports this. In the preamble on page 3, we would support revision to the text of the final paragraph to remove the presumption that there are hard limits to prevent a patient-pharmacist interaction. While these limits are real and confounding, they should not be presented as an acceptable status quo.
- 3) Section 3.3 may be one of the sections where the level of detail may be reduced in the final edit. Point 39, in particular, would require a detailed knowledge of supply chain to an extent that may not even be possible at present. Some of the onus on supply chain belongs with the hospital systems, and some with provincial and federal regulatory authorities. We don't believe this document needs to define where that line is drawn, but feel the hospital and health care systems own the part closer



to the patient, and regulatory authorities have responsibility for elements closer to the source materials.

- 4) The CSHP-OB reviewers agree that pharmacy residency programs are valuable for practitioners to develop and refine specialized skills. However, we do not believe that all pharmacy departments in all Canadian hospitals can support or participate in formal residency programs. We do not wish to diminish the importance of advanced clinical training, and would like to ensure all opportunities, including non-residency programs are considered as a means to this end.
- 5) On our initial review of this document, we did identify two areas not included. These may have been identified and excluded with reason.
 - a) Compounding, both sterile and nonsterile, hazardous and non-hazardous. With a national focus on increasing scrutiny and standardization of these activities, it seems that current practice statements should include CSHP's position on these activities, and their importance to providing quality patient care.
 - b) The pharmacist's and the pharmacy department's role in emerging trends designed to improve patient safety through technology. Items such as provider order entry, barcoded medication verification, electronic medication administration records and increasing electronic clinical documentation and decision support are some examples of technology that has strong evidence supporting its role in patient care. Like human or fiscal resources, technology resources must be managed with intelligence, foresight and stewardship, and pharmacists are well positioned to participate in the choice, implementation and use of these systems.

To close, we would like to thank CSHP again for creating this document. We are encouraging members to reply to the on-line survey for feedback, and felt that a formal response from Ontario Branch was appropriate for the creation of this important set of statements.

We are, of course, available to CSHP or any of the individual Steering Committee members to expand on any of the comments in this response.

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



Sammu Dhaliwall
President, Canadian Society of Hospital Pharmacists – Ontario Branch