North East **LHIN** | **RLISS** du Nord-Est

555 Oak Street East, 3rd Floor
North Bay, ON P1B 8E3
Tel: 705 840-2872 • Fax: 705 840-0142
Toll Free: 1 866 906-5446
www.nelhin.on.ca

555, rue Oak Est, 3e étage
North Bay, ON P1B 8E3
Téléphone : 705 840-2872
Sans frais : 1 866 906-5446
Télécopieur : 705 840-0142
www.nelhin.on.ca

November 20th, 2015

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

Dear Ontario College of Pharmacists (OCP),

Thank you for the opportunity to provide feedback regarding your proposed revisions to By-law Number 3. On behalf of all **25 hospitals (see list below) in the North East Local Health Integration Network (LHIN), we collectively are urging the Ontario College of Pharmacists to reconsider your position on flat fees for the accreditation of hospital pharmacies.**

Concerns related to By-law Number 3 by the 25 Northeastern Ontario hospitals and the North East LHIN include:

- Having a flat fee assumes that it will take an equal amount of time and resources to inspect a large hospital, (such as UHN) with multiple pharmacy locations and services, as it will a small hospital (total 6 beds) with limited services and locations. In the case of small rural hospitals, the entire hospital budget may be in the order of $5-6 million, of which the pharmacy budget is quite small. This annual fee alone would take up 5-10% of the pharmacy budget.
- OCP is proposing to apply higher fees to not-for-profit hospital pharmacies than to for-profit retail pharmacies found in the community. Hospital pharmacies generally do not generate revenue within their hospitals. It is unrealistic to set not-for-profit rates 5 to 6 times higher than that of community pharmacies, which are set up to generate profits.
- The proposed fee comes on the heels of recent recommendations by OCP that have already created hardships for several small hospitals. Hospitals do not have the budgets, capital or operating funds, to put the changes in place. It is the view of the 25 Northeastern hospitals that to better serve the public, tax dollars should be spent on improving hospital pharmacies rather than on exorbitant accreditation fees.
- Another concern is the application of this fee for satellites/multi sites of a hospital. Would the license apply to the same corporation, same pharmacy program or to specific hospital sites? As an example, we have hospitals that operate additional sites, where a pharmacy resides thus doubling or tripling the annual fee.
- Hospitals that have no in-house pharmacy and contract to a community pharmacy may in effect be paying twice, once for the hospital and the other to the community pharmacy contract fee.

Regarding public registry, as Northeastern health care providers we agree to the principle of posting and being transparent. However we need to ensure the safety and security of our pharmacy staff and ensure sites are not jeopardized by information publicly posted such as recommendations to increase security around narcotics.

North East LHIN hospitals would be happy to assist with planning accreditations to make them more cost effective though reducing travel in our region.

In advance, we'd like to thank the OCP for taking into account the concerns and experiences of Northern hospitals, as well as providing the opportunity for feedback on these changes. Collectively we want to work with you on all initiatives that are focused on improving patient safety and outcomes. However, we strongly recommend that as a College, you reconsider your position on flat fees for accreditation of hospital pharmacies, as these new financial pressures will take away from our efforts to put patients first. It would be prudent for the OCP to consider either prorating fees based on size and/or complexity so that fees may become more reflective of individual hospital pharmacy operations.

Regards,

Tamara Shewciw, CIO & eHealth Lead, North East LHIN
Chair, North East LHIN Integrated Alignment Committee

Hospital Name	CEO Name
Anson General Hospital	Paul Chatelain
Bingham Memorial Hospital	Paul Chatelain
Blind River District Health Centre	Gaston Lavigne
Englehart and District Hospital	Lois Kozak
Espanola Regional Hospital and Health Centre	Nicole Haley
Health Sciences North / Horizon Santé-Nord	Denis Roy
Hôpital de Mattawa Hospital	Jeremy Stevenson
Hôpital Notre Dame Hospital (Hearst)	France Dallaire
Hornepayne Community Hospital	Heather Jaremy-Berube
Kirkland and District Hospital	Lois Kozak
Lady Dunn Health Centre	Gigi Dumont / Kadean Ogilvie-Pinter
Lady Minto Hospital	Paul Chatelain
Manitoulin Health Centre	Derek Graham
North Bay Regional Health Centre	Paul Heinrich
Sault Area Hospital	Max Liedke
Sensenbrenner Hospital	Al Yarush
Services de santé Chapleau Health Services	Gail Bignucolo
Smooth Rock Falls Hospital	Fabien Hébert
St. Joseph's Continuing Care Centre of Sudbury	Jo-Anne Palkovits
St. Joseph's General Hospital Elliot Lake	Pierre Ozolins
Temiskaming Hospital	Margaret Beatty

Timmins and District Hospital	Blaise MacNeil
Weeneebayko Area Health Authority	Bernie Schmidt
West Nipissing General Hospital/Hôpital General de Nipissing Ouest	Cynthia Désormiers
West Parry Sound Health Centre	Donald Sanderson