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# Baseline Assessments Reveal Opportunities for Hospital Pharmacies

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*Key findings around policies and procedures, traceability,  
compounding and professional responsibilities*

By Stuart Foxman



Not every hospital pharmacy the team visited was accessible by car. This photo shows Community Practice Advisor Lisa Simpson (left) with Hospital Practice Advisor Melody Wardell, waiting for a water taxi to take them to a hospital pharmacy in the far north.



Following the completion of baseline assessments by the College, hospital pharmacies are eager to discover how to continually improve their efforts to ensure public safety as they prepare for OCP oversight.

That will come into effect once the government approves regulation amendments to the *Drug and Pharmacies Regulation Act*, expected this spring. The *Safeguarding Health Care Integrity Act, 2014* (Bill 21) lays out the authority for OCP to license and routinely assess hospital pharmacies.

To prepare, OCP hospital practice advisors conducted baseline assessments on all of Ontario's 224 hospital pharmacies throughout 2015. The goals were to review adherence to operational and practice standards, help pharmacies to prioritize their focus (based on identified risks), offer support around realistic action plans, and share best practices.

"As we left, all facilities felt it was worthwhile," says Ming Lee, RPh, a Hospital Practice Advisor for OCP. "They all learned something, and know what they have to work on."

The themes of OCP's findings can be divided into two broad categories, covering places (operation) and people (practice). The baseline assessment visits revealed several common opportunities for hospital pharmacies moving forward.

#### **SAFE MEDICATION MANAGEMENT**

Operationally, the hospital practice advisors saw opportunities to enhance safe medication systems through the effective use of policies and procedures.

For example, automated dispensing cabinets are a helpful tool for ensuring safe medication practices. However, the technology on its

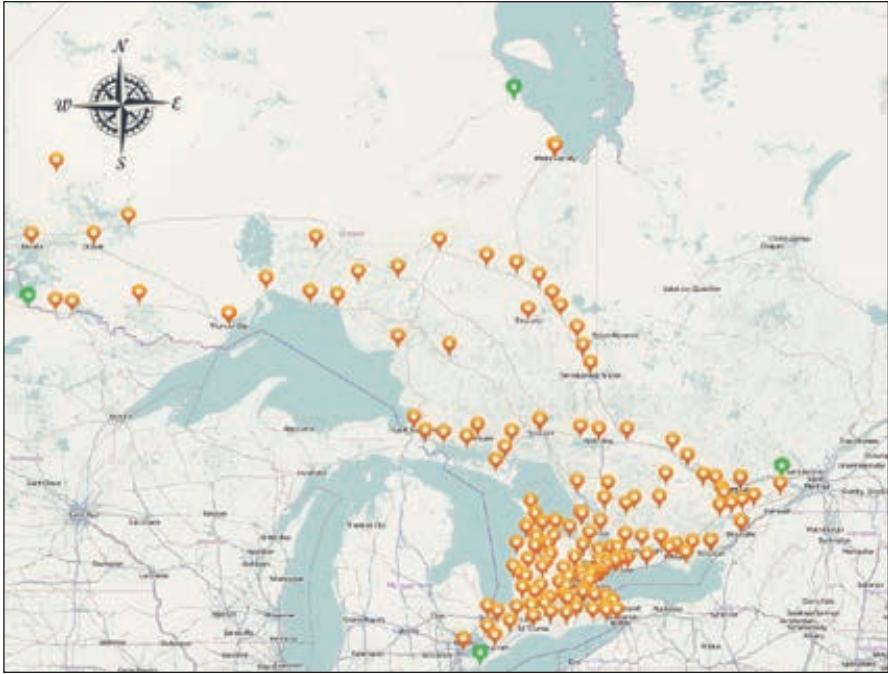


Prior to the start of the baseline assessments, draft criteria for hospital pharmacy assessments was developed through an extensive collaborative process. It involved a review of relevant standards and existing accreditation processes, and input from practicing pharmacy professionals from hospitals across the province. This photo shows Hospital Practice Advisor Ming Lee (right) with OCP consultant Marg Colquhoun collecting and analyzing the criteria before it was finalized for the baseline assessments. Now that these assessments are complete, College staff will collect feedback received during the year and make adjustments to evolve the criteria to ensure it accurately supports hospital practice.

## **BASELINE ASSESSMENT CRITERIA**

**OCP'S BASELINE ASSESSMENTS OF HOSPITAL PHARMACIES LOOKED AT EIGHT AREAS:**

1. Systems to provide safe, effective and appropriate pharmacy services.
2. Order processing, verification, dispensing and distribution.
3. Preparation, packaging and labelling of medication.
4. Pharmaceutical compounding.
5. Safe medication use systems in patient care areas.
6. Medication therapy management.
7. Documentation and record keeping.
8. Evaluation of pharmacy services.



OCP’s Hospital Practice team visited 224 hospital pharmacies across Ontario in 2015. This map shows the locations of all hospital pharmacies they visited — including those in the furthest four corners of Ontario. In the north, they ventured all the way to see the pharmacy at Weeneebayko Area Health Authority, Fort Albany Hospital. In the south, they met with the team at Leamington District Memorial Hospital. To the east, they paid a visit to Hawkesbury & District General Hospital. And finally, to the west, they assessed Riverside Health Care Facilities, Rainy River Hospital.

own isn’t enough. Policies and procedures should also be in place to allow hospitals to maximize the safety features, so that they exceed what’s possible in manual processes.

The hospital practice advisors found some gaps around the security of narcotics, with not all being appropriately secured. This applies not only to the pharmacy, but to any patient care areas where medications are stored.

Another safety gap involved therapeutic checks. Lee says hospital pharmacies should look at various methods – whether through policies or staffing – to review orders more consistently for therapeutic appropriateness prior to the administration of the first dose.

On the compounding side, NAPRA is developing national standards for the preparation of sterile and non-sterile products. Each regulatory body in Canada will consider adopting or adapting the standards.

Enhancing or creating new compounding areas is a way to increase patient safety, but it’s only one option. Hospitals can take many concrete steps in complying with standards for compounding. As Lee says, people are the biggest source of contaminants that enter the clean room. It’s vital to ensure that staff are well trained around hand hygiene, personal protective equipment, housekeeping and maintenance. The focus should be on people and processes as the first step.

“If you train staff to work and garb appropriately, and perform quality checks of processes, you can ensure it’s safer all around,” says Lee.

Along with safe medication systems and compounding, a third area of focus on the operations side was traceability, auditability and record keeping. That means the ability to identify the lot number and expiry date of each dose administered to the patient. This is the goal for all doses, but for now the College is asking hospitals to focus

on their high-risk products (e.g. chemotherapy, methadone and patient-specific compounds).

Records must be easily retrievable. For instance, within 30 minutes, can you find what particular dose a patient got three years ago at 8:25 a.m.? The solution will be unique to each site, says Judy Chong, RPh, Manager, Hospital Practice.

Barcode capabilities and searchable systems are an obvious plus, but Chong says it’s also important to look at how you organize paper-based records. Are lot numbers and expiry dates documented? Are the records stored in a way that makes them simple to retrieve and audit? “Don’t just wait for new technology – do what you can do now,” says Chong.

**ALWAYS REMEMBER  
ACCOUNTABILITY**

In travelling to all corners of the province, the OCP hospital practice advisors saw great attention to the task at hand. That’s fundamental,

but just as important is paying attention to your overall professional responsibility and thinking of the big picture.

As Chong puts it, "Of course pharmacists have to ensure that orders are entered correctly, but they also have to understand if it's therapeutically appropriate for the patient."

The patient and not merely the process needs to be front and centre, explains Melody Wardell, RPhT, Hospital Practice Advisor. "You have your scope of practice, and have to work within it and take accountability for what you're doing," says Wardell.

This is true for any pharmacy setting, but has an added dimension in hospitals. Unlike the case in a community pharmacy, many other healthcare professionals are working in a hospital. The pharma-

cist often doesn't interact directly with the patient. There are many steps before medication gets to a patient in a hospital.

These realities only heighten the need for members of the pharmacy team to assume their professional responsibility, whether intra-professional (pharmacists and pharmacy technicians) or inter-professional (working with other practitioners).

Pharmacy professionals have knowledge and expertise regarding medication, and should always be diligent in applying it. Never assume what another healthcare professional knows or has done; always feel free to question and to act on your own professional responsibilities.

"We did see good collaboration for the most part, and you need that for safe patient care," says Wardell.

What does effective collaboration look like? Wardell gives the example of new technology implementation, where you see different professions at the table. "So all parties involved are talking, in order to make the safest possible system," she says.

Between professions, "Collaboration is about drawing on and accessing each other's knowledge," adds Debra Moy, RPh, Hospital Practice Advisor. She says that can mean everything from attending rounds to being part of discharge planning. A question to ask: is pharmacy part of decision-making, at the patient and corporate levels?

With all hospital pharmacies having successfully completed the baseline assessments, the College is ready to license these facilities as soon as final authority is provided by government. In the meantime, the

## PROPOSED FEE FOR HOSPITAL PHARMACIES REDUCED AFTER CONSULTATION

In September 2015, the College posted proposed amendments to its By-law No. 3 for public consultation. Some of the amendments supported changes to the *Drug and Pharmacies Regulation Act* (DPRA) regulation, and included new fees for hospital accreditation.

The College received 77 responses during the consultation, mostly from pharmacy professionals. Many submissions expressed disagreement with the proposed fee structure for hospital accreditation, noting that the fees were too high and did not take into consideration the hospital's size, complexity, budget, services offered, or number of staff.

OCP's original proposal for hospital accreditation fees recommended opening fees of \$6,000 and annual renewal fees of \$5,000. The rationale for these fees was to recover the costs directly attributed to the hospital assessment program. They included a flat rate for hospital pharmacy accreditation, regardless of the

number of beds in the hospital or services provided. This is consistent with community pharmacies as they all pay the same fee for accreditation, regardless of prescription volumes or specialty services.

However, the overwhelming feedback prompted a review of the program approach and associated costs. The program was examined to find savings through a less aggressive timeline and more efficiency through alternative approaches to physical site visits.

As such, before approving the proposed by-laws at their December 2015 meeting, Council recommended a reduction to fees for hospital pharmacies. The new fees are now set at \$4,000 at opening (\$2,000 for application and \$2,000 for issuance of a Certificate of Accreditation) and annual renewal fees of \$3,500.

Hospital accreditation fees come into effect upon the proclamation of the amended DPRA regulation.



OCP's Hospital Practice team (from left to right) Debra Moy, Hospital Practice Advisor; Judy Chong, Manager, Hospital Practice; Amanda Mohamed, Program Assistant; Ming Lee, Hospital Practice Advisor; and Melody Wardell, Hospital Practice Advisor.

College is reviewing the criteria used in the baseline assessments, and will incorporate lessons learned to finalize the criteria that will be used going forward.

The hospital practice advisors say that continuous improvement plans in hospital pharmacies should be prioritized based on areas of highest risk. OCP also recognizes the opportunity to bring best practices from different practice environments.

While there's work to do, Chong says the baseline assessments showed that hospital pharmacies are already doing many things extremely well, and are open to ways to get even better. "We were welcomed into these organizations," says Chong. "People saw that we were trying to coach and mentor, so it became a learning opportunity." 📷

## Proposed Amendments to the DPRA Awaiting Approval

The passing of Bill 21: *Safeguarding Health Care Integrity Act*, 2014 extends the College's authority to license and inspect pharmacies within public and private hospitals, as well as future authority over institutional pharmacy locations. As a result, the current regulation to the *Drug and Pharmacies Regulation Act*, (DPRA) which only addresses community pharmacy practice, requires amendments.

Proposed regulation amendments were circulated for public consultation and were approved by Council in June 2015. They are currently awaiting approval by government. Stay tuned to [www.ocpinfo.com](http://www.ocpinfo.com), e-Connect and *Pharmacy Connection* for updates.

For more information about proposed changes to the DPRA and the College's pending oversight of hospital pharmacies, visit the Key Initiatives section on the OCP website at [www.ocpinfo.com/about/key-initiatives/](http://www.ocpinfo.com/about/key-initiatives/)