Response to OCP Public Consultation on Proposed Amendments to the Standards of Operation of for Pharmacies

TERMS

Remote Dispensing Location:

The proposed terms define a remote dispensing location as: "a place where drugs are dispensed or sold by retail to the public and that is operated by, but is not at the same location as, a pharmacy whose certificate of accreditation permits its operation."

This definition is missing the following key information included in the definition in the OCP guidance document 'Checklist for Opening a Remote Dispensing Location': "A remote dispensing location (RDL) is defined as "a place where drugs are dispensed or sold by retail to the public under the supervision of a pharmacist who is not physically present".

GOVERNANCE AND LEGAL COMPLIANCE STANDARDS

11 Pharmacy staff are supported by [**Insert suggested text**: **documented**] policies, procedures, training, and monitoring practices [**Insert suggested text**: **to clearly articulate expectations and establish accountabilities**]. [**Delete text**: to provide}
12 [**Insert suggested text**: **All pharmacy staff provide**] pharmacy services in a manner that respects a person's dignity and abides by provincial human rights
13 legislation.

MANAGEMENT AND EMPLOYEE RELATIONS

~~44 The pharmacy has an adequate number of qualified and trained staff to maintain the accepted~~
~~45 standards of professional practice, and to deliver safe and effective patient care.~~
46 Options to replace above standard (lines 44-45):
47 The pharmacy is staffed at all times with the number of qualified and trained staff required for
48 pharmacy professionals to maintain the standards of practice [Delete text: while providing] [Insert text: in order to provide safe and effective] pharmacy services.
49 The pharmacy workflow is managed to permit pharmacy professionals adequate time to maintain the
50 standards of practice and to support pharmacy professional wellbeing.

Comment: Suggested alternate text:
49 The pharmacy workflow is managed to permit pharmacy professionals adequate time to maintain the standards of practice.

50 The pharmacy workflow and scheduling are managed to support pharmacy professional wellbeing (e.g., shift length, hours worked per week, meal and biological breaks).

Comment: Suggested additional new content:
There is an established annual process to ensure that all pharmacy professionals providing regular services to the pharmacy (i.e., excluding locum/relief staff) are listed on the OCP Register.

Comment: For OCP to address separately from this consultation:
In the case of Remote Dispensing Locations, the pharmacy professional(s) working in a particular location should be clearly identified to the public on the OCP Register.

Comment: Suggested additional new content:
In the case of Remote Dispensing Locations, there is documented guidance on activities that require direct communication with, and/or visual oversight by a pharmacist at the supervising location.

PHARMACY PREMISES

95 The pharmacy has a separate and distinct area for patient consultation where the provision of
96 pharmacy services may take place without being overheard by others and which respects the privacy
97 needs of each patient. This includes both acoustical and visual privacy, as appropriate for the pharmacy
98 service provided and determined to be acceptable by the patient.

Comment: Suggested New Content Specific to Remote Dispensing Locations:
An operational, two-way, audio-visual link that permits dialogue and communication between the patient and pharmacist who is present at the accredited pharmacy operating the RDL is available in the private consultation area to support patient confidentiality.

A process is established to close the remote dispensing location in the event that the accredited supervising pharmacy is unable to continue operations (e.g., pharmacist absence, power failure).

DELIVERING SERVICES

Option to replace 151-153
~~149 Pharmacy staff members receive the appropriate training to deliver specialized services, such as sterile~~
~~150 compounding for example, and the pharmacy is constructed to address any risks to staff or the public~~
~~151 associated with pharmacy practice.~~

152 Pharmacy staff are trained on operational processes and procedures commensurate with their role and
153 the pharmacy services provided.

Comment: The change proposed above omits any reference to addressing risks to staff or the public through the design of the pharmacy. Perhaps some additional text is warranted in the Pharmacy Premises section.

OCP Proposed new content:
169 The pharmacy has the clinical decision support tools, reference databases, and patient health
170 information sufficient to allow pharmacy professionals to exercise independent authority within their
171 scope of practice to provide patient care.

Comment: Suggested alternate text:
Pharmacy professionals have access to information, resources and tools to support them to exercise independent authority within their scope of practice, including but not limited to: patient health information, reference databases, and interactive clinical decision support tools.

EQUIPMENT AND TECHNOLOGY

205 The pharmacy has the facilities, systems and equipment needed to meet the requirements
206 established in legislation, and to safeguard the health, safety and wellbeing of patients and the
207 public, including:
208 • Facilities for washing utensils and sterilizing equipment;
209 • Specialized equipment for the practice of pharmacy; The necessary equipment for the pharmacy
210 services provided;
211 • Adequate work space; Workspaces that are adequate and appropriate for the services provided;
212 • Hand-washing facilities for employees;
213 • Secure and temperature-appropriate storage facilities

Comment:
I agree with the changes proposed in lines 218 to 223, but the above section is not well laid out and missing key infrastructure items.

Suggested alternate text:
The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation, and to safeguard the health, safety and wellbeing of patients and the public, including:

- Adequate and appropriate workspaces for the services provided
- Sinks and other equipment appropriate for handwashing and cleaning of equipment and devices
- Specialized equipment and devices required for the practice of pharmacy, including but not limited to:
    - Temperature-controlled storage facilities
    - Secure storage facilities for controlled substances
    - Equipment and technology to support safe dispensing, including bar-coding
    - Specialty equipment for services offered by the pharmacy

Suggested new content:
The pharmacy has a documented plan to address potential equipment failures, such as power outages or individual device failures.

The pharmacy has a documented plan and associated supplies to manage patient health emergencies, such as adverse reactions to vaccines.

Suggested new content specific to Remote Dispensing Locations:
There is an operational live, two-way, audio-visual link that supports ongoing dialogue between/among pharmacy staff at the RDL and supervising location, as well as communication between the patient and the pharmacist practicing remotely to the RDL and present at the accredited pharmacy operating the RDL.

INFORMATION MANAGEMENT
244 Pharmacy professionals are able to access references and resources as required to support the
245 delivery of patient care

Comment: Suggested alternate text:
Pharmacy professionals are able to access references and resources, including interactive clinical decision support tools, to support the delivery of patient care.

Suggested new content:
The pharmacy has a documented plan to address information system downtime, both short- and long-term, such as situations related to power failures or environmental threats such as floods and forest fires.

SAFE MEDICATION MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT

271 The Pharmacy has implemented a safe medication management system [**Insert suggested text**: **that prevents and reduces medication errors through established policies and procedures**] and [**Insert suggested text**: **a continuous**] quality
272 improvement program to support patient safety.

274 **STANDARDS**
275 Pharmacy services are effectively managed and delivered to support patient safety, according to
276 requirements established by the College. Quality improvement practices include a process for
277 detecting, recording, analyzing, correcting and sharing lessons learned from medication incidents.
278 The community pharmacy has implemented the Medication Safety Program in a manner that supports
279 pharmacy professionals in meeting the requirements under the supplemental Standard of Practice.
280 In hospitals, the organization supports pharmacy professionals in meeting the requirements under the
281 Supplemental Standard of Practice by reporting incidents involving medications to the safety incident
282 management system

Comment: With the emergence of remote dispensing locations, the ability to track the type of incidents occurring in this setting could be beneficial to identifying and proactively addressing any vulnerabilities particular to this type of setting.

283 Pharmacy professionals are aware of obligations to report adverse reactions involving medications,
284 including prescription and non-prescription medications, natural health products, and vaccines, and
285 are supported to do so.

Comment:
This text for this standard should include reference to independent double checks as described in the definition of Safe Medication Practices copied below; the involvement of more than one person in preparing a prescription is a known strategy to reduce the likelihood of errors.

This standard could also benefit from referencing the need for ongoing proactive risk assessment processes that consider factors that are likely to increase or decrease the likelihood of a safe outcome. Reporting and learning are important but only take place after something has gone wrong.

Suggested new content:
The pharmacy has established processes for completing independent double checks in high-risk situations, such as for calculations, high-alert medications or prescriptions for vulnerable patient groups, e.g., pediatrics, oncology. **(Additional note**: This applies broadly in both community pharmacies and hospitals, and should be carefully considered in any situation, including remote dispensing locations, where a pharmacy professional may be working alone.)

Suggested new content:
Pharmacy professionals proactively review processes to enhance patient safety; for example, using tools such as the AIMS Pharmacy Safety Self-Assessment, as well as process improvement tools such as Failure Mode and Effects Analysis and LEAN.

Definition: Safe Medication Practices
Safe medication practices prevent and reduce medication errors through established policies and procedures and continuous quality improvement. Components of a safe medication practice include providing access to current medication information, systems to identify high alert medications and procedures to store, count, administer, and dispose of medications. Wherever possible, an independent double check is used to verify products against prescriptions, and to check repackaged and labelled medications and volumes for reconstituted preparations prior to release.