



November 12, 2023

Ms. Susan James
Director, Quality
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Dear Ms. James:

Re: Seeking Feedback on Updated Documentation Guidelines

The Ontario Pharmacists Association ('OPA', the 'Association') is pleased to provide its comments and recommendations to the Ontario College of Pharmacists ('OCP', the 'College') on the College's updated Documentation Guidelines to ensure that they are up to date and set clear expectations to guide pharmacy practice in Ontario.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With its 9,000 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system.

OPA commends the College for reviewing and updating the Documentation Guidelines to ensure that they are comprehensive and that the expectations are communicated more clearly to pharmacy professionals. Documentation is essential to pharmacy practice to ensure accountability, facilitate communication, and promote continuity of care for patients. It is a cornerstone of patient care to ensure that information gathered, decisions made, and supporting rationale are documented and used to provide ongoing care, e.g., to monitor therapy or to communicate with others in the patient's circle of care. As the scopes of pharmacy professionals continue to evolve, documentation becomes even more important, not only to support the provision of safe and effective care for patients, but also to solidify the role of pharmacy professionals as part of the patient's healthcare team through effective collaboration with other healthcare providers.

Overall, OPA is supportive of the changes made to the updated guidelines aimed at providing greater clarity for pharmacy professionals. The updates to clarify the

applicability of these guidelines to all pharmacy professionals in all practice settings and the addition of documentation performance indicators for both pharmacists and pharmacy technicians are important to help pharmacy professionals understand their responsibilities and the College's expectations in relation to the minimum practice documentation requirements. The inclusion of the statement that "Every practice area and patient encounter is unique, so the extent to which these [the documentation performance indicators] can apply may vary" is also much appreciated as it recognizes the differences between unique pharmacy practices and patient interactions and consequently the different documentation needs. Furthermore, the addition of the section on electronic documentation with information about potential opportunities and obstacles of this option modernizes the guidelines to align with the increasingly larger role technology continues to play in pharmacy operations, and highlights that when used appropriately, this form of documentation can be used to help to support practice. The following feedback and comments are provided by OPA, with input from members of OPA's Professional Practice Committee (comprised of pharmacy professionals with experience in different practice settings and environments in Ontario) and Economics Committee (comprised of Ontario pharmacists representing corporate, banner and chain pharmacy groups, long-term care pharmacy operators, and independent pharmacy owners), for the College's consideration to enhance the guidelines as well as to support successful implementation by pharmacy professionals in practice.

FEEDBACK AND COMMENTS

The purpose of drafting this policy is to provide pharmacy professionals with direction on the College's practice expectations for documentation. Do the draft guidelines achieve this purpose?

OPA believes that the draft guidelines achieve the College's purpose of providing pharmacy professionals with direction as to what the practice expectations are with respect to documentation. However, edits and additions (discussed in the following sections) can be made to further strengthen the clarity and comprehensiveness of the guidelines to support pharmacy professionals with meeting the expectations. OPA also recommends that the references made in the guidance referring to pharmacists and pharmacy technicians in some sections be made more inclusive of all pharmacy professionals, e.g., under Appendix A, the language referring to pharmacists and pharmacy technicians collecting a best possible medication history (BPMH) from patients, and medication reconciliations (MedRecs) falling only under the scope of pharmacists, can be expanded to include pharmacy students and interns. Although pharmacy students and interns are not subject to the College's practice assessments, they are important members of the pharmacy team and documentation of the care they provide in accordance with the guidelines will help to support patient care and interprofessional collaboration. Similarly, the sentence "*Whenever a patient seeks help*

from a pharmacist, it's essential to review their record, including documentation from prior interactions” is suggested to be amended to “Whenever a patient seeks help from a pharmacy professional...” as the review of pertinent prior documentation by any pharmacy professional is beneficial to ensuring continuity of care.

Are the draft guidelines clear? Are they comprehensive enough to support professional practice? In what ways might the clarity and/or comprehensiveness of these draft guidelines be improved?

Although the draft Documentation Guidelines are more detailed and comprehensive than the current guidelines, the following suggestions may further increase the clarity and/or comprehensiveness:

- Currently, the draft guidelines include some excerpts from the NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada (2022), however, it does not include all the standards that would be applicable to documentation. While the guidelines are intended to be read in conjunction with applicable regulatory, legislative, and workplace requirements and are intended to complement, not replace, other College policies and guidelines, to improve comprehensiveness and provide greater clarity to pharmacy professionals on what is expected of them, all relevant standards of practice should be included throughout the Documentation Guidelines. For example, “*Standard 3.5.3: Update or provide information for the patient’s health records as required to facilitate continuity of care*”¹ can be included under Section 2.0 What to Document.
- Within the third paragraph of the Purpose section, the statement, “*They are intended to complement, not replace, any specific requirements for documentation set out in other College policies or guidelines that apply to specific professional activities or pharmacy services*” could be further expanded to include that the guidelines are also not intended to replace other Ministry or third-party payor program documentation requirements, to emphasize that these pharmacy activities may have additional requirements.
- In the definition of a patient record, the list of care activities and services provided to the patient that should be included in the patient profile is recommended to be expanded so that “*...relevant discussions between registrants, other health professionals, and patients...*” becomes “*...relevant discussions between registrants, other health professionals, and patients or caregivers/substitute decision makers (if any)...*” to be more complete.

¹ National Association of Pharmacy Regulatory Authorities (NAPRA). Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada. Published 2022. Accessed November 2, 2023. <https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-MSOP-Feb-2022-EN-final.pdf>

- Under Section 2.2, providing examples of what would be considered an acceptable “unique identifier” would help to ensure pharmacy software systems are compliant with the date and signature requirements. For example, would it be sufficient if the unique identifier was a username/equivalent assigned to an individual or would additional requirements need to be met.
- Under Section 3.2, in relation to free-form clinical notes, it may be beneficial to reiterate the qualities of a well-executed clinical note (as described in Section 3.1) such as keeping it clear and concise, avoiding the use of jargon and unconventional abbreviations, and using a professional tone and avoiding judgemental language, as a reminder of the expectations due to the unstructured style of this format.
- Under Section 3.3, it is recommended to include the definitions of electronic documentation vs. electronic records, e.g., a pharmacy professional may use their software system to document electronically a patient’s allergies but handwritten documentation to document a MedsCheck service which is then scanned into the software to be part of the patient’s electronic record. Additionally, this section may be interpreted to suggest that only electronic records can be used, as the Guidance Note states that “*The [documentation] plan should clearly define the team’s strategy for recording and storing patient interactions data in the software system*” and the standard to “*Contribute to the patient’s provincial/territorial health records using appropriate technology and in a manner that facilitates collaboration and continuity of care*” is specifically highlighted. It would be helpful to clarify that although the College has a preference for electronic records over paper records, in certain situations, paper records may still be permissible as per the College’s fact sheet on Record Keeping and Scanning Requirements which states that “*pharmacies shall maintain the records and documents that comprise the patient record in a computer system where possible and, where that is not possible, shall maintain them in a systematic manner that allows for their easy retrieval*”.²

Have the draft guidelines adequately explained the performance indicators the College uses to evaluate pharmacy professionals’ documentation practices?

The addition of the performance indicators that the College uses to evaluate pharmacy professionals’ documentation practices helps to provide greater clarity and better support pharmacy professionals with meeting the expectations in their daily practice. However, the following suggestions may help to improve clarity and comprehensiveness:

² Ontario College of Pharmacists. Recording Keeping and Scanning Requirements. Last Updated January 2018. Accessed November 2, 2023. <https://www.ocpinfo.com/practice-education/practice-tools/fact-sheets/record-keeping/>



- Under Section 2.1, rather than having the statement “*Every practice area and patient encounter is unique, so the extent to which these [performance indicators] can apply may vary*” included in the introductory paragraphs, it could be included in each of Tables 1 and 2 so that it is clear to pharmacy professionals that the lists of what to routinely document apply if gathered/performed, however, the expectation is not that pharmacy professionals must complete all of these activities routinely in practice. It should be up to the pharmacy professional’s judgement to determine what information they need to gather to make decisions and provide the care required, in addition to what needs to be documented to support their actions and ensure continuity of care. For example, not all patient profiles will have a documented BPMH and/or MedRec as this may depend on the pharmacy setting and relevancy to the care that is being provided.
- Within Tables 1 and 2 regarding documentation performance indicators for pharmacy technicians and pharmacists, respectively, inclusion in the list of what to routinely document “a patient’s or substitute decision maker’s (if any) voluntary and informed or implied consent when necessary” will help to make the list more complete.
- Under Table 1, one of the performance indicators for pharmacy technicians is “*Documents information gathered or verified*” but under Table 2, the performance indicator for pharmacists is only “*Documents information gathered as part of the patient profile*”. It is recommended to include an explanation as to what the College’s expectations are with respect to the action of verifying information and why it only applies to pharmacy technicians and not pharmacists.
- Under the description of Table 1, it states that pharmacy technicians should document the “*results of relevant laboratory, point-of-care, and/or other clinical assessments to inform the pharmacist’s assessment*”. It is suggested to include a definition of what “other clinical assessments” refer to in this scenario to differentiate the use of the term in this specific context in comparison to the clinical assessments performed by pharmacists, for example to prescribe for a minor ailment, which would be beyond the scope of pharmacy technicians.
- Under Table 2 of what to routinely document as part of the performance indicator “*Documents information gathered as part of the patient profile*”, the addition of “a comprehensive medication review” to the point about BPMHs and MedRecs is recommended for completeness as a comprehensive medication review also supports decision-making however, it may differ from a BPMH as it may only be completed using one source of information.
- Within Table 2, it is recommended to include documentation of identified medication discrepancies (i.e., near misses or medication incidents) by pharmacists, similar to the expectation listed in Table 1 for pharmacy technicians. Although this expectation is not included in the practice assessment criteria for pharmacists, it is a requirement under the College’s

Supplemental Standard of Practice: Mandatory Standardized AIMS program in Ontario Pharmacies. The addition of this expectation in the Documentation Guidelines can help to serve as a reminder to all pharmacy professionals to document near misses or medication incidents and emphasize the importance of engaging with the Assurance and Improvement in Medication Safety (AIMS) program.

- Under the Guidance Note of Section 2.1, it is recommended that the note be expanded to include the rest of the Pharmaceutical Care Model IESA Assessment Parameters for greater comprehensiveness. This will help to highlight the importance of each component of the IESA method when assessing the appropriateness of a medication, i.e., indication, effectiveness, safety, and adherence.

Other Suggestions/Recommendations

In addition to the answers provided to the specific questions requested by the College, OPA also recommends the following:

- For consistency, under the opportunities section of Table 6, it is suggested to expand on some of the listed opportunities to include why each one is advantageous. For example, the point about legibility includes that it makes the information easier to understand, whereas the point about being able to quickly scan or upload patient information to the records in a software system does not include why it is helpful. This could be expanded on to include the advantage of doing so, such as helping with keeping the patient file in one secure, easily accessible location. Highlighting the advantages associated with each opportunity will better illustrate the opportunities associated with electronic records and the use of electronic documentation.
- Under the opportunities section of Table 6, the fifth point is currently written as a best practice, which is inconsistent with how the other opportunities are presented. For uniformity, it is suggested to be rephrased, e.g., “Effective organization and management of patient information can be achieved through thoughtful determination of which documents need to be scanned and which ones can be discarded to ensure an accurate and concise patient record”.

Although documentation is a critical aspect of practice and guidelines on documentation are important to ensure practice expectations are clearly communicated, it is equally important to ensure that appropriate supports are available to enable pharmacy professionals to meet the requirements. Only then will pharmacy professionals be able to consistently meet documentation expectations while simultaneously providing safe and effective care in busy pharmacy environments. As part of the College’s next steps to provide practical examples, scenarios, and other information to support efficient documentation in practice, it is recommended to include case-based scenarios to demonstrate how to use the IESA

Assessment Parameters to identify actual or potential drug therapy problems (DTPs), and then use the various recognized structured documentation formats included in Table 3 of Section 3.2 to document the situations. This will help to better illustrate how to document in practice in addition to encouraging pharmacy professionals to reflect on their own practices and past experiences to identify areas of strength or opportunity for change.

Furthermore, it is important to ensure that the documentation guidelines do not define a prescriptive process for documentation but instead, allow for flexibility to enable pharmacy professionals to use their professional judgement when determining what needs to be documented in each situation. This will help to avoid any undue administrative burden on pharmacy professionals and patients. For example, not all documentation will necessarily be lengthy since the *“level of detail in the record may vary depending on the nature of the patient interaction or the services”* as per the guidelines.

Additionally, although OPA acknowledges that discussions on funding for pharmacy services are outside the scope of this consultation, the Association would nonetheless take this opportunity to highlight the importance of financial sustainability for the pharmacy sector and the impact funding can have with respect to supporting activities like documentation expectations in daily practice. The financial sustainability of the sector continues to be threatened by government savings initiatives, stagnant remuneration fees for publicly funded services (e.g., Ontario Drug Benefit dispensing fees) and rising operational costs. For example, the cost of dispensing has increased over the years as a result of the rising Consumer Price Index (CPI) which affects operating costs such as pharmacy staff wages, rent and utilities, supplies, etc. However, expectations of practice, such as proper documentation, remain the same, meaning funding for professional pharmacy services must increase to continue supporting these activities. Funding can also help to support investments into technology to enable proper documentation that not only meets the requirements as set out in the updated guidelines, but also to enhance efficiency of the documentation process and facilitate the sharing of information to promote continuity of care and interprofessional collaboration.

Finally, OPA looks forward to sharing the results of our workforce planning study which is currently being conducted along with our pharmacy faculty partners at the University of Toronto, University of Waterloo, and University of Ottawa, in collaboration with the College, to better understand the workforce demand on the sector and identify opportunities to design and implement solutions as required to ensure there is adequate support for pharmacy professionals. This work will help support pharmacy professionals to continue providing safe and effective care while also meeting all relevant Standards of Practice, Code of Ethics, guidelines, policies, legislations, and regulations.



CONCLUSION

OPA appreciates the opportunity to respond to this consultation on proposed updates to the College's Documentation Guidelines that seeks to make the guidelines more up to date, comprehensive and clear. As documentation is a critical component to demonstrate professional accountability and to support collaboration and continuity of care, it is an essential part of practice and having a guideline that clearly outlines the College's expectations will support pharmacy professionals with meeting the requirements in practice. OPA respectfully asks that the College take into consideration the feedback and recommendations/suggestions provided by OPA, which aim to enhance the draft guidelines and better support pharmacy professionals operationalize the guidelines into daily practice.

Should you have any questions or comments related to this submission, please do not hesitate to contact me at your earliest convenience at ang@opatoday.com or by phone at 416-441-0788.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Angeline Ng'.

Angeline Ng
Vice President, Professional Affairs

cc: Hitesh Pandya, Chair of the Board, Ontario Pharmacists Association
Justin Bates, Chief Executive Officer, Ontario Pharmacists Association