

Introduction

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The Canadian healthcare system continues to evolve as it deals with technological, political, organizational and human resources issues. Every part of the health system is challenged to do more with less, look at different ways of doing things, eliminate non-value-added interventions, increase effectiveness, and find new ways to reduce costs. Provincial governments are now establishing accountability measures for the delivery of healthcare services, such as surgical wait times. Meanwhile, with the shortage of health professionals that Canadian hospitals are now experiencing, maintenance of existing service levels is a major challenge. Maximizing professional scopes of practice is just one of the health care trends that are evolving to address the manpower shortage. Although the Canadian public continues to regard healthcare as a key priority, confidence in the current system has been shaken by reports of cancelled surgeries, lack of timely services, and medication errors. The Canadian healthcare system is being challenged to look at new ways of insuring that needed services are available and the entry of for profit organizations into the health care arena is becoming an increasing reality.

Pharmacy practice is not immune from these influences and this year's Hospital Pharmacy in Canada Report summarizes many important aspects of hospital pharmacy practice in the 142 participating organizations that collectively represent some 60,000 inpatient beds across Canada. This year the report continues its focus on medication safety and the role of pharmacy leaders in creating a safer environment for patients.

This year's report also brings a special interest chapter on Ethics in Hospital Pharmacy, authored by guest editor Tom Paton, that addresses key business, clinical and research ethical issues confronting staff and leaders in hospital practice.

The report contains our standard array of chapters such as human resources, drug distribution and clinical pharmacy. This year's benchmarking survey builds on the work of previous years and a new section dealing with mental health facilities has been added to the survey. This is part of the Board's ongoing effort to expand the report to include new topics and cover a broader array of practice settings.

This year's report introduces a standard definition of teaching hospital. All facilities that are members of the Association of Canadian Academic Healthcare Organizations (ACAHO) have been predefined as teaching hospitals, whereas in previous surveys respondents self-declared their teaching status. The self-declaration method was problematic, since most respondents do some teaching but not to the extent that university-affiliated academic healthcare organizations do. This change in methodology has more effectively differentiated "teaching" and "non-teaching" hospitals. As a result there are some interesting changes, in certain sections of the survey, with respect to the magnitude of differences between the data for the two groups.

Patricia Lefebvre's review of medication safety issues highlights the efforts being made to enhance the reporting of medication incidents and to implement organizational policies dealing with the disclosure of adverse events. This section highlights some areas in which hospitals have the opportunity to improve their safety practices. These include implementing policies requiring the checking of two patient identifiers before administering medications, limiting the use of verbal or telephone orders, and implementing procedures to monitor the occurrence of adverse drug events. Finally, Patricia's chapter ends with a comprehensive overview of the state of medication reconciliation in Canadian hospitals, providing important information on one of the Canadian Council for Health Services Accreditation's recently introduced "required organizational practices".

Effective drug distribution systems, from the point of order-writing through to the dispensing and administration of medication, can reduce the rate of occurrence of medication errors. Janet Harding's review of drug distribution systems shows that Canadian hospital pharmacies have made substantial gains in the implementation of unit dose distribution systems, now reported to be used by 69% of respondents, and IV admixture services that are now reported to be provided, to at least some extent, by 94% of respondents. This section also details important trends in medication order entry practices by pharmacists and technicians. The roles of pharmacy technicians continue to grow and advance, with 92% of respondents now reporting the use of tech-check-tech programs.

Nancy Roberts' review of drug purchasing shows that the increase in drug expenses in hospitals continues to exceed the growth rate in healthcare expenditures for other types of products and services. Drug purchasing practices continue to become more efficient, as demonstrated by the increase in inventory turns that are reported in this year's report.

Michele Babich's review of human resources highlights the effect that pharmacist shortages are having on hospital pharmacy staffing. Respondents reported more than 270 vacant pharmacist positions, which is only a slightly lower number of vacancies compared to the previous report. The report identifies a further 252 pharmacists that are eligible to retire within the next five years. This section also shows that the average growth rate of salaries for all pharmacy personnel has slowed compared to the last report in 2003/04. Pharmacist salaries in this report grew at a slower rate than those for management and staff technicians. Based on information collected this year and in previous reports, the pharmacist manpower shortage is unlikely to be resolved in the near future, further compromising the ability of hospital pharmacies to deliver comprehensive, high quality, patient-oriented pharmacy services.

Patricia Macgregor reports on the significant amount of education and training that hospital pharmacies provide. Hospitals reported providing an average of 246 days of student training in 2005/6. Patricia also details the progress hospitals are making in adopting information technology as a key component of their efforts to enhance the safety and efficiency of pharmacy practice. This section includes information on the availability and use of computerized decision-support tools (e.g. allergy alerts, maximum dose alerts, etc.), wireless technology, computerized physician order entry, hand held computing devices, and bar coding. Hospital pharmacies continue to make slow progress in fully implementing technology supports for the medication management system.

Jean-Francois Bussieres' section on clinical pharmacy services provides a thoughtful and comprehensive overview of patient oriented pharmacy services, seen in the context of a number of major practice initiatives that have been undertaken by pharmacy organizations such as the Canadian Society of Hospital Pharmacists, l'Association Pharmaciennes des établissements de santé du Québec, and the American Society of Health System Pharmacists. An analysis of the priority and scope of proven clinical services provides a revealing summary of the state of clinical services in Canada. This chapter also details the expansion of pharmacist involvement in ambulatory care practice and the current status of prescribing authority for pharmacists and other non-physician groups within Canadian hospitals.

I would like to take this opportunity to thank a number of individuals who have contributed to the success of this survey and report. The support of Eli Lilly Canada and the contributions of Andrew Merrick and Anne Hiltz of Eli Lilly Canada have ensured the ongoing success of the survey. The Editorial Board members continue to meet on a regular basis to identify trends, share information and analyze changes in practice. Their continued support for this project is appreciated by all hospital pharmacy practitioners. Paul Oeltjen collects and analyzes the data for the editors, Marjorie Robertson provides administrative support and designs the final layout of the chapters, and George Horne electronically publishes the results. Without their contributions the report would not be possible. Lastly, Kevin Hall and Chuck Wilgosh joined the team for this survey as Managing Editors. Their attention to detail and oversight has proven invaluable to the report. This team assures the quality of the Hospital Pharmacy in Canada Report and the Millcroft Symposium.

The Editorial Board would also like to especially thank two individuals, who left the board in the past year, for their significant contributions over the life of the Hospital Pharmacy in Canada Survey. Ken Forsyth, of Eli Lilly, was the driving force that brought the report to life and sustained it through many membership changes on the Board and many personnel and corporate changes at Lilly. Ron McKerrow contributed to the survey both as an editor and as Executive Editor, a position in which he played a vital leadership role for many years. Both individuals have contributed to the ongoing success of the report and have made it a valuable tool for hospital pharmacy leaders across Canada.