

# INTRODUCTION

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The Canadian healthcare system continues to evolve as it deals with technological, political, organizational and human resources issues. Provincial governments have established accountability measures for the delivery of healthcare services, such as surgical wait times, while Accreditation Canada has implemented Required Organizational Practices, like medication reconciliation, which will enhance patient care and safety. 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 both accessible when needed and meet the quality expectations of the public.

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 166 participating organizations that collectively represent some 69,212 inpatient beds across Canada.

This year's report introduces a change in the qualifying size of hospitals. Previously qualifying hospitals had to be greater than 100 beds with at least 50 acute care beds. The qualifying standard was changed this year to include all hospitals with 50 acute care beds or more. This has raised the number of qualifying hospitals and the Editorial Board hopes that this change will deliver a more complete picture of hospital practice across Canada.

This year's report also brings a special interest chapter that was developed in partnership with the Canadian Society of Hospital Pharmacists (CSHP). This chapter, authored by Emily Musing, focuses on CSHP's 2015 Initiative which is intended to advance hospital pharmacy practice across Canada. Emily's analysis has established a baseline of how well Canadian hospitals currently match up against CSHP's 2015 goals and objectives for hospital pharmacy practice. The CSHP 2015 section of this year's survey will be repeated in future surveys, allowing us to measure hospital pharmacy's progress towards the 2015 goals and objectives. Readers are strongly encouraged to review this analysis in detail to determine if there are opportunities to improve services delivered in their own institutions.

Hospital pharmacists have a keen interest and a strong mandate to contribute to the creation of safe and effective systems for managing medications in each of our hospitals. This topic has been a focus of recent Hospital Pharmacy in Canada reports. Patricia Lefebvre's review of the medication safety issues addressed in the 2007/08 survey provides a snapshot of current practices related to medication safety in Canadian hospitals. The survey also helps identify initiatives that hospital pharmacists, in collaboration with other healthcare providers and the leaders of their organizations, will need to implement in order to comply with Accreditation Canada's Patient / Client Safety Goals and medication-related, 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 little change in the use of unit dose and intravenous admixture services in Canadian hospital pharmacies. While progress has been made in the deployment of these systems in the past decade, there remains opportunity for significant improvement in many hospitals. Janet also explores key issues in cytotoxic drug preparation, pharmacy technician roles, medication order entry practices, and medication administration.

Nancy Roberts' review of drug purchasing shows that drug expenses in hospitals continue to increase, supporting the view that managing drug expenditures will remain an important issue for hospital pharmacy management. Nancy highlights several important factors that must be taken into account when analyzing the information in this year's report. Drug purchasing practices continue to be highly efficient, as demonstrated by the sustained pattern of high inventory turns, and improvements in performance by smaller facilities that are noted in this year's report.

In another chapter, Nancy also reports on the significant amount of education and training that hospital pharmacies provide. Hospitals reported providing an average of 217 days of student training in 2007/8 and several important trends are discussed in the chapter.

Michele Babich's review of human resources highlights the effect that pharmacist shortages are having on hospital pharmacy staffing. Respondents reported 292 vacant pharmacist positions, which is a slightly higher number of vacancies compared to the previous report. The report identifies a further 257 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 is similar to annual inflation rates in Canada. This section also includes an important discussion concerning the metric of budgeted hours per patient day. More specific analysis has been undertaken in this year's report to acknowledge the impact of the mix of acute and non-acute beds on this metric. Readers are encouraged to review this section of the report, since it provides new data that may enable better benchmarking of hospitals with similar ratios of acute to non-acute beds.

Patricia Macgregor details the progress that hospitals have made in adopting certain information and automation technologies that can 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 prescriber order entry systems, hand held computing devices, and bar coding. Hospital pharmacies continue to make steady progress in implementing technologies that can improve the outcomes of the medication management systems within their facility.

Jean-Francois Bussieres' section on clinical pharmacy services provides a thoughtful and comprehensive overview of patient oriented pharmacy services. This chapter provides data on the types of inpatient and outpatient clinical pharmacy services that are being offered in Canadian hospitals, as well as the types of clinical practice models that are being used to deliver those services. The survey data on quality assurance activities, pharmacy technician support of clinical practice, and pharmacist prescribing rights will be a useful tool for pharmacy leaders in their planning and program improvement activities. An analysis of the priority that hospital pharmacies place on specific clinical activities, compared to the evidence to support those priorities, provides a revealing summary of how the profession has, or has not, taken an evidence-based approach when deciding which services it should be focusing its time and resources on.

The adult and pediatric benchmarking chapters, authored by Kevin Hall and Jean-Francois Bussieres provide data on the pharmacy staffing and medication costs that are associated with providing pharmacy services to specific clinical programs, such as critical care, medicine, surgery, and long term care. These detailed benchmarking analyses provide pharmacy managers with important information that can be used to plan new patient care programs or pharmacy services and benchmark existing program performance.

As Executive Editor, 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 Linda Chow 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 again for this survey as Managing Editors. Their attention to detail and oversight of the survey process from the design of the survey tool to the final writing of the Hospital Pharmacy in Canada Report has proven invaluable to the success of this survey cycle. All of these members of the team have contributed in a major way to the quality of the Hospital Pharmacy in Canada Report.

The Editorial Board would also like to thank Anne Hiltz who left Eli Lilly and had in previous survey's provided tremendous support to the board's work. In addition, we extend our thanks Nancy Roberts who will be retiring from the board in June 2009. Nancy has been a valuable contributor to the board's work since 2001, authoring a variety of chapters in the past four surveys. Both of these individuals have contributed to the ongoing success of the report and have made it a valuable tool for hospital pharmacy leaders across Canada.