Patient safety and legislative change

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In a recent Canadian study of adverse events occurring before and during hospital admission for acute care of nonpsychiatric conditions,[1] 64 (12.7%) of 502 randomly selected adult patients experienced an adverse outcome due to medical care, and 24 (4.8%) had a preventable adverse event. Of particular interest to hospital pharmacists is the fact that 32 (50%) of the adverse events were caused by medication use, and half of these were preventable. Of the 20 prehospital adverse events occurring during ambulatory care, 18 (90%) were adverse drug events, and 9 (45%) were preventable.

These statistics clearly point out the need for better management of drug therapy for hospital patients. Pharmacists need to become more involved, using their skills and knowledge to their full potential in prescribing and monitoring drug therapy. This process has already started in Canadian hospitals that are focusing on improving outcomes.[2]

What else can be done to promote the pharmacist's role in Canadian hospitals? One obvious step is to obtain legislation that facilitates and clarifies pharmacists' involvement. Quebec, Nova Scotia, and British Columbia have already enacted enabling legislation, and most other provinces are also working on amending their legislation.

For example, Quebec's Bill 90, which became effective in February 2003, establishes a new division of fields of professional practice in the health care sector. The acts restricted to pharmacists now include supervising medication therapy, initiating or adjusting medication therapy according to a prescription, and making use, where applicable, of appropriate laboratory analyses. Simply put, this bill legalizes the work of hospital pharmacists, allowing them to do what they have been trained for: managing patient drug therapy in collaboration with physicians!

British Columbia also has legislation allowing a pharmacist to dispense a drug, if that drug is specified within a therapeutic interchange program or protocol approved by the governing body of a hospital or by the College of Pharmacists of British Columbia.

So should we just wait for other provinces to recognize the value of the pharmacists in managing drug therapy? Some might say "Sure — recognition will come, eventually," but my answer is "No". It is our job as professionals to promote best practice, to initiate programs to improve patients' health outcomes, to gather evidence to support these programs, and to advocate for their implementation. CSHP can assist in these efforts, by supporting pharmacy practice studies through the Research and Education Foundation, promoting excellence through the awards program, setting practice and teaching standards, and lobbying decision makers.

What we need for hospital pharmacists in all provinces are legislative frameworks like the ones in Quebec and British Columbia, which recognize our expertise and allow us to use all our skills. Let's work together to achieve this goal, especially given the mounting Canadian evidence of adverse drug outcomes. Make yourself heard. Write to your pharmacy director, your hospital administrators, and your MP. As pharmacists, we need to enable change to decrease adverse drug outcomes.

References

1. Forster AJ, Asmis TR, Clark HD, Saied GA, Code CC, Caughey SC, et al. Ottawa Hospital Patient Safety Study: incidence and timing of adverse events in patients admitted to a Canadian teaching hospital. *CMAJ* 2004;170:1235-40.
2. An information paper on pharmacist prescribing within a health care facility. Ottawa (ON): Canadian Society of Hospital Pharmacists; 2001.

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