Are we really leaders?

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Pharmacists play an important role in patient safety, and CSHP has portrayed hospital pharmacists as key leaders in the patient safety movement. Our contributions have indeed been significant—but are we *really* leaders?

The soon-to-be-released report from the 2003/2004 Hospital Pharmacy in Canada Survey provides information on the state of Canadian hospital pharmacy. Of the 144 hospitals surveyed, only 31% provided unit-dose services to greater than 90% of their beds, and only 24% provided both comprehensive IV additive and unit-dose services. These metrics have improved only slightly since the 1997/1998 report.[1] Over the same period, pharmacy paid hours per patient-day increased substantially.

There is no doubt that hospital pharmacy has made progress in other areas of practice that contribute to safe medication use, but, in view of this evidence, can we claim to be leaders? Given that these critical pharmacy systems are effective in reducing the risk of medication errors, why does Canadian hospital pharmacy practice lag so substantially behind the best evidence?

There are many reasons for this gap between best evidence and current practice. Yet, in the face of these pressures, other patient care and administrative leaders in Canadian hospitals are becoming the champions of medication safety, taking the place of pharmacists. Hospital administrators, nurses, and physicians have noted the gap and are championing the move to safer systems. These individuals are expecting pharmacy to assume a greater leadership role in medication use.

CSHP is already playing a leadership role within the patient safety agenda. The Society's advocacy in the lead-up to the release of the Canadian Adverse Events Study[2] produced almost 2000 letters to key decision-makers demonstrating the role of hospital pharmacists in patient safety. CSHP also advocated for the role of the hospital pharmacist in the wake of the medication incident in Calgary earlier this year,[3,4] contrary to others who suggested that pharmacists should be relegated to the dispensary instead of assuming roles as direct patient care providers.

At our 2004 Annual General Meeting, CSHP adopted 2 resolutions to enhance patient safety. The first calls for a national accreditation system for pharmacy technician schools, to assure a consistent, high-quality supply of technicians to support drug distribution systems. The second calls on pharmacy schools across Canada to incorporate patient safety training into their academic programs to ensure that pharmacists and technicians enter the workforce with the proper patient safety skills. CSHP has also adopted the advocacy theme of promoting the role of the hospital pharmacist in quality drug-use management. Our efforts will highlight pharmacists' role in the entire medication-use cycle from prescription to dispensing to monitoring.

If hospital pharmacy is to reclaim its place as the leader in medication safety, all pharmacists, technicians, leaders, and professional organizations across Canada must work together to implement proven safety programs such as unit-dose systems, IV additive systems, and direct patient care services. If we don't improve these metrics, hospital pharmacy will not be able to regain leadership status, and others will take our place. Our patients deserve better results.

References

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