

Continuous Quality Improvement, Continuous Pharmacy Improvement

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When I was contacted by a respected member of our Society asking if I would stand for the position of President Elect, I was both surprised and flattered. After the initial shock had passed, though, I realized that I had to make some important decisions.

My first concern was to figure out how I could contribute meaningfully to CSHP as a member of the Society's Executive and what role I could play in enhancing our profession. Having reflected upon my professional experiences to date, I feel that, as President Elect, I can contribute not only by providing ideas and enthusiasm for the practice of pharmacy, but also by helping to draw wider attention to the efforts that hospital pharmacists have made and will continue to make to improve health care. To illustrate, I would like to show the link between the evolution of pharmacy over the past 20 years and continuous quality improvement (CQI) — or what I will now refer to as “continuous pharmacy improvement”.

When I graduated 20 years ago, my pharmacy class was told that the profession was evolving and that we would be pioneers in the provision of clinical pharmacy services. As such, we would play a more substantial role in patient care than our predecessors, which would result in better professional recognition and increased use of our skills. In retrospect, these endeavours were just one step taken by a profession with a long history of enhancement, for we pharmacists have continually made efforts to improve our skills and training, to improve patient care, and to enhance our professional recognition. Hospital pharmacists and CSHP have been involved in many such initiatives, including the implementation of pharmaceutical care into residency programs, the development and implementation of drug distribution systems to improve patient safety, and the performance of research into outcomes associated with pharmacist interventions.

Although it has been suggested that these changes merely reflect a profession that is trying to redefine itself, I see them more as components in a process of continuous improvement: such efforts are required to meet both the changing needs of our patients and the demands of society at large.



In particular, the demands of society are increasing exponentially. Over the past year, the Romanow report,¹ the Kirby report,² common drug review,³ and many regional initiatives have highlighted the potential needs and demands of society with regard to health care. The increased provision of home-based care, concerns about patient safety, and primary health care reform are only some of the challenges that hospital pharmacists continue to address day-to-day. Others include pharmacy specialization, pharmacist prescribing, implementation of new technology, and staff shortages. As a result of these influences, many institutions and provincial health ministries are reviewing their regulations to optimize use of pharmacist skills.

Given the changes now taking place in society and more specifically in health care, I feel that my professional experiences will help me to draw attention to pharmacists' potential impact. I have witnessed pharmacists in various practice sites proposing, implementing, and refining programs and policies that aim to increase the effectiveness and value of pharmacist interventions. In the position of President Elect, I can help to identify further changes that are

required for hospital pharmacists to be fully utilized and recognized. I am convinced that we still do not receive enough recognition for what we do and what we could do, and furthermore that a wider audience must become attuned to the concerns and issues facing hospital pharmacists. By drawing attention to our past and current efforts, I believe we can enhance both our effectiveness as a profession and our recognition as professionals by society as a whole.

References

1. Commission on the Future of Health Care in Canada (Romanow R, chair). *Building on values: the future of health care in Canada*. Ottawa (ON): The Commission; 2002. Available at: <http://www.hc-sc.gc.ca/english/care/romanow/index.html>. Accessed 2003 Jul 16.
2. Senate Standing Committee on Social Affairs, Science and Technology (Kirby MJL, chair). *The health of Canadians — the federal role. Final report on the state of the health care system in Canada*. Vol 6: *Recommendations for reform*. Ottawa (ON): Senate of Canada; 2002. Available at: <http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6-e.htm>. Accessed 2003 Jul 16.
3. *The common drug review*. Ottawa: Health Canada; 2002 Sep 5. Available at: http://www.hc-sc.gc.ca/english/media/releases/2002/2002_58bk2.htm. Accessed 2003 Jul 16.

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