

Canadian Hospital Pharmacy Survey

As members of the Editorial Advisory Board, Hospital Pharmacy in Canada Report, we are writing to inform readers that the *2001/2002 Annual Report* is now accessible on the Board's Web site at www.lillyhospitalsurvey.ca. This is the 14th report in a series dating back to 1986, which tracks progress in the provision of pharmacy services in Canadian hospitals. The current comprehensive 85-page report provides data tables, figures, and commentary on all aspects of pharmacy services. To support comparison, information is provided for all respondents' facilities, and for facilities by bed size, by teaching status, and by province.

Of special interest for 2001/2002, the report chronicles the current state of medication incident reporting and incident review systems in place in Canadian hospitals. This is followed by an extensive discussion of strategies for reducing medication incidents in key areas of the medication system. The Editors describe alignment of current practice with standards set by recognized bodies such as the Canadian Society of Hospital Pharmacists, the Institute for Health Care Improvement, the Institute for Safe Medication Practices, and the United States Joint Commission on Accreditation of Health Care Organizations. The report challenges pharmacists to become involved in and provide leadership in establishing programs that improve and enhance patient safety. It provides insight into collaborative strategies that can and should be adopted to further improve systems. A sample of the survey results is shown in Table 1.

Trends identified in other sections of the report provide insight into a pharmacy perspective on the changing health care system. Pharmacy staffing and salaries are documented. There continues to be a shortage of hospital pharmacists, while recruiting to technician

and management positions does not seem to be unduly difficult. The extent of the shortage of hospital pharmacists (228 vacancies in respondents' hospitals on March 31, 2002) and the impact that this is having on provision of clinical services are described. Recruitment and retention strategies adopted to reverse this trend are having limited impact.

Total purchases of medications increased markedly over purchases reported in the past. The report also documents a shift in expenditure to support patients in an ambulatory environment, with a disproportionate growth of drug costs in clinic and medical day units.

Slow progress is described in the delivery of clinical pharmacy services and enhancements to drug distribution systems. Increases in automation and expansion of the role of pharmacy technicians in checking the work of other technicians have supported marginal but steady gains in pharmacist involvement in direct patient care. Data from a subset of larger hospitals define staffing and drug costs at a program level for key specialty areas. The report concludes with a comparison of key indicators for pediatric and all respondents.

The *2001/2002 Annual Report: Hospital Pharmacy in Canada* provides comprehensive, comparative data. It gives the reader a valuable tool to support improvement of practice.

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On behalf of the members of the Editorial Advisory Board, Hospital Pharmacy in Canada Report

Table 1. Medication Incident Review for 2001/2002

Survey item	All Hospitals (n = 123)	No. (and %) of Hospitals				
		By Hospital Size (No. of Beds)			By Hospital Teaching Status	
		100–200 (n = 29)	201–500 (n = 66)	>500 (n = 28)	Yes (n = 52)	No (n = 71)
Medication incident reporting system in use	113 (92)	27 (93)	60 (91)	26 (93)	50 (96)	63 (89)
Committee to review medication incidents	85 (69)	18 (62)	46 (70)	21 (75)	44 (85)	41 (58)
Concentrated KCl on <10% of nursing units	38 (31)	5 (17)	26 (39)	7 (25)	17 (33)	21 (30)
Single standard infusion concentrations for ≥90% insulin cases	56 (46)	11 (38)	35 (53)	10 (36)	28 (54)	28 (39)
List of dangerous abbreviations (not accepted)	28 (23)	7 (24)	15 (23)	6 (21)	13 (25)	15 (21)
Written policy allowing right to refuse a physician order on basis of patient safety	65 (53)	12 (41)	37 (56)	18 (64)	26 (50)	39 (55)
Computerized physician order entry						
Approved plan to implement	17	1	8	8	8	9
Operational	9	3	3	3	9	0
Bar coding is used in the medication system*	13 (11)	0	6 (9)	7 (25)	11 (21)	2 (3)

*The report details at which point bar coding is used.

