

CSHP – Still Making a Difference

Linda Poloway

When I was first approached to let my name stand for nomination to the position of President-Elect of CSHP, I said I would consider it only if I could make a difference to the Society. My portfolio would be that of External Liaison, and I would be responsible for engaging in and coordinating activities related to interaction with other pharmacy and allied health organizations, government, industry, faculties, and other external groups. Well, it's now 2 years later and in the position of Past President I feel confident that I have helped make a difference, but that claim is not mine alone. Representing hospital pharmacy to external parties has made it abundantly clear to me that we are able to provide many unique patient care services, and as members of CSHP we have all made a significant difference to how that care is provided now and will be provided in the future. Work within the external portfolio has been rich with excellent illustrations of the difference we make.

In its submission to the Romanow Commission on the Future of Health Care in Canada, CSHP communicated that hospital pharmacists have considerable experience and have demonstrated competence in engaging in collaborative models of practice. They have been recognized members of various health care teams providing direct patient care and have responsibly assumed prescriptive authority through partnership with physicians. CSHP's statement and information paper on pharmacist prescribing within a health care facility were released after we made our submission to the Romanow Commission, and we are definitely receiving attention on this matter from external parties. Hospital pharmacists continually demonstrate appropriate use of resources within the health care sector by delegation of the drug distribution functions to support personnel such as pharmacy technicians. The CSHP statement and information paper on the role of the pharmacy technician, which were included in the Romanow submission, discussed changing scopes of practice,

roles, and responsibility within the pharmacy workforce and illustrated the importance of appropriate use of technicians in the face of manpower shortages of pharmacists and within the context of cost-effective health care. With drug expenses

accounting for the most rapidly rising health care costs, hospital pharmacists' expertise in drug use management for patient-specific therapies as well as formulary management and drug utilization reviews was communicated to the Commission as a unique and valuable skill in the health care arena.

CSHP and hospital pharmacists continue to play a lead role in examining patient safety issues, particularly medication safety. CSHP and Health Canada initially collaborated in October 2000 to organize a symposium of health care organizations and agencies for the purpose of developing an action plan for a national medication safety reporting and prevention program. Since then the Canadian Coalition on Medication Incident Reporting and Prevention, including a CSHP representative, has been formed to develop a business plan for the project. CSHP is also represented on the Royal College of Physicians and Surgeons National Steering Committee on Patient Safety. The mandate of this group is to develop a Canadian multidisciplinary strategy for improving patient safety and, through this, the quality of health care. A CSHP member sits on each of the 5 working groups created to achieve the objectives of the Committee. Hospital pharmacists have considerable history and expertise in identifying medication errors and "near misses", reporting them in



continued on page 183

continued from page 184

a consolidated fashion and performing root cause analysis and systems review. There is no doubt that their unique skills will be valuably applied in these initiatives.

In conjunction with Human Resources Development Canada, CSHP will be part of the Steering Committee providing direction for a sectoral and occupational study for pharmacy. The study will examine manpower issues related to both pharmacists and pharmacy technicians and identify potential factors contributing to the problem, including reduced training and teaching capacity, worker retention problems, recruitment issues, increased emigration, and an aging workforce. An additional exciting part of this group's work will be to create a vision of the future of pharmacy practice, given the known and anticipated challenges to and strengths of our profession. Again, the leadership that hospital pharmacists have shown in expanding their role in direct patient care will help to formulate this vision.

In our many messages to external organizations, we hospital pharmacists have spoken of our team approach to care. This approach is reflected in CSHP's on-going support of CAPSI (the Canadian Association of Pharmacy Students and Interns) and CAPT (the Canadian Association of Pharmacy Technicians) activities. Pharmacy students represent the future of our profession, and CSHP is working to better understand and respond to their needs. We have learned that students know little of the nature of hospital pharmacy practice until near the end of their school term. In conjunction with the Association of Faculties of

Pharmacy of Canada, CSHP is promoting job shadowing for students, beginning as early as their first year, to enhance their understanding. CSHP has also committed to contribute to each issue of the CAPSI newsletter by submitting an article demonstrating innovative pharmacy practice. We wish to motivate the students and encourage them to practice to their maximum potential. The information paper on the role of the pharmacy technician supported the expanding role of the pharmacy technician and has been positively received by this group. CSHP has met with the CAPT Executive to identify areas of potential collaboration and is currently examining closer links with that organization. Strong ties with both these groups are truly an investment in our future.

To improve our communication with external groups as well as our members, our Public Relations Committee will be resurrected and given a new mandate. It will work closely with the CSHP Manager, Public Relations and Communications, to prepare marketing and advocacy tools that convey our message to the media and other key stakeholders. Preparation of a promotion template for Pharmacy Awareness Week that effectively communicates our unique contributions to health care has been identified as a primary objective.

And so, with the end of my term drawing near, I reflect with pride and passion on the recent accomplishments of our organization, the voice of hospital pharmacy in Canada — an organization that continues to make a difference.

Linda Poloway, BScPharm, FCSHP, is CSHP Past President and External Liaison.

Advertisers' Index

	Ad Page	Prescribing Information
Pfizer / Lipitor	IFC	148, 149
Medi-Dose Inc. / EPS	95	—
Becton Dickinson / PosiFlush	97	—
Sabex / Amiodarone	99	150, 151
Pharmacia / Camptosar	101	152–157
Pharmaceutical Partners of Canada / TBA	IBC	—
Novopharm / Bob Belanger	OBC	—

