



**Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux**

**CSHP 2015 SURVEY OF FACILITIES
October to December 2009**

CSHP 2015 Goals and Objectives for Pharmacy Practice
in Hospitals & Related Healthcare Settings to Be Achieved by 2015

CSHP 2015
Targeting Excellence in Pharmacy Practice

Introduction

The CSHP 2015 Steering Committee issued a survey to be completed by facilities in the autumn of 2009. The survey was conducted to help inform the priorities for the CSHP 2015 Steering Committee as it strives to support CSHP members in achieving CSHP 2015. Please note that CSHP 2015 facility survey is not a substitute for the CSHP 2015 section of the Hospital Pharmacy in Canada survey.

Findings

In all, 149 responses were received, 119 completed the survey. The results of the survey are provided below, and listed in the order of the CSHP Goals and Objectives. The results do not represent a statistically valid sample of hospitals and related facilities across Canada; they reflect the views of those who responded to the survey.

The top 10 objectives that have the highest priority ranking are provided on page 28. The demographic information about the respondents to the survey is provided at the end of this document (page 29).

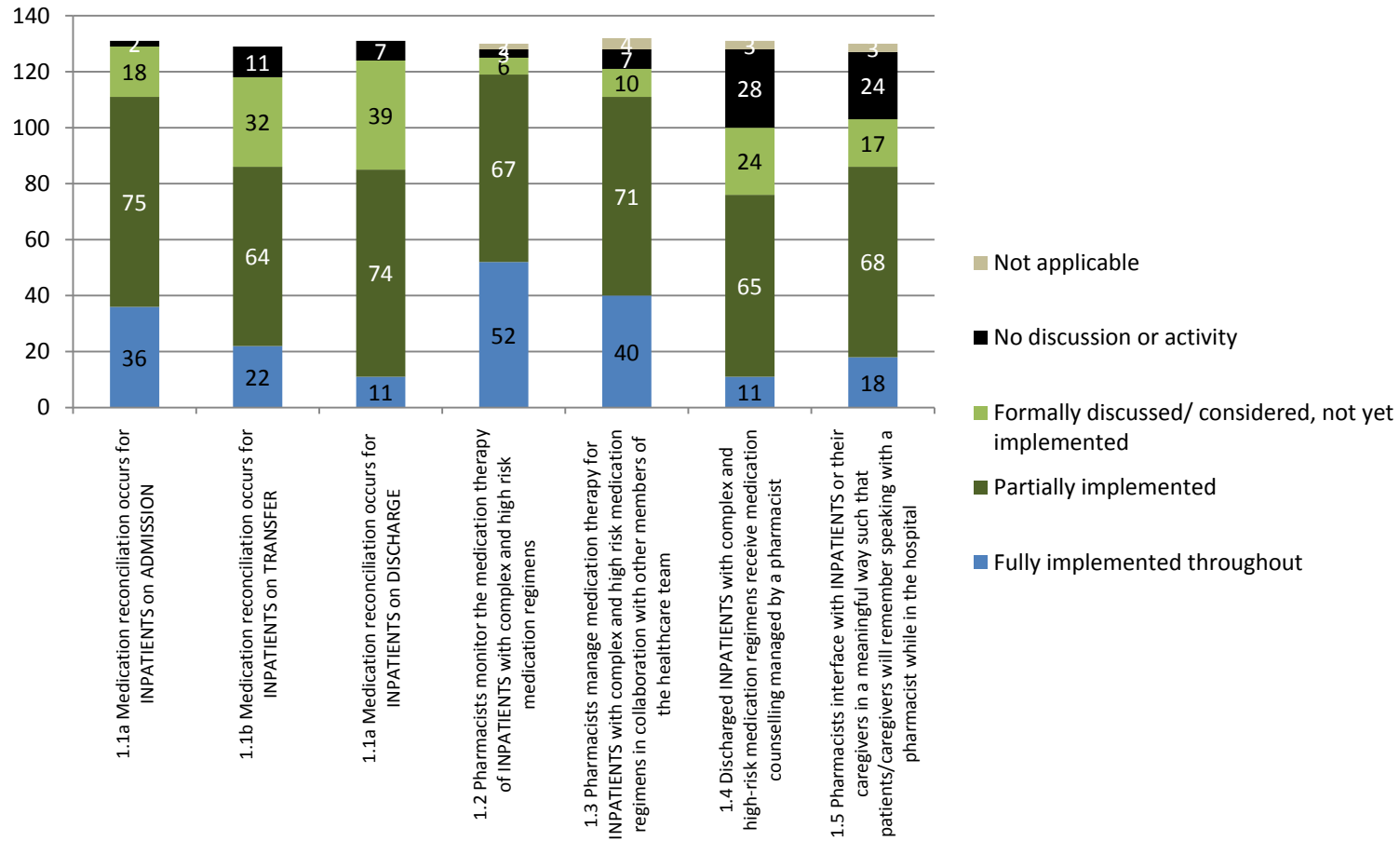
Goal 1: Increase the extent to which pharmacists help individual hospital inpatient achieve the best use of medications.

Extent of implementation to achieve goal

Objective	Fully implemented throughout	Partially implemented	Formally discussed/ considered, not yet implemented	No discussion or activity	Not applicable	Total	Target
1.1a Medication reconciliation occurs for INPATIENTS on ADMISSION	36	75	18	2		131	
	27.5%	57.3%	13.7%	1.5%		100%	100%
1.1b Medication reconciliation occurs for INPATIENTS on TRANSFER	22	64	32	11		129	

Objective	Fully implemented throughout	Partially implemented	Formally discussed/ considered, not yet implemented	No discussion or activity	Not applicable	Total	Target
	17.1%	49.6%	24.8%	8.5%		100%	100%
1.1a Medication reconciliation occurs for INPATIENTS on DISCHARGE	11	74	39	7		131	
	8.4%	56.5%	29.8%	5.3%		100%	100%
1.2 Pharmacists monitor the medication therapy of INPATIENTS with complex and high risk medication regimens	52	67	6	3	2	130	
	40.0%	51.5%	4.6%	2.3%	1.5%	100%	100%
1.3 Pharmacists manage medication therapy for INPATIENTS with complex and high risk medication regimens in collaboration with other members of the healthcare team	40	71	10	7	4	132	
	30.3%	53.8%	7.6%	5.3%	3.0%	100%	90%
1.4 Discharged INPATIENTS with complex and high-risk medication regimens receive medication counselling managed by a pharmacist	11	65	24	28	3	131	
	8.4%	49.6%	18.3%	21.4%	2.3%	100%	75%
1.5 Pharmacists interface with INPATIENTS or their caregivers in a meaningful way such that patients/caregivers will remember speaking with a pharmacist while in the hospital	18	68	17	24	3	130	
	13.8%	52.3%	13.1%	18.5%	2.3%	100%	50%

Goal 1



Ranking of priorities

Objective	High	Medium	Low	Total
1.1a Medication reconciliation occurs for INPATIENTS on ADMISSION	89	33	7	129
	69.0%	25.6%	5.4%	100%
1.1b Medication reconciliation occurs for INPATIENTS on TRANSFER	64	46	17	127
	50.4%	36.2%	13.4%	100%
1.1a Medication reconciliation occurs for INPATIENTS on DISCHARGE	68	50	13	131
	51.9%	38.2%	9.9%	100%
1.2 Pharmacists monitor the medication therapy of INPATIENTS with complex and high risk medication regimens	83	38	8	129
	64.3%	29.5%	6.2%	100%
1.3 Pharmacists manage medication therapy for INPATIENTS with complex and high risk medication regimens in collaboration with other members of the healthcare team	75	43	10	128
	58.6%	33.6%	7.8%	100%
1.4 Discharged INPATIENTS with complex and high-risk medication regimens receive medication counselling managed by a pharmacist	45	53	31	129
	34.9%	41.1%	24.0%	100%
1.5 Pharmacists interface with INPATIENTS or their caregivers in a meaningful way such that patients/caregivers will remember speaking with a pharmacist while in the hospital	41	60	29	130
	31.5%	46.2%	22.3%	100%

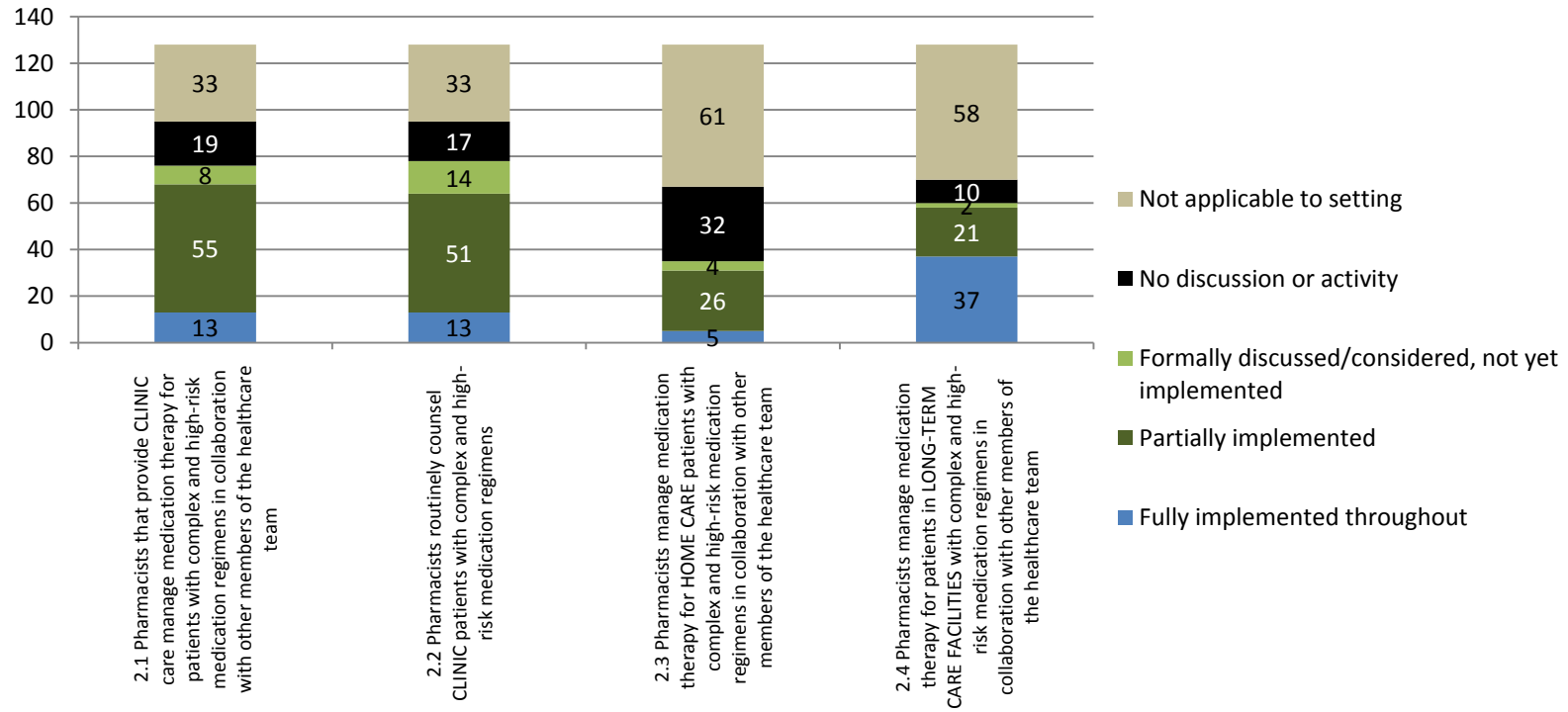
Goal 2: Increase the extent to which pharmacists help individual non-hospitalized patients achieve the best use of medications.

Extent of implementation to achieve goal

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
2.1 Pharmacists that provide CLINIC care manage medication therapy for patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team	13	55	8	19	33	128	
	10.2%	43.0%	6.3%	14.8%	25.8%	70.0%	70%
2.2 Pharmacists routinely counsel CLINIC patients with complex and high-risk medication regimens	13	51	14	17	33	128	
	10.2%	39.8%	10.9%	13.3%	25.8%	95.0%	95%
2.3 Pharmacists manage medication therapy for HOME CARE patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team	5	26	4	32	61	128	
	3.9%	20.3%	3.1%	25.0%	47.7%	85.0%	85%

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
2.4 Pharmacists manage medication therapy for patients in LONG-TERM CARE FACILITIES with complex and high-risk medication regimens in collaboration with other members of the healthcare team	37	21	2	10	58	128	
	28.9%	16.4%	1.6%	7.8%	45.3%	65.0%	65%

Goal 2



Ranking of priorities

Objective	High	Medium	Low	Total
2.1 Pharmacists that provide CLINIC care manage medication therapy for patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team	25	42	42	109
	22.9%	38.5%	38.5%	100%
2.2 Pharmacists routinely counsel CLINIC patients with complex and high-risk medication regimens	24	47	38	109
	22.0%	43.1%	34.9%	100%
2.3 Pharmacists manage medication therapy for HOME CARE patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team	10	22	66	98
	10.2%	22.4%	67.3%	100%
2.4 Pharmacists manage medication therapy for patients in LONG-TERM CARE FACILITIES with complex and high-risk medication regimens in collaboration with other members of the healthcare team	39	14	48	101
	38.6%	13.9%	47.5%	100%

Goal 3: Increase the extent to which pharmacists actively apply evidence-based methods to the improvement of medication therapy

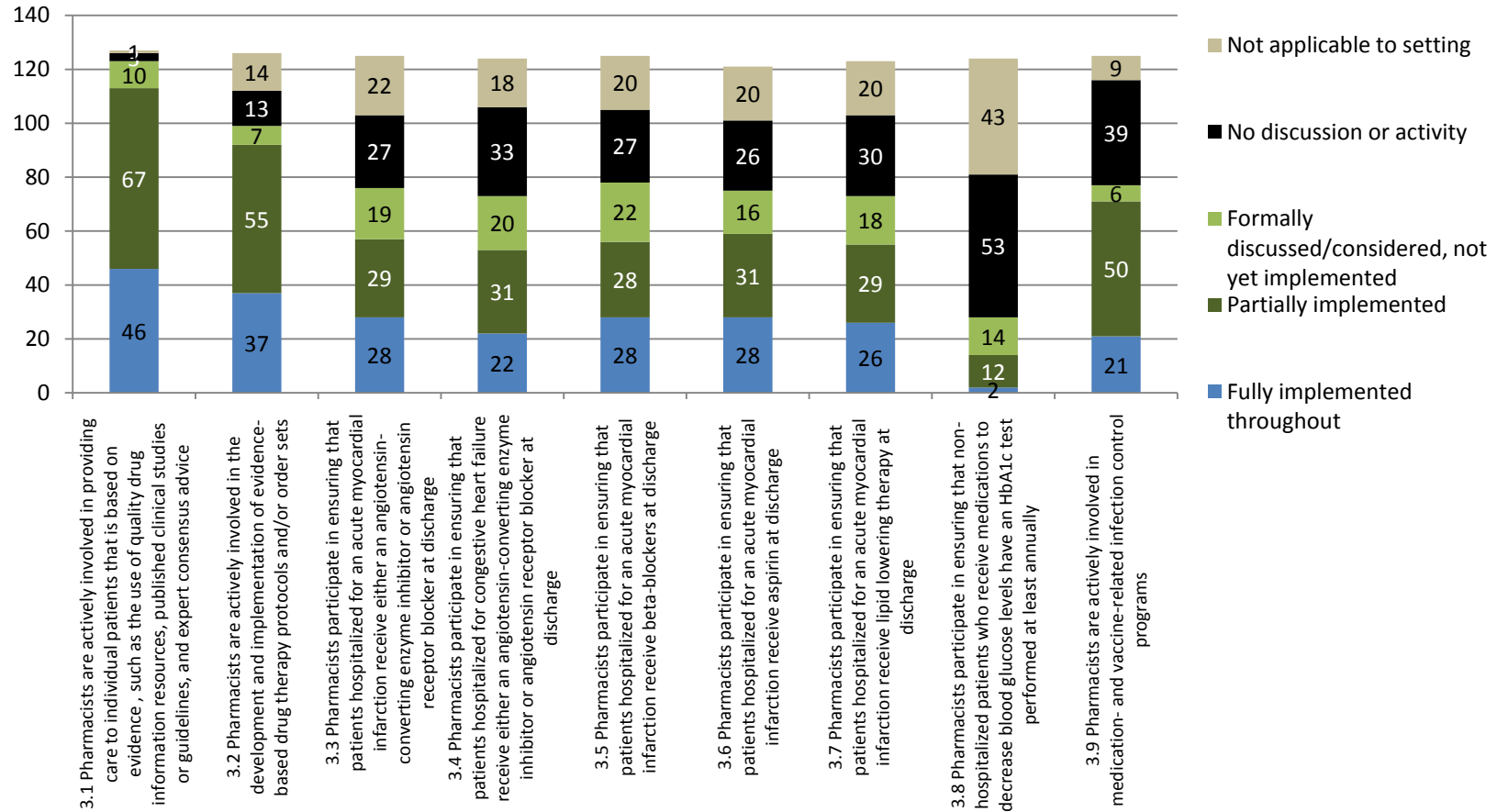
Extent of implementation to achieve goal

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
3.1 Pharmacists are actively involved in providing care to individual patients that is based on evidence, such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice	46	67	10	3	1	127	
	36.2%	52.8%	7.9%	2.4%	0.8%	100%	100%
3.2 Pharmacists are actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets	37	55	7	13	14	126	
	29.4%	43.7%	5.6%	10.3%	11.1%	100%	100%
3.3 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive either an angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge	28	29	19	27	22	125	
	22.4%	23.2%	15.2%	21.6%	17.6%	100%	90%

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
3.4 Pharmacists participate in ensuring that patients hospitalized for congestive heart failure receive either an angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge	22	31	20	33	18	124	
	17.7%	25.0%	16.1%	26.6%	14.5%	100%	90%
3.5 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive beta-blockers at discharge	28	28	22	27	20	125	
	22.4%	22.4%	17.6%	21.6%	16.0%	100%	90%
3.6 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive aspirin at discharge	28	31	16	26	20	121	
	23.1%	25.6%	13.2%	21.5%	16.5%	100%	90%
3.7 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive lipid lowering therapy at discharge	26	29	18	30	20	123	
	21.1%	23.6%	14.6%	24.4%	16.3%	100%	90%
3.8 Pharmacists participate in ensuring that non-hospitalized patients who receive medications to decrease blood glucose levels have an HbA1c test performed at least annually	2	12	14	53	43	124	
	1.6%	9.7%	11.3%	42.7%	34.7%	100%	80%

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
3.9 Pharmacists are actively involved in medication- and vaccine-related infection control programs	21	50	6	39	9	125	
	16.8%	40.0%	4.8%	31.2%	7.2%	100%	70%

Goal 3



Ranking of priorities

Objective	High	Medium	Low	Total
3.1 Pharmacists are actively involved in providing care to individual patients that is based on evidence , such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice	77	40	9	126
	61.1%	31.7%	7.1%	100%
3.2 Pharmacists are actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets	62	35	24	121
	51.2%	28.9%	19.8%	100%
3.3 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive either an angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge	35	44	34	113
	31.0%	38.9%	30.1%	100%
3.4 Pharmacists participate in ensuring that patients hospitalized for congestive heart failure receive either an angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge	35	43	35	113
	31.0%	38.1%	31.0%	100%
3.5 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive beta-blockers at discharge	34	44	32	110
	30.9%	40.0%	29.1%	100%

Objective	High	Medium	Low	Total
3.6 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive aspirin at discharge	34	41	32	107
	31.8%	38.3%	29.9%	100%
3.7 Pharmacists participate in ensuring that patients hospitalized for an acute myocardial infarction receive lipid lowering therapy at discharge	35	44	32	111
	31.5%	39.6%	28.8%	100%
3.8 Pharmacists participate in ensuring that non-hospitalized patients who receive medications to decrease blood glucose levels have an HbA1c test performed at least annually	6	25	74	105
	5.7%	23.8%	70.5%	100%
3.9 Pharmacists are actively involved in medication- and vaccine-related infection control programs	28	44	42	114
	24.6%	38.6%	36.8%	100%

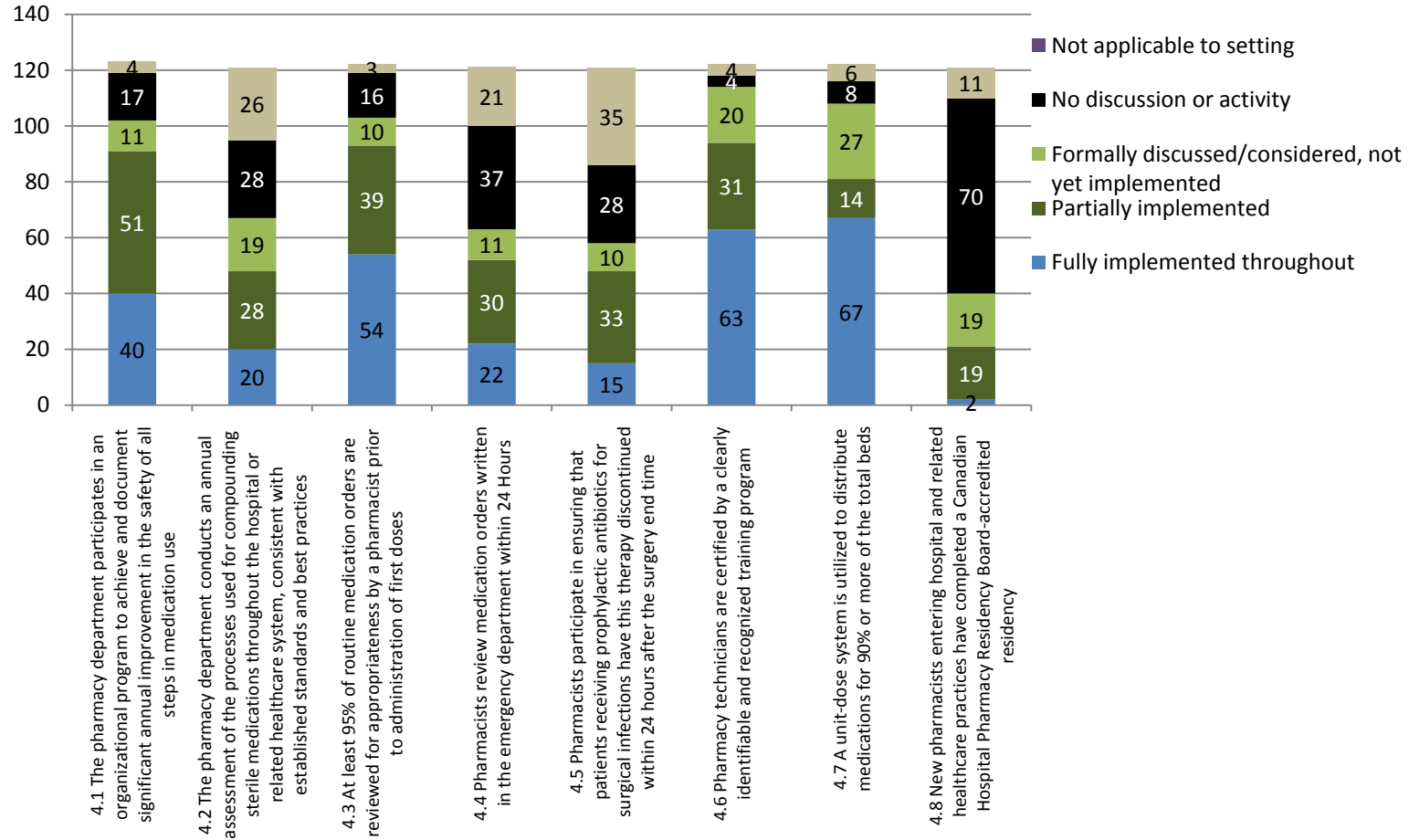
Goal 4: Increase the extent to which pharmacy departments have a significant role in improving the safety of medication use.

Extent of implementation to achieve goal

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
4.1 The pharmacy department participates in an organizational program to achieve and document significant annual improvement in the safety of all steps in medication use	40	51	11	17	4	123	
	32.5%	41.5%	8.9%	13.8%	3.3%	100%	90%
4.2 The pharmacy department conducts an annual assessment of the processes used for compounding sterile medications throughout the hospital or related healthcare system, consistent with established standards and best practices	20	28	19	28	26	121	
	16.5%	23.1%	15.7%	23.1%	21.5%	100%	80%
4.3 At least 95% of routine medication orders are reviewed for appropriateness by a pharmacist prior to administration of first doses	54	39	10	16	3	122	
	44.3%	32.0%	8.2%	13.1%	2.5%	100%	80%

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
4.4 Pharmacists review medication orders written in the emergency department within 24 Hours	22	30	11	37	21	121	
	18.2%	24.8%	9.1%	30.6%	17.4%	100%	100%
4.5 Pharmacists participate in ensuring that patients receiving prophylactic antibiotics for surgical infections have this therapy discontinued within 24 hours after the surgery end time	15	33	10	28	35	121	
	12.4%	27.3%	8.3%	23.1%	28.9%	100%	90%
4.6 Pharmacy technicians are certified by a clearly identifiable and recognized training program	63	31	20	4	4	122	
	51.6%	25.4%	16.4%	3.3%	3.3%	100%	85%
4.7 A unit-dose system is utilized to distribute medications for 90% or more of the total beds	67	14	27	8	6	122	
	54.9%	11.5%	22.1%	6.6%	4.9%	100%	75%
4.8 New pharmacists entering hospital and related healthcare practices have completed a Canadian Hospital Pharmacy Residency Board-accredited residency	2	19	19	70	11	121	
	1.7%	15.7%	15.7%	57.9%	9.1%	100%	100%

Goal 4



Ranking of priorities

Objective	High	Medium	Low	Total
4.1 The pharmacy department participates in an organizational program to achieve and document significant annual improvement in the safety of all steps in medication use	78	27	13	118
	66.1%	22.9%	11.0%	100%
4.2 The pharmacy department conducts an annual assessment of the processes used for compounding sterile medications throughout the hospital or related healthcare system, consistent with established standards and best practices	36	42	31	109
	33.0%	38.5%	28.4%	100%
4.3 At least 95% of routine medication orders are reviewed for appropriateness by a pharmacist prior to administration of first doses	67	31	19	117
	57.3%	26.5%	16.2%	100%
4.4 Pharmacists review medication orders written in the emergency department within 24 Hours	28	37	43	108
	25.9%	34.3%	39.8%	100%
4.5 Pharmacists participate in ensuring that patients receiving prophylactic antibiotics for surgical infections have this therapy discontinued within 24 hours after the surgery end time	25	37	42	104
	24.0%	35.6%	40.4%	100%

Objective	High	Medium	Low	Total
4.6 Pharmacy technicians are certified by a clearly identifiable and recognized training program	75	35	8	118
	63.6%	29.7%	6.8%	100%
4.7 A unit-dose system is utilized to distribute medications for 90% or more of the total beds	74	31	12	117
	63.2%	26.5%	10.3%	100%
4.8 New pharmacists entering hospital and related healthcare practices have completed a Canadian Hospital Pharmacy Residency Board-accredited residency	6	36	74	116
	5.2%	31.0%	63.8%	100%

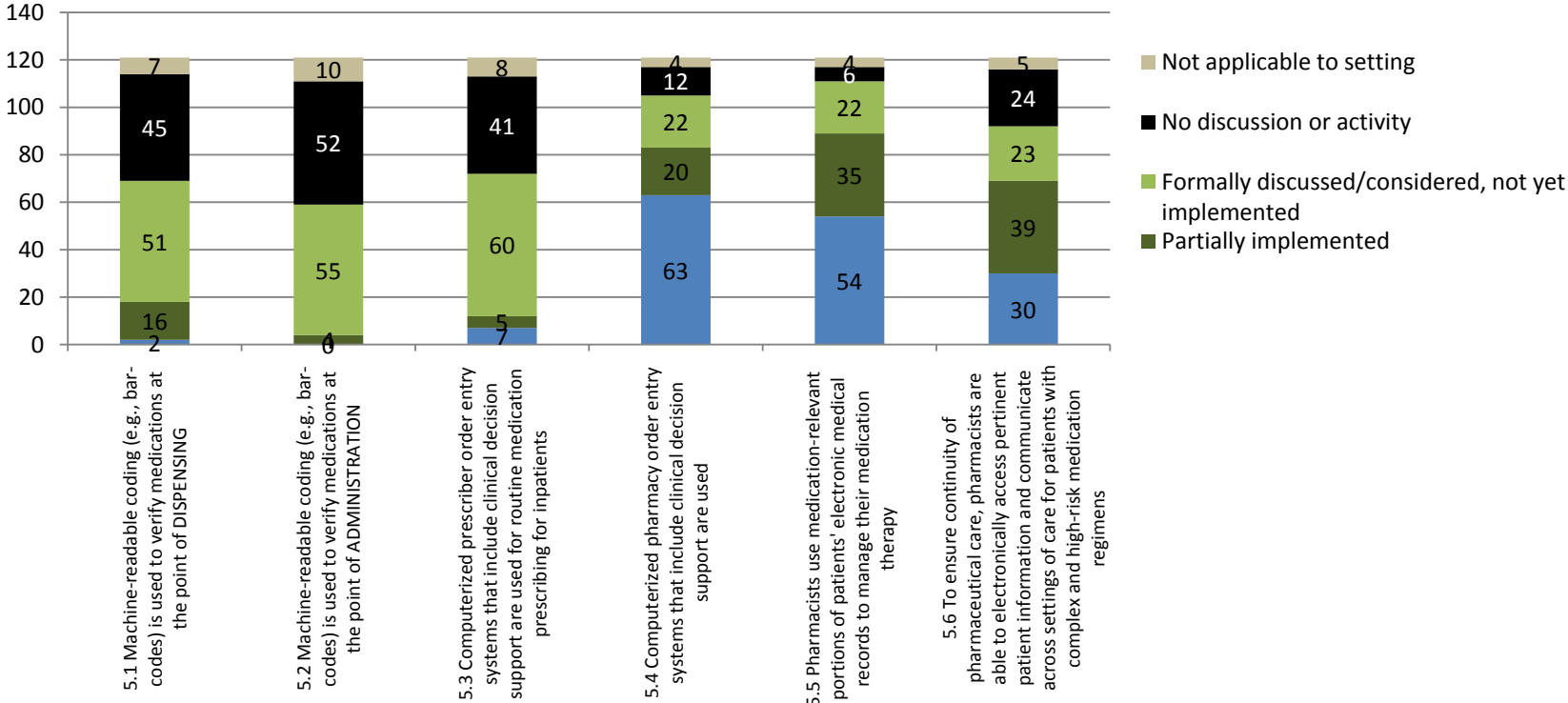
Goal 5: Increase the extent to which hospitals and related healthcare settings apply technology effectively to improve the safety of medication use.

Extent of implementation to achieve goal

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
5.1 Machine-readable coding (e.g., bar-codes) is used to verify medications at the point of DISPENSING	2	16	51	45	7	121	
	1.7%	13.2%	42.1%	37.2%	5.8%	100%	75%
5.2 Machine-readable coding (e.g., bar-codes) is used to verify medications at the point of ADMINISTRATION	0	4	55	52	10	121	
	0.0%	3.3%	45.5%	43.0%	8.3%	100%	75%
5.3 Computerized prescriber order entry systems that include clinical decision support are used for routine medication prescribing for inpatients	7	5	60	41	8	121	
	5.8%	4.1%	49.6%	33.9%	6.6%	100%	75%
5.4 Computerized pharmacy order entry systems that include clinical decision support are used	63	20	22	12	4	121	
	52.1%	16.5%	18.2%	9.9%	3.3%	100%	100%
5.5 Pharmacists use medication-relevant portions of patients' electronic medical records to manage their medication therapy	54	35	22	6	4	121	
	44.6%	28.9%	18.2%	5.0%	3.3%	100%	75%

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
5.6 To ensure continuity of pharmaceutical care, pharmacists are able to electronically access pertinent patient information and communicate across settings of care (e.g. among hospitals, clinics, home care operations and chronic care operations) for patients with complex and high-risk medication regimens	30	39	23	24	5	121	
	24.8%	32.2%	19.0%	19.8%	4.1%	100%	75%

Goal 5



Ranking of priorities

Objective	High	Medium	Low	Total
5.1 Machine-readable coding (e.g., bar-codes) is used to verify medications at the point of DISPENSING	24	45	49	118
	20.3%	38.1%	41.5%	100%
5.2 Machine-readable coding (e.g., bar-codes) is used to verify medications at the point of ADMINISTRATION	19	42	54	115
	16.5%	36.5%	47.0%	100%
5.3 Computerized prescriber order entry systems that include clinical decision support are used for routine medication prescribing for inpatients	21	52	44	117
	17.9%	44.4%	37.6%	100%
5.4 Computerized pharmacy order entry systems that include clinical decision support are used	66	35	16	117
	56.4%	29.9%	13.7%	100%
5.5 Pharmacists use medication-relevant portions of patients' electronic medical records to manage their medication therapy	61	46	12	119
	51.3%	38.7%	10.1%	100%
5.6 To ensure continuity of pharmaceutical care, pharmacists are able to electronically access pertinent patient information and communicate across settings of care (e.g. among hospitals, clinics, home care operations and chronic care operations) for patients with complex and high-risk medication regimens	51	43	23	117
	43.6%	36.8%	19.7%	100%

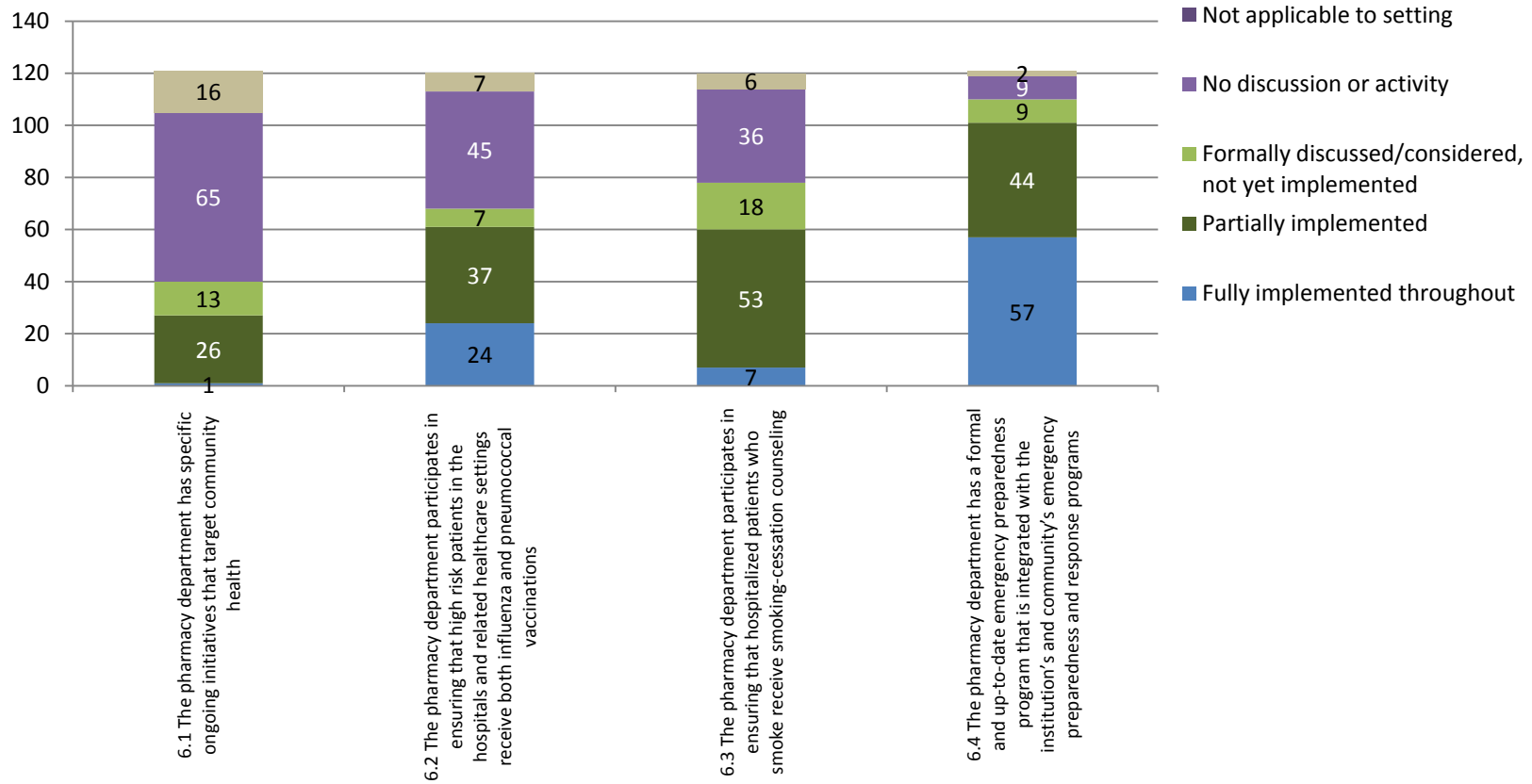
Goal 6: Increase the extent to which hospitals and related healthcare settings apply technology effectively to improve the safety of medication use.

Extent of implementation to achieve goal

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
6.1 The pharmacy department has specific ongoing initiatives that target community health	1	26	13	65	16	121	
	0.8%	21.5%	10.7%	53.7%	13.2%	100%	60%
6.2 The pharmacy department participates in ensuring that high risk patients in the hospitals and related healthcare settings receive both influenza and pneumococcal vaccinations	24	37	7	45	7	120	
	20.0%	30.8%	5.8%	37.5%	5.8%	100%	85%
6.3 The pharmacy department participates in ensuring that hospitalized patients who smoke receive smoking-cessation counseling	7	53	18	36	6	120	
	5.8%	44.2%	15.0%	30.0%	5.0%	100%	80%

Objective	Fully implemented throughout	Partially implemented	Formally discussed/considered, not yet implemented	No discussion or activity	Not applicable to setting	Total	Target
6.4 The pharmacy department has a formal and up-to-date emergency preparedness program that is integrated with the institution's and community's emergency preparedness and response programs	57	44	9	9	2	121	
	47.1%	36.4%	7.4%	7.4%	1.7%	100%	90%

Goal 6



Ranking of priorities

Objective	High	Medium	Low	Total
6.1 The pharmacy department has specific ongoing initiatives that target community health	9	31	71	111
	8.1%	27.9%	64.0%	100%
6.2 The pharmacy department participates in ensuring that high risk patients in the hospitals and related healthcare settings receive both influenza and pneumococcal vaccinations	24	51	39	114
	21.1%	44.7%	34.2%	100%
6.3 The pharmacy department participates in ensuring that hospitalized patients who smoke receive smoking-cessation counselling	16	53	48	117
	13.7%	45.3%	41.0%	100%
6.4 The pharmacy department has a formal and up-to-date emergency preparedness program that is integrated with the institution's and community's emergency preparedness and response programs	63	44	11	118
	53.4%	37.3%	9.3%	100%

Ranking of HIGH priorities

	Objective	High	Not applicable to setting	Extent fully implemented	Target
1	1.1a Medication reconciliation occurs for INPATIENTS on ADMISSION	69.0%	Not applicable to objective	27.5%	100%
2	4.1 The pharmacy department participates in an organizational program to achieve and document significant annual improvement in the safety of all steps in medication use	66.1%	3.25%	32.5%	90%
3	1.2 Pharmacists monitor the medication therapy of INPATIENTS with complex and high risk medication regimens	64.3%	1.54%	40.0%	100%
4	4.6 Pharmacy technicians are certified by a clearly identifiable and recognized training program	63.6%	3.28%	51.6%	85%
5	4.7 A unit-dose system is utilized to distribute medications for 90% or more of the total beds	63.2%	4.92%	54.9%	75%
6	3.1 Pharmacists are actively involved in providing care to individual patients that is based on evidence , such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice	61.1%	0.79%	36.2%	100%
7	1.3 Pharmacists manage medication therapy for INPATIENTS with complex and high risk medication regimens in collaboration with other members of the healthcare team	58.6%	3.03%	30.3%	90%
8	4.3 At least 95% of routine medication orders are reviewed for appropriateness by a pharmacist prior to administration of first doses	57.3%	2.46%	44.3%	80%
9	5.4 Computerized pharmacy order entry systems that include clinical decision support are used	56.4%	3.31%	52.1%	100%
10	6.4 The pharmacy department has a formal and up-to-date emergency preparedness program that is integrated with the institution's and community's emergency preparedness and response programs	53.4%	1.65%	47.1%	90%

Demographics of respondents

Answer Options	Response Percent	Response Count
Alberta	42%	61
British Columbia	5%	7
Manitoba	3%	4
New Brunswick	3%	4
Newfoundland and Labrador	1%	1
Nova Scotia	2%	3
Ontario	34%	49
Prince Edward Island	1%	2
Quebec	0%	0
Saskatchewan	10%	14
Northwest Territories	0%	0
Nunavut	0%	0
Yukon	0%	0
answered question		145
skipped question		4

Answer Options	Response Percent	Response Count
Urban	45%	63
Rural	55%	77
answered question		140
skipped question		9

Answer Options	Response Percent	Response Count
acute	88%	114
ambulatory	0%	0
chronic	0%	0
complex continuing care	3%	4
mental health	3%	4
oncology	1%	1
paediatric	2%	3
rehabilitation	3%	4
Other (please specify)		34
answered question		130
skipped question		19

Other:

- chronic care
- community hospital
- continuing care
- dementia unit
- dialysis
- long-term care
- nursing unit
- outpatients
- palliative care