



CSHP 2015 CROSSWALK

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



What is CSHP 2015?

The CSHP 2015 initiative is based on ASHP 2015 and adapted to the Canadian health care environment through extensive input from a wide range of hospital pharmacy stakeholders across Canada. CSHP 2015 is a patient-centered initiative with six major goals and 36 objectives to support effective, scientific, evidence based and safe medication use for our patients. It aims to demonstrate the positive contribution of pharmacy teams by identifying health initiatives within local communities. This initiative applies to all patients, pharmacists and practice settings.

What is the CSHP 2015 Crosswalk?

The CSHP 2015 Crosswalk is a document containing CSHP 2015 goals and objectives listed in a table format and linked to Canadian health initiatives that philosophically align with them. Also included are links to supporting literature such as primary papers and guidelines.

Extensive research for this *inaugural* edition of the Canadian Crosswalk was generously contributed by:

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We hope that the Canadian CSHP 2015 Crosswalk will continue to evolve and grow, as more related initiatives are launched and relevant literature identified.

Who can use the CSHP 2015 Crosswalk?

The CSHP 2015 Crosswalk is a comprehensive and easy-to-use matrix that links information with individual 2015 objectives. This is a tool designed to help pharmacists to:

- Establish new initiatives that promote pharmacy excellence in their individual practice settings.
- Justify and support the establishment of new or expanded programs aimed at enhancing evidence-based use of medications.
- Teach best practice to undergraduates, graduates and residents.
- Improve standards locally and encourage peers to work together to meet national goals.
- Promote best care for their patients!

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Objectives*	Supporting Standards & Practices		Supporting Literature & Resources [†]
	Canadian	International	
GOAL 1: INCREASE THE EXTENT TO WHICH PHARMACISTS HELP INDIVIDUAL HOSPITAL INPATIENTS ACHIEVE THE BEST USE OF MEDICATIONS.			
<p>Objective 1.1 In 100% of hospitals and related healthcare settings, pharmacists will ensure that medication reconciliation occurs during transitions across the continuum of care (admission, transfer and discharge).</p> <p>Baseline: 10% (2008)</p> <p>Note: This response was to a question based on the original objective “Pharmacists will be involved in managing the acquisition, upon admission, of medication histories of 75% of hospital inpatients with complex and high-risk medication regimes.”</p>	 <p>Accreditation Canada: Patient Safety Area 2: Communication Required Organizational Practice</p>  <p>Blueprint for Pharmacy[‡] from ‘The Role of Pharmacists’, p. 2: improving safety through medication reconciliation and seamless care</p>  <p>Canadian Nurses Association: Position Statement on Patient Safety (p. 4) Competencies- Health and Wellness (HW-14) Competencies- Changes in Health (CH-53)</p>  <p>Safer Healthcare Now: Medication Reconciliation (Acute Care) Medication Reconciliation in Long Term Care</p>	<p>FIP Basel Statement[§] 31</p>	<p>1-32</p>





* Baseline data is available from: <http://www.lillyhospitalsurvey.ca/hpc2/content/Reports3.asp>.

[†] Refers to literature and resources that would be useful for pharmacists, pharmacy departments, institutions and health regions implementing or progress making progress on, the particular objective. Includes CSHP resources.


[‡] Task Force on a Blueprint for Pharmacy. Blueprint for pharmacy: implementation plan. Ottawa (ON): Canadian Pharmacists Association; 2009 [cited 2009 Oct 30]. Available from: www.pharmacists.ca/blueprint.

[§] Available through the American Journal of Health-System Pharmacy: http://www.ajhp.org/cgi/reprint/66/5_Supplement_3/s61





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<p>Objective 1.2 The medication therapy of 100% of hospital inpatients with complex and high-risk medication regimens will be monitored by a pharmacist.</p> <p>Baseline: ≤18% (2008)</p>	 <p>Accreditation Canada: Patient Safety Goals</p>  <p>Blueprint for Pharmacy from 'The Role of Pharmacists', p. 2: providing individual patient assessments, monitoring, follow-up, and education of patients and providers, as members of interprofessional primary health care teams</p>  <p>Safer Healthcare Now: Pilot Project: High Risk Medication Delivery in Paediatrics</p>  <p>Model Standards of practice: 60</p>	<p>FIP Basel Statement 11</p>	<p>1, 22, 27-29, 33-44</p>




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<p>Objective 1.3 In 90% of hospitals, pharmacists manage medication therapy for inpatients with complex and high-risk medication regimens in collaboration with other members of the healthcare team.</p> <p>Baseline: 68% (2008)</p> <p>Note: This response was to a question based on the original objective <i>“In 90% of hospitals, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the healthcare team”</i>.</p>	<div style="text-align: center;">  </div> <p>Blueprint for Pharmacy from ‘Vision for Pharmacy’, p. 4: manage drug therapy in collaboration with patients, caregivers and other health care providers.</p> <p>Note: Blueprint does not distinguish between hospital, outpatient, long term, etc.</p> <p>Canadian Medical Association: Collaborative Care Resolutions Collaborative Care: A Necessary Evolution</p> <div style="text-align: center;">  </div> <p>Canadian Nurses Association: Joint Position Statement Position Statement on Interprofessional Collaboration</p> <div style="text-align: center;">  </div> <p><small>National Association of Pharmacy Regulatory Authorities Association nationale des organismes de réglementation de la pharmacie</small></p> <p>NAPRA: Competencies of Entry Level Pharmacists:(2)</p>	<p>10, 22, 28, 29, 41-48</p>	




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<p>Objective 1.4 75% of hospital inpatients discharged with complex and high-risk medication regimens will receive medication counselling managed by a pharmacist.</p> <p>Baseline: 3% (2008)</p>	 <p>Accreditation Canada: Patient Safety Goals</p>  <p>MedRec To Go</p>	<p>FIP Basel Statement 13</p>	<p>10, 22, 32, 49-51</p>
<p>Objective 1.5 50% of recently hospitalized patients or their caregivers (family members for example) will recall speaking with a pharmacist while in the hospital.</p> <p>Baseline: 11% (2008)</p>			<p>52, 53</p>
<p>GOAL 2: INCREASE THE EXTENT TO WHICH PHARMACISTS HELP INDIVIDUAL NON-HOSPITALIZED PATIENTS ACHIEVE THE BEST USE OF MEDICATIONS.</p>			
<p>Objective 2.1 In 70% of ambulatory and specialized care clinics providing clinic care, pharmacists will manage medication therapy for clinic patients with complex and high-risk medication regimen, in collaboration with other members of the healthcare team.</p> <p>Baseline: ≥23% (2008)</p>	 <p>Accreditation Canada: Patient Safety Goals</p> 	<p>FIP Basel Statements 29, 30</p>	<p>34, 37, 44-70</p>



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	Canadian	International	
<p>Note: This response was to a question based on the original objective “In 70% of ambulatory and specialized care clinics providing clinic care, pharmacists will have organizational authority for managing medication therapy for clinic patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team.”</p>	<p>Blueprint for Pharmacy from ‘Vision for Pharmacy’, p. 4: manage drug therapy in collaboration with patients, care givers and other health care providers.</p> <p>Canadian Medical Association: Collaborative Care Resolutions Collaborative Care: A Necessary Evolution</p>  <p>Canadian Nurses Association: Joint Position Statement Position Statement on Interprofessional Collaboration</p>		
<p>Objective 2.2 In 95% of ambulatory and specialized care clinics, pharmacists will counsel clinic patients with complex and high-risk medication regimens.</p> <p>Baseline: ≤ 41% (2008)</p>	 <p>Accreditation Canada: Patient Safety Goals</p>	FIP Basel Statement 13	34, 56, 62, 68, 70-72
<p>Objective 2.3 In 85% of home care services, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team.</p> <p>Baseline: 61% (2008)</p> <p>Note: This response was to a question based on the original objective “In 70% of home care services, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the healthcare team.”</p>	 <p>Canadian Nurses Association: Position Statement on Interprofessional Collaboration</p>	FIP Basel Statements 29, 30	73, 74

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	Canadian	International	
<p>Objective 2.3 In 85% of home care services, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team.</p> <p>Baseline: 61% (2008)</p> <p>Note: This response was to a question based on the original objective “In 70% of home care services, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the healthcare team.”</p>	 <p>Canadian Nurses Association: Position Statement on Interprofessional Collaboration</p>	FIP Basel Statements 29, 30	73, 74
<p>Objective 2.4 In 65% of long-term care facilities, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens in collaboration with other members of the healthcare team.</p> <p>NOT IN 07/08 HOSPITAL PHARMACY IN CANADA SURVEY</p>	 <p>Canadian Nurses Association: Position Statement on Interprofessional Collaboration</p>	FIP Basel Statements 29, 30	47, 73, 76-78
<p>GOAL 3: INCREASE THE EXTENT TO WHICH HOSPITAL AND RELATED HEALTHCARE SETTING PHARMACISTS ACTIVELY APPLY EVIDENCE-BASED METHODS TO THE IMPROVEMENT OF MEDICATION THERAPY.</p>			
<p>Objective 3.1 In 100% of hospitals and related healthcare settings, pharmacists will be 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.</p> <p>Baseline: 81% (2008)</p>	<p>Canadian Medical Association: Core and Comprehensive Health Care Services (p. 3 Quality of Care)</p>  <p>Canadian Nurses Association: Position Statement on Patient Safety</p>	FIP Basel Statement 26	9, 10, 48, 78





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Objectives *	Supporting Standards & Practices		Supporting Literature & Resources †
	Canadian	International	
<p>Note: This response was to a question based on the original objective “For 100% of hospital and related healthcare setting patients, <i>pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy.</i>”</p>	 <p>NAPRA: Competencies of Entry Level Pharmacists: 1.6, 4.2,4.3,4.4 Model Standards of Practice: 24,35</p>		
<p>Objective 3.2 In 100% of hospitals and related healthcare settings, pharmacists will be actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets.</p> <p>Baseline: 91% (2008)</p> <p>Note: This response was to a question based on the original objective “For 100% of hospital and related healthcare setting patients, pharmacists will be actively involved in the development and implementation of all evidence-based therapeutic protocols involving medication use.”</p>	<p>Canadian Medical Association: Core and Comprehensive Health Care Services (p. 3 Quality of Care)</p>  <p>Blueprint for Pharmacy from ‘Vision for Pharmacy’, p. 3’: conduct practice research and contribute to evidence-based health care policy and best practices in patient care.</p>  <p>NAPRA: Competencies of Entry Level Pharmacists: 1.6, 4.2,4.3,4.4 Model Standards of Practice: 24,35</p>	<p>FIP Basel Statement 26</p>	<p>9, 10, 27-29, 64, 75, 78</p>
<p>Objective 3.3 90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge.</p> <p>Baseline: 53% (2008)</p>	<p>Canadian Medical Association: Myocardial Infarction</p>  <p>Safer Healthcare Now</p>		<p>9, 79-86</p>



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<p>Objective 3.4 90% of hospital pharmacies will participate in ensuring that patients hospitalized for congestive heart failure will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge.</p> <p>Baseline: 50% (2008)</p>			2, 71, 83
<p>Objective 3.5 90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive beta-blockers at discharge.</p> <p>Baseline: 52% (2008)</p>	<p style="font-size: small;">safer healthcare</p> <p style="font-size: 2em; color: red; font-weight: bold;"><i>now!</i></p> <p>Safer Healthcare Now</p>		9, 84-87
<p>Objective 3.6 90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive aspirin at discharge.</p> <p>Baseline: 52% (2008)</p>	<p style="font-size: small;">safer healthcare</p> <p style="font-size: 2em; color: red; font-weight: bold;"><i>now!</i></p> <p>Safer Healthcare Now</p>		9, 80, 82, 84-89
<p>Objective 3.7 90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive lipid-lowering therapy at discharge.</p> <p>Baseline: 51% (2008)</p>	<p style="font-size: small;">safer healthcare</p> <p style="font-size: 2em; color: red; font-weight: bold;"><i>now!</i></p> <p>Safer Healthcare Now</p>		9, 82, 84, 85, 90, 91



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<p>Objective 3.8 In 90% of hospitals and related healthcare settings providing clinic care, pharmacists will participate in ensuring that non-hospitalized patients who are receiving medications to decrease blood glucose levels will be assessed at least annually with a HbA1c test.</p> <p>Baseline: 23% (2008)</p>			92-96
<p>Objective 3.9 In 70% of hospitals and related healthcare settings, pharmacists will be actively involved in medication- and vaccination-related infection control programs.</p> <p>NOT IN 07/08 HOSPITAL PHARMACY IN CANADA SURVEY</p>	<div style="text-align: center;">  <p>ACCREDITATION CANADA AGRÈMENT CANADA <i>Driving Quality Health Services</i> <i>Force motrice de la qualité des services de santé</i></p> </div> <p>Accreditation Canada: Performance measures: 1) health care association infection 2) surgical site infection</p> <p>Patient safety Area 5: Infection control</p> <div style="text-align: center;">  <p>Blueprint for Pharmacy from 'Legislation, Regulation, and Reliability': Enact an enabling regulatory framework, authorizing pharmacists to deliver expanded services in new practice models, including but not limited to: initiating, modifying, continuing and monitoring drug therapy; ordering and accessing laboratory results; and administering drugs and vaccines by injection, in both collaborative and independent practice models</p> </div> <div style="text-align: center;">  <p>Public Health Agency of Canada / Agence de la santé publique du Canada</p> </div> <p>Immunization Competencies for Health Care Professionals (2) National Advisory Committee on Immunization (NACI)</p>	<div style="text-align: center;">  <p>World Health Organization</p> </div> <p>Sage Advisory Group of Experts (SAGE) on Immunizations</p>	97-102

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GOAL 4: INCREASE THE EXTENT TO WHICH PHARMACY DEPARTMENTS IN HOSPITALS AND RELATED HEALTHCARE SETTINGS HAVE A SIGNIFICANT ROLE IN IMPROVING THE SAFETY OF MEDICATION USE.			
<p>Objective 4.1 90% of hospitals and related healthcare settings will have an organizational program, with appropriate pharmacy involvement, to achieve significant annual, documented improvement in the safety of all steps in medication use.</p> <p>Baseline: 64% (2008)</p>	<div style="text-align: center;">  <p>ACCREDITATION CANADA AGRÈMENT CANADA <i>Driving Quality Health Services</i> <i>Force motrice de la qualité des services de santé</i></p> </div> <p>Accreditation Canada: Patient Safety Area 2: Communication Required Organizational Practice Dangerous abbreviations Heparin Narcotics Concentrated electrolytes Standardized concentrations</p> <div style="text-align: center;">  <p>Blueprint for Pharmacy from 'The Role of Pharmacists', p. 3: Managing drug distribution systems to ensure safety, accuracy, quality and integrity of pharmaceuticals.</p> </div>	<p>FIP Basel Statements 7, 8, 9</p>	<p>10, 103</p>
<p>Objective 4.2 80% of pharmacies in hospitals and related healthcare settings will conduct an annual assessment of the processes used for compounding sterile medications, consistent with established standards and best practices.</p> <p>Baseline: 24% (2008)</p>		<p>FIP Basel Statement 35</p>	

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Objectives*	Supporting Standards & Practices		Supporting Literature & Resources [†]
	Canadian	International	
<p>Objective 4.3 80% of hospitals have at least 95% of routine medication orders reviewed for appropriateness by a pharmacist before administration of the first dose.</p> <p>Baseline: 59% (2008)</p>		<p>FIP Basel Statement 10</p>	9, 34
<p>Objective 4.4 100% of medication orders in a hospital’s emergency department will be reviewed by hospital pharmacists within 24 hours.</p> <p>Baseline: ≤59% (2008)</p>			9, 104, 105
<p>Objective 4.5 90% of hospital pharmacies will participate in ensuring that patients receiving antibiotics as prophylaxis for surgical infections will have their prophylactic antibiotic therapy discontinued within 24 hours after the surgery end time.</p> <p>Baseline: 39% (2008)</p>	 <p>Accreditation Canada: International required organizational practices</p> <p>Performance measures</p> <p>Infection Control</p>  <p>Safer Healthcare Now</p>  <p>Community And Hospital Infection Control Association - Canada L'Association pour la prévention des infections à l'hôpital et dans la communauté - Canada</p> <p>Position Statement- Perioperative Antibiotic Prophylaxis for the Prevention of Surgical Site Infections</p>		10, 106-109

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Objectives*	Supporting Standards & Practices		Supporting Literature & Resources [†]
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<p>Objective 4.6 85% of pharmacy technicians in hospitals and related healthcare settings will be certified by a clearly identifiable and recognized training program.</p> <p>Baseline: ≤59% (2008)</p>	 <p>Blueprint for Pharmacy from 'Pharmacy Human Resources', p. 5: Promote the availability of an appropriate number of regulated pharmacy technicians with higher qualifications, expanded responsibilities and accountability as the role of pharmacists evolve.</p>  <p>Pharmacy Examining Board of Canada- Pharmacy Technician Qualifying Exam</p>  <p><small>National Association of Pharmacy Regulatory Authorities Association nationale des organismes de réglementation de la pharmacie</small></p> <p>NAPRA: Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice</p>		<p>1, 9, 10, 34, 110 111</p>
<p>Objective 4.7 75% of pharmacies in hospitals utilize a unit-dose system for drug distribution for 90% or more of their total beds.</p> <p>Baseline: 62% (2008)</p>	 <p>Accreditation Canada: Managing Medications** Standard 7.3</p>	<p>FIP Basel Statement 38</p>	<p>110, 112</p>

** Accreditation Canada. (2009). Managing Medications Standards. *Qmentum Program 2010*. Ottawa, ON.

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Objectives*	Supporting Standards & Practices		Supporting Literature & Resources [†]
	Canadian	International	
<p>Objective 4.8 100% of new pharmacists entering hospital and related healthcare setting practice will have completed a Canadian Hospital Pharmacy Residency Board (CHPRB)-accredited residency. NOT IN 07/08 HOSPITAL PHARMACY IN CANADA SURVEY</p>		FIP Basel Statement 5	113
GOAL 5: INCREASE THE EXTENT TO WHICH HOSPITALS AND RELATED HEALTHCARE SETTINGS APPLY TECHNOLOGY EFFECTIVELY TO IMPROVE THE SAFETY OF MEDICATION USE.			
<p>Objective 5.1 75% of hospitals will use machine-readable coding to verify medications before dispensing. Baseline: 13% (2008)</p>	 <p>Canadian Nurses Association: Toward 2020: Visions for Nursing (p. 99)</p> <p>CADTH: Technology Report</p>	FIP Basel Statement 38	9, 10, 28, 34, 110, 112, 114-120
<p>Objective 5.2 75% of hospitals will use machine-readable coding to verify all medications before administration to a patient. Baseline: 1% (2008)</p>	 <p>Blueprint for Pharmacy from 'Vision for Pharmacy', p. 4: protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.</p> <p>CADTH: Technology Report</p>	FIP Basel Statement 38	9, 10, 28, 34, 110, 112, 114-117, 119-125

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Objectives*	Supporting Standards & Practices		Supporting Literature & Resources [†]
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<p>Objective 5.3 For routine medication prescribing for inpatients, 75% of hospitals will use computerized prescriber order entry systems that include clinical decision support.</p> <p>Baseline: 7% (2008)</p>	 <p>Blueprint for Pharmacy from 'Information and Technology', p. 7: Ensure that pharmacy is engaged in the development and implementation of information and communication technology (ICT) and automation initiatives.</p> <p>Canadian Medical Association : Guiding Principles for Physician EMR Adoption in Ambulatory Clinical Practice</p>	<p>FIP Basel Statement 38</p>	<p>9, 10, 28, 34, 110, 112, 119, 120, 126-147</p>
<p>Objective 5.4 100% of hospital pharmacists will use computerized pharmacy order entry systems that include clinical decision support.</p> <p>Baseline: 69% (2008)</p>	<p>Canadian Medical Association : Guiding Principles for Physician EMR Adoption in Ambulatory Clinical Practice</p>		<p>9, 112, 119, 120, 147-153</p>
<p>Objective 5.5 In 75% of hospitals and related healthcare settings, pharmacists will use medication-relevant portions of patients' electronic medical records for managing patients' medication therapy.</p> <p>Baseline: 81% (2008)</p>	 <p>Blueprint for Pharmacy from 'Information and Technology', p. 7: Ensure that pharmacists and pharmacy technicians, within their scope of practice, will have the ability to read, write to and modify relevant sections of a patient's electronic health record.</p> <p>Canadian Medical Association : Guiding Principles for Physician EMR Adoption in Ambulatory Clinical Practice Achieving Patient-Centred Collaborative Care</p>	<p>FIP Basel Statement 12, 63, 64</p>	<p>9, 10</p>

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Objectives*	Supporting Standards & Practices		Supporting Literature & Resources [†]
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<p>Objective 5.6 In 75% of hospitals and related healthcare settings, pharmacists will be able to electronically access pertinent patient information and communicate across settings of care (e.g. hospitals, clinics, home care operations, and chronic care operations) to ensure continuity of pharmaceutical care for patients with complex and high-risk medication regimens.</p> <p>Baseline: 39% (2008)</p>	 <p>Blueprint for Pharmacy from 'Information and Technology', p. 7: Ensure that pan-Canadian e-health standards are implemented by jurisdictions in a coordinated, phased approach and that pan-Canadian messages are sustained on a national level, to support integration and data access across health care domains.</p> <p>Canadian Medical Association : Achieving Patient-Centred Collaborative Care</p>	<p>FIP Basel Statement 12, 31</p>	<p>9, 10</p>
<p>GOAL 6: INCREASE THE EXTENT TO WHICH PHARMACY DEPARTMENTS IN HOSPITALS AND RELATED HEALTHCARE SETTINGS ENGAGE IN PUBLIC HEALTH INITIATIVES ON BEHALF OF THEIR COMMUNITIES.</p>			
<p>Objective 6.1 60% of pharmacies in hospitals and related healthcare settings will have specific ongoing initiatives that target community health.</p> <p>Baseline: 21% (2008)</p>	<p>Canadian Medical Association: Health Protection and a Canadian Public Health Strategy</p>  <p>Canadian Nurses Association: The Next Decade: CNA's Vision for Nursing and Health</p>		<p>10</p>

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Objectives*	Supporting Standards & Practices		Supporting Literature & Resources [†]
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<p>Objective 6.2 85% of hospital pharmacies will participate in ensuring that high risk patients in hospitals and related healthcare settings receive vaccinations for influenza and pneumococcus.</p> <p>Baseline: 23% (2008)</p>	 <p>Accreditation Canada: Patient Safety Area 5: Infection Control Infection control for Long-Term Care Services Only</p>  <p>Statement on Seasonal Trivalent Inactivated Influenza Vaccine: 2010-2011</p>		10, 97, 154-161
<p>Objective 6.3 80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counselling.</p> <p>Baseline: 19% (2008)</p>	<p>Canadian Medical Association: Joint Statement on the Role of Health Professionals in Smoking Cessation</p>  <p>Canadian Nurses Association: Position Statement on Reducing the Use of Tobacco Products Joint Statement on the Role of Health Professionals in Smoking Cessation</p>	 <p>WHO: World No Tobacco Day: May 31</p>	35, 154, 162-164
<p>Objective 6.4 90% of pharmacy departments in hospitals and related healthcare settings will have formal up-to-date emergency preparedness programs integrated with their hospitals and related healthcare settings' and their communities' emergency preparedness and response programs.</p> <p>Baseline: 54% (2008)</p>	<p>Canadian Medical Association: Health Protection and a Canadian Public Health Strategy</p>  <p>Canadian Nurses Association: Position Statement on Emergency Preparedness and Response</p>		34, 110

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