

May 30, 2016

Summary of Proposed Future Vision for Pharmacy

A regional Pharmacy System will meet patient and providers' needs by ensuring that patients and their providers have access to high quality, safe pharmacy services and pharmacy experts at the best value to the health system.

Brief summary of current state

Each hospital currently delivers its own Pharmacy services, some on a 24/7 basis and some with reduced after-hours coverage. Many hospitals are struggling to recruit and retain pharmacists and other pharmacy staff. Pharmacy team members carry out a variety of clinical and administrative duties, which can make it hard for those who need to focus their expertise on clinical duties to do so. With the exception of two hospital corporations who have created a structure to manage this, hospitals all buy, store, dispense and carry medications through different processes, systems and vendors.

Opportunities considered

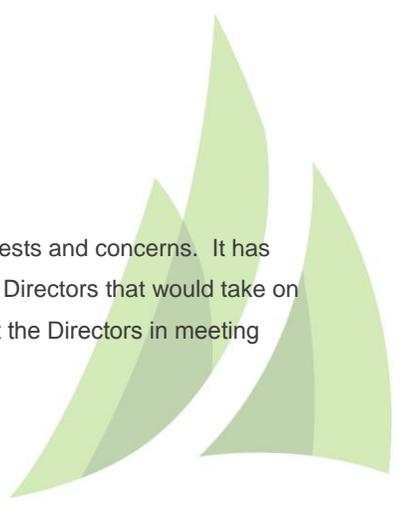
The original intent of the working group was to consider a single leadership model to oversee and coordinate the pharmacy services in the SE LHIN. This was in part spawned by the gap in leadership positions that existed at the inception of phase 2. During the working group's tenure however, those leadership positions have been filled and have stabilized the regional hospitals. Thus at this time, there is less enthusiasm by the working group of regional pharmacy directors to pursue a single leadership model.

The working group is committed to continue to develop:

- A regional Pharmaceutical and Therapeutic (P &T) Committee
- A common formulary
- A common drug procurement process

The regional pharmacy directors for years have met regularly to discuss common interests and concerns. It has been suggested therefore to formalize this group into a Regional Council of Pharmacy Directors that would take on the working group's recommendations. A formalized reporting structure would support the Directors in meeting their project timelines.

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Working Group Process and Engagement

The Pharmacy Working Group in Phase 2 is made up of Pharmacy Leaders from all seven hospitals. The group has been meeting since September 2015 to build on the principles of Phase I with a regional approach to

- Clinical Support and Human Resources
- Regional Pharmacy and Therapeutics
- Procurement
- Drug Utilization.

Phase 2 Pharmacy Work Team

Members	Organization	Role
Mike McDonald	HDH	Work Team Co-Lead, CPC/CNE
Dr. David Zelt	KGH	Work Team Co-Lead, CoS
Jacqueline Roberts	PSFDH	Pharmacy Manager
Karen Smith	QHC	Director, Pharmacy
John McBride	LACGH	Director, Pharmacy
Veronique Briggs	HDH/KGH	Director, Pharmacy
Anna Campbell	BGH	Pharmacist
Rene Thibault	PC	Professional Practice Lead, Pharmacy

Analysis Undertaken

The group has met in-person on two occasions and twice via teleconference over the past 6 months. The group identified a number of key pharmacy enablers for a Regional Pharmacy system. Priority ranking and an MRP were assigned:

Priority	Priority Ranking	MRP
Regional Governance and Leadership	1	Mike McDonald, Dr. Zelt (and Paul McAuley)
Data Review Common Formulary	1	John McBride, Barry Hillier (Data Resource), Jacqueline Roberts
Clinical Support and HHR	1	Veronique Briggs
Procurement and Distribution (ADD)	1	Anna Campbell, Rene Thibault, Jill Smith (3SO Clinical

		Resource)
Automation	1	Karen Smith
Regional PT Council	2	John McBride, Rene Thibault
Regional Education and Development	2	TBD
Other Opportunities (i.e., compounding)	2	TBD
Drug Utilization Review	2	TBD
IT	2	Troy Jones
Change Management Strategies (Labour Relations)	3	CM Team
Business Case Development	3	TBD

Work was started on the priority items and basic data was obtained from all hospitals involved, including:

- Cost per hospital to deliver Pharmacy Services
- Basic Human Resources information
- Drug Utilization by Hospital
- Drug Formulary
- IT and Automated Medication Distribution Systems.

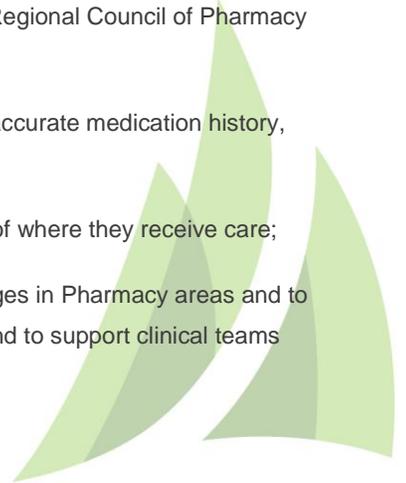
Although some analysis was started, the information is time consuming to obtain. Addition work will be required.

Summarize the proposed future state

A Working Group consisting of pharmacy leaders from across the seven hospitals have met to begin planning a proposed future state. While future plans are in very early stages of development, a Regional Council of Pharmacy Directors would have the following benefits:

- Implementation of tools that allow patients to understand and maintain their accurate medication history, improving their participation in care;
- Consistent access for patients to high quality pharmacy services regardless of where they receive care;
- A single strategy to recruit and retain staff in order to address chronic shortages in Pharmacy areas and to ensure that Pharmacists who need time to provide care directly to patients and to support clinical teams have the ability to perform these important services;

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- A common approach to prescribing practices and distribution of drugs will ensure safer care and reduce risk, ensure best use of drugs (less waste, more appropriate prescribing) and access to medication regardless of hospital site; and
- Adoption of all required pharmacy standards and standardization of policies and procedures to reduce duplication of effort for hospital and pharmacy accreditation requirements.

DRAFT

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