

My Last Brush Stroke

Myrella Roy, Executive Director, 2003–2018

The year 2018 marked the end of my tenure as chief staff officer of the Canadian Society of Hospital Pharmacists (CSHP), after more than 15 amazing and rewarding years. By the time you read these lines, I will have embarked on the retirement chapter of my life. In the present report, I would like to take you through the extensive gallery of CSHP's accomplishments exhibited during this last year and over the past 15 years.

The Steering Committee of the Excellence in Hospital Pharmacy masterpiece program drew inspiration from the responses to surveys of patients and CSHP members conducted in late 2017. These surveys requested valuation of how the 3 program themes—patient-centred care, best practice, and communication and collaboration—are expressed in the care provided to patients by hospital pharmacy teams. Based on the survey responses, realistic and aspirational targets were set to measure the performance of care embodied in the priority themes. The survey report (entitled *What Patients and Members Told Us about Patient Care*), the program's targets, and issues of the new electronic newsletter, *Excellence Express*, are available at <https://www.cshp.ca/excellence>.

Thanks to input from the organization's muses, its members, CSHP engaged in the Choosing Wisely Canada movement (<https://choosingwiselycanada.org/recommendations/>). Six recommendations were drawn, appealing for pharmacists practising in hospitals and other collaborative healthcare settings to reduce commonly used but unnecessary drug treatments that are not supported by evidence and could expose patients to harm.

CSHP and the Association des pharmaciens des établissements de santé du Québec (A.P.E.S.) produced a collective artwork: an entirely revised strategic alliance that depicts an exciting new opportunity for the members of both organizations. Current CSHP members can now avail themselves of the same benefits and services as those enjoyed by A.P.E.S. associate members, at no additional cost. Similarly, CSHP offers to interested A.P.E.S. active members the same rights and benefits as it grants to its individual supporters, at no additional cost. Through their renewed strategic alliance, CSHP and A.P.E.S. are also endeavouring to accentuate their advocacy voice throughout

Canada—promoting how pharmacists from hospitals and other collaborative healthcare settings contribute to the improvement of the health and quality of life of Canadians—and to foster nationwide exchanges and consultation among hospital pharmacy experts.

In the advocacy exhibition room, 2 illustrative topics were prominently displayed on easels. First, CSHP responded to an invitation from the Advisory Council on the Implementation of National Pharmacare to recommend Society members who could speak authoritatively about pharmacare and represent the organization's position in a series of cross-Canada roundtables during the summer. Of the 33 members recommended by CSHP, 14 were invited by the Advisory Council to 9 roundtables. The Advisory Council's final report is expected in the spring of 2019. Second, CSHP has continued to voice to Health Canada the concerns of its membership about the mandatory reporting by hospitals of serious adverse drug reactions and medical device incidents. This advocacy effort entailed making representations on the proposed amendments to Canada's Food and Drug Regulations and the accompanying cost-benefit analysis; twice participating with A.P.E.S., at Health Canada's invitation, in private discussions on the proposed regulations and on next steps toward their enactment; and joining the Advisory Panel on Outreach, Education and Feedback.

Also showcased in the gallery were CSHP's responses to calls for consultation from the following stakeholders: Health Canada, on proposed regulations on the monitoring of medical assistance in dying, on the renewal of the Special Access Programme, and on the notice of intent to restrict the marketing and advertising of opioids and the subsequent cost-benefit analysis of the related proposal; and HSO (Health Standards Organization), on the *Medication Management* standard.



