



Board Quality Report

Perth & Smiths Falls District Hospital Pharmacy Department

Date: January 5, 2026 | **Manager:** Mark Kearney

Summary

Where we are: Currently, we are a dedicated staff of 10 technicians and three pharmacists. Staffing remains a challenge with an additional two technicians on leave as well as three long-term vacancies. Due to financial constraints, we remain the only hospital in our region that has yet to adopt automated dispensing cabinets.

What we are doing: Pharmacist and technician workload has changed with the implementation of CPOE. We continue to adjust resource allocation to meet the needs of our patients and clinical staff as well as to address post-implementation challenges with LUMEO and Cerner. Collecting relevant financial and workload data from Cerner/Oracle remains a challenge.

Where we are going: There is a strong desire to expand beyond traditional roles to have work reflect the full scope of practice of both pharmacists and technicians at PSFDH. At present this is limited by finances, staffing and hospital policy. We are introducing policy changes to address the latter.

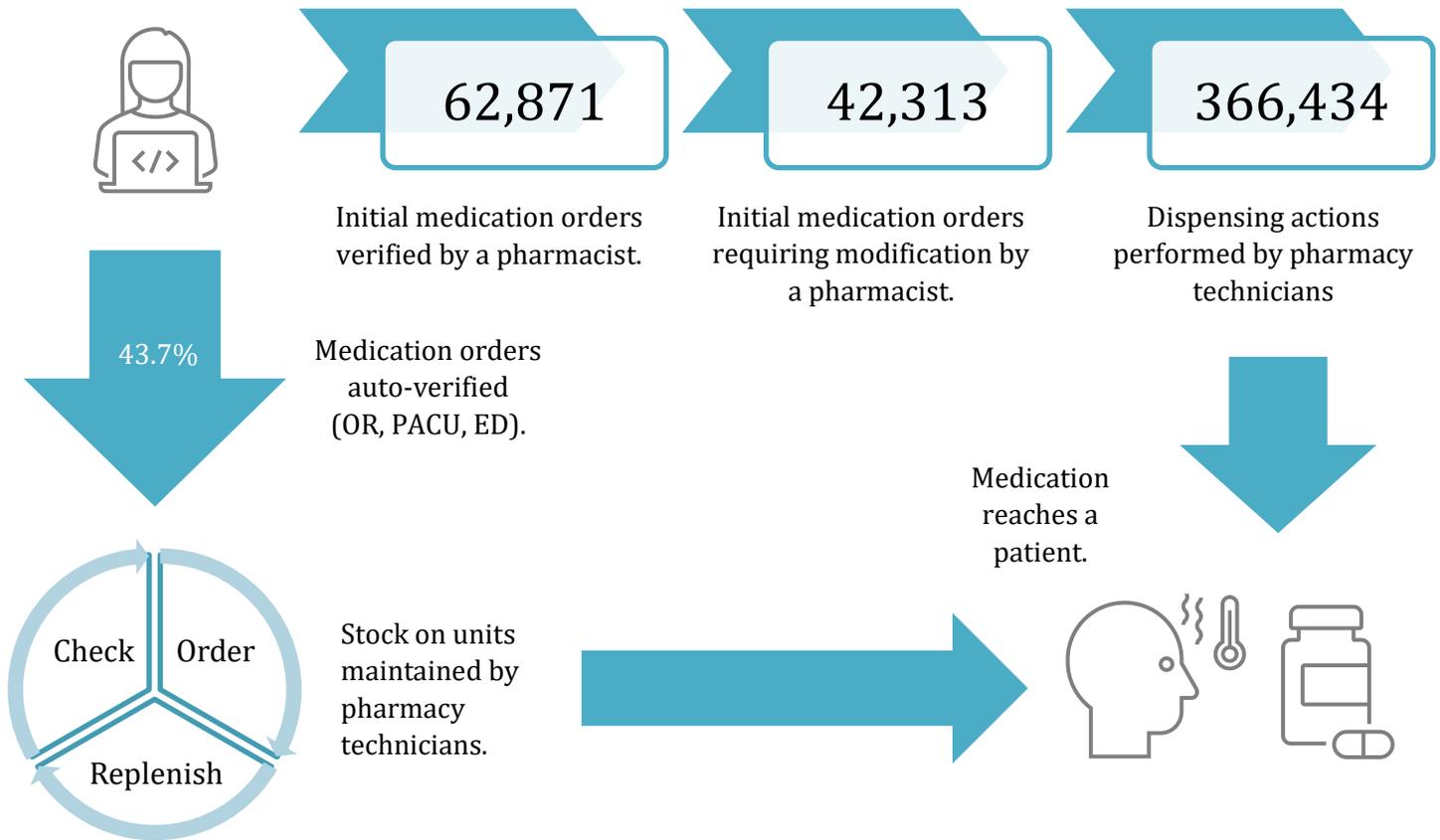
What we have done: Since August, the values emphasized in the pharmacy have been COMMUNICATION, COLLABORATION and EMPOWERMENT, leveraging the experience of our staff and their desire to drive positive change. Below are examples of staff-championed initiatives and how they align with hospital strategic priorities:

COMPLETED INITIATIVES

				
Augment hospital medication formulary and stock to better match the increased acuity of our patient population	✓	✓	✓	✓
Introduce policy allowing expanded scope of practice for pharmacists	✓	✓	✓	
Implement a process to facilitate after-hours MAiD procedures and standardize CADD concentrations	✓	✓		
Review hazardous medications with changes in formulary and procedures to protect staff and patients	✓		✓	
Partner with universities and colleges to accept/recruit pharmacist and technician students			✓	✓
Implement first-in-region computer-assisted medication ordering in Cerner (minimizes duplication and shortages)	✓		✓	✓
Review high-alert medications on formulary and update procedures to protect staff and patients	✓		✓	
Weekly review of scanning reports with actions to address any scanning issues related to medication barcoding	✓		✓	

Medication Orders

January to November 2025



Providers order medications electronically in Cerner. Some of these orders become immediately active (auto-verify) for administration by nurses depending on medication type and location. All other medication orders are verified by a pharmacist. Pharmacists modify medications as needed for appropriateness. Modification can be simple, such as selecting the correct dosage from form from the formulary or complex, such as modifying dosing for drug interactions or adjusting frequency for kidney or liver function.

Challenge: At present, pharmacists at PSFDH cannot formally complete more complex modifications without first consulting the ordering provider (e.g., dose adjustments). Pharmacists in the community do this within their scope. Pharmacists at other hospitals do this under permissive policy. We have introduced such a policy at PSFDH, which is awaiting approval from the Medical Advisory Committee.

Pharmacy technicians continuously monitor, adjust and maintain the stock of medications in the hospital. They prepare and physically check medications dispensed from the pharmacy and supplied to the units. They monitor nursing communication regarding medication supply and action nursing requests as appropriate.

Sterile Compounding

January to November 2025

MEDICATION	2025 MAY-NOV	2024	% CHANGE VS. 2024 (7 MONTHS)
Cefazolin 1 g bags	840	1740	-17%*
Cefazolin 2 g bags	1318	1590	+42%*
Cefazolin 2 g PFS	1623	N/A	N/A
CADDs	103	126	+40%*
Chemotherapy	495 (July-Nov)	740	+60%*

*2025 full-year estimates based on straight-line extrapolation of 7-month or 5-month data

Our non-hazardous sterile compounding operations, compounding technicians, and environmental services (EVS) staff, continue to pass bi-annual inspections and certifications.

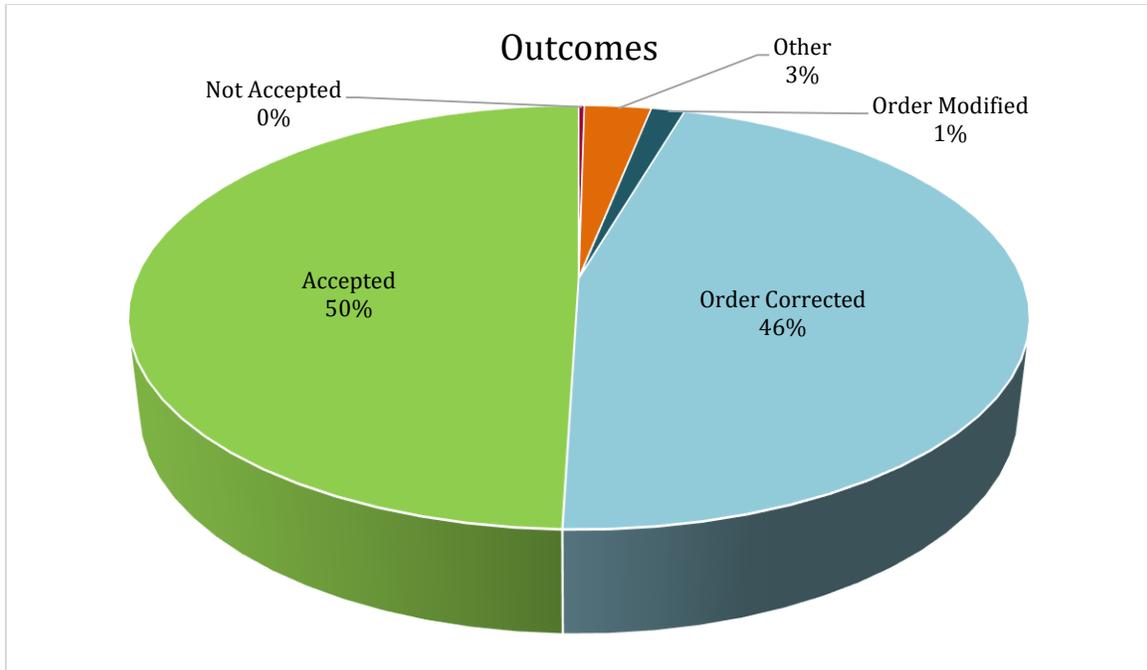
Sterile compounding services were paused in the later part of 2024 due to staffing shortages. These services resumed in May 2025.

With reduced use across this hospital, we have been actively decreasing our production of cefazolin 1 gram bags as a part of a sustainability initiative.

Kingston Health Science Center (KHSC) compounds all hazardous sterile compounds (chemotherapies) for PSFDH. These products are delivered to the pharmacy daily, unpacked, inspected, and then distributed to the medical day unit for administration to patients.

Pharmacist Interventions

January to November 2025



423 Documented Pharmacist Interventions



578 Documented Clinical Notes

Pharmacists use interventions in Cerner for documentation when significant changes are required to a medication order (e.g., drug interaction, allergy, improper indication, dosing change), Clinical notes are used when communication of pharmacist care plans to other providers is essential to patient care. Pharmacists use internal notes (limited to pharmacist viewing) to communicate other actions that require ongoing monitoring (e.g., lab results, electrolytes, renal function). Cerner/Oracle does not have a means to track these internal notes.

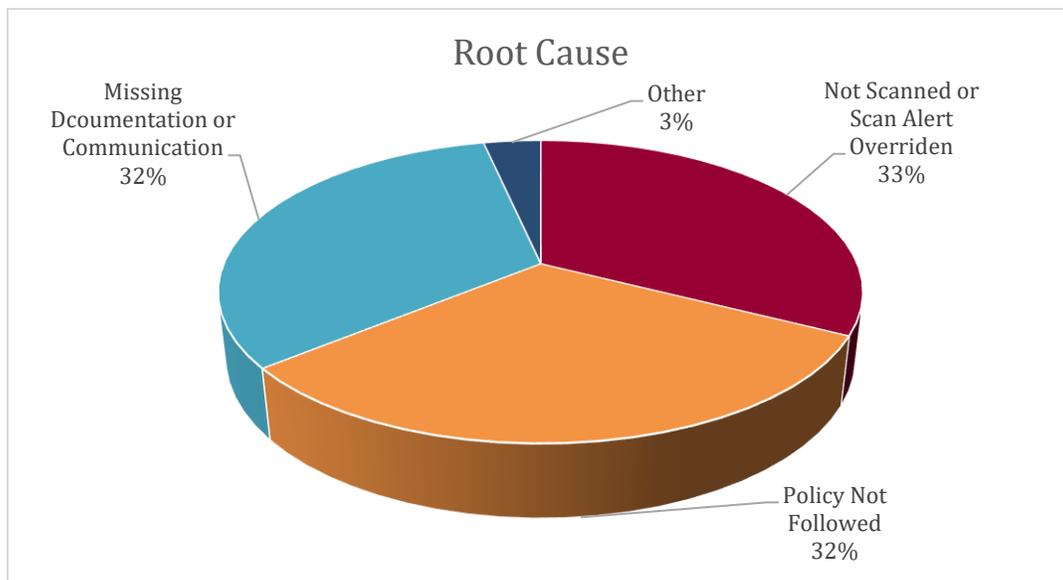
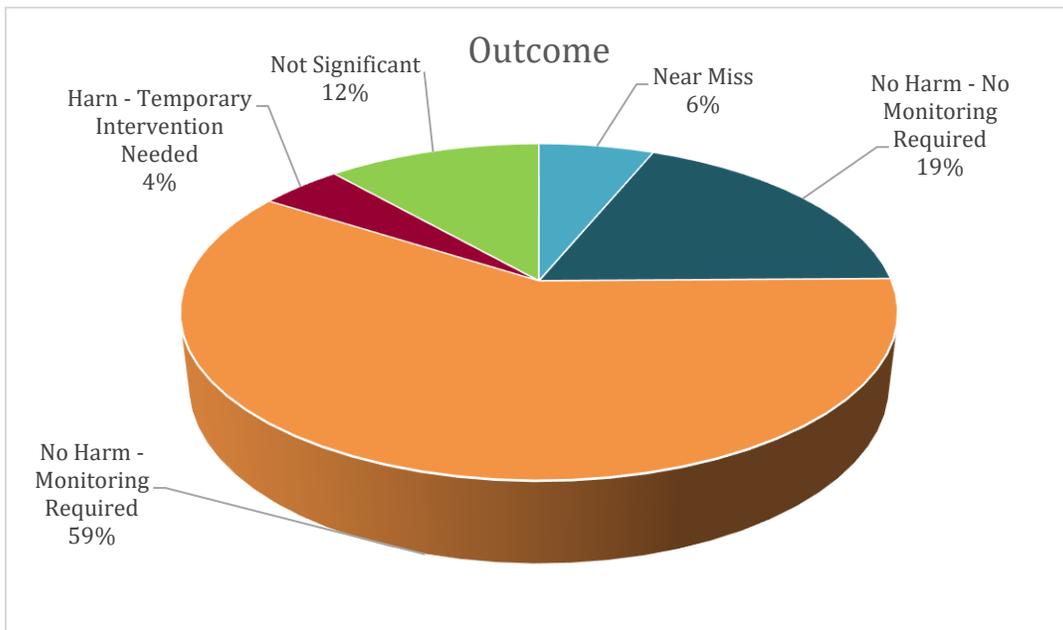
- Other – prescriber contacted but did not return call
- Accepted – prescriber contacted and authorized suggested change
- Corrected- order changed and prescriber contacted to inform them of the change
- Modified – corrected with a minor change in the order

Medication Incidents

January to November 2025



115 Reported Medication or Fluid Incidents



Medication Incidents (continued)

January to November 2025

Scanning

81.47%

Patient Wristband Scanning %

35,206

Barcode Meds Scanned

45,217

Barcode Meds Administered

77.86%

Medication Barcode Scanning %

Our senior pharmacy technician conducts regular reviews of scanning logs to identify and correct issues with barcodes not scanning. These interventions are only effective when nursing scans a medication's barcode prior to administration.

Medication incidents related to not scanning a medication or wristband prior to medication administration or those related to overrides of scanning alerts are forwarded to nursing unit managers to address with the nursing staff involved.

Challenge: *At present, PSFDH does not have automated dispensing cabinets. These cabinets introduce an additional layer of safety, requiring a nurse to match medication retrieval to an existing electronic order (in addition to scanning) as well as automating narcotic and controlled medication documentation. Current budget limitations mean PSFDH remains the only hospital in the region that does not use these cabinets.*

Policy Accessibility

Medication incidents related to deviation from hospital policies are forwarded to nursing unit managers to address with the nursing staff involved and, if a pattern is noted, to staff development coordinators for broader nursing education.

Challenge: *At present, policies are accessible via the MedWorxx PDMS system or via a Windows shared file folder, both of which present barriers to access. Many patient-care areas print out policies for easy retrieval, but these copies may not be discarded or updated when the electronic version is revised. The information technology department plans to implement a PSFDH intranet page in 2026. The pharmacy department will post medication-related policies and procedures on this Intranet site for easier retrieval of up-to-date policy documents.*

MAR Documentation

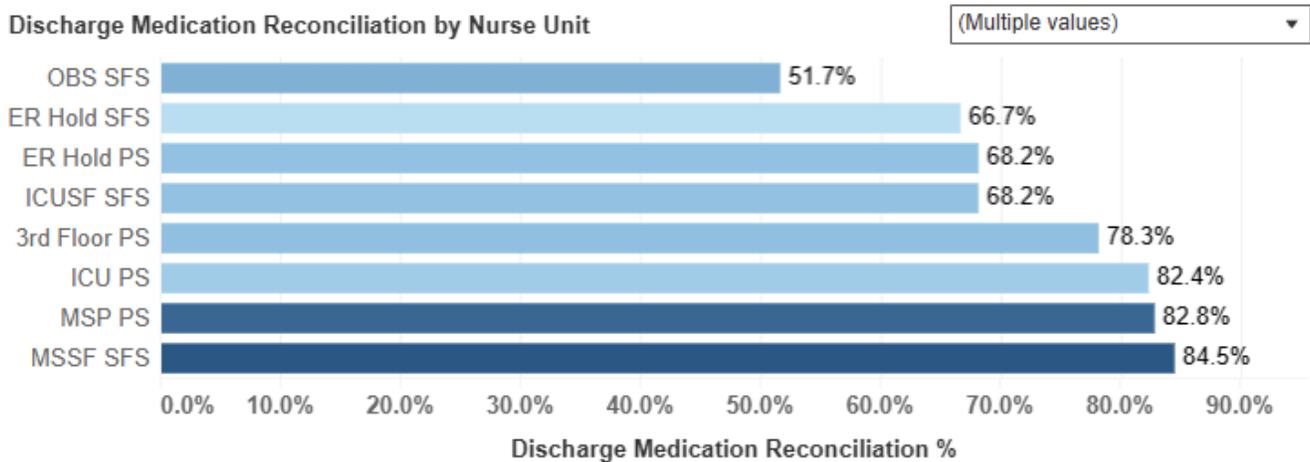
Medication incidents related to improper or incomplete documentation of medication administration are forwarded to nursing unit managers to address with the nursing staff involved.

Possible Future Directions

Pharmacy Technician-Led Medication Reconciliation

At present, nurses are responsible for obtaining a best possible medication history (BPMH, a list of home medications and how they are taken) for patients admitted to PSFDH. Providers then reconcile (choose which medications to continue or stop) in hospital and on discharge. The key to this process is the timeliness and accuracy of the initial BPMH.

Nurses have cited challenges with the current process, including the difficulty in balancing the need to obtain medication histories with the care needs of patients in critical-care areas. The graph below (for December 2025) illustrates this issue, with discharge reconciliation (using an accurate BPMH to create a list of medications that should be continued on discharge from the hospital) being lower in higher-acuity areas.



Most other hospitals involve pharmacy technicians in the medication reconciliation process. Their medication knowledge is key in obtaining and documenting accurate BPMHs. Often, they can use their expertise to flag potential medication adherence issues to pharmacists and providers. In many cases this process operates under a shared model with nursing.

Challenge: *Current staffing levels present a barrier to involving pharmacy technicians in the BPMH process. Pharmacy has submitted a request for 1 FTE that, if filled without pulling from regular staffing, would allow pharmacy technicians to participate in the BPMH process using a shared model with nursing.*

Pharmacy Staff

I would like to acknowledge the dedicated staff currently working in our pharmacy department who are responsible for many of the achievements listed above and who work diligently to both identify and find solutions to many of the challenges listed in this report.

Jacky Cheung – FT Pharmacist

Susan Gillis - FT Pharmacist

Imran Kahn – PT Pharmacist

Joanna Moffit – FT Senior Pharmacy Technician

Kealy Paul – FT Pharmacy Technician

Tracy MacLean – FT Pharmacy Technician

Mackenzie Wing-Germain - FT Pharmacy Technician

Ashleigh Basciano – TFT Pharmacy Technician

Lisa Thomas – PT Pharmacy Technician

Chloe Macdonald – PT Pharmacy Technician

Ivie Stewart – TPT Pharmacy Technician

Jenna McHardy-Brown – Casual Pharmacy Technician

Kim Lamont – Casual Pharmacy Technician

Icon Legend



1. Provide an excellent experience for the persons we serve every time



2. Meet the changing needs of our community



3. Support and empower our people



4. Ensure future sustainability