



Consultation: [CAN/HSO 3001:2025 Medication Management – Public Review - HSO](#)

Submitted: Aug 14, 2025

Executive Summary:

The draft CAN/HSO 3001:2025 standard presents a strong foundation for safe and effective medication management across healthcare settings in Canada. It reflects principles of patient safety, interdisciplinary collaboration, and continuous quality improvement. Enhancements are recommended to improve clarity, responsiveness to emerging risks, and alignment with evolving regulations and international best practices.

CSHP Provided the following feedback:

The language and structure of the standard could be simplified to enhance usability and reduce variability in implementation. Clearer, plain language summaries are recommended. Integration of digital health technologies—including AI and clinical decision support systems—can be further addressed. The standard should explicitly promote the use of these tools for medication safety, effectiveness monitoring, and interoperability across care settings.

There is a need for standardized performance indicators and benchmarks. Aligning core metrics with global patient safety frameworks (e.g., WHO) and sustainability tools (e.g., CASCADES Scorecard) will support better monitoring and accountability. Patient engagement should be more action-oriented, incorporating tools such as medication lists or passports, patient education, and inclusion of patient-reported outcomes.

Emerging risks, such as medication shortages, supply chain disruptions, and novel therapies like gene treatments, require stronger mitigation planning. Similarly, cultural safety, Indigenous health, and equity considerations must be embedded more explicitly, with disaggregated data collection and culturally appropriate practices. Medication safety during transitions of care remains a high-risk area that should be more robustly addressed through better communication and follow-up requirements.

Additional feedback includes the need for enhanced opioid stewardship, policy clarity on patient-supplied cannabis products (Section 2.2.10), emergency preparedness for automated dispensing cabinet failures (Section 4.1.7), maintenance of compounding safety programs (Section 7.6), and environmentally safe medication disposal (Section 11.2.1), including controlled substance ampoules.

Finally, the use of “patient” rather than “client” is recommended to reflect the language of Canada’s publicly funded healthcare system. Continued alignment with Health Canada, Controlled Drug and Substances Act, and National Association of Pharmacy Regulatory Authorities guidelines is essential as regulations evolve.