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Thank you, registrants

A quick look at the number of pharmacists applying for authorizations to prescribe and inject and pharmacy technicians registering makes it clear that Alberta pharmacy practitioners are stepping up to enhance their practices and provide better patient care.

The reports from you and our practice consultants about peer mentoring to improve CACPs, improving workflow, and streamlining patient assessment using *Chat, Check, and Chart* have also been great news.

Thank you for all your work to get us closer to our vision of *healthy Albertans through excellence in pharmacy practice!*

Quick snapshot

- Additional prescriber numbers are skyrocketing – a 58% increase in last 8 months (348 now authorized)
- Injecting authorizations still climbing – a 26% increase in the last 8 months (2582 now authorized)
- Number of pharmacy technicians has more than doubled in the last 10 months (260 now registered)

(Figures as of October 18, 2013)

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Staff Directory

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ACP council convened October 2-4, 2013. Council participated in a one-and-a-half day workshop on *generative governance*. Generative thinking is about deciding on what to decide, probing assumptions about the organization, and identifying the underlying values that should be driving strategy and tactics. Councillors explored new ways to fulfill their responsibilities and ensure a long-term view to the future of the pharmacy professions and the college.

Following are highlights from the council's business meeting.

Resolution from 2013 AGM

Council passed a motion that ACP will, at the time of registration and annual permit renewal, facilitate registrant awareness about and encourage them to belong to professional pharmacy organizations of their choice. ACP will not facilitate registrations or collect funds on behalf of any of these organizations.

Awards

Council approved substantive changes to its awards policy. The APEX Awards are being restructured in partnership with RxA. ACP will no longer sponsor student awards presented at the annual Blue and Gold Ball; instead, a new major leadership award will be made to a third or fourth year student who has demonstrated high levels of leadership, citizenship, and professionalism. The award will support the winner in enhancing their leadership experience and skills.

Annual general meetings and symposium

ACP will no longer hold an annual conference or symposium. ACP has observed that there are an increasing number of quality professional development opportunities available to pharmacists and pharmacy technicians. ACP may periodically host symposiums or may partner with other organizations to deliver a symposium on a specific strategic issue. ACP will use other means

to increase our engagement and dialogue with our registrants.

Starting in 2014, ACP's annual general meetings will be hosted virtually, using technology to reach as many registrants as possible.

Review of oncology under-dosing

Council reviewed the Thiessen Report, commissioned after it was determined that an unlicensed entity in Ontario had employed a bulk reconstitution process using prefilled saline bags that had overfill, which led to an excess final fluid volume which was not accounted for when labelling the final product. This affected chemotherapy doses for patients in Ontario and New Brunswick. The report provides 12 major recommendations, including that all pharmacies located in hospitals should be licensed by provincial regulatory authorities. This is significant to Alberta, as ACP does not currently have that authority under the *Pharmacy and Drug Act*. Discussions with Alberta Health will be pursued before the next meeting of council.

Draft budget and business plans for 2014

Council reviewed a draft business plan and budget, including estimates for 2015-16. The registrar has been asked to enhance the plan and return it for council's final approval in December 2013. Council provided preliminary support to not assess a COLA increase to any member fees in 2014. In doing so, it recognized that fees for pharmacy technicians were already set for 2014, and that therefore, pharmacy technician fees would not be assessed a COLA increase in 2015.

New fees for applying to appeal the decision of a hearing tribunal or the Complaints Review Committee were approved in principle, for the purpose of proposing the necessary amendments to ACP's bylaws. Proposed amendments to the bylaws will be circulated for review and comment in the near future.

Disciplinary report summary

An investigation and hearing into the professional conduct of a pharmacist has recently concluded. Following is a **summary** of the hearing tribunal report. You can view the full report on ACP's website under *Complaints Resolution/ Investigating & hearing tribunal reports*.

A hearing tribunal made a finding of unprofessional conduct and misconduct against M. Leonard Johnson when he admitted that between July 1, 2012 and early April 2013, he:

1. Diverted and misused narcotics and targeted substances by diverting for his personal use approximately 641 tablets and capsules of hydromorphone and a small amount of Ativan when he was the licensee of a pharmacy;
2. Obtained and used an undetermined quantity of Paxil, Ativan and zopiclone from prescriptions;
3. Abused his position of trust as a pharmacist and pharmacy licensee by altering the electronic inventory records of the pharmacy and by creating false patient records to conceal his diversion of drugs from the pharmacy;
4. Created an environment that had the real potential to disrupt patient care and create patient harm; and
5. Continued to divert medications, alter the pharmacy's electronic inventory records, and create false electronic dispensing records until he was confronted by pharmacy personnel who had detected his diversion of medication and who suspended his employment.

The hearing tribunal ordered that Mr. Johnson:

1. Receive a 24-month suspension with 6 months of actual, active suspension and 18 months held in abeyance pending compliance with the remaining sanctions, commencing June 17, 2013.
2. Participate in a recovery and monitoring program for five years.
3. Be prohibited from acting as a licensee for a minimum of five years after his return to practice.
4. Practice under direct supervision of another licensed pharmacist for a minimum of 12 months after his return to work as a pharmacist.
5. Be required to advise any employers in a pharmacy setting of the hearing tribunal's decision and the conditions on his practice permit for a minimum of five years following his return to practice.
6. Be prohibited from acting as an owner or proprietor of a pharmacy for a minimum of five years following his return to practice.
7. Be responsible for the cost of the investigation and hearing [\$15,311.49].

In addition to the sanctions, the hearing tribunal also strongly recommended that Mr. Johnson:

- Seek employment outside a traditional dispensing role; and
- Consider continuing the aftercare addictions program beyond the mandated five year period.

Help your patients have a happy holiday and a healthier New Year

Looking for a holiday gift for your patients? Give them a free health journal, on us!

ACP's 30-page booklets help patients track symptoms, moods, and health issues and note their questions and concerns.

To order your copies, email sheena.mcnally@pharmacists.ab.ca.

ACP will cover the costs of the materials and shipping. First come, first served while quantities last.



Privacy, pharmacy, and social media: you can have it all

Social media provides great opportunities to educate patients and the public and interact with colleagues. However, building and maintaining a professional relationship in this environment can be challenging.

The nature of social media platforms, which are highly accessible, informal, and public, raise important questions about the steps you should take to uphold your professional image and obligations while online.

ACP expects all registrants to comply with all existing professional expectations when using social media. All the standards, Code of Ethics, college policies and legislation for your profession still apply for topics such as:

- Confidentiality and privacy,
- Communication,
- Copyright,
- Maintaining professional boundaries,
- Upholding a professional image and values,
- Conflict of interest, and
- Advertising and marketing.



12 tips to protect yourself, your profession, and your patients online

Social media can play an important role in enhancing patient care, professional education, professional competence, and collegiality, among other potential benefits.

ACP recommends that, while engaging in social media, pharmacists and pharmacy technicians:

1. Always exercise common sense and professional judgment.
2. Assume that all content on the Internet, in both your personal and professional accounts, is public and accessible to everyone.
3. Do not provide clinical advice to specific patients through social media. You may, however, use social media to disseminate generic health information for educational or information sharing purposes.
4. Be cautious if posting information online that relates to an actual patient. The privacy and security of individual patient information is paramount. Ensure you comply with legal and professional obligations to maintain privacy and confidentiality.
5. Be transparent. Clearly identify who you are and identify any conflicts of interest you may have in conjunction with the information you provide.
6. Protect your reputation, the reputation of your profession, and the public trust by not posting content that could be viewed as unprofessional. Remove any content already posted by you which may be viewed as unprofessional. (Keep in mind that prospective employers and patients may check your online presence.)
7. Refrain from establishing personal connections with patients or people closely associated with them online, as this may not allow you to maintain appropriate professional boundaries and may compromise your objectivity. It is acceptable to create an online connection with patients for professional purposes only.
8. Refrain from seeking out patient information that may be available online without prior consent. Do not enter information you have found online about patients in your records without their knowledge.
9. Understand the technology you are using. Know the site's terms and conditions. Know how to edit and delete posts. Know your goals and the audience you are targeting. Apply the strictest privacy settings necessary to maintain control over access to your personal information.
10. If you are an employee of an organization that has a social media policy, be familiar with that policy.
11. Remember that social media platforms are constantly evolving; be proactive in considering how professional expectations apply in any given set of circumstances.
12. Remember that all of these guidelines apply not only when you are posting to your own sites, but when you participate in or comment on blogs, online health forums, and video-sharing media.

Portions of this article were adapted from:

Social Media - Appropriate Use by Physicians, The College of Physicians and Surgeons of Ontario, <http://www.cpso.on.ca/policies/positions/default.aspx?id=7874&terms=social+media>, July 29, 2013

Social media and Canadian physicians – issues and rules of engagement, The Canadian Medical Association, <http://www.cma.ca/socialmedia>, July 29, 2013

Make the most of social media

Listen at least as much as you “talk”

Think of your social media interaction as a conversation. In a face-to-face conversation, would you blurt out your thoughts without listening to what’s being said first? Would you state your opinion on something and walk away without hearing or responding to any responses? The same principles apply to online conversation as they do to face-to-face conversations. The key is to listen first.

Share useful information

You are a highly trained professional and you should not underestimate the value of the information you possess. Just ensure that what you share is accurate, is in language that your audience will understand, and that you credit your sources and adhere to copyright laws.

Stay positive and professional

It’s easy to get drawn into unconstructively negative conversations. In the same way you would avoid toxically negative people – avoid such discussions online. If you can turn a negative conversation into

All the rules still apply. Interactions through digital and social media are subject to the same professional standards and ethical considerations as other personal or public interactions.

Adapted from Top Social Media Best Practice Tips for Pharmacists, Royal Pharmaceutical Society, www.rpharms.com/support-pdfs/top-social-media-tips-for-pharmacists.pdf, July 30, 2013



The Internet never forgets! Electronic communications are not anonymous and are always stored in some form. Once information has been posted online, it may be difficult or impossible to remove.

something constructive and positive, that’s great. In most cases though, trolls are best ignored and association with them best avoided.

Share wins

Social media is your opportunity to be an ambassador for your profession, as it faces the challenge of a rapidly changing environment. Champion your profession by highlighting and sharing positive news about pharmacy and your healthcare colleagues.

Social media resources

- AHS Social Media Privacy Policy – www.albertahealthservices.ca/7917.asp
- Communicating with patients via email: Know the risks – HIA Practice Note #5, published by the Office of the Information and Privacy Commissioner of Alberta. www.oipc.ab.ca/Content_Files/Files/Publications/HIA_Practice_Note_5.pdf
- Guidance for Pharmacists on the use of Digital and Social Media –

Concise yet comprehensive recommendations from the Pharmaceutical Society of Ireland. www.thepsi.ie/Libraries/Guidance_for_Pharmacists/Guidance_for_Pharmacists_on_the_use_of_Digital_and_Social_Media.sflb.ashx

- #hcsma (Health Care Social Media Canada Twitter handle) – This forum explores social innovation in health care. They host a live Tweet chat every Wednesday.
- Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals - This learning module was produced by a collaboration of seven health regulatory colleges in Ontario. Numerous examples and case-based scenarios are included to illustrate social media use in health care and to help you reflect on your own use of social media in personal and professional practice. www.ocpinfo.com/client/ocp/OCPHome.nsf/f664b4cf5e575d53852574c700673e0d/469fd66f9647d19c85257b6a0050f436?OpenDocument

ACP welcomes new ways to hear from you

ACP went live on Facebook and Twitter in August. We are looking forward to hearing from you through these channels.



Why did ACP take the social media plunge?

We believe social media will help us in many of our roles and responsibilities. It allows us to interact with and listen to a wider audience. It can help us teach people what the college, pharmacists, and pharmacy technicians do. It can demonstrate that ACP is a great resource for questions or concerns about pharmacy practice.

Most importantly though, it is a way you can share your ideas with us.

We welcome your questions and comments. Our goal is to provide a community where individuals can share content, ideas, and experiences and find helpful information.

How does it work?

We regularly post questions, news, practice tips, and updates. To really make this a great community and resource though, we need you.

- See something that piques your interest? Share or comment on it.
- Puzzled by a problem? Post it and invite the wisdom of your peers.
- Celebrating? Spread the great news.

To keep the conversations fun and lively, we just ask that you respect the community guidelines we've posted.

Remember that your comments are visible to all.

Never include your phone number, email address or other personal information in a post. Never include individually identifying patient information. If you want individual follow-up, send a message through the site to a page administrator or email us.

If you haven't already, please like, share, and chat on our pages and get the social media ball rolling! Visit us at:

- Facebook – www.facebook.com/ACPharmacists
- Twitter – Twitter.com (search for @ACPharmacists)

(P.S. Our Facebook page is an organizational page. That means when you "Like" us, you get to see our posts in your newsfeed, but **we don't get any access to your personal Facebook account.**)

Confidential communication in the pharmacy

Where do you have conversations with your patients? Does this area afford sufficient privacy?

Frequently, ACP Pharmacy Practice Consultants observe pharmacists having conversations with patients in areas of the pharmacy that are not sufficiently private.

The Standards for the Operation of Licensed Pharmacies specify that the area for confidential communication must ensure patient confidentiality. The area must include suitable sound and visual barriers.

Further to this, the area that you use must be kept free for communicating with patients or patients' agents and must not be used to store or display anything other than health care products, aids or devices or patient information materials.

Put yourself in your patients' shoes

Can you hear what is being discussed? Can you see what is being provided to other patients?

Make sure you let your patients know what privacy options are available to them

and ensure that the sound and visual barriers are sufficient. Let your patients decide where they feel most comfortable having a discussion with you.

Standards reference

Standard 4: Ensure suitable physical facility and equipment, *Standards for the Operation of Licensed Pharmacies*

Area for confidential communication

- 4.12 A licensed pharmacy must have an area within the patient services area that ensures patient confidentiality.
- 4.13 The area referred to in Standard 4.12 must include:
 - a) suitable sound barriers that prevent conversations from being overheard by unauthorized individuals; and

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Confidential communication

continued from page 6

- b) suitable visual barriers to prevent others from seeing what drug, health care products, aids or devices are being provided to or for the patient.

4.14. The area referred to in Standard 4.12 must be kept free for use for communicating with patients or patients' agents and must not be used to store or display anything other than health care products, aids or devices or patient information materials.

Guidance for dispensing Methadose™

Methadose™ is a standardized, concentrated (10mg/ml) oral solution that replaces compounded methadone for patients being treated for opioid dependence.

NOTE: Pharmacists may no longer dispense compounded methadone since an identical product is now commercially available; dispensing compounded methadone is therefore considered manufacturing.

Please review ACP's *Medication Assisted Treatment for Opioid Dependence: Guidelines for Pharmacists and Pharmacy Technicians* and its addendum on Methadose™ for more information and to answer questions such as:

- How is Methadose™ different from compounded methadone?
- What should patients expect when switching to Methadose™?
- When should Methadose™ be diluted?

practice profile: Building a winning team



2013 W.L. Boddy Pharmacy Team Award winners: Shoppers Drug Mart Millrise Centre, Calgary; L to R: Galina Annenkova, provisional pharmacy technician; Dwayne Alahakkone, pharmacy assistant; Kenzie Mergaert, pharmacy assistant; Christine Wernikowski-Woo, pharmacy manager; Valerie Kalyn, associate owner; Simon Hoang, pharmacist; Angie Park, pharmacist; April Pratt, pharmacy assistant. Missing: Kristine Forrest, pharmacist; Alex Georgeson, pharmacy assistant; Justin Li, pharmacy assistant; Elyssa Robson, pharmacy assistant

Offering complete care is what defines the Shoppers Drug Mart Millrise Centre pharmacy team's approach. Clinical services that include comprehensive annual care plans, standard medication management assessments, adapting prescriptions, diabetes education, respiratory education, a formal smoking cessation program, ordering and monitoring lab results, travel medicine, injections, and compression stocking and bracing fitting are a routine part of this pharmacy's operations and patient interaction process. All of this, and they still process 300 prescriptions a day!

The building block to achieving this diversity of patient care services is Associate Owner Valerie Kalyn's encouragement of her staff's professional

development. "Individuals are more motivated to excel in their own passions versus being told what to do. If we can make their ideas feasible for the business, I say let's do it!" The return, says Valerie, "is measured by better overall patient care and outcomes, and a pharmacy team that is motivated to fulfilling its highest potential."

Valerie further encourages her staff to have confidence and embrace their full knowledge and scope. She gives an example of faxing a patient prescription back to the original prescriber for renewal rather than renewing it at the pharmacy. "I ask my staff, 'Who is in a better position to assess the patient? Us, with the patient in front of us, or the

continued on page 8

Practice profile *continued from page 7*

doctor looking at a refill request fax?" Valerie adds, "When the patient is at the counter, there is opportunity for dialogue. When that dialogue is missed, it's a disservice to that patient."

The staff is also encouraged to educate, initiate, and collaborate. "We educate our team to create competence or expertise, initiate contact with at-risk groups or the community to promote our services, and collaborate with a multitude of healthcare disciplines and other stakeholders to educate about the benefits of our services," explains Valerie. "We are seeking to establish collaborative relationships with the goal of enhancing patient care."

In addition to the care provided within the pharmacy walls, the team's services

extend to the larger community. Valerie and her pharmacists created a "home away from home" at a local seniors lodge where they work weekly with Alberta Health Services homecare staff to bring respiratory and diabetes care to the residents. Additional training programs offered to the caregivers and nurses by the Millrise team include the demonstration of proper inhaler technique, proper insulin injection and education about diabetes. And just to ensure there is no rock left unturned within patient care, the Millrise team keeps Albertans healthy by participating in Alberta Health Services' Health Link.

Do you have practice ideas or tips you think could benefit others? Email us at communications@pharmacists.ab.ca.

**Nominations for the 2014 APEX Awards are open.
Go to pharmacists.ab.ca to submit your nominations today!**



ACP council and staff wish you and yours a happy, healthy holiday season and New Year.

Note: The ACP office will be closed between 1 p.m., Tues., Dec. 24 and 8 a.m., Thurs., Jan. 2.



ACP emails and newsletters are official methods of notification to pharmacists and pharmacy technicians licensed by the college. In addition to providing you with timely information that could affect your practice, college emails serve in administrative hearings as proof of notification. Make sure you get the information you need to practice legally and safely by reading college newsletters and ensuring ACP emails are not blocked by your system.