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Recognize excellence!

It's time to put pen to paper – or fingers to keyboards – and get those APEX Award nominations in.

Recognizing pharmacy professionals through the APEX Awards helps identify role models, celebrate great patient care, and raise the profile of pharmacy in Alberta. Consider nominating a colleague for one of the following awards.

M.J. Huston Pharmacist of Distinction honours a pharmacist who has consistently demonstrated outstanding professional excellence in the practice of pharmacy over time.

Award of Excellence pays tribute to an Alberta pharmacist for individual outstanding achievement in the field of pharmacy. This award is granted for a *single unique accomplishment* thus differing in this way from the Pharmacist of Distinction Award.

W.L. Boddy Pharmacy Team of the Year **NEW!** is presented to a pharmacy staff team in Alberta who, by virtue of their practice, positively impact the health of their community.

The Awards Committee will consider how the team incorporates factors such as staffing, workflow, staff training and development, policies and procedures, technology and innovative programs to offer excellent patient care.

Future of Pharmacy is presented to up to three pharmacists per year who exude enthusiasm and passion for pharmacy, are visionary, and offer extraordinary promise to the profession.

The nominee must be a member who has been in practice at least one year, and not more than five. The Awards Committee will consider how each nominee has developed peer networks, participated in educational opportunities and professional development, played a part in or developed new programs, and shown involvement in their community.

Partners in Practice recognizes a collaborative effort between a pharmacist and one or more other non-pharmacy

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acpnews is published six times per year by the Alberta College of Pharmacists. Send submissions for publication to:

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Council members can be reached by email via our website at pharmacists.ab.ca under *About ACP/ Council*, or by using the search feature to locate them by name.

Staff Directory

All staff are available at 780-990-0321 or 1-877-227-3838 or by fax at 780-990-0328.

Their email addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

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Clarifying repackaging

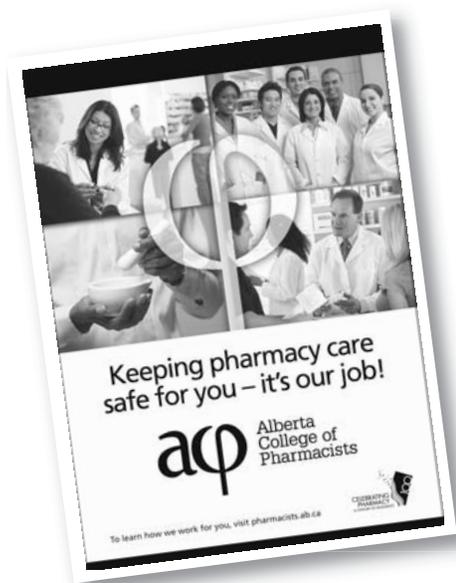
ACP has received many questions about the labelling of drugs, specifically when to use the labelling requirements in Standard 21 (repackaging) versus those in Standard 7 (dispensing).

The intent of the Standard 21 regarding repackaging is to provide direction for labelling of drugs or blood products that were not packaged in a package intended for dispensing. To help clarify requirements, ACP Council approved the following interpretation of repackaging.

Repackaging means breaking up a manufacturer's original package of a drug or blood product for the purpose of dividing and assembling the drug in larger or smaller quantities

- a) in preparation for dispensing, or
- b) for redistribution or sale by retail, and does not include packaging of a drug or blood product for dispensing to a patient pursuant to a prescription as per Standard 7.

Public awareness campaign underway



The sixth wave of ACP's public awareness campaign began on Oct. 17. Over four weeks, radio, newspaper, online and clinic TV ads will make the public more aware of ACP's role and will reassure them that pharmacy practice in Alberta is safe.

Note to pharmacy licensees: The ACP logo is prominently featured in all the print and online ads. Therefore, please make sure your new pharmacy licence, Code of Ethics poster, and patient concern posters are highly visible. Displaying the new posters will help patients recognize your pharmacy as a safe, reliable choice.

For copies of either poster, contact the ACP office.

Recognize excellence! *continued from page 1*

health professionals to optimize patient care and/or safety.

Friend of Pharmacy is presented to a non-pharmacist who has contributed to the success of the profession of pharmacy.

Pfizer Consumer Healthcare Bowl of Hygeia celebrates a pharmacist who has compiled an outstanding record of community service that, apart from his/her specific identification as a pharmacist, reflects well on the profession.

Nominations must be received at the ACP office by Dec. 9, 2011.

The APEX (Alberta Pharmacy Excellence) Awards are jointly sponsored by the Alberta Pharmacists' Association (RxA) and the Alberta College of Pharmacists.

View the awards' terms of reference and nominate online or download the forms from the ACP website under *About ACP/APEX Awards*.



New online CPD Log retention policy

You may have noticed that your online CPD Logs go back to when you first started recording your learning activities on the online CPD Log. For some pharmacists, this means back to 2004!

ACP recognizes that this may be valuable information for some pharmacists, but our ability to store these records is limited. Therefore, we have decided to guarantee that our database will retain at least three years of CPD Logs for all pharmacists. CPD Logs older than three years may be purged from the system at some point in the future.

That doesn't mean that we are purging old CPD Logs now. This is just advance warning that we may have to purge old CPD Logs in the future, so you may want to print your old CPD Logs now or save them on your own electronic files, if you want to retain that information.

Voluntary technician register ending Dec. 31

On July 1, the Pharmacists and Pharmacy Technicians Profession Regulation to the *Health Professions Act* came into effect. This regulation created three new registers:

- a **provisional pharmacy technician register** for those who are working toward becoming a regulated pharmacy technician,
- a **pharmacy technician register** for those who have met the registration requirements to be a pharmacy technician, and
- a **courtesy pharmacy technician register** for those registered as a pharmacy technician in good standing in another jurisdiction and who require temporary registration in Alberta for locum work or to provide accredited CE.

The voluntary register was created under the bylaws of the previous version of the Regulation. Therefore, individuals on this voluntary register are not regulated

members of the college. This register will only remain in effect until Dec. 31, 2011. Those who do not move to the provisional register will no longer have any status with ACP.

Individuals on the voluntary register must apply to move to the provisional register.

As printed in the previous *aφnews*, there was no fee to move from the voluntary register to the provisional register before Nov. 1, 2011. However, in November, annual permit renewal for the 2012 year began for all pharmacy technician registrants. Individuals who are on or move to the provisional register now will be required to pay the \$84 permit renewal fee for 2012.

To apply to the provisional pharmacy technician register, complete the application package found on the ACP website under *Registration & Licensure/Technicians/Technician Registration*.

Technicians – mark your calendars

December 19, 2011

Application deadline for March PEBC Qualifying Exam

December 31, 2011

Voluntary register expires. Only individuals registered on the provisional pharmacy technician register or the pharmacy technician register may use the title *pharmacy technician*.

January 16, 2012

Application deadline for April PEBC Evaluating Exam



October 2013

The last opportunity to complete the PEBC Evaluating Exam for individuals on Path 1. (Keep in mind that PEBC only offers the Evaluating Exam two times per year and you must apply three months in advance.)



In memory...

Harold Brooks died on July 20 at the age of 89 years. Harold was born in Winnipeg, MB and raised in Prince Albert, SK. He attended the University of Saskatchewan, where he received his certificate in education in 1946 and Bachelor of Pharmacy in 1952. Harold moved to Medicine Hat in 1952 and was a pharmacist there for many years. Harold also worked several years as a pharmacist at the Canmore Hospital.

Bonnie Chomik died suddenly on Sept. 28 at the age of 68 years. Bonnie received her BScPharm from the U of A in 1967 and practiced first at Woodward's, and then at The Bay Pharmacy, each at Southgate. She retired in 2008.

Lucien (Lou) Fetaz died on Aug. 4 at the age of 89 years. Lou was born in Castor. He attended the U of A, and graduated with a BSc in Pharmacy in 1950. Lou operated several businesses in Edmonton, Boyle, Calgary, Red Deer, Leduc and Tofield.

William (Bill) Lesick died on Sept. 9 at the age of 88. Bill received his pharmacy degree from the U of A in 1951. In addition to serving the Edmonton community as a pharmacist at the Beverly Pharmacy for many years, he was also elected as an MP (1984-88) and served as a citizenship judge. Bill was a member of the APhA Archives Committee that helped compile *The History of Pharmacy in Alberta*. He then brought that wealth of knowledge as he served on the Centennial Committee.

Edward MacIsaac died on Sept. 13 at the age of 83 years. Edward was born in Regina, SK. He graduated from the U of A Faculty of Pharmacy in 1953. He enjoyed a fulfilling career, serving the Edmonton community as a dedicated and well-respected pharmacist.

Partners in Practice

From the faculty

PharmD program receives government approval

Alberta's first PharmD program will launch soon at the Faculty of Pharmacy and Pharmaceutical Sciences.

Faculty of Pharmacy and Pharmaceutical Sciences students who graduate in 2013 will be the first group to have the option to apply for the PharmD program. Faculty plans to enrol up to 13 of its students for September 2013. Plans also include placement for up to 10 practising pharmacists in September 2014.

The PharmD degree is a clinical doctorate degree, unlike the PhD that focuses on research. It serves to recognize advanced education in patient care. The program will focus on several areas that include background and clinical skills required for the provision of optimal patient-centered care, preparation for pharmacists' increased scope of practice, additional prescribing authority and contributions to team-based care.

Faculty has started to work on the courses' content and will soon start the process of determining who will lead and deliver the one-year program.

The Faculty provides a PharmD Fact Sheet on their home page under *Quick Links* at www.pharm.ualberta.ca.

Record number of alumni connects at pharmacy's new research facility

More than 120 alumni and guests gathered during the U of A's Alumni Weekend (Sept. 24-25) to learn about the exciting work of Pharmacy's researchers and explored leading-edge lab facilities at the new Katz Group-Rexall Centre for Pharmacy and Health Research.

The Alumni were the first external group permitted into the Katz Centre's restricted facilities. Researchers from the Pharmaceutical Science division had just finished unpacking after the August move.

Fundraiser hits home for students and professor

When Marlene Gukert received the invitation to join the pharmacy team for the CIBC Run for the Cure, she decided to share how much that meant to her. Marlene is a Clinical Assistant Professor and Southern Alberta Experiential Education Coordinator for the Faculty of Pharmacy and Pharmaceutical Sciences and a breast cancer survivor.

"She sent us an inspiring email about her battle with breast cancer. Before this email, we had no idea this was the reason for her medical leave so it was a real eye opener hearing what she had to say," said Victor Wong, third-year pharmacy student and Vice President (CAPSI) of the Alberta Pharmacist Students' Association (APSA).

APSA committee members organized the Faculty's participation for the charity run. Their efforts helped raise over \$6,000 for breast cancer research.



Marlene Gukert and Merlot

Attention licensees and pharmacy teams: Pharmacy assessments coming online soon!

ACP's professional practice department will be rolling out the pharmacy practice and operations assessment process online in December 2011. Pharmacies due for a routine assessment will now be notified via email and the assessment will be sent to the licensee's email address that ACP has on file. An assessment notification letter will also be mailed to the pharmacy; however, this practice will be phased out over the next year. If you haven't done so already, please sign into your registrant profile and provide ACP with an updated email address.

The online assessment process will be more user-friendly and efficient, with the length of time needed for completing the assessment shortened. Once the self-assessment is completed online, the pharmacy practice consultant will complete an unscheduled, on-site assessment which may be conducted with any pharmacist. The pharmacist in attendance during the on-site assessment will be required to sign into their registrant profile to acknowledge the deficiencies and recommendations online as summarized by the pharmacy practice consultant. An action report will be

generated for the licensee and their pharmacy team. This action report will replace the triplicate pharmacy operations assessment reply form.

Licensees will be able to review and submit their completed action report online in order to sign off on corrected deficiencies. The online process will enable the licensee to involve the entire pharmacy team in correcting deficiencies and implementing recommendations. A quick reference guide will be provided to all licensees. Look for more details in upcoming editions of *The Link* this year and in the January 2012 *aφnews*.

Forgery FAQs

Drug abuse and diversion are ongoing problems which many pharmacists and pharmacy technicians in Alberta may encounter in the form of a forged prescription. If you suspect a forgery, take action – first, check with the prescriber to confirm, and then report the attempt to ACP and to the police.

Why should I report forged prescriptions to ACP?

Reporting a forgery attempt to ACP:

- promotes awareness of recent prescription forgery attempts and forgery tactics;
- helps prevent diversion of drugs, thus maintaining the integrity of the drug system; and
- helps us create a listing of forgery attempts for the calendar year, so that pharmacists and pharmacy technicians have another tool to aid them in forgery detection.

How do I report a forged prescription?

You can report a forged prescription to ACP:

- through the new online forgery reporting form on our website in *Prescriber Lists/Forgery Alerts*,
- by phone at 780-990-0321,
- by email at acpinfo@pharmacists.ab.ca, or
- by fax at 780-990-0328.

Be sure to include the relevant details listed here, as well as a phone number where we can reach you during business

hours. If you report a forgery via email or fax, we may follow up with you for additional information or clarification. The alerts are most effective when sent out shortly after the attempted forgery, so please contact us with details as soon as possible.

What details will I need to provide?

- Your pharmacy name, location, and city
- Date of (attempted) forgery
- "Patient" gender

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Forgery FAQs *continued from page 5*

- What the prescription was written for (including strengths and quantities)
- What the prescription form looked like (TPP, computer-generated, written)
- The prescriber's name and clinic information printed on the form
- Why you suspected (or how you discovered) a forgery (e.g., signs of alteration, checked Netcare, the form appeared to be a photocopy)
- Whether or not you were able to confirm the forgery with the prescriber
- Any other relevant information

If I receive a forged prescription, am I obligated to call the police?

A forged prescription may constitute fraud and/or theft. Pharmacists and pharmacy technicians have a responsibility to act ethically regarding their profession, with honesty and integrity. Reporting forged prescriptions to the police is an important step in working to decrease the number of prescription forgery attempts.

Where can I find police contact information?

Please contact your local police or RCMP non-emergency line, as found on their website or in your community phone directory.

Can I give the police a copy of a forged prescription?

In the circumstance of a forgery, prescription information would not be regarded as "health information" within the meaning of this term in the *Health Information Act* (HIA). There is a

good chance that the patient name, address and PHN are false. Additionally, if a physician did not write the prescription, then a pharmacist would not be filling the prescription in the context of providing a "health service" as defined in the HIA. Therefore, a pharmacist can provide a copy of a forged prescription to the police at their request.

Why can't ACP release patient-identifying information with forgery alerts?

ACP is not a custodian under the HIA and therefore cannot disclose patient information.

Should I keep a confirmed forged prescription? What if the patient asks for it back?

A prescription submitted to a pharmacist or pharmacy technician by a patient becomes the property of the pharmacy. The pharmacist or pharmacy technician has the right to retain the prescription; if a forgery is suspected, the prescription could serve as evidence.

If an irate patient demands the return of an unfilled prescription, the pharmacist or pharmacy technician may choose to return it after stamping and initialling it to indicate that they refused to fill the prescription in question.

Where can I find a listing of forgery attempts?

ACP keeps a listing of all forgery alerts received during the calendar year. You can find it on the ACP website under *Prescriber Lists/Forgery Alerts*. You will need to login with your username and password to access this information.

What if I have additional questions?

Please contact us at:
acpinfo@pharmacists.ab.ca
780-990-0321 or 1-877-227-3838

Is your pharmacy team patient safety SMART?

ACP, in collaboration with the Institute for Safe Medication Practices Canada (ISMP Canada), is pleased to introduce a new resource to help your pharmacy team reduce recurrence of drug incidents and become competent patient safety advocates.

The Systems Approach to Quality Assurance for Community Pharmacies is a comprehensive guide that will prompt your team to:

- Clearly identify **what happened** to cause a particular incident,
- Determine **why it happened** through the use of triggering questions and visualization aids, and
- Find **SMART solutions to prevent recurrence**.

SMART action plans are more likely to be successful in preventing recurrence of incidents as they are **Specific, Measurable, Attainable, Relevant, and Time-bound**.

The systems approach is based on the following principles:

1. Create a patient safety culture, remembering that patients are the primary focus.
2. Shift the focus from the actions of individuals to the system-based causes of events.
3. Systems analysis is a team approach. Include *all* members of your pharmacy team and other health care practitioners whose care of the patient may be affected by a drug incident. They will serve as the "change agents" that will assist you in successfully implementing strategies to reduce incident recurrence.

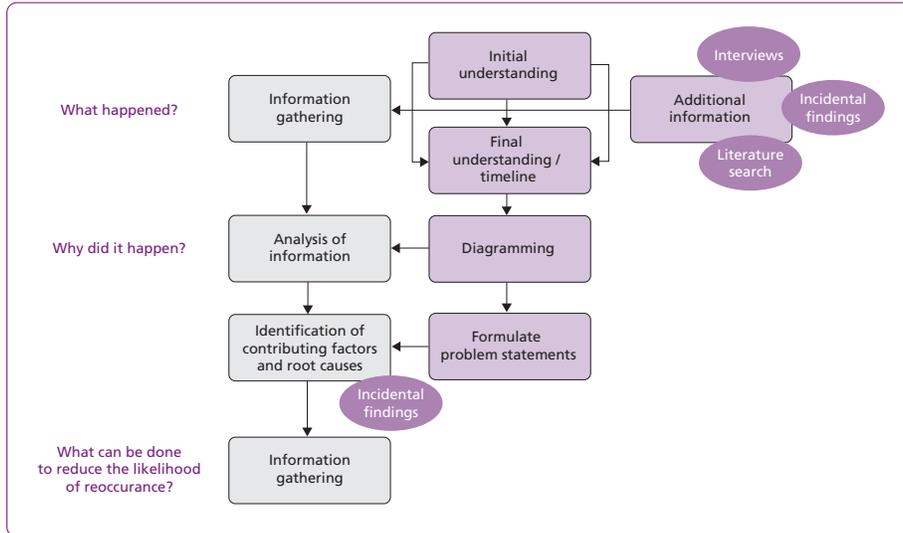


Figure 1: Incident Analysis Process

4. Ensure the environment and equipment are both designed to support patient safety.
5. Share information about drug incidents with ISMP Canada to facilitate learning by fellow colleagues.
6. Document the analysis and prevention strategies in a manner that facilitates compliance with the *Standards for the Operation of Licensed Pharmacies*.

ACP has created a **new and improved drug incident report form and quarterly review report** with sample completed versions of each which incorporate principles of systems analysis. Use these reports to document a drug incident the next time one occurs in your pharmacy and keep them handy so that your Pharmacy Practice Consultant (PPC) can discuss them with your team on their next visit.

To get you started with the systems approach to incident analysis, please review the following **Incident Analysis Process Summary and Quick Reference Guide**. This tool is designed to assist your pharmacy team to analyze, investigate and document incidents and find SMART solutions for everything from drug incidents to burglary prevention and

work flow. A PowerPoint presentation, available under *Practice Resources* on the ACP website, entitled *Quality Assurance for Community Pharmacies – The Systems Approach: A Patient Safety Primer* provides some additional detail to help your team make the most of this tool. Your PPC will be visiting your pharmacy to assist your team in implementing these quality assurance tools.

In addition to the aforementioned resources, those of you who are visual and auditory learners can find three narrated PowerPoint presentations on the ACP website that will provide you

with a comprehensive understanding of systems analysis:

1. *Quality Assurance for Community Pharmacies Part I: Leading Up to Systems Analysis of Drug Incidents*: A brief presentation outlining the differences between drug incidents, adverse drug events and drug errors, and the organizational process for managing critical incidents.
2. *Quality Assurance for Community Pharmacies Part II: The Systems Approach to Investigating Drug Incidents*: A journey through the incident analysis process, this presentation takes you through an example of a drug incident to illustrate how to apply the principles of systems analysis.
3. *Quality Assurance for Community Pharmacies Part III: Application of Systems Analysis Beyond Drug Incidents*: Workflow and burglary prevention case examples will be used to demonstrate the utility of systems analysis beyond drug incidents.

Review these quality assurance resources to obtain non-accredited learning CEUs as part of your learning portfolio. Simply document what you have learned by completing a Non-accredited Learning Record. We wish you success on your path to becoming patient safety advocates!

Incident Analysis Process Summary and Quick Reference Guide

Step 1: Form an incident analysis team

- ✔ Ensure all appropriate disciplines are represented.
- ✔ Include front-line staff who understand related care processes.
- ✔ Determine team member roles and responsibilities.

Step 2: Gather information/initial understanding

- ✔ Review original prescription and other relevant documents.

- ✔ Develop initial understanding of event and identify additional information needed.

Step 3: Final understanding and timeline

- ✔ Review physical environment, packaging and labelling, and conduct interviews.
- ✔ Conduct literature review to determine relevant standards of practice, evidence-based guidelines, preventive strategies and interventions.

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Incident Analysis Process

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- ✔ Develop narrative timeline and final understanding of sequence of events leading to incident.

Step 4: Analysis – identify contributing factors and underlying problems

- ✔ Use diagramming to move away from the sharp end to the underlying problems that contributed to the incident.

TIP: To help identify root causes, remember the bottom line: If this factor were eliminated or corrected, would there be a real chance to prevent a similar event from occurring?

TIP: Use the Minimum Scope Checklist and the Triage and Triggering Questions to help identify system and process issues and broaden the scope of the analysis.

Step 5: Develop problem statements

- ✔ Problem statements help to articulate the underlying issues and form the basis for action development.

TIP: Use the A B C format:

A = antecedent B = behaviour /bridge

C = consequences

(A) This set of circumstances (B)

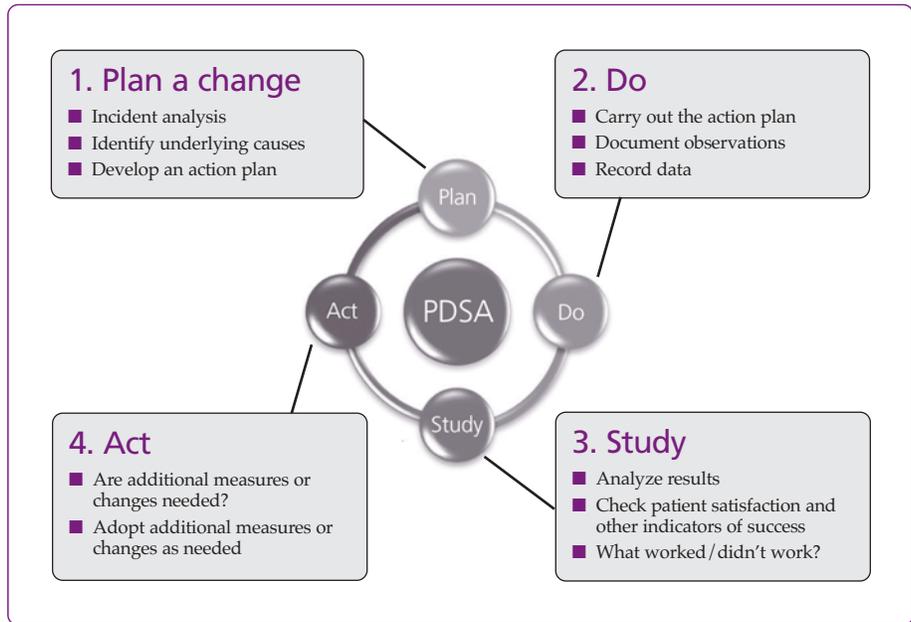


Figure 2: PDSA Model

increased / decreased the likelihood (C) that this set of consequences would/would not occur.

Step 6: Develop action plan

- ✔ Specifically address underlying problems with objective and measurable actions that encourage system level changes, i.e., action plans should be SMART (Specific, Measurable, Attainable, Relevant, and Time-based)

TIP: Consider human factors

engineering principles and the *Hierarchy of Effectiveness*.

Step 7: Implement actions

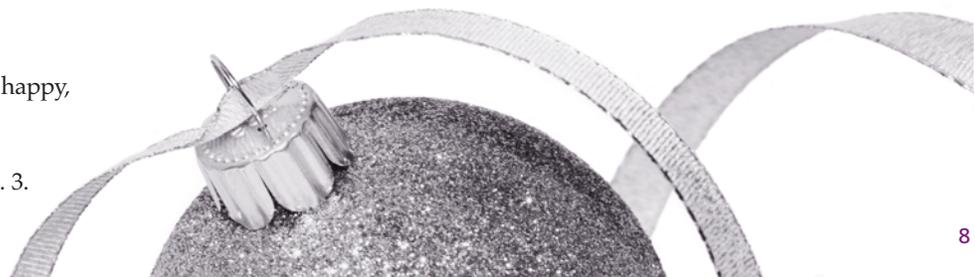
- ✔ Assign actions to specific individuals and specify timelines.
- ✔ Plan carefully; consider barriers to implementation, pilot test changes.
- ✔ Use small cycles of change model: Plan, Do, Study, Act (PDSA).
- ✔ Consider whether additional measures or changes are needed and implement as necessary.

Happy holidays

Best wishes from ACP staff to you for a happy, healthy holiday season and New Year.

The ACP office will be closed between 1 p.m., Fri., Dec. 23 and 8 a.m., Tue., Jan. 3.

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