

alberta college of
pharmacists



acpnews

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Enter a new era in pharmacist practice

In 2007, Alberta pharmacists will begin a new era under a new regulatory framework, enabling us to meet the health needs of Albertans more effectively. Countless individuals over the past decade have earned for the profession the confidence of Health Minister Iris Evans and the government. In return they have granted new opportunities and responsibilities.

New tools, such as the privileges to prescribe and to administer drugs by injection, will be available to pharmacists under the new legislation. The tools are not successes unto themselves, but rather a means to an end.

The new era is about pharmacists taking more responsibility in helping patients achieve their health goals. The goals are

continued on page 2



Cabinet approves *Pharmacy and Drug Regulation and Transition Regulation*

On Oct. 10, 2006, Cabinet passed orders in council approving the *Pharmacy and Drug Regulation* and a *Transition Regulation* to accommodate transition to our new regulatory environment.

The *Pharmacy and Drug Regulation* supports the *Pharmacy and Drug Act* in

regulating pharmacy operations and drug scheduling. These two pieces of legislation will be further supported by the standards for pharmacy operations.

The date the legislation will come into force has not been set.

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**New era** *continued from page 1*

diverse and include maintaining
wellness, preventing disease, improving
quality of life, and treating and curing
disease, where possible.

Success will depend on our ability to
limit risk—ensuring patient safety,
identifying real and/or potential drug-
related problems, acting upon them to
ensure appropriate outcomes, and
taking personal responsibility for the
consequences of our decisions.

The new legislation is enabling. In other
words, it allows, but does not require, all
pharmacists to use the new tools the
profession has been granted. Those
who choose to use them will do so in
different ways and to different extents,
depending on:

- the needs of their patients and
communities,
- their personal competence and
abilities,
- the information available to them to
make informed decisions,
- their relationships with other health
professionals, and
- their readiness to accept
responsibility for the therapeutic
decisions they make.

Success will only be achieved through
strong personal and professional
relationships with patients, other
pharmacists, allied health professionals,
and our communities, including regional
health authorities. The strength of our
relationships with each of these groups
will define our opportunities and our
ability to fulfil the corresponding
responsibilities expected of us.

In preparing for the new era, I
encourage you to evaluate yourself, to
pursue a better understanding about the
breadth of your knowledge and skills,
and to identify quality learning
opportunities that will support your
practice in this new era. Assess your
work environment to better understand
how you might optimize workflow, collect
and use health information more
effectively, and to invite patients to
discuss their health needs in a
comfortable and confidential setting.

Finally, actively participate in the
consultation about the proposed
standards of practice and standards for
pharmacy operations, since the
standards outline the minimum
requirements expected of you in the
future.

The new era is a new calling for
pharmacists. It calls you to engage with
patients, physicians and other health
professionals and to take responsibility
in helping patients achieve their
personal health goals. While enabling
pharmacists to be more active and
effective in contributing to patient care,
the legislation invites significant changes
in the way prescriptions are processed,
and drugs are compounded and
dispensed, and in the way technologies
and human resources are used in each
of these roles.

Need and opportunity abound. Only you
can define your calling in the new era! ■

Greg Eberhart
Registrar

Cabinet approval *continued from page 1*

**When will pharmacists be
permitted to begin
prescribing and
administering drugs by
injection?**

New roles, such as prescribing and
administering drugs by injection,
authorized under the *Pharmacists
Profession Regulation* do not come into
effect until:

- the effective date for the new
legislation, (TBA),
- individual pharmacists complete the
orientation program to be delivered
by the college, and
- individual pharmacists, where
necessary, meet the additional
requirements set by Council for
prescribing and administering drugs
by injection.

The college expects that the public will
begin benefiting from some of these
new roles in early 2007. ■



Timelines for implementing new legislation

- **Oct. 18 to Dec. 18, 2006** – 60-day consultation period about standards of practice and standards for pharmacy operations
- **Dec. 7 and 8, 2006** – Council's preliminary review of standards consultation feedback received to date
- **Dec. 7 and 8, 2006** – Council approval of draft bylaws for the purpose of consultation
- **Dec. 7 and 8, 2006** – Council to consider recommendations about requirements for pharmacists wishing to administer drugs by injection
- **Dec. 7 and 8, 2006** – Council to consider report from the Expert Panel appointed to recommend requirements of pharmacists wishing to prescribe pursuant to s16(3&4) of the *Pharmacist Profession Regulation*
- **Dec. 15, 2006** – consultation about draft by-laws to commence
- **Jan. 4, 2007** – Council's final review of feedback received about standards of practice
- **January 2007** – secondary 15-day consultation period about standards as amended by Council
- **January 2007 (late)** – Council approval of standards of practice and standards for pharmacy operations
- **January 2007 (late)** – Council approval of by-laws to the *Health Professions Act* and the *Pharmacy and Drug Act*
- **February 2007** – ACP to commence pharmacist orientation sessions about prescribing and other new practice expectations under the new legislation

Collecting personal information when providing Schedule 2 drugs

Both ACP and the Office of the Information and Privacy Commissioner (OIPC) have received complaints about pharmacists' conduct when requesting personal information from clients seeking Schedule 2 drugs.

Refer to section 4.7 of the *Standards of Practice—The Pharmacist* under the *Pharmaceutical Profession Act* to affirm your responsibilities when providing Schedule 2 drugs. (It is timely to note that this standard is subject to change in the new legislative environment; maintenance of a patient record when providing Schedule 2 drugs is proposed as a requirement in the new standards.)

The stimuli for complaints received by ACP and OIPC vary; however, one commonality is the failure and/or inability of pharmacists to share with patients why it is important for personal information to be recorded. An acceptable explanation must be presented in the context of patient care, not in the context of policing a patient's drug-use behavior nor because "the law (or college) requires it."

To help you communicate with patients in these situations, we provide the following suggested responses.

- Pharmacists are required to maintain patient records to support decisions and the advice we provide you about drug therapy.
- These records are patient-specific and we retain them confidentially so we have a complete record and can help avoid drug-related problems in the future.
- The records identify health conditions that you are being treated for, treatments that you have received, and allergies. This information helps us ensure that you receive the right kind and amount of drug therapy at any time.

- Many drugs do not require a prescription, but it is important that they be included on your patient record to ensure that it is accurate and complete and help to avoid present or future drug interactions. ■



Administration of drugs by injection

Alberta pharmacists who complete required training will soon have the authority to administer drugs by injection.

Section 16(5) of the *Pharmacist Profession Regulation* to the *Health Professions Act* indicates:

A clinical pharmacist is authorized to perform, within the practice of pharmacy and in accordance with the Pharmacists' Standards of Practice, the restricted activity of administering anything by an invasive procedure on body tissue below the dermis or the mucous membrane for the purpose of administering subcutaneous or intra muscular injections if the clinical pharmacist

- a) *has provided evidence satisfactory to the registrar of having successfully completed the Council requirements for the administration of injections, and*
- b) *has received notification from the registrar that the authorization is indicated on the clinical register.*

continued on page 4

Suspended registrants

The following individuals have been removed from the register for failing to renew their annual certificate.

Pharmacist (practising) to suspended status

Cert. #	Name
6692	Bennafa, Abdulfatah
6324	Bourque, Stephen Davis
6436	Bowser, Susan Elizabeth
6643	Brown, Neil Douglas
6851	Chimko, Jason Kyle
3118	Gill, William S
4433	Graboski, David C
6859	Loh, Jin-Yew
6796	Magneson, Brady Kendall
6483	Mehmood, Tahir
6761	Nishi, Cesilia Saori
7328	Ostad-Gholizadeh, Nastaran
6848	Park, Ji Hoon
7332	Ramadam, Rafik
2114	Robinson, Patricia
6387	Scott, Patricia Louise
4157	Shideler, Chris L
2011	Steinle, Wayne C
6225	Wizniak, Kelly Dawn

Associate (non-practising) to suspended status

Cert. #	Name
5943	Becze, Molly M
4117	Davidson, Darryl W
5732	Doulias, Nick H
4812	Graham, Maija Kathleen
6252	Rose, Jean Teresa
6014	Singh, Nirmal

Drugs by injection

continued from page 3

At their December 2006 meeting, Council will review draft criteria for training programs to support this new authority. If the draft criteria are approved, they will be used to accredit training programs. The accreditation process will be based upon the process used by the Canadian Council on Continuing Education in Pharmacy (CCCEP) and ACP to review and accredit continuing education programs.

Pharmacists who provide evidence of successfully completing an accredited training program will receive notification of their authorization to administer drugs by injection.

The draft criteria were based on a review of existing training programs for pharmacists and other health care professionals in Canada and the US. When Council approved the criteria, we will share with them potential program providers upon request. ■

Requirements for pharmacists to prescribe subject to HPA s16(3) & (4)

Work is under way to determine the requirements for pharmacists who wish to prescribe independently under the *Health Professions Act* (HPA).

Section 16 of the *Pharmacist Profession Regulation* outlines the restricted activities that can be performed by a pharmacist, including prescribing Schedule 1 drugs.

The most independent level of prescribing is described in subsection 4 of the act which states the following.

A clinical pharmacist authorized under subsection (3) may prescribe a Schedule 1 drug or blood products only if the clinical pharmacist

- a) has determined that a Schedule 1 drug or blood products are appropriate for the patient through an assessment of the patient,*
- b) has received a recommendation that*

the patient receive drug therapy from a health professional who is authorized to prescribe a Schedule 1 drug or blood products, or

- c) has determined in consultation with or has determined in conjunction with a health professional that a Schedule 1 drug or blood products are appropriate for the patient.*

Subsection 3 requires that only pharmacists who have completed the following are permitted to prescribe at this level:

- a) has provided evidence satisfactory to the registrar of having successfully completed the Council requirements to prescribe Schedule 1 drugs and blood products, and*
- b) has received notification from the registrar that the authorization is indicated on the clinical register.*

Last year the college's Competence Committee recommended that an expert panel be convened to further define requirements for pharmacists who want to prescribe independently, i.e., subject to s16 (3) and (4). The panel has been appointed and is preparing advice for Council's consideration.

The panel includes:

- four pharmacists (Dr. Tammy Bungard, chair; Dr. Nese Yuksel; Ryan Diprose and Jason Williams)
- a physician (Dr. Richard Lewanczuk)
- a nurse practitioner (Mary Nugent)
- a public member (Bunny Ferguson), and
- a registrar's designate (Dale Cooney, deputy registrar).

A facilitator, Susan Simosko, an internationally recognized leader in workplace learning and assessment, is working with the panel.

The panel has held two half-day meetings and expects to deliver a report to Council at its December 2006 meeting. After Council has decided on the requirements, the college will develop an application, review and notification process. Information about the process will be provided to pharmacists as soon as it is available. ■




So much to learn, so little time!

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PLAN

RxCEL Continuing Professional Development Plan

Have you updated your Continuing Professional Development (CPD) Plan for this year? Have you even opened the package yet?

As Alberta pharmacists prepare to take on an expanded scope of practice, this is the perfect time to go through the self-assessment and contemplate where you might need to upgrade your skills and knowledge to take on new roles.

Do you need some help developing your CPD plan? The Office of Continuing Pharmacy Education at the University of Alberta offers a print course titled *RxCEL Continuing Professional Development – Expanding Opportunities for Professional Development*. You can find more information about this course and others in their 2006 Fall Prospectus (mailed to you in September) and on their website at www.pharmacy.ualberta.ca/conted. ■

Learning Portfolio Audits

Audits of the 2005/06 learning portfolios are well under way. This year, ACP will audit about 700 portfolios.

The key to a relatively painless audit is having all of your documentation available to send in when you receive the notification of audit. So remember:

- **keep all of your certificates,**
- **fill out your non-accredited learning record forms, and**
- **be sure to keep a copy of your CPD log.**

If you are missing certificates for your audit, you will have to obtain duplicates from the program provider!

The Competence Committee revisited the policies for learning portfolio audit after some pharmacists raised concerns about the requirement to provide documentation to support all learning activities claimed on the continuing professional development log rather than just the 15 minimum CEUs. The committee reiterated its philosophy that the purpose of the

audit is to verify all claimed entries. Audits are not done to verify that minimum CE requirements are met; they are to confirm that all continuing education experiences are accurately recorded.

Updated CPD log

The Competence Committee is dedicated to fully informing you of your obligations regarding the learning portfolio. In addition to the professional declaration you sign at the time of registration renewal, the CPD log has been modified to include the following declaration: "I am aware that if my learning portfolio is audited I must provide documentation to support all learning activities claimed on this log."

A new version of the CPD log is enclosed with this newsletter. ■

New prescription drugs recommended to Schedule F

Health Canada has recommended that the following drugs be added to Schedule F to the *Food and Drug Regulations*.

In keeping with the National Association of Pharmacy Regulatory Authorities' *Policy for Schedule F Recommended drugs*, all of these medicinal ingredients have been added to the National Drug Schedules, Schedule I, effective September 21, 2006.

- alglucosidase
- ciclesonide
- darunavir
- prilimycin
- rasagiline
- sorafenib
- tigecycline

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Learning portfolio tip...

Remember that the policies for continuing professional development have been updated. You can now get all of your CE requirements from non-accredited learning if that is what is applicable to your practice.

Enclosed with this newsletter are revised pages for your CPD plan that reflect the new CE requirements.

You must complete the non-accredited learning record form to claim a non-accredited learning activity for CEUs. You can simplify the documentation

process by keeping some non-accredited learning record forms in your binder or notebook for when you participate in a non-accredited learning activity. You can photocopy the form from your CPD plan or download additional copies from the *Continuing Competence* section of our website (pharmacists.ab.ca).



Health Canada advisories

After the last edition of the newsletter went to print, Health Canada placed the following advisories on its website. You can obtain a copy by using the links below or by calling Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838, or by contacting her by e-mail at Misti.Denton@pharmacists.ab.ca.

The following links take you to the Health Canada or ACP's website.

■ **Lamictal® (lamotrigine) associated with increased risk of non-syndromic oral clefts**

information for health professionals

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/lamictal_2_hpc-cps_e.html

information for consumers

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2006/lamictal_2_pc-cp_e.html

■ **Neophase Formula for Men**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_72_e.html

■ **Miracle II products**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_68_e.html

■ **Black cohosh**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_72_e.html

■ **Chinese products—Reduce Weight, Yixinjiaonang, Meng Rong, VG**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/index_e.html

■ **Counterfeit Lipitor in UK**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_66_e.html

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2006/index_e.html

■ **Rapamune® (sirolimus)**

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2006/index_e.html

■ **Salt Spring Herbals Sleep Well Dietary Supplement**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_82_e.html

■ **Herbal slimming products**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/index_e.html

■ **Jambrulin Ayurvedic medicinal product**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_89_e.html

■ **Libidus**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_92_e.html

■ **Health Canada Information Update on ADHD drugs**

http://pharmacists.ab.ca/document_library/ADHD_Info_Update_eng.pdf

■ **New cautions regarding rare heart-related risks for all ADHD drugs**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_35_e.html

■ **Xylocaine® 2% Jelly Single Use Plastic Syringes**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_94_e.html

■ **Gleevec (imatinib mesylate)**

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/gleevec_pc-cp_e.html

■ **Ketek (telithromycin) and hepatic events**

www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/ketek_hpc-cps_e.html

■ **Emperor's Tea Pill and Hepatico Extract**

www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_98_e.html

Schedule F drugs

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Health Canada will initiate the process for amending Schedule F. However, the regulatory status for the medicinal ingredients will only be confirmed upon final approval by the Governor in Council and publication in the *Canada Gazette*, Part II. ■

Revisions to drug schedule

The following were formerly Schedule II drugs. Effective immediately, they are all Schedule III.

- Polymyxin B and its salts and derivatives (for ophthalmic use)
- Gramicidin and its salts and derivatives (for ophthalmic use)
- Bacitracin and its salts and derivatives (for ophthalmic use)
- Lidocaine and its salts (for otic use)

The initial recommendations made by the National Drug Scheduling Advisory Committee (NDSAC) on June 11-12, 2006 were approved and finalized effective August 9, 2006 by NAPRA's Executive Committee.

These changes affect products such as Polysporin Eye/Ear Drops and Lidosporin Ear Drops which are now Schedule III and may be displayed in the professional products section. They may be sold only when a pharmacist is on duty. ■

Vitamin K Update

Health Canada has changed the status of some products containing Vitamin K and removed them from Schedule F of the *Food and Drug Regulation*.

Vitamin K1 and Vitamin K2 sold for external use in humans, or in an oral dosage form for use in humans when the maximum recommended daily dose is 0.120 mg or less, are now unscheduled.

All other dosage forms and strengths of Vitamin K require a prescription and are in Schedule F2. ■

Open disclosure framework published

In 2004, the Health Quality Council of Alberta (HQCA) and its Health Quality Network began developing the provincial framework for *Disclosure of Harm to Patients and Families*. The intent was to provide guidelines for sharing information with patients and families when a patient experiences unanticipated harm during care.

The framework is now published. It represents the culmination of an extensive review of literature, policies, and practices in Canada and around the world. The findings are also informed by consultations with legal experts, health professionals, stakeholders, patients, and family members.

Supports for health care professionals

As part of the framework, the HQCA has developed several resources to support health care professionals. There is the framework itself (available as a full colour booklet), as well as downloadable posters, a brochure, a checklist, and a wallet card. All items can be customized with your business logo. To view them, go to the HQCA website at www.hqca.ca/index.php?id=58.

ACP has included the wallet card and a sample checklist for you in this issue of **acp news** as an example of the framework materials and as a reminder of what to consider when having a disclosure conversation.

Looking ahead

The *Disclosure of Harm to Patients and Families* framework will be supported through workshops and training sessions for health care providers. Information about the sessions will be posted on the college's website as they become available.

The HQCA is also sharing more of its work. The results of their *Satisfaction with Health Care Services: Survey of*

Albertans 2006 were released in October (see the article on page 10).

In early January, they will release the third *Health Report to Albertans*, which looks at the role Albertans can play in their medication safety. Watch for a copy of the report in the January/February 2007 **acp news**. HQCA will also distribute copies of the report to pharmacies.

If you have questions or comments, please contact the HQCA office at (403) 297-8162 or e-mail info@hqca.ca. ■

Just for you -

a free wallet card with disclosure tips in this issue of **acp news**, along with a sample checklist. See the article on the left for more information about disclosure and resources for health professionals. ■



You asked us...

Q I have been asked to fill a prescription from a nurse practitioner. What drugs are nurse practitioners authorized to prescribe?

A Nurse practitioners or extended practice nurses (RN-NP) can prescribe any drugs except those in the schedules to the *Controlled Drugs and Substances Act* (CDSA).

Based on the definition of practitioner in the CDSA, only doctors, dentists and veterinarians may prescribe the drugs in the schedules to this act. As a result, nurse practitioners may not prescribe narcotics, benzodiazepines, anabolic steroids, barbiturates or amphetamines.

Although implied but not stated, nurse practitioners may prescribe drugs in Schedules II and III that are restricted to sale only in pharmacies. Unscheduled drugs may also be prescribed or recommended by a nurse practitioner. Like all authorized prescribers, nurse practitioners are expected to use their professional judgement to limit their prescribing to their areas of competence.

Nurse practitioners are registered nurses who have completed additional education on assessment, diagnosing and treatment of health problems, and who are authorized to prescribe drugs under the *Prescription of Drugs by Authorized Practitioner Regulation*. Under the regulations to the *Public Health Act*, the term nurse practitioner means a registered nurse employed in providing services under the *Public Health Act* regulations who is also listed on the College and Association of Registered Nurses of Alberta (CARNA) extended practice roster.

The CARNA roster is on ACP's website under *Prescriber Lists*. This list is updated often. Therefore, if you print the nurse practitioner list for use in your pharmacy, please **print a new list regularly** to ensure your information is up to date.

For more information about nurse practitioners, check out *Prescribing and Distributing Guidelines for Nurse Practitioners* (March 2004 in the *Publications* section of the CARNA website): www.nurses.ab.ca/pdf/Prescribing%20and%20Distributing%20for%20NPs.pdf.



acp xPresses and News

ACP xPress

There were no faxes distributed since the last newsletter.

acp news

(issued between July 31 and Oct. 13, 2006)

External:

- Aug. 9** ■ Diabetes management survey deadline
- Aug. 15** ■ Drug update and practical therapeutics course
- Sept. 1** ■ PEBC Part II assessors needed
- Sept. 7** ■ Interpreting Laboratory Values course notification
- Sept. 19** ■ Reviewers wanted at CCCEP
- Sept. 21** ■ Pharmacist and pharmacy technician survey
- Sept. 28** ■ Second call for PEBC Part II assessors
- Oct. 4** ■ CPD workshop reminder
- Oct. 6** ■ UofA receives largest one-time gift
- Oct. 10** ■ October issue of CARN

Operations:

- Aug. 10** ■ Nominate a colleague for recognition
- Aug. 25** ■ Insurance letter
- Sept. 7** ■ Awards nomination reminder
- Sept. 29** ■ Awards nomination reminder

Practice Issues:

- Aug. 24** ■ Pharmacy robbery
- Aug. 31** ■ Revisions to the Alberta Drug Schedule
- Sept. 27** ■ Questtran request
- Oct. 12** ■ Standards consultation notice
- Oct. 13** ■ Starnoc 10 mg request

Drug Information:

- Aug. 2** ■ Lamictal and increased risk of non-syndromic oral clefts
- Aug. 2** ■ Counterfeit Lipitor in UK
- Aug. 8** ■ Neophase Formula for Men contains homosildenafil
- Aug. 14** ■ Miracle II products
- Aug. 18** ■ Black cohosh
- Aug. 24** ■ Chinese products – Reduce Weight, Yixinjiaonang, Meng Rong, VG
- Aug. 24** ■ Counterfeit Lipitor in UK
- Aug. 24** ■ Rapamune
- Aug. 30** ■ Salt Spring Herbals Sleep Well Dietary Supplement
- Aug. 31** ■ Herbal slimming products
- Sept. 15** ■ Jambrulin Ayurvedic medicinal product
- Sept. 20** ■ Libidus
- Sept. 21** ■ ADHD drug information update
- Sept. 27** ■ AstraZeneca Xylocaine® 2% Jelly Single Use Plastic Syringes
- Oct. 2** ■ Gleevec
- Oct. 3** ■ Ketek
- Oct. 12** ■ Emperor's Tea Pill and Hepatico Extract

October 2006 issue of CARN

The October 2006 *Canadian Adverse Reaction Newsletter* (CARN) is now available on the *News and Events*, *Safety Advisories* section of our website (pharmacists.ab.ca).

In this issue:

- BioGlue: chronic inflammation and foreign-body reactions
- New tool for reporting adverse reactions
- Physician reporting of adverse reactions
- Case presentation: Atomoxetine and tics
- A summary of advisories.

You can receive the CARN electronically by subscribing on the Health Canada website.

The college office receives a limited supply of the printed copy. Please contact us if you would like us to send you the October 2006 issue. ■

It's Your Health —it's good information

It's Your Health (IYH) is a series of articles and fact sheets on a variety of health-related issues. These handy summaries could be just what you're looking for to stay current and be prepared to answer patient concerns.

Each IYH article is written in consultation with Health Canada and the Public Health Agency's scientists and experts, and may also be reviewed by national experts outside the department. The articles also include Internet links and references to more information.

Recent articles discussed:

- Insulin products
- Acne treatments
- Preparing for an Influenza Pandemic
- Fetal Alcohol Spectrum Disorder
- Buying Medical Devices over the Internet

You'll find *It's Your Health* on the Health Canada website at www.hc-sc.gc.ca/iyh-vsv/index_e.html ■

Alberta SuperNet celebrates first anniversary of province-wide operation

On Sept. 30, 2006, Alberta SuperNet celebrated its first year of operations across Alberta. All rural Alberta SuperNet communities can now handle Internet service provider (ISP) traffic.

What does this mean for rural pharmacists?

As technology improves, so does access to tools for health care professionals. With high-speed Internet access, you can more easily plug into Alberta Netcare and share important information with other health professionals. The high capacity of the system also means you can further your professional development by participating in on-line learning sessions, instead of having to travel to urban centres.

Getting SuperNet working in your area

To see the progress of SuperNet across Alberta, visit www.albertasupernet.ca/.

If you do not already have high-speed Internet access in your rural community and would like to know which ISPs are planning to offer it using SuperNet, visit www.axia.com/documents/networks/Supernet_ISPs.pdf. ■



Looking to create a revolution in the pharmacy practice

In its finished form, the Alberta Netcare Electronic Health Record (EHR) will be "a revolution in the practice of pharmacy," says Tom Curr, district manager of DRUGStore Pharmacies, Alberta.

"We saw (early on) the benefits of having access to key patient information at the point of care," adds Tom, "helping not only pharmacists, but also other health care providers, with access to a

patient's complete history in critical conditions like emergency. Every pharmacist can give you a story on how this tool has helped make a difference in a patient's life and also in doing their job better."

First pharmacy chain goes live

DRUGStore Pharmacy was the first pharmacy chain to go live in the spring of 2005 with the Alberta Netcare pharmacy batch solution. This step allows their 180 pharmacists located in the 61 Loblaw's-owned Real Canadian Superstore, Extra Foods and Real Canadian Wholesale stores all over Alberta, to send their dispensing information to Netcare once a day through their pharmacy software system. Netcare links all the pharmacies within the chain so if a patient fills their prescription at a DRUGStore pharmacy in Bonnyville, it can be viewed at their branch in St. Albert.

"Today we have the ability to look up a patient's prescription history and their lab test results. A big advantage due to physician participation is a printed prescription. There are no more phone calls to clarify hand writing. I have a prescription that I can easily read," says Tom.

What's next?

Tom looks forward to a time when health care providers can talk to one another collaboratively in real time. To access Alberta Netcare today, pharmacy users have to leave their existing software system and access Netcare through the Internet.

"Today, I can access patient information if I need it, but it is time consuming and not practical to use for every patient."

Alberta Health and Wellness aims to make this real time connection a reality by working closely with pharmacy software vendors to integrate Alberta Netcare with existing pharmacy systems.

This fall, pharmacies across Alberta are preparing to receive the latest version of Alberta Netcare Portal 2006. The province successfully completed a pilot of Portal 2006 in May 2006. The Alberta Netcare deployment team will help health providers prepare to receive this

tool starting with an organization readiness assessment (ORA), an exercise that includes a privacy impact assessment (PIA).

To become part of Alberta Netcare, call 1-866-756-2647 or e-mail health.ehrdeployment@gov.ab.ca. ■

From Alberta Health and Wellness

New drug reference now available

Drugs & Drugs – A Practical Guide to the Safe Use of Common Drugs in Adults, 2nd Edition, is now available. Produced in our own back yard by Dr. Peter Hamilton and Dr. David Hui, this guide outlines the principles, pearls, and pitfalls of drug use.

Over 90 commonly used classes of medications are covered. Each chapter has been reviewed by both a pharmacist and a physician to ensure the accuracy of the information. All together, the manual serves as a concise reference that highlights clinically important information to help guide drug therapy in everyday practice and to enhance patient safety.

For a PDF version, go to www.depmed.ualberta.ca/drugs&drugs/dd.pdf. Files for hand-held devices will also be released in the near future. ■

New tool helps identify and refer abused seniors

Through their practices, pharmacists often have first-hand knowledge of senior abuse. New resources are now available to help you determine what to do when you identify an abused senior.

A minimum of seven per cent of older adults experience elder abuse in Canada. A 2003 omnibus survey for the Alberta Elder Abuse Awareness Network indicated that 18 per cent of 800 Albertans surveyed stated they knew a senior who was experiencing abuse.

Seniors can be particularly vulnerable when they rely on family and other

continued on page 10

Senior abuse *continued from page 9*

caregivers to provide for health and social needs. Seniors most often experience emotional abuse that is financially motivated, but they can also be neglected, physically or sexually abused, and/or have their medications stolen by addicted family members.

The Edmonton Elder Abuse Consultation Team has developed an intervention tool to help professionals to respond appropriately to seniors experiencing abuse. The intervention tool includes a definition of abuse, possible indicators of abuse, questions you can use to explore the issue with a senior, and community resources that deal specifically with elder abuse.

The intervention tool and a training resource are available at www.edmonton.police.ab.ca. Click on *Elder Abuse Teams* on the home page.

Plans are under way to distribute a tool with Alberta resources to further assist you in this important area.

For additional information, contact the Edmonton Police Service Seniors Resource Officer with the Elder Abuse Intervention Team at (780) 414-5001. ■

Interdisciplinary team development materials available

On Sept. 29, 2006, the Enhancing Interdisciplinary Teams in Primary Care Networks project was completed. This project was created to develop materials and deliver education to health care providers involved in primary care networks (PCNs) to support development of interdisciplinary teams.

Hot off the press is the *Team Development in Primary Care Networks* manual, which includes a DVD with six video clips on change management and interdisciplinary teams.

These manuals will be made available to all PCNs in Alberta and to each regional health authority through the Primary Care Initiative Program Management Office (PMO). The PMO contact is Eric Morin at 1-866-714-5724.

The manual and videos will also be accessible at www.primarycareinitiative.ab.ca. ■

Patient satisfaction on the rise, but still room for improvement

According to survey results released in October 2006 by the Health Quality Council of Alberta (HQCA), 57 per cent of patients who personally received health care services in Alberta in the past year were clearly satisfied. This is up from 51 per cent two years ago.

Satisfaction with Health Care Services: A Survey of Albertans 2006 measured responses from 4,780 Albertans over age 18 on their perceptions of and experiences with overall quality, satisfaction and access with specific health services both province-wide and within each of the nine health regions.

General findings highlights

- Access to health care services remains by far the most important driver of Albertans' satisfaction with health care services received in the province.
- Albertans use their health care services.
 - 88% of adult Albertans had contact with Alberta's health care system in the past year.
 - Almost three-quarters (71%) of Albertans interacted with a pharmacist in 2006. This was second only to interactions with a family doctor (72%).
- There is room to improve cooperation between health care professionals.
 - Only 45% of Albertans rated health care professionals' efforts to coordinate care to serve patient needs as excellent or very good, down 2% from 2004.
- While complaint reports have decreased slightly, improvements in complaint handling are needed.
 - The percentage of Albertans who reported a serious complaint about health care services dropped from 16% in 2004 to 14% in 2006.
 - Less than a quarter of Albertans were satisfied with the handling of their complaint (22% for minor

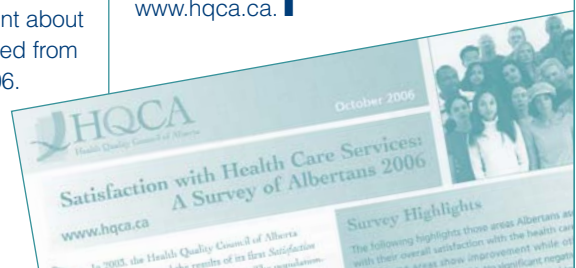
complaint handling and 21% for serious complaint handling.)

Pharmacy highlights

- Overall, 68% of Albertans received at least one prescription medicine from a pharmacist at a community pharmacy in the past year.
- Pharmacists garnered the highest level of patient satisfaction of any health professional group.
 - 94% of those surveyed who received advice or prescription medication from a pharmacist in the past year expressed satisfaction with services received. This compares with 90% for chiropractic services, 84% for family doctor services, 71% for mental health care services, and 53% for emergency department services.
- Albertans' satisfaction with pharmacists' service attributes was very high for:
 - making sure people understand how to take their prescriptions properly (95%)
 - the availability of the pharmacist to answer questions about the prescription medication (93%)
 - making sure people understand the results they might expect from their medication (89%)
 - the availability of the pharmacist to answer questions about non-prescription medications (84%).
- However, satisfaction with the extent to which pharmacists followed up after providing prescription medications was considerably lower (28%).

From the results of the survey, the HQCA and stakeholders will identify province-wide initiatives to improve the quality and safety of Alberta's health care system.

To view the complete report, go to www.hqca.ca. ■





Banff 2007

Don't forget!

Mark your calendars for the ground breaking three-professions conference
Strengthening the Bond: Collaborating for Optimal Patient Care
when pharmacists, nurses and physicians meet at the Banff Springs Hotel.

May 3 to 5, 2007
Inter-professional Conference

May 6, 2007
ACP Awards Breakfast and Annual General Meeting

Be there!

**Strengthening
the Bond**



**Collaborating for
Optimal Patient Care**



Strengthening the Bond
Collaborating for
Optimal Patient Care

Show off your inter-professional program at the 2007 conference!

The 2007 Conference Planning Committee has issued a call for abstracts (posters and oral presentations) that address the event theme *Strengthening the Bond: Collaborating for Optimal Patient Care*.

If you are or have been involved in an inter-professional initiative, project or research that provides insight into the benefits and experiences of inter-professional collaboration within health care teams, consider sending in an abstract. Your poster could be chosen, or you could be asked to give an oral presentation at the ground-breaking tri-professional conference involving pharmacists, nurses and physicians, May 3 to 5, 2007.

When you apply, you will be asked to identify whether your abstract most closely addresses examples of collaborative teams, evidence of effectiveness, or inter-professional education.

All submitted abstracts will undergo a peer-review process, with registered nurses, pharmacists and physicians serving on the review committee.

The abstract submission form is on the Buksa Associates website at www.buksa.com. The deadline for submission is **Fri., Dec. 1, 2006. ■**

... from the faculty

On Oct. 6, 2006, Edmonton-based **Katz Group and the provincial government** announced they are each donating \$7 million, the largest one-time gift to a Canadian pharmacy school. The Katz Group has also committed to help the university raise an additional \$5.5 million from pharmaceutical and related industries. The provincial government has agreed to match those monies as well, for a potential total investment of \$25 million. The funds will be used to support important new educational initiatives in the Faculty of Pharmacy and Pharmaceutical Sciences and the Faculty of Law. Congratulations to Dr. Franco Pasutto and his team for their leadership in the pharmacy profession!

Also, congratulations to the faculty and **class of 2006!** For the 16th time in 18 years, UofA pharmacy students placed first nationally in the PEBC examination results. They also placed first in candidates awarded pass standing (100%, i.e., no failures). These outstanding achievements reflect the high quality of the program and all those involved with it. Well done!

The faculty received 756 applicants for the 130 available spots commencing September 2006. The **Admissions** Committee accepted 102 Albertans, 27 non-Albertans and 2 international students. Of the successful applicants, there are 78 females and 53 males.

Members of the classes of '51, '56, '81 and '96 met on **Reunion Weekend**, Sept. 29 to Oct. 1, to renew friendships and visit the campus. **■**

In memory



William (Bill) Michael Poohkay died on Aug. 20, 2006 at the age of 90 years.

Bill graduated in 1948 with a BSc. Pharm. from the UofA and registered with the Alberta Pharmaceutical Association in 1949. Bill practised in the Edmonton area for approximately 40 years. In retirement, he was an active volunteer in the Sun Drugstore at Fort Edmonton.

He is lovingly remembered by his wife Mary and family.

Edith Emily Wobeser died on July 26, 2006 at the age of 59 years.

Edith graduated in 1969 with a BSP from the UofS and registered with the Alberta Pharmaceutical Association in 1970. She moved to Lloydminster shortly after graduating and remained in that area throughout her life and career.

Edith is missed by her family and friends.

Wing Sum Wong passed away suddenly, from natural causes, on July 3, 2006 at the age of 37 years.

Wing graduated from the UofT in 1990 and registered in Alberta in 2005. He practised primarily in Ontario.

Wing is survived by his wife Su and their three children.