

alberta college of
pharmacists



acpnews

In this issue...

- 2** • Council says goodbyes and hellos
 - Your 2007/2008 Council
 - New by-laws on ACP website
- 3** • Bill 45 re tobacco reduction
 - RxCEL update
 - Learning portfolio audits
 - Learning portfolio tip
- 4** • Online CPD log
 - Records retention
 - Learning portfolio tip
- 5** • Drug schedule changes
 - Dexedrine
- 6** • Health Canada advisories
 - Methadone guidelines
- 7** • Forgeries and stolen Rx
 - Patient concerns/complaints resolution framework
 - Blueprint for pharmacy
- 8** • Netcare and personal info
 - Netcare and PIAs and ORAs
- 9** • DUE QUARTERLY update
 - Tri-profession conference report
- 10** • From the faculty
- 11** • Grad breakfast
- 12** • In memory

Highlights from our new president's inaugural address



ACP President Dianne Donnan

Dianne Donnan assumed the role of the Alberta College of Pharmacists' president on May 30.

In her inaugural address at the May 6 annual general meeting, Dianne issued the following challenge to pharmacists.

- "This is the year to walk the walk.
- "This is the year to put action into the legislation and our enhanced scope of practice.
- "This is the year to rise to the expectations that other pharmacists, other health care collaborators, all Albertans, and indeed all Canadians have for us.

"We are challenged to continue to nurture our relationships with our patients. Indeed, we are challenged to improve our follow through and clinical

outcomes with Albertans, to enhance our patients' care.

"And we are challenged to play an active role in medication management, using our expertise within our personal competencies to demonstrate improved health outcomes and keep Albertans safe.

"We must embrace the challenge of change: in thinking, in processes, in technical evolution, and in actions. At the same time we must recognize that we may need to grieve the loss of something good and beautiful to shape our spirit and make us stronger."

Dianne went on to describe her vision of what the year ahead holds. "This is the year we will see creative, enterprising pharmacists shape their practices into what we could only dream of as little as ten years ago.

"This is the year to expect excellence from our colleagues, from those we collaborate with and from ourselves – for Albertans because they expect it, demand it, and deserve it.

"I challenge each one of you, as we put action into our new legislation to think excellence in every thought and action. And we must remember that the quest for success in putting our new legislation into action and accomplishments is not always a comfortable journey. There will be turbulence as we move forward, but move forward we must."

continued on page 2

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Anjli Acharya, District 5
Donna Galvin, District 5
Merv Bashforth, District 6

Public member:
Joan Pitfield

Councillors and our public member can be reached by email via our website at pharmacists.ab.ca under *About, 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.

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New president's inaugural address
continued from page 1

Dianne has served on Council for four years and is the director of pharmacy service for the Lamont Health Care Centre.

Welcome Dianne to your new position! We look forward to working with you during this precedent-setting year. ■

Council says goodbyes and hellos

May 30th marked the beginning of a new council term. With it came a heartfelt thank you to outgoing members and an enthusiastic greeting to our newcomers.



Tracy Marsden

Council presented commemorative plaques to outgoing councillor Tracy Marsden and public member Michael Faulkner for their dedication and service. Tracy served on Council for six years and Michael served two. The wisdom and wit of both will be missed by everyone at the council table. Thank you Tracy and Michael for your faithful service!



Michael Faulkner

Your 2007/08 Council



Donna Galvin

Donna Galvin has joined Council representing District 5 (Calgary and area). She practises in the Okotoks and Calgary areas and was the 2006

Wyeth Consumer Healthcare Bowl of Hygeia recipient. She previously served on Council from 2001 to 2003.

The following individuals make up your 2007/08 Council:

- President and District 4 representative: Dianne Donnan

- President Elect and District 3 representative: Jim Krempien
- Vice President and District 2 representative: Rick Siemens
- Past President and District 3 representative: Jeff Whissell
- District 1 representative: Wilson Gemmill
- District 3 representative: Catherine McCann
- District 5 representative: Anjli Acharya
- District 5 representative: Lane Casement
- District 5 representative: Donna Galvin
- District 6 representative: Merv Bashforth
- Public member: Joan Pitfield
- Non-voting member: Franco Pasutto, Dean of the Faculty of Pharmacy and Pharmaceutical Sciences
- Non-voting member: Judi Lee, President, Alberta Pharmacy Students Association

Council member contact information is kept in the *Council at Work* section of the ACP website (pharmacists.ab.ca), along with council meeting agendas and minutes. ■

New by-laws on ACP website

You can find ACP's by-laws on the college's website (pharmacists.ab.ca) under *Council at Work/Bylaws* or you can go directly to pharmacists.ab.ca/council_at_work/bylaws.aspx

Please note that Schedule E, which is the map of council districts, is posted separately. It is a very large file (18MG) and will take considerable time to load. We are working on creating a more user-friendly image. We will email you when a new version is available.

The by-laws were approved by Council on March 22, 2007 and became effective April 1, 2007.

Thank you to everyone who participated in the development of these by-laws. They will be a valuable resource, helping guide Council and the college in the coming years. ■

Bill 45 Smoke Free Places (Tobacco Reduction) Amendment Act

On June 12, 2007, Health Minister Dave Hancock introduced Bill 45, the *Smoke Free Places (Tobacco Reduction) Amendment Act* for first reading in the legislature. The bill addresses the promotion, sale, and use of tobacco products.

With respect to sale, the following sections are of interest to pharmacists.

7.3 No person shall sell tobacco products or offer tobacco products for sale in any of the following places:

- c) a pharmacy,
- d) a retail store if
 - i) a pharmacy is located in the retail store, or
 - ii) customers of the pharmacy can enter the retail store directly or by use of a corridor or area used exclusively to connect the pharmacy with the retail store.

9.1 The lieutenant governor in council may make regulations:

- g) exempting a person or a class of persons from all or any of the requirements of this Act.

The bill also restricts the promotion of tobacco products, including power walls in any retail outlet.

Section 7 effectively addresses the policy promoted by the former Alberta Pharmaceutical Association and ACP since 1991. We encourage you to write to your MLA in support of this legislation, and ask your MLA to ensure that Section 9.1 is not exercised in any manner that exempts a pharmacy or a retail store within which a pharmacy is located from this legislation.

This bill is not likely to be passed prior to the fall sitting of the legislature. ■



**So much to learn,
so little time!**

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PLAN

Are you using your RxCEL Continuing Professional Development (CPD) Plan to assess your practice and plan your learning?

If you are, you will be pleased to hear that we are developing an electronic version of the CPD plan.

The electronic version will be entirely confidential. The college will have access to aggregate data for reporting and planning purposes but we will not be able to identify an individual pharmacist.

Here are some highlights of the planned online CPD plan.

- You will be able to perform your self-assessment any time you wish.
- You can modify and update your plan at any time and save the changes.
- You can select certain areas for assessment or complete the entire self-assessment.
- You will be able to re-assess certain areas without having to photocopy more forms.
- The areas you select to work on this year will be automatically forwarded to the Learning Plan form.
- You will be able to 'hide' and 'unhide' areas you determine are not applicable to your practice.

- You will be able to access various views of your learning plan, such as items completed, items in progress and outstanding items.

If you'd like to be one of the first to try the online CPD plan, please watch for more information. We will seek pharmacists willing to participate in a pilot of the initial version and provide feedback before the project goes live. Stay tuned! ■

Learning portfolio audits

Audits of the 2005/06 learning portfolios are now complete.

Congratulations! Most pharmacists completed their learning portfolio quickly and without any identifiable problems.

Of 721 completed audits, only three pharmacists received letters of non-compliance and were not permitted to renew their practice permits.

Under the registration requirements of the *Health Professions Act*, these pharmacists are not permitted to renew their practice permits until they have met the audit requirements.

In September 2007 we will begin audits of the 2006/07 learning portfolios. Twenty per cent of Alberta pharmacists will be selected for audit of their learning portfolios. ■

Learning portfolio tip...

The move of the registration renewal deadline to June 1, and the consequent change in the CE cycle (now June 1, 2007 to May 31, 2008) meant we needed to modify the online CPD log.

Since June 2007 is technically still in the 2006/07 registration year, when you enter a CE course that you completed in June 2007, you will be asked to indicate which registration year you would like the course applied to.

Be sure to check "Apply this course to the upcoming registration year" so it will appear on your 2007/08 CPD log.

You can verify that it has been added to the correct year's log by viewing your CPD log. Be sure to select the 2007/08 registration year.





Online Continuing Professional Development Log

Over 40 per cent of registered pharmacists used the online Continuing Professional Development (CPD) Log to process their 2007/08 registration renewal.

Thank you to everyone who alerted us to difficulties with the online log or suggested improvements. We will carefully consider each suggestion. Where improvements can be made, we will do so within the limits of our budget and the technology. ■



Records retention (an updated version of March/April 2006 article)

We continue to receive calls from pharmacists asking how long prescription records should be kept. Given the many pieces of legislation that governs pharmacist practice, the confusion is understandable. The retention of information is controlled by federal legislation as well as our provincial standards of practice and *Health Information Act*. Both can be obtained from the ACP website (pharmacists.ab.ca) if you need further clarification. Here is an overview of the major requirements.

Written prescriptions and transaction records

Standard 73(b) of the *Standards for Operating Licensed Pharmacies* requires that written prescriptions and transaction records for all Schedule 1 drugs dispensed are retained for at least two years past the completion of therapy with regard to the prescription or for 42 months, whichever is greater.

Federal legislation requires that records be kept for two years after the last change in information for all Schedule F drugs and controlled substances.

Patient records

Standard 78 of the *Standards for Operating Licensed Pharmacies* says that patient records must provide a history of all interactions required to be documented for a patient under the *Standards for Pharmacist Practice* and must be maintained for a period not less than 10 years after the last pharmacy service or two years past the age of majority, whichever is greater.

Standard 18.3 of the *Standards for Pharmacist Practice* states that a patient record must contain patient demographics, a profile of drugs provided and a record of care provided.

Appendix A of the *Standards for Pharmacist Practice* outlines what must be in a patient record.

Drug errors

Standard 64(c) of the *Standards for Operating Licensed Pharmacies* states drug error documentation must be kept for at least 10 years after the error is discovered. Standard 60(c) defines a drug error as either an adverse drug event or a drug incident where the drug has been released to the patient.

Release or disclosure of information

Alberta's *Health Information Act* (HIA), Section 41, says that a custodian must maintain a record of any disclosures made of individually identifying diagnostic, treatment or care information. The records must show the person to whom the disclosure was made, the date and the purpose for which the disclosure was made, and a description of the information disclosed.

Learning portfolio tip...

Have you tried the online Continuing Professional Development Log?

A significant number of pharmacists are now using the online CPD log to record their learning activities. Many of them tell us that they were pleasantly surprised at how quick and easy it is to document their learning activities online.

Here are some tips for making this process as easy as possible.

1. Search for your course in the list of accredited courses. The best way to search is by the accreditation file number, typed exactly as it appears on your certificate but without the name of the accrediting body.
2. You can also search by program title or a key word in the title.
3. Only claim as accredited learning those courses accredited by the Alberta College of Pharmacists (ACP), the Canadian Council on Continuing Education in Pharmacy (CCCEP) or the Accreditation Council of Pharmacy Education (ACPE). Please note that you may not claim programs with other types of accreditation, such as Mainpro, as accredited learning.

4. Record your learning activities after you have received your certificate of course completion. If you are faithful about recording your activities, you won't have to scramble to record everything next May at registration renewal time.
5. Please be patient. We enter all ACP-accredited courses as soon as we accredit the program. However, entry of CCCEP-accredited courses in our database is dependent on our office receiving accreditation information from CCCEP.
6. You can submit your online CPD log for registration renewal even if your employer pays your registration renewal fee.

You can find the online CPD log by going to our website (pharmacists.ab.ca) and clicking on *My Registration Profile*. After you log in, click on *Continuing Professional Development Log*.

Why not start recording your learning activities right now on the online CPD log?



If the information is disclosed without consent then this information must be kept for 10 years following the date of disclosure.

Note that there are restrictions to disclosure of information without consent. In general, without consent, a custodian can only disclose information to another custodian providing health services or a caregiver. You may also disclose without consent to a person with a close personal relationship, e.g., patient's family member(s) unless it is contrary to the direct express request of the individual.

Consent as defined in the HIA under Section 34(2) must be obtained in writing or electronically and must contain the purpose of the disclosure, the identity of the person receiving the information, an acknowledgement that the individual providing consent knows the risks and benefits to consenting or refusing to consent, the date the consent is effective, the date if any that the consent expires, and a statement that the consent may be revoked at any time by the individual providing it. It is important to remember that verbal consent is not considered consent under the HIA, so document whenever in doubt.

You can access the Section 34 consent form on the ACP website under *Pharmacist Resources/Provincial Legislation/Health Information Act/Consent Form* or directly at http://www.health.gov.ab.ca/resources/publications/Section_34_Consent.pdf.

There is no retention time given in HIA for a record of information released with the patient's consent, but the standard under the *Personal Information Protection Act* (PIPA) is to keep information as long as reasonable. There is also a provision indicating that even where consent is withdrawn, "an organization may for legal or business purposes retain the personal information for as long as it is reasonable."

Some pharmacists have created separate files for HIA-related disclosures of information; however, it is recommended that you record all disclosures of information in the record of care portion of the patient record.

Making this part of the patient record retains all patient information in one place and will ensure you retain the record of disclosure long enough, regardless of whether consent was obtained or not.

This review of prescription record retention has not covered income tax requirements or keeping records for protection with respect to possible law suits. These issues are not professional regulation matters; pharmacists should discuss them with their lawyers. ■

Scheduling status changed for fexofenadine and loperamide

The following drug schedule changes became effective April 11, 2007 in conjunction with recommendations made by NAPRA:

- fexofenadine HCl (in products marketed for adult use, 12 years and older) – moved to Unscheduled status from Schedule III
- fexofenadine HCl (in products marketed for paediatric use, under 12 years of age) – retained in Schedule III
- loperamide and its salts (in products marketed for adult use, 12 years and older) – Unscheduled
- loperamide and its salts (in all dosage forms marketed for paediatric use, under 12 years of age) – Schedule II (previously only liquid preparations were Schedule II) ■

Prescribing Dexedrine® (dextroamphetamine)

We're occasionally contacted about whether prescriptions for Dexedrine must be written.

Since Dexedrine is in Part 1 of the schedule to Part G of the *Food and Drug Regulations*, you can accept a verbal prescription for the product. However, refills cannot be authorized verbally. Written refills must have a refill interval to be valid. ■



Lynn Otteson

Farewell Lynn

We're sorry to announce that Lynn Otteson, our communications leader, has left the college for new challenges.

Since she joined our staff in 1998, there have been many changes in the way the college communicates. Now, 80 per cent of pharmacists use our email system, and our website has become a practice resource for pharmacists and a base for registrants to maintain their personal records. She has continuously improved our annual reports and newsletters, bringing information to pharmacists, stakeholders and our partners in appealing, easy-to-read formats. Excellence in pharmacist practice is now shared broadly with elected community leaders through the videos of our award winners that Lynn has produced annually. She has led the evolution of our annual conferences, with this year's tri-professional conference being the pinnacle of her contribution to our success.

We thank Lynn for her commitment and contributions to the success of the college, and wish her well in her future endeavours.

Thank you Lynn!

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 contacting her by email at Misti.Denton@pharmacists.ab.ca

The links will take you to the Health Canada website.

- **Lanmei Keili Ji; Lexscl Fat Rapid Loss; V.MAX, Rhino Max (Rhino V Max)**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/index_e.html
- **Eden Herbal Formulations Serenity Pills II**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_49_e.html
- **Aranesp® (darbepoetin alfa) and EPREX (epoetin alfa)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/aranesp_eprex_hpc-cps_e.html
- **FiberChoice plus Multivitamins**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/2007/2007_51_e.html
- **Recall of Depakene 500 mg and Ratio-Valproic 500 mg**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_55_e.html
- **Foreign product Xiaokeshuping Jiangtangning Jiaonang**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/index_e.html
- **Recent reports of black particles after reconstitution of Myozyme**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/myozyme_hpc-cps_e.html
- **OneTouch® Ultra® Test Strips**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/onetouch_ultra_hpc-cps_e.html
- **Cardiac safety of Avandia®**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2007/avandia_pc-cp_3_e.html
- **Foreign products safety alert**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/2007/2007_60_e.html
and
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/2007/2007_62_e.html
- **Voluntary recall of Fraxiparine® graduated syringes, 0.6 mL and Fraxiparine® Forte graduated syringes, 0.8 mL**
Contact GSK for information
- **Safety advisory: Avastin (bevacizumab)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/index_e.html

Methadone – guidelines for dispensing pharmacists

In May 2007, Council approved guidelines for pharmacists when dispensing methadone. These guidelines are intended to provide Alberta pharmacists with the basic information required to dispense methadone in a safe and effective manner while complying with applicable legislation and standards.

The guidelines, which complement the *Standards and Guidelines for Methadone Maintenance Treatment in Alberta* developed by the College of Physicians and Surgeons of Alberta, clarify the role of the pharmacist in a multi-disciplinary, province-wide harm reduction program and help to make this role consistent and effective.

The guidelines are also intended to help you differentiate between the requirements for dispensing methadone in maintenance treatment and methadone for analgesia.

The *Standards for Pharmacist Practice* state that a pharmacist must be aware of the limits of his/her personal competence and only provide services within these limitations. You should refer the patient to another appropriately qualified regulated health professional when you do not have the training, experience or skills necessary to address the patient's needs. If you are not familiar with the practice requirements for dispensing methadone, refer the patient to a qualified pharmacist until you are knowledgeable and competent to practice in that area.

If you are involved in dispensing methadone, review the guidelines and then examine your practice to ensure that you comply with all federal and provincial requirements.

Methadone Treatment in Alberta: Guidelines for Dispensing Pharmacists may be found on the ACP website (pharmacists.ab.ca) in the *Practice Reference Library* under *ACP Standards and Guidelines*. ■

Forgeries and stolen prescriptions

You may have noticed that we've distributed an ever increasing number of forged and stolen prescription alerts. This fact has also come to the attention of the College of Physicians and Surgeons of Alberta (CPSA) which has reminded its members of their responsibility to reduce prescription drug diversion and forgeries.

According to the June 2007 issue of the CPSA's *Messenger*, over the past eight months physicians advised the college's Triplicate Prescription Program about 25 incidents of lost or stolen triplicate prescription pads. In the same period, more than 50 prescription forgeries were reported to ACP. Most of these cases involved standard prescriptions.

The *Messenger* offers physicians a few suggestions about how to prevent this type of incident from occurring, such as keeping prescription pads out of sight in the office and storing them in a secure place; using a prescription pad with their name and address on it rather than a generic one; limiting the use of verbal prescriptions; and writing prescriptions so they are difficult to alter.

Thanks for keeping us informed of any forgeries you discover! Your diligence has helped to alert other pharmacists about potential abuses of the system. ■

Patient concerns/complaints resolution framework

Do you struggle with resolving patient concerns and complaints? Are you interested in approaching them like other professions do?

The Health Quality Council of Alberta's recently released *Patient Concerns/Complaints Resolution Provincial Framework* may help you.

The framework is intended to provide a common language for health care providers, health professions and policy makers. The goal is to facilitate the development of a consistent approach

to the concerns/complaints resolution process throughout the province and across jurisdictions.

This framework's release follows closely on the release of the provincial framework for *Disclosure of Harm to Patients and Families*. Both of these documents were developed through a collaborative and consultative process involving many health care professions, health authorities and health care organizations.

Receiving complaints is an inevitable part of any business or organization or service. The information you receive through the concerns/complaints process is an important component of a patient feedback mechanism.

Copies of the framework document can be obtained from the HQCA website at www.hqca.ca. ■



Blueprint for pharmacy

The Blueprint for Action for the Pharmacy Profession in Canada is an ambitious, collaborative undertaking to clearly define the pharmacist's role in the health care system of tomorrow.

Bringing together pharmacists' groups across Canada, the Blueprint project will establish a common set of principles and values that will inform the future of pharmacy and will design a process to engage the profession in affecting practice change.

The project is led without ownership by the Canadian Pharmacists Association (CPhA). *The Blueprint for Action for the Pharmacy Profession in Canada* belongs to the profession. Everyone needs to be involved in shaping our future.

In recent years, there has been a growing awareness that the full potential of the pharmacist has not been realized. A strategic action plan is needed to provide direction on the changes that

are essential if the profession is to expand to better meet the needs of Canadians.

The strategic plan or Blueprint will identify several priority action steps to be taken within the five key elements: pharmacy human resources; education and continuing professional development; information and communication technology; financial viability and sustainability; and legislation, regulation and liability.

Building on two consultations in 2006, the newly created Task Force for a Blueprint for Pharmacy has written its first draft of the Blueprint. The task force is chaired by David Hill, executive director of the Canadian Council for Accreditation of Pharmacy Programs.

The task force will undertake further consultation on the Blueprint this spring (see side bar below). The goal will be to engage pharmacists, then external stakeholders, for their opinions on the Blueprint.

Working groups will be created to develop clear implementation plans for the actions identified in the Blueprint under the five key elements listed above. Volunteers will be sought from practising pharmacists.

To stay informed and to follow the progress of this Task Force, visit: www.pharmacists.ca/blueprint. ■

Blueprint consultation begins

Attention all pharmacists, pharmacy technicians and pharmacy students!

We need to hear from you.

Visit the website and complete the 10 to 15 minute online survey and make your voice heard!

You can also view the Blueprint for Pharmacy draft document and email your comments to Marie-Anik Gagné, director, Policy and Research, CPhA, at mgagne@pharmacists.ab.ca. Please respond by **Aug. 15, 2007**.



Assistance coming for you re: Alberta Netcare information collection

Help is on its way for dealing with public concerns about the collection of health information at the pharmacy counter, according to the Alberta Netcare Deployment Team.

You perform a valuable service for the integrity of everyone's electronic health record when you ask customers for information. Alberta Netcare recognizes the importance and challenges of this role, and is putting resources in place to help you.

Patients' concerns appear to fall into several common categories: what is Alberta Netcare, why is it important, and where can I find out about it; why do you need my PHN and other personal information; and do I have to provide this information in order to have my prescription filled.

Around the end of June or beginning of July, Alberta Netcare will provide pharmacists with two documents to help you address these important concerns.

The first is a general information piece about Alberta Netcare, the mandatory reporting of dispensing data initiative, and the processes in place for ensuring the safety, security and integrity of provincial health record data. The second is an over-the-counter document for pharmacy customers which provides basic information and addresses concerns patients may have.

While these documents are in development, Netcare asks you to manage these customer concerns using the following basic messages.

1. Alberta Netcare is an initiative of Alberta Health and Wellness which is creating a unique provincial

electronic health record for Albertans.

The goal of the electronic health record is patient safety and improved health service quality for Albertans. By keeping track of basic personal information, medications, allergies, test results and health conditions, and by making this information available online to health professionals, Alberta Netcare is reducing the risk of patient care errors, making accurate basic information available to care providers much faster, reducing duplication of information collection tasks in patient care, and making the system significantly more effective.

2. The Alberta Netcare system is extremely secure and confidential.

Maintaining the privacy and security of individual records has been a priority of Alberta Netcare from the start. The system has been constructed so that only authorized health professionals can access the records in it, and they can only access the portions of the record that are relevant to the service they provide. Access is tightly controlled by a complex password process. There are multiple layers of security, control and audit. All of these steps ensure that health professionals accessing the records comply fully with Alberta's *Health Information Act*.

3. The personal health number (PHN) is a very important identifier in our health system.

Physicians and other health professionals all use the PHN to uniquely identify patients, and its use is not in question for their direct patient care. (It is not used for insurance purposes.) It performs the same function in a pharmacy – linking a medical service (filling a prescription) to a unique patient. An individual's electronic health record will be missing vital data if drug dispensing information is not

available in the event that individual needs medical care.

4. Pharmacists will fill prescriptions regardless of whether customers provide this information.

However, it is the pharmacist's duty as a responsible health professional to try to ensure that the appropriate patient information is obtained from the patient.

On all other issues and questions, you can also refer customers to Alberta Netcare for more information or clarification.

Website: www.albertanetcare.ca,

General enquiries: (780) 427-5073

Fax line: (780) 415-2289

Email: albertanetcare@gov.ab.ca

Alberta Netcare appreciates and thanks you for the critical role you play in the development of a world-leading, shared electronic health record system in Alberta. ■

From Alberta Netcare



Netcare – Privacy Impact Assessments (PIA) and Organizational Readiness Assessments (ORA)

Pharmacists must complete both a privacy impact assessment (PIA) and an organizational readiness assessment (ORA) prior to accessing laboratory results, prescribing information, or dispensing information through Alberta Netcare Portal 2006. The portal is the current protocol for accessing information with the provincial electronic health record.

Pharmacists and pharmacies are custodians under the *Health Information Act* (HIA). Section 64(1) of

the HIA requires “each custodian to prepare a privacy impact assessment (PIA) that describes how proposed administrative practices and information systems relating to the collection, use, and disclosure of individually identifying health information may affect the privacy of the individual who is subject to the information.”

Section 64(2) requires that “the custodian must submit the PIA to the Office of the Information and Privacy Commissioner for review and comment before implementing any proposed new practice or system described in subsection (1) or any proposed change to existing practices and systems described in subsection (1).”

An ORA is complementary to a PIA, and focuses on the security controls in a pharmacist’s practice that are needed to mitigate risks of accidental or malicious access to databases containing personal health information.

ACP and RxA are working with Netcare’s deployment team to facilitate means to help you complete the ORA and PIA.

Watch for further information from Alberta Netcare. ■

DUE Quarterly update

Council has supported a four-year extension to the mandate of the *DUE Quarterly* Committee, a joint committee of ACP and the Alberta Medical Association (AMA). *DUE Quarterly* focuses on issues related to drug use in the elderly.

The committee conducted a survey of readers and found, as compared to 2002 survey results, that more respondents agreed this resource helped them successfully promote appropriate medication use by seniors, and that it did make a difference in the way they dealt with the elderly.

DUE Quarterly is a long-standing example of how ACP and AMA continue to collaborate on issues important to the appropriate use of drugs. ■



Strengthening the Bond Collaborating for Optimal Patient Care

Tri-profession conference a success!

Over 750 health professionals gathered at the Banff Springs hotel between May 3 and 5, the site of the groundbreaking *Strengthening the Bond: Collaborating for Optimal Patient Care* conference.

Together, pharmacists, physicians, nurses and others explored how to work collaboratively for optimal patient care. With insights and motivation from engaging speakers, discussions with colleagues, and a little time for fun and relaxation, participants reinforced the importance of teamwork and explored what makes teams successful.

An inspiring tone was set for the weekend by Yvonne Camus’ presentation on Thursday evening. Yvonne shared her experiences as a competitor in the Eco-Challenge – the world’s toughest expedition event. As part of a four-person team charged with completing a 500 km. race through the jungles of Borneo, with little sleep or food, Yvonne found out first-hand the importance of working as a team. She encouraged participants to surround themselves with incredible people, plan to be excellent, learn from failures, and visualize success. She was a living demonstration of the power of the human spirit.

Throughout the weekend, a variety of speakers shared their first-hand experience with the power of collaboration. Their presentations highlighted the fact that there are many different understandings of how collaboration works.

One common conclusion reached by presenters, however, was that there are three critical factors that can “make or break” a team’s success:

- effective communication,



Registrar Greg Eberhart gave the opening address at the 2007 tri-profession conference.

- clearly delineated authority and responsibility, and
- agreement on expected outcomes.

Of these three factors, effective communication was seen as key. Some speakers made telling observations about the effects of different training and decision-making styles. Mamta Gautam, the “doctors’ doctor,” noted that physician training encourages independence, competition and quick, authoritative decision making aimed at presenting one “best” solution. This contrasts to nursing and pharmacist training that encourages more collaboration, cooperation and the presentation of several options as a way to come to a conclusion. This difference in training means that even though the three professions may work side by side in a care setting, their thinking and communication styles can be miles apart. Acknowledging these differences is a first step to successful collaboration.

continued on page 10

Bring the conference to you

Even if you didn't make it to the 2007 tri-profession conference, you can still benefit from some of the resources shared there. Here's a sampling you may want to check out:

- **IMPACT site** – www.impactteam.info
The **I**ntegrating family **M**edicine and **P**harmacy to **A**dvance primary **C**are **T**herapeutics study in Ontario placed pharmacists in family practice sites. One of the results of the study was a great pharmacist's tool kit, featuring documentation guidelines and templates. You can access the kit from the *Resources Downloads* section.
- **Canadian Health Services Research Foundation** – www.chsrf.ca
This site offers a wealth of research, tools and information, including the short electronic video documentary (at www.chsrf.ca/research_themes/workplace_e.php) on teamwork in health care that Ivy Oandasan showed in her presentation.
- *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World*, by Tracy Kidder
A thought-provoking portrait of world-renowned infectious disease expert Dr. Paul Farmer follows the efforts of this unconventional Harvard genius to understand the world's great health, economic and social problems and to bring healing to humankind. This book was recommended by Stephen Lewis.



Mark your calendars!

**2008 CONFERENCE
AND ANNUAL GENERAL
MEETING**

May 23 and 24

at the Westin Edmonton Hotel

Watch for details in future newsletters.

Tri-profession conference

continued from page 9

Another factor for successful collaboration was noted by Sister Elizabeth Davies, a "hit" speaker of the weekend. She predicted that until compensation structures are in place to support professional teams, it will be very difficult to truly shift to a collaborative model. Sister Davies also noted the generational differences in communication styles, expectations of the health care system, and cultures, and reflected on the significant roles these factors play in teamwork.

Keynote speaker Rex Murphy picked up on the theme of generational differences. He recalled his mother, and those of her generation, not wanting to "bother" the doctor by going to see him when they were ill. Rex sees health professionals today as "victims of their own success." Because health professionals have created such confidence in the public's eyes, and have worked to be more accessible and approachable, the public's expectations and demands have increased exponentially in a very short time. Now the system is struggling to meet these expectations.

Closing keynote speaker Stephen Lewis brought the weekend to a moving conclusion. He reminded us that health care professionals can make an incredible improvement in people's lives. While he focused on the obstacles health professionals and their patients face in third-world countries, and the amazing work being done in spite of those obstacles, he also remarked on the changes closer to home. He recognized the efforts of those who strive to promote patient-centered, collaborative care and predicted that only by working together will we ever be able to provide the level of health care that optimizes professionals' skills and sufficiently meets patients' needs.

Well before the conference was over, there was talk of another tri-profession event. If you missed this one, make note that you missed a great opportunity to learn among other health professionals.

Watch for news in future newsletters. ■

...from the faculty

It is with profound sadness that the faculty acknowledges the passing of **Dr. John Samuel** on April 17, 2007. He joined the faculty as an assistant professor in 1992. Over the years he established an outstanding research program that received international recognition and made contributions at the leading edge of cancer immunotherapy.

On May 23, immediately following the second sitting of their PEBC exam, the graduating **Class of 2007** was treated to a barbeque, mementos and a chance to de-stress. The annual event is hosted by the Pharmacists Association of Alberta, the Pharmacy Alumni Association and the faculty. The 114 future-pharmacists convoked on June 11.

Pharmacy undergrads with financial need now have access to the newly established **London Drugs 60th Anniversary Bursaries**.

In addition, **The Dispensaries Ltd Endowment** has been created by the owners (past and present) of the pharmacy chain to provide financial support to the undergraduate pharmaceuticals and compounding programs.

The **Dean's Tournament of Golf** on June 7 attracted over 130 golfers. The event was very successful from a fund-raising perspective and as an opportunity for the pharmacy community to interact with the faculty. The top foursome of the serious golfers and recipient of the **Sandoz Trophy** included Shane O'Neill, Jerry Saik, Richard Fong and Jim Bilsky. The winners of the **Espresso Cup** (best ball) were Michael Fedorchuk, Hakam Aggarwal, Merv Ducyk and Dev Aggarwal.

We thank everyone for the support and hope to see you next year, June 3, 2008, again at the Black Hawk golf course

Awards received by faculty members so far in 2007 include the following.

- Dr. Christine Hughes was recognized by the Canadian Society of Hospital Pharmacists' Specialties in Pharmacy Practice Award. Colleagues in this award included her resident Dalyce Zuk and Dr. Michelle Foisy.
- Dr. John Seubert received the AHFMR Scholar Award, a CFI grant and the New Investigator Award from the Heart & Stroke Foundation of Canada.
- Dr. Raimar Loebenberg was the recipient of an Alberta Cancer Board two-year grant for a submission entitled *Inhalable Nanoparticles – A New Non-invasive Way to Treat Lung Cancer*.
- Dr. Afsaneh Lavasanifar received the GlaxoSmithKline/Canadian Society for Pharmaceutical Sciences' Early Career Award.
- Dr. Ayman El-Kadi received a NSERC Discovery five-year grant for research entitled *Effect of Heavy Metals on Aryl Hydrocarbon Receptor-regulated Genes*, in addition to an NSERC Research Tools and Instruments grant.
- Dr. Mavanur Suresh received from CIHR a two-year grant for research entitled *Targeted Dendritic Cell Vaccines for Influenza: Providing a Vaccine to all 33M Canadians*. And, with co-applicants Drs. J. Samuel (deceased) and J Smit (UBC), received a Collaborative Health Research Award jointly funded by CIHR-NSERC entitled *Cancer Therapy Employing the Tumor Suppressing Bacterium *Caulobacter Crescentus**. ■

🎓 **Class of 2007 celebrated!** 🎓

Almost 300 people attended the grad breakfast, hosted by ACP on June 11, 2007 to celebrate the class of 2007.

Health and Wellness Minister Dave Hancock addressed the guests by noting that, as a result of the new legislation, pharmacists can take a place in the health system that's overdue. He added that today's grads set an example for future graduates and remarked that, in his view, a true professional is one who knows when he or she doesn't know.

President Dianne Donnan urged the grads to expect excellence in their colleagues and in themselves. She also offered her favourite quote:

—
*"Come to the edge, he said.
 They said, we are afraid.
 Come to the edge, he said.
 They came.
 He pushed them...and they flew."*

Guillaume Apollinaire

—
 Dianne encouraged the grads to fly.

She then had the privilege of announcing the winners of two major awards: Jessica Hrudehy, recipient of the ACP Gold Medal, and Mike Thompson, recipient of the APSA Past President award.

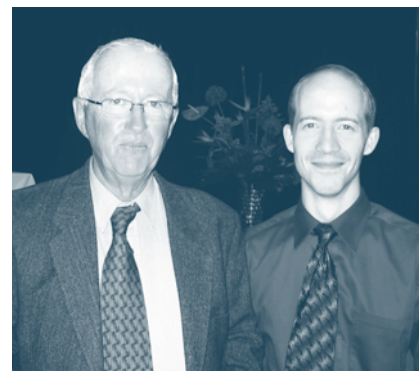
In addition, Stan Mitchell from Claresholm Centre for Mental Health and

Addictions and Sherri Pozerniuk of the Allin Building Pharmacy in Edmonton were recognized as Hospital Preceptor of the Year and Community Preceptor of the Year respectively.

Congratulations to the award winners and the Class of 2007! ■



Jessica Hrudehy, ACP Gold Medal recipient, with President Dianne Donnan.



Stan Mitchell, Claresholm Centre for Mental Health and Addictions, recipient of the Hospital Preceptor of the Year award, with his presenter and 2007 grad, Brian Willox.



Mike Thompson, APSA Past President Award recipient, with President Dianne Donnan.



Sherri Pozerniuk, Allin Building Pharmacy, recipient of the Community Preceptor of the Year award, with Cheryl Cox, professional officer with the UofA's Faculty of Pharmacy and Pharmaceutical Sciences.



**Mark your
calendars!**

REUNION WEEKEND

Sept. 27 to 30, 2007



acp xPress

- May 23** ■ Dean's golf tournament announcement
- May 24** ■ Registration renewal reminder
- May 30** ■ Only 2 days left to register!

acp news

Issued between April 14 and May 31, 2007.

External

- April 13** ■ Did you, or someone you know, obtain a pharmacy degree outside of Canada?
- April 23** ■ Infection control survey response required by April 26
- May 11** ■ Survey invitation to new pharmacy graduates
- May 14** ■ Wanted: pharmacy rep for Health Advisory Council
- May 25** ■ Medication Safety conference accredited for 4.5 CEUs

Operations

- April 25** ■ ACP news release on tobacco reduction strategies
- April 27** ■ Strengthening the Bond conference accreditation update
- May 1** ■ Conference sold out – still room at May 6 Celebration Day

- May 2** ■ New by-laws now on ACP website
- May 23** ■ Council meeting on May 29
- May 25** ■ See award-winning pharmacists on the web

Practice issues

- April 18** ■ Reminder: CEU submission deadline is June 1
- April 19** ■ Renewal packages: But wait... there's more!
- April 23** ■ Posters only included in pharmacy renewal packages
- May 10** ■ New practice framework FAQ section now available online
- May 11** ■ Reminder: pharmacist registrations and CEU submissions due June 1
 - How to complete the insurance declaration on pharmacist renewal form
- May 24** ■ Registration renewal reminder
- May 28** ■ Only 4 days left to register!

Drug information

- April 26** ■ Scheduling status changed for fexofenadine and loperamide
- May 29** ■ Recall of Complete MoisturePlus Multipurpose Solution

See also Health Canada advisories on page 6.



In memory



Isabel Freda Kenny (nee Merrick) passed away on April 21, 2007 at the age of 89.

She was born in Calgary and lived on the Berry Creek near East Coulee, Alberta, moving with her family to Rocky Mountain House during the Depression. In May 1945, she graduated from the UofA as a pharmaceutical chemist. She married Tom Kenny on July 18, 1945 and together they settled in the small village of Bowness, which later became a district of Calgary. They started Bowness Drugs and ran it for many years.

Isabel led an accomplished life and touched many people.

Andrew (Andy) Stanley died on May 9, 2007 at the age of 84 years.

Andy was born in Edmonton and graduated from St. Joseph's High School. He served on a gun battery and in the Medical Unit of the Canadian Army in Esquimalt and Vernon. He graduated from the UofA in 1947 with a diploma in Pharmacy and the gold medal. He owned and operated Dispensaries Ltd. for four decades and practised pharmacy with great dedication and skill.

Andy was known and loved through his wide circle of friends for his kindness, generosity and consideration. Andy's memory will be cherished by his loving family.

