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Welcome to new ACP president



Kaye Moran began her term as president on July 1. Kaye has served as a councillor for District 5 (Calgary) since 2008. Kaye's council experience combined with her work in envelope-pushing pharmacy roles gives her an interesting vantage point from which to view the future of pharmacy.

Kaye graduated from the U of A and completed a hospital residency in 2003. In 2004, she joined the Anticipatory and Preventive Team Care project in Carp, ON near Ottawa, as the clinical pharmacist. This project tested the integration of nurse practitioners and a pharmacist into a primary care practice to focus on chronic illness management. During this time, Kaye also worked as a community pharmacist in Ottawa.

In 2006, Kaye returned to her Alberta roots to work with the Calgary Rural Primary Care Network where she is the Pharmacy Practice Leader. She helps integrate pharmacists into the primary care setting, specifically linking pharmacists with family physicians' offices. Kaye divides her time between clinical pharmacist duties at the Foothills Family Medical Centre in Black Diamond and clinical leadership within the PCN.

In her acceptance address at ACP's annual general meeting on May 24, Kaye observed that, "It has been an honour to serve on ACP council and a privilege to be elected as president. Last year was a wonderful time to celebrate the incredible achievements of the past 100 years of pharmacy practice in Alberta.

"We have a lot to be proud of. We've been trailblazers for our pharmacy colleagues across the country, as well as setting an example for many other health professionals. I believe this coming year will bring reflection on these achievements, in particular the advancements of the last five years, and with this, a focus to further strengthen the solid foundation for our profession.

"Albertans want to see pharmacists embracing the new opportunities that have become available over the last few years. They're looking to their pharmacist to provide the services they've been hearing so much about. The expanded scopes of practice for

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Kelly Boparai, Pharmacy Technician

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Bob Kruchten
Pat Matusko

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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.

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Council discusses competence program, e-prescribing, and inducements

Council met on May 24, in advance of the college’s 12th annual general meeting. The following highlights summarize the key topics that council discussed.

Competence program review beginning

Council discussed feedback received from registrants about ACP’s competence program. The *Health Professions Act* requires the college to administer a competence program to ensure the ongoing competence of its registrants. ACP’s competence program is comprised of two components, each with sub-components:

1. Continuing Professional Development
 - Learning Portfolio
 - self-assessment
 - learning plan
 - learning activities
 - evaluation
2. Competence Assessment
 - on-site assessment (on hold)
 - knowledge assessment
 - professional portfolio

Council supports the need for assessment and understands that there is no single tool that can comprehensively evaluate all competencies of all pharmacists. ACP’s competence assessment portion is modelled after that administered by the College of Pharmacists of British Columbia.

Pharmacists are randomly selected for competence assessment. When selected, they may choose to complete either the professional portfolio or a knowledge assessment (a multiple choice exam) and are provided one year to complete. To date, 92% of registrants selected for assessment have been successful on their first attempt.

As part of ACP’s commitment to ongoing continuous quality improvement, council will review the philosophy and principles which guide the competence program. This review, scheduled for 2012-13, will provide direction for the Competence Committee to enhance and improve the program. This includes ensuring that the program is objective, relevant, evidence-based, and acceptable.

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Welcome to new ACP president

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pharmacists and regulated pharmacy technicians are important steps in our evolution. These aren’t always easy changes to make, but continuing to evolve as a profession will always be important.

“Pharmacists are the best professionals to take responsibility as the coordinator of drug therapy management within our

health system. I can’t think of a better bridge to help bring pharmacists along from the role we have known, to the role we will play into the future. And it is important that more of us embrace this journey.

“I look forward to an exciting year ahead.”



Busting competence assessment myths

ACP will pull my practice permit if I don't pass my competence assessment!

FALSE. Competence assessment is not punitive and is not set up to "take pharmacists' licences away." If you do not meet the established standard on your first attempt, you get two more opportunities. ACP also provides numerous resources to help you succeed.

Being unsuccessful in competence assessment could result in a complaint being lodged with the complaints director.

FALSE. Legislation does not permit the results from a competence assessment to be referred to the complaints director.

–

Get the scoop on competence assessment from the new Fact Sheet on the ACP website under *Practice Resources/Info Sheets & Posters*.

Council highlights continued from page 2

Council appointments made

Council appointed the following people to be its representatives:

- Pharmacy Technician Observer to Council – Robin Burns (expires 2014)
- Competence Committee – Teresa Hennessey
- Hearing Tribunal Pool – Catherine McCann, Sherilyn Houle, Carin Jensen
- Interim Condition / Suspension Committee – Dr. Judy Baker
- Canadian Council on Continuing Education for Pharmacy (CCCEP) – Debbie Lee

E-prescribing pilot approved

Council has approved a policy that all electronic prescriptions must only be transmitted through Netcare. Council also agreed to support an e-prescribing pilot in pharmacies that have system-to-system interfaces with Netcare.

Inducement research received

Council received a privileged report on inducements and loyalty programs. They commissioned the research to further their understanding of these marketing programs. Council will continue to monitor trends and ACP will continue to pursue policies that eliminate inducements and loyalty programs in return for restricted activities provided by pharmacists and pharmacy technicians.

Proposed Pharmacy Practice Management Systems requirements received

Council received a draft document proposing requirements for Pharmacy Practice Management Systems. The document developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) has been circulated to stakeholders for consultation. The document proposes technical, functional, and administrative requirements that are proposed as essential to support pharmacists in providing patient care, e-prescribing, and contributing to electronic health records. NAPRA has proposed that the requirements come into effect two years after final approval.

Pharmacist role research approved

Council approved support for a research proposal being conducted by Dr. Christine Hughes et al. at the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta. The study will examine how pharmacists, pharmacy employers, and other stakeholders including other health professionals, policy makers, administrators, educators and members of the public perceive the pharmacist's role in the changing health care environment in Alberta. In addition, this study will evaluate pharmacists' views and attitudes towards professional development.

This information will be useful in planning professional development opportunities for Alberta pharmacists, as well as provide an opportunity to engage employers and policy makers in the importance of professional development for pharmacists.

New faces at the council table

The college's council year begins on July 1 and five new faces will now be at the table – including the first elected pharmacy technician. Who are the people stepping forward to lead the work of the college and guide pharmacy practice in Alberta?



Brad Willsey
District 1 (Northern Alberta)

“Our profession is facing a dynamic shift in the way we practice pharmacy,” observes Brad. “Pharmacists are taking on expanded roles within the healthcare system and the technical aspects are being taken on by other regulated health professionals. Pharmacists will be expected to spend more of their time on patient assessment, evaluation of pharmacotherapy, ongoing monitoring and follow-up, with less time spent on actual dispensing activities.

“I believe that a new pharmacist care model will allow pharmacists to become even more valued and appreciated within the healthcare system. Albertans’ access to enhanced healthcare services through pharmacies and pharmacist services will become increased through the support of a new model. The college has a critical role to play in supporting a new model of care. To allow pharmacists to excel and exceed expectations, ACP will have to maintain and develop

standards of practice and guidelines that are practical and relevant to the new framework while ensuring the health and safety of Albertans. By setting the appropriate standards, the college can enable pharmacists and pharmacies to achieve new heights of patient satisfaction and provide increased job satisfaction for practising pharmacists.”

Brad is looking forward to contributing his creativity and vision to help guide the college and the profession through these changing times.

As a councillor, Brad will be drawing on almost 21 years of practice in virtually all fields of pharmacy and leadership positions within the profession – including his former terms as ACP councillor and president. He currently owns and practises at two pharmacies in Grande Prairie. His skills, experience, and drive to help pharmacy succeed will definitely be an asset at the council table.



Rick Hackman
District 3 (Edmonton)

Rick brings both the voice of experience and the energy of a passionate pharmacist to his term on council. Rick served on the council of the Alberta Pharmaceutical Association (APhA) as a councillor and as president. He understands how council works, the types of issues that it must face, and how council must work with the political system in Alberta. His role as an owner and pharmacist at a Sherwood Park Shoppers Drug Mart gives him a keen understanding of current issues facing pharmacy.

“As I look back,” reflects Rick, “I realize how important effective representation is to advancing pharmacy practice in an increasingly complex world. As our profession continues to evolve, it will be critical that ACP be positioned to respond effectively to the opportunities and challenges that come its way.

“Specifically, how do we position our profession to best advance the



C. K. (Kamal) S. Dullat District 5 (Calgary)

healthcare of Albertans? How do we best capitalize on the unique expertise of the pharmacist to integrate most effectively within our Alberta healthcare environment?

“It is critical for a council member to understand the system, understand pharmacy practice, and be able to articulate a vision of how pharmacy fits into our healthcare system of the future. I believe my 26 years of pharmacy practice and my experience on the APhA board provide a good perspective for council in making balanced, progressive decisions.”

Kamal has been a pharmacist since 1995. He has done graduate studies in pharmacology and pharmaco-epidemiology in two countries, practised in three provinces, and taught in two. He currently practises as the owner and manager of a Shoppers Drug Mart and as a Pharmacy Officer (Captain) with the Canadian Forces. And now he is bringing all this education and experience to his work as an ACP councillor.

Kamal became a pharmacist because he sees it as the health profession that is most accessible, offers the most opportunities to engage one-to-one with patients, and positively impacts lives. The many opportunities opening to pharmacy now add to his zeal for the profession, and he looks forward to his peers joining him in enthusiastically using this scope to improve patient care.

“It is critical that we participate in and excel at the expanded scope of pharmacy practice as there are numerous doors

opened for our profession to achieve excellence in patient care. As pharmacists earn an expanded scope of practice, it is important for us to fully participate and help set our profession for a bright and successful future.

“Pharmacy is always evolving; it’s never going to stop. Be positive and enjoy the opportunities. Yes, we now have the challenge of how to implement new changes into practice – how to move away from the technical tasks like counting pills and doing clerical work and on to more professional work like chart reviews and pharmaceutical care. But we can figure that out.

“As an elected councillor,” Kamal explains, “my primary objective is to promote the enhanced and expanded scope of practice as well as help pharmacists and pharmacy technicians deliver safe and effective practice aligned with the health care needs of Albertans.”

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New faces at the council table
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Kelly Boparai

Pharmacy Technician

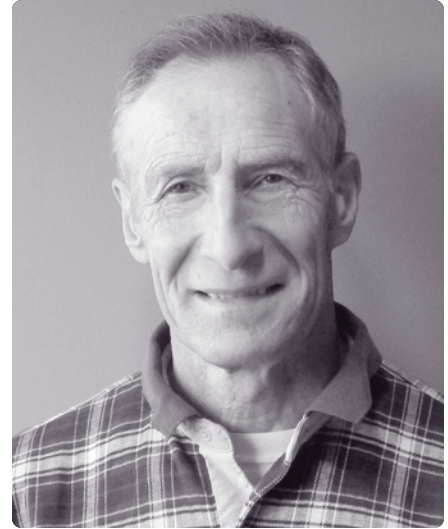
Kelly is ACP's first elected pharmacy technician. She joins Robin Burns, Pharmacy Technician Observer, in ensuring that the perspective of pharmacy technicians is represented on council. "Having just recently completed all of the requirements to become an RPT, I am very excited to further my new-found knowledge and apply it to help make new advances in my profession as well as to help protect the well-being of the public," explains Kelly. "I look forward to helping to shape the future of pharmacy practice and patient care.

"Over the course of the last 16 years, I have seen the vast changes and shortcomings of our profession. I want to be actively involved with the further advancements within our field and want to help nurture our profession to the highest extent possible and see even greater advancements.

"My desire to be on ACP council is not only because of the introduction of pharmacy technicians in their new and

pivotal role but because of my desire to be a part of an organization that is so crucial to the development and growth of our profession as well as helping the general public that entrusts us with their well-being."

In her work as a pharmacy technician with Canada Safeway, Kelly has honed excellent listening and communication skills and can relay information with great ease and precision. She is also very organized, task oriented, and does not shy away from issues that need to be addressed. Add to that her warm, approachable personality and she is set to be a dynamic force on council.



Bob Kruchten

Public Member

ACP's mandate is to protect the health and well-being of the public, so it is critical to have the public voice included in decision making. Public members make up 25 percent of voting members on ACP's council; each is appointed by the Minister of Health. Bob joins other public members Vi Becker and Pat Matusko.

In addition to bringing a public perspective, Bob comes with years of executive experience. He holds a Master of Education (Administration) and is a retired high school principal who was a professional educator for 35 years. He has also served as chair or director for many professional organizations.

"I work hard at consensus building and understand the role of governance and policy making," says Bob. "I enjoy working with boards and feel I can contribute to their development and goals."

In 2010, Bob received the City of Red Deer Mayor's Award for being one of eight volunteers of the year.



Meet your new council executive

At their meeting on May 24, ACP council elected the executive committee for the 2012-13 council year. On July 1, the following councillors assumed their new roles.



President:
Kaye Andrews (District 5)



President Elect:
Kelly Olstad (District 4)



Vice President:
Krystal Wymnyk (District 3)



Past President:
Anjali Acharya (ex-officio)

Profiles and contact information for all council members are at [About ACP/Council/Current Council](#) on the ACP website.

Pharmacy services framework – everything old is new again



On July 1, a new pharmacy services framework came into effect in Alberta.

The services themselves are not new. The new pharmacy services framework is based on services that many pharmacists are already providing; it is just that the value of these services is now being recognized through public funding. The framework acknowledges pharmacy's shift in focus from the dispensing of drugs to the care needed by patients. We appreciate the government's acknowledgement of the value of patient care services provided by pharmacists.

Included within the Pharmacy Services Framework are the:

- Comprehensive Annual Care Plan,
- Standard Medication Management Assessment,

- Administration of Drugs by Injection,
- Adaption of a Prescription,
- Patient Assessment for Prescribing in an Emergency,
- Patient Assessment for Initiating Medication Therapy or Managing Ongoing Therapy, and
- Patient Assessment for Prescription Renewal.

Note: There are no changes to the scope of practice or Standards of Practice as a result of the new services framework.

Understanding ACP's role in the new framework

ACP is responsible for ensuring excellent pharmacy practice that protects the health and well-being of Albertans. Therefore, our focus is on

ensuring that pharmacists and pharmacy technicians meet and/or exceed the standards and adhere to the Code of Ethics as they practice in this new framework.

Who else is involved?

The Alberta Pharmacists' Association (RxA) and representatives from community pharmacy make up the transition team that is leading the development of the framework and has been working with Alberta Health on it since 2009. Alberta Health and Alberta Blue Cross are providing the details on reimbursement and billing procedures.

Answers to frequently asked questions

We know that your patients and health care colleagues have questions about the July 1 changes. Here are some key points to help them understand what is happening.

What is most important to remember is this –

Pharmacy care always has been and will continue to be guided by four basic tenets:

1. Put patient needs first
2. Make informed decisions
3. Use resources responsibly
4. Collaborate and communicate



Patient needs come first

Patient needs are foremost in pharmacy practice at all times. To help each patient achieve their health goals, pharmacists must ensure the appropriateness of and provide the necessary support for drug therapy.

Pharmacists will continue to work closely with patients and their health care teams so all team members can make informed decisions that result in the best care for patients.



Pharmacists are qualified to offer all of these services

Pharmacists are regulated health professionals. They have five years of university education about drugs and drug therapy. It is (and always has been) their job to ensure every patient's drug therapy is appropriate and safe.

Pharmacists' knowledge, combined with their access to patients' medication and health history, put them in the best position to identify potential drug problems and ensure treatment is safe, effective, and appropriate.



Pharmacists will continue to work with other health professionals

Making sure patients get the RIGHT drug, not just A drug, takes communication between the patient's pharmacist, their doctor, and their other

caregivers. This new framework in no way means that patients do not have to see their doctors.

Pharmacists will continue to work closely with patients and their health care teams, including physicians, so that team members are appropriately informed about decisions made by pharmacists. Inversely, it is important that pharmacists are informed by other health team members about decisions that affect the drug therapy patients require.



Potential conflict of interest is addressed through the standards and Code of Ethics

Any health professional who recommends a service, and who is paid for providing the service, may have a potential conflict of interest. To mitigate this potential for pharmacists:

- ACP's standards of practice address the separation of prescribing and dispensing.
- The Code of Ethics requires that pharmacists act in the best interest of and for the well-being of the patient, not in the best interest of the pharmacist.

5 tips and 5 questions to make the new pharmacy services framework work for pharmacists and patients

Do you want to take advantage of the opportunities presented by the new pharmacy services framework, but don't really know where to begin? Here are a few tips and ACP resources to get you started.



Be innovative

Re-engineer information and workflow patterns to optimize the use of human resources and minimize redundancy.

Resources¹

- The Systems Approach to Quality Assurance – look particularly to the online presentation *Application of Systems Analysis Beyond Drug Incidents*
- Ask your ACP Pharmacy Practice Consultant about LEAN workflow management



Be accessible

Success depends on pharmacists engaging with patients to both assess and understand their needs and to support them with interventions to resolve them.

Resources

- Chat, Check and Chart
- Standard 8 – outlines requirements for pharmacist-patient dialogues²



Be patient-centered

Assess your patients' needs, understand their health, and identify drug related problems; determine solutions and act upon them.

Resources

- Code of Ethics Principle 1: Hold the well-being of each patient to be your primary consideration
- Standards of Practice
 - Standard 2 - establish and maintain professional relationships with patients
 - Standard 3 – considering appropriate information
 - Standard 12.5 – duty to determine whether it is appropriate to adapt a prescription (refers to Standard 3)
 - Standard 13.3 – when prescribing in an emergency
 - Standard 14.3 – when exercising additional prescribing privileges
 - Documentation – Appendix A
 - patient demographics
 - drug profile
 - record of care



1 Unless otherwise noted, all resources are available on the ACP website.

2 All Standard references are from the *Standards of Practice for Pharmacists and Pharmacy Technicians*



Questions to ponder

As you are planning how to incorporate the new framework into your practice, consider the following questions:

- 1** What learning do I require to be successful within the new service model?
- 2** Do I have a plan, including short-, medium- and long-term priorities, to incrementally build success through the new practice model?
- 3** How can I provide leadership within my team so we are all successful within the new service model?
- 4** What changes are required within my work environment to optimize my accessibility to my patients?
- 5** How can I inform other health team members that I work with about the new service model and the opportunities that it presents?

Your answers will help you map the priorities, milestones, and goals for your plan.



Be relevant

Exercise reasonable judgment in an informed manner, and respond to the needs of your patients.

Resources

- Code of Ethics Principle 10: Act with honesty and integrity
- Standards 11 and 12 outline the fundamentals of prescribing
- *Transition Times*, Winter 2010, contains tips to help you transition from dispensing to a more patient-focused practice



Be team oriented

Intraprofessional collaboration is as important as interprofessional collaboration. Help both your pharmacy team and your colleagues in other health professions know how your practice will be changing, how you want to work together, and how these changes will benefit patients.

Resources

- *Transition Times*, Winter 2008 – The communications issue
- Holland and Nimmo “Transitions in Pharmacy Practice” series - Five papers outlining a systematic approach to implementing change in pharmacist practices. These will help you understand how you, your team members, and colleagues react to change and provide tips to help you champion new practices
- Code of Ethics Principle 7: Use health resources responsibly

Changes coming to additional prescribing authorization process

ACP opened the application process for additional prescribing authorization in 2008. At the same time, a plan to review the process was formulated. We have just completed that review. The review examined the current application and assessment processes, feedback from stakeholders and assessors, and insights to pharmacist engagement in prescribing. Results were positive and just a few minor changes are being introduced to streamline the process.

What is staying the same?

Criterion-based peer assessment – Feedback from stakeholders, and analysis of the process and the results, supports continued use of a criterion-based peer assessment of applications based on the framework of key activities, each of which is grounded in the standards of practice.

Requirement for 3 care plans – Applicants must submit care plans as evidence of the care they have provided to three patients within the past two years. Assessors agree that this establishes a reliable framework by which to rate an applicant's readiness to initiate or manage ongoing drug therapy; psychometric evaluation of the process confirms validity and reliability; and pharmacists who have completed the process indicate that, although it is challenging, it has positive outcomes.

The application fee – The application fee has not changed since 2008 and does not cover the costs of assessing the application. However, council chose not to increase the fee so as to not deter pharmacists from applying. Council will continue to assess the fee annually.

What is changing?

Identification of areas of practice for prescribing and relevance of education eliminated – The practice areas and education and training fields will be removed from the evaluation, and preparedness (i.e., assessment and knowledge) will be demonstrated through alternative indicators identified within the application form and care plans.

Requirement for 2 years of direct patient care experience reduced to one – Applicants must have a minimum of one year of direct patient care or equivalent, before they will be granted additional prescribing authorization.

Requirement to submit 2 letters of collaboration eliminated – Instead, collaboration will be added as be a key activity or an indicator for the purposes of assessing care plans.

Key activity indicators are being reviewed – The current key activities and indicators provide a valid, reliable and

acceptable method of assessing care plans; however, assessors have identified that there is room for improvement.

Assessment process is being streamlined – Each application will be assessed by two peer assessors trained in criterion based assessment, rather than three as is the case now.

When do the changes come into effect?

Work has already begun on all proposed changes and is planned to be completed early this fall. In the meantime, pharmacists are encouraged to continue building and submitting their applications using the current process. ACP will continue to accept applications using the current system for a time after the changes come into effect, so any efforts you put in now will not be wasted.



How effective is the quality assurance training in your pharmacy?

When a drug error occurs, licensees must make changes or take preventative measures promptly in response to it.³ Pharmacy teams need to identify ways to deal with the underlying factors they have uncovered in the reporting and management of a drug incident. But how can you prevent drug errors and other incidents that compromise patient safety from occurring in the first place?

Use incident analysis.

ACP's guide, *The Systems Approach to Quality Assurance*, outlines a step-by-step process you can follow to identify and mitigate potential error-causing situations.

Which interventions are most effective?

Education, training, or policy development used alone do not change the underlying conditions that lead to error and are unlikely to be effective over the long term. The following *hierarchy of effectiveness* illustrates the importance of considering alternative strategies.

Hierarchy of effectiveness



High leverage - most effective

1. Forcing functions and constraints
2. Automation/computerization

Medium leverage

3. Simplification/standardization
4. Reminders, checklists, double checks

Low leverage - least effective

5. Rules and policies
6. Education and information

Actions should:

- target the identified underlying problems
- offer a long-term solution to the problem
- have a greater positive than negative impact on other processes, resources and schedules
- be objective and measurable
- be achievable and reasonable

The strongest interventions are those that involve structural changes or “forcing functions.” In a community pharmacy, this might mean rearranging the dispensary to improve workflow.

Read pages 3 and 17-18 of *The Systems Approach to Quality Assurance for Community Pharmacies* to find out more about why some interventions are more effective than others.

When discussing potential actions, encourage the team to consider innovative ideas; just because things have always been done in a particular way doesn't mean that is the only way the work can be accomplished.

Educate your team about the hierarchy of effectiveness and encourage them to consider a wide range of possibilities and then recommend the most effective solution that is reasonable and/or possible given the circumstances.

How do you measure success?

At the conclusion of an incident analysis, your team should summarize all the actions they consider reasonable to correct the underlying problems related to the incident and provide the summary to the owner/manager and other senior leaders who may not have been involved in the analysis.



The manager and senior leaders can then decide how to implement the recommendations and allocate resources.

For best success, assign one or two individuals to implement the actions and establish a time frame for completion.

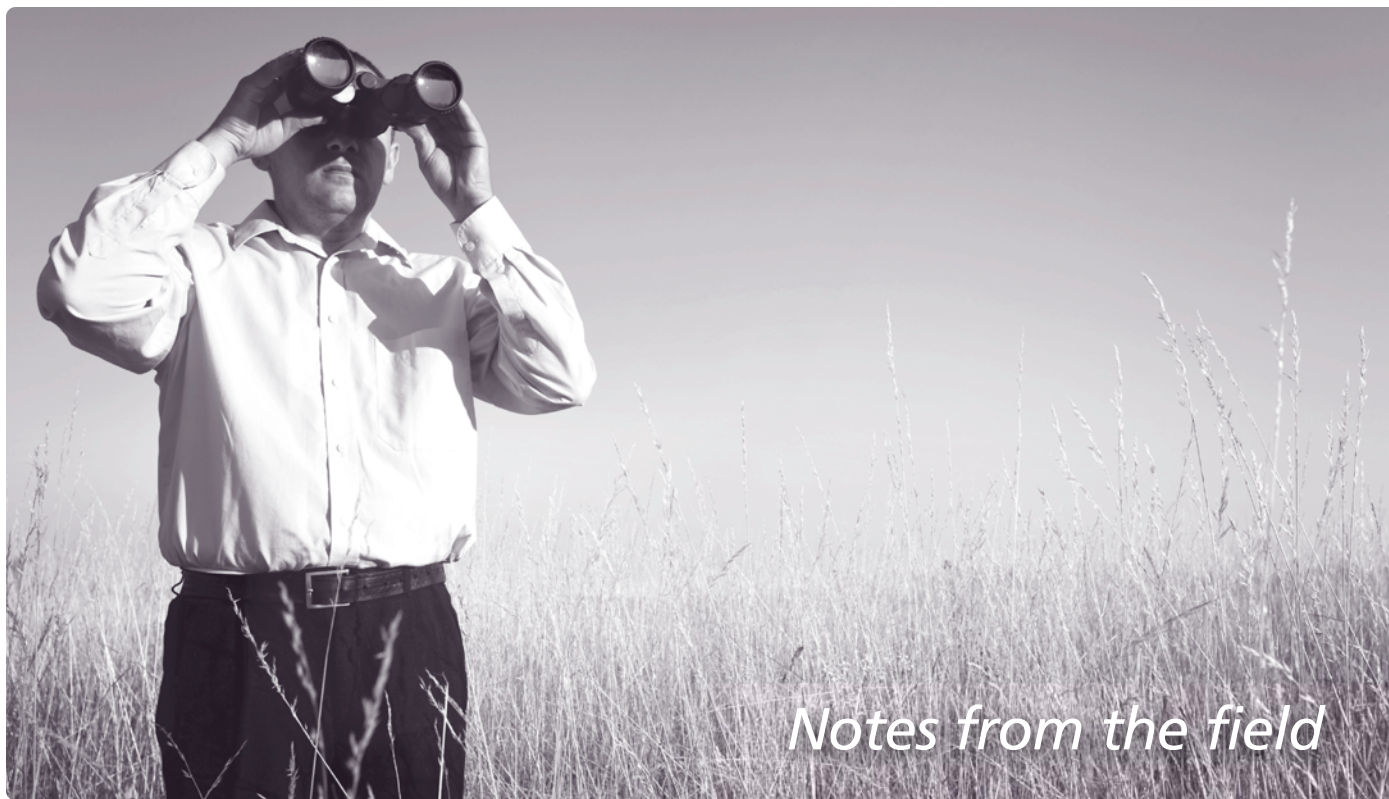
Resources:

The Systems Approach to Quality Assurance for Community Pharmacies and the *Incident Analysis Process Summary and Quick Reference Guide* – available for download under *Practice Resources/Practice references* on the ACP website or in hard copy from ACP.

Is your pharmacy team patient safety SMART? (An introduction to incident analysis) – a ϕ news, Nov/Dec 2011

3 steps to streamlining your QA program – The Link, Jan. 24, 2012

³ Standards for the Operation of Licensed Pharmacies 6.7



Notes from the field

Licenses... You're responsible for this

In a recent Pharmacy Board of Newfoundland and Labrador decision, a pharmacy manager had his licence suspended for failing to properly supervise another pharmacist.

A recent Provincial Court of Alberta decision concluded that a pharmacy staff member diverted a large quantity of OxyContin from his pharmacy, resulting in the staff member's eventual multi-year conviction. The pharmacy staff member had provided false information to the licensee when applying and, once employed, used his knowledge of the pharmacy's inventory system to falsify records and divert OxyContin.

In both cases, the actions and inactions of pharmacy licensees led to the public being placed at risk.

Both incidents highlight the need for pharmacy licensees to be diligent in consistently and thoroughly carrying out their duties.

A pharmacy licensee is the person who is most directly responsible and accountable for the operations of the pharmacy. This responsibility often extends to the actions, or inactions, of the pharmacy's staff.

Licenses should pay particular attention to the following three areas.

1. Hiring pharmacy staff

Pharmacy licensees must be diligent with the hiring of any staff member in the pharmacy. In addition to their contributions to pharmacy care, pharmacy staff members have access to narcotics and controlled substances. The public expects that drugs, in particular narcotics and controlled substances, are properly secured and controlled within the pharmacy. This control starts by having only trusted, reliable, honest individuals hired to work in pharmacies.

View the potential hire's practice permit

When hiring a regulated individual (pharmacist, pharmacy technician, pharmacist intern, provisional pharmacy technician) licensees must ensure the regulated individual has the appropriate registration.

Even for non-regulated pharmacy staff applicants, complete rigorous prior checks before hiring. Require a resume, contact past work references and for staff having access to drugs consider the requirement for a criminal records check (CRC). CRC's are fast becoming a standard employment requirement for individuals working with narcotics and controlled substances.

The potential consequences in not making reasonable checks before hiring pharmacy staff may result in situations where narcotics and controlled substances are diverted and the public is put at risk.

2. Ensure proper control processes

Licensees must ensure that they have proper record keeping and security processes for narcotics and controlled substances in place at their pharmacy.

3. Provide consistent oversight and supervision

Licensees must not only ensure that established processes are being followed; licensees must also ensure all pharmacy staff are properly supervised.

Licensee support

If you are a licensee who has questions about your role, or would like support in your practice, please contact Jen Shuman, Professional Practice Administrator (jennifer.shuman@pharmacists.ab.ca, 780-990-0321 or 877-227-3838).

Security and record keeping measures for narcotics and controlled substances

- Implement and maintain a perpetual inventory for narcotics and controlled substances.
- Conduct routine and random narcotic and controlled substance audits and ensure that all identified discrepancies are investigated and resolved.
- After dispensing narcotics and controlled substances, have pharmacy staff back-count and verify the remaining pharmacy stock against the narcotic's recorded perpetual inventory.
- Have pharmacist staff perform the final check on prescriptions for narcotics and controlled substances filled from log or filled as a part-fill review and consider the time elapsed since the prescription was logged or last filled. Most legitimate prescriptions for narcotics and controlled substances are not kept on hold for extended periods, nor are intervals normally exceeded between part-fills.
- Eliminate clutter in the dispensary. A disorganized dispensary creates an environment in which diversion is more likely to occur and remain undetected.
- Diligently review on-hand pharmacy narcotic and controlled substance inventory needs and endeavour to keep smaller amounts of narcotics and controlled

substances in stock. Maintaining smaller quantities on hand will allow the licensee and pharmacy staff to more rapidly identify trends regarding increases in narcotics being received and/or being dispensed.

In addition, more periodic narcotic and controlled substance orders resulting from lower on-hand stock levels will result in a greater opportunity for more staff members to be involved in narcotic security and therefore reduce the likelihood of any narcotic diversion by an individual.

- Be vigilant in identifying increases in narcotic and controlled substance receipt volumes. When increases are noted, these receipts should be verified against prescriptions and/or with patients and/or physician records to ensure that no diversion is occurring.
- Use inventory trending software functionalities that alert the pharmacy licensee to changes in narcotic and controlled substance ordering and receiving patterns.
- Employ pharmacy software to prevent pharmacy staff from modifying previously entered narcotic and controlled substance prescriptions or processing narcotic and controlled substance prescriptions independently (i.e., without another pharmacy staff



member checking) and overriding those transactions or without the licensee being made aware.

- Implement and review a prescription transaction audit list that identifies narcotic and controlled substance prescriptions which have been modified.
- Use prescription hardcopy scanning technology as part of your pharmacy dispensing software. This technology will allow pharmacy staff checking prescriptions filled from hold or checking refills/part-fills the ability to readily review the original prescription to confirm currency, authenticity and appropriateness.
- Remind pharmacy staff about the importance of protecting their individual identifying security tools such as passwords and bar-coded scan cards.



Systems Approach to Quality Assurance – survey says...

In November 2011, ACP introduced *The Systems Approach to Quality Assurance for Community Pharmacies*. This program – a combination of handbooks, forms, and online presentations – is designed to help pharmacy teams reduce recurrence of drug incidents and become competent patient safety advocates.

It has been available for six months now. How’s it working? We sent a survey request to all licensees who had been introduced to the program by their ACP Professional Practice Consultant.

From the 80 invitations sent, we received 29 responses. While not statistically significant, the results do reveal strong indicators of what teams are finding useful and helpful. The overall response to the program is very positive, and the drug incident and quarterly review reports are proving popular.

To the right is a snapshot of the responses.

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You can find all the *Systems Approach* materials on the ACP website under *Practice Resources/ Practice references*. ACP will continue to evaluate them through formal process, but, as with all ACP materials and programs, we encourage you to provide your input and ideas at any time.

Your feedback will help us develop our next module which will focus on preventing drug incidents.

If you have feedback or questions about *The Systems Approach to Quality Assurance for Community Pharmacies*, please contact:

Jennifer Shuman,
Professional Practice Administrator
jennifer.shuman@pharmacists.ab.ca
780-990-0321 / 1-877-227-3838

Has a formal quality assurance and incident analysis process to address drug incidents been implemented in your practice setting in the last two years?

Yes	64.0%
No	36.0%

If yes, how many incidents have been formally reviewed?

None	13.3%
1-5 incidents	33.3%
6-10 incidents	6.7%
More than 10 incidents	13.3%
Incidents have been reviewed, but I don’t know how many	33.3%

Are you aware of the ACP Systems Approach to Quality Assurance for Community Pharmacies program?

Yes	68.2%
No	31.8%

Which components of the Systems Approach program have you reviewed?

Online learning program	50.0%
Workbooks	21.4%
Drug incident report	85.7%
Quarterly review report	64.3%

If the Systems Approach program has been implemented at your practice site, which components of the program are in use? (select all that apply)

Online learning program	0.0%
Workbooks	0.0%
Drug incident report	69.2%
Quarterly review report	23.1%
None	23.1%



Collecting patient information – how much is enough?

Concerned patients have asked ACP why pharmacists are asking the same questions at each encounter, and why they repeatedly are required to provide information that should already be on their record.

Standardized forms and tools can be valuable for collecting information from patients about their health status for the purpose of assessment. However, relevant information should be recorded on the pharmacy's patient care record and referenced for future

encounters. This record should provide a history to support the continuing care of patients.

Adapting patient assessment tools to only collect new information or information that may have changed since the patient's last visit to the pharmacy that is relevant to the current visit is a good practice that is respectful of both the patients' and pharmacy staff's time and needs.

Podiatrists prescribing changes July 2

Effective July 2, all Alberta podiatrists were granted the authority to prescribe all Schedule 1 drugs. Podiatrists are not yet authorized to prescribe narcotics or controlled substances, although that is expected to change soon. You can find a listing of podiatrists on the ACP website under *Prescriber Lists*.



APEX winner videos and profiles on ACP website

Video clips and full profiles of the 2012 APEX Award winners are now on the ACP website. The clips are each about three minutes long. Take a few moments and go to *About ACP/APEX Awards* to be inspired!





In memory...

Gwen Young died on May 11, 2012, at the age of 58. Gwen received her BScPharm from the University of British Columbia in 1965. She practised in communities throughout Canada, most recently in Bassano, AB.



Technicians – save the date

PTSA's 22nd Annual Alberta Pharmacy Technician Conference

"Pathways to Professionalism"

Sept. 21 and 22, 2012
Hotel Blackfoot, Calgary, AB

Room reservations:
www.blackfootinn.com

For all other details, please go to the PTSA webpage at www.pharmacytechnicians.ab.ca.

Innovative pharmacy education recognized with prestigious award

The ADAPT program for pharmacists was honoured with a 2012 Award for Program Excellence from the Canadian Association of University Continuing Education (CAUCE). ADAPT is a ground-breaking skills development course that helps pharmacists embrace enhanced roles in medication management and collaborative care, and ultimately better care for their patients. It combines interactive online learning, supportive moderators and plenty of peer interaction.

The knowledge and skills that pharmacists gain through ADAPT apply to any setting where pharmacists care directly for patients, according to Cathy Lyder, Coordinator of Professional and Membership Affairs at CSHP. "Hospitals, clinics, community pharmacies and home care," she explains. "Because ADAPT draws pharmacists from so



many different environments, it helps them learn from each other, not just from their instruction materials. And that is good for their patients."

You can find program and registration information on the Canadian Pharmacists Association website: www.pharmacists.ca.

What happens on Netcare, stays on Netcare

This spring, two stories of health professionals improperly using Netcare to access and share patient information made the headlines in Alberta. Both stories highlighted the need for health professionals to treat patient information responsibly.

In an open letter published by Alberta Netcare, users are reminded that misuse not only results in sanctions and fines for the individual, but jeopardizes the public's trust and their support of this valuable practice tool for all professions.

Remember when using Netcare:

- Only access it with your own user name, password, and/or fob and do not share your credentials.
- Only access it for individuals with whom you have a professional care relationship.
- Only access the least amount of information required to make a care decision.

You can read the full letter on the Alberta Netcare site: www.albertanetcare.ca/Open_Letter_re_Netcare_Security_and_Privacy.pdf

Disciplinary report summary

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

Case 1:

A hearing tribunal made findings of unprofessional conduct and professional misconduct against Colin Porozni when the following allegations were proven to be true. Mr. Porozni:

- a. dispensed 13 medications on a bi-weekly basis and various testing supplies to an individual for almost a year even though he was aware that all of this individual's medications were also being dispensed by another institution;
 - b. admitted to the concerns surrounding his, and his pharmacy's, inappropriate dispensing and billing and initiated steps to reverse the applicable claims and correct the individual's records;
 - c. did not completely reverse all the claims (and thus the pharmacy records) for the medications dispensed at his pharmacy for this individual;
 - d. likely breached his pharmacy's third party agreement with Alberta Blue Cross;
 - e. continued to dispense, claim and "stockpile" medications for the individual that were no longer current or appropriate;
 - f. created inappropriate and non-current records that had the potential to result in patient harm to the individual should a third party health care provider have had to rely upon the PIN information;
 - g. failed to meet the standards of practice required of a pharmacist and a pharmacy licensee;
 - h. failed to meet his ethical obligations to act with honesty and integrity; and
 - i. engaged in actions that had the potential to place the patient at risk.
- The hearing tribunal ordered that Mr. Porozni:
1. Receive a reprimand that will remain on his registration record permanently.
 2. Pay a fine of \$5,000.
 3. Pay all of the expenses of the investigation and hearing of this matter [\$10,554.78].
 4. Prove to the complaints director within 100 days of receiving the hearing tribunal's decision that he has reimbursed Alberta Blue Cross for all claims submitted for the individual between Oct. 14, 2010 and Sept. 7, 2011, with the exception of the prescriptions for topical medication.
 5. Confirm to the complaints director within 100 days of receiving the decision that he has taken appropriate steps to modify his pharmacy practice to protect the security of patient records and pharmacy access by non-pharmacy staff.
 6. Have his registration as a pharmacy licensee suspended for 100 days, with the period of suspension to commence on a date agreed to by the complaints director and Mr. Porozni.
 7. Provide a copy of this decision to the new pharmacy licensee at St. Paul Value Drug Mart. He must also provide proof to the complaints director that the new licensee has read this decision within 10 days of the licensee taking over the pharmacy.
 8. Prove to the complaints director within 100 days of receiving the decision that he has successfully challenged the ACP jurisprudence exam.
 9. Provide a copy of this decision to any future pharmacy employers within one year of receipt of this decision. He must also provide proof to the complaints director that the new employer has read this decision within 10 days of Mr. Porozni obtaining new employment.



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

Fast Facts: Adapting a prescription



Are there quantity or time restrictions pharmacists must abide by when adapting to extend therapy?

No. Neither the regulations nor the standards specify limits.

One of the main goals of pharmacist adapting is to improve continuity of treatment for patients and reduce stress on the health system. If your assessment

indicates that there is no need for any changes to a patient's treatment regime, it is appropriate to provide a quantity of medication that is at least equivalent to the amount previously received (i.e., if they typically receive a 90-day fill, provide the same).

When providing the medication, remind the patient that they must see their original prescriber before the next fill will be needed and ensure that the patient's care is managed during the period for which you have provided the medication.

If a pharmacist just makes a minor change to a prescription, it can still be under the physician's signature, right?

Wrong. If you adapt the prescription, you must sign your name as the prescriber

and fulfill all the requirements of prescribing. Take responsibility for this prescription by signing your name.

What documentation must pharmacists complete when they adapt?

When adapting a prescription, the pharmacist must:

- reduce their prescription to writing,
- include a reference to the original prescription,
- retain a copy of both prescriptions,
- sign and enter the prescription with the pharmacist as the prescriber, and
- notify the original prescriber.

Refer to Standard 12 of the *Standards of Practice for Pharmacists and Pharmacy Technicians* for full details.

Test your adapting skills

ACP receives inquiries about pharmacist prescribing, particularly their role in adapting prescriptions. ACP will publish select inquiries in an anonymous form through The Link and *acpnews*, inviting registrant discussion about what their prescribing decision might have been in the cases shared.

What would you do?

A 50-year-old male seeks a refill on a prescription for betamethasone ointment to treat his eczema. The patient is otherwise healthy and fit, with no complicating factors. He has a history of eczema that is reflected on the medication profile in the pharmacy, as he has been a long-term patient. The original prescription was written 22 months ago, but has two refills remaining. The man's physician is not available for two weeks.

If this patient came to you, what would you do? Describe considerations that you would make in assessing this situation. How would you ensure that the patient's health needs were met and what would impact your decision?

Please send your thoughts to karen.mills@pharmacists.ab.ca.