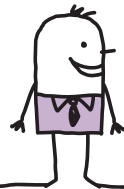


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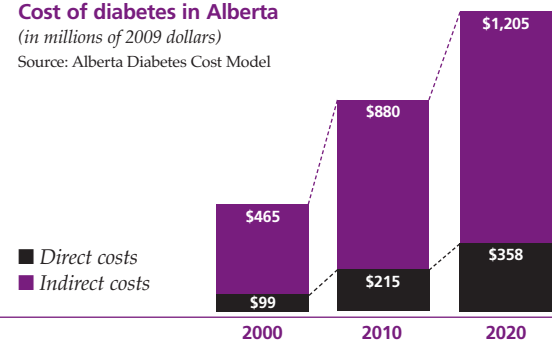
Expanding your practice: Tips and tools

November is Diabetes Awareness Month. In recognition of that, we're using diabetes as the example to walk you through how you might expand your competencies and your patient care. **BONUS...** All the processes and ACP resources will work for any disease state or new patient care offering you consider.

- ▶ Every ten seconds, two people are diagnosed with diabetes somewhere in this world.
- ▶ Nationwide, diabetes rates have almost doubled over the past decade.
- ▶ In Alberta, there are more than 1,600 new cases per month, or 53 per day. Age-adjusted mortality rates were twice as high in the diabetes population compared to their non-diabetic counterparts between 1995 and 2009.¹

▶ The economic burden of diabetes in Alberta is estimated to be \$1.1 billion in 2010 (measured in 2009 dollars). This cost is expected to increase by 43 per cent over the next decade to \$1.6 billion by 2020.

Cost of diabetes in Alberta
(in millions of 2009 dollars)
Source: Alberta Diabetes Cost Model



Given the current trend, more people will have diabetes in 2025 than the current populations of the United States, Canada and Australia combined.²

Have you been looking for areas where you could better serve patients, really apply your skills, and take advantage of the expanding scope of services available to Alberta pharmacists and technicians? Diabetes care is a perfect starting place.

1 Diabetes Trends in Alberta, Alberta Diabetes Surveillance System. Volume 5, Issue 1 February 2011
www.albertadiabetes.ca/documents/Newsletter_Feb2011.pdf

2 United for Diabetes Campaign: Key Messages. Brussels, Belgium: International Diabetes Federation; 2007.

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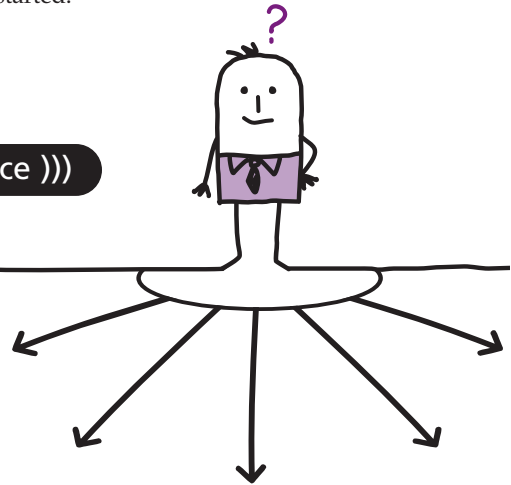
Expanding your practice *continued from page 5*

Pharmacists are generally the most accessible health care providers. On average, patients with diabetes see their pharmacist seven times more often than they see other primary care providers.³ This increased patient contact – combined with pharmacists’ medication knowledge, therapeutic experience, and ability to effectively deliver patient education – has positioned pharmacists to assume a major role in providing optimal diabetes management.

So, what are we waiting for? Let’s get started!

(((Expanding your practice)))

Getting started



You’ve decided you want to expand your care for diabetics. You start thinking about the diabetic patients you already have and your patients who are at risk for diabetes, and the questions start to come fast and furious.

- How can I assess patients thoroughly, but quickly, so that I can identify those at risk and help them?
- Are my skills up to snuff?
- What are some good CE courses I can take to get the most up-to-date information?
- Would having any authorizations or certifications help my patients and me?
- How can I shift my workload so I have enough time for thorough counseling and follow up?

What now?

You need a plan: your continuing professional development plan.

Log into your registrant profile on the ACP homepage and dive in. The online CPD system is much more than simply a place to log your continuing

education credits. It takes you through the whole continuing professional development cycle:

1. performing a self-assessment,
2. creating a learning plan,
3. learning, and
4. evaluating the entire process.

So, to figure out your starting point with diabetic patients, you’ll need to start by assessing what skills and knowledge you already have, and what you might need to brush up on.

If we look at the questions that popped into your mind, it looks like you might want to assess your skills in assessment, sterile product preparation, communication, documentation, and follow up.

All of these topics are covered in the *Competency Profile for Alberta Pharmacists*. This profile details 66 competency topics across six practice areas: pharmacy practice, communication skills, safety, operational and business management, professionalism, and foundational knowledge and skills.

Let’s look at assessment in more detail.

³ Wubben DP, Vivian EM. Effects of pharmacist outpatient interventions of adults with diabetes mellitus: a systematic review. *Pharmacotherapy*. 2008;28(4):421-436.

What do you already know?

The initial evaluation of a patient at high risk for diabetes is used to classify the patient's blood glucose status, detect complications, and direct the focus of the treatment plan.

Components of the evaluation include medical history, physical exam, laboratory evaluation, and lifestyle assessment.⁴ Providers must assess the history and progression of symptoms, the progression of complications, previous and current treatment strategies, and the risks for further disease progression. Pertinent baseline lab tests include A1C, fasting lipid profile, liver function tests, serum creatinine, thyroid-stimulating hormone, and urinalysis. Referrals to clinical specialists may be required for further evaluation.⁴

You've got a lot of information-gathering goals and limited time. How can you be sure you get the most information during your assessment in the least amount of time?

While you've learned a few tricks of the trade (e.g., ask open ended questions, start questions with "Is there a reason..." rather than "Why do you..." to avoid making people defensive), you know improving your assessment skills will be important to your success in diabetes care.

To determine what learning will benefit you and your patients most, start by taking an inventory of the knowledge and skills you already have and then identify the gaps. An easy way to do that is to compare your competencies with those listed in the *Competency Profile for Alberta Pharmacists*.

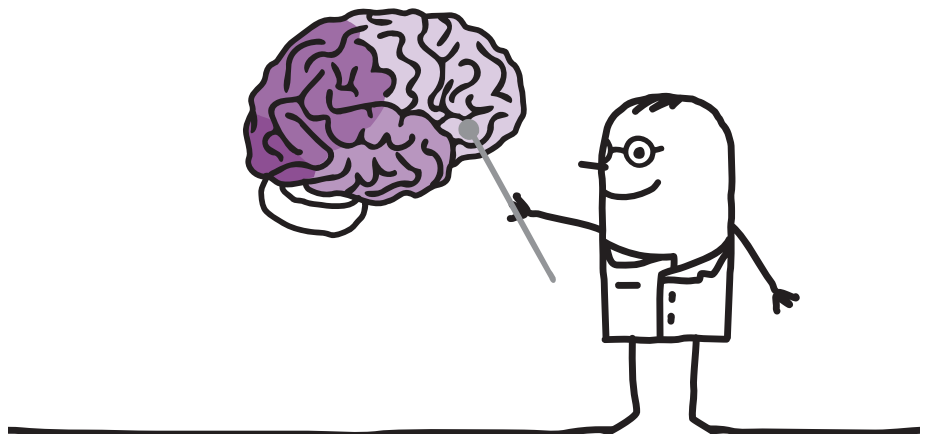
The Competency Profile associates the following competencies with patient assessment:

COMPETENCY A-1 Patient Care Practice

A-1-2 Patient Assessment

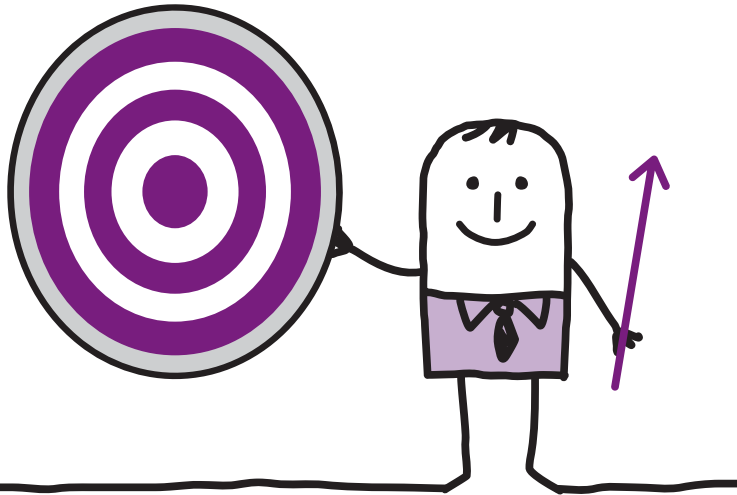
A pharmacist will...

- A-1-2-1** Demonstrate the ability to conduct an appropriate patient assessment, including but not limited to
- Identifying patient's needs
 - Systematically finding, analyzing, evaluating and applying information from multiple sources, such as the patient, the patient's caregiver(s), other health care providers, medication profile (in pharmacy and/or on Netcare), and electronic health record
 - Gathering relevant information to enable an appropriate assessment, e.g., physical assessment, relevant laboratory values, medical history, etc.
- A-1-2-2** Demonstrate the ability to systematically find, analyze, evaluate and apply information in order to identify factors that impact drug therapy.
- Drug information, for example in the form of texts, journal articles, research papers, advertising materials, etc.
 - Clinical practice guidelines
 - Financial constraints of the patient
 - Lifestyle of the patient
 - Nutrition of the patient
 - Concurrent drug use
- A-1-2-3** Demonstrate an understanding of, and the ability to identify, the various types of drug therapy problems.
- A-1-2-4** Demonstrate the ability to assess the patient data collected, synthesize the information, and critically evaluate the patient's drug therapy-related needs.
- A-1-2-5** Demonstrate the ability to prioritize the patient's drug therapy problems.



⁴ National Diabetes Fact Sheet: General Information and National Estimates on Diabetes in the United States, 2007. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.

What will help your patients reach their goals faster?



Increase your knowledge

Once you've completed your knowledge and skills inventory, ask yourself, "What can I do to help my patients reach their goals faster?" This is a simple (and motivating!) way to uncover and prioritize your professional development needs. You become a more competent professional and your patients get better care – it's a win-win situation.

Let's go back to our assessment example. Say that while reviewing the competencies, you realized you want to know more about interviewing. Where could you go to learn about that?

Start with the ACP website.

The *Events*, *Practice Resources*, and *Continuing Competence* pages are chockablock with courses, guidelines, and tips to help you improve your practice.

To upgrade your interviewing skills, you could start with the Chat, Check and Chart tool card and worksheet. Both are available under *Practice Resources > Info sheets & posters*.

NEW RESOURCE: Look to the new Prescription Adaptation Guide to lead you step-by-step through the Chat, Check and Chart method of assessing and documenting. The Guide is posted under *Practice Resources > Forms > Tools*.

acp Alberta College of Pharmacists **Adapting a prescription using Chat, Check, Chart**

Step 1: Gather information (Chat) from the patient and other sources (e.g., Netcare) to determine if it is appropriate to adapt a prescription.
Ask your patient the 3 prime questions to efficiently gather information.

- 1. Purpose** → What are you taking this medication for?
- 2. Direction** → How are you using this medication?
- 3. Monitoring** → How are you doing on this medication? What are your expectations?

Step 2: Assess (Check) the patient and therapy (including renewals).
Ask the following questions to evaluate the appropriateness of therapy in order to identify and prevent any potential drug therapy problems.

- 1** Is the therapy indicated? Is there a clinical indication for the therapy? Can the medical condition identified benefit from the chosen therapy?
- 2** Is the therapy effective? Is this one of the most effective options? Is the change of the medication sufficient to achieve the goals of the therapy? For ongoing therapy, are the goals of the therapy being achieved? Patient signs and symptoms, vital signs, lab test results, blood glucose levels, etc.?
- 3** Is the therapy safe? Is the dose safe? (See contraindications or interactions) For ongoing therapy, are there NO signs of toxicity or adverse reaction?
- 4** Is the patient willing to use/adhere to the therapy? Is the patient willing and able to take (use) this therapy as prescribed? (Cost, concerns, culture, etc.)

Step 3: Develop care plans for any drug therapy problems by determining goals of therapy and potential solutions to each drug therapy problem.

Step 4: If the drug therapy problem can be resolved by adapting the prescription, obtain informed consent from the patient.

Adaptation options:

- Discharge change
- Formulation change
- Regimen change
- Therapeutic substitution
- Renewal for continuity of care

Pharmacists may only renew a prescription without the original prescription if:

- The patient is assessed personally.
- There is evidence of current ongoing therapy.
- There is an immediate need for drug therapy.
- It is not reasonably possible to have the prescription transferred to you or for the patient to attend the original pharmacy.
- The original pharmacy is notified regarding the renewal.

Please refer to Standard 11-05 in the Standards of Practice for Pharmacists and Pharmacy Technicians for more information on pharmacist adapting.

For even more sources of education, look to the **Learning Links** tab in the **Continuing Competence** section of the ACP website. Here are just a few examples of the diabetes-related offerings we found.

rx BriefCase

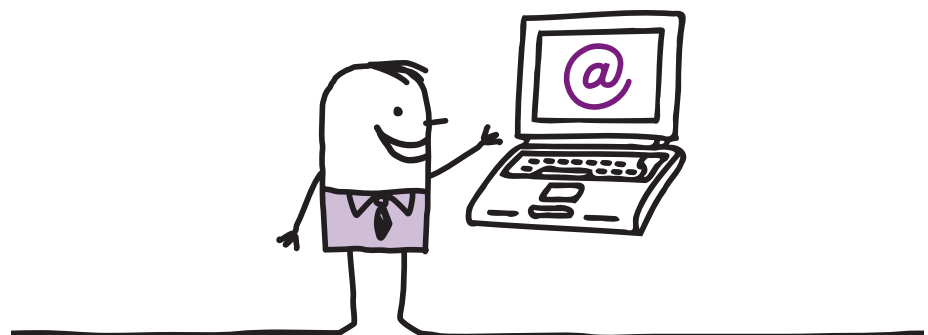
1. Enhancing Communication: Understanding Issues and Challenges Faced by Many Patients [CCCEP File Number: 1066-2012-614-I-P (1 CEU)]
2. Diabetes Education: A Comprehensive Review (12 CCCEP-accredited modules)
3. Insulin Dose Calculation Support: A new feature in diabetes control [CCCEP File Number: 1066-2012-425-I-P (1 CEU)]
4. "The How to of Managing Diabetes...A Prescription for Pharmacists", the Canadian Pharmacists Association's (CPhA) diabetes educational program (10 CCCEP-accredited modules/ 12 CEUs)

Mylan Learning Center

1. Smoking Cessation in the Adolescent Population (1.5 CEUs)

Canadian Pharmacist's Letter

1. Many supplements are promoted for Diabetes Special Report: Natural Medicines in the Clinical Management of Diabetes
2. Prevention and Treatment of Diabetic Foot Infections
3. Which Diabetic Patients should take Aspirin



Rogers Healthcare Group

1. Type 2 Diabetes and Chronic Kidney Disease [CCCEP File Number: 1065-2011-308-I-P (2 CEUs)]
2. Type 2 Diabetes: A Fresh New Approach with Incretin Agents [CCCEP File Number: 1065-2010-050-I-P (1 CEU)]
3. Integrating Incretin-based Therapies into the Management of Hyperglycaemia in Type 2 Diabetes [CCCEP File Number: 1065-2010-166-I-P (1.5 CEUs)]

Ontario Pharmacists' Association

1. Diabetes Level 1 Certificate Program online program (13 CEUs)

Upgrade your skills

What if it's a hands-on skill you want to brush up on? Again, look to the ACP website.

First, look to the *Competency Profile for Alberta Pharmacists* again. It defines competency clusters for various skills and activities. One example is the preparation of sterile products (as shown below).

Does reading this make you realize it has been a while since you had to pre-fill an insulin syringe? If so, you can check the *Practice guidelines and references* listings on the *Practice Resources* page of the ACP website and find the guideline for pre-filling insulin syringes.

Check the Events page

While you're on the website, don't forget to look at the Events page for courses. Here are just two examples of what you will find there that would help you expand your practice.

PRACTICESKILLS basic training for pharmacists BOOTCAMP

This course has been designed to help you enhance your practice by giving a boost to your patient assessment and documentation skills. It runs from the beginning of February to mid-March, 2013 and includes a one-and-a-half day workshop (February 8 & 9, 2013) and two assignments.

Registration Deadline:
January 4, 2013

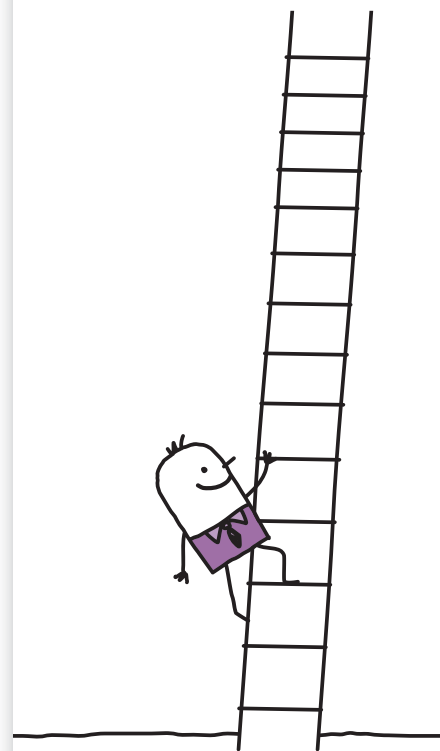
Please visit the Practice Development website for more information.

www.pharmacy.ualberta.ca/PD/courses/bootcamp/bootcamp.htm

COMPETENCY A-16 Preparation of Sterile Products

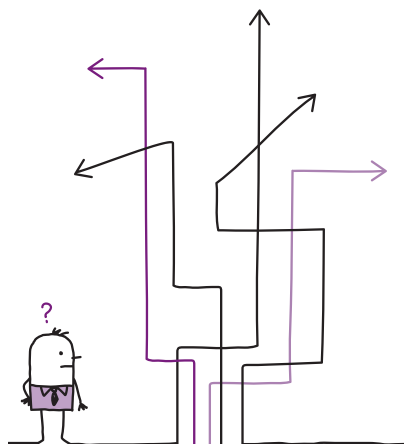
A pharmacist will...

- A-16-1** Demonstrate the ability to select and use the appropriate equipment required for sterile compounding.
- A-16-2** Demonstrate knowledge of, and ability to comply with, the requirements for preparation of sterile products as defined by the Alberta College of Pharmacists, including USP Chapter 797, and by workplace standards, policies and procedures.
- A-16-3** Demonstrate knowledge of, or ability to locate information in the following areas:
- Aseptic technique and contamination factors
 - Facilities, equipment and supplies
 - Parenteral routes of drug administration
 - Methods and equipment for administration of drugs
 - Procedures for the preparation, compounding, distribution and storage of sterile products (including incompatibilities, pH and osmolality)
 - Documentation, quality control and quality assurance procedures
 - The chemical, pharmaceutical and clinical properties of all the ingredients in a sterile product
 - Sterilization techniques and process validation
 - The principles of microbiology
 - Issues related to home parenteral therapy
- A-16-4** Demonstrate knowledge of, and ability to apply quality control processes in, the preparation of sterile products.



continued on page 6

ADAPT



ADAPT is a forward-thinking, 19-week CE course designed specifically for practising pharmacists. It was developed by the Canadian Pharmacists Association (CPhA) and the Canadian Society of Hospital Pharmacists (CSHP).

ADAPT provides proven practice expertise using interactive online learning, supportive moderators and plenty of peer interaction.

Through this course, you will master skills and build confidence in:

- Medication assessment
- Collaboration
- Patient interviewing and assessment

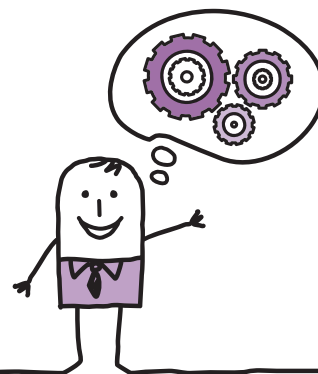
- Making evidence-based clinical decisions
- Documentation
- Developing and implementing patient care plans

ADAPT is accredited for 76.0 CEUs. Pharmacists who successfully complete ADAPT may also challenge a Certificate Assessment process and be awarded a *Certificate in Patient Care Skills*. CPhA anticipates that participation will require 4-6 hours a week of your time.

See the Canadian Pharmacists Association website for registration details (www.pharmacists.ca).

(((Expanding your practice)))

Put your plan into action How do you find the time?



Are you holding off on expanding your patient services because you think you don't have time to fit anything more in your already packed day? Well, as the old saying goes, where there's a will there's a way.

Life will always be busy, so if you want to break out of the status quo you have two choices: be more efficient yourself or delegate. Why not try both? First, let's look at how to be more efficient.

Get lean in 30 seconds a day

If you can reduce the time it takes to carry out your daily tasks by **just 30**

seconds every business day for one year, at the end of the year, your productivity will have increased by 26%.

How? Use lean management!

Lean is a philosophy that originated with the Toyota Production System in Japan over 50 years ago. It focuses on people working together to add value without creating waste. **The underlying principle of lean is providing value to the end user – in this case, your patients.**

You can become lean by better using existing resources, improving work flow, standardizing work, eliminating wastes, and empowering employees by allowing them to make changes to their work processes to enhance work flow.

Lean but not skimpy

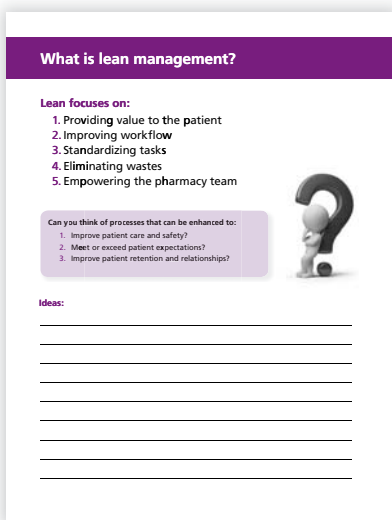
Keep three things in mind as you embark on your lean process. They will help you get the greatest impact for your efforts.

1. Make safety an underlying philosophy for your pharmacy and your patients. This will help you keep priorities straight and make decisions about what needs to stay and what can go.
2. When setting your goals for improvement, make sure they're SMART: Specific, Measurable, Achievable, Relevant and Timely. This will allow you to measure progress and celebrate success.

- Remember that lean is an ongoing process, not a one-time sweep. Remember to:
 - Make one improvement at a time using current resources.
 - Take a walk around your pharmacy and observe your processes with “lean eyes.”
 - Involve your entire team.

How do you get lean?

Use the Lean Management Tool worksheet found on the ACP website under *Registration & Licensure > Pharmacies > Pharmacy Assessment* to guide you through the process.



ACP Pharmacy Practice Consultants can help you and your staff become a lean, mean, pharmacy team.

- First, think** about areas or processes you would like to enhance to improve patient care and safety, meet or exceed their expectations or

improve patient retention and relationships. Now, follow these steps through the lean process.

- Sort out your pharmacy.**
 - Decide what is needed and not needed.
 - Establish a place for everything and put everything in its place.
 - Store frequently used items so that they are easily accessible.
 - Clean and keep the pharmacy organized so you can see and dispose of waste quickly.
- Once you're finished sorting, **develop and follow operating procedures** to improve and sustain work flow and conduct an audit to identify any gaps in your processes.
- Once you've identified and filled your process gaps, **standardize your processes.** Consistent processes mean consistent results! Check equipment, sequence activities, post clear instructions, monitor and measure performance, and adjust to improve.
- Remember that lean is about continuous improvement. If your first improvement doesn't work out the way you expected, make an adjustment and keep trying. If you have success, great! **Find another improvement and repeat the process.**
- Now, **eliminate wastes.** Do you document patient care notes manually and electronically? Streamline by only using one method. Are pharmacists performing non-professional tasks such as ringing up sales at the cash register? Arrange

workflow and staff to maximize pharmacist skills and time.

Let us know how you lean

Lean management should not use up a lot of resources and you should be able to make a big impact in a short amount of time. We'd love to hear about what lean practices you put into place and the impact they had on your practice and team. Send your stories (successes, valiant attempts or utter disasters) to karen.mills@pharmacists.ab.ca.

Resources

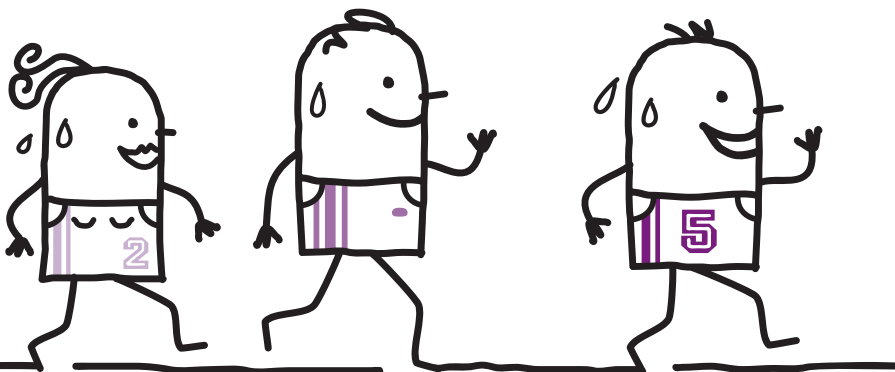
For more information about lean management, please contact your pharmacy practice consultants or pharmacy practice administrator, Jen Shuman at jennifer.shuman@pharmacists.ab.ca

Find and fix common pharmacy deficiencies

ACP pharmacy practice consultants continue to help pharmacy teams correct deficiencies, improve work flow and enhance practice. Over the last six months, the consultants have identified the most common deficiencies in pharmacies across Alberta. We are reviewing them in **apnews** and The Link over the coming months.

While we know that change isn't always easy or fast, we hope that with our support and educational tools, pharmacy teams will be able to make incremental changes to their practice and operations that are SMART (Specific, Measurable, Achievable, Relevant, and Timely).

continued on page 8



Common pharmacy deficiencies continued from page 7

The deficiency: Lack of formal, written policies and procedures

Do you have formal, written policies and procedures in your pharmacy? Were you aware that this is required by the *Standards for the Operation of Licensed Pharmacies* (1.2b)?

Compiling policies and procedures is a pretty big task if you are starting from scratch. To help you, ACP has recently updated our Pharmacy Policies and Procedures manual template. The template is easy to use; and can be downloaded, edited and saved so you can fill in all the sections relevant to your specific pharmacy. You can find it under *Practice Resources > Forms > Pharmacies* on the ACP website.

There are six main areas you need to focus on when you start your manual:

1. **Relief section** – provides the basic information required by a relief pharmacist (including someone who has to come work in an emergency situation when your regular staff are

not available). Include computer sign-on information, location of essential documents and keys, and important phone numbers. Essentially this is information that a pharmacist, even if they have never been in your pharmacy before, would require to be able to safely provide care to your patients.

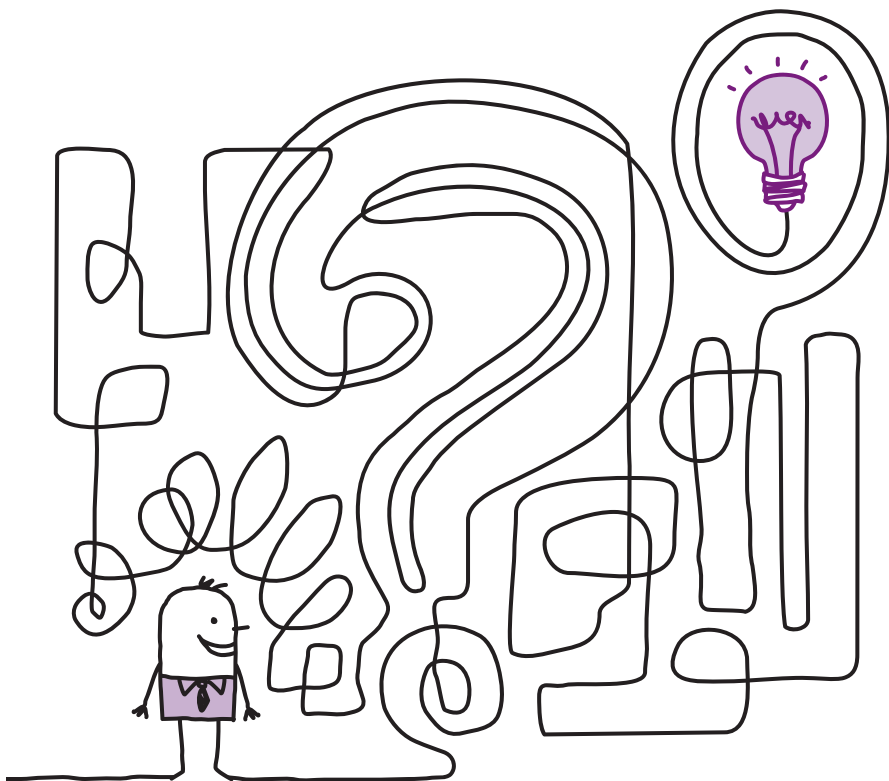
2. **Assistant and technician roles** – formal policies and procedures outlining the roles of your pharmacy technicians and assistants in the dispensing process and how they are supervised by the pharmacists.
3. **Compounding activities** – include the steps involved in preparing, dispensing, monitoring, and evaluating your products. *More details on what to include in this section will be covered in a future article.*
4. **Medication error management** – this should describe how you want your staff to respond to a medication incident that is discovered in your pharmacy or brought to your attention. Include what steps are to be taken to ensure

the health and safety of anyone involved, as well as the steps required to document, investigate, and review the incident with the intent to determine the root cause and make any necessary changes and prevent that error from occurring in the future.

5. **Compliance packaging** – you can model this section after your compounding policy and procedure as it would include the preparation, dispensing, monitoring, and evaluating of the process to dispense compliance packages. You want to make certain that you have a safe system that is easily audited to ensure quality assurance. Note as well the labelling requirements for compliance packs (see Standard 7) that are often found deficient in pharmacy assessments.
6. **Methadone** (if your pharmacy dispenses methadone) – this can be modelled after the compounding policy and procedure as well. In addition, you need to ensure you are compliant with the Methadone Treatment in Alberta Guidelines (copy available on the ACP website), and the labelling requirements for your methadone stock bottles (see the Summer 2010 edition of the *Transition Times: Best of FAQ*). Be sure to detail your system for identifying patients and signing off on drink doses, as well as directions for how you keep a log record of your bulk compounding of your stock solution.

Once you have your policies and procedures in place for these six areas, you can continue to work through the remainder of the ACP template and complete your comprehensive manual.

Finally, turn your manual into action, not just dusty papers on a shelf. Regularly review your policies and procedures with your team. Put steps in place to ensure the policies are being followed. Make revisions and additions when necessary so your manual is current and relevant.





Step 5: Reduce the adapted prescription to writing and notify the original prescriber.

Step 6: Document (Chart) in the patient's record:

Patient record

- Pharmacist
- Date of adaptation
- Prescription #
- Reference to the original prescription
- Your assessment and rationale by briefly describing:
 - Data**
 - Relevant subjective/objective information about the patient
 - Patient's concerns, goals, preferences, vital signs, lab test results
 - Assessment of the patient and therapy**
 - Any drug therapy problems
 - Supporting rationale
 - Plan**
 - Adaptation
 - Recommendations (drug/non-drug)
 - Instructions given to patient
 - Follow-up and monitoring plan
 - Document disclosure as per the *Health Information Act* Sections 35 and 41
 - Date
 - Recipient
 - Purpose of disclosure

Example

Scenario: JD requests a renewal for ramipril 5 mg (no refills left); refilling regularly since 2009 for hypertension; no other medications or medical conditions; last saw doctor Sept. 2011.

06/27/12 Original Rx 226543 Phm: KE
 D: bp123/85; K: 4.1 mmol/L; CrCl: 118 ml/min; no cough/dizziness
 A: Tx appropriate; pt tolerating and compliant; bp controlled
 P: Renewed ramipril 5 mg daily x 6 months; confirmed pt understanding of therapy; pt to continue monitoring bp and will schedule appointment with doctor in 6 months.
 06/27/12 - Notified Dr. Peters by fax regarding renewal of ramipril 5 mg.

- explain what it does and how to use it,
- outline the best times to check their blood sugar,
- guide the patient through a practice run so they feel confident using the device,
- provide the patient with a log book and show them how to keep track of their glucose levels, and
- discuss the importance of a good diet, exercise, and keeping some form of sugar with them if their glucose falls too low.

Pharmacy technicians who support diabetes education by assisting with blood glucose device training can also help by keeping application forms for funding programs on hand in the pharmacy or know how to access them online when needed.

Before you delegate...

Is your pharmacy prepared to adapt its workflow to accommodate regulated pharmacy technicians and make more time available for pharmacists to focus on patient assessment, follow-up, and other non-dispensing services? Do you have a formal Policy and Procedure for the roles of your Assistants/Technicians in the dispensing/compounding/compliance packaging process in your pharmacy?

Your pharmacy must have policies and procedures outlining the roles of your pharmacy technicians and assistants in the dispensing process and how they are supervised by your pharmacists (Standard 3, *Standards for the Operation of Licensed Pharmacies*). This will allow you to regularly monitor compliance with these procedures to ensure the safety and integrity of your dispensing processes. You can also refer to Standard 20 of the *Standards of Practice for Pharmacists and Pharmacy Technicians* which outlines the roles and responsibilities of each regulated member including the supervision requirements of employees in the pharmacy.

Streamline your documentation

A patient record must contain demographic information about the patient, a profile of drugs provided and a record of care provided. The details of what must be included in each of these components are provided in Appendix A to the *Standards of Practice for Pharmacists and Pharmacy Technicians*.

However, think quality not quantity when documenting. Use the eDAP (efficient Data, Assessment, Plan) format from Chat, Check and Chart to help you focus your information gathering. Use Step 6 of the *Prescription Adaption Guide* (above) to walk you through the process. Using a standardized style also encourages complete data and consistent processes, and improves the organization of your thoughts.

Delegate

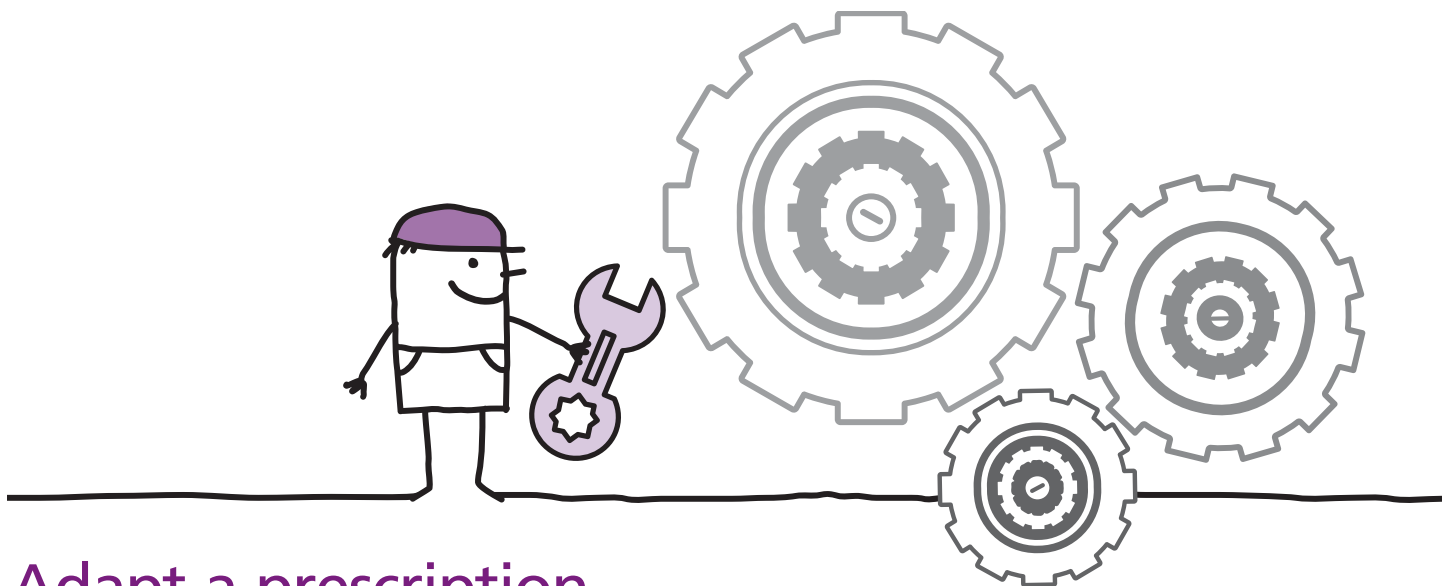
If you are as efficient as you can be and you still don't have time, then what? It's time to see if you are really spending your time as effectively as possible. What should you delegate?

As you are making your pharmacy lean (see page 6), don't forget to make sure you are using your human resources as effectively as possible. Technicians who are knowledgeable about diabetes can contribute significantly to the pharmacy team.

Helping patients select and use blood glucose meters is certainly not a new role for pharmacy technicians in community practice settings. With a newly diagnosed diabetic, a technician can:

- help the patient choose a glucose meter,

Put the pieces together



Adapt a prescription

How to ensure continuity of care for your diabetic patients

You feel confident in your assessment skills. You've fine tuned your documentation system. Now it's time to apply these skills. How might that look in practice?

Example:

One of your Type 2 diabetic patients presents to you at your community pharmacy. He is out of Metformin refills and can't get in to see the doctor for his annual check up at the end of the month.

Sound familiar?

The *Standards of Practice for Pharmacists and Pharmacy Technicians* (Std. 11.3) state:

A pharmacist may prescribe a Schedule 1 drug by adapting a prescription from another prescriber by:

- a) altering the dosage, formulation or regimen;
- b) substituting another drug that is expected to have a similar therapeutic effect; or

- c) renewing a prescription to ensure continuity of care.

What are the fundamentals of prescribing? (Std. 11.8)

A pharmacist must only engage in prescribing a drug or blood product where the pharmacist:

- a) has or develops a professional relationship with the patient,
- b) has adequate knowledge and understanding of the condition being treated and the drug being prescribed,
- c) has adequate information about the patient's health status and the disease or condition being treated,
- d) takes reasonable steps to be satisfied that the patient has enough information to participate in the decision-making process and obtains the patient's informed consent to prescribe,
- e) is satisfied that the patient is not inappropriately seeking drug therapy from the pharmacist in circumstances where that therapy has been refused by another prescriber, and

- f) takes responsibility for the prescribing decision.

You know this patient and his health history, have checked Netcare and his lab values, have completed your assessment and are knowledgeable about diabetes. Based on this, you decide to adapt his Metformin prescription.

What must be documented?

Std. 11.10 - A pharmacist who prescribes a drug or blood product must reduce the prescription to writing in a clear, concise and easy to read format that includes all information required in a complete prescription as outlined in Standard 6.7.

Std. 11.11 - A pharmacist who prescribes a drug or blood product must document in the patient's record:

- a) the prescribing decision, the rationale for it and the information required in Standard 11.9;
- b) a follow-up plan; and
- c) a record of the notification of any other health professional.

What should your assessment and documentation look like?

Prescription adaptation notification - no response required

Date
Sept. 14, 2012

From
(fill in or use store stamp)
Pharmacy name: Health Pharmacy
Address: 123 45 Street
Phone: 123-456-7890
Fax: 123-456-7899

To
Prescriber: Dr. Someone
Fax: 123-456-9876

Regarding
Patient: John Doe
Address: Somewhere Lane
AHC #: 12222-3456
DOB: Jan. 2, 1955

Pharmacist's assessment and rationale
Information I gathered (subjective/objective) and my rationale for the adaptation:
- pt monitors bld glc daily, type 2 diabetes
- pt denies side effects
- on Metformin x 1 year

I have adapted this patient's prescription in the following way:

Dosage change Formulation change
 Regimen change Therapeutic substitution
 Renewal for continuity of care

References I checked *(if applicable)*:
Netcare: July 10/12 HbA1C 6.9%, glc fast 4.5 mmol/L

Adapted therapy assessed to be:
 indicated effective safe
 Patient is willing to adhere to therapy

Follow-up and monitoring plan discussed with patient:
- daily bld glc monitoring, f/up with family dr w/in 3 mos

For renewal, attach original prescription label indicate the original Rx # below

Original Rx #:

The following adapted prescription was dispensed:

Date: September 14, 2012
Drug and strength: Metformin 500mg
Directions:
i tid

Quantity:
270
Please refer to the attached copy of the original prescription or pharmacy label for reference.

Did you know?
This fillable form is available on the ACP website under Practice Resources>Forms > Tools. You can download it into your documents and fill it in electronically.

Ask you patient the 3 Prime Questions to efficiently gather information.

- Purpose – What are you taking this medication for?
- Direction – How are you to use/take this medication?
- Monitoring – How are you doing on this medication? OR What are your expectations?

What quantity is appropriate?
Neither the regulations nor the standards specify limits. Use your professional judgement to determine the appropriate amount of drug that you prescriber for each patient.
Some things to consider:

- Prescription adaptations for *any* quantity are prescribing decisions.
- Is the patient stable?
- Has recent lab work been completed?
- What is cost effective?

Is the therapy indicated?

- Is there a clinical indication for the therapy?
- Can the medical condition identified benefit from the chosen therapy?

Is the therapy effective?

- Is this one of the most effective options?
- Is the dosage of the medication sufficient to achieve the goals of the therapy?
- For ongoing therapy, are the goals of the therapy being achieved? (Patient's signs and symptoms, vital signs, lab test results, blood glucose levels, etc.)

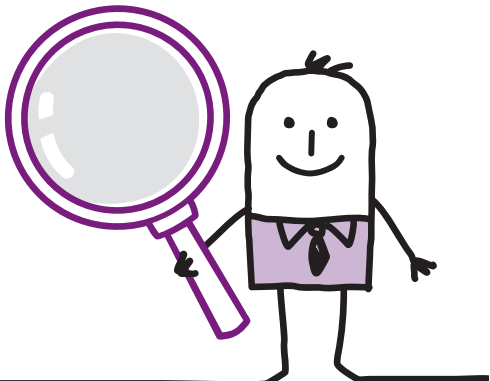
Is the therapy safe?

- Is the dose safe? (No contraindications or interactions)
- For ongoing therapy, are there NO signs of toxicity or adverse reactions?

Is the patient willing to use/ adhere to the therapy?

- Is the patient willing and able to take/use this therapy as prescribed? (Cost, concerns, culture, etc.)

By far the prescriber named do not disseminate, distribute, or in error, we apologize for delete the material.



Adapting pointers

1. All standards regarding prescribing apply to both adapting and initial prescribing.
2. You must make all decisions in the best interests of the patient.
3. Appropriately assess each patient who may require you to prescribe a drug for them.
 - Good decisions require good information – use Netcare, therapeutic indicators (e.g., lab information, blood pressure),

medication histories and any other information available to support your decisions. Also consider the goals of therapy and why another prescriber may have made the choice they did.

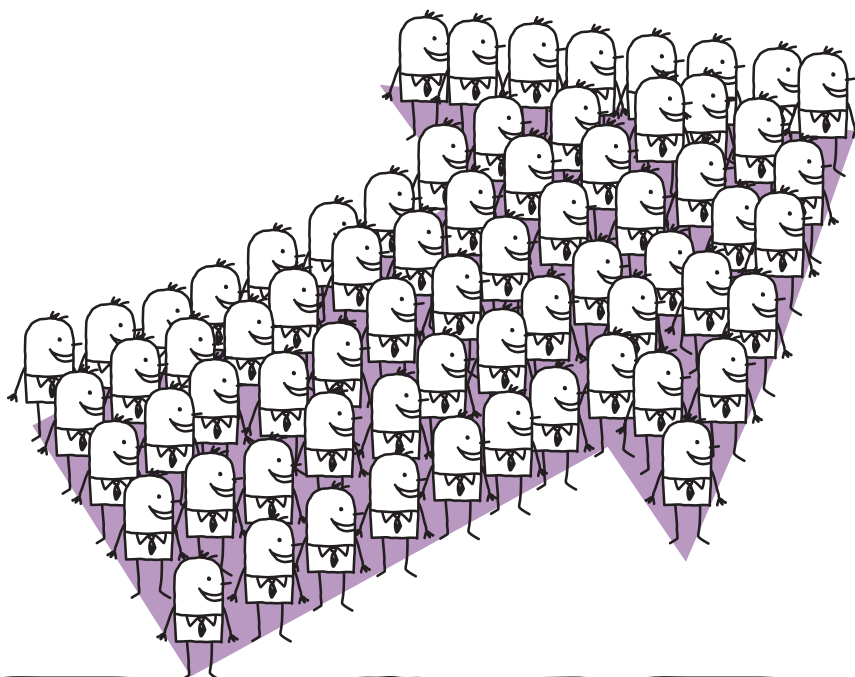
4. You must take responsibility for the decision. Sign your name on any prescriptions you write.
5. Use ACP's Code of Ethics and Standards as a foundation to ensure that you and your pharmacy team are best positioned to meet your patients' needs.

6. Work with the patient's team. The standards require that other health professionals who are caring for a patient must be notified of pharmacist prescribing decisions as soon as reasonably possible.

Use Chat, Check and Chart to help you incorporate assessment and documentation within your practice. The Prescription Adaptation Guide, posted under *Practice Resources > Forms > Tools*, will walk you through the process.

(((Expanding your practice)))

Repeat



One of the hallmarks of a professional is a demonstrated commitment to lifelong learning. The status quo is never good enough. Pharmacists and pharmacy technicians in Alberta have demonstrated time and again that your success stems directly from your ability to learn and adapt, and your drive to provide the best care for your patients. The expanded scope of practice now just broadens the areas in which you can apply your knowledge and drive.

We hope these tips and tools help you save time, enjoy results faster and serve your patients better as you apply it in whatever practice areas you decide to pursue.

We'd love to hear your feedback, suggestions, and results. Please send them to karen.mills@pharmacists.ab.ca.



Are pharmacy practitioners getting the credit they deserve?

Do you work with some unsung heroes? Here's a chance to shine a light on them and their good work.

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

With seven categories to choose from, the awards capture all facets of pharmacy practice.

1. **M.J. Huston Pharmacist of Distinction** honours a pharmacist who has consistently demonstrated outstanding professional excellence in the practice of pharmacy over time.
2. **Award of Excellence** pays tribute to an Alberta pharmacist for individual outstanding achievement in the field of pharmacy. This award is granted for a *single unique accomplishment* thus differing in this way from the Pharmacist of Distinction Award.
3. **W.L. Boddy Pharmacy Team of the Year** is presented to a pharmacy staff team in Alberta who, by virtue of their practice, positively impact the health of their community. The Awards Committee will consider how the team incorporates factors such as staffing, workflow, staff training and development, policies and procedures, technology and innovative programs to offer excellent.
4. **Future of Pharmacy** is presented to up to three pharmacists per year who exude enthusiasm and passion for pharmacy, are visionary, and offer extraordinary promise to the profession.
5. **Partners in Practice** recognizes a collaborative effort between a pharmacist and one or more other non-pharmacy health professionals to optimize patient care and/or safety.
6. **Friend of Pharmacy** is presented to a non-pharmacist who has contributed to the success of the profession of pharmacy.
7. **Pfizer Consumer Healthcare Bowl of Hygeia** celebrates a pharmacist who has compiled an outstanding record of community service that, apart from his/her specific identification as a pharmacist, reflects well on the profession.

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


Nominations must be received at the ACP office by Dec. 14, 2012.





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



In memory...

 *Inge Kinna* passed away on Oct. 16, 2012 at the age of 64 years. Inge received her BScPharm from the U of A in 1970. She went on to be a very dedicated community pharmacist, spending the last 14 years of her career with Zellers in Edmonton.

 *Mary Logue* passed away on Oct. 4, 2012 in Calgary at the age of 57. Mary was born in St. Paul, AB and graduated pharmacy at the U of A in 1977. Mary's career was divided between both hospital and community pharmacy in Calgary.

 *Arthur Pedlar* passed away on Sept. 13, 2012 at the age of 86 years. Art was raised in Lougheed, AB, and studied pharmacy at the University of Alberta, graduating in 1950. Art worked for Crook's Drugs in Calgary before opening Pedlar's Pharmacy. After closing his business upon his "retirement", he worked for Pinder's Drugs.

Inducements: Draft regulatory provision for discussion

- Pharmacists want to provide good care to their patients.
- Pharmacists are health professionals and their relationships with patients should be based on the quality of advice and service.
- Providing inducements in return for professional pharmacy services does not promote professional relationships or good patient care.

Those are the messages we received loud and clear as we conducted research into inducements. We also recognize the expectation inherent in the fact that 75% of registrants believe it is appropriate for the Alberta College of Pharmacists to pursue a prohibition. Therefore, we are circulating a draft regulatory provision and are inviting your feedback.

All feedback is due at the ACP office by 4:30 p.m. on Mon., Dec. 3.

To comment on the draft standard, please email, mail, or fax your comments to:

Leslie Ainslie
Executive Assistant to the Registrar
Alberta College of Pharmacists
1100-8215 112 Street NW
Edmonton, AB T6G 2C8
leslie.ainslie@pharmacists.ab.ca
Fax – 780-990-0328

Council will consider your feedback when determining its next steps at its meeting on December 6, 2012.

Context

At its September meeting, ACP council reviewed the input received from registrants, stakeholders, and patients and then considered a range of options for dealing with inducements. Council decided to take a two-pronged approach: circulate a draft regulatory provision to registrants for discussion and work with the government to ascertain their interest in this issue.

The draft regulatory provision is informed by policies, standards and legislation in other jurisdictions. Council examined documents from other pharmacy regulatory bodies, as well as those of other health professions. The draft you see today represents the best and most relevant of those policies. It would be mandatory and would apply to all registrants and pharmacies.



Prohibition on the provision of inducements

1. In this regulatory provision
 - a. “licensee” means a clinical pharmacist who holds a license issued under the *Pharmacy and Drug Act*;
 - b. “regulated member” means
 - i) a clinical pharmacist,
 - ii) a courtesy pharmacist,
 - iii) a provisional pharmacist,
 - iv) student pharmacist,
 - v) a pharmacy technician,
 - vi) a courtesy pharmacy technician, and
 - vii) a provisional pharmacy technician;
 - c. “professional products” means
 - i) Schedule 1 and Schedule 2 drugs as defined in the *Pharmacy and Drug Act*, and
 - ii) blood products,
 - d. “professional services” means
 - i) the practice of pharmacists as described in section 3(1) of Schedule 19 to the *Health Professions Act*, and
 - ii) the practice of pharmacy technicians as described in section 3(2) of Schedule 19 to the *Health Professions Act*; and
 - e. “proprietor” has the same meaning as in the *Pharmacy and Drug Act*.
2. No regulated member, licensee or proprietor shall provide or distribute or be a party to the provision or distribution of any inducement to a patient or patient’s agent for obtaining a professional product from a licensed pharmacy or a professional service from a regulated member, including cash, gifts, points, loyalty points, coupons, discounts, goods, rewards and similar schemes which can be redeemed for a gift or other benefit.
3. Section 2 does not prohibit regulated members, licensees or proprietors from:
 - a. providing free or discounted parking to patients who are receiving professional products or professional services from a licensed pharmacy;
 - b. providing free professional services or professional products on compassionate grounds;
 - c. providing free or discounted delivery services in respect of professional products or professional services;
 - d. establishing the price for a professional product or professional service;
 - e. permitting patients or patients’ agents to pay for professional products or professional services by using major credit cards that are linked to inducements like points, loyalty points or rewards, except where, directly or indirectly, the inducements are awarded specifically for the purchase of professional products or professional services.
4. Guideline 13 of Article 1³ of the Code of Ethics is repealed.

Disciplinary report summary

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

A hearing tribunal made a finding of unprofessional conduct against Saeed Sattari when the following allegations were proven to be true. Mr. Sattari:

1. Breached his professional declaration of May 28, 2010 that he would maintain valid professional liability insurance while on the clinical register when in fact he did not obtain the required professional liability insurance;
2. Was on the clinical register from July 1, 2010 to on or about May 9, 2011 without valid professional liability insurance;
3. Practised as a pharmacist without valid professional liability insurance during the period of July 1, 2010 to October 12, 2010;
4. Breached his regulatory obligation to the Alberta College of Pharmacists by failing to maintain the required professional liability insurance; and
5. Breached his ethical obligation to his patients and the public by failing to maintain the required professional liability insurance.

The hearing tribunal made the following orders.

1. A reprimand. [The decision served as the written reprimand.]
2. A fine of \$1,000.
3. The payment of all costs of the investigation and hearing [\$11,908.01].

5. Guideline 13 to Article 1 of the Code of Ethics reads: 13. Do not provide rewards or incentives that have the potential to cause harm to a patient. It will be replaced by the proposed regulatory provision.

Technicians: Only two Evaluating Exam sessions left before deadline

Effective Jan. 1, 2014, only individuals who have graduated from a CCAPP-accredited training program or who have completed the PEBC Evaluating Exam (or the PTCB-AB or OCP exam) will qualify to be on the provisional pharmacy technician register.

The PEBC only offers the Evaluating Exam two times per year; this means there are only two more opportunities to challenge the exam. **The October 2013 sitting of the exam will be the final opportunity to complete this requirement.**

The PEBC Evaluating Exam is designed to determine if candidates have the knowledge and skills comparable to that of a graduate of a CCAPP-accredited program. Completion of bridging program courses is not required to sit this exam.

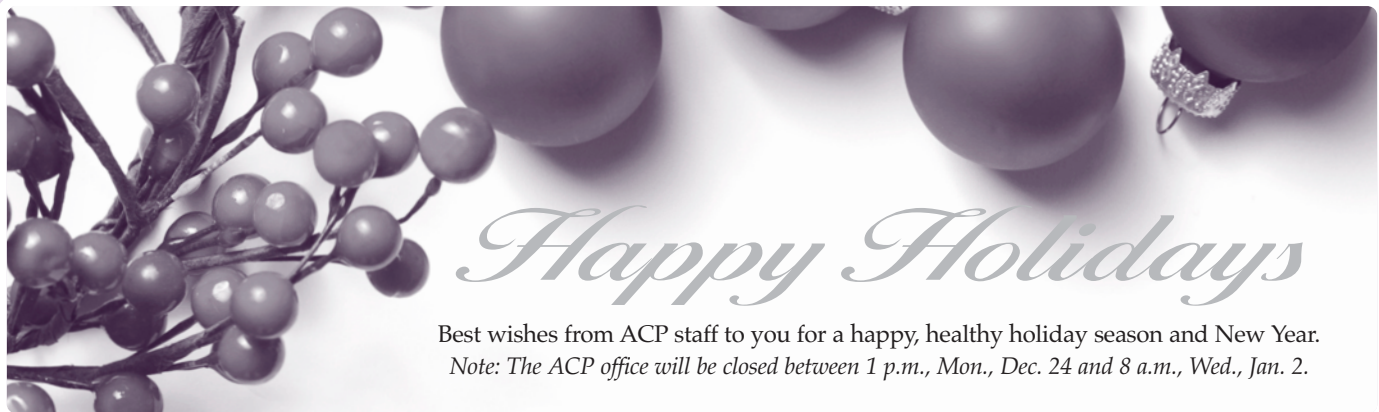
PEBC Evaluating Exam Schedule

<i>Application deadline</i>	<i>Exam date</i>
January 2013	April 2013
July 2013	October 2013

Please see www.pebc.ca for additional information about the exam and exact application deadlines.



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.



Best wishes from ACP staff to you for a happy, healthy holiday season and New Year.
Note: The ACP office will be closed between 1 p.m., Mon., Dec. 24 and 8 a.m., Wed., Jan. 2.