acp news

July / August 2013

IN THIS ISSUE...

Alberta College of Pharmacists

Healthy Albertans through excellence in pharmacy practice

ACP welcomes Kelly Olstad as president

When the patient is in front of us, there is opportunity for dialogue and education. We need to engage in that dialogue and play an active role in the care of that patient. If we don't, it's a disservice to that patient, the health system, and our profession.

Kelly Olstad, who began his term as ACP president on July 1, has served as a councillor for District 4 (central Alberta) since 2010. Kelly is Director of Pharmacy Operations with Alberta Health Services, having responsibility for the Royal Alexandra Hospital, Glenrose Hospital, Long Term Care, Ambulatory Care, and Home Parenteral Therapy. Kelly served as a member of ACP's working group that reviewed and enhanced ACP's Code of Ethics. In 2008, he received a REACH Award from the Royal Alexandra Hospital for achieving performance excellence.

Kelly was inducted as president at ACP's annual general meeting on June 15. At the ceremony, he introduced himself and his hopes for the profession through a speech that recounted his recent experience losing weight with the "Insanity" exercise and meal program.

His first attempt with the program, when he tried to change all his exercise and eating behaviour at once, lasted only two days. However, that wasn't the end of it. Kelly invited listeners to, "fast forward two years. I still needed to lose weight and I still had those *Insanity* DVDs. What would make it any more successful this time? Well, I remembered something the trainer kept saying over and over on the DVDs – 'Keep hitting play.'

"The light bulb went on for me. I didn't have to change everything all at once.

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acpnews

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Alberta College of Pharmacists

ACP welcomes Kelly Olstad *continued from page 1*

But, I HAD TO START. I had to 'keep hitting play.' My workouts didn't have to be perfect; I could just do my best to start and get better over time – as long as I 'kept hitting play.'

"Once I figured that out, it worked. I lost 22 pounds.

"Today, I see how successful we can be in pharmacy if we all just 'keep hitting play.'

"We have the framework in place for the most progressive, patient-centred pharmacy practice in Canada. Now we all need to 'keep hitting play' so we can competently and comfortably practice at a level that makes sure Albertans are getting the most comprehensive, accessible pharmacy care possible.

"Let's look, for example, at faxing a patient prescription back to the original prescriber for renewal rather than renewing it at the pharmacy. Who is in the better position to help that patient at that time? When the patient is in front of us, there is opportunity for dialogue and education. We need to engage in that dialogue and play an active role in the care of that patient. If we don't, it's a disservice to that patient, the health system, and our profession.

"One other thing I learned on my fitness journey is that there is never a 'perfect moment.' My two boys aren't getting any less busy. My job at the Alex isn't slowing down. My wife still wants some of my time. So, despite the challenges, at some point I just had to start.

"We're at the same place in pharmacy. Yes, the economic situation is unsettled – and unsettling. Yes, healthcare in Alberta is turbulent. There are a million reasons to stick with the status quo. But none of them are as good as the reason for upgrading our practices: we are professionals and our patients need – and deserve – the best we can offer.

"We just need to start. Pick one thing you'd like to improve in practice, set a goal and a plan to get there, and then keep hitting play. The college focus on quality improvement, the updated competence program, the pharmacy practice consultants, the education and practice resources – all of that is there to help you.

There are a million reasons to stick with the status quo. But none of them are as good as the reason for upgrading our practices: we are professionals and our patients need – and deserve – the best we can offer.

"Council and the college have been – and will continue to – 'keep hitting play' to make sure that you have the programs and tools you need to practice to the best of your ability and to ensure that Albertans get the best pharmacy care. And please take advantage of the many channels of engagement that the college is putting in place, like our regional meetings, surveys, focus groups, webinars, and social media to let us know how your progress is going and how we can support your efforts.

"And now, as I embark on my term as president, I invite you to join me in pledging to 'keep hitting play'– to step up, use the tools available, take ownership of our practices, and deliver the best pharmacy care to Albertans.

"We have to remember that everyone in healthcare really has two jobs when they come to work every day: ***to do*** their work and ***to improve*** it. We have to live this.

"Together, we can realize our potential as long as we just 'keep hitting play.'"

Highlights from 2012-13 shared at AGM

Kaye Moran

At the annual general meeting in June (webcast for the first time!), outgoing ACP president Kaye Moran reviewed two of the year's bigger issues: the review of the competence program and the proposed prohibition of inducements.

Competence Program review progressing

"The Competence Program is something we received quite a bit of feedback about last year and is something council devoted a significant amount of time and attention to this year," related Kaye. "Despite having a very high success rate with the program – in fact, 92% of pharmacists are successful on their first attempt of competence assessment – council recognized that improvements needed to be made. I'm happy to report that we have:

- Listened to registrant feedback,
- Updated the philosophy and guiding principles of the program to ensure an emphasis on a culture of quality improvement, and
- Already implemented changes to the program rules to align with the new philosophy.

"The first change was the removal of redundancy. Pharmacists who have received their additional prescribing authorization will be exempt from selection for competence assessment for five years.

"Secondly, new alternatives were introduced for those who have not effectively demonstrated their competence on two successive attempts. The Competence Committee now has the option of considering alternatives other than referring for OSCE assessment. This provides more tools to be considered by the Competence Committee when looking at the most appropriate next steps.

"The Competence Committee has been hard at work doing further review of the program, as well as the rules, and after council's approval yesterday, more changes will be coming. Be sure to watch for updates in future ACP communications."

Inducement prohibition update

Kaye went on to review the work done on the proposed prohibition of inducements. "Much research and analysis of this issue has been presented to council. Much of this information is now available on the ACP website. If you haven't already had a chance to check out these resources, I encourage you to take a look. *(The link is under Bulletin Board on the ACP website homepage.)*

"We've had quite a bit of discussion on this topic of inducements; not just

Council… remains committed to prohibition of inducements that are provided on the condition that a patient purchases a drug or professional service from a pharmacist or a pharmacy technician.

around the council table, or at the ACP office, but also through the two webinars and four regional meetings we held around the province last fall and then two additional webinars specifically dedicated to the topic of inducements this spring. We recognize it isn't always possible for everyone to travel to the sites of the regional meetings, so I hope the webinars are a good option for increasing access without the requirement to travel. We are continuing to look at the tools available for these events to try and make them more interactive for those who participate.

"There have also been a number of one-on-one discussions that council members, including myself, have had not only with registrants, but others as well.

"Discussions on this issue have not always been easy, but the mandate of the college is to govern pharmacy in a way that protects and best serves the public interest, as well as the integrity of our profession.

"The prohibition on inducements is vital to creating practice environments where:

- Care decisions are based solely on the best healthcare,
- The highest ethical standards are observed, and
- Outside influences are removed from the relationships between patients and pharmacy professionals and between pharmacists and other healthcare providers.

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Council meeting highlights
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"As pharmacists become increasingly involved with care delivery, as opposed to the provision of medications, these changes to support collaborative care environments are that much more important.

"Council has consistently been receiving advice on this topic over the last few months and remains committed to prohibition of inducements that are provided on the condition that a patient purchases a drug or professional service from a pharmacist or a pharmacy technician.

"This is a complex issue and council is diligent in their deliberations. We continue working with legal counsel, and other experts, on how to best achieve prohibition in a manner that is effective and mitigates risk. We are also working to develop processes and tools to be used during a formal consultation period."

Annual report on ACP website

For more details and highlights from the past year, please see ACP's 2012-2013 annual report. It is posted on the ACP website under *About ACP>Annual reports*.

Thank you to outgoing councillors

At the annual general meeting, ACP Registrar Greg Eberhart thanked past president Anjli Acharya, councillor Ahmed Metwally, and public member Pat Matusko for their service to council.

Anjli Acharya served on council for seven years. From District 5 (Calgary), she served first as councillor and then as president for the 2011-12 council year. Anjli will continue as ACP's appointee to the National Association of Pharmacy Regulatory Authorities (NAPRA).

Ahmed Metwally served as District 3 (Edmonton) councillor since 2010. As a pharmacy owner and internationally trained pharmacist, Ahmed brought a valuable perspective to council discussions.

Pat Matusko served two three-year terms as a public member on council. Her passion for ensuring that Albertans receive the very best pharmacy care, coupled with her experience in developing health policies and programs, made her a valued resource at the council table.

Amended AGM resolution carried

One resolution was submitted for discussion at this year's AGM. Before discussion began, Resolutions Committee chair Kelly Olstad advised that the original motion, recommending that the college move to make participation and membership in one professional association (CSHP, RxA, CPhA, etc.) mandatory for licensure was outside of the jurisdiction of the college.

Voting members attending the AGM amended the motion to read, "that ACP encourage membership in a professional organization of a registrant's choice by creating an optional selection at the time of registration and annual permit renewal."

The resolution was carried and will now go to council for consideration at their next meeting. Emphasis was provided that ACP could facilitate awareness; however, could not enforce membership in any professional organization.

Symposium highlights

Pharmacists, pharmacy technicians, nurse practitioners, and physicians assembled at Edmonton's Chateau Lacombe early on June 15 to develop their skills and confidence for managing drugs of abuse.

Four expert speakers opened the morning by defining addiction and describing its signs and symptoms. Participants also learned about how their work fits into Alberta's Addiction and Mental Health Strategy and were pleased to learn about services available to support them in their communities.

Participants were provided opportunities to put the morning's learning into practice through facilitated workshops. Each workshop presented a case study of a situation that could be encountered in any practice – a patient worried about becoming addicted, a patient displaying drug-seeking behaviour, etc. Participants and facilitators worked together to identify the appropriate assessment, documentation, treatment and communication steps.

Participants were introduced to a new ACP tool: the Chat, Check, and Chart Pain Management (Opioid) tool. This system uses the familiar three prime questions/four questions to evaluate appropriateness format, but has been tailored to assess and meet the needs of patients being treated for chronic non-cancer pain. You can get your copy of this tool on the ACP website under *Practice Resources>Info sheets & posters> Chat, Check and Chart Pain Management (Opioid) tool card.*

Groups discussed tips for mitigating drug diversion, such as checking Netcare and the ACP forgery alert and stolen TPP listings before dispensing. They also explored viewing patients displaying drug-seeking behaviours as opportunities for the practitioner to help resolve a health problem.

At the end of the day, participants left with up-to-the-minute resources and techniques, perhaps a few new collegial connections, and the confidence to provide better care for patients.

Did you know?

A list of forgery alerts and of stolen/missing TPPs is available to registrants on the ACP website under *Prescriber Lists.*

Mitigating risks in your pharmacy: Part 4

Are you looking for a way to prevent "accidents waiting to happen" in your pharmacy? The *Systems Approach to Quality Assurance: A Framework for Mitigating Risk* is a simple approach to doing just that. It is also known as Failure Mode and Effects Analysis (FMEA).

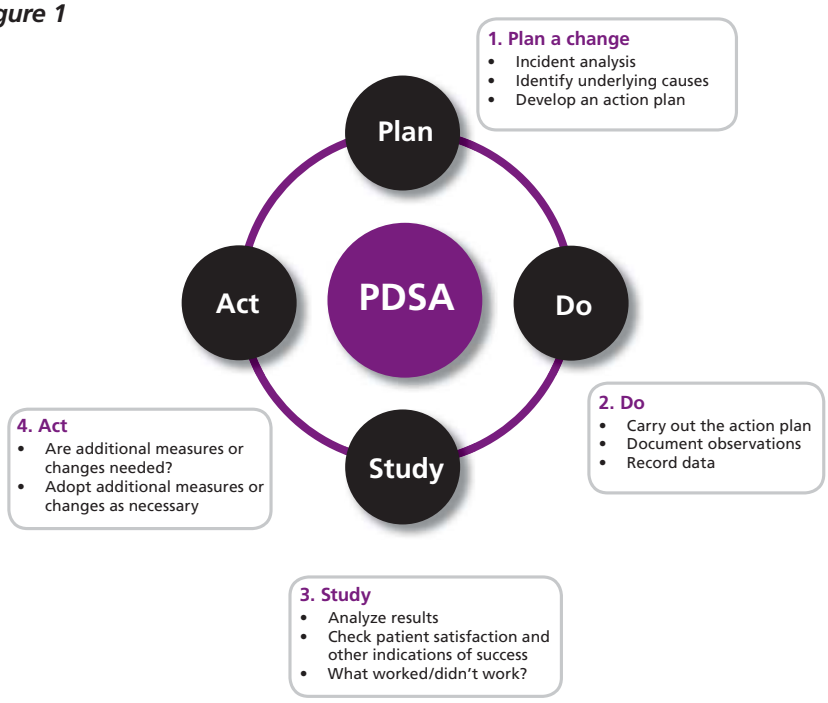
Last issue, we discussed Steps 5 and 6 of FMEA – prioritizing potential failure modes and redesigning the process. We hope you were able to identify processes requiring improvements and some high leverage methods to implement these improvements. Now you are ready to apply the final steps to your FMEA.

Step 7: Analyze and test the new process

Analyzing and testing a new process minimizes the possibility of unintended consequences. Before you implement the recommended actions, it is important to assess the impact of the proposed changes on the calculated criticality scores.

For changes that affect individual process or sub-process components, re-score the failure mode on the FMEA spreadsheet. Assess each recommended action and consider whether the action will decrease severity, decrease frequency, and/or increase detectability of the failure mode. The recalculated criticality score should be lower than the original score.

Figure 1



When planning substantial changes to a process or sub-process, it is important that the team re-maps the process and sub-process components and re-assesses the potential failure modes to ensure that they do not inadvertently introduce additional failures into the redesigned process. Again, the criticality scores should be lower for the redesigned process than for the original one. (See Figures 2 and 3 on page 7.)

Additional testing methods include:

- Usability testing: "A method used to evaluate a product or process (a 'system') with its end users … [providing] a way to observe how actual end users interact with the system and to measure how well the system meets its intended purpose."
- Pilot testing: Implementing changes in one location or on one section of the redesigned process.
- Using the Plan-Do-Study-Act (PDSA) cycle of the Model for Improvement. (See Figure 1.)

At the conclusion of the FMEA, the team leader should provide a summary of all the actions the team considers reasonable to correct the identified failure modes to any senior leaders. The senior leaders will then make, or help make, decisions about prioritizing and implementing recommended actions, and will determine the allocation of required resources – this is not the responsibility

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Figure 2

FMEA subject: Patient assessment process									**Process:** #2: Evaluate information
Sub-process component: 2a – Confirm indication									
Failure mode number	**Potential failure modes**	**Effect(s) of failure**	**Cause(s) of failure**	**Severity (1-5)**	**Frequency (1-5)**	**Detectability (1-4)**	**Criticality score**	**Proceed? Yes or no**	**Actions to reduce risk and time frame**
2a1	Goals of treatment not discussed with patient; indication not obtained	Unable to assess effectiveness; patient receives incorrect dose for indication	Non-standard approach to patient interviews; expectation that patient understands treatment goals	4	3	3	36	Yes	Develop a checklist to facilitate standardized patient interview process (1-3 months)

Figure 3

FMEA subject: Patient assessment process		**Process: #2:** Evaluate information		**Sub-process step:** n/a	
Failure mode number	**Recommended action**	**Strength of action**	**Timeframe for implementation**	**Individual(s) responsible**	**Measurement plan**
2a1 2b1 2c1 2d1	Develop a checklist to facilitate a standardized patient interview process	Medium (Reminders/ checklists/double checks)	1-3 months	Senior pharmacist and delegated pharmacist	Checklist in place and available for use Periodic audits of checklist documentation by licensee
2b2	Work collaboratively with local prescribers to develop titration protocols for commonly used medications, including criteria for patients to return to prescriber	Medium (Simplification/ standardization)	6-12 months	Licensee and delegated pharmacist	Protocols in place Survey of collaborating prescribers to assess satisfactions with new process
2c1	Provide written information about possible side effects and indications of toxicity to support dialogue with patients at time of initial prescription and review this information when prescriptions are refilled • Develop standardized process for pharmacy technician to print information when entering prescriptions into computer system	Low (Education/ information)	1 month	Senior pharmacist and senior pharmacy technician	Periodic audits by licensee to ensure drug information sheets are routinely printed and provided to patients
2c2	Work with pharmacy information system vendor to implement automated dose range checking (if not already in place)	High (Automation/ computerization)	9-12 months	Licensee and delegated pharmacist	Routine testing process for new medications to ensure dose range checking is generating appropriate alerts
2c2	Work with pharmacy information system vendor to flag vulnerable populations for additional checks	High (Automation/ computerization)	9-12 months	Licensee and delegated pharmacist	Periodic audits by delegated pharmacist to ensure system is working as expected
2c2	In the absence of automated systems, educate pharmacy staff about patient groups/drugs that require additional review	Low (Education/ information)	1-3 months	Delegated pharmacist	Education session(s) completed and information available for reference in an easily accessible location
2d1 2d2	Routinely review the prescription history prior to dialogue with the patient	Medium (Simplification/ standardization, reminders/double checks)	1 month	Senior pharmacy technician	Periodic audits by senior pharmacy technician to ensure history is routinely reviewed

Mitigating risk *continued from page 7*

of the analysis team. The senior leaders are also responsible for ensuring that the recommended actions will not impact compliance with legislative and practice standards. It is important to establish specific time frames for completion of each action, as it is easy to move on to other projects once the FMEA is complete. The implementation plan needs to take into consideration the ease of implementation, resources required, and impact of various process changes on each other.

Step 8: Implement and monitor the redesigned process

Full implementation of a new process will take time, and measuring for sustained improvement is critical to long-term success. Consider change management principles when planning and implementing changes:

- Communicate the reasons for process changes;
- Find "change agents" to champion the new process;
- Define process and outcome measures (how will you know you have been successful?);
- Share results; and
- Monitor changes over time.

The final step is to ensure that the team implements the planned changes, sustains improvements, and achieves the desired outcomes. Regular progress reports of implemented actions are vital to keep momentum going and staff engaged. It is important to recognize that sometimes when teams introduce changes for the purpose of reducing risk, they inadvertently introduce new risks. Ongoing monitoring is required because the new risk may not be identifiable until after the team implements the strategy.

All the *Systems Approach to Quality Assurance* resources are on the ACP website under *Practice Resources*. When you review them, earn continuing education units by documenting these learning activities using the Non-Accredited Learning record template (found under *Continuing Competence > RxCEL learning portfolio*). For more information, please contact your pharmacy practice consultant or professionalpractice@pharmacists.ab.ca.

Do you have a story about implementing FMEA in your pharmacy? What was successful? What would you do differently? Please share with us by telling your pharmacy practice consultant or emailing communications@pharmacists.ab.ca

The FMEA goals and processes align with the *Standards for the Operation of Licensed Pharmacies* and the *Standards of Practice for Pharmacists and Pharmacy Technicians* in Alberta. Undertaking this type of analysis will help pharmacy teams meet the quality assurance objectives of the Standards.

Tips for successful FMEA projects

- Start small and achieve success early.
- Keep the scope of the FMEA narrow.
- Engage front-line staff.
- Include team members with different perspectives and expertise.
- Focus on what and why, not who.

Recognize and report serious and unexpected adverse reactions

Help improve the safe use of health products for your patients by reporting adverse reactions to Health Canada. Your report may contribute to the identification of previously unrecognized rare or serious adverse reactions and changes in product safety information.

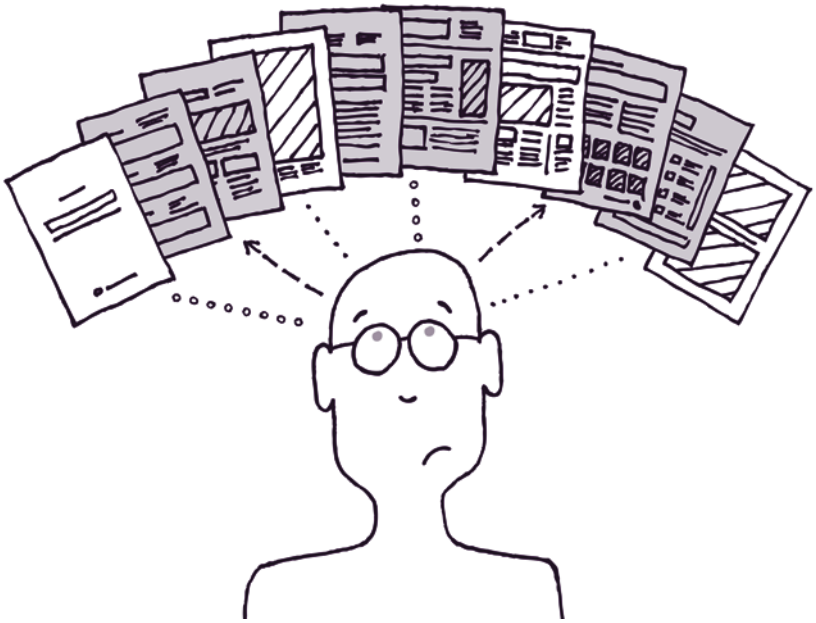
There are three ways to report:

1. Online at www.health.gc.ca/medeffect
2. By calling 1-866-234-2345
3. By completing an adverse reaction reporting form, which you can mail, or fax to 1-866-678-6789

To stay informed on new health product safety information:

- Advisories and Recalls
- MedEffect Canada RSS Feeds
- MedEffect e-Notice
- Canadian Adverse Reaction Newsletter

Visit www.health.gc.ca/medeffect



Deciphering record retention

Tips for efficiently managing all of that paper!

Record	What is it?	Retention period?	Reference
Prescription	A written record (hard copy) of a prescription from any authorized prescriber. For example, a prescription from a physician, pharmacist, or nurse practitioner.	Generally 42 months (3.5 years). However, the more precise answer is two years past the completion of therapy with regard to the prescription or 42 months, whichever is greater.	Standard 8 of *Standards for Operation of Licensed Pharmacies; Food and Drug Act*
Patient record	A patient record must contain: ■ Demographic information about the patient, ■ A profile of drugs provided, and ■ A record of care provided.	Ten years past the last date of pharmacy service provided or for two years past the age of majority of the patient if the patient is a child, whichever is greater	Standard 8 of *Standards for Operating Licensed Pharmacies*; Standard 8 and Appendix A of *Standards of Practice for Pharmacists and Pharmacy Technicians*

If your prescription is just a prescription (not a record of care), it can be shredded after the retention period as described

In effect, this may be longer than 10 years – 10 years past the LAST DATE OF PHARMACY SERVICE

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Deciphering record retention *continued from page 9*

Record	What is it?	Retention period?	Reference
Record of care	Part of the patient record. Includes: ■ Records of drug-related problems identified and the actions taken or monitoring plans created to deal with them, ■ A record of any prescriptions adapted and other drugs prescribed, ■ A record of drugs administered by injection, and ■ Other information such as prescriptions that were not filled or summaries of consultations with the patient or other health care providers.	Ten years past the last date of pharmacy service provided or for two years past the age of majority of the patient if the patient is a child, whichever is greater	Standard 8 of *Standards for Operating Licensed Pharmacies*; Standard 8 and Appendix A of *Standards of Practice for Pharmacists and Pharmacy Technicians*
Disclosure of health information without [signed] consent of the patient	A record of the disclosed diagnostic, treatment and care information which is provided to another health care provider. For example, faxing a patient's drug profile to a physician's office.	Ten years following the date of disclosure	Section 41(2) of the *Health Information Act*

In effect, this may be longer than 10 years – 10 years past the LAST DATE OF PHARMACY SERVICE

Tips for managing records of care:

- **Create a separate file for records of care apart from prescription hardcopies**
- **Scan all records of care into your pharmacy software for efficient retrieval**
- **Document record of care notes electronically to facilitate efficient retrieval and collaboration with your colleagues**
- **Keep records of care clear and concise**

Tips for managing records of disclosure:

- **Create a separate section on your patients' electronic pharmacy files for disclosures of health information records**
- **Create and keep only the record of disclosure. There is no need to keep a copy of the actual information (such as a patient's prescription history) that was disclosed**
- **For each disclosure, record the name of the recipient, the date and purpose of the disclosure, and a description of the information disclosed**
- **Keep records of disclosure clear, concise and easily retrievable for each patient**

practice *profiles*

Practice profiles are a new series of articles we are running to help you keep up with what is going on in the province, and hopefully help you from having to "reinvent the wheel." We'll share what is working around the province and provide the how and what details so you can incorporate the ideas that fit into your practice.

Do you have a practice idea or tip you think could benefit others? Email us at communications@pharmacists.ab.ca.

practice *profile:* Bringing big ideas to small towns

APEX AWARD WINNER:
M.J. HUSTON PHARMACIST OF DISTINCTION

Jody Keller

Pharmacist/Owner
Carstairs Family Pharmasave and Didsbury Pharmasave

"Recently, when my husband was discharged from the hospital, new prescriptions were faxed to his pharmacy. Because it was late in the day, I chose to wait til the next business day to have the prescriptions filled. Even though the pharmacy was closed the next day (it was Remembrance Day), Jody came to my home that morning to see if we needed any medications. It was a pleasant surprise to see him and yet I wasn't really surprised at all! This is just who Jody Keller is."

"I have done a lot of medical work, not only in Canada but also in other parts of the world, and in my opinion Mr. Keller is one of the best pharmacists that I have ever worked with."

"The way that I perceive it, being a pharmacist is not only a job for Mr. Keller. It is a calling."

These are excerpts from only three of the numerous testimonials submitted to recommend Jody Keller as the M.J. Huston Pharmacist of Distinction. All the submissions reflected the tremendous character, commitment, and care he brings and provides to his patients.

Jody is the owner of two successful pharmacies in central Alberta. Throughout his career, his openness to change is what has propelled Jody to be a leader in his profession. Whether practising in the NWT, Australia, or Alberta, he uses each experience to learn and grow professionally.

Jody says a monumental moment in his career is when he accepted a position with Didsbury Pharmasave. Owner Margaret Baril, a past M.J. Huston award winner, was an amazing mentor to Jody. Having the opportunity to mirror Margaret's skills in community pharmacy provided Jody with a springboard for his own career and broadened his understanding of the importance of relationships with patients and collaborating with other professionals.

Options for patients in today's world can be limitless. However, rural living can bring frustration with limited healthcare choices. Jody recognized this and has developed a very forward-thinking approach to pharmacy to ensure that his patients don't want for anything.

In July 2004, an opportunity was presented to purchase a Carstairs pharmacy. Jody felt that the stars aligned; he had worked relief at this store and

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Practice profile *continued from page 11*

remembered thinking it would be a great store to own one day. He and his wife had also just had their second child (they now have four!) and wanted to put some roots down.

The Carstairs pharmacy started growing immediately, largely because of Jody's passion. "I am always looking for new services to provide to our customers, the latest training for staff, and more efficient procedures to improve our effectiveness. There is nothing more gratifying than seeing the positive impact this has on patient outcomes, work flow, and staff growth." In 2009, he built a new pharmacy, praised for aesthetic appeal and being an eco-friendly building. His design also included an adjacent space for a wellness clinic, which houses alternative health practitioners.

Jody's fellow pharmacist, Wade Mannle, remarks, "I was, and still am, amazed at the scope of healthcare services that Jody had the foresight and courage to incorporate into a community pharmacy." Since opening its doors, the wellness clinic has offered many services such as a naturopathic doctor, traditional Chinese medicine, FirstLine therapy, massage therapy, and pharmacists offering hormone replacement therapy, injections, exercise consultations and specialized health counselling.

Jody is a certified FirstLine Therapy Healthcare Professional, has his injection authorization, and is a compounding pharmacist, trained at the Professional Compounding Centers of America. In addition to his pharmacies and the wellness clinic, he established a compounding facility. This commitment is not only meeting the needs of his customers, but those of many veterinarians, dentists and other neighbouring pharmacies.

Reaching out to his communities and colleagues and extending knowledge and education is important to Jody. He promotes pharmacy in the media, through features in *Pharmacy Business* magazine and "Ask the Pharmacist" articles that offer advice to the public on health concerns. Hosting public information sessions after store hours, in-house webinars for doctors to learn more about services available to them, and presenting within doctor or dental clinics on advanced topics are all part of Jody's repertoire. He mentors pharmacist and pharmacy technician students. He has met with his MLA to discuss pharmacy issues. Jody walks into the business districts in both Carstairs and Didsbury, introduces himself, and talks about pharmacy. He has also taken on national leadership roles by being involved in vendor contract negotiations while sitting on the Western Pharmasave board.

When Jody purchased Didsbury Pharmasave from his mentor, Margaret, in 2010, she recalls that, "The transition was far easier for me knowing that my patients would be well cared for by someone like Jody."

Asked for the secret to his success, Jody cites a piece of advice he was given, "Surround yourself with good people." He adds, "Be choosey about who you want to work with, study what makes a great team environment, and, if you are in a management position, study what makes a great boss." It appears Jody Keller is both a great teacher and student.

practice *profile:* Success with smoking cessation

Todd Prochnau

Associate/Owner
Shoppers Drug Mart, Sylvan Lake

Todd hasn't wasted any time in putting his pharmacy skills to use to help Albertans lead healthier lives. He graduated from the U of A and assumed ownership of the Shoppers Drug Mart in Sylvan Lake in 2010, received his injection authorization in 2011, and additional prescribing authorization (APA) in 2012.

Todd has always been passionate about smoking cessation, so he began a pharmacist-led smoking cessation clinic. He uses the CPhA QUIT program as the backbone of his clinic and tailors it to meet the needs of each patient.

"I meet with the patient for an initial assessment that takes from 30-60 minutes. We discuss smoking habits, past quit attempts, past responses to different therapies and their concerns. We review all relevant medical history and medications they are taking.

"I then review all of the drug therapy options available for smoking cessation and we select a treatment together. If the treatment is bupropion or varenicline, I provide a prescription and if the treatment is nicotine replacement therapy, I direct them to where they can obtain the product.

"We discuss a quit plan, review how the medication will work and discuss non-drug measures to aid their quit attempt. I also complete a cardiovascular risk assessment [using diabetes guidelines and the Framingham risk score]. I take the patient's blood pressure and ensure they have been adequately screened for dyslipidemia and diabetes as per the evidence-based guidelines.

"If screening is required, I order the appropriate lab tests and review the results with the patient and their family physician. If the patient has hypertension, dyslipidemia and/or diabetes, we review evidence-based targets for these disease states and ensure that their current treatment fits with the patient's goals and values. The final step is selecting a quit date and scheduling a follow-up.

"The patient receives a follow-up phone call two to three days after the quit date I give the patient my cell phone number so that they can touch base at any hour. I also tell them about AlbertaQuits; the experts there are amazing.

"Further follow-ups are generally at two-week intervals and consist of reviewing successes, discussing how to cope with any relapse, checking for adverse effects and reinforcing key messages. These follow-up appointments also give us a chance to review other issues that may have been identified in the initial assessment. Follow-ups continue until treatment is complete or fails. If treatment failure occurs the patient is invited back to re-start the process.

"It's really important to be supportive after a failed attempt. I try and make it clear at the first appointment that quitting is hard and lots of people struggle so they don't see it as a failure, but just a stumbling block."

Todd has grown the clinic through fairly grassroots efforts. First, he distributed letters and referral information to all the physicians and dentists in town. "Physicians have been really grateful that someone is offering the service." Patient feedback to their physicians has helped foster even more referrals.

Clinic information is posted by the prescription drop off and pick up locations in his pharmacy. He also ran an ad in the local paper in January, since quitting smoking is a common New Year's resolution.

What does Todd see as the best part of adding this to his practice? "When patients are successful, I feel extremely rewarded. I've used my training and knowledge to change the life of my patient for the better. I also know that I have benefited our healthcare system –smoking is estimated to cost the Alberta healthcare system $470 million per year."

Todd's tips for success

"Take your time and use evidence. Expect that your first cases will take longer. Overdo your assessment and documentation on your first few cases. No matter how long or short a time you've been a pharmacist, it is a bit nerve-wracking because it's not usual practice. Just like filling your first few prescriptions, you're going to be second-guessing everything. Being able to go back and look at the notes will give you confidence in your decisions."

Resources

CPhA QUIT program: www.pharmacists.ca/index.cfm/education-practice-resources/professional-development/quit/

AlbertaQuits: www.albertaquits.ca

PharmD applications now being accepted

Applications for the fall 2014 Post-Professional Doctor of Pharmacy full-time program will be accepted starting July 2, 2013. This one-year clinical undergraduate program includes classroom courses and experiential learning. The program's goal is to further develop clinical skills required for the provision of optimal patient-centred care.

Who is eligible for the 2014 Fall program:

- Practicing pharmacists: You will need proof of current licensure with the Alberta College of Pharmacists or eligibility for licensure in Alberta.
- Fourth-year BSc (Pharmacy) students: University of Alberta student pharmacists (Class of 2014).

The application deadline for the fall 2014 program is September 1, 2013 (one year in advance). For more information on the program and the application process, please refer to the PharmD webpage at: www.pharm.ualberta.ca > *Prospective Students* > *Doctor of Pharmacy Program*.

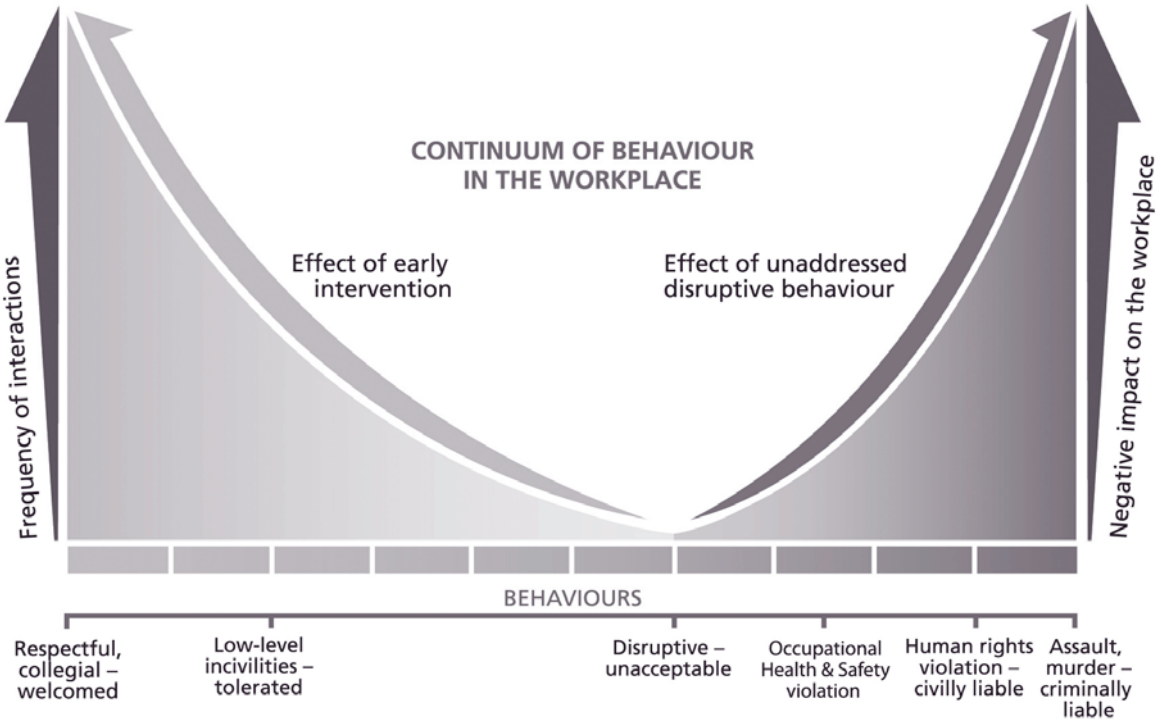
New publication addresses disruptive behaviour in the healthcare workplace

When it comes to disruptive behaviour in the workplace, you would be hard-pressed to find someone in healthcare who does not have a personal story to tell about experiencing it, witnessing it or having to deal with its effects. The Health Quality Council of Alberta's newly released framework, *Managing Disruptive Behaviour in the Healthcare Workplace*, focuses on disruptive behaviour and its impact on patient safety as well as its effects on employees and organizations. It was developed by the Health Quality Council of Alberta (HQCA) with the help of the College of Physicians & Surgeons of Alberta as well as a multi-stakeholder working group to create a document that was applicable for a wide audience within Alberta's health system.

Defining disruptive behaviour is a difficult task because it is so heavily influenced by people's perceptions of what constitutes respectful behaviour. Essentially, it is disrespectful interpersonal behaviour that disturbs the workplace or potentially impacts safety or quality of patient care. One of the most common forms of disruptive behaviour is inappropriate communication, which includes both verbal (e.g., yelling, threats, public shaming) and nonverbal communication (e.g., making faces, glaring, rolling eyes).

Bullying and harassment are also serious problems that affect not only those involved, but may also have serious effects on patient safety and quality of care. Personal factors such as innate personality traits and lack of coping strategies can be causes of disruptive behaviour, along with work-related factors, such as the stressful nature of healthcare work and the culture of the organization.

Disruptive behaviour can affect patient care as a result of impaired communication and collaboration between healthcare providers. Consequences for patient care include treatment delays, improper or ineffective treatment, and loss of trust and confidence in care providers.



Because it has such wide-ranging consequences, it is important that everyone understands the role they have in managing disruptive behaviour. The framework describes actions that both individuals and organizations can take to set expectations, prevent and respond to disruptive behaviour.

It also lists intervention strategies related to the severity of the disruptive behaviour, ranging from an informal "awareness" discussion to termination of employment and legal action. In a stressful environment such as healthcare, it is important to set expectations of behaviour that apply to everyone in the workplace, create policies and procedures to deal with disruptive behaviour, and hold everyone accountable for their actions. That said, it is also important to accept that as humans we cannot behave perfectly all the time and the context in which the behaviour occurs must be taken into consideration.

The HQCA has also created an online toolkit that provides templates, checklists, tools and other material that can be used to support an organizational initiative related to behaviour in the workplace.

Managing Disruptive Behaviour in the Healthcare Workplace – Provincial Framework and the accompanying toolkit are available on the HQCA's website at www.hqca.ca. For a hard copy of the framework, or for more information about this topic, email info@hqca.ca or call 403-297-8162.

PEBC assessors needed

Each year, PEBC invites interested pharmacists who have been licensed in Canada for at least two years and who are currently providing or directly supervising patient care services to apply as assessors for both the OSCE and the PhT-OSPE.

PEBC also invites interested PEBC-certified pharmacy technicians to apply as assessors for the PhT-OSPE.

This is a personally and professionally rewarding way to support the continued success of the pharmacy professions.

Exams are held in both Calgary and Edmonton on the following dates:

Sun., Sept. 8
Pharmacy Technician OSPE

Sat., Nov. 9
Pharmacist OSCE

Please refer to the PEBC Assessor Application Form for further eligibility and application details. It is posted on the ACP website under *Practice Resources>Forms>Other*.

In memory...

Stuart "Stu" Bailey of Camrose died on May 3, 2013 at the age of 84 years. He graduated from Pharmacy at U of A in 1958 and entered his father's pharmacy business in Camrose. He went on to open Stuart Bailey Drug and continued his practice for about 15 years. He finished his pharmacy career as an auditor inspector for the Alberta Pharmaceutical Association.

James Lukes of Calgary died on May 10, 2013 at the age of 87. Jim opened Lukes Drug Mart in Calgary's Bridgeland neighbourhood in 1951. It is now touted as the oldest independent pharmacy in Calgary and is run by Jim's son, Bob.

John Switzer of Edson died on April 15, 2013. John started working at his father's store, Switzer's Drug Store as a young boy. In 1953, John graduated from Pharmacy at the U of A and helped run Switzer's Drug Store. He was the first hospital pharmacist at the St. John's Hospital Edson. In 2003, after 50 years as a pharmacist; John retired. 2012 saw John celebrate his 85th birthday, 65th wedding anniversary, and the 100th year for Switzer's Drug Store.

Placement and advertising of rubbing alcohol compound and isopropyl alcohol still causing concern

Individuals are being admitted to emergency wards with alcohol toxicity, having consumed rubbing alcohol compound and isopropyl alcohol purchased from pharmacies. We first reported this in *The Link* on March 19, and provided recommendations for pharmacies. We have since received further reports of such incidents and have also seen these products promoted in pharmacy sale flyers and ads.

Rubbing alcohol compound and isopropyl alcohol are prone to abuse, both by ingestion and in the production of illicit substances. Of immediate concern is that:

- Labelling of many products does not clearly indicate the potential for toxicity, even though they are labelled "for external use only,"
- Pharmacies do not consistently store alcohol products in an area where sales can be monitored, and
- Businesses with pharmacies have not trained staff to monitor sales where indications of abuse might be present.

Recommendations for pharmacy licensees

Licensees should establish policies to control and monitor the sale of rubbing alcohol compound and isopropyl alcohol products. We ask that pharmacy licensees take the following preventative measures:

- Store all rubbing alcohol compound and isopropyl alcohol products in the dispensary or immediately adjacent to the dispensary with Schedule 3 drugs so pharmacy staff can monitor sales;
- Do not promote these products through "sale" events or other promotions; and
- Train pharmacy and front store staff about the potential for abuse of these products, and when to refer individuals to the pharmacist before completing a transaction.

ACP recognizes that there are other products containing high quantities of alcohol sold in pharmacies that are prone to misuse or abuse. Please monitor the risk and trends in your community and take action to prevent misuse and abuse.

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.

acφnews

Return undeliverable Canadian addresses to:
Alberta College of Pharmacists
1100, 8215 - 112 Street NW, Edmonton, AB T6G 2C8

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