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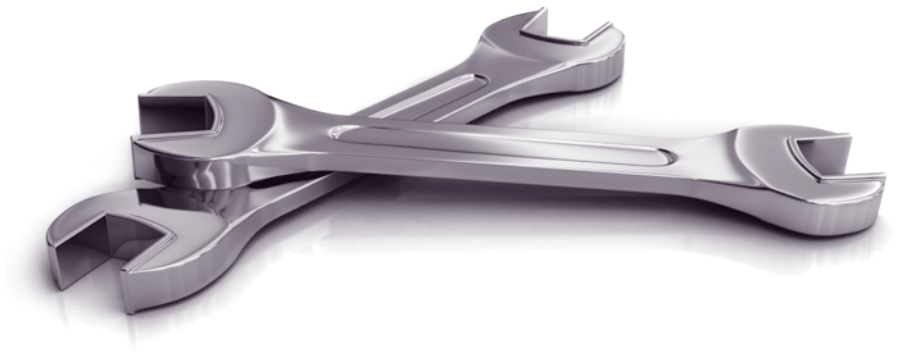
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Message from the President

Oil changes and pharmacy: A lesson



I recently lost weight through managing my food intake and engaging in intensive physical exercise. Upon my most recent visit to my physician, we determined that I could tolerate a decrease in my high blood pressure medication. I took the prescription with my new lower dosage to the pharmacy to have it filled. I had not been to this particular pharmacy before, but I have been on high blood pressure medication for over 10 years.

I spoke with a pharmacy assistant who collected my personal and billing information when I dropped off my prescription. When I picked up my prescription, I spoke to the same

pharmacy assistant who was nice enough to show me the pills I was supposed to be taking and kindly accepted my payment. I did not speak with a pharmacist.

No pharmacist asked me if I had been on the medicine before. No pharmacist asked me if the decrease in dosage was intentional. No pharmacist asked me what my blood pressure was. So...I paid my money and I got my pills.

I have reflected upon this experience many times since. How many other patients have had a similar experience

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You can contact council members by email via our website under *About ACP/ Council*, or by using the search feature to locate them by name.

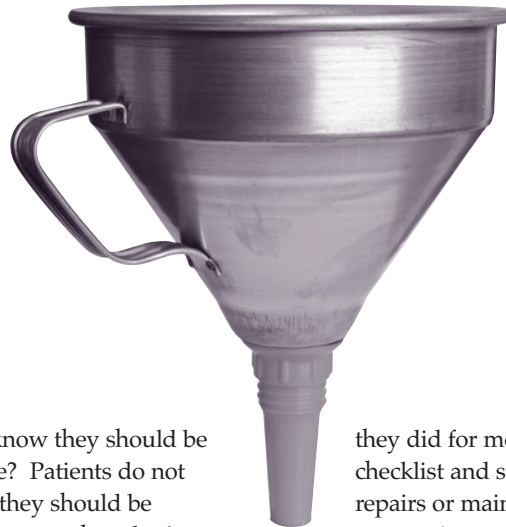
Staff Directory

All staff are available at 780-990-0321 or 1-877-227-3838 or by fax at 780-990-0328.

Their email addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

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ACP welcomes Kelly Olstad *continued from page 1*



but do not know they should be getting more? Patients do not know what they should be expecting, because they don't understand all that we do – and can do – for them. How many times have you lectured family members or friends about all the clinical work we do behind the counter every time we fill a prescription?

they did for me and provides me a checklist and suggestions for further repairs or maintenance. They provide appropriate service based on what I ask for, they offer to do other things for me, and they tell me what they did well. Is there something we can incorporate from the corner oil and lube shop into our clinical practice? I think so.

There are two things we must do each day within our clinical practices to ensure pharmacy continues to be a strong and valued member of the patient care team:

- 1. Provide appropriate clinical care to each patient we serve – every time, and*
- 2. Tell patients about what we did for them.*

When I get the oil changed in my car, the service person runs through everything



*Kelly Olstad, BScPharm
President*

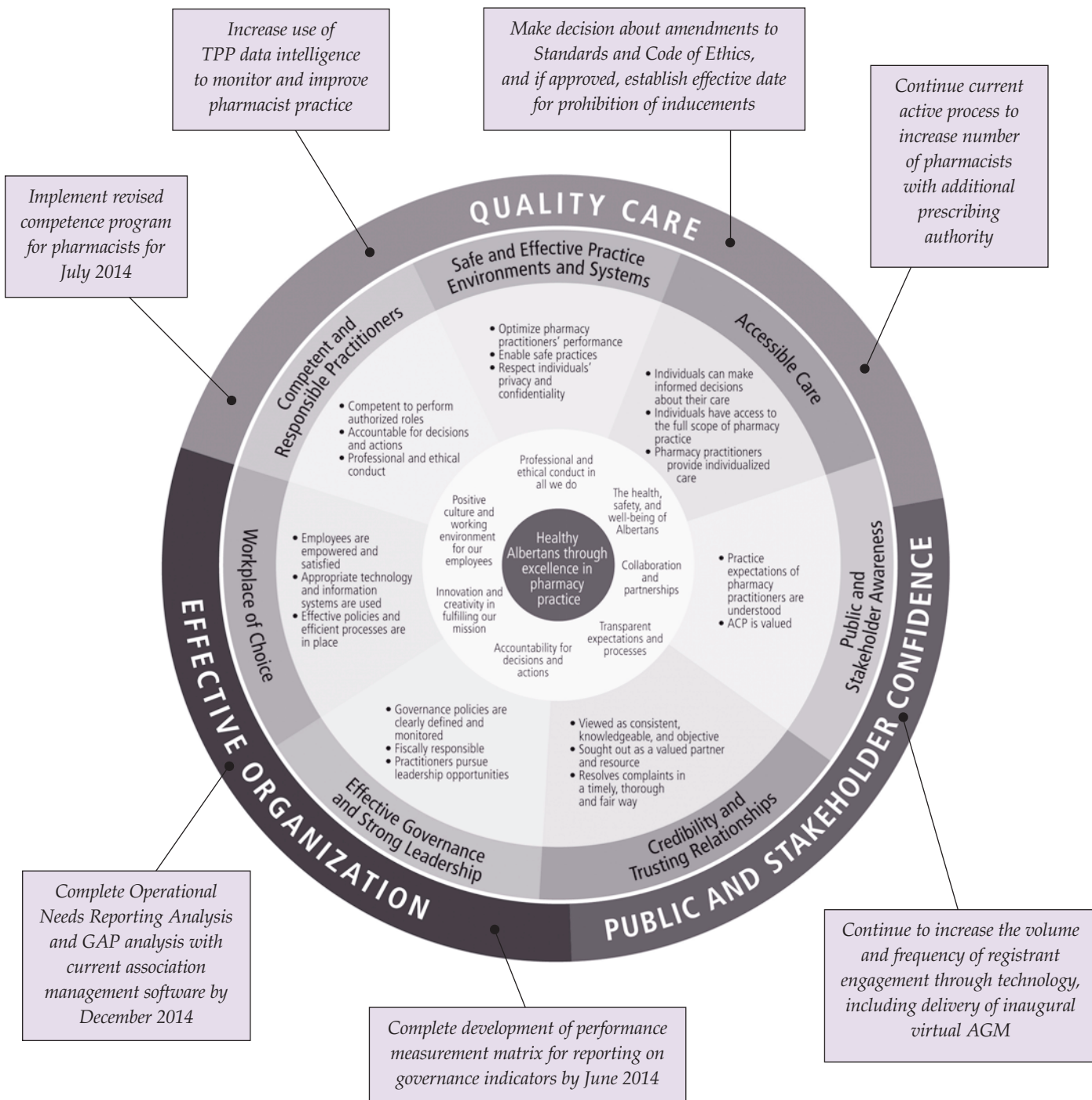
No fee increases in 2014

Council approved the 2014 business plan and budget. In light of the changing pharmacy economy over the past year, council agreed to not increase any registrant fees in 2014.

Council also approved, for review, new fees for applying to appeal the decision of a hearing tribunal or the Complaints Review Committee. Implementing these new fees requires amendments to ACP's bylaws. The proposed amendments have been circulated for review and comment. The comment period closes on Feb. 20, 2014.

ACP priorities for 2014

ACP council and staff will be focusing on the following seven priorities this year.



All the priorities are designed to support the college's mandate – protecting the health and well-being of Albertans – through its strategic plan, which is summarized in the graphic. You can review the complete strategic plan on the college website under *About ACP*.

Public survey results



While 92% of the public is satisfied with the pharmacy care they received in the last year, there is still confusion over what pharmacists can do. There are also two areas that the public feels are important, but are less satisfied with. Those are the key findings from ACP's 2013 public survey.

Background

ACP surveys its key audiences – registrants, the public, and stakeholders – on a three-year rotating cycle. This year, NRG Research Group surveyed 1,200 members of the general public across Alberta. They explored their views about the college, pharmacy practice, and their hopes for the future.

What's going well?

The public is satisfied with the provision of pharmacy services in Alberta, and consider their pharmacist to be important to their overall health care.

See Figure 1.

The public is also well aware of more traditional pharmacist roles – and is willing to rate these roles as both satisfactory and important.

Figure 1: Satisfaction with pharmacy services overall



What could be improved?

Respondents rated two elements as high in importance, but lower in satisfaction:

1. Following up with the patient to monitor their response to drug therapy and to provide additional support in using their drugs properly.
2. Working with the patient's health team to coordinate their drug therapy.

See Figure 2.

As well, many of the other pharmacists' responsibilities appear to be unknown or perhaps poorly understood. Ratings for

these responsibilities are lower than average in terms of satisfaction and importance; however, as these are newer or non-traditional pharmacist roles the public likely is unable to fairly evaluate these components. These include:

- Administering immunizations
- Discussing lab results important to a patient's treatment
- Writing care plans for a patient's continued health care treatment
- Administering other drugs by injection

See Figure 3 on page 6.

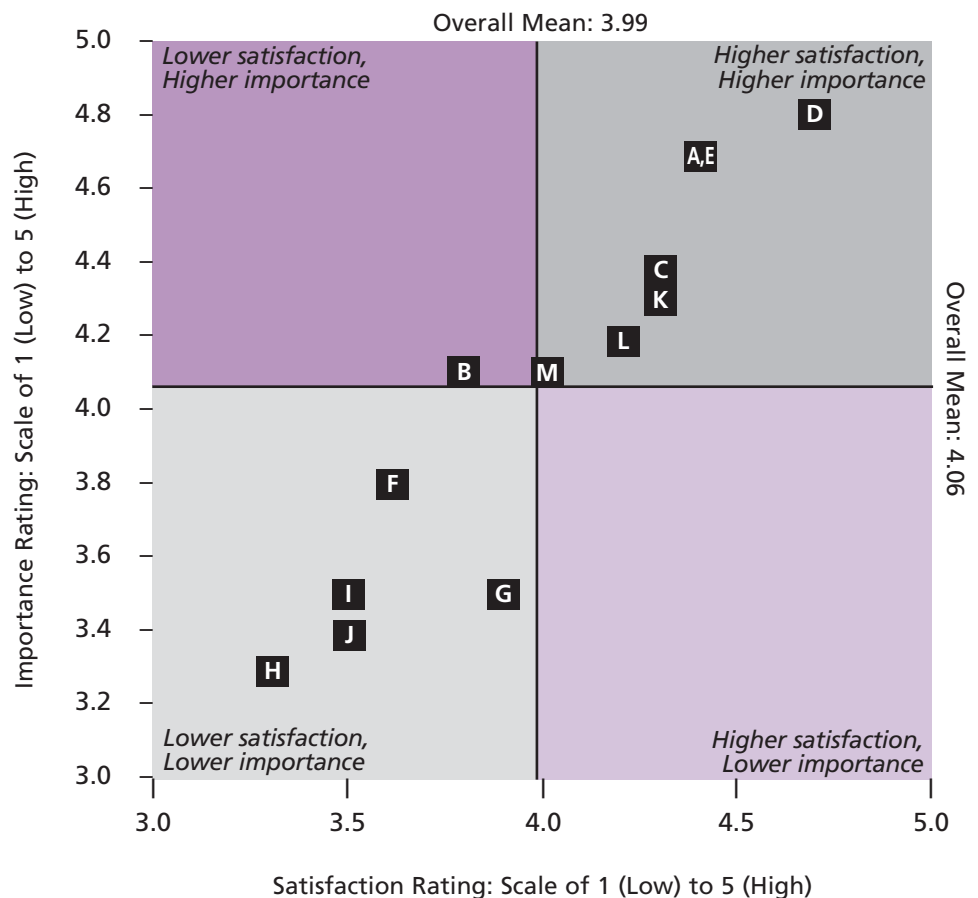
These findings echo those of Pfizer's recent national survey that found, "while the vast majority of Canadians trust their pharmacist and see them as valued partners in their healthcare, many are not aware of the rapidly expanding roster of healthcare services pharmacists can provide."¹

These results were then reinforced when ACP survey participants were asked, "When it comes to taking care of your health and that of your family, what services or help would you like that you

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Figure 2: Importance vs. satisfaction on pharmacist roles or jobs

- A** Evaluating your prescription to ensure the right drug / dose / amount, for the right reason
- B** Following up with you to monitor your response to drug therapy
- C** Helping you to select and use non-prescription medications
- D** Providing you with enough information to know how to properly take/use your drugs
- E** Ensuring that you understand what results you might expect and when
- F** Assessing you for potential health risks
- G** Administering immunizations (such as flu shots or vaccine shots)
- H** Administering other drugs by injection
- I** Discussing lab results important to your treatment with you
- J** Writing care plans for your continued health care treatment
- K** Authorizing refills on prescriptions
- L** Prescribing drugs for conditions that pharmacists are trained to care for
- M** Working with your health team to coordinate your drug therapy



1 Beyond Prescriptions: National Survey Reveals Four-in-five Canadians think pharmacists can help improve their health - but many unaware how, Pharmacy in Canada Survey November 2013. Ipsos Reid. Sponsored by Pfizer Canada Inc., http://www.pfizer.ca/en/media_centre/news_releases/article?year=2013&article=434, accessed Dec. 9, 2013

Public survey results

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aren't getting now?" Even though the question was not directly pharmacy related, two of the top answers were pharmacist prescribing (including refill authorizations) and better coordination between pharmacists and other healthcare professionals.

The top answer to that question was to reduce wait lists/doctor shortages.

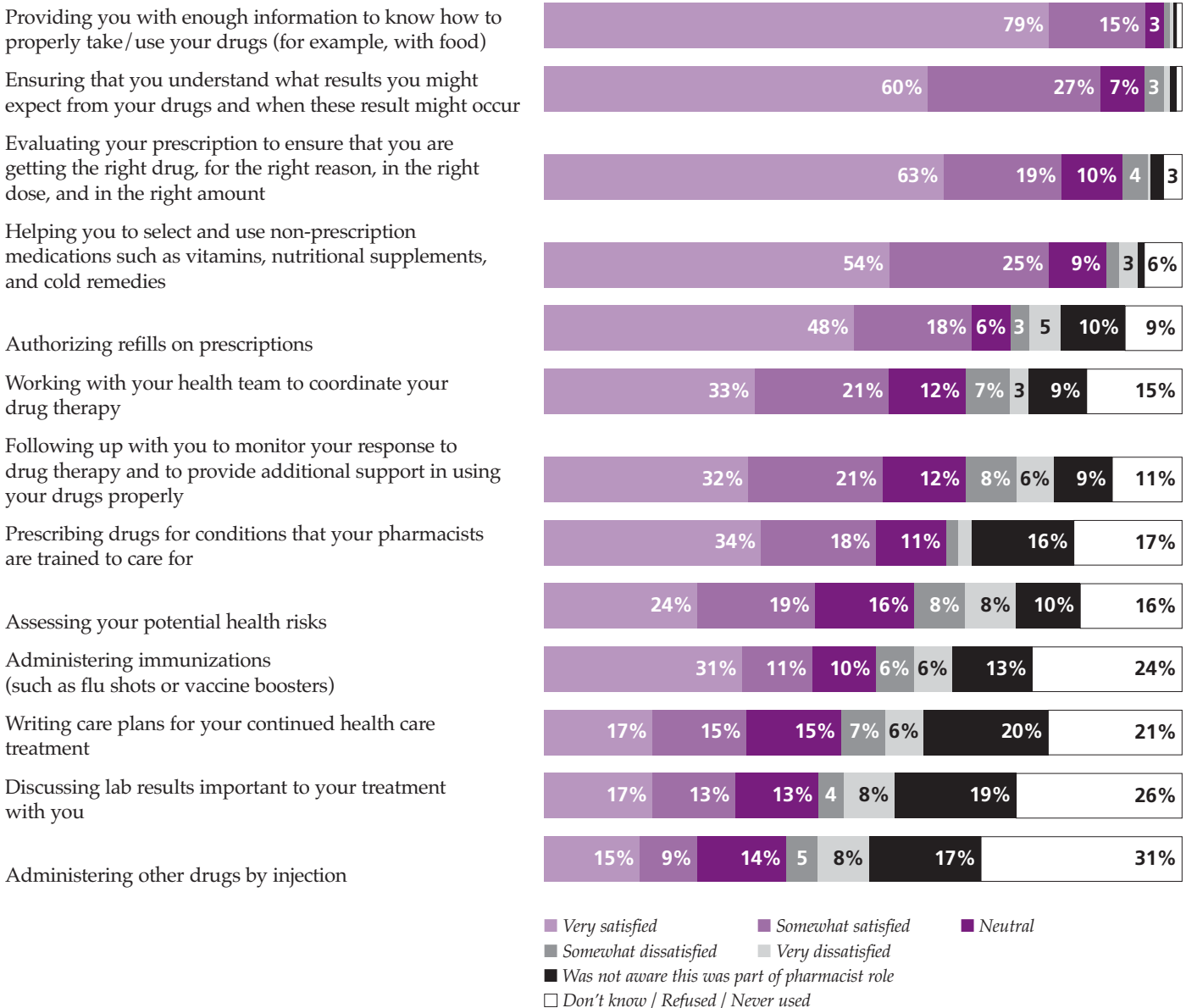
While there will be times that seeing a physician will be the only solution, we also want to be sure that patients are not waiting for a service a pharmacist could provide.

The changes in pharmacy practice may have been initially confusing for practitioners, and that uncertainty was compounded for the public who often is unaware of even the basic responsibilities involved in filling a prescription.

As President Olstad observed in the cover article, pharmacists not only need to provide comprehensive patient care, but they must educate each patient about what they are doing for them – every time.

You can view the full public survey report on the ACP website on the News page.

Figure 3: Satisfaction with pharmacist performing roles or jobs



More than counting pills

On last year's registrant survey, you told us you would like the public to better understand what pharmacists do. Results from this fall's public survey tell us that people want to better understand pharmacists' scope of

practice. So, we designed a campaign to help both groups.

From Nov. 25 to Dec. 8, our public awareness campaign helped the public understand that whether filling or refilling a prescription, writing a care

plan, or giving an injection, pharmacists always do more than just count pills or fill orders.

Digital billboard ads played at major intersections in Edmonton and Calgary and radio ads ran across the province. We also had great success through our social media channels, with posts on Facebook and Twitter, and plenty of shares, likes, and retweets.

Visit the *For the Public* page on the ACP website to listen to the radio ads and view an animated presentation.

As always, we would love to hear your thoughts, your wishes for future campaigns, and your patients' reactions. Send comments to communications@pharmacists.ab.ca.



Council elections: Is this the year for you to step up?

Make this the year you step up for your profession by running for ACP council. Elections will be held in:

District 2 (southern Alberta)

District 4 (central Alberta)

District 5 (Calgary)

District B – pharmacy technician (southern Alberta)

Candidates must reside in the district for which they are nominated.

To view council districts, see *About ACP/Council/Districts* on the ACP website.

You are an ideal candidate if you:

- are motivated to advance public safety;
- want a hands-on role in advancing pharmacy practice in Alberta;

- model safe, effective, responsible pharmacy practice;
- have demonstrated leadership skills; and
- are able to commit 12 to 15 days per year over a three-year term.

When considering the criteria of a good councillor, review the responsibilities and councillor code of conduct under *About ACP/Council/Become a councillor* on the ACP website.

An official call for nominations will go out in late January. Nominations will be due at the end of February.





Amendments proposed to prohibit inducements

ACP is proposing amendments to our Standards and Code of Ethics to prohibit pharmacists, pharmacy technicians, and pharmacy proprietors from providing an inducement on the condition that an individual receives a drug or a professional service from a pharmacist or pharmacy technician.

To better understand the reasoning behind the proposed prohibition, please access the following documents from the Bulletin Board section of the ACP website:

1. Proposed amendments
2. Executive summary
3. Frequently Asked Questions
4. Background paper – *Inducements for Drugs and Professional Services: A Basis for a Prohibition*

The review period for the proposed amendments to ACP's Standards and Code of Ethics opened on Nov. 27, 2013 and will remain open until 4:30 p.m., Jan. 31, 2014. To submit your comments, please use the ACP registrant comment form, also found in the Bulletin Board section.

Disciplinary report summary

Investigations and hearings into the professional conduct of two registrants have recently concluded. Following are **summaries** of the hearing tribunal reports. You can view the full reports on ACP's website under *Complaints Resolution/Investigating & hearing tribunal reports*.

Case 1

A hearing tribunal made a finding of unprofessional conduct against Mr. Calvin Boey when they found that, from November 2011 to June 2012, he:

1. Diverted medications from Shoppers Drug Mart #343 including zopiclone, clonazepam, and on one occasion Dexedrine in the approximate amounts of 10,000 zopiclone tablets, 1,000 clonazepam tablets and 1 tablet of Dexedrine 5mg for his personal use;
2. Routinely practiced while incapacitated, thereby creating an environment that endangered the public with his practice; and
3. Abused his position of trust by altering the electronic inventory records of the pharmacy to both initiate and conceal his diversion of the zopiclone.

The hearing tribunal imposed the following orders:

1. The suspension of Mr. Boey's practice permit continue until December 31, 2013 (it was initially suspended on June 26, 2012).

2. Conditions on practice permit including:
 - a) The member must develop a Recovery Maintenance/Relapse Prevention Plan that includes being enrolled, at his own cost, in a monitoring and compliance program prior to returning to practice. This plan must be in place for 3 years after return to practice, involve a minimum of 12 drug/alcohol tests per year and be satisfactory to the complaints director. The member must make the results of any of the drug screens available to the complaints director upon request.
 - b) The member must provide the complaints director with a clean drug screen to demonstrate his abstinence prior to returning to practice.
 - c) For three years after the member's return to work, the member must provide any employer or licensee with a copy of this decision and the orders for penalty.
 - d) The member must practice under direct supervision for six months upon his return to practice.
 - e) The member shall not be permitted to be a pharmacy licensee for five years upon his return to practice.
3. Pay the costs of the investigation and hearing, up to a maximum of \$10,000.

Case 2

The registrant's legal counsel and the hearing tribunal requested that the registrant's name not be published in this decision. The registrar reviewed and granted the request due to the nature of the case.

A hearing tribunal made a finding of unprofessional conduct against a registrant when they found that, between September 2012 and April 2013, on multiple occasions the registrant stole merchandise and medications from Shoppers Drug Mart of an estimated total dollar value between \$500.00 and \$2500.00 while practising as a pharmacist.

The hearing tribunal ordered that the registrant:

1. Receive a reprimand.
2. Have her practice permit suspended until she provides proof that is satisfactory to the complaints director demonstrating that she is not incapacitated and that she is fit to practice as a pharmacist.
3. Prior to resuming employment as a pharmacist, the registrant will notify the complaints director that she is enrolled in an appropriate monitoring/assistance program, subject to the following requirements:
 - a) The registrant must participate in a program under the care of a psychologist or psychiatrist that is satisfactory to the complaints director;
 - b) The psychologist or psychiatrist must agree to notify the complaints director if he becomes aware that the registrant's status has changed or deteriorated such that she is no longer able to provide professional services in a safe and competent manner;
4. Upon returning to work as a pharmacist, a condition shall be placed on the registrant's practice permit requiring her to practice under direct supervision of another licensed pharmacist for a period of 200 hours. The supervisor shall provide a report to the complaints director confirming the results of the period of supervised practice.
5. Pay a fine of \$2,000.00.
6. Pay the costs of the investigation and hearing, within 24 months from the date of the hearing tribunal's written decision.

Note from the hearing tribunal

The hearing tribunal wishes to remind all members of the Alberta College of Pharmacists of the importance of seeking help when encountering difficult personal circumstances. Support services are available to members of the profession (e.g., RxA's Wellness Program). It is imperative that members who encounter difficult personal circumstances that adversely affect their performance at work seek assistance, to ensure that their personal circumstances do not interfere with their professional obligations.



Pharmacist responsibilities when filling prescriptions from physician assistants

Physician assistants (PAs) are beginning to work in eight Alberta communities. Pharmacists need to keep two things in mind when working with them:

1. PA prescriptions must be co-signed by a physician **before** being dispensed.
2. Pharmacists must exercise extra diligence in assessing the appropriateness of prescriptions from PAs, as they are currently unregulated and therefore invite additional responsibility to the pharmacist.

For more information on physician assistants and ACP's concerns about PA prescribing, please see the October 22, 2013 edition of *The Link*.

Nurse practitioners can't prescribe narcotics or controlled substances yet

The *New Classes of Practitioners Regulations* (NCPR) under the *Controlled Drugs and Substances Act* was proclaimed on Nov. 21, 2012. These regulatory changes included nurse practitioners. However, **NPs are not yet authorized to prescribe narcotics and controlled substances** in Alberta.

The College and Association of Registered Nurses of Alberta (CARNA)

is developing requirements that will allow individual practitioners to demonstrate that they possess the knowledge, skill, and ability to assume this expanded scope of practice.

ACP will notify pharmacists and pharmacy technicians of any changes to nurse practitioners' prescribing authority.

Schedule F of Food and Drug Regulations being replaced

SCHEDULE

F

On December 19, 2013, Schedule F to the Food and Drug Regulations was replaced with the Prescription Drug List. The Prescription Drug List is divided into two separate lists:

1. A list of medicinal ingredients that, when found in a drug, require a prescription for **human use**; and
2. A list of medicinal ingredients that, when found in a drug, require a prescription for **veterinary use**.

If a veterinary drug product is not on the "veterinary use" section of the list, it is considered a non-prescription drug for veterinary use.

All drugs previously listed in Schedule F to the Food and Drug Regulations are included in the Prescription Drug List. Accordingly,

this list does not include ingredients listed in the schedules to the *Controlled Drugs and Substances Act* and its regulations.

The Prescription Drug List is accessible via the Health Canada website and will be updated weekly.

Two things to keep in mind

1. While the federal government may give a drug non-prescription status, each province can further restrict its conditions of sale. Please refer to Alberta's drug schedules for more information.
2. These amendments will not affect the regulations on the sale of prescription drugs. Please refer to the updated *Prescription regulations summary chart* for more information.

Opportunities to improve safety in care transitions



During care transitions – handovers at shift changes, patient transfers, discharges and referrals – the transfer of information is vulnerable. A breakdown in communication creates safety risks for patients and an associated increase in costs to the health care system.

In its annual Canadian Health Accreditation report, Accreditation Canada turns the lens on care transitions in Canadian health care organizations, and finds opportunities for improvement.

In 2012, Accreditation Canada assessed 277 health care organizations across the


country. Results indicate that participating health care organizations achieved a high level of compliance with standards related to coordinating services across the continuum of care. However, there was a drop in compliance with follow-up to evaluate the effectiveness of those transitions, highlighting a key opportunity for improvement in the health care system.

The data also reveals that while efforts to improve medication reconciliation – a significant component in care transitions – are increasing (compliance rates were up 11% to 71% at admission

and up 12% to 62% at transfer / discharge over the previous year), the relatively low compliance rate remains an area that organizations should continue to focus on.

To learn more about this topic, please read the full report: *Safety in Canadian health care organizations: A focus on transitions in care and Required Organizational Practices.*

New tool makes assessing opioid prescriptions easy and thorough

Assessing an opioid prescription 

CHAT

- 1 "What did your prescriber tell you your medication was for?"
- 2 "How did your prescriber tell you to take this medication?"
- 3 "What did your prescriber tell you to expect?"

CHECK

- 1 Is the therapy indicated?
- 2 Is the therapy effective?
- 3 Is the therapy safe?
- 4 Is the patient willing to undertake therapy?

CHART

- 1 Data
- 2 Assessment
- 3 Plan

CHAT: Sample questions to ask the patient

- 1 "Tell me about your pain?"
Specifically probe for:
• Cause
• Location
• Severity (on a scale from 0-10)
• Characteristics (continuous/intermittent, sharp/dull, burning, etc.)
• Aggravating factors (activities, medications, etc.)
• Limitations (functional, sleep, mood, or social)
"What other medical conditions do you have?"
- 2 "How will you fit this into your schedule?"
- 3 "What other medications are you taking?"
"I ask all my patients these lifestyle questions to ensure the medication is safe for them, could you please tell me:
• Do you smoke?
• Do you drink alcohol?
• Are you using any recreational drugs?"
"What do you expect from this therapy?"
• Discuss benefits and risks of therapy, including adverse effects and risk of misuse
• Ensure patient's expectations are realistic
"Where do you store your medications?"

acetylsalicylic acid 325 mg tablets, 15 mg
2 tablets qd prn for pain (M100)

CHECK: Sample questions to evaluate therapy

- 1 Are there any signs of?
 - Addiction?
 - Misuse?
 - Previous fills on return?
 - Any early fills?
 - Concern from family/friends?
 - Multiple unsanctioned dose escalations?
 - Substance?
 - Dependence?
 - Withdrawal?
 - Intoxication?
- 2 Is this dose and interval likely to decrease the patient's pain by 30%?
- 3 Will the dose or interval cause excessive side effects?
- 4 Does this dose exceed the maximal dose of 300 mg of oral morphine equivalents per day?
- 5 Will the patient adhere?

acetylsalicylic acid 325 mg tablets, 15 mg
2 tablets qd prn for pain (M100)

- 1 Would a non-opioid be more appropriate for the pain?
- 1 Is this the appropriate opioid?
- 1 Is the dosage form appropriate for the patient's condition?
- 1 Would a long acting formulation be more appropriate?
- 1 Are there any potential precautions, interactions, or contraindications?
- 1 Is the quantity appropriate?

CHART

Initial assessment	Follow-up assessment
<ol style="list-style-type: none"> 1 Rx # 100001 April 1, 2013 1 Acetaminophen 325 mg tablets for PRN pain management. Do not exceed 300 mg of oral morphine equivalents per day. Do not use if patient is taking other opioids. 1 2 tablets qd prn for pain (M100) 1 1. Counsel on opioid-induced drowsiness and safety precautions. Counsel on alcohol use. 1 Follow up on next fill re: pain control, ability to turn dose down, drowsiness, constipation, nausea and 	<ol style="list-style-type: none"> 1 Rx # 001001 May 6, 2013 1 All requested items are appropriate for the patient's condition. Do not use if patient is taking other opioids. Do not use if patient is taking other opioids. 1 2 tablets qd prn for pain (M100) 1 1. Counsel on opioid-induced drowsiness and safety precautions. Counsel on alcohol use. 1 Follow up on next fill re: pain control, ability to turn dose down, drowsiness, constipation, nausea and

ACP's Chat, Check, and Chart tool for assessing an opioid prescription helps pharmacists easily, yet comprehensively, assess the appropriateness of opioid prescriptions.

This tool guides pharmacists through the information they need to gather, assess, and document when reviewing an opioid prescription for pain management.

Find it on the ACP website under *Practice Resources/Info sheets & posters.*

Visually confirm prescriptions with patients

In the past months, ACP has investigated several complaints stemming from medication errors that could all have been avoided by confirming the patient's identity and then visually reviewing the medication with the patient.

In each case, pharmacy staff had processed, prepared, and checked the prescriptions correctly. But then, the wrong patient's prepared prescription was selected and given to another patient with a similar last name at the time of pick up. The pharmacy staff failed to remove the medication from the bag when giving it to the patient so there was no visual check by the staff or the patient.

Had the pharmacy staff confirmed the name of the patient, removed the medication from the bag, and visually confirmed the medication

with the patient, these errors (and subsequent complaints) would have been avoided.

In some of these cases, the patient ingested a medication prescribed for another patient for a lengthy period and significant harm resulted.

The standards require you to confirm before releasing a prescription

Remember that the standards require the pharmacist or pharmacy technician to confirm the patient's identity and the medication before releasing a prescription. **This confirmation can only occur if, once the patient's identity has been properly confirmed, the medication is removed from the bag and shown to the patient.**



Standards reference

The *Standards of Practice for Pharmacists and Pharmacy Technicians* state:

8.1 Before the release of a drug or blood product provided under a prescription or the sale of a Schedule 2 drug, the pharmacist or the pharmacy technician who releases the drug or blood product must ensure communication occurs with the patient to confirm:

- a) the identity of the patient;
- b) the identity of the drug or blood product being dispensed or sold; and
- c) refill information, if applicable.



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.

