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President’s New Year’s message



*Brad Willsey, President
Alberta College of Pharmacists*

Pharmacists and pharmacy technicians have demonstrated time and again their ability to change. Whether driven by patient need, economic shifts, or employer directives, practitioners have figured out how to adapt to new worlds. But rather than reacting to change that’s thrust upon us, can we be proactive and be the drivers of the change we want to see?

In the Sept/Oct issue of **acpnews**, I asked you to ponder a few questions.

With all the options open to practitioners now, and more appearing all the time, what are the essentials going to be for pharmacists and pharmacy technicians in the future? What skills, knowledge, and abilities must every pharmacist and pharmacy technician have? What will make pharmacy unique from other health professions?

At four regional meetings in November and December, pharmacists and pharmacy technicians dug into these questions more deeply. It was great to hear the hopes and frustrations of colleagues. They offered thoughts on the new ways care might be delivered, what training pharmacists and pharmacy technicians might need, and how technology may impact pharmacy practice. You can see all the comments from the meetings at <https://pharmacists.ab.ca/articles/regional-meeting-feedback>.

My questions and our discussions at the regional meetings are just the start of a larger engagement we will continue with you in 2015. Even at this early stage, it’s clear that there are almost endless options for pharmacy. It’s not a question of “if” practice will change, but “how.”

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acp news is published six times per year by the Alberta College of Pharmacists.

Editor in Chief: Greg Eberhart
Managing Editor: Sheena McNally

Please send comments or submissions for publication to communications@pharmacists.ab.ca.

The deadline for submissions for the March/April issue is February 5.

ACP Council Executive

President: Brad Willsey
President Elect: Rick Hackman
Executive Member at Large:
Taciana Pereira
Past President: Kelly Olstad

Councillor email addresses are posted on our website under *About ACP/Council*.

Staff Directory

Registrar: Greg Eberhart
Deputy Registrar: Dale Cooney
Operations and Finance Director:
Lynn Paulitsch
Competence Director: Debbie Lee
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Pharmacy Practice Consultants:
Tim Fluet, Chantal Lambert,
Martha Nystrom, Monty Stanowich,
Jennifer Voice
Professional Practice Director: Shao Lee
Registration Manager: Linda Hagen

Staff email addresses are posted on our website under *Contact Us*.

Alberta College of Pharmacists
1100, 8215 - 112 Street NW
Edmonton AB T6G 2C8
T 780-990-0321
TF 1-877-227-3838
F 780-990-0328

pharmacists.ab.ca

Call for ACP councillor nominations

Nominations are open for pharmacist councillors in District 1 (northern Alberta), District 5 (Calgary) and for a pharmacy technician councillor in District A (northern Alberta).

You may be an ideal nominee for this year's council election if you:

1. Are a registrant in good standing with ACP;
2. Are motivated to improve the quality of pharmacy practices;
3. Want a hands-on role in developing pharmacy practices that meet the needs of a changing health system;
4. Model safe, effective, responsible pharmacy practice;
5. Have demonstrated leadership skills; and
6. 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 and the college bylaws. You can find these, along with the nomination forms and list of eligible registrants, on the ACP website under *About ACP>Council>Council elections*.

Nominations are due by 4:30 p.m. on Saturday, Feb. 28, 2015. Please submit nominations to Leslie Ainslie at leslie.ainslie@pharmacists.ab.ca.

President's New Year message *continued from page 1*

That brings me to the answer to my opening question. Of course we can drive change. We've already done it. Pharmacists in Alberta enjoy the broadest scope of practice in Canada and beyond because individual pharmacists, RxA, and ACP worked together to get enabling legislation and standards. So, the real question is not *if* we can drive change, but *what change* will we drive toward? Will this change be driven top down from ACP and/or employers, or, can we drive change through our members? We all know the best and most effective answer to this question is the latter—to drive practice change through our pharmacists and pharmacy technicians. However, the larger question is how and what the change will look like, and for this we need your input.

Your answers to these questions will inform council as we set the strategic direction for the college. Some changes we will be able to achieve quickly, while others – like legislative change – can take years. That's why we're planning now for both the next year and the next decade.

I look forward to talking with you in the coming months and setting our collective direction for the future.

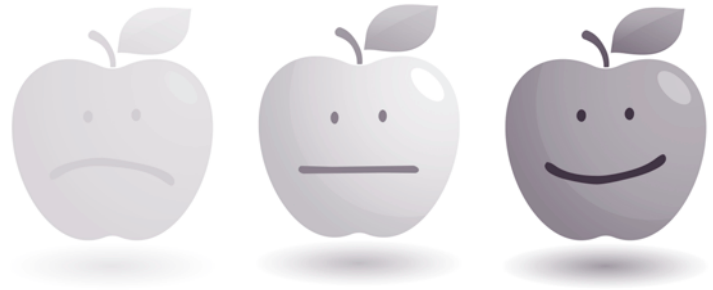
Happy New Year,



Brad Willsey, President
Alberta College of Pharmacists



Stakeholder survey: High confidence and high expectations



The results of ACP's 2014 stakeholder survey confirm that stakeholders are confident in the work of the college and that the college is doing well in achieving its determinants of success while maintaining overall satisfaction. (Figure 1)

Background

In October, ACP commissioned an online survey of its stakeholders to:

1. Measure their perceptions of ACP, with particular focus on stakeholder awareness, and credibility and trusting relationships;

2. Seek feedback on key attributes sought by stakeholders, determining what is important to them and how well ACP meets their expectations; and
3. Gauge the importance they place on, and satisfaction with, various roles of pharmacists.

High-level leaders from the provincial government, Alberta health groups and colleges, national pharmacy organizations, national health organizations (non-pharmacy), corporate pharmacy, pharmaceutical manufacturers, academia, and police/security groups participated.

Perceptions of the pharmacist's role

In addition to examining ACP's performance, the survey asked stakeholders to share their opinions about pharmacists' roles.* There has been a notable increase in the importance and the intensity of importance placed on the pharmacist's role in a range of areas, particularly in areas of expanded scope. (Figure 2)

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Figure 1

		Metric	2014	2011	
Stakeholder confidence	Credibility and trusting relationships	Viewed as consistent, knowledgeable and objective	Agree (4 or 5) you can be relied upon	85%	78%
			Agree (4 or 5) you are objective in your business practices	77%	-
			Agree (4 or 5) you are a reliable source of knowledge	88%	92%
	Sought out as a valued partner and resource		Agree (4 or 5) you are an organization that is valuable as a partner	84%	92%
			See you primarily as a partner or a stakeholder rather than a resource	74%	69%
Stakeholder awareness	ACP is valued	Agree (4 or 5) that you are an essential organization	97%	92%	

Figure 2

	Very important (5)		4		Overall importance (4,5)	
	2014 ↗ 2011		2014 ↗ 2011		2014 ↗ 2011	
To preventing the misuse of prescription drugs.	84%	↗ 62%	10%	↗ 20%	94%	↗ 82%
As members of health care teams.	81%	↗ 62%	16%	↗ 20%	97%	↗ 82%
To ensuring the quality and safety of drugs.	76%	↗ 71%	13%	↗ 16%	89%	↗ 87%
To making the best drug therapy decisions.	74%	↗ 66%	18%	↗ 20%	92%	↗ 86%
To an individual's overall health care.	53%	↗ 52%	42%	↗ 24%	95%	↗ 76%

2011: Q13 – Using a scale of 1 to 5 where 1 means not at all important and 5 means very important, please rate how important pharmacists are. Base: All Respondents (n=53)
2014: Q10 – Using a scale of 1 to 5 where 1 means not at all important and 5 means very important, please rate how important pharmacists are. Base: All Respondents (n=62)

*We did not ask about pharmacy technicians yet since the number of pharmacy technicians is still low and general awareness of the technician role is still very low. We will work on elevating awareness of the technician role in the coming years.



Stakeholder survey
continued from page 3

When asked to indicate, from their organization's perspective, what, if anything, pharmacists are NOT doing that they should be doing, 27 stakeholders provided an answer. The comments can be grouped into four themes:

- Practising to full scope
- Collaborating and sharing information
- Focusing on clinical care and follow up with patients
- Documenting care for better information sharing and record keeping

These comments indicate that there is room to improve service, and highlight that there is a need for pharmacists to educate patients and stakeholders about the services they are already offering and the ways that they are already working with other health professionals.

To learn more about the survey findings, view the full report on the ACP website at <https://pharmacists.ab.ca/articles/stakeholder-survey-results>.

Continuing Competence Program – demystified

The new Continuing Competence Program for pharmacists was designed to be a simple, relevant process that helps you to keep up with (or ahead of) the changes around you and to continually improve your knowledge and skills. The program is probably easier to complete than you think; however, there are a number of misconceptions that we hope to clarify below.

Myth 1: You are required to implement everything you learn and claim as CEUs.

FALSE!

You are only required to complete one implementation objective that is related to a minimum of 1 CEU of the 15 CEUs (minimum) of learning you are required to complete in each CE cycle.

Myth 2: Your implementation objective must be directly related to your current practice.

FALSE!

Your implementation objective does not have to be directly related to your current practice. In the competence program, the term “practice” refers to the overall practice of pharmacists. Your implementation objective may be related to your current practice, your future practice, or your overall professional practice. We recommend that you implement something that is meaningful, relevant, and beneficial to you and/or the people around you.

Myth 3: You are required to complete all of the self-assessment tools.

FALSE!

The self-assessment tools are all optional. They are there to help you identify your learning needs, relevant implementation objectives, and plan accordingly. The Alberta College of Pharmacists does NOT monitor or track your self-assessment results.

Myth 4: You must work directly with patients to complete the Continuing Competence Program.

FALSE!

The competence program was designed to be applicable to pharmacists practising in different environments, including pharmacists who are not in direct patient care. Pharmacists can meet the requirements of the program even outside of clinical practice or during a maternity leave. What you choose to learn and implement should be based on your personal and professional learning and practice needs.

For pharmacists who are **not in direct patient care**, possible outcomes from your implementation may be:

1. A transfer of knowledge, skill, or ability to others (e.g., execute a health promotional activity or educational session); or

- An improvement to your organization and/or the way care is delivered (e.g., implement or propose a new or revised policy, procedure, program, or tool).

To determine what you can implement, it may help to consider:

- What are your learning and practice needs?
- Who can you transfer knowledge to?
- How can you affect changes in practice?

If you do not have access to patients, potential audiences for your implementation may be the people you work with, the pharmacists you manage, other healthcare professionals, or perhaps the general public.

Myth 5: You only need to complete Learning Records for non-accredited learning activities.

FALSE!

You must complete a Learning Record for each learning activity, regardless of whether it is accredited or non-accredited. The Learning Record was designed to be easy to complete and should take no more than five to ten minutes to complete.

To learn more about the Continuing Competence Program for pharmacists:

- Complete the mandatory CCP tutorial,
- Contact a member of the competence department, and/or
- Review the recently updated “Competence Program FAQs” on the ACP website.

Tips to achieving your implementation objective

An essential component of the Continuing Competence Program for pharmacists is ensuring that pharmacists make use of or “implement” some of what they’ve learned during the CE cycle. Your implementation does not need to be complicated, time-consuming, or all-encompassing; as long as you can **demonstrate that “learning was put to use”** and as a result, **“improvements were made or knowledge was transferred,”** then you are on the right path.

Your implementation may involve using newly acquired or reinforced knowledge to:

- Incorporate a new step/tool into your care process;
- Manage drug therapies and complete care plans;
- Implement a new / revised policy, procedure, or program; or
- Execute a health promotional activity or educational session.

To determine whether your implementation meets the requirements of the competence program, ensure that your implementation:

- Results in one of the following **outcomes**:
 - Improvement to your professional practice, organization, and/or the way care is delivered; or
 - Transfer of knowledge, skill, or ability to others
- Affects **another individual** (e.g., a patient, a co-worker, another healthcare professional)
- Produces **evidence** of implementation
- Directly involves the application of at least **1 CEU**
- Relates to one of the pharmacy **domains** (pharmacy practice, medical knowledge, or systems-based practice)

Indicators of a successful Implementation Record

Should your Implementation Record be chosen for audit, your peers will be looking for the following indicators.

- The **learning** activities identified are **relevant** to the implementation objective.
- The implementation **objective** is **clearly outlined** and **relates** to pharmacy practice, medical knowledge, and/or systems-based practice.
- The **rationale and relevance** behind the chosen implementation objective is **clearly indicated**.
- The **steps** the pharmacist took to achieve the implementation objective are **clearly indicated** and it is evident that the pharmacist played a role in the implementation.

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Want the inside scoop?

Would you like a front-row view of what’s happening in pharmacy practice? Are you looking for ideas about how to shift your own practice? Would you like to play a larger role in your profession?

If you answered yes, you may be just who we’re looking for. In January, ACP will be recruiting pharmacists to audit the professional portfolios. Please watch *The Link* for more information.

Implementation objective

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5. The **outcome** of the implementation is **clearly explained**.
6. It is clearly evident that the implementation **objective** was **achieved**.
7. The record and its supporting documentation appear **professional** and are easy to understand and free of spelling/grammatical errors.

Additional tips

- Familiarize yourself with the Implementation Record questions so you know what is expected.
- Answer all the questions in the Implementation Record; be clear and specific.
- Focus on what you implemented, not what you learned.
- Ensure all learning activities identified are relevant to the implementation objective and that at least one hour of learning is directly related to the objective.
- Make your objective SMART (specific, measurable, achievable, relevant, and time-based).
- Choose one piece of evidence that you believe best showcases that you've achieved the implementation objective.

"Old" CPD Log documents being deleted

The CPD log from the previous ACP Competence Program will be discontinued on January 31, 2015. This means that you need to save or transfer to a different repository anything in your online CE log that you would like to keep.



A strategy to optimize patient care and minimize errors in the pharmacy

In the last issue of *apnews*, we discussed how you can modify Failure Mode Effects Analysis (FMEA) to identify and prioritize areas for improvement in pharmacy practice. This includes producing a table that describes what failures could happen, how this would affect the patient, and what underlying processes could cause the failure. This breaks the problem down into parts that allow you to easily assess how severe the failure is and how frequently the pharmacy is exposed to this risk. By scoring these two categories for each failure mode, you can then produce a series of criticality scores that help you identify and prioritize processes to change to yield the greatest benefit for the pharmacy and your patients.

One of the tricky aspects to completing a successful FMEA is the first step: identifying potential failure modes. It is often much easier to look at a mistake after it has happened and see what went wrong, but how can you look ahead and identify what could go wrong?

To help with this, we suggest looking to four vital behaviours:

1. Connecting with patients,
2. Confirming and documenting the indication,
3. Accessing Netcare, and
4. Assessing at refill.

Together, these four vital behaviours form a framework for good pharmacy practice. More importantly, they also outline what processes should actually be carried out in a pharmacy to mitigate the risks associated with patient care. In this article, we will further explore this process using the vital behaviour of accessing Netcare.

What are the risks associated with not accessing Netcare?

When trying to think of possible failure modes, it can help to think of other incidents that have happened in your pharmacy or other pharmacies. Professional Practice Consultant Jennifer Voice shares an example from one of her pharmacy visits. "At the time of my first visit, the team was reluctant to check Netcare for patients that they knew. However, on my second visit, the pharmacist commented to me that in the past six weeks, they have been checking

Figure 3

Example from another pharmacy:					
<ul style="list-style-type: none"> ■ Patient visits the pharmacy around the same time each month to buy Tylenol #1 ■ Use of Tylenol #1 does not appear suspicious, so patient is sold additional Tylenol #1 ■ Patient actually shops at multiple pharmacies, continues to obtain and use unsafe quantities of Tylenol #1 					
Failure mode	Effect(s) of failure	Cause of failure	Frequency (1-5)	Severity (1-5)	Criticality score
Pharmacist unaware of medication overuse and enables misuse/abuse of medication	Patient ingests an unsafe dose of acetaminophen and develops toxicity	Pharmacist does not check dispensing history for patient	5	3	15/25

Frequency

How often cause of failure occurs

- 1) Yearly
- 2) Monthly
- 3) Weekly
- 4) Daily
- 5) Hourly

Severity

Reasonable worst-case scenario for effects of failure

- 1) No noticeable effect
- 2) Minor side effects or nuisance
- 3) May increase level of care provided to patient (hospitalization, or increasing length of stay)
- 4) Permanent impact on patient
- 5) Death or major, permanent loss of function

Netcare files and found that they had a 'regular Tylenol 1 patient' whose usage was not what they had thought."

This highlights how patients can often appear to be taking their medications appropriately until you consult a different source of information. In this case, the pharmacist practised the vital behaviour of accessing Netcare and identified a patient who was using dangerous amounts of Tylenol 1. But what could have happened if the pharmacy did not choose to check Netcare as a routine part of practice? By using the modified FMEA table (Figure 3), we can ask this question in a more structured way.

The table is a simplified version of what is normally used as part of an FMEA. It consists of four parts:

1. The potential failure mode (what went wrong?),
2. The effects of the failure (how did it affect the patient/pharmacy?),
3. The cause of the failure (what processes contributed to the failure?), and

4. The scoring section.

Let's walk through the four steps for this example. The failure mode identified is that the pharmacist is not aware of the patient's medication overuse and continues to supply the patient with additional Tylenol 1. This failure results in an adverse effect on the patient as he continues to take unsafe amounts of Tylenol 1, resulting in liver toxicity. Finally, the underlying cause is identified as the pharmacist not routinely checking Netcare to monitor the patient's actual medication use.

An objective score can now be calculated based on the factors identified in the table. The frequency and severity are scored from 1-5 as outlined above and then multiplied together to calculate the criticality score.

To score the frequency, we look at how often the cause of the failure occurs. In this case, the pharmacist is likely dispensing to many patients every day without checking Netcare, resulting in a score of 5.


The severity of this failure can range anywhere from minor nuisance to death of the patient, but a reasonable worst case scenario would likely be that the patient has to visit the hospital for treatment or supportive care due to short-term liver toxicity, which correlates to a score of 3. When multiplied together, these two scores result in a criticality score of 15 out of 25 (60%).

A high criticality score means that action is needed. Usually, this is classified as a score that averages 60% or higher; however, the criticality score cannot be viewed in isolation. Compare criticality scores for other failure modes within the FMEA to help you identify which area of practice will stand to benefit the most from improvement efforts.

In this case, we can see that checking Netcare – especially for patients obtaining narcotics or Schedule 2 products – is an easy way to help you identify patients who may be misusing or abusing their medications and then take appropriate actions to address that risk.



In memory...

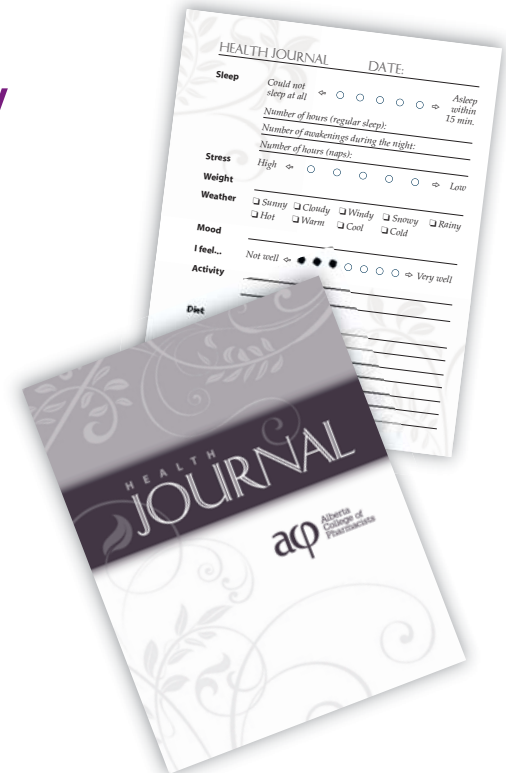
 *Margaret Bolduc* died on November 14, 2014 at the age of 59 years. Margaret was a U of A Pharmacy graduate from the class of 1977. She was a valued employee of Alberta Health Services, practising in the Claresholm area for 36 years. She was a standing member of the Canadian Society of Hospital Pharmacists for over 30 years. Throughout her career, she was a strong supporter of pharmacy students and precepted or coordinated the rotations of many pharmacy students in rural south facilities.

Help patients have a healthy New Year

Help patients get their year off to a healthy start and keep up their New Year's resolutions. Give them a free health journal, on us!

ACP's 30-page booklets help patients track symptoms, moods, and health issues and note their questions and concerns.

To order your copies, email sheena.mcnally@pharmacists.ab.ca. ACP will cover the costs of the materials and shipping. First come, first served while quantities last.



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