SASKATCHEWAN COLLEGE OF PHARMACISTS

Newsletter

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The Blueprint for Pharmacy – The Vision for Pharmacy

OUR VISION

Convenient and timely access to care, patient safety and health outcomes, financial sustainability, and scopes of practice of health professionals are the major issues challenging governments and health care leaders. Pharmacists, as medication experts, have an important role to play in the debate and resolution of these issues. Changes are required to strengthen the profession's alignment with the health care needs of Canadians and to respond to stresses on the health care system. Thus, a plan of action — the Blueprint for Pharmacy — is necessary to coordinate and implement these changes.

VISION FOR PHARMACY

Optimal drug therapy outcomes for Canadians through patient-centred care

In our Vision for Pharmacy

Pharmacists and pharmacy technicians

- practice to the full extent of their knowledge and skills, and are integral to emerging health care models.
- protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
- lead the development of and participate in medication safety and quality improvement initiatives.

Pharmacists

- manage drug therapy in collaboration with patients, caregivers and other health care providers.
- identify medication use issues, take responsibility for drug therapy decisions and monitor outcomes.
- initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority), and order tests.
- access and document relevant patient care information in health records, including test results and treatment indications (e.g., in electronic health records).
- empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention and chronic disease management.
- conduct practice research and contribute to evidence-based health care policy and best practices in patient care.

Pharmacists' services

- are compensated in a manner that relates to expertise and complexity of care.

To realize the Vision, strategic action is needed in five key areas:

Information provided by the Canadian Pharmacists' Association

The Blueprint Task Force was established in January 2007 to define a vision and clear action plan for the future of pharmacy. The Task Force includes broad representation from pharmacy stakeholders across Canada. The Canadian Pharmacists' Association is the Secretariat and provides project management support. The Task Force has established five expert working groups to further develop the implementation plans to realize the Vision for Pharmacy. The document in its entirety can be accessed at *www.pharmacists.ca/blueprint*

SCP Council 2008-09

Division 1
Jodie Simes, Fort Qu'Appelle
(term expires June 30, 2009)

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(term expires June 30, 2010)

Division 3
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Council Highlights – September 18-19, 2008

Council met in Saskatoon on September 18 and 19, 2008. The meeting began with the new councillor orientation – which was attended also by many of the veteran councillors. After lunch, Council continued with their agenda.

- Council took the opportunity to discuss plans and expectations for the College's involvement in the **Interdisciplinary Conference** that began later that day. Please see article on page 6 of this issue for an update on the conference.

- Council continues to receive commentary from external stakeholders and members of the public regarding the sale of tobacco products from establishments that contain pharmacies. While tobacco products are banned from pharmacies in Saskatchewan, the definition of a pharmacy does not allow for a ban from businesses in which a pharmacy may be only one department or area. The College has requested that the removal of all tobacco products from such establishments be a voluntary decision as SCP does not have the authority under the *Act* to mandate this.

  In the June 2008 **Saskatchewan Coalition for Tobacco Reduction's** report, they recommend banning tobacco products from pharmacies. The Council has agreed that this issue be placed as a priority item on our agenda for meeting with the Minister of Health.

- The Canadian Pharmacists' Association (CPhA) has asked Council for a formal endorsement of the **Blueprint for Pharmacy**. Council has agreed to such an endorsement and is planning to align College Ends policies and our strategic plan with the Blueprint.

- **Joan Bobyn** of Saskatoon was appointed to Council to fill the vacancy in Division 2. In accordance with Council policy, a request for volunteers was sent to the members in Division 2 with no response. Pursuant to Bylaw 1.1.16, Council may appoint eligible members from the division, or failing that, from the membership at large.

- Election of Vice-President was deferred from the May meeting as Council members requested time to explore their availability for the position. Following an election, **Chris Hrudka** was named Vice-President for the 2008-2009 year. Congratulations, Chris.

- Council is pleased to announce that Joseph Jeerakathil has accepted the appointment for a second three-year term as a **Public Member** on Council.

- Susan James from the Ontario College of Pharmacists (OCP) presented to Council, the current status of **pharmacy technician** regulation in that province. There, pharmacy technicians will be regulated under the College as a new class of member. At this point in time in Ontario, pharmacy technicians are not regulated and the current certification exam will not be equivalent to the PEBC exam, hence there will be no grandfathering of current technicians. The last sitting of the OCP's certification exam will be conducted this fall. The implementation of the Pharmacy Examining Board of Canada (PEBC) exam for pharmacy technicians will be in the fall of 2009. In Ontario, all candidates must complete the bridging program being developed with government funding.

  Areas that will need to be addressed if the SCP Council approves regulation of technicians under the College: membership and licensure, bridging programs, membership on Council and committees; complaints/ discipline processes; quality assurance and continuing education.

- Council approved drug schedule amendments for **levonorgestrel** which have been submitted to the Minister of Health but as yet have not been

approved. The proposed amendments would place "single dosage levonorgestrel 1.5 mg to be taken at one time" in Schedule III (as one 1.5 mg tablet [once a 1.5 mg dosage unit product is approved by Health Canada for sale in Canada] or two 0.75 mg tablets labelled to be taken at one time).

This would leave the products that direct the patient to "take one 0.75 mg tablet now and a second tablet at a later time" in Schedule II. We will be faxing the information to pharmacies when and if the amendments are approved and printed in the Saskatchewan Gazette.

Should the amendment to the current drug schedules be approved, pharmacy managers will have to make their own decisions regarding these products:

- do we stock this product;
- do we stock the product in the self-selection area of the pharmacy or in the no public access area of the pharmacy based on your practice and knowledge of the community;
- if the pharmacy has a lock and leave installation, these products must be secured when the pharmacist is not on the premises;
- as these products may be sold from the public access area, what are your responsibilities should children be making the purchase;
- issues around minors and duty to report to the proper authorities.

- Council approved an Interdisciplinary Advisory Working Group "Position Statement on Enhanced Authority for the Pharmacist to Prescribe Drugs". This included approval of a framework to guide new regulations and bylaws, and recommendations to address implementation issues. The statement can be viewed on the Saskatchewan section of the NAPRA website under "Publications".

- Council approved "Electronic Transmission of Prescriptions – Policy Statement and Guidelines for Pharmacists". This statement described the standards to be met in order for pharmacists to accept electronic prescriptions. We will release it as soon as technical issues are resolved.

Clarification of Diclofenac Diethylamine Schedule III Listing

In the August 2008 issue of the Newsletter, we published the following Schedule III listing:

Diclofenac Diethylamine (in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac).

We have received some inquiries regarding the product Voltaren Emulgel® 1.16% (Novartis). Based on the information contained in the product monograph, Voltaren Emulgel® 1.6% w/w contains 1% diclofenac-Na equivalent and is therefore a Schedule III product.

Schedule III products can only be sold from a pharmacy. They may be sold by a pharmacist to the public without a prescription. These drugs may be located in the area of the pharmacy that is accessible to the public and which provides an opportunity for self-selection of the drug by the public. The pharmacist must be available, accessible and approachable to assist the public with selecting the drug.

2007 – Chapter 24 – An Act to amend *The Evidence Act*

(Assented to May 17, 2007)

The majority of issues that come to the Complaints Committee's review stem from poor communication and the underlying grievance – that if only the pharmacist had apologized, the issue could have easily been resolved at the pharmacy level. "He didn't even say he was sorry." "She acted like it was my fault." "He said we don't make mistakes here." Any variation of this theme can almost guarantee a complaint to the College.

Members have said that they did not apologize because they fear it would be construed as admitting fault should the client decide to seek redress through the court system.

The province has joined others in passing legislation that addresses this issue.

Excerpt from Chapter 24:

Effect of apology on liability

23.1(1) In this section, 'apology' means an expression of sympathy or regret, a statement that one is sorry or any other words or acts indicating contrition or commiseration, whether or not the words or acts admit or imply an admission of fault in connection with the event or occurrence to which the words or acts relate.

…

(2) An apology made by or on behalf of a person in connection with any event or occurrence:

…

d) must not be taken into account in any determination of fault or liability in connection with that event or occurrence.

For a copy of Chapter 24 in its entirety please access: *www.qp.gov.sk.ca/documents/english/Chapters/2007/Chap-24.pdf*

Patients often say what they want to come out of an investigation is that they don't want this to happen to anyone else, so if the situation is appropriate you might say, "I am sorry this occurred and this is what we are doing to ensure it doesn't happen again …".

As noted in the October 2008 *Report on Business* article *How to Apologize*, which references the book *Apology: A User's Guide* by John Kador, "Actually say "I'm sorry". Hedging with "I regret" is less effective. The apology should emphasize compassion for the injured party, rather than redemption for the apologizer."

Drug Management Among Topics in First Edition of HQC's New *Quality Insight* Report

Submitted by the
Health Quality Council

The Health Quality Council's new measurement and reporting program, *Quality Insight*, aims to eventually give health providers and managers information at the level of detail they need – be it facility, ward, or practice – to make care better for Saskatchewan patients.

The reports we've produced to date – such as those on drug management in seniors – are snapshots of quality at a specific point in time. The reports have in some cases led to large, province-wide improvement initiatives (such as the Saskatchewan Chronic Disease Management Collaborative that addressed diabetes and heart disease care) or smaller scale, local improvement projects.

Evidence and examples from elsewhere however, tell us that to assess the impact of our improvement efforts and determine whether we're holding these gains, Saskatchewan needs a program of continuous measurement and reporting that is focused on quality and value. This was the impetus for the development of HQC's *Quality Insight* program. A cornerstone of the program is an annual *Quality Insight* report, the first of which is available on the HQC website.

The report presents a wide-angle view of our health care system with baseline information for the four-year period spanning 2001/02 to 2004/05 for areas of care – including drug management of seniors and medication use related to asthma, post-AMI, and diabetes care – on which we have previously reported. The print report presents provincial results, while information on individual regional health authorities (and in some cases, individual hospitals) will be on our website. While far from comprehensive, given the data we have available to us at present, this inaugural report serves to illustrate many opportunities to improve quality of care for Saskatchewan patients. It will also serve as a starting point from which to build the program together with interested stakeholders.

An advisory group, involving representatives of government, health regions and First Nations will work with HQC in coming months and years to ensure the *Quality Insight* program meets the information needs of all intended users, from board members and CEOs, through to managers and front-line care providers. While HQC brings to the table expertise around indicators and measurement, it is those people responsible for organizing, managing, and delivering care who are best positioned to say what information is most useful and actionable.

The 2008 report, *Quality Insight: Measuring. Learning. Improving Health Care Together*, is available on our website *(www.hqc.sk.ca)*.

For more information on the *Quality Insight* program, please contact Gary Teare: (306)668-8810, ext. 140 / *gteare@hqc.sk.ca* or Jack Wallace: ext. 139 / *jwallace@hqc.sk.ca*.

A Reminder to Medical Residents and Program Directors

The following message was issued to medical residents and program directors on November 6, 2008 by Dr. Sheila Rutledge Harding, MD, FRCPC, Associate Dean, College of Medicine, U of S.

The following concern was forwarded to me by the Registrar of the College of Physicians and Surgeons of Saskatchewan. He, in turn, had been contacted by the Registrar of the Saskatchewan College of Pharmacists. Pharmacists in Saskatchewan sometimes have significant challenges pertaining to prescriptions written by residents. The specific problem being identified arises when there is a question about a prescription that requires contacting the prescribing doctor for clarification. Some prescriptions simply do not provide sufficient information to make that possible. Even if the resident's name is legible (which is not always the case), a name alone provides little assistance to the pharmacist in knowing how or where to begin the search for that resident.

Concern both for patient safety (i.e., Health Advocate role) and for effective collaboration with our pharmacist colleagues (i.e., Collaborator role) is reflected in bylaw # 53 of the provincial Medical Professions Act (i.e., Professional role) concerning Minimum Standards for Written and Verbal Medication Prescriptions Issued by Physicians. The most relevant clause is the following:

(7) Physicians in training who are enrolled on the educational register of the College of Physicians and Surgeons and who may be authorized to issue prescriptions must clearly identify on the prescription the name of the fully registered physician who is their supervisor in respect to that specific physician/patient interaction.

When the name of the supervising doctor is clearly indicated on a prescription, then a pharmacist can identify and contact the doctor with ongoing responsibility for the patient, even if the resident who wrote the prescription is no longer involved in the care of that patient. Although regulations don't require it, I would strongly recommend providing your supervisor's phone number as well.

In light of this, I ask residents to assess your current prescription-writing practises and to make any necessary amendments. I ask program directors to specifically address this issue with your residents at the earliest opportunity, to ensure that the message has been received and understood.

Drug Schedule Updates

On September 12, 2008, the following drug schedule amendments came into effect upon publication in the Saskatchewan Gazette. This information has previously been forwarded to the community pharmacy managers to be shared with all pharmacy staff:

1. **Deleted from Schedule III and is now Unscheduled** and therefore available for sale from any retail outlet:

   Benzoyl peroxide (preparations of 5% or less, as a single ingredient)

2. **Moved from Schedule II status to Schedule III** – therefore this means that such products can only be sold from a pharmacy. They may be sold by a pharmacist to the public without a prescription. These drugs may be located in the area of the pharmacy that is accessible to the public and which provides an opportunity for self-selection of the drug by the public. The pharmacist must be available, accessible and approachable to assist the public with selecting the drug:

   Ranitidine and its salts, when sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 4500 mg of ranitidine.

   Famotidine and its salts, when sold in concentrations of 20 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 600 mg of famotidine.

Fall District Meetings

The College fall district meetings have been postponed this year. The Advisory Working Group on Enhanced Authority for the Pharmacist to Prescribe Drugs has recommended that the district meetings be used as the main method to announce our policy statement to the membership – the "*Policy Statement on Enhanced Authority for the Pharmacist to Prescribe Drugs in Collaborative Practice Environments".*

Next steps in that process are to finalize the regulations and bylaws. Once the complete package of information is ready for presentation, we will be conducting these meetings – likely in the winter of 2008-09. This extra time is needed for a more definitive plan from PIP on integration of the application into pharmacy computer systems.

Once the schedule for the district meetings has been finalized, we will notify the membership via the Newsletter and E-Link.

Pharmacy Reference Manual Updates

REMOVAL from the Manual

Please remove from the *Pharmacy Reference Manual* the 2004 document, ***Conditions of Sale for Non-prescription Medications by Brand Name.***

This document was last updated in 2004; however, the entire document was last reviewed much earlier and understandably many of the product formulations have changed or been discontinued since that time.

Confirm the ingredients in any product with the "*Drug Schedules"* to ensure that all medication products are located in the correct area of the pharmacy:

- Schedule I – dispensary (prescription only)
- Schedule II – no public access
- Schedule III – pharmacy only, public access, and the pharmacist must be available, accessible and approachable to assist the public.

The Saskatchewan Drug Schedules are located on the NAPRA website: *www.napra.ca/* click on the 'SK' button at the top of the page; click on 'Legislation' on the left and then click on 'Saskatchewan College of Pharmacists Bylaws (Including Drug Schedules I, II and III)'.

The *Conditions of Sale for Non-prescription Medications by Brand Name* document has been removed from the online version of the Pharmacy Reference Manual.

REVISED Policy Statements for the Manual

The Professional Practice Committee is making progress with the review of current policy statements and guidelines for the profession. Council approved the revised documents at the September meeting. These now are in effect and replace those currently in your pharmacy reference manuals. The revised documents are available on the NAPRA website for easy reference: *www.napra.ca/*; "SK"; *Pharmacy Reference Manual*, then click on the desired document:

- ***After Hours Urgent Administration Medication Packages*** – September 2008
- ***Customized Patient Medication Packages*** – September 2008
- ***Direct Delivery of Extended Pharmacist Services*** – September 2008

2nd Annual Interdisciplinary Conference: *Ensuring Patient Safety with Citizen Engagement*

On September 19 and 20, 2008, the 2nd Annual Interdisciplinary Conference co-hosted by the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists and the Saskatchewan Registered Nurses' Association was held at the Radisson Hotel in Saskatoon.

Just prior to the opening of the conference, a town hall meeting was held, entitled, "Your Health, Your Voice – Make it Count". This session was well attended by many health care professionals but also by many residents of Saskatoon and members of the public from across the province. The panel consisted of individuals whose close family members had experienced adverse events from exposure to the "health care system". These were heart breaking but true stories of how busy health care workers made assumptions, missed the simplest details or "didn't have time" to listen to what their patients or their patient's families had to say. In two of the instances the outcomes were fatal and for the other families, it has been a long journey.

What made these stories more poignant was that three of the individuals on the panel were all involved in the health care system – two in the nursing profession and one as a hospital administrator – and they could not get anyone to listen to them!

To open the session, the moderator, Andre Picard, health reporter at the *Globe and Mail*, offered his insights on what he has seen in the health care system. To capture his thoughts in one phrase, he urged those in attendance to "**be careful with your words**". Whether that by speaking with a colleague outside a patient's room – which often can be overheard, to sharing information with a patient or a family member. It is not always what we say, but how we say it that conveys our true thoughts.

Mr. Picard emphasized the importance of learning from mistakes that occur and highlighted the five things that families need to know if a mistake has taken place:

1. What happened – the facts;
2. What has been done to prevent this from happening again;
3. That the organization/people recognized the significance of what happened;

"Your Health, Your Voice – Make it Count."

4. Compensation – not financial but a simple sincere apology;
5. Recognition that this event did happen. A validation that what the family saw and felt was real.

The keynote speaker Friday evening was Dan Florizone, Saskatchewan Deputy Minister of Health, speaking on "*Knowledge and Empowerment in Improving Safety in Health Care*". Mr. Florizone had only been in this position for six weeks, but he has an extensive background in health care administration with the Moose Jaw Union Hospital, Five Hills Health Region and the Ministry of Health. He recognized that there are a lot of good things happening in health care but that we must admit that there are areas that can and need to be improved, especially in the areas of patient safety and patient care. We need to forget the health care 'system' and focus on the patient.

Saturday morning, Information and Privacy Commissioner, Gary Dickson, opened the day with "Empowering Patients in the Electronic Health Record World". He asked, "How will the electronic health record meet requirements of privacy legislation? How carefully do we secure confidential information; is the information on your laptop computer encrypted? Are you cognizant of the information that is stored on a piece of multi-use office equipment? – these should be destroyed, not sold".

"From Paternalism to Partnership: Transforming the Patient Journey" was the focus of Andre Picard's address. As an industry we do not "do" customer service very well. Hospitals are unfriendly, unwelcoming places where often the system takes precedence over the patient's needs. Patient care requires that we:

1. Anticipate needs;
2. Deliver care promptly;
3. Treat others with respect;
4. Make the journey easy to navigate; and
5. Make amends when things go wrong.

Prior to lunch, Colleen Toye, RN and Sarah Liberman, RN, shared "Critical Social Theory and Citizen Engagement: A Toolbox for Change".

Conference attendees had the choice of selecting two sessions from the following concurrent sessions:

A "A Collective Voice for Patients and Families"
B "Ethical Culture and Ethical Voices: An International Study of Nurses"
C "Creating Safe Environments for Adolescents with Developmental Disabilities: Providing Sexual Health Educational Resources for Adolescents, Parents and Teachers"

continued on page 7

Discipline Committee Decision and Order

On June 24, 2008, the Discipline Committee was convened to consider charges that the Respondent, Hong Chew, was guilty of professional misconduct, professional incompetence and/or proprietary misconduct within the meaning of *The Pharmacy Act, 1996,* as follows:

1. While acting as a pharmacist/pharmacy manager of a proprietary pharmacy carrying on business as Sutherland Drugs, Saskatoon, Saskatchewan, [Mr. Chew] allowed or engaged in the following:

a) An employee who was not a pharmacist at Sutherland Drugs pharmacy in Saskatoon dispensed medication when the pharmacist/pharmacy manager was incapacitated;

b) After the pharmacist/pharmacy manager left to go home, the pharmacy remained open, prescriptions were filled and released to patients when there was no pharmacist in attendance until such time as the non-pharmacist employee was instructed by the Saskatchewan College of Pharmacists to close the pharmacy.

2. Further, when [Mr. Chew] was offered an alternate remedy to correct specific deficiencies, [Mr. Chew] agreed but thereafter, has failed to fulfill his undertaking with the committee and thereby committed professional misconduct/proprietary misconduct.

In Mr. Chew's absence, but upon proof of service of the notice of the hearing, the Discipline Committee recorded a plea of "not guilty" to the charges on Mr. Chew's behalf and proceeded with the hearing of evidence in respect to the two counts. The Discipline Committee found that the events described in count 1 took place and after these events, Mr. Chew had given his professional undertaking that he would comply with conditions of practice proposed by the Complaints Committee to address identified deficiencies with respect to the operation of the pharmacy. The Discipline Committee further found that Mr. Chew failed to comply with at least two of these conditions and by failing to fulfill a promise made to his own professional self-governing body. In these respects, Mr. Chew had demonstrated professional and proprietary misconduct. In relation to the second count, from the *Decision*:

> "It is important that pharmacists, who as health care professionals are entrusted with protecting public health, be viewed by the public as safe, trustworthy and reliable. When a member of the profession gives his or her professional promise to comply with a corrective proposal put forward by his or her peers, he or she is given an opportunity to demonstrate the integrity which is at the foundation of the profession. By failing to fulfill the conditions for the undertaking he made, [Mr. Chew] diminishes the standing of the profession."

Following its decision that Mr. Chew was guilty on both counts, the Discipline Committee invited written submissions with respect to penalty and costs. After hearing submissions from the Complaints Committee (Mr. Chew made no submissions), the Discipline Committee ordered that:

a) Mr. Chew's licence be suspended for two months from the time he makes an application to be reinstated and is in fact reinstated;

b) Mr. Chew be reprimanded for engaging in professional and proprietary misconduct which harms the standing of the profession;

c) Mr. Chew pay a fine in the amount of $2,000.00;

d) Mr. Chew pay the cost of the investigation and hearing in the amount of $14,100.22;

e) A failure by Mr. Chew to pay the fine and/or costs by a date fixed in the Order, Mr. Chew's licence would be suspended; and

f) The summary of the Decision and Order be printed in the Newsletter of the Saskatchewan College of Pharmacists.

2nd Annual Interdisciplinary Conference continued from page 6

D "Citizen Engagement in Pharmacy"

E "The Holy Cross High School Inter-Professional Support Team: Mental Health Care Collaboration"

F "Pursuing Excellence, Client Centred Care Improvements within Existing Resources"

The final speaker of the conference was Dr. Saul Weingart, Vice-President for Patient Safety and Director of the Center for Patient Safety at the Dana-Farber Cancer Institute, and Associate Professor of Medicine at Harvard Medical School, Boston, Massachusetts. Dr. Weingart's focus, "Finding the Patient in Patient Safety" reviewed current research and innovative practices in hospital and ambulatory environments. Together with patients and families, clinical leaders can create unexpected opportunities to build safer health care systems. At the Dana-Farber facility, they have created a culture where speaking up is expected! Every staff member in every department is not only encouraged but expected to speak up if they see something that could be improved anywhere in the facility. Innovation is rewarded and speaking out is commended.

Evaluations from the conference were excellent, so stay tuned; we anticipate that information on the 3rd Annual Interdisciplinary Conference will be coming in the months ahead!

Upcoming COMPUS Project: Blood Glucose Test Strips

The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), a program of the Canadian Agency for Drugs and Technologies in Health (CADTH), works to identify and promote optimal drug prescribing and use. COMPUS develops strategies and tools that encourage the use of evidence-based, clinical and cost-effectiveness information in decision making among health care providers and consumers.

A current COMPUS topic area is **diabetes management,** including the use of blood glucose test strips and the frequency of testing in the self-monitoring of blood glucose (SMBG) by patients with Type 1 and Type 2 diabetes.

The costs associated with SMBG are high and rising steadily, due to the increasing prevalence of diabetes in Canada and higher rates of self-monitoring. Despite widespread use, the benefits of SMBG for patients with Type 2 diabetes mellitus not using insulin, and the optimum frequency of testing have not been defined. There is a clear need for the identification of clinical and economic evidence that will help health care professionals and consumers make informed decisions about how and when to prescribe SMBG.

Next steps for this project will include a call for input on a systematic review and pharmacoeconomic analysis. Look for this at www.cadth.ca in December 2008.

Stakeholder feedback is an essential part of the COMPUS process, and we welcome input on this project via the website, or by contacting our local Saskatchewan Liaison Officer, Brendalynn Ens at *brendalynne@cadth.ca*. If you prefer, calls for input will be sent to your email box if you choose to subscribe to the *COMPUS Communiqué* (through the "Subscribe" function located at the top right-hand side of all of CADTH's web pages).

P R O F E S S I O N A L O P P O R T U N I T I E S

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Please submit resume to:
Keith Sapara
Sapara's Drug Mart Ltd.
P.O. Box 250, Esterhazy, SK S0A 0X0
(306)745-6662 / (306)745-2450
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Sunrise
HEALTH REGION

Opportunities Abound on the Horizon

Sunrise Health Region has an opening for a Permanent Full-time and Temporary Full-time Pharmacist at the Yorkton Regional Health Centre in Yorkton, Saskatchewan.

Yorkton Regional Health Centre is an 87-bed community hospital offering general medicine, surgery, emergency, intensive care, pediatric, obstetrical, hemodialysis and chemotherapy outreach services. The Pharmacy Department offers a unit-dose, CIVA service daily 0800-1700. Clinical services include pharmacokinetic and renal dosing service, TPN and home IV patient assessments, anticoagulation management service (in-patients and out-patients), medication reconciliation/seamless care at discharge, palliative care consults, group education sessions and direct patient care to selected patients.

The successful candidate will possess a Baccalaureate Degree in Pharmacy and will be eligible for licensure in Saskatchewan. Previous experience in either a hospital or community practice or completion of a hospital pharmacy residency is considered an asset.

We offer a competitive salary, 3 weeks paid vacation, and professional development opportunities.

Interested applicants are invited to contact us at:

Human Resources
Sunrise Health Region
270 Bradbrooke Drive
Yorkton, Saskatchewan S3N 2K6

Phone: (306) 786-0740 • Fax: (306) 786-0741

Email: resume@shr.sk.ca
Website: www.sunrisehealthregion.sk.ca

Update on PIP Utilization

The Professional Practice Committee invited Tim Bedo, Project Manager, Transition and Change Management for the Pharmaceutical Information Program (PIP) and Dave Morhun, PIP Administrator, to present to the Committee at their most recent meeting.

It was disheartening to learn that the number of accesses to the PIP viewer in community pharmacies has plateaued over the past 8 months. As of September 2008, total views of community pharmacy, clinics and RHAs are accessing the database approximately 40,000 times. The category 'community pharmacy' is sitting at 13,340 hits. (See chart below.)

This is out of approximately 400,000 patients per month who received prescriptions at commu-nity pharmacies (approximately 1,000,000 dispenses). Of those dispenses, it is estimated that 15% are drugs listed in the Prescription Review Program, which would be 150,000 prescriptions for PRP medications.

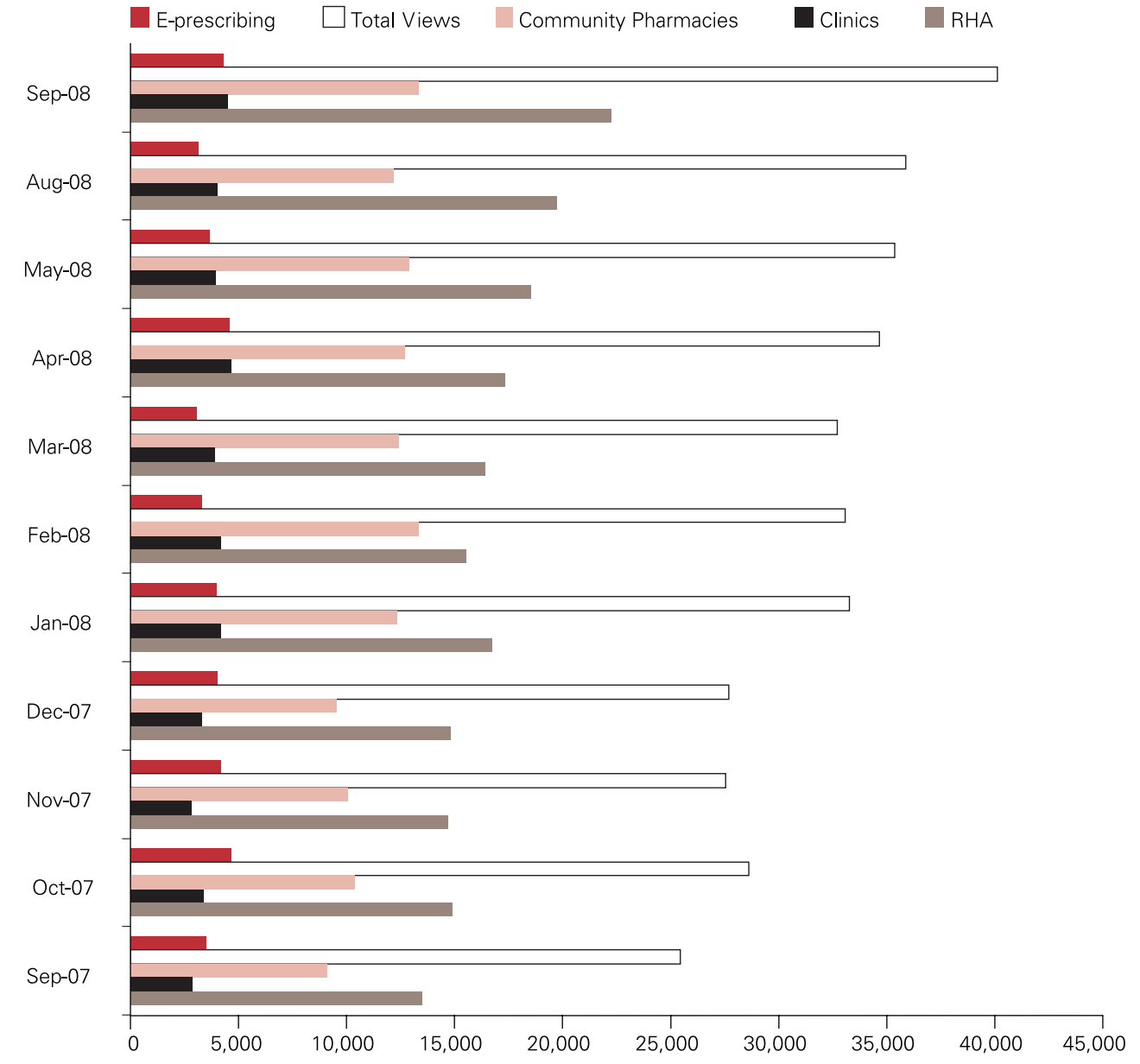
Regarding patient accesses per month, for community pharmacies, Health Infoway has set three incremental targets to be hit by March 31, 2009 to continue funding:

Target 1	14,902
Target 2	17,520
Target 3	21,024

21,024 equates to 65 accesses per month per community pharmacy or between 2-4 accesses per day, per pharmacy depending on hours of operation. From the most recent statistics we have available,

continued on next page

PIP Access Since 1 September 2007



Part-Time Contract Field Officer

SASKATCHEWAN COLLEGE OF PHARMACISTS

The College is offering an opportunity to interested individuals to contribute towards achieving our self-governing, public protection mandate. We require the services of a part-time contract Field Officer to assist with meeting our target of visiting each pharmacy at least once every three years, and to assist with other field operations. Under the direction of our Field Officer, this contract position will conduct: routine pharmacy evaluations and lock and leave, relocation, renovation and pre-opening inspections along with related administrative duties.

The contract is for part-time services averaging 20 hours per week, for up to a one-year term on a trial basis. Continuation of the contract will depend upon the success with meeting targets and the College's needs. This opportunity is available as soon as possible.

We require a licensed pharmacist with recent practice experience. Excellent communication, interpersonal and administrative skills are an asset.

The candidate will be compensated with a salary and benefits at competitive rates. Extensive travel throughout the province may be required for which the College will cover expenses and provide an allowance for the use of a personal automobile (or other feasible and mutually acceptable option).

Applications should include a one-page summary of your qualifications, how this College would benefit from your skills and why you want this position.

Please reply in confidence by mail to:
Contract Field Officer Position
R. J. (Ray) Joubert, Registrar
Saskatchewan College of Pharmacists
#700 – 4010 Pasqua Street
Regina SK S4S 7B9

Or by E-Mail to: *ray.joubert@saskpharm.ca*

Closing date for receipt of applications is December 15, 2008

Update on PIP Utilization continued from page 9

25% of pharmacies access profiles 50 times per month or more, with the remaining 75% accessing profiles in the 0 – 49 access per month range. (See chart below.)

The Professional Practice Committee suggests that pharmacists begin to utilize the PIP viewer by deciding to check all prescriptions in a category: first begin with targeting all benzodiazepine prescriptions, then move to all Prescription Review Program (PRP) medications; a second choice may be antibiotics. If all benzodiazepine prescriptions were checked, that would be 35,000 hits per month in community pharmacies.

Areas that HISC (through the PIP system) are currently moving forward:

1. Integration is ready to go – PIP is currently in contact with the vendors.
2. C-Rex messaging – vendors have been made aware that this is ready to proceed.
3. Integration of information for all Saskatchewan residents (RCMP, DVA, NIHB) work is in progress.
4. SHIRP – (Saskatchewan Health Information Resource Partnership) SCP and PIP are working with SHIRP to provide access to all health care providers to the valuable resources that are currently available to all health care professionals working within the regional health authorities.
5. Ability to record all sales of Exempted Codeine Products is available. Information on how to record this information can be referenced from the opening page of the PIP website.

Current Stats to Phase 3.0 Targets