

# SCOPE newsletter

QUALITY PHARMACY CARE IN SASKATCHEWAN

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COLLEGE OF  
PHARMACY  
PROFESSIONALS

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## SCPP President's Address

Good afternoon fellow colleagues, ladies and gentlemen and distinguished guests. Some of you must be thinking that there is a mistake in the program or you may be wondering why I am giving the President's Address for the second year in a row. I can assure you that this is not a mistake. Council has nominated and elected the same executive for the 2016-2017 year as we had in the 2015-2016 year. Council felt that we required the stability, knowledge and experience to lead us over the next few years. As elected Council members, we have been given the authority to make decisions on your behalf and I am confident that we have made the best decision.



President Bill Gerla

This past year has been an exciting year for the profession of pharmacy in Saskatchewan. With the proclamation of Bill 151, we have seen several major changes, all advancing the profession of pharmacy in Saskatchewan.

The Bill has given pharmacists the authority to administer drugs by injection and other routes. This past fall, for the first time, pharmacists in Saskatchewan administered the flu vaccine. As of April 2, 2016, together we have administered 55,660 vaccinations. I am extremely proud of this service that you have provided. I am very confident that over the next couple of years we will continue to see growth in this area. Just recently, we have been given the guidelines to administer other vaccinations. This is one area the College will continue to work on over the next year. Presently, we are not able to input all of the required vaccination information into the provincial database. The College will work with Ministry of Health and other stakeholders to come up with a solution.

Bill 151 has also allowed the College to regulate pharmacy technicians. Licensed pharmacy technicians will be an asset to many pharmacies. Pharmacy technicians are able to do some of the functions that previously could only be done by a pharmacist. Hopefully, this will give pharmacists more time to provide patient-centred care. We have seen the first few pharmacy technicians register and become licensed over the past few months. Over the next year, there will be a lot more activity in this area as more and more technicians become licensed.

The Bill allows pharmacists to order, access and use medical laboratory tests. Although this part of the Bill has not yet been implemented, the College continues to work on your behalf to give you the tools required to provide quality health care to the residents of Saskatchewan.

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**PRESIDENT**

Bill Gerla, Humboldt

**PRESIDENT-ELECT**

Justin Kosar, Saskatoon

**VICE PRESIDENT**

Leah Perrault, Swift Current

**PAST PRESIDENT**

Spiro Kolitsas, Regina

**DIVISION 1**

Shannon Klotz, Estevan

**DIVISION 2**

Sheldon Ryma, Prince Albert

**DIVISION 3**

Geoff Barton, Meadow Lake

**DIVISION 4**

Tamara Lange, Saskatoon

**DIVISION 5**

Chet Mack, Regina

**DIVISION 6**

Leah Perrault, Swift Current

**DIVISION 7**

Bill Gerla, Humboldt

**DIVISION 8**

Justin Kosar, Saskatoon

**EX OFFICIO**

Dean Kishor Wasan, Saskatoon

College of Pharmacy and Nutrition

**PUBLIC MEMBERS**

Pamela Anderson, Regina

Mark Hawkins, Regina

Michael Lummerding, St. Brieux

George Thomas, Regina

**PHARMACY TECHNICIAN****OBSERVERS**

Jonina Code, Foam Lake

Lyndsay Ratzlaff, Tisdale

**STUDENT OBSERVER**

Darren Bogle

**SCPP STAFF****DENISE CARR**

Administrative Assistant

**ANDREA CRAIN**

Administrative Assistant

**JEANNE ERIKSEN**

Assistant Registrar

**KRISTJANA GUDMUNDSON**

Primary Health Care Coordinator

**PAT GUILLEMIN**

Sr. Administrative Assistant

**RAY JOUBERT**

Registrar

**DARLENE KING**

Receptionist

**CHRISTINA MCPHERSON (on leave)**

Administrative Assistant

**HEATHER NEIRINCK**

Administrative Assistant

**LORI POSTNIKOFF**

Field Officer, Complaints Director

**JEANNETTE SANDIFORD**

Field Officer

**AUDREY SOLIE**

Administrative Assistant

**AMANDA STEWART**

Complaints Manager

**CHERYL WYATT**

Administrative Assistant

## Council Highlights April 29, 2016

Council met on Friday, April 29, 2016, at the Elk Ridge Resort, Waskesiu, just prior to the Pharmacy Association of Saskatchewan's (PAS) Annual Conference.

### ELECTIONS

#### SCPP Executive 2016-2017

Council executive position elections were held at the regularly scheduled meeting of April 29, 2016. Council members decided to re-elect the current executive (with their agreement) for another year. The reasons were many as there are several major issues facing the profession. At this time, Council felt that stability and continuity of the executive positions of president, president-elect, vice-president and past-president was needed.

#### New Public Members

The new Act has increased the number of public members from two to four. Council welcomes the addition of two new public members: George Thomas of Regina and Michael Lummerding of St. Brieux. They will be joining current public members Pamela Anderson and Mark Hawkins, who both reside in Regina.

#### Election Results

Notices of election were mailed according to the bylaws to eligible members in Divisions 2, 4, 6, and 8. One nomination was received from each of Divisions 2 and 6; with Kyla Jackson and Leah Perrault declared elected by acclamation, respectively. Two nominations were received for Division 4 and Paul Melnyk was declared elected by majority vote. A volunteer notice was sent out to members of Division 8 and Council appointed Marilyn Youngmans.

Council would like to thank the members who volunteered to join Council to further the work of the College.

Therefore, the constitution of Council, effective July 1, 2016, will be:

**President** – Bill Gerla, Humboldt

**President-Elect** – Justin Kosar, Saskatoon

**Vice-President** – Leah Perrault, Swift Current

**Division 1** – Shannon Klotz, Estevan

**Division 2** – Kyla Jackson, Hudson Bay

**Division 3** – Geoff Barton, Meadow Lake

**Division 4** – Paul Melnyk, Saskatoon

**Division 5** – Chet Mack, Regina

**Division 6** – Leah Perrault, Swift Current

**Division 7** – Bill Gerla, Humboldt

**Division 8** – Marilyn Youngmans, Lloydminster

**Past-President** – Spiro Kolitsas, Regina

**Ex-Officio** – Dr. Kishor Wasan, Saskatoon, Dean, College of Pharmacy and Nutrition

**Public Members** – Pamela Anderson, Regina; Mark Hawkins, Regina; George Thomas, Regina; Michael Lummerding, St. Brieux

**Observers** – Senior Stick Steven Kary, Saskatoon; Jonina Code, pharmacy assistant, Foam Lake; Lyndsay Ratzlaff, pharmacy technician, Tisdale

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## VISION

Quality Pharmacy Care in  
Saskatchewan

## VALUES

- Visionary Leadership
- Professionalism
- “Patient First” Care
- Accountability
- Effective Communications
- Collaboration
- Education

## KEY ACTION AREAS

- Increased Public Involvement
- Organizational Structure Review
- Practice Re-design and  
Regulatory Reform
- Citizenship in the Saskatchewan  
College of Pharmacy Professionals  
(SCPP)

## PEBC ELECTION

SCPP would like to congratulate Ms. Karen McDermaid BSP, on her recent election as President of the Pharmacy Examining Board of Canada. Karen has been the SCPP delegate to the PEBC Board since February 2011. Best wishes for an enjoyable and successful year, Karen!

## STRATEGIC PLANNING

Council reviewed recommendations that resulted from the strategic planning meeting that took place on February 24, 2016. The strategic plan will be finalized at the June 2 meeting.

## PRESCRIPTIVE AUTHORITY

Council reviewed the new guidelines for minor ailments prescribing and approved the Table 2 Schedule I drug guidelines as they were presented for consultation. The conditions include: conjunctivitis (allergic & bacterial), erectile dysfunction, herpes zoster (shingles), prophylaxis influenza treatments, obesity, birth control with ECP and urinary tract infections in women.

## PHARMACY TECHNICIAN CONTINUING EDUCATION REQUIREMENTS

Currently, the Regulatory Bylaws specify that pharmacy technicians must meet the continuing education requirements (CEU's) as determined by Council as a requirement for annual renewal. Council determined that this requirement mirror the prerequisite for our pharmacist members, i.e. that pharmacy technicians are required to complete a minimum of 15 CEU's annually and to maintain a learning portfolio of the learning activities. SCPP will be working with the Continuing Professional Development for Pharmacy Professionals (CPDPP) unit at the College of Pharmacy & Nutrition to develop the learning portfolio for pharmacy technicians.

For those pharmacy technicians who have begun their professional learning activities, they should retain information on those activities so that they can transfer them to the portfolio once it has been finalized. For a review of the current pharmacist learning portfolio, please access the CPDPP website at [www.usask.ca/pharmacy-nutrition/professional-services/cpdp/](http://www.usask.ca/pharmacy-nutrition/professional-services/cpdp/).

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## *SCPP President's Address - Continued from page 1*

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This past spring, Council members participated in a strategic planning session. We are currently in the final stages of developing our strategic goals that will guide us over the next few years. We will continue to provide updates once we have our goals finalized.

Our quality assurance pilot project, COMPASS™, has received overwhelming support from Saskatchewan pharmacists. This year we are rolling out Phase III and will continue to monitor the program to see if it accomplishes all of our quality assurance requirements.

This has been a brief overview of what we have been working on and will continue to work on over the next year. I would like to thank Ray and the staff at SCPP, Council members and all committee members for their support and commitment to the profession of pharmacy in Saskatchewan. I will continue to work with you and for you to advance the profession.

Thank you,  
Bill Gerla, BSP

# 2016 PAS Annual Conference

## Expanding the Horizon

April 29 – May 1, 2016

The Saskatchewan College of Pharmacy Professionals (SCPP) joined with the Pharmacy Association of Saskatchewan (PAS) and the Canadian Society of Hospital Pharmacists – Saskatchewan Branch (CSHP – SK Branch) to explore the *Expanding Horizon* of pharmacy in Saskatchewan at the annual PAS conference held at Elk Ridge Resort, Waskesiu.

### SCPP AWARDS BANQUET

The proceedings began with the SCPP Awards Banquet, which honoured the 10, 25 and 50-year graduating classes of the College of Pharmacy and Nutrition (formerly the College of Pharmacy), as well as members who were presented with the Honorary Life Member Award.

Emceed by SCPP President Bill Gerla, the opening ceremonies welcomed the guests to the conference and honoured the achievements of SCPP's members. The 10, 25 and 50-year graduates were presented with a pin in recognition of their milestone achievements and two members were honoured with the Honorary Life Member Award. Following the program, attendees gathered at the University of Saskatchewan Alumni Hospitality Suite, sponsored by the University of Saskatchewan, College of Pharmacy and Nutrition, and hosted by Dean Kishor Wasan, for dessert and a chance to reminisce about their years at the college.

#### Class of 2006



Jarron Yee, Audrey Smycniuk

Jarron Yee and Audrey Smycniuk represented the class of 2006, celebrating 10 years as pharmacists.

#### Class of 1991

The class of 1991 received their 25-year SCPP pins that evening. Brett Wilson, the 1991 class president, was invited to share a few words on behalf of his colleagues and to introduce the 16 members of his class in attendance. He took the opportunity to share many memories, including the college clothing the students proudly wore in 1991. One classmate brought along a “DRUGS” sweatshirt for Brett to display in his speech. The attendees all enjoyed the fun memory of a tradition many past and current students have come to know.



**Back Row:** Wanda McDonald, Maureen Joyce, Sherry Bayliss, Susan Yee, Grace Reider, Karen McDermaid, Corinne Hart, Spiro Kolitsas

**Front Row:** Jason Zawerucka, Pat Brown, Scott Brownlee, Andrea Shoobert, Michael Stan  
**Missing:** Neil Cameron, Dean Myers, Brett Wilson

#### Class of 1966

Each year it is difficult not to be amazed by the 50-year graduates. The individuals from the class of 1966 have numerous accomplishments, not just professionally, but through their involvement in community activities and volunteer service. Many were joined by their spouses that evening to share in the recognition of those achievements.

George Peters was invited to respond on behalf of the graduating class of 1966. The 50-year graduates outdid the 25-year graduates by displaying a college t-shirt from 1966. Thanks for another memorable moment and to all the class of 1966, SCPP wishes you many more happy and fulfilling years.



**Back Row:** George Peters, Roy Haddock, Ron Olson, Drew Balfour, Kathryn Olsen, Tom Cook, Stan Rice, Dennis Nikiforuk, Gordon Lane

**Front Row:** Sylvia McIntosh, Lyn Rhode-Neuman, Bob Fafard, Irene Krowchuk, Jolyne Ball

**Missing:** Armond Meagher

## Honorary Life Members

The Honorary Life Member Award recognizes a member for outstanding contributions to the profession and/or the Saskatchewan College of Pharmacy Professionals beyond the normal call of professional and voluntary obligations. This year, the College welcomes two individuals onto the register as Honorary Life Members. Registrar Ray Joubert had the pleasure of presenting the highest honour of the College award to:

**Darryl W. Leshko** for his ongoing commitment to the profession of pharmacy and his service to the community on many levels. Darryl, who was unable to be with us, will be presented with his award at a future date.

**Peter J. Pereverzoff** for his outstanding contributions to the profession of pharmacy in Saskatchewan. Peter has served the profession of pharmacy and the Saskatchewan Pharmaceutical Association (SPhA), now the SCPP, in a number of capacities. Over the years, Peter has sat on a various committees, on the SPhA Council and served as the SPhA's president in 1988. He was instrumental in raising the funds to build a pharmacy house, where SCPP is currently situated. In 1992, after years of committee involvement, Peter was awarded the Bowl of Hygeia Award for Saskatchewan. Peter went on to serve the Canadian Pharmacy Association Council of Delegates bringing our pharmacy practice in Saskatchewan to the national level.

Outside of the profession, Peter has been actively involved in the Rosthern community. He is a life member of the Rosthern Lions Club and is on the Wall of Fame for the Saskatchewan Lions. As part of his Lions Club fulfilment, Peter encouraged and inspired community service while promoting activities for children and citizens in the area.

Peter, thank you for your many years of dedication to the College and congratulations on receiving the highest honour bestowed by the SCPP, Honorary Life Member.

## 105TH ANNUAL GENERAL MEETING – SATURDAY, APRIL 30, 2016

The Annual General Meeting opened with President Bill Gerla introducing the Council members and special guests.

SCPP wishes to extend a special thank you to the following Council members for their years of commitment and dedication, as they retire: Tamara Lange and Sheldon Ryma. Council must also say good-bye to Darren Bogle who represented the students in his role as Senior Stick.

During the AGM, the assembly rose for a moment of silent tribute to members that have passed in the last year:

Raymond Bannister, BSP 1958  
Jeffery Belhumeur, BSP 2008  
Sarah Boardman, BScPharm 2010  
Margaret (Jean) Crocker, BSP 1947  
James (Gordon) Duff, BSP 1953  
Richard (Dick) Henders, BSP 1956  
Scott Henders BSP 1953  
Richard Johnsrude, BSP 1952  
Daniel (Dan) Keeler, BSP 1956  
Thomas Litowski, BSP 1966  
Patrick MacCuish, BSP 1957  
Nadine Miller, BSP 1993  
Randall (Randy) Sigurdson, UBC 1982  
Kenneth (Ken) Stewart, BSP 1955  
Raymond Yurkowski, BSP 1954

The meeting reviewed the 2015 annual report. Reports were presented by the respective persons; President's Report by Bill Gerla, Registrar's Report by Ray Joubert, and the College of Pharmacy and Nutrition Report by Dean Kishor Wasan. The annual report was accepted as printed and distributed. It is accessible on the College website at [www.saskpharm.ca](http://www.saskpharm.ca).



Bill Gerla, Peter Pereverzoff, Ray Joubert

## PRESIDENT'S LUNCHEON – SATURDAY, APRIL 30, 2016

The President's Luncheon is a time for the College to recognize those members who have given their time to assist with College work and be recognized for their achievements. President-Elect Justin Kosar introduced the award recipients while President Bill Gerla presented the awards.

### SCPP Certificate of Recognition

A Certificate of Recognition is presented to members for their outstanding service to SCPP.

To **Sheldon Ryma** upon his retirement as councillor. Sheldon successfully completed and fulfilled two terms on Council first with Division 3 and more recently with Division 2 beginning July 1, 2014.



Sheldon Ryma, Bill Gerla

To **Tamara Lange** upon her retirement from Council. Tamara joined the SCPP Council on July 1, 2014 for Division 4. While not with us for a long time, Tamara was a welcome addition to Council and we enjoyed her insightful input and will miss her positive attitude at the Council table.



Tamara Lange, Bill Gerla

To **Bev Brooks** upon her retirement from the Complaints Committee. Bev joined the committee in 2005 and has been a wonderful source of continuity and history on the committee. Unfortunately Bev was unable to attend the President's Luncheon.

In the *Pharmacy and Pharmacy Disciplines Act*, there were changes made to the constitution of the Complaints Committee and the Discipline Committee so that no member of Council can sit as a member of the Complaints or Discipline Committees.

To **Leah Perreault** upon her retirement from the Complaints Committee. Leah has been the Chair of the Complaints Committee since July 1, 2014.



Leah Perreault, Bill Gerla

To **Spiro Kolitsas** upon his retirement from the Discipline Committee. Spiro has sat on the Discipline Committee since July 2011.



Spiro Kolitsas, Bill Gerla

To **Bill Gerla** upon his retirement from the Discipline Committee. Bill has sat on the Discipline Committee since July 2013.



Bill Gerla, Justin Kosar

## Award of Merit

The SCPP Award of Merit may be presented to recognize any person, group or organization, who is not a member of the College, who through their active participation has promoted SCPP and/or the profession of pharmacy in Saskatchewan.

To **Barbara deHaan** upon her retirement from the Complaints Committee. As a public member on Council, Barb was asked to sit with the Complaints Committee to ensure the public was represented at the table. She fulfilled this role with thoughtful consideration from 2009 – 2016.



*Barbara deHaan, Bill Gerla*

SCPP wishes to thank these individuals for their years of outstanding service and dedication to Council and to the College.

## SCPP Presidential Citation

Presidential Citations are presented to recognize an SCPP member who has made special contributions to pharmacy and/or an outstanding contribution or specific achievement that has enhanced the profession of pharmacy. This year, SCPP awarded four presidential citations.

The first SCPP Presidential Citation was presented to **Nick Doulias**. From his nomination:

“Nick and his team have focused much of their efforts towards the development of the PIP Quality Improvement Program (QIP). Nick has been the driving force behind the PIP QIP team’s collaboration with various stakeholders, including: pharmacies, Saskatchewan Prescription Drug Plan, SCPP, PAS and other health care professionals. This has resulted in an increased awareness of the importance of data quality and how PIP can be better used in clinical decision making. Ultimately, patient safety is the top priority. Nick has and continues to be a leader in promoting optimal health care in this province.”



*Nick Doulias, Bill Gerla*

The second SCPP Presidential Citation was presented to **Jaris Swidrovich**. From his nomination:

“During Jaris’s employment with the Saskatoon Health Region, he made many accomplishments and specifically assessed the need for and developed a clinical practice focused on establishing a practice working exclusively with adult inpatients living with HIV/AIDS and addictions at St. Paul’s Hospital. He has acted as a preceptor to pharmacy residents in the areas of HIV/AIDS and addictions, adult internal medicine, and antimicrobial stewardship and evidence-based medicine with a rigorous process of providing both informal and informative feedback to learners. Jaris volunteers on the Board of Sanctum Care Group (HIV/AIDS hospice care facility) and several other addictions and HIV/AIDS focused groups in Saskatoon as well as several First Nations and Aboriginal advocacy groups across the province.”

The third SCPP Presidential Citation was presented to **Tammy Callaghan**. From her three letters of nomination:

“Tammy’s passion for pharmacy and teaching is evident. She has a very infectious and charismatic attitude that touches everyone she comes across, which is one of her biggest strengths. Her style of mentorship revolved around encouragement and experience-based learning. Tammy is a unique preceptor with a special set of skills. Her ability to tie together fun and humour with challenges and educational opportunities is something I really appreciated. Tammy’s number one priority is to provide compassionate and meaningful care to her patients.”

“Tammy is a team leader pharmacist for seven personal care homes and is responsible for the care of over 70 residents. Residents in personal care homes can feel isolated and lonely. This is truly where Tammy shines. Her caring and her time given to these individuals are invaluable. Tammy is the kind of pharmacist that acts as an ambassador for the profession. She promotes our image in the community and within our healthcare community.”

“Her daily kindnesses to others along with her calm and understanding nature are attributes I hope to one day acquire in my own pharmacy career.”

Jaris and Tammy were not able to attend the President's Luncheon to receive their award in person.

The final SCPP Presidential Citation was presented to **Mearl Ernst**. The following was sent to the College by one of Mearl's patients:

"I would like to nominate and acknowledge Mearl Ernst as she is one of the most gracious, kind, helpful, informative, understanding and professional people I have ever met. I am hoping there is something that you can do for her to acknowledge how invaluable she is to me, and everyone else who is fortunate enough to have her for their pharmacist!! In a small town, the world underestimates how crucial it is to have consistent and precise prescription medication fills and a knowledgeable pharmacist to fill them. You have no idea how important it is to have the same consistent health care team when you have a chronic disease. ...with people like Mearl Ernst, we are always safe and rest assuredly that she's always here for us, we are in the best most capable hands always!"



*Bill Gerla, Mearl Ernst, Ray Joubert*

On the way to the conference, President Bill Gerla and Registrar Ray Joubert stopped in Watrous to present Mearl's award to her.

### **Emerald Achievement Award**

The SCPP Emerald Achievement Award was granted to a group of members who have been active SCPP members for at least 35 years. The award recognizes a lifetime of dedicated service to the people of Saskatchewan. The member must currently hold an active practising membership in good standing with the College. Only Bill Martin was able to accept his award in person. The following members were recognized:

- Aleta Allen – Prince Albert
- Paul Chorneyko – Regina
- William (Bill) Paterson – Regina
- Helen Swiatecki – Saskatoon
- William (Bill) Martin – Saskatoon



*Bill Martin, Bill Gerla*

To each of our reward recipients, SCPP extends our best wishes and thanks for their efforts on behalf of the College and the profession.



SASKATCHEWAN  
COLLEGE OF  
PHARMACY  
PROFESSIONALS



Community Pharmacists  
Advancing **Safety**  
in Saskatchewan

As Phase III of COMPASS™ is reaching its midway point, there has been a lot of activity within the pilot: both new and existing COMPASS™ pharmacies have participated in one of four webinars offered in March and April; COMPASS™ pharmacies are entering incidents and preparing for the completion of either their first or second Medication Safety Self-Assessment (MSSA); and completed Phase II evaluation surveys are being submitted to the SafetyNet-Rx researchers. It is a very exciting time as COMPASS™ pharmacies are seeing many benefits from participating in the pilot.

### FEEDBACK FROM COMPASS™ PHARMACIES

In preparation for the webinar education sessions held earlier this year, ISMP Canada had contacted five highly engaged COMPASS™ pharmacies to gain their thoughts on both the benefits and the challenges of being a COMPASS™ participant. While there were some challenges, comments received from these COMPASS™ champions were overwhelmingly positive. When asked about specific features, most thought the MSSA was the best component. One user expressed that

**“pharmacists would refer to the self-assessment as a means to understand where their pharmacy stood with regards to medication safety.”**

When asked what has been working well with COMPASS™, one user expressed that the

**“pharmacy personnel are more cognizant of medication incidents, communication among team members has improved and system processes have been changed to reduce the frequency of incidents.”**

Common challenges included finding time to enter incidents in an already busy pharmacy and finding time for the staff to meet together to complete the self-assessment. The pharmacies overcame these challenges by training more staff to enter incidents and where possible, overlapped MSSA meetings with regular staff meetings. When asked what recommendations they would give to pharmacies considering joining the pilot, they unanimously encouraged others to join, citing that it is

**“an invaluable program to enhance patient safety and improve workflow by eliminating many of the previously existing challenges.”**

The full summary of the interviews with the COMPASS™ pharmacies can be accessed on the SCPP website under the COMPASS™ tab - [Interviews with COMPASS™ Champions](#).

### INVITATION TO JOIN COMPASS™

SCPP reported in the last newsletter that 122 pharmacies were participating in the third phase. However, due to various reasons, three pharmacies have had to withdraw. The good news is that there is room for other interested pharmacies to participate. If you would like to volunteer for Phase III of COMPASS™ or have any questions, please contact Jeannette Sandiford at 306-584-2292 ext 6 or email [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca).

### WEBINAR SESSIONS AVAILABLE ON YOUTUBE

The four webinar sessions taught new pilot pharmacies about COMPASS™ and how to use the tools. The sessions also provided a refresher for existing COMPASS™ pharmacies. These sessions are now also available on YouTube ([https://youtu.be/9MyY2\\_BKH9E](https://youtu.be/9MyY2_BKH9E)) and are available for all pharmacies, not just the COMPASS™ pharmacies. The program has been approved for 1.5 continuing education units by Continuing Professional Development for Pharmacy Professionals (CPDPP). A copy of the slides used in the presentation is available through the SCPP office by contacting Andrea Crain at [info@saskpharm.ca](mailto:info@saskpharm.ca) or at 306-584-2292.

### PHASE II COMPASS™ EVALUATION

The evaluation of the second phase of COMPASS™ is well underway and is being completed by Todd Boyle of St. Francis Xavier University. The goal of the evaluation is to identify successes and challenges, as well as changes that may have occurred as a result of being a part of COMPASS™. Your feedback has been invaluable in helping SCPP make informed decisions about the program going forward.

## COMPASS™ STATISTICS

The statistical reports provide us with strong, numerical evidence of the value of the COMPASS™ program. These numbers are directly derived from the inputs provided by pilot pharmacies. Following are statistics for incident reporting in the CPhIR (Community Pharmacy Incident Reporting) system from September 2013 (Phase I) until the end of April 2016.

To date, there have been **5,486** incidents reported. A breakdown of the top four types of incidents include:

- **1,311** incidents with an incorrect dose/frequency
- **1,065** incidents where the incorrect quantity was dispensed
- **815** incidents that involved an incorrect drug
- **468** incidents that involved an incorrect prescriber

The majority or **4,502** of these incidents had an outcome of NO ERROR, which means the incidents were intercepted BEFORE they reached the patient.

**930** were NO HARM incidents, which means the incidents reached the patient but did not cause harm.

There were **54** reported incidents that did result in HARM. Information from ISMP Canada indicated that 48 were MILD and 6 were MODERATE HARM.

**69** of the 122 pharmacies completed or started their online data entry for the MSSA.

**84** quarterly meetings were held.

Making pharmacy practice safer is a great place to start to ensure we are providing patients with the best care possible.

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## Shared Learning from Reported Incidents – Direct Oral Anti-Coagulant (DOAC) Dose and Duration

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by Vaughn Johnson, BSP, RQHR

The following was reported to SCPP with the intention of shared learning for DOAC dose and duration:

A prescription for rivaroxaban 15mg po bid for two weeks then, 20mg po bid for six months was written and dispensed as such. During this course of therapy, the 89-year-old patient developed anemia and a positive FIT (despite being on a PPI) and was sent for a colonoscopy to investigate. The patient had just finished the six months of rivaroxaban a week prior to the procedure and the error in dosing was discovered on admission to hospital.

A key message is that while the DOACs (apixiban, dabigatran, and rivaroxaban) have the benefit of not needing monitoring other than for drug interactions and periodic renal function, it therefore becomes essential for pharmacists to ensure the correct dose and duration of therapy by using the patient's weight, age, creatinine (available through lab viewer) and indication as appropriate for each agent. While the indication

may be unclear, there is no reason to go outside of approved dosages (above or below) and durations.

This patient was correctly dosed for a total of three weeks of 15mg bid (in-hospital and out-patient) then should have been 20mg daily for a total for six months therapy for first episode of PE. While the diagnosis was not written on the prescription, there is no indication for 20mg bid in any patient. This patient, a surprisingly healthy 89 year old, was put at an extremely high risk of a major bleeding episode (intraperitoneal or intracranial) and appears to have had a GI bleed, which was somewhat minimized by the PPI on-board. Only polyps were found on colonoscopy.

In another unrelated case, a patient was on rivaroxaban 10mg daily for one year. The patient was put on post hip arthroplasty for 35 days and was reordered in error multiple times. The only indication for this dose is post hip or knee arthroplasty with durations of 35 days or 14 days respectively. Again a patient was put at unnecessary risk of minor and major bleeding episodes.

For additional information, refer to the 2-page 'CLOT Checklists' (Collaborative Learning on Thrombosis), updated approximately every 6 months and available through RxFiles:

<http://www.rxfiles.ca/rxfiles/uploads/documents/CLOT-Rivaroxaban-Checklist-Final-CPP.pdf>

<http://www.rxfiles.ca/rxfiles/uploads/documents/CLOT-Dabigatran-Checklist-Final-CPP.pdf>

<http://www.rxfiles.ca/rxfiles/uploads/documents/CLOT-Apixiban-Checklist-Final-CPP.pdf>

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## Insulin Abuse

### Insulin facts:

Insulin is being described as “the most powerful anabolic hormone on the planet.”<sup>1</sup> Such articles can directly have a negative impact on young adults. According to a study in England, in 2005 there was a 14% significant increase of insulin use among male and female health club attendees.<sup>2</sup> In U.S, about one million elite and recreational athletes use performance enhancing drugs and as many as 25% of anabolic androgenic steroid abusers concurrently abuse insulin.<sup>2,3</sup> According to a representative from the Canadian Centre for Ethics in Sports, they have not done any research on this topic. Similarly, the Saskatchewan sports net representative wasn't aware of any such practice either.

### Insulin effect:

Insulin works in synergy with steroids, where the latter spawns new muscles while the former inhibits catabolism of protein.<sup>3</sup> Insulin use is intended to enhance performance and stamina. Insulin-like growth factors are critical modulators of skeletal muscle growth. Their local administration to skeletal muscle results in significant increase in total protein. Due to their growth promoting properties, they are highly desirable to athletes and thus, the World Anti-Doping agency (WADA) has placed them on its prohibited list.<sup>4</sup> It includes brand names like Humalog, Humulin, Humulin-N, Novolin GE NPH, Humulin-R, Novolin GE Toronto, Lantus, Levemir and Novolin.<sup>5</sup> The normal practice among body builders is to inject 10 I.U. of regular insulin and to combine it with a large amount of sugary food. This technique is called hyperinsulinaemic clamp.<sup>3</sup> However; during competitions most athletes are on strict diets thus hypoglycemia could result in serious complications such as coma and even death. A 31 year old body builder was found unconscious at home with a blood glucose of 0.6 mmol/L, respiratory rate = 20 and pulse of 100. Upon improvement, he stated that the previous day he had switched to a different fast acting insulin.<sup>3,6,7</sup>

### Role of the community pharmacist in controlling sale of insulin:

A source within the body building community revealed that “at least 10%” of his regular community clients admitted to using insulin and most of them obtained it from their diabetic friends. It is very hard to prevent diabetics from giving or selling their insulin to body builders.<sup>3</sup> Interestingly, authors of a letter in the British Medical Journal were able to buy insulin even though they were not diabetic.<sup>1</sup>

Pharmacists in a variety of settings including community practice dispense medications and offer advice on use of non-prescription products and dietary supplements to athletes. The major role of pharmacists in the use and abuse of performance-enhancing drugs includes educating, counseling, monitoring and obtaining accurate drug histories.<sup>8</sup> Time permitting, the pharmacist or their supervised intern can determine the condition or symptoms to be treated (Type 1 diabetes mellitus vs. Type 2 diabetes mellitus), the patient's self-diagnosis or practitioner diagnosis and assess patient's self-care objectives i.e. target blood glucose levels. On a broader aspect, pharmacists can question these patients as to whether they participate in any competitive sports because if they do then they would be subject to drug testing by numerous sports governing bodies.<sup>9</sup> Overall, if the pharmacist suspects misuse/abuse, they can refuse sale of the product. However, in the course of fulfilling their duty of care for the patient, the pharmacist can provide information about diet, training as well as non-judgmental advice about potential risks versus minimal (mostly unproven) benefits of performance-enhancing drugs including insulin. For those who continue to be intent upon using such performance enhancing drugs, the pharmacist can try to minimize risk of harm, for instance, by strongly discouraging reckless dosing practices, educating about risks associated with sharing needles/multi-dose vials and providing information relating to access of needle-exchange facilities.<sup>10</sup>

Prepared by Grupreet Parmar, SPEP student  
Saskatchewan Drug Information Service  
January 25, 2007

### References:

1. Elkin S, Brady S, Williams I. Body builders find it easy to obtain insulin to help them in training. *BMJ* 1997; 314: 1280.
2. Baker J, Graham M, Davies B. Gym users and abuse of prescription drugs. *Journal of the Royal Society of Medicine* 2006; 99: 331-332.
3. Evans P, Lynch R. Insulin as a drug of abuse in body building. *Br J Sports Med* 2003; 37: 356-357.
4. World Anti-doping agency. Qualitative and quantitative determination of insulin-like growth factor-I (IGF-I) or synthetic analogues in human plasma. Montreal: WADA; [updated 2006 Jan 4; cited 2007 Jan 16]. Available from: <https://www.wada-ama.org/en/resources/science-medicine/qualitative-and-quantitative-determination-of-insulin-like-growth-factor>.
5. Canadian Centre for ethics in sports. Substance classification booklet-2007. Ottawa: CCES; [updated Jan 2007; cited 24 Jan 2007]. Available from: <http://cces.ca/substance-classification-booklet>
6. BBC News. Bodybuilders 'abusing insulin'. London: BBC Trust; [updated 2003 Aug 05; cited 2007 Jan 16]. Available from: <http://news.bbc.co.uk/1/hi/health/3123545.stm>
7. CBC News. Athletes misusing insulin: report. Ottawa: Canadian Broadcasting Corporation; [updated 2003 Aug 06; cited 2007 Jan 16]. Available from: [http://www.cbc.ca/news/story/2003/08/06/insulin\\_030806.html](http://www.cbc.ca/news/story/2003/08/06/insulin_030806.html)
8. Boyce Eric. Use and effectiveness of performance-enhancing substances. *Journal of Pharmacy Practice* 2003; 16(1): 22-36.
9. Ambrose P. Drug use in sports: a veritable arena for pharmacists. *J Am Pharm Assoc.* 2004; 44:501-516.
10. Medical aspects of drug use in the gym. *Drug and Therapeutics Bulletin* 2004;42(1):1-5

## Pharmacy Examining Board of Canada (PEBC) Examination Dates

### Pharmacist Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Summer Pharmacist <b>Evaluating Examination</b>	July 5 & 6, 2016	Registration Closed
Fall Pharmacist <b>Qualifying Examination</b>	MCQ: Nov 9 & 10, 2016 OSCE: Nov 12, 2016	August 12, 2016
Winter Pharmacist <b>Evaluating Examination</b>	January 4 & 5, 2017	September 30, 2016

### Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Summer Pharmacy Technician <b>Qualifying Examination</b>	MCQ: September 10, 2016 OSPE: September 11, 2016	Registration Closed
Fall Pharmacy Technician <b>Evaluating Examination</b>	October 15, 2016	June 24, 2016

\*Applications must be RECEIVED by the PEBC office no later than the application deadline date

## Join Us on the SCPP Facebook Group

Available only to SCPP members (pharmacists and pharmacy technicians) who request access, the “secret” group is a secure way to convey information and ask questions. All SCPP members who are active on Facebook are encouraged to join the group for timely event, news and professional updates.



SCPP’s Facebook group reports on breaking news stories, important drug schedule changes, upcoming events, relevant continuing education opportunities, celebrates award recipients and tackles frequently asked questions.

Members are encouraged to take an active role in the group and are able to post items they think will benefit the community and to comment on posts.

To join the group, email [info@saskpharm.ca](mailto:info@saskpharm.ca) with “Join SCPP Members Group” in the subject line. Please include a **first and last name, licence number** and a **personal email address** in the body of the email. An invitation to join the group will be sent via Facebook. Participants can leave the group at any time.

## Has Your Contact Information Changed?

Please remember to keep personal information accurate and up to date with the College, especially your current place of employment, email address and mailing address.

Up-to-date information helps determine the electoral divisions for College elections and allows SCPP to inform its members of urgent matters.

Updates can be made by logging into the “Member Login” section of the website [www.saskpharm.ca](http://www.saskpharm.ca). This section can be found on the homepage at either the top of the page or on the red button on the left side.



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## Notes from the Field

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### **PRESCRIPTION TRANSFERS – CALLS TO THE PATIENT**

Calls from concerned patients regarding prescription transfers are periodically received by the College. The usual scenario involves the pharmacist calling the patient when a transfer request is received to determine why the patient is transferring their prescription(s). When a call like this is made with a quality improvement process in mind (i.e. what could we have done to make your patient experience better?), the call serves to help improve patient care. But when the nature of the phone conversation makes the patient feel uncomfortable, intimidated, or involves an offer of compensation to transfer the prescriptions back to the pharmacy, the College becomes concerned.

A patient has the right to choose their pharmacy without interference. The patient also has the right to be free from harassment or unprofessional conduct. While SCPP has no wish to impede quality improvement processes, the College must ensure that members continue to be guided by ethics and the best interest of the patient.

The member Code of Ethics says:

*THE PRACTICE OF PHARMACY IS A PROFESSION DEDICATED TO THE SERVICE OF PUBLIC HEALTH*

1. *A member shall hold the health and safety of the public to be of first consideration in the practice of his profession rendering to each patient the full measure of his ability as an essential health care practitioner.*

...

3. *A member shall observe the law, particularly those affecting the practice of pharmacy; uphold the dignity of the Profession; strive for its betterment; maintain a high standard of ethics; and report to the proper authority, without fear or favour, any unethical or illegal conduct which may be encountered within the Profession.*

4. *A member shall not engage in any practice, the conditions of which might cause him to compromise acceptable standards of the Profession.*

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## Discipline Matters

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### **YEE DECISION**

On **February 18, 2016** the Discipline Committee convened to consider charges that the Respondent, Mr. Golden Yee, a Regina pharmacist, was guilty of professional misconduct within the meaning of Section 25 of *The Pharmacy and Pharmacy Disciplines Act* (the "Act").

The charges related to allegations that on February 9, 2015, Mr. Yee sent two emails to an employee of the Regina Qu'Appelle Health Region as if those emails came from a third party pharmacist. Mr. Yee sent these emails without that third party pharmacist's authorization, knowledge or consent.

The hearing proceeded on an Agreed Statement of Facts, which included the admission that Mr. Yee's actions, the misrepresentation of himself as another pharmacist via email communications, constitute professional misconduct as defined in the Act, and amounts to a breach of the Act, the Bylaws of the College, as well as the NAPRA Model Standards of Practice for Canadian Pharmacists.

In its decision dated March 13, 2016, the Discipline Committee recognized that Mr. Yee cooperated with the Complaints

Committee throughout the investigation, but determined that his actions were contrary to the best interest of the public as well as to the standing of the profession, lacked personal and professional integrity and violated the NAPRA Model Standards of Practice for Canadian Pharmacists. As a result, the Discipline Committee ordered that:

1. Mr. Yee receive a reprimand;
2. Mr. Yee shall pay a fine in the amount of \$5,000;
3. Mr. Yee pay costs of the investigation and hearing in the amount of \$12,000, failing which Mr. Yee's license shall be suspended until payment is made;
4. A copy of the Decision be provided to the complainant and published in the manner directed in the Order.

The full text of this Decision and Order is available on the CanLII website at: <http://www.canlii.org/en/sk/skcppdc/>

CanLII is a non-profit organization managed by the Federation of Law Societies of Canada. CanLII's goal is to make Canadian law accessible for free on the Internet.



*Shared on behalf of eHealth Saskatchewan*

The PIP QIP Steering Committee would like to recognize the following pharmacies that had zero (0) Failed Transactions in the month of April:

- P026 - Drugstore Pharmacy #9040
- P143 - PA Co-op Pharmacy #1
- P255 - Drugstore Pharmacy #9022
- P269 - Pioneer Co-op Drugs #3
- P628 - Sobey's Pharmacy #5148
- P658 - Bayshore Pharmacy

Below are some frequently asked questions regarding Failed Transactions:

### **1. What is a Failed Transaction?**

A transaction (e.g. a dispense) that is not successfully transmitted to the PIP (i.e. missing from the PIP). Failed Transactions have not been transmitted to the PIP and therefore not available for clinical review by healthcare practitioners. Once pharmacies are CeRx integrated, sending prescription information to the PIP is independent of sending the information to the Drug Plan for adjudication or capture.

### **2. What impact do Failed Transactions have on patient safety?**

eHealth Saskatchewan receives calls on a regular basis from healthcare practitioners who are trying to complete a Best Possible Medication History (BPMH) for patients in an acute care setting. In many cases, it is difficult to complete the BPMH as a result of missing information in the PIP. Therefore, it is critical that pharmacists ensure any Failed Transactions, which should have been recorded in the PIP, are retransmitted on a daily basis.

- a. Clinical decisions may be made on incomplete and inaccurate PIP profile information (incomplete BPMH)
- b. Prescriptions not in the PIP are not involved in contraindication checking

### **3. Why do transactions fail?**

Transactions that are required to be recorded in the PIP may fail for a number of reasons, including:

- System downtime/failure to re-transmit
- Bypassing the PIP due to unresolved warning/error messages
- Prescriptions for patients with masked profiles
- Drugs not in the PIP drug database
- Data mismatch (i.e. date of birth or gender mismatch)
- Set up of NPN's on your pharmacy computer system

### **4. Should everything I dispense be transmitted to the PIP?**

The following transactions are expected to fail as they are not required to be recorded in the PIP:

- Dispenses for patients without a valid SK HSN (i.e. out of province)
- Dispenses for animals
- Devices

### **5. Where can I check to see which drugs and natural products can be submitted to the PIP?**

If a DIN/NPN is available in the PIP drug database then it should be transmitted to the PIP. This can be checked via the "Drug Monograph Search" under the "References" tab in the PIP GUI (website). Enter the DIN/NPN or product name in the "Drug Product/DIN/NPN" field, if search results are found then the product can be successfully transmitted from your pharmacy computer system to the PIP.

*If you have any questions regarding PIP QIP please contact the eHealth Service Desk at 1-888-316-7446.*

# Pharmacy Technician Statistics as of June 15, 2016

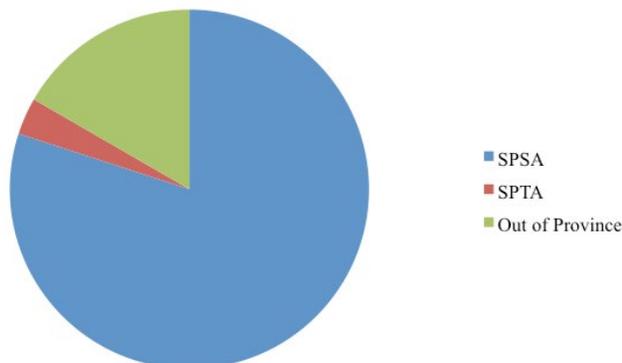
## Registered Pharmacy Technicians

30 individuals have completed all the requirements and have registered with the College.

Of the 30

- 24 individuals have completed the Structured Practical Skills Assessment (SPSA) for those with more than 2000 hours of Canadian pharmacy experience in the past three years.
- 1 individual has completed the Structured Practical Training & Assessment Program (SPTA) for those with less than 2000 hours of Canadian pharmacy experience in the past three years.
- 5 individuals licensed with the Alberta College of Pharmacists have completed the requirements for moving between provinces.

### Licensed Pharmacy Technicians



## Structured Practical Training & Assessment Program (SPTA)

As of June 15, 2016, 11 students have registered in the SPTA.

- 1 has registered as a licensed pharmacy technician
- 1 has booked their jurisprudence exam
- 9 are currently working on the program

## Saskatchewan Polytechnic Student Interns

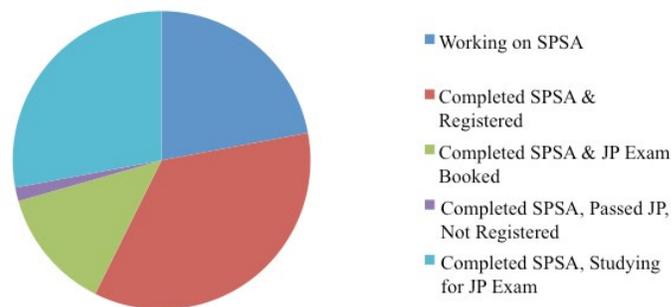
Currently, there are 15 Saskatchewan Polytechnic Pharmacy Technician program students/interns registered with SCPP.

## Structured Practical Skills Assessment (SPSA)

As of June 15, 2016, 68 students have registered in the SPSA.

- 15 are currently working on the program
- 53 have completed the program
  - Of the 53
    - 24 have registered as licensed pharmacy technicians
    - 9 have booked their jurisprudence exam
    - 1 has passed the jurisprudence exam, but has not yet registered
    - 19 are studying for the jurisprudence exam, but have not yet booked a time to sit the exam

### Structured Practical Skills Assessment (SPSA)



## Selkirk National Bridging Education Program Participants

150 candidates have completed a module in winter 2016  
115 candidates have enrolled for a module in spring 2016

## Pharmacy Examining Board of Canada

26 candidates passed the PEBC Qualifying Exam in winter 2016  
30 candidates passed the PEBC Evaluating Exam in spring 2016

## From the Desk of the Dean



**Dr. Kishor Wasan**

### College of Pharmacy and Nutrition: Proud of Our Tradition and Home of Research and Practice Innovation

For the latest news from the College, visit our website: <http://www.usask.ca/pharmacy-nutrition>.

It was a spectacular academic year at the College of Pharmacy and Nutrition, and I couldn't be more proud of our people. Our faculty have been earning prestigious awards and appointments, while our students have demonstrated their professionalism and motivation. Here are some of the highlights since my last report:

#### Doctor of Pharmacy Approval

After receiving U of S Senate confirmation on Saturday, April 23, the new Doctor of Pharmacy program has been officially announced to the public. The University of Saskatchewan will launch a Doctor of Pharmacy program in fall 2017 to replace the Bachelor of Science in Pharmacy. [Read more.](#)

#### Dr. Remillard named PAS Pharmacist of the Year



*Dr. Fred Remillard*

Congratulations to Dr. Fred Remillard who was named Pharmacy Association of Saskatchewan Pharmacist of the Year for 2016. The PAS Pharmacist of the Year Award is presented in recognition of a pharmacist who performs an outstanding single deed or long term service, as to bring credit and prestige to the profession of pharmacy.

#### Dr. Alcorn appointed Associate Dean, Research and Graduate Affairs

Dr. Jane Alcorn has been appointed to, and has accepted, the five-year term position of Associate Dean, Research and Graduate Affairs in the College of Pharmacy and Nutrition.

Dr. Alcorn will assume the duties of this position beginning July 1, 2016.



*Dr. Jane Alcorn*

#### National Health Care Team Challenge

Congratulations to pharmacy student Lin Wang and nutrition student Amanda Geradts on being part of the team that placed first at the National Health Care Team Challenge. [Read more.](#)

#### Report on 2015

The College is proud to present its Report on 2015. It was an impressive year for our faculty, students, and alumni, and the report highlights some of those accomplishments. The report is now available online. Printed copies will be available at all upcoming alumni events, and by request. [Read the report.](#) [PDF]

#### Saskatchewan Night

The College will host Saskatchewan Night at the 2016 Canadian Pharmacists Association Conference in Calgary, Alberta, on Friday, June 24, starting at 8:30 p.m. at Bottlescrew Bill's Pub, 140 10th Avenue SW. This year's theme will be Mardi Gras, and as always, dressing up is encouraged. Thank you to PAS and SCPP for continuing to support this event.

I encourage everyone to take a break this summer and enjoy the beautiful weather. It's time to rest and rejuvenate, and reconnect with family and friend. The College of Pharmacy and Nutrition will be a busy place this fall, and I'm excited for things to come.

Kish Wasan, R.Ph, Ph.D, FAAPS, FCSPS, FCAHS  
Professor and Dean

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## Pharmacy Technicians and Narcotic Ordering Authority

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**Q:** Can a pharmacy technician have narcotic ordering authority?

**A:** No, pharmacy technicians are not given the authority to order narcotics in the Controlled Drugs and Substances Act and corresponding narcotic regulations. Only a pharmacist is authorized to order narcotics and is therefore given a unique code from the wholesaler. Because each unique code is given to an individual pharmacist, the pharmacist must keep that code and password private and not share it with anyone else.



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## Vitamin D Supplementation for Infants - Public Health Recommendations

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*Shared on behalf of the Population Health Branch,  
Ministry of Health*

As Pharmacists are at the point of purchase for parents, they may be interested to know what recommendations are being made in Public Health with respect to vitamin D supplementation for infants. There are many different formulations and concentrations of vitamin D supplements available for purchase and parents may need some advice in choosing the appropriate product for their infant. Anecdotally, there are some concerns that parents are purchasing supplements formulated for adults.

The September 2015 background paper, "[Vitamin D for Healthy Term Infants](#)," does not provide information on formulations or concentrations, nor does it take into account individual patient/client parameters. Rather, it provides

background information for professionals on the population-based recommendation for healthy term infants. The paper was developed for and shared with all Public Health departments in our Health Regions. It summarizes evidence supporting the recommendation that all infants who are breastfed or receiving breastmilk should be provided with a daily vitamin D supplement of 400 IU per day.

This is intended as a population based recommendation and does not take individual patient/client parameters into account. Based on individual assessment, physicians or other primary care providers may recommend higher amounts for infants who are at high risk of vitamin D deficiency. Please note the tolerable upper limit for vitamin D is 1000 IU for infants 0-6 months of age and 1500 IU for infants 7-12 months of age. The tolerable upper limit is not intended as a recommended level of intake and should not be exceeded.

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## Continuing Professional Development for Pharmacists (CPDP)

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We are pleased to learn that Dr. Charity Evans has assumed the role of Director of the Continuing Professional Development for Pharmacists program formerly held by Dr. Linda Suveges. Charity is an Assistant Professor of Pharmacy at the University of Saskatchewan, teaching in the areas of evidence-based medicine, research methods and contraception. On behalf of CPDP, Charity brings the following update:

“The Saskatchewan Continuing Professional Development for Pharmacists program is undergoing significant renewal this year. These changes include an updated focus and enhanced role in developing, implementing, supporting, and evaluating lifelong learning opportunities for both pharmacists and pharmacy technicians in Saskatchewan.

This expansion has resulted in a name change, and the program will now be called **Continuing Professional Development for Pharmacy Professionals (CPDPP)**.

Other changes in the next few months include hiring a pharmacist dedicated to the program, establishing a governance structure, and a complete overhaul of the website.

We are also looking forward to enhanced collaborations with the Saskatchewan College of Pharmacy Professionals, the Pharmacy Association of Saskatchewan, Saskatchewan Polytechnic, and the College of Pharmacy and Nutrition throughout this transition and in the coming years.

We would like to take this opportunity to thank Dr. Linda Suveges for her years as Director of the program. Her passion for continuing education and her dedication to the program was obvious, and we wish her all the best in her retirement.”

We welcome Charity Evans to this new role and look forward to working with her and her team. Any comments or questions about the program can be sent to her at [charity.evans@usask.ca](mailto:charity.evans@usask.ca).



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## Continuing Professional Development for Pharmacy Professionals (CPDPP) Fall 2016 Immunization and Injection Training

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The CPDPP injection training program prepares pharmacists to administer drugs by injection, in particular to administer flu vaccines to patients during the flu season. The program meets the NAPRA competencies that were adapted from the Public Health Agency of Canada competencies - [http://napra.ca/pages/Practice\\_Resources/injectioncompetencies.aspx](http://napra.ca/pages/Practice_Resources/injectioncompetencies.aspx).

The training is a two-part program, blending online learning with a live program that includes the theory and practical aspects of administering drugs via injections:

Part I - Education Program for Immunization Competencies

Part II - Theoretical and Practical in Administration of Injections: A Course for Practicing Pharmacists

The dates for Part II, the live clinical sessions are:

### Saskatoon

- Saturday, September 10, 2016 AM
- Saturday, September 10, 2016 PM
- Sunday, September 11, 2016 AM

### Regina

- Saturday, September 17, 2016 AM
- Saturday, September 17, 2016 PM
- Sunday, September 18, 2016 AM

Registrants will be given access to the online training (Part I) upon registration. **This is a limited registration course. Early registration is advised.** To register, please complete the registration form from the CPDPP [website](#) and fax it to CPDPP at 306-966-2355.



## Short-Term Contract Employment Opportunity

# Data Quality Facilitator Position

### Position Summary

We are seeking the short-term employment of a pharmacist to assist in improving the quality of data being transmitted by pharmacists to the Pharmaceutical Information Program (PIP).

Working with the eHealth Saskatchewan PIP Quality Improvement Program (PIP QIP), the candidate will facilitate the education and training of pharmacists to assure the highest quality of data possible being transmitted from their practice management system to the PIP. This includes working with the PIP QIP team to ensure that pharmacists recognize their responsibility in submitting quality data to the PIP resulting in a greater focus and awareness of the PIP QIP in the entire province.

The overall aim is to sustain PIP QIP strategies by facilitating pharmacist awareness that adherence is necessary to enhance patient safety.

### Reports to:

- SCPP Registrar, Ray Joubert

### Objectives:

The contract pharmacist will work with the PIP QIP team to achieve the following objectives:

- For current data quality issues, there will be a primary focus on the “struggling” pharmacies for each data quality issue on a monthly basis. This will be achieved via our new “Bottom 10” initiative, whereby directed efforts will be focused on the ten poorest performing pharmacies
- Continue to monitor PIP data for quality issues and completeness. This will include OLD Rx’s, HELD Rx’s, PENDING Rx’s, Non-ended OTC’s and Failed Transactions
- Analyze this data and continue to provide statistics on a monthly basis
- Continue to utilize the PIP QIP strategy that involves chain pharmacy upper management to support PIP QIP efforts
- Monitor for new data quality issues
- Maintain the PIP QIP website to provide valuable information and awareness of the PIP QIP
- Update the PIP conformance volumes to include a focus on PIP QIP to prevent future data quality issues
- Report to the PIP QIP Steering Committee
- Continue alignment with COMPASS™

To achieve the goal of <1% failed transactions with all pharmacies while striving for 0% as the target, and to decrease all other data quality issues by 50% over the next year.

### Knowledge and Experience:

- Good working knowledge of PIP integrated systems, electronic pharmacy data flow and data quality
- Knowledge of community pharmacy workflow concepts
- Understanding of the importance of data quality and its impact on patient safety
- Proficient understanding of the PIP and the eHR Viewer
- Working knowledge of pharmacy vendor systems
- Knowledge of pharmacy legislation/regulations and bylaws
- Ability to foster change in challenging environments
- Skilled in solving complex issues
- Good interpersonal skills with the ability to collaborate with various stakeholders
- Effective communication skills
- Skilled in the interpretation and analysis of data
- Ability to use key performance indicators to monitor success
- Change management skills

### Education and Training:

- Bachelor of Science in Pharmacy degree with relevant community pharmacy practice or acceptable equivalent experience

### Employment Terms and Conditions:

- Term of employment - six months beginning September 1, 2016
- Travel is expected
- Co-location of office space at eHealth Saskatchewan, Regina
- Becoming familiar with the pharmacy practice management systems will be expected, and then translating that knowledge to pharmacists to ensure the quality of data being transmitted to PIP and to address data quality issues

### Application:

Expressions of interest and applications can be sent in confidence to:

Ray Joubert, Registrar  
Saskatchewan College of Pharmacy Professionals  
700-4010 Pasqua Street  
Regina SK S4S 7B9  
[info@saskpharm.ca](mailto:info@saskpharm.ca)  
ph: 306-584-2292  
fax: 306-584-9695

*Position will be open until filled.*

## CCCEP Volunteers – Their Roots Are Deep



**Canadian Council on Continuing Education in Pharmacy**  
**Le conseil canadien de l'éducation continue en pharmacie**

On April 10, 2016, the Canadian Council on Continuing Education in Pharmacy (CCCEP) sent out a news release celebrating its volunteers who ensure a solid foundation for continuing pharmacy accreditation for Canada's pharmacy professionals.

“Each year during National Volunteer Week, CCCEP recognizes the men and women who reach significant milestones in their volunteer roles as learning review panelists. This year there are 28 individuals who reached the levels of 5 years, 10 years, 15 years, 20 years and 25 years of service. Through their work, it is possible for CCCEP to provide quality assurance for continuing pharmacy education, support practice change and innovation,

strengthen the knowledge and skills of pharmacy professionals, and enable safer, evidence-based patient care.

“The 2016 theme for National Volunteer Week resonates quite clearly within our organization,” began Barbara Thomas, CCCEP President. “Our learning review panelists truly form the roots of our volunteer group. Their dedication and expertise enables us to continue to provide and grow the learning activities available for Canadian pharmacy professionals.”

CCCEP extends its thanks to the following individuals for their long service and dedication to advancing pharmacy practice in Canada through their continued involvement.”

Five Years	Ten Years	Fifteen Years	Twenty Years	Twenty-Five Years
Alayna MacGillivray	Cindy Ully	Joanne Houlihan	David Crosbie	Julie Toppings
Amarjeet Makkar	Claude Desfosses	Kausha Shah		Sharon Lyons
Colleen Engelbrecht	Don Westersund	Nancy McLaughlin		
Debra Chartier	Elizabeth Bamford			
Heather Anderson	Janet Bradshaw			
Heather LeBlanc	Judy Yip			
Jennifer Putnins	Kathy Hunter			
Karen Giordano	Kristine Petrasko			
Robert Solek	Lori Bonertz			
Steve Harris	Margaret Lee			
Teresa Hennessey	Shirley Cheung			

***SCPP would also like to congratulate these dedicated individuals and thank them for their hard work of continuing to move the practice of pharmacy forward by helping to ensure continued quality pharmacy continuing education.***



May 31, 2016

Dear Sir or Madame:

Re: Amendments to *The Health Information Protection Act*

*The Health Information Protection Amendment Act, 2015* was proclaimed on June 1, 2016. The Act includes four amendments resulting from the April 2014 report of the Health Records Protection Working Group (Working Group), formed in response to the discovery of a large number of patient records abandoned in a recycling bin behind the Albert Park Medical Clinic (in Regina) in March 2011.

The task of the Working Group was to examine the mechanisms for enforcement of trustee responsibilities to protect patient records, as well as to comment on specific changes that could clarify trustee responsibilities and encourage trustee compliance with *The Health Information Protection Act* (HIPA). The Working Group was comprised of representatives from the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association, the Saskatchewan College of Pharmacists (now the Saskatchewan College of Pharmacy Professionals), the Saskatchewan Medical Association, a patient interest representative, the Ministry of Health, as well as the Ministry of Justice and Attorney General.

The Working Group made 11 recommendations in their final report, which was presented to the Deputy Minister of Health in April 2014. Four of the recommendations highlighted deficiencies that could be addressed through legislative amendments to HIPA.

The amendments included in *The Health Information Protection Amendment Act, 2015* are:

1. The addition of a strict liability offence under new subsection 64(1.1). Currently, it is necessary to establish that a trustee “knowingly” violated the Act to be guilty of an offence. However, in the case of abandoned records, the amendment places the onus on the trustee or Information Management Service Provider (IMSP) to show that all reasonable steps were taken to protect the records and prevent abandonment. Where they cannot demonstrate that reasonable steps were taken, an offence may exist.
2. The addition of an offence under subsection 64(3.1) that clarifies the ability to lay a charge against an employee of a trustee or IMSP where that employee has knowingly disclosed personal health information. This clarifies that it is not just the trustee or IMSP who can be held accountable, but the employee as well.

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3. The snooping offence in subsection 64(3.2) is for employees of trustees and subsection 64(3.3) is for employees of IMSPs. The snooping offence would apply in instances where personal health information is intentionally accessed by a party who knows that the information is not reasonably required to carry out a purpose authorized under HIPA.
4. The addition of a provision where the Minister is allowed to appoint a person or body to take control or custody of records where an active trustee has failed to secure the records. Existing subsection 22(1) of HIPA allows the Minister to appoint a person or body to take control or custody of patient records where a former trustee has failed to secure the records. The addition of this provision allows for a quicker response to the discovery of abandoned patient records by foregoing the necessity to establish if a trustee exists before action can be taken to secure the abandoned records.

These amendments to HIPA support government's commitment to patient-centered care. The amendments strengthen and clarify the requirements of trustees, IMSPs and their employees in protecting personal health information, and provide the mechanism through which swift action can be taken to secure personal health information if found abandoned.

The Health Information Privacy Unit at the Ministry of Health has developed a **Questions and Answers** document as well as a **Fact Sheet** outlining the changes to HIPA. These documents can be shared with staff and healthcare providers at your discretion. Electronic versions of both documents have been included with this communication.

Please contact Lisa Dietrich, Director, Health Information Privacy at (306) 787-2137 or by email at [lisa.dietrich@health.gov.sk.ca](mailto:lisa.dietrich@health.gov.sk.ca) if you have questions or concerns.

Sincerely,



Duane Mombourquette  
Executive Director

Enclosures

cc: Lisa Dietrich, Health Information Privacy, Health