



JUNE 2010

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VISION

Excellence in Pharmacy Practice

MISSION

To protect the health and well being of the public by ensuring and promoting safe, effective and progressive pharmacy practice.

VALUES

The MPhA activities are based on the following values and are the foundation of what we do:

- ~ Integrity ~ Respect ~ Excellence
- ~ Accountability ~ Collaboration
- ~ Life Long Learning

The Manitoba Pharmaceutical Association

NEWSLETTER

200 Tache Avenue, Winnipeg, Manitoba, Canada R2H 1A7
Telephone (204) 233-1411 • Fax (204) 237-3468 • Email: info@mpha.mb.ca
Website: www.napra.ca

Announcement of New MPhA Executive Committee

We are pleased to announce MPhA Executive Committee for 2010-2012:

Shawn Bugden, President
John Cormier, Vice President
Heather Langtry, Executive Treasurer
Randall Stephanchew, Past President

New Deputy Registrar Hired

Susan Lessard-Friesen is the new **Deputy Registrar** of the MPhA. Susan has been on the staff of the MPhA since 1996 and has held the position of Assistant Registrar in charge of Professional Development since 1999. Susan brings a vast knowledge base and a wealth of experience to the position of Deputy Registrar which she started on April 6th, 2010.

Congratulations and Welcome to . . .

Kim McIntosh on being hired as the **Assistant Registrar in charge of Professional Development**. Kim is a 2006 graduate from the Faculty of Pharmacy at the University of Manitoba, and was recently an Associate Owner and Pharmacy Manager of a Shoppers Drug Mart Pharmacy in Winnipeg. Kim began her position on May 31st, 2010.

2010 MPhA Apprentice

The MPhA is pleased to welcome **Mr. Dennis Le**, a second-year pharmacy student from the Faculty of Pharmacy at the University of Manitoba, to join the staff of Pharmacy House for the summer as the 2010 MPhA Apprentice. A number of tasks have been planned for Dennis to undertake including providing support to the work of the PD and Standards of Practice Committees, continued research on the history of pharmacy in Manitoba and many other special project assignments. Please join us in welcoming Dennis on your next visit to Pharmacy House.

*included
with this
newsletter*

- NAPRA Notes
- Health Canada Advisories
- Golf Tournament Notice
- NAPRA National Drug Schedules Notice Board
- WRHA New Needle Drop Box Locations



Message from Shawn Bugden, President

The Manitoba Pharmaceutical Association

It is my honour and privilege to be elected to Council and then elected by Council as the President of the Manitoba Pharmaceutical Association. I wish to thank the members for re-electing me to Council for a third term. I also wish to acknowledge the faith that Council has placed in me by electing me to serve as President. I extend my sincere appreciation for the service provided by Leann McCannel, Penny Shefrin, Kim Thiessen and Kris Thorkelson during the past term of Council. It is also important to recognize the long and distinguished level of service of Penny Murray, the 2009 Pharmacist of the Year, who leaves Council after 12 years of service. Thank you, Penny.

As we look to the future, I am pleased to have John Cormier (Vice President) and Heather Langtry (Executive Treasurer) become part of the Council elected Executive Committee. The fourth member of the Executive Committee is Past President Randy Stephanchew, who adds important history and experience to the team. There are many new faces on Council this year including Carey Lai, Kyle MacNair, Kristine Petrasko and Dinah Santos. As well, I am pleased that Pat Trozzo will serve another term on Council. Pat's experience in the regulations development process will be a valuable asset to Council. With these quality individuals around the Council table, I approach this term of Council with renewed optimism about what can be accomplished.

These are challenging times for pharmacy. Many might say the glass is half empty. It has been a long time since the new *Pharmaceutical Act* was passed (December 2006) and still we do not have agreed upon suitable regulations to allow the act to move forward. In preparation to write this address, I reviewed the last two presidential addresses. It is disheartening to see the promise and optimism of these addresses fail to be realized in the past 4 years. All around us the world has continued to move forward, the *Regulated Health Professions Act* has passed and has begun its march forward to regulate all professions including pharmacy. Pharmacy practice in other provinces has moved forward into new areas supported by their enhanced regulatory frameworks. New economic challenges related to generic pricing are also emerging in other provinces creating uncertainty and concern across the pharmacy community.

Others may view the glass as half full. Technology and the expanded roles for technicians have the potential to lift the heavy yoke of technical functions that have limited pharmacists and their scope of practice. The complexities of pharmacotherapy mean that the need for pharmacists to step up as *the drug experts* has never been greater. Expanded roles for pharmacists in prescribing and administering medications/vaccines are enabled by the December 2006 *Pharmaceutical Act* and are just around the corner.

I have always been a bit more of a glass half full kind of person. Regardless of the conflicts and divisions in pharmacy in the past few years, we can all agree there is a glass and that we need to fill it. I look forward to working with all pharmacists to open the tap of potential in pharmacy. May our cup runneth over.

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From the Council Meeting of February 1, 2010

COUNCIL:

- Passed a motion that the Special General Meeting Minutes of February 3rd, 2010 be accepted for presentation for approval at the Annual General Meeting.

The following motions were passed regarding the Working Group/Steering Committee report regarding the regulations to the December 2006 *Pharmaceutical Act*.

- Passed a motion that council remains supportive for the requirement of a PHIN and that a process be put in place where a PHIN is not available the medication can still be provided and this decision, is grounded in patient safety and patient care, be communicated to government.
- Passed a motion that section 39b) of the Pharmacy Manager Qualifications Section be changed to read: *if they have never been a pharmacy manager previously, complete a Professional Development program, that meets the learning objective established by Council, within 1 year of becoming a new pharmacy manager.*
- Passed a motion that council accept the recommendation on Inducements as written by the working group which reads: with the exception of the retail sale of a drug not pursuant to a prescription, a member or owner must not offer or provide a patient or his or her agenda any of the following in the course of performing any activity described under section 2(1) of the Act:
 - a) Any promotion or event that would provide an increase in the usual amount of points, loyalty points or rewards if it can be shown that it would result in a patient safety concern.
- Passed a motion to take what was agreed to regarding the creation of a Practice Direction and make it into Policy, approve it and post it.
- Passed a motion that before each future election, information is distributed to membership about how the election is run and about how they may participate, either on the ballot counting committee or an observer representing a candidate.
- Passed a motion approving the 2009 financial statement for presentation to the Annual General Meeting.

From the Council Meeting of April 9, 2010

COUNCIL:

- Passed a motion that the Registrar draft a letter to the Deputy Minister of Health identifying Council's decision that MPhA not issue the final payments to PricewaterhouseCoopers until the services under the project charter have been completed.
- Passed a motion that the "Board of Director's Self Evaluation" document be approved as a pilot and all Council members will be asked to complete this document within two weeks of receiving it and provide the completed document to the President.

THIS NEWSLETTER is forwarded to every licensed pharmacist in the Province of Manitoba. Decisions of the Manitoba Pharmaceutical Association regarding all matters such as regulations, drug related incidents, etc. are published in the Newsletter. The Manitoba Pharmaceutical Association therefore assumes that all pharmacists are aware of these matters.

PUBLISHED BY: The Manitoba Pharmaceutical Association, 200 Tache Avenue, Winnipeg, MB R2H 1A7
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REMINDER

Technicians Cannot Transfer Prescription Copies

In recent weeks, the MPhA has received several calls from pharmacists stating that when requesting prescription copies from other pharmacies, pharmacy technicians are involved and there is difficulty in speaking directly with the pharmacist on duty. Pharmacists are reminded that pharmacy technicians cannot supply copies under the current Regulations to the *Pharmaceutical Act*. Section 17 (1) (i) of the Regulations outlines that "Within a licensed pharmacy, no person other than a licensed pharmacist shall...provide prescription copies whether for the patient, practitioner or another pharmacist." Pharmacy managers are requested to review and reinforce this requirement with pharmacists and pharmacy technicians on staff.

Manitoba Medication Return Program

The *Household Hazardous Material and Prescribed Material Stewardship Regulation* was introduced in Manitoba in February of this year. This regulation requires manufacturers of products classified as household hazardous waste (HHW) to maintain stewardship programs providing for the environmentally-safe disposal of these products. Pharmaceuticals and natural health products are included in the definition of HHW.

The Post Consumer Pharmaceutical Stewardship Association (PCPSA), an association representing pharmaceutical manufacturers, has taken the lead in Manitoba as it has in other provinces to develop and implement a Manitoba Medication Return Program for pharmacies. Presently, a working group has been struck including representation from the PCPSA, the MPhA, the MSP, and other pharmacy stakeholders to assist with the development of this stewardship program plan for medication and natural health products disposal from pharmacies. It is anticipated that the Manitoba Medication Return Program will be operational beginning in January of 2011. Further details on the proposed program will be provided to pharmacists over the coming months.

To view the *Household Hazardous Material and Prescribed Material Stewardship Regulation* online, go to <http://web2.gov.mb.ca/laws/regs/2010/016.pdf> For further information on the Manitoba Medication Return Program for pharmacies or to get involved, contact Susan Lessard-Friesen in the MPhA office.

Important Information Regarding Monitoring Patients on Methadone Maintenance Treatment

Methadone liquid compound is entered into the Drug Programs Information Network (DPIN) using an assigned PIN (pseudoDIN). Manitoba Health has confirmed that the software which generates the critical patient care codes (First Data Bank) does not recognize pseudoDINs and therefore the DPIN will not generate critical patient care codes, MY (duplicate drug other pharmacy) or MZ (duplicate therapy other pharmacy) for prescriptions where compounded methadone oral solution is dispensed. It is therefore important, that for those patients receiving methadone maintenance treatment, pharmacists routinely access the patient's DPIN profile to monitor for the dispensing of prescriptions for narcotics or controlled drugs at other pharmacies. This regular DPIN review, as well as instances necessitating pharmacist intervention with prescribers and other pharmacies, should be recorded on the patient's record.

In Memoriam

*Sydney Gurvey ~ January 23, 2010**

Theodore Sims ~ March 10, 2010

Donald Watts ~ April 2, 2010

Allister McRuer ~ April 13, 2010

George Hudon ~ May 18, 2010

*Correction: The wrong date was printed in the March 2010



MPhA Professional Development (PD) Program

2009 MPhA Learning Portfolio Review

Each year, twenty percent of all practicing licensed pharmacists are randomly selected to participate in an annual review of their learning portfolios. Pharmacists are selected from the total pool of licensed practicing pharmacists and therefore, pharmacists have an equal chance of selection each year. In January, 2010, 251 pharmacists were selected and asked to submit the CEU certificates or other documents supportive of the accredited learning activities listed on their PDLs for review by MPhA staff. All pharmacists selected submitted the required documentation. We would like to thank all pharmacists for their participation in this annual review process.

New Chair for the Professional Development (PD) Committee

Shawn Bugden is stepping down as Chair of the PD Committee as he takes on the duties of President of the MPhA Council. We take this opportunity to thank Shawn for his contributions to the PD Committee and also to welcome the incoming Chair, Kristine Petrasko, who was elected to the MPhA Council in April, 2010.

Up-Coming Professional Development Programs

The PD Committee is planning several comprehensive workshops on Methadone in the near future.

Please visit the Professional Development page of the MPhA website
<http://www.napra.org/pages/Manitoba/default.aspx>
for information on these programs and other professional development opportunities.

PHARMACY SECURITY MEASURES

In the last few weeks, there have been several armed robberies of community pharmacies. The drug being demanded in the robberies is OxyContin®. The Winnipeg Police Service is working to apprehend the perpetrator(s).

It is important for pharmacies to decrease the risk of being a victim by enhancing security measures, decreasing the stock of OxyContin® (to a level of only what is necessary) and posting a sign at the pharmacy entrance and at the dispensary describing the stock reduction or elimination policy. In addition, the installation of surveillance cameras and using security personnel are also key preventative measures.

Should your practice site be subject to an armed robbery, the safety of staff and others in the pharmacy is the primary objective.

For more prevention and reaction to armed robbery information, please refer to the MPhA home page of the NAPRA website at www.napra.org.

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A Brief Summary of the Amendments to
The Personal Health Information Act

INTRODUCTION

The *Personal Health Information Act* (PHIA) provides individuals with the right to access their personal health information except in limited circumstances and requires that trustees protect the confidentiality of the personal health information that they maintain.

The *Personal Health Information Amendment Act* includes important changes to PHIA. This document provides a brief summary of those changes. Most of the changes will come into force on May 1, 2010.

For further detail, please refer to PHIA, including the Personal Health Information Regulation and *The Personal Health Information Amendment Act*. Copies are available from Statutory Publications, 200 Vaughan St., Winnipeg, MB R3C 1T5, phone 945-3101.

They can also be accessed online at:

PHIA:
<http://web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php>

The Personal Health Information Amendment Act:
<http://web2.gov.mb.ca/laws/statutes/2008/c04108e.php#>

The Personal Health Information Regulation:
<http://web2.gov.mb.ca/law/regspdf/p033-5-245.97.pdf>

Notice of right to access information

The changes to PHIA will require that, in accordance with the regulations, trustees take reasonable steps to inform individuals of their right to examine and receive a copy of their personal health information that a trustee maintains and how to exercise that right.

The Personal Health Information Regulation will set out requirements for this, including that trustees must use a sign, poster, brochure, or similar type of notice.

A poster for health care facilities and a public brochure to meet these requirements have been developed. Trustees who would like copies to make available to their patients should contact Manitoba Health, Legislative Unit at (204)788-6612.

Timelines for responding to requests for access to personal health information

The changes to PHIA include changes to the time frame within which trustees must respond to requests for access to personal health information.

Under the changes, trustees must respond to requests for access as promptly as required in the circumstances but no later than

- 24 hours after receiving a request from an in-patient in a hospital to see information about his or her current care,
- 72 hours after receiving a request from a person who is not a hospital in-patient for information about his or her current care, and
- 30 days after receiving the request for any other requests.

A family member or person with a close personal relationship, who is entitled to information about care that is currently being provided to his or her relative, is to be provided with this information in the timeframes noted above.

Right to access personal health information when a person is incapacitated

Under PHIA, all rights of an individual may be exercised by a representative of that individual. The Act identifies several representatives, including:

- a person with a written authorization to act on behalf of the individual,
- the individual's proxy appointed in a health care directive,
- the individual's committee appointed under *The Mental Health Act*,
- the individual's parent or guardian if the individual is a child who is too young to make his or her own health care decisions.

For a complete list of representatives, see current s. 60 of the Act.

If a person is incapacitated and no representative as described above exists or is available, the changes to the

Act will authorize the first adult on the following list who is readily available and willing to exercise the person's rights under PHIA:

- the individual's spouse, or common-law partner, with whom the individual is cohabiting;
- a son or daughter;
- a parent, if the individual is an adult;
- a brother or sister;
- a person with whom the individual is known to have a close personal relationship;
- a grandparent;
- an aunt or uncle;
- a nephew or niece.

The oldest of two or more relatives described in any of the above bullets is to be preferred to another of those relatives (e.g. the older of a son or daughter or brother or sister).

See new sections. 60(2) & (3) (which can be found in *The Personal Health Information Amendment Act*).

Using and disclosing personal health information

Trustees cannot use or disclose personal health information unless:

- it is necessary to accomplish the purpose for which the personal health information was collected; or
- the trustee has the informed consent of the individual it is about.

There are exceptions to this general rule under PHIA in the form of uses and disclosures permitted without consent.

Informed Consent to use and disclose

The changes to PHIA set out the requirements for informed consent by an individual to the use and disclosure of their personal health information. Informed consent must:

- relate to the purpose for which the information is used or disclosed;
- be knowledgeable;
- be voluntary; and
- not be obtained through misrepresentation.

Consent is knowledgeable if the individual who gives it has been provided with the information that a reasonable person in the same circumstances would need in order to make a decision about the use or disclosure of the information.

Consent may be express or implied except where a trustee makes a disclosure to a person that is not a trustee or to another trustee for a purpose other than providing health care or assisting in providing health care. In these situations, consent must be express.

In addition, consent may be given with conditions. See new sections 19.1 and 19.2

Permitted Uses

With respect to permitted uses of personal health information, the amendments to PHIA will permit the following uses of personal health information without consent:

- Using an individual's demographic information or his or her Personal Health Information Number (PHIN) to confirm eligibility for health care or payment for health care or to verify the accuracy of the demographic information or the PHIN.
- Using an individual's demographic information to collect a debt the individual owes to the trustee or to the government if the trustee is a department.

“Demographic information” is defined to be an individual's name, address, telephone number and e-mail address.

To see the current permitted uses, see section 21 of PHIA. See the Amendment Act for amendments to this provision.

Permitted Disclosures

The amendments to the disclosures that are permitted by PHIA without consent include changes to clarify existing permitted disclosures and to add new ones, including disclosure:

- to another trustee who requires the information to evaluate or monitor the quality of services the other trustee provides;
- of an individual's demographic information for the purpose of determining or verifying an individual's eligibility for a program, service or benefit;
- to another trustee for the purpose of de-identifying the personal health information;
- of an individual's demographic information for the purpose of collecting a debt owed by the individual to the trustee or to the government if the trustee is a department;
- of an individual's demographic information to police if the individual has been reported missing and the information is required by police to help locate the person;

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- to a computerized health information network established by a body listed in the Act or specified by regulation and in which personal health information is recorded for specified purposes, including providing health care.

Under the changes, trustees will also be permitted to disclose personal health information to a health research organization designated by regulation under PHIA for specified purposes relating to health system evaluation, monitoring and planning.

Before personal health information is provided, an agreement is required to be completed with the designated health research organization. The agreement must meet the requirements of the Act and the Personal Health Information Regulation made under the Act.

Subject to requirements specified by regulation under the Act, hospitals and personal care homes will also be permitted to disclose personal health information to:

- a religious organization, **unless the patient tells the facility not to**. The only information that can be shared is the individual's name, general health status and location in the facility.
- a charitable fundraising foundation affiliated with the facility, **unless the patient tells the facility not to**. The only information that can be shared is the name and mailing address of patients or residents, or former patients or residents.

To see the current permitted disclosures, see section 22 of PHIA. See the Amendment Act for the amendments to these provisions.

For more information on the requirements for disclosure of information to a religious organization or charitable fundraising foundation, see new sections 23.1 and 23.2

See the amendments to the Personal Health Information Regulation respecting health research organizations and disclosure of information to a charitable fundraising foundation.

The Information and Privacy Adjudicator

The amendments to the Act respecting the Information and Privacy Adjudicator have not been proclaimed pending appointment of the Adjudicator.

Practice Advisories for Patient Safety

Part of the Council's commitment to enhance the quality of care and patient safety in Manitoba pharmacies was to instruct the Chair of the Complaints Committee to issue a report following meetings of the Committee.

The intention of the information is to inform pharmacists of medication incidents thereby providing an opportunity to relate and reflect upon their practice.

Selling Samples?

Many pharmacists will remember in times past when drug samples from various manufacturers were abundant and the distribution was not tracked. Years ago, samples had been used as a credit towards expired stock or received from health care professionals as a way to pay for other purchases. Thankfully, for the most part, things have changed. Manufacturers need to track the distribution of samples. Samples given to the patient without any documentation can be more of a hazard, than a help, for various reasons. Pharmacies should not receive samples unless it is directly from the manufacturers' authorized representative. Receiving samples from pharmacists or physicians for re-use, would not be supported by the regulations to the *Food and Drugs Act*.

Pharmacists should be wary of various persons, health professional or even colleagues offering to barter in drug samples. This type of distribution adds risk to Canada's safe drug distribution system and the purchase and sale would contravene the *Food and Drugs Act*. Pharmacists may dispense sample drugs (received from legitimate sources) when the drug is prescribed for a patient. However when assessing the price charged to the patient, the drug cost would be nil.

Council did advise pharmacists they could supply non-prescription drug samples to patients when a patient assessment was done and the drug was needed for a specific treatment.

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New Information on Arepanrix™ pH1N1 Vaccine - Implications and pH1N1 Vaccine Recommendations

Shelf life of GSK Arepanrix™ pH1N1 vaccine (with adjuvant):

- Providers are reminded that **all** Arepanrix™ Adjuvanted H1N1 Pandemic Influenza Vaccine previously on hand should **NOT be administered** and should **remain "ON HOLD" in the Cold Chain**, as further potency studies are pending, which could affect its future use.

Implications:

- After May 31st there will be no adjuvanted pH1N1 vaccine available for use in the province.
- Manitoba immunization providers will still have access to **GSK Influenza A (H1N1) Pandemic Monovalent Vaccine - without adjuvant**.
- The company's monograph for this product provides information on the considerations and limitations for use in various age groups, and is available on the Health Canada website at:
<http://www.hc-sc.gc.ca/dhp-mps/prodpharma/legislation/interimorders-arretesurgence/prodinfo-vaccin-na-eng.php>
- **Please refer to *Section 3.0 (Clinical Particulars)* of the product monograph for recommendations on dosing and use.**

Current pH1N1 Vaccine Recommendations:

- At this time, as per *FluWatch* and expert opinion in Canada, the likelihood of a third pandemic wave attributable to pH1N1 prior to this fall is low. However, sporadic cases may continue to occur and small localized outbreaks are possible. Although it is impossible to predict, an early fall wave of pH1N1 virus is also possible.
- It is also anticipated that this fall's seasonal influenza vaccine will contain pH1N1 antigen as a component.
- In light of the above, providers may wish to discuss the option of pH1N1 vaccination with susceptible clients upon request and/or based on a risk assessment that considers influenza virus activity, client risk factors, and travel plans.

The Food and Drugs Act Liaison Office

Health Canada has established an office to address concerns, complaints, or enquiries about how the Department administers the *Food and Drugs Act*.

The Food and Drugs Act Liaison Office (FDALO) works to address issues between individuals, businesses, organizations and Health Canada related to the application of the *Food and Drugs Act*. The Office was created to increase openness and transparency between the Department and stakeholders. They will work directly with stakeholders such as pharmacists, to resolve complaints and concerns or to answer enquiries in a confidential and impartial manner. Their conflict resolution specialists offer a range of flexible services to meet these needs.

For more information about the services provided through the FDALO, please visit their web page at:

www.healthcanada.gc.ca/fdalo or contact them at:

E-mail: fdalo@hc-sc.gc.ca

Phone: 1-866-339-4998 (toll free) or

613-957-4284 (National Capital Region)

Mail: A.L. 3807A, 275 Slater, Ottawa, ON K1A 0K9

Faculty of Pharmacy News

On June 30, 2010 Dean David Collins relinquished the deanship at the Faculty of Pharmacy, University of Manitoba to take on the role of Vice-Provost (Academic Planning and Programs). Dr. Collins, as Dean of the Faculty of Pharmacy, was a member of the MPhA Council for eleven years and his support and experience will be missed. Dr. Collins will retain his professorial appointment in the Faculty and will continue his lifelong interest in the profession of Pharmacy and will continue as an Honorary Member of the Manitoba Pharmaceutical Association.

Dr. Lavern Vercaigne has been appointed as Acting Dean, Faculty of Pharmacy, for a term of one year beginning on July 1, 2010 and he will take the place of Dr. Collins on the MPhA Council.

MPhA Capacity Review and Action Plan

The PricewaterhouseCoopers (PwC) review of the capacity of the Manitoba Pharmaceutical Association was posted on the MPhA website in September 2009 and is entitled “*The Manitoba Pharmaceutical Association & the Manitoba Society of Pharmacists Understanding*”, with a subtitle of “*Organizational Capacity Review*”. Although the document title might indicate it is a review of both organizations, the review was limited to the MPhA. PwC has made 15 recommendations for change involving the MPhA Council and Staff. Council reviewed the 15 recommendations and has developed a brief written response that was sent to the Deputy Minister of Health on October 30, 2009.

As reported in this newsletter and the February 3rd, 2010 Special General Meeting, Council approved a more detailed Action Plan at the February 1st, 2010 Council meeting.

This action plan was updated at the March 10th, 2010 Special Meeting of Council and was provided to the Deputy Minister of Health. MPhA is committed to insure the detailed Action Plan is completed within the time lines identified on the document.

Some of the activities on the plan that have already occurred are:

- Update the content of the website and bring the ability to make changes “in house”
- Create electronic communication with members
- Develop a process for the Registrar to set Goals and Objectives each year
- The current database and software needs are being assessed with the goal to update current system
- Restructure the office (reported in last newsletter) to include an Office Manager and a Deputy Registrar, as well developing and/or contracting expertise on Communications and Member Relations
- Convene a Special General Meeting to discuss matters of terms and make-up of Council.
- Review of current Council Orientation manual and an environmental review of the orientation process being done in other similar jurisdictions.
- Bylaw changes that move the Council election earlier in the year to better facilitate the orientation of new Council members
- Council implemented a Candidate Search Committee
- Bylaws Review

Further updates will be reported through the newsletter and the MPhA website.



focus on patient safety

Building an awareness for the systems that can lead to adverse events and changing the culture from “blaming” to reporting and learning from medication adverse events are some of the key steps in addressing patient safety in pharmacy practice. It is hoped that this column may facilitate taking those key steps.

Learning Together to Improve Patient Safety

In recent years, there has been a considerable amount of research and consultation in Canada in an effort to improve patient care and safety within a complex health care system.^{1,2} As a result, there currently exists an evidence-based movement across the country towards interprofessional teams of health care providers working collaboratively to provide patient-centred care.³ Interprofessional collaborative patient-centered practice facilitates patient goals, improves communication among health care providers, fosters respect for the contributions of

all providers, and optimizes participation in clinical decision-making. Emerging evidence supports the contribution of collaborative patient-centred practice to improving patient health outcomes by facilitating access to health care, fostering the provision of quality care and quality improvement, enhancing satisfaction of patients and health care providers, and improving patient safety.⁴

It is imperative for all health care professionals to continuously improve their knowledge and skills to enable them to practice competently and effectively within this dynamic health care system. Continuing professional

development (CPD) represents a model for learning in which health professionals can broaden their knowledge and skills through self-assessment, planning for learning and reflection on learning. It has been described as including a variety of strategies for learning and learning activities through which professionals can improve their capacity to practice safely, effectively, and legally within their evolving scope of practice. In general, the regulated health professions participate in CPD in a profession-specific manner. Occasionally there may be opportunities for individuals from various health professions to participate in shared learning activities, however, this shared learning would not be considered collaborative.

Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice Initiative attests that "changing the way we educate health providers is key to achieving system change and to ensuring that health providers have the necessary knowledge and training to work effectively on interprofessional teams within the evolving health care system."⁵ In other words, for health professionals to learn how to change their practice to collaborative patient-centred models of care, they must learn through participation in truly interprofessional collaborative learning environments.⁶ In keeping with this concept, the Canadian Interprofessional Health Collaborative has begun work to establish core competencies for collaborative patient-centred care which will serve as the foundation for interprofessional education.⁷ Similarly, the Canadian Patient Safety Institute's (CPSI) recently released document, *The Safety Competencies: Enhancing Patient Safety Across the Health Professions*, supports this notion of shared competencies among the health professions in the provision of collaborative patient-centred care and demonstrates the inherently interprofessional nature of patient safety.⁸

There are a number of initiatives currently underway across Canada and in other countries in support of the provision of interprofessional education to facilitate collaborative patient-centred care. These initiatives focus primarily on health professionals at the undergraduate or pre-licensure level. A significant gap therefore exists with respect to the provision of interprofessional collaborative practice learning opportunities for practitioners at sites across the continuum of care and including, most notably, direct patient care settings in the community.

In early 2009, the MPhA PD Committee began an initiative to bring together the regulated health professions in the province to design and develop interprofessional CPD programs, As a result, the Network for Interprofessional CPD was formed to plan, develop, and deliver competency-

based interprofessional CPD (iCPD) programming designed specifically to meet the learning needs of practicing health professionals, and to facilitate the emergence of collaborative patient-centred care. Network partners currently include representatives from:

- the provincial regulatory authorities for medicine, the registered nurses, the registered psychiatric nurses and pharmacy;
- undergraduate university programs for medicine, nursing and pharmacy;
- the CPD accrediting bodies for medicine and pharmacy;
- the Manitoba Institute for Patient Safety;
- Prescription Information Services of Manitoba ;
- The Health Insurance Reciprocal of Canada;
- The Canadian Interprofessional Health Collaborative Western Branch

Once the Network is established, the plan is to include representation from all interested health professions. The first iCPD event took place on May 7th in conjunction with a CME Therapeutic Update session and was a complete success. Make sure to watch for your invitation to future iCPD events coming your way in your PD Update.

References

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Canadian Medication Incident Reporting and Prevention System (CMIRPS)

CMIRPS is a national voluntary medication incident and 'near miss' reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication incidents (including near misses) can be reported to ISMP Canada:

- (i) through the website: http://www.ismp-canada.org/err_report.htm or
- (ii) by phone: 416-733-3131 or toll free: 1-866-544-7672

ISMP Canada guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

Institute for Safe Medication Practices Canada (ISMP Canada)

4711 Yonge Street, Suite 501, Toronto, ON M2N 6K8

Telephone: 416-733-3131 or 1-866-544-7672 (1-866-54-ISMP) • Email: info@ismp-canada.org • Website: www.ismp-canada.org

ISMP Canada Newsletter Subscriptions



ISMP Canada Safety Bulletins are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins will also share alerts and warnings specific to the Canadian market place.

In 2009, the following ISMP Canada Safety Bulletins have been issued.

- Vol. 10 Issue 2 - Hospitals Report on Medication Safety in Canada
- Vol. 10 Issue 1 - Medication Incidents Involving Cancer Chemotherapy Agents

All issues of the ISMP Canada Safety Bulletins, including those issued in previous years, are freely downloadable from the ISMP Canada website at www.ismp-canada.org.



The **Medication Safety Alert! Acute Care** edition newsletter from ISMP (US) has been in circulation since 1996. It is a biweekly compilation of medication and device related errors, prevention recommendations and editorial content. It alerts practitioners and managers in a timely fashion to potentially hazardous situations that may contribute to adverse drug events.



The **Medication Safety Alert! Nurse Advise-ERR** is designed to meet the medication safety information needs of nurses who transcribe orders, administer medications, and monitor the effects of medications on patients. Published monthly, the newsletter offers detailed error reports and checklists of evidence-based error reduction strategies.



The **Medication Safety Alert! Community/Ambulatory Care** edition newsletter from ISMP (US) is targeted toward pharmacists, pharmacy technicians, nurses, physicians and other community health professionals. This monthly newsletter provides timely information about medication-related errors and adverse drug reactions and their implications for community practice sites, and offers recommendations on how to improve medication safety within the community setting.

ISMP Canada is pleased to distribute The **Medication Safety Alert!** (US) newsletters along with **ISMP Canada Safety Bulletins** to Canadian practitioners and corporations. To subscribe, visit the ISMP Canada website under Products and Services at www.ismp-canada.org.

ISMP Canada would like your continued support, in order to achieve our shared mandate of promoting safe medication practices. The distribution of the ISMP (US) newsletter with Canadian alert bulletins is one of many initiatives underway by ISMP Canada to heighten the awareness of medication safety in Canada.

If you have made changes in your pharmacy, which focus on patient safety that you would like to share with your colleagues, please contact Susan Lessard-Friesen at 204-233-1411.