



New Policy For Refill Documentation Requirements Approved

At its September 1999 meeting, the Council of the College approved a new policy relating to the documentation of refill authorizations. The new requirements are the result of problems with tracing prescriptive authority on refill prescriptions when authorizations are added to the original instead of creating a new prescription.

The Community Pharmacy Practice Committee reviewed the situation and proposed three options for the Council's consideration. The Council rejected one option and approved the use of either of the other two options.

The two acceptable options are:

► **Maintain a Computerized Transaction Log**

This method requires a software program capable of maintaining a transaction record (not all systems do this). The computer-generated "authorization" label can be initialled by the responsible pharmacist and filed as the hard copy record of the authorization.

► **Assign a New Prescription Number and Prepare a New Hard Copy Prescription**

This method prohibits the addition of refill authorizations to the original prescription. The responsible pharmacist(s)'s initials on the hard copy will provide the required refill authorization documentation.

It is no longer acceptable to hand-initial a notation on the refill log entry. This method of documenting refill authorizations is difficult to trace, particularly when an audit involves multiple prescriptions, multiple patients and/or multiple refills over an extended period of time.

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*Your questions and comments about
this Bulletin are welcome and may be
forwarded to the Registrar.*

Member Information Added To NAPRA Database

At its September 1999 meeting, Council approved the provision, in accordance with the *Freedom of Information and Protection of Privacy Act*, of College member information to the National Association of Pharmacy Regulatory Authorities (NAPRA) for inclusion in the portion of its confidential pharmacy database accessible only to the provincial registrars or their delegates. This approval is outlined on the College's pharmacist registration renewal form.



The member information will be used to facilitate reciprocity across provinces, with the registrars or their delegates able to access the confidential database to confirm the registration status of individuals.

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Council Highlights

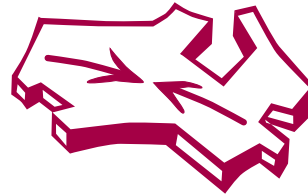
At the November 1999 Council meeting, a number of topics were finalized, while discussion on new agenda topics was initiated.

Mutual Recognition Agreement

The Councillors approved the *Mutual Recognition Agreement* developed by the National Association of Pharmacy Regulatory Authorities (NAPRA). When the necessary provincial legislative changes are completed, the agreement will facilitate the reciprocity of pharmacists between Canadian provinces with minimal documentation and assessment requirements.

The agreement includes the following components:

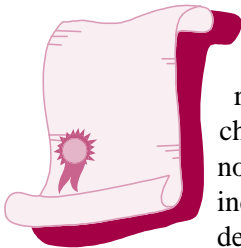
- ▶ Academic accreditation standards
- ▶ Language fluency requirements
- ▶ Jurisprudence competencies
- ▶ Structured practical training program framework
- ▶ Assessment requirements based on a national entry-to-practice competency document



College staff have been requested to analyze existing legislation and develop an action plan for completion by 1 July 2001 (the national *Agreement on Internal Trade* deadline), or earlier if feasible.

2000 Annual General Meeting

The Councillors reviewed the successful 1999 College annual general meeting held in conjunction with the BC Pharmacy Association's fall conference and decided to hold the 2000 annual general meeting in Vancouver during the course of the provincial conference again. The exact date will be announced following consultation with the Association's conference planners.



Pharmacy Display of Diplomas

In response to reports from College registrants that the public display of their diplomas had resulted in harassment and stalking incidents, the Council decided to recommend a legislative change which would make the display of College diplomas in the pharmacy optional. It was noted that the diplomas are essentially historical documents and that they do not indicate an individual's current status as a College registrant. Furthermore, there are other methods of determining the identification of pharmacy staff if required for College purposes.

Storage of Prescription Records

Space requirements for the storage of original prescription documents, along with time requirements to access the materials if needed for patient care activities, have prompted the Council to investigate the possibility of permitting electronic storage of the documents via scanning or other technological procedures. The Registrar was requested to obtain more information, and the topic will be discussed further at a future Council meeting.

Dimenhydrinate Survey

In the course of reviewing a recommendation that dimenhydrinate be moved from Schedule II to Schedule III, the Council decided to survey College members to obtain current documentation of adverse incidents involving the use or misuse of dimenhydrinate. A pharmacy survey is planned for distribution in January or February, with further discussion scheduled for the April meeting of the Council.



In Brief



► Emergency Contraception Initiative

Approximately 100 pharmacists around the province are prepared to provide training to other pharmacists about emergency contraceptive pills. The three-hour educational session provides general information about emergency contraception, and specific details about how to work with a collaborative protocol. The program has been accredited by the Canadian Council on Continuing Education in Pharmacy for 3 CEUs. There is a fee to cover the cost of the training manual. The BC Pharmacy Association is responsible for the administration and delivery of the CE program. For information about a training session near you, call the BCPhA at Tel: (604)279-2053, 1-800-663-2840, or E-mail: bcpharm@bcpharm.bc.ca.

► Monitoring Gripe Water Purchasers

The Fetal Alcohol Syndrome (FAS) Resource and Support Program has contacted several manufacturers about their formulation of infant gripe water, which contains the non-medicinal ingredient "alcohol." The fetus' central nervous system rapidly develops and continues to develop for several years postpartum. When alcohol is ingested, it interferes with normal cellular development.

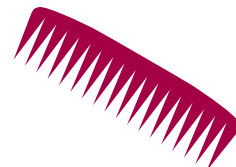
While one manufacturer has indicated they have submitted for a DIN for non-alcoholic gripe water, it remains important to properly educate people purchasing infant medications containing alcohol. FAS resource workers suggest pharmacists place these products behind the counter, or if they stay in the public access area, take responsibility for monitoring the sale of these drugs.

► Update on Helpline for Mothers

The July/August 1999 *Bulletin's* Resource Source noted that the Motherisk Program at the Hospital for Sick Children in Toronto has introduced a national, toll-free bilingual information line. Pharmacists should note that the Helpline at 1-877-327-4636 is for alcohol and substance abuse queries only as they relate to pregnancy and breast-feeding. Other general questions about the use of prescription medications during pregnancy and breast-feeding will be answered at (416) 813-6780. For these information lines, the pharmacist needs to be able to provide information on the patient's pregnancy, or to refer the patient directly to the telephone numbers.

► New Approach for Head Lice Treatment

While it does not present a health hazard, head lice is an ongoing concern in communities, especially to parents and teachers. Many interventions have been attempted over the years. It is no longer recommended that children with head lice be offered only chemical treatment.



The Vancouver/Richmond Health Board has implemented a new approach for the prevention and treatment of head lice. The method involves the use of wet combing with conditioner every three to four days for two weeks, eliminating the need for expensive, and possibly toxic if over used, lice shampoos. The lice cannot move with conditioner in the hair, making it easy to see them and comb them out.

Expense aside, many who are infested are finding that typical treatments are not working. Wet combing has been effective in other jurisdictions.

Pharmacists in Vancouver and Richmond can find out more about this new method through a wet combing information pamphlet (written by the Vancouver/Richmond Health Board) and staff at their local health unit. For pharmacists outside these areas, visit your local health unit and request a complementary pamphlet. If not currently stocked, the units may order copies of the pamphlet to have on hand (minimum quantity of 100 copies for \$20) by calling the Vancouver/Richmond Health Board's forms coordinator at (604) 730-7624. Pharmacies wanting to carry the pamphlet can also order copies through the Board office. The College will also mail a copy of the pamphlet to pharmacists not able to obtain one through their health unit.

► Income Tax Tip

Pharmacists should note that they can claim their Registration fees as an income tax deduction.



President's Message

It is a privilege to represent the Council and pharmacists of British Columbia in their relationship with the public as a new century begins.

Although we are faced with challenges, we also have opportunities for improving pharmacy practice. We need to recognize both, while striving to take advantage of the latter.

Recently I was fortunate to attend the American Society of Health Care Pharmacists annual mid-year clinical meetings. In conversing with pharmacists from the United States and several other countries, it was apparent that we share similar problems and opportunities. I heard many stories of pharmacist shortages, partially as a result of the transition to the PharmD. degree as the only entry level degree to pharmacy practice in the United States. I listened to discussions regarding problems with reciprocity between jurisdictions. The Commissioner of the FDA cited concerns with alternative and herbal medicines, and noted the potential benefits and dangers to the public of pharmacy via the internet. And of course there were concerns with health care funding.

I also heard and saw demonstrated many success stories of contemporary pharmacy practice. Pharmacists spoke of professional satisfaction in conducting asthma clinics, directing tobacco cessation programs, and making efforts to ensure patients received continuity of care.

We need to continue to demonstrate that pharmacists are the public's medication experts by enhancing and developing new roles. Within these efforts we need to work towards fair financial recognition for cognitive services. The challenge and opportunities are before us.

On behalf of Council, I wish you and your loved ones peace and prosperity for the future.

Curt Jordan

Hospital Pharmacy Insights



Patients' Own Medications

Patients often bring their prescription and over-the-counter medications with them when they are admitted to the hospital. Many hospitals encourage this practice as a patient's medications may provide valuable medication history information.

Increasingly, patients also bring their natural health products into the hospital. In medication histories, specifically ask patients about the use of natural health products. Never assume that natural health products are innocuous, and be aware that patients may continue to use natural health products in the hospital without the knowledge of hospital staff.

Like other medications used in the hospital, patients' own medications and other products must be stored safely and securely. The pharmacy department should ensure that the following procedures are included in the hospital's medication policies and procedures for patients' own medications:

- ◆ An appropriate health professional documents the medication history information from the patient's own medications.
- ◆ The physician may indicate in the medication order that the patient's own medication is to be used if there is no formulary alternative and if permitted by hospital policy.
- ◆ The pharmacist must obtain the patient's medication, prior to the medication being administered in the hospital, for a process of "identification, labelling and dispensing." The Hospital Pharmacy Committee has developed *Guidelines for the Use of Patients' Own Medicinal Products in Hospitals* to assist the hospital pharmacist with this process.
- ◆ The nursing unit staff should ensure that the patient's other medications are sent home.
- ◆ If the medications cannot be sent home, they must be stored safely and securely in the hospital, out of the reach or access of patients, visitors, children and/or unauthorized hospital staff.
- ◆ Medications and other products must never be stored in unlocked patient storage lockers or bedside tables.

Summary

The hospital pharmacist and other hospital staff are responsible for protecting the safety of patients, staff and visitors by ensuring that all medications and medicinal products are safeguarded from accidental or intentional exposure or ingestion.

A copy of the *Guidelines for the Use of Patients' Own Medicinal Products in Hospitals* was sent to each hospital pharmacy. If you have any questions or wish to obtain an additional copy of these *Guidelines*, please contact Sharon Clark at the College office.



Change Management Process For The HealthNet/BC Professional And Software Compliance Standards

HealthNet/BC, a division of the Ministry of Health's Information Management Group, is responsible for the development and implementation of standards related to PharmaNet and Client Registry. The current standards can be found in Version 2.4 of the *HealthNet/BC Professional and Software Compliance* document. The standards defined in this document apply to software applications that access information through HealthNet/BC (e.g. in-pharmacy computer systems accessing PharmaNet or Client Registry). This document is used to define the compliance evaluation parameters which must be met by the software vendors.

A Change Management Process has been defined for any proposed changes to the standards or requirements in the compliance document. Implications for changes to the document are significant due to the number and variety of stakeholders, as well as the time and cost to develop and implement proposed solutions. The Change Management Process has been implemented to minimize the impact to stakeholders, including pharmacists and pharmacy software vendors, and to ensure benefits to the widest possible audience.

A HealthNet/BC Change Management Committee (HNCMC) has been created to review and approve proposed changes to the compliance document in accordance with applicable legislation, regulations and/or policy of the stakeholders. In all cases, the HNCMC will review the changes, considering the impact on health, expenditures, security, privacy, consumers, imbedded standards and stakeholders. The change may be accepted, rejected, or deferred, requiring further information. Any approved changes will be included in the next version of the compliance document (one version released per year).

The HNCMC is comprised of voting members from the College of Physicians and Surgeons of BC, Pharmacare, HealthNet/BC, as well as PharmaNet Coordinator Melva Peters. Non-voting members on the committee include representatives from HealthNet/BC, the BC Pharmacy Association and the PharmaNet Users Group.

Any person or organization may request a change to the compliance standards. Changes can be submitted on-line by accessing the HNCMC web page at <http://admin.moh.hnet.bc.ca>. If you have never accessed this site, you will be asked to register. Once registered, follow the links from Partnership Matters to the HealthNet/BC Project to the Change Management site.

If you have any suggestions for changes to the requirements defined in the compliance document or would like to discuss the process further, please contact the PharmaNet Coordinator.

Review Of The Compliance Document Started

On November 16 and 17, the College held a workshop with members from the PharmaNet Users Group, the Hospital Pharmacy Practice Committee, the Community Pharmacy Practice Committee and the Long-term Care Committee to review the requirements defined in the *HealthNet/BC Professional and Software Compliance* document.

Over the course of two days, the participants reviewed the sections of the document related to pharmacy practice and made a number of recommendations for change. In addition, a number of changes were recommended for the PharmaNet system.

All recommendations will be reviewed further at the College, and the accepted changes will be forwarded through the HealthNet/BC Change Management Process to be included in an upcoming release of the compliance document.



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Plan To Attend



► Panel Assessments

Saturday, 10 June
Saturday, 4 November (*to be confirmed*)

► Forensic Assessments

Friday, 11 February
Friday, 9 June
Friday, 3 November (*to be confirmed*)

► Council Meetings

Friday, 11 February
Thursday, 13 April
Friday, 16 June



People News

Announcements

- The new Executive Assistant at the College is **Lynn Taylor**, formerly the Administrative Assistant. She replaces **Traci Deman** who departed in January. Former junior receptionist **Kelly Baker-Pabla** is the new Administrative Assistant.
- The College is pleased to welcome the government's two new nonpharmacist appointees to Council, **Tania Jarzebiak** and **Peter Rubin**. They both attended the 26 November Council meeting.
- The BC Branch of the Canadian Society of Hospital Pharmacists has a new 2000 Council, including President **Tammy Coderre-Kells** (Fraser Valley Health

Region), President-elect

Peter Zed (Vancouver General Hospital), Past-President **Peter Loewen** (University Hospital), and Programs Committee Chair **Shallen Letwin** (Fraser Valley Health Region).

Achievements

- The College's Pharmacy Practice Consultant/ Inspector, Barbara Perceval, who has been on medical leave for almost four years waiting for a kidney transplant, is now at home recovering from her successful surgery on 3 December at St. Paul's Hospital.

In Memoriam

- The College regrets the passing of member **Kenneth Pitman** of Vancouver.