



## Product Substitution Notification To Patients

Both the College Council and the Community Pharmacy Practice Committee (see page 5) have examined the issue of product substitution by pharmacists and notification to patients. While pharmacists can initiate product interchangeability, they are currently not required to notify the patient or their agent when it has occurred.

After careful review, it was agreed that notification is a matter of good pharmacy practice and good patient relations, and can avoid potential problems. While no bylaw amend-



ment is planned, pharmacists are asked to notify the patient or their agent when product selection has been exercised unless the patient has had the product before.

When dispensing a prescription, it is important that pharmacists carefully review their own pharmacy's profile and PharmaNet's patient record for previous prescriptions of the same drug. Policies and procedures must be in place to ensure that the pharmacist providing the pharmacist-patient dialogue is made aware of the brand change and conveys the information to the patient.

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

## College Supports New BC HealthGuide Program

The College and Council have endorsed the Ministry of Health's new BC HealthGuide - a three-part program designed to enhance the public's access to health care information and assist consumers in obtaining appropriate care.

Launched this spring, the program consists of:

- ◆ The BC HealthGuide Handbook, a free, easy-to-use guide to recognize, prevent and treat common health concerns. It has been distributed to every household in BC.
- ◆ BC HealthGuide Nurseline, which provides 24-hour, seven-days-a-week toll-free access to specially trained RNs, whose functions include triage, decision support, education and directing clients to appropriate health care resources.
- ◆ BC HealthGuide Online, 24-hour-a-day internet access to authoritative, medically-approved information on more than 2,500 health topics.

Along with the College, other partners on the interdisciplinary advisory council to help implement and manage the program are the BC College of Family Physicians, the BC Medical Association, the Health Association of BC, and the Registered Nurses Association of BC. Inclusion of the College of Pharmacists' name and logo in program materials will increase the public's awareness of pharmacists as sources of health care information.

For further information on the BC HealthGuide, contact the Ministry of Health's Consumer Health Education Programs at Tel: (250) 952-1530 or Internet: [www.bchealthguide.org](http://www.bchealthguide.org).

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## ADR Reporting Guidelines



Health Canada's Therapeutic Products Programme has distributed guidelines for health care professionals' reporting of adverse drug reactions (ADRs). An ADR is a noxious and unintended response to a drug which occurs with use or testing for the diagnosis, treatment or prevention of a disease or the modification of an organic function. This includes **any** undesirable patient effect suspected to be associated with drug use. ADRs as a result of prescription, nonprescription, biological (including blood products), complementary medicines (including herbals) and radiopharmaceutical drug products are monitored. Drug abuse, drug overdoses, drug interactions and unusual lack of therapeutic efficacy are also considered to be reportable as ADRs.

ADR reports are, for the most part, only suspected associations. A temporal or possible association is sufficient for a report to be made. Reporting an ADR does not imply a causal link.

ADRS that should be reported include all suspected adverse drug reactions which are:

- ◆ **unexpected**, regardless of their severity (i.e. not consistent with product information or labelling); or
- ◆ **serious**, whether expected or not; or

- ◆ reactions to **recently marketed drugs** (on the market for less than five years) regardless of their nature or severity. The College's Bylaw 44 Subsection 4 requires that a pharmacist is required to report an ADR to the BC Regional ADR Centre, Tel: (604) 806-8625, Fax: (604) 806-8262, E-mail: [adr@dpic.bc.ca](mailto:adr@dpic.bc.ca).

To report a suspected ADR, pharmacists should complete a copy of the ADR Reporting Form, using a separate form for each patient. The form is available from the regional centre, in the Compendium of Pharmaceuticals and Specialties (CPS), and on the internet at <http://www.hc-sc.gc.ca/hpb-dgps/therapeut/> under the subject "Guidelines and Forms."

To report an ADR for a vaccine, pharmacists should complete a copy of the Vaccine-Associated Adverse Event Form, available in the CPS.

Any follow-up information for a reported ADR can be sent on another ADR form, or it can be communicated by phone, fax or e-mail to the regional centre. So the information can be matched with the original report, indicate that it is follow-up information, the date of the original report and report case number if known.

It is hoped that through increased awareness of adverse drug reaction reporting, signals and trends in drug safety and effectiveness will be identified more efficiently.

## Council Highlights

The Council of the College of Pharmacists of BC met in Vancouver at College Place on Friday, 30 April. The agenda and outcomes included the following items:

### ► **Restructured <sup>B</sup>C.A.R.E. Program**

The Council received a report from the Board of Examiners on a proposal to restructure the <sup>B</sup>C.A.R.E. Program to include a new professional development option, in order to address members' desire for a simple-to-use method that emphasizes continuing education and other self-directed practice enhancement activities.

The Learning and Practice Portfolio was approved as a new option for pharmacists to fulfill the College's quality assurance program requirements. Details about the new option are included on page 7 and in the enclosed introductory information brochure.

In addition to input through the feedback form in this mailing, further consultations with College members will occur between June and September (focus groups and detailed questionnaire survey to all registrants). Member comments received from the feedback form, focus groups and fall survey will be incorporated in program refinements, with the program presented to the Council for final approval in November. The revamped quality assurance program will be launched in January 2002.

### ► **Nicotine Gum and Patches to Stay in Schedule III**

The Council considered a recommendation from the National Drug Scheduling Advisory Committee (NDSAC) to deregulate nicotine gums and patches from their current Schedule III listing (self-selection area of pharmacies) to

(Continued on page 7)



## In Brief

**► Correction Re: Distribution of ECP Posters and Shelf Talkers**

A front-page March/April 2001 *Bulletin* article outlined materials available to support ECP pharmacies and educate the public. The article incorrectly indicated the Ministry of Health was distributing ECP posters and “shelf talkers” to ECP pharmacies. The BC Pharmacy Association is distributing these materials, and only to those pharmacies requesting them. Interested pharmacies can contact the BCPhA at 279-2053 or 1-800-663-2840.

**► Electronic Delivery of Bulletin**

Members are now able to access the *Bulletin* and its inserts electronically. Anyone wanting to change from mail to electronic delivery can contact Elsie Farkas at the College via [EFarkas@collegepharmacists.bc.ca](mailto:EFarkas@collegepharmacists.bc.ca). Please provide the following information: pharmacist name, diploma number and e-mail address, and/or pharmacy name, Pharmacare number and e-mail address.

**► Pharmacy Access in Private Membership Clubs**

Anyone developing a pharmacy within a private membership club is reminded that Schedule I, II and III drugs, along with unscheduled drugs in the Schedule III area must be made available to nonmembers of the club. The College’s policy EP-6 addresses this access to all: “It is not in the best interest of the public for pharmacies to be able to exclude patients on the basis of pharmacy membership fees. Member-only operations must develop and implement policies to allow nonmembers access to the pharmacy services (including the nonprescription Professional Products Area) without the requirement of a membership fee payment.”

**► Missing CPSID Number on Prescriptions**

Physicians are now required by their College to include their College of Physicians and Surgeons identification (CPSID) number on all written prescriptions. If a pharmacist dispenses a patient’s prescription without a CPSID number, the preferred method of addressing the omission is to first make an effort to contact the physician and discuss the missing number. If a problem arises from the discussion, or if the physician continues to omit his/her CPSID number, then the College of Physicians and Surgeons of BC should be contacted about the situation.

**► Dentists Cannot Prescribe Drugs for Smoking Cessation**

The College of Dental Surgeons of B.C.’s policy is that dentists cannot prescribe Zyban and must refer individuals to a physician for a prescription. The CDSBC’s Spring 2001 newsletter notified members of this policy.

Pharmacists encountering a patient with this prescription should inform the patient of the policy and direct him/her to get a properly prescribed prescription from their physician. However, as a short-term solution only, pharmacists can dispense the dentist’s prescription just one time if the patient would be inconvenienced to go to a physician. The pharmacist should also contact the patient’s dentist and remind them of the CDSBC’s policy.

## Drug Updates



◆ Health Canada is warning consumers not to use **Bao Ji Wan Pills** or **Chinese Modular Solutions Chest Relief Tablets**. These two herbal products are indicated for use in children and labelled to contain the ingredients *Tricosanthes kirilowii* and *Magnolia officinalis* bark. These ingredients are considered highly toxic and pose a serious health hazard, particularly for children.

◆ Pharmacists are reminded that **chlorhexidine** is a Schedule I drug requiring a prescription.

◆ **Look-alike, sound-alike alert: Amatine®** (midodrine hydrochloride) is a vasopressor that may be used to attenuate symptoms of chronic orthostatic hypotension due to autonomic failure in patients with chronic conditions such as diabetes mellitus and Parkinson’s disease. It is supplied as 2.5 and 5 mg tablets. **Amantadine** (Symmetrel®) is used in the treatment of Parkinson’s disease. It is supplied as 100 mg capsules and 50 mg/5mL syrup.



## Hospital Pharmacy Insights



### Hospital Pharmacy Record Retention

In health care facilities, the patient's health record or chart is the only official record of the patient's hospital stay. After a patient is discharged, the health record is retained by the health care facility for a period of at least seven years, in accordance with legal and health records standards.

Hospital pharmacies also receive and create numerous paper and electronic records that contain patient medication information. The pharmacy director or manager is responsible for setting retention periods for pharmacy records, based on the following information:

#### Medication Distribution System Records

Original medication orders are part of the chart and are retained by the health care facility. Hospital pharmacies generally use a copy or fax for medication order entry and medication profile review.

The hospital pharmacy's computer software and medication distribution system processes determine the retention period for medication order copies. It is prudent to retain the medication order copy for at least one or two refill cycles, in order to resolve any potential medication discrepancies or incidents. It is also advisable to retain or archive the medication order copies involved in medication incidents for a much longer period.

#### Clinical Pharmacy Records

Patient monitoring forms may be useful tools for scheduling clinical workloads and/or for recording workload measurement statistics. However, pharmacists' clinical activities are not a part of the patient's official care unless documented in the health record. Document all clinical activities, including medication therapy reviews, any medication-related problems, pharmacy care plans, recommendations and follow-up in the health record. Once documented in the health record, clinical activity documentation is retained as part of the permanent chart by the health care facility.

#### Outpatient prescriptions:

Outpatient prescriptions must be retained for 3 years from the date that the prescription was last filled or refilled.

#### Narcotic, control and targeted drug records:

Retain paper or electronic narcotic records, including pharmacy perpetual inventory records and nursing administration records, for two years.

#### Policy and procedure manuals:

It is prudent to date and archive a copy of pharmacy and medication-related policy/procedures as they are updated, changed or deleted. In any legal action, the particulars of the case will be reviewed against the policies and procedures that were in effect at the time the incident occurred.

#### More Information

Canadian Society of Hospital Pharmacists, Official Publications, *Guidelines for Documentation of Pharmacists' Activities in the Patient's Health Record*, 1993

Canadian Society of Hospital Pharmacists, Official Publications, *An Information Paper on Documentation of Pharmaceutical Care in the Health Care Record*, 1996

Canadian Society of Hospital Pharmacists, Official Publications, *Guidelines for Liability and Risk Management*, 1994



## Community Pharmacy Corner



### Notification of Brand Change

The Pharmacy Practice Committee very strongly recommends that, as a matter of good pharmacy practice and of good customer relations, pharmacist-patient dialogue should always include any information that product selection has occurred and an interchangeable drug has been dispensed.

The committee reminds pharmacists of the following:

- ◆ Problems can be avoided when people are aware of the change. This could be confusion caused by differences in the name and the appearance of the product, or it could be a matter of avoiding a brand to which the person has previously experienced a sensitivity or a lack of effectiveness.
- ◆ It is important that pharmacists carefully view their own pharmacy's profile and the PharmaNet patient record for past prescriptions of the drug.
- ◆ It is important to have policies and procedures to ensure that the pharmacist carrying out the pharmacist-patient dialogue is always aware of a brand change and conveys the information to the patient (e.g. make a notation on the receipt).

Please also refer to the article on page 1.

## Long-term Care

### Interpretation Manual for Bylaw 7

In January of this year all pharmacies received the Interpretation Manual for Bylaw 7, prepared by the Long-term Care Committee. Please be sure that, if you are involved in the provision of long-term care services, your staff is aware of this document. Pharmacists who are approached to provide long-term care service will find it helpful to read the manual in order to learn what is involved.

The manual has been set up to list:

**Rationale:** This section clarifies for pharmacists the reasons for the bylaws and helps pharmacists explain them to facility staff.

**Recommendations:** This section offers ideas for how to meet the requirements and how to handle common problems and questions that arise.

**Tools:** This section notes lists and documents that are available or that might be created to encourage consistent procedures and improve outcomes.

The manual is meant for pharmacists' use. It was not written with the

intention of being distributed to facilities. There are points that apply only to the pharmacy, and points that are relevant to some but not all facilities, and would serve only to "muddy the waters." However, pharmacists should feel free to use appropriate sections on an item-by-item basis in their discussion of policies and procedures at Medication Safety and Advisory Committee meetings and with facility administration staff.

Pharmacists who have ideas or points of clarification that might be incorporated into future revisions are encouraged to send them to Margaret McLean, LTC Committee Staff Resource Person, at the College office.

## Resource Source



### ◆ MultiLingual Health Education Materials

Pharmacists can view and print a range of health information documents for patients in English and eight other languages at the MultiLingual Health Education Net web site: <http://www.multilingual-health-education.net/index2.html> (the site is under partial reconstruction!). You select a language, then view a list of topics and information materials available for each. Documents are reviewed and printed in a PDF file using Adobe Acrobat Reader. Translation is available in Chinese, Farsi (Persian), French, Hindi, Korean, Punjabi, Spanish and Vietnamese.



## What Went Wrong?



### Compilation of Matters From Short-term Use of Dexamethasone

A patient receiving outpatient cancer chemotherapy was prescribed ondansetron and dexamethasone to control post-chemotherapy nausea. It was intended that she take 12 mg dexamethasone 30 minutes before beginning chemotherapy, then 4 mg dexamethasone every 12 hours for 6 doses after chemotherapy. Enough medication was prescribed for three chemotherapy cycles.

Two months later the patient told her oncologist that she had severe esophagitis and facial swelling. Upon investigation it was discovered that she had been taking dexamethasone 4 mg twice daily on a continuous basis for two months.

#### What went wrong?

1. The original prescription for dexamethasone was a pre-printed form, with hand writing to fill in the blanks, as follows:

Dexamethasone 12 mg  
Sig: 12 mg po 30 min. pre-chemo  
Then 4 mg po q12h x 6 doses  
starting evening of chemotherapy day.  
Mitte: 27

The pharmacist interpreted that 27 x 12 mg doses of dexamethasone should be provided, and dispensed 81 x 4 mg tablets of dexamethasone.

2. The directions on the pharmacy label read:

Take THREE tablets 30 min  
pre-chemo then 1 tab every  
12 hours starting evening  
of chemo day.

The label did not include the directions "x 6 doses" or "for 6 doses" so the patient did not realize that she was to stop taking the medication after a period of time.

3. When the patient picked up the prescription at the pharmacy she was given a pre-printed patient information form that stated:

Do not stop taking this medicine without checking with your doctor.  
Stopping this medicine suddenly may cause serious side effects.

4. When the patient next visited her family physician she reported that she was running out of dexamethasone. The physician ordered another 120 x dexamethasone 4 mg to be taken twice a day.

All of the factors above contributed to this problem.

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#### How can a problem like this be avoided in the future?

1. Complete instructions for appropriate use must be included on prescription labels and reviewed with patients.
2. Standard patient medication information forms sometimes contain information that is not relevant to a specific patient. It is essential that the specific patient's needs be considered when providing standardized information. If there are portions of the form that do not apply, the patient should be notified of that.
3. Pre-printed prescription forms can be extremely helpful in reducing the chance of misinterpretation and error. This pre-printed form could be made clearer by changing the first and last lines. A proposed revision would be as follows:

Dexamethasone  
Sig: 12 mg po 30 min. pre-chemo  
Then 4 mg po q12h x \_\_\_\_\_ doses  
starting evening of chemotherapy day.  
Mitte: \_\_\_\_\_ x 4 mg dexamethasone

The appropriate committee of the BC Cancer Agency has been asked to consider revising the form to decrease the possibility of a similar problem recurring.

4. A recent issue of the BC Cancer Agency bulletin urged health care professionals in cancer treatment centres to educate patients and caregivers regarding the intended use of dexamethasone and the importance of limiting its use to post-chemotherapy dosing.



## <sup>Rx</sup>C·A·R·E Program Update

The <sup>Rx</sup>C.A.R.E. working group of 17 pharmacist representatives met in April to continue its review and planning of program options. The group began its meeting reviewing program guiding principles prepared by the Board of Examiners. Some of these include:

- ▶ Focus on continuing professional development and accountability.
- ▶ Assess periodically based on the Framework of Professional Practice (FPP).
- ▶ Ensure the program is simple to understand and administer.
- ▶ Ensure the program is cost-effective.
- ▶ Ensure frequent two-way communication with members.
- ▶ Ensure the program restructuring and options are fair, effective, and available to all.
- ▶ Ensure that members have a choice of tools.
- ▶ Individuals meeting standards and criteria in their selected option are not required to complete a second option.

The proposed new program option, the Learning and Practice Portfolio (LPP), was explored in detail. This tool was developed as an additional option to complement the four current assessment tools. It addresses members' interest in including continuing education in the program while incorporating other ways for individuals to achieve continuous, self-directed professional development.

Components of the LPP include:

- ▶ Complete a self-assessment based on the FPP every two years and identify learning and practice needs.
- ▶ Document practice and learning goals related to identified needs, and expected practice outcomes.
- ▶ Develop and implement an action plan, identifying and documenting appropriate learning activities (e.g. certificates of achievement, confirmation of completed CE programs, books/journals/references read, written papers, presentations, research projects).
- ▶ Self-evaluate learning and its application to goals and practice outcomes (linked to FPP roles/functions, accepted practice standards).
- ▶ Every two years, submit the LPP and outcome verification information (e.g. narrative reflections on practice/progress, confirmation of action taken following learning activities, copy of project developed, documented colleague/client feedback, performance appraisal).
- ▶ Every six-year cycle, submit a summary report with verification, along with a new plan.

Lastly, means of regularly sharing program information with members and receiving your ongoing involvement were discussed. Many creative communication ideas were developed, including the program information insert, member feedback form and program name contest enclosed with this *Bulletin* mailing. Read on for more program news and opportunities for input!

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### Council Highlights

*Continued from page 2*

Unscheduled (available from any retail outlet). The Council decided not to accept the national committee's recommendation for BC.

NDSAC's recommendation is based on the application of predetermined scheduling factors. In the case of nicotine gums and patches, some of the factors indicated that the drugs should remain in Schedule III. However, the NDSAC members also considered evidence that wider availability of nicotine replacement products increases the likelihood of individuals undertaking smoking cessation programs. The current labelling (particularly directions for use and contraindications) of the products was also considered in making the recommendation to deregulate the distribution requirements.



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## Plan To Attend

### ► “New Ideas for Old Friends” Conference

9 June  
Holiday Inn - Metrotown, Burnaby  
Contact: Continuing Pharmacy Education,  
Tel: (604) 822-3085  
E-mail: janice@cehs.ubc.ca

### ► BSP Class of '91 Reunion

29 June - 1 July  
College of Pharmacy, University of Saskatchewan  
Contact: Susan Yee,  
Tel: (306) 789-4467  
E-mail: gsyee@accesscomm.ca

### ► CPBC Council Meetings

22 June  
14 September  
2 November

### ► International Association of Gerontology - 17th World Congress

1-6 July - Vancouver Trade and Convention Centre  
Tel: (604) 268-7972  
Web site: www.harbour.sfu.ca/iag  
E-mail: iag\_congress@sfu.ca

### ► Managing Adult Dysphagia Workshop

27-28 July  
Radisson President Hotel, Richmond  
Contact: Caroline Chow,  
Tel: (604) 875-5268  
E-mail: cchow@vanhosp.bc.ca

### ► College Annual General Meeting

3 November  
Morning - Professional Development  
Afternoon - CPBC and BCPhA AGMs

## People News



### Achievements

► Achievement awards were presented on 31 March at the London Drug Pharmacy Managers Continuing Education Conference in Scottsdale, AZ to **Wayne Chen, Dave Corea, Faisal Dean, Parm Dhami, Baljit Hayre, Bob Miyashita and Shiraz Thobani.** **Enna Aujla** was presented with the London Drugs Award of Excellence.

### Announcements

► **Tessa Nicholl** was appointed Acting Director of BC SMILE, effective 15 May 2001 for one year, during Rola Khalil-Priatel's maternity leave.

► **Sheryl Peterson** is the new Assistant Director of Continuing Pharmacy Education. She completed her employment as Pharmacy

Practice Consultant at the College at the end of April, and began her new position on 1 May.

► **Ashifa Keshavji** has returned to the College as Pharmacy Practice Consultant following the completion of her maternity leave.

► **Linda Lytle** was elected Treasurer of the Canadian Foundation for Pharmacy at the organization's annual general meeting on 17 February.

### In Memoriam

► Council regrets the passing of College members **Charles Cameron** of Victoria, **Bernard Ellams** of West Vancouver, **Leonard Marks** of Vancouver, **Ross Scott** of Victoria, and **Donald Sutherland** of Victoria.