



## Pharmacists Can Now Distribute Medication Samples

The Council of the College has approved a policy that permits pharmacists to dispense or distribute medication samples (*also see the National Oral Contraceptive Program article on page 2*). A medication sample is defined as a trial package of medication distributed to the pharmacist without cost. It does not include “free or bonus goods” provided as part of a larger purchase.

A pharmacist may now dispense sample medication that contains a Schedule I drug pursuant to a prescription, labelled in compliance with the rules governing labelling in the jurisdiction, and may charge a professional fee but not charge for the cost of the medication. The

pharmacist must inform the patient when medication samples are being dispensed.

Distribution to patients of sample medication containing Schedule II, III or unscheduled drugs does not require a prescription. The distribution must be done, however, in compliance with the conditions for sale set for the schedule in which the drug is categorized and the labelling requirements under the Regulations to the *Food and Drugs Act*. Without further packaging or labelling, there should be no charge for distributing the manufacturer’s packaged sample of nonprescription medication.

**Published By:**  
College of Pharmacists of  
British Columbia  
#200 - 1765 West 8<sup>th</sup> Avenue  
Vancouver, B.C. V6J 1V8  
Tel : (604) 733-2440  
(800) 663-1940  
Fax: (604) 733-2493  
(800) 377-8129  
E-mail : info@collegepharmacists.bc.ca  
Web Site: www.col1pharmbc.org

**Managing Editor:**  
Linda Lytle, Registrar

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



## Benevolent Society Creates New Bursary Award

At a meeting of the Board of Trustees of the BC Pharmaceutical Benevolent Society held in June immediately after the annual general meeting, the board approved the creation of a new bursary award to be provided annually to each of the two Community Pharmacy Residency Program pharmacists. The bursaries will be in the amount of \$1000 each and are intended to help offset expenses incurred by the two community pharmacy residents as they work in different sites around the province during their one-year residency.

The Board of Trustees also approved the renewal of its current annual funding program, including:

- ◆ Five bursary awards of \$1000 each for UBC pharmacy students demonstrating financial need
- ◆ A \$1000 bursary award for a Doctor or Pharmacy student who is a UBC Faculty of Pharmaceutical Sciences graduate
- ◆ An ongoing loan of \$7500 to the BC Pharmacy Association's Pharm-Assist Committee to enable funding for assessment and treatment programs and other expenses

The Benevolent Society currently has 74 members who have donated to the organization. Gordon Sauder was re-elected Chair of the Society at the annual general meeting in June.

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## Shredding Confidential Information

Occasionally, pharmacy managers and other interested stakeholders question the requirement for paper shredding devices as necessary pharmacy equipment. The College Council has approved a policy to clarify the meaning of the word "shredded" in Bylaw 5(35)(7).

Any paper bearing a patient's name is considered confidential and must be mechanically shredded when discarded.

The shredding process must result in fragments that cannot contain any readable personal information. This means that an electronic shredding device must be used in the dispensary area or material to be shredded must be conveyed to a bonded shredding service. Tearing up patient records and disposing of them with normal waste is not an acceptable option.

## Use Of Patient Databases For Professional Communication Only

The College has received several complaints recently regarding the inappropriate use of patient databases (e.g. letter sent to a patient transferring prescriptions to another pharmacy; using a patient address list from a previous pharmacy to mail a flyer about a new pharmacy).

Policy EP-7 describes that patient databases can only be used for professional communication unless written consent is obtained.

"Council acknowledges the need for pharmacists to communicate with patients regarding medication therapy after the patient has left the dispensary, and such professional communication (verbal/telephone/written) does not require the patient's written consent. Council requires that for the purposes of promotional communication, the fully informed written consent of the patient be obtained."

## New Early Childhood Caries Translated Materials

Early Childhood Caries (ECC) resources from Community Dental Programs, South Fraser Health Region are now available in Punjabi. The resources will soon be provided in Chinese, Vietnamese, and Spanish.



The materials consist of posters, pamphlets, and stickers. English samples were sent to all community pharmacies in BC with the January/February 2001 *Bulletin*.

Families often seek dental advice from their local pharmacy. Pharmacists can play a critical role in preventing ECC by providing

preventive dental information before detrimental habits are formed.

Community pharmacies are encouraged to display the ECC materials. For additional copies of the Punjabi and English resources, contact Community Dental Programs, SFHR at (604) 507-5400.

## New National Oral Contraceptive Compassionate Assistance Program

Oral contraceptives remain one of the most popular and effective means of contraception in Canada. However, over the past decade, there has been an excessive reliance on the distribution of free samples as a means of providing for the contraceptive needs of women who choose this method. By the late 1990s as many as seven million samples per year were being distributed in Canada. This is excessive given that only 250,000 women choose to start the pill,

switch to a new brand, or restart the pill each year.

Effective 1 January, 2001, all oral contraceptive providers were asked to reduce waste and the indiscriminate use of samples. Pharmaceutical manufacturers are no longer promoting starter packs with three months of medication. All new oral contraceptive prescriptions are to be accompanied by a one month sample for demonstration purposes and for immediate contraception.

A National Oral Contraceptive Compassionate Assistance Program has been established to ensure that access to contraception is not denied to patients because of lack of funds. Physicians can fax a signed request form for a patient to the toll free number (866) 888-7455. The forms are available from the manufacturers' representatives, and through the Society of Obstetricians and Gynaecologists of Canada office and web site, [www.sogc.org](http://www.sogc.org).



## Reported Error With Expired Flu Vaccine

The Institute for Safe Medication Practices (ISMP) received a report of inadvertent administration of last year's flu vaccine (expiry date July 2000) to 12 patients during the winter 2001. ISMP Canada is sharing the following safe medication practice recommendations to minimize the risk of this happening in other clinics, physician offices and hospitals.

1. Communicate to all clinics, nursing units, physician offices and departments the need to check refrigerators for expired flu vaccine.
2. Ensure the checking list for expired products cover all nursing units, and consider expanding the quality assurance inspection process. It is recognized some areas are not checked by pharmacy due to accessibility and/or hours of service and/or pharmacy staffing.
3. Ensure refrigerated products are included in the inspection processes. It is recognized that cassette exchanges, or procedures for non-refrigerated drugs may differ from those for refrigerated products. Sometimes the refrigerated items are easily missed.
4. Each year, during the process of ordering a new supply of flu vaccine, send a "Reminder Notice" to all areas serviced by your pharmacy (clinics, wards, long-term care facilities, etc.) to "check for expired flu vaccine." **Make the reminder notice a part of your yearly protocol.**



### Have You Visited The College Web Site Lately?

If not, you may be surprised at what information you can access. The site provides extensive material on legislation, professional development, PharmaNet, and registration. In-depth resources for community pharmacy and hospital pharmacy are also available, along with frequently asked questions and answers.

There are links to other useful sites, including BC SMILE, HealthNet/BC, Health Canada's drug product database, Therapeutics Initiative, provincial pharmacy regulatory authorities, DrugFacts.com, and the New England Journal of Medicine.

The College's site is constantly evolving to address members' information needs and interests, so check it frequently. Comments and suggestions for the site are welcomed by the webmaster.



## Marijuana For Medical Purposes

New federal regulations governing the possession and production of marijuana for medical purposes came into effect on 30 July 2001. Individuals can now apply to the federal Minister of Health (forms are available on the Health Canada web site at <http://www.hc-sc.gc.ca/english> under "Marijuana" or from Health Canada offices).

The application must include information provided by the individual's physician to confirm the patient's medical status. The regulations allow for the production and possession of marijuana by approved patients or designated production license holders.

The criteria for application and authorization to possess marijuana include symptoms associated with terminal illnesses with a prognosis of death within 12 months, symp-

toms associated with medical conditions listed in a schedule to the regulations, and symptoms associated with other medical conditions.

The current regulations do not authorize or require pharmacists to dispense marijuana for medical purposes. Hospital pharmacists who are asked about the advisability of nursing or other staff assisting patients with smoking marijuana should recommend that an institutional policy be developed to address this issue.

The federal government is providing funding to conduct research on the efficacy of smoked marijuana for selected conditions. A Saskatoon company has received licensing approval to grow a legal supply for the government's medical marijuana initiative.



## In Brief

**▶ Ten-digit Telephone Numbers**

Pharmacy labels and other contact information should now include 10-digit telephone numbers (area code plus 7-digit telephone number).

**▶ Compounding Constraints**

Assuming that pharmacies ensure the quality and safety of the pharmaceuticals they compound, under the “Manufacturing and Compounding Drug Products in Canada” policy framework, they are permitted to compound dosage forms that are *not commercially available*.

Pharmacists may not compound products that are commercially available in a ready-to-use form, investigational new drugs (unless licensed by Health Canada), or products whose active ingredients are not commercially available and are not in emergency or investigational status.

**▶ Schedule I Drugs for Veterinary Use**

A limited number of Schedule I drugs (those marked with a superscript “V” in the BC Drug Schedules Regulation) may be sold without a prescription for veterinary use, provided that the product is labelled *by the manufacturer* “for agricultural use only” or “for veterinary use only” and the product is sold in the original manufacturer’s container.

**▶ Deregulated Nonprescription Products**

Amendments to the BC Drug Schedules Regulation during the last year have resulted in the deregulation of several items that can now be distributed from the nonpharmacy area of licensed pharmacies or from nonpharmacy outlets. Pharmacies with “lock-and-leave” barriers can leave these items outside the locked area when no pharmacist is present. Some examples are:

- Acetaminophen (except sustained-release preparations)
- ASA greater than 81 mg and less than 650 mg per dosage unit (no size restrictions)
- Famotidine 10 mg or less per dosage unit
- Ibuprofen 200 mg or less per dosage unit
- Pseudoephedrine (all strengths)

The Drug Products Distribution Requirements document is provided on the College web site ([www.collpharmbc.org](http://www.collpharmbc.org), then click on “Legislation”) and an updated version was sent to pharmacy managers in July.

**▶ Releasing Deceased Patients’ Confidential Information**

If a request for prescription information of a deceased patient is received, only the executor of the estate is entitled to receive the confidential information or to give permission for its release to another party. The executor must provide the pharmacist with a certified copy of either the “Grant of Prostate” or the “Grant of Letters of Administration” to confirm their status as executor. Otherwise, the requester must present a court order to obtain the information.

**▶ Prescription Copies and Transfers Only Done Pharmacist-to-Pharmacist**

The College has learned of several instances where interns have handled phone calls concerning prescription transfers without identifying themselves as students to the pharmacist on the phone. Usually in practice, when you are asked for a transfer, the underlying assumption is that the person asking is a pharmacist. However, preceptors recognize that interns need the practice. The other pharmacist can be asked to relay the information to the student, and then the preceptor can confirm the information him/herself (or monitor on the other phone line).

**▶ New Laboratory Equipment for UBC**

Hoffmann-La Roche Limited (Roche) has donated \$55,000 in laboratory equipment towards undergraduate and graduate student labs at UBC’s Faculty of Pharmaceutical Sciences. Roche recognizes the importance of supporting pharmacy students in BC, and for several years has also supported an undergraduate scholarship at UBC.



## Drug Updates



### ◆ Bupropion Safety Information (Zyban® and Wellbutrin® SR)

Zyban is indicated for smoking cessation treatment in conjunction with behavioural modification. Wellbutrin SR is indicated for the symptomatic relief of depressive illness. Wellbutrin is being prescribed in some patients for the non-indicated use of smoking cessation treatment.

The Canadian Adverse Reaction Monitoring Program has received 1,127 reports of suspected adverse reactions associated with the use of bupropion, as of 28 May, 2001. Cause and effect relationships have not been established or speculated in the vast majority of reports submitted. For more information, see the Health Canada web site at [www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/index.html](http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/index.html).

#### To reduce the risk of seizures, bupropion is contraindicated in patients

- with a current seizure disorder
- with a current or prior diagnosis of bulimia or anorexia nervosa
- using another medication containing bupropion (e.g. Zyban, WellbutrinSR)
- undergoing abrupt withdrawal from alcohol, benzodiazepines, or other sedatives
- with known hypersensitivity to bupropion

#### To reduce the risk due to drug interactions, the concomitant use of bupropion is contraindicated in patients currently taking

- monoamine oxidase inhibitors (MAOIs)
- the antipsychotic thioridazine, since bupropion may inhibit thioridazine metabolism, thus causing an increase in thioridazine levels and a potential increased risk of thioridazine-related serious ventricular arrhythmias and sudden death

In all cases, at least 14 days should elapse between discontinuation of one drug and the start of the other.

Bupropion is associated with a dose related risk of seizures. Therefore, **the recommended maximum dose of bupropion (300 mg/day) must not be exceeded, and no single dose should exceed 150 mg.**

### ◆ Cerivastatin (Baycol®) Market Withdrawal

Bayer has voluntarily withdrawn all strengths of its cholesterol-lowering drug, cerivastatin, which is marketed as Baycol® in Canada. This action is due to increasing reports of side effects, including muscle weakness (rhabdomyolysis), especially in patients who have been treated concurrently with gemfibrozil.

Please contact prescribers before dispensing new prescriptions or refilling existing prescriptions, or direct patients to their physicians for follow-up. Contact Bayer or your wholesaler for information on returning existing stock.

Health care professionals are asked to report any suspected adverse reactions in patients receiving bupropion or cerivastatin. The ADR Reporting Form can be found in The Canadian Compendium of Pharmaceuticals and Specialties, or on the TPD web site, along with the ADR Guidelines at:  
[www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/forms/adverse\\_e.pdf](http://www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/forms/adverse_e.pdf)  
[www.hc-sc.gc.ca/hpg-dgps/therapeut/zfiles/english/guides/adr/adr\\_guideline\\_e.pdf](http://www.hc-sc.gc.ca/hpg-dgps/therapeut/zfiles/english/guides/adr/adr_guideline_e.pdf).

### ◆ Health Canada Advisory - Aristolochia or Aristolochic Acid

Health Canada has requested a removal from sale to the retail level of all products containing aristolochia or aristolochic acid. Health Canada has determined that this ingredient poses a Type I Health Hazard, where there is a reasonable probability that the use of or exposure to a product will cause serious adverse health consequences or death.



## Hospital Pharmacy Insights



See the page 3 **Marijuana for Medical Purposes** article for important information on the federal government's new regulations governing the possession and production of marijuana for medical purposes.

### Direct Patient-Care Services

Patient-oriented pharmacy services are included in the final phase of the hospital pharmacy bylaw implementation timeline that concludes April 2003. Bylaw 8, Sections 86.1-3, states that the pharmacist must actively monitor patients' medication therapy and follow patients' response in order to identify and resolve or prevent medication-related problems. Hospital pharmacists throughout BC are in various stages of implementing formal patient-oriented pharmacy services in their hospitals. Here are some commonly asked questions:

- Q. We cannot provide pharmaceutical care to every patient in our hospital. We will need to identify, prioritize and provide direct patient-care services to the patients who are at the highest risk of medication-related problems. How can we do this effectively?*
- A.** The shortage of hospital pharmacists in BC is well documented. With limited staffing and resources, hospital pharmacists must give priority to patients at highest risk for serious medication-related problems. Hospital pharmacists are expected to use their knowledge, skills and experience to assess patients' health status and potential for medication-related problems.

Since the patient mix can vary markedly from one hospital to another, every hospital pharmacist will have different types of patients and drug-related problems on his/her priority list. To determine the priority list for your hospital or practice setting, first, become familiar with the most common types of medical conditions seen at your hospital. Then, identify the patients that you believe will be at the greatest risk for unintended outcomes from medication therapy. For example, you may have patients who are:

- ▶ admitted for treatment of adverse drug reactions
- ▶ admitted due to exacerbation of illness caused by failure of their medication therapy
- ▶ taking narrow therapeutic-index drugs
- ▶ started on complex, multi-drug treatment plans, or
- ▶ admitted with renal disease or other illness that alters their response to drug therapy

Once you have determined the kind of high-risk patients that may be admitted to your hospital, establish a screening process to identify these patients. Some commonly used methods include:

- ▶ computer alerts or flags for patients on targeted medications
- ▶ computer alerts or flags for patients with abnormal laboratory values or other tests
- ▶ review the hospital census or patients' health records for targeted medical or surgical problems such as deep vein thrombosis, diabetes, asthma, etc.
- ▶ referrals from physicians, nurses or other health care professionals

When you have identified the high-risk patients, prioritize them based on the likelihood of harm from a drug-related problem. Start your direct patient-care services with the highest priority patients.

*(Continued on page 9)*



## Community Pharmacy Corner



### Automated Dispensing Systems

Pharmacists are not permitted to dispense medication for which they do not know the expiry date. This presents a problem when replenishing the stock in some automatic dispensing machines.

At the June 2001 Council meeting, Council approved the following policy, setting out the requirements for replenishing stock in automated dispensing systems. An example of the first type would be the Script-Pro System. An example of the second type would be the Baker Cell System. Please ensure that these requirements are included in your Procedure Manual and that all pharmacists and technicians in your pharmacy are aware of them.

#### Automated pharmacy dispensing systems that are capable of recording data and producing printed reports

An automatic counting device that is capable of recording data and producing printed reports may be replenished without completely emptying the container only under the following criteria:

- ◆ The dispensing device records all lot numbers and expiry dates and is capable of printing a report of that information for a pharmacist's review.
- ◆ The pharmacy manager ensures that all appropriate reports are printed and reviewed at least monthly to ensure that inventory is well within the "use-by" date.
- ◆ The reports are filed and available for review for one year.
- ◆ If a drug recall occurs, the entire contents of the affected drug's cassette are removed and returned or destroyed if the affected lot number has been used at any time since the last complete emptying and cleaning of the cassette.

#### Automated pharmacy dispensing systems that are NOT capable of recording data and producing printed reports

An automated dispensing device that is not capable of recording data and printing reports must be operated and replenished under the following conditions:

- ◆ The cell or cassette must be identified with the drug name, strength, Drug Identification Number (DIN), lot number and expiry date of the stock currently contained in the cell.
- ◆ The replenishment of the cells and cassettes must occur only when they are completely empty of stock before having stock added to them (no "topping up").
- ◆ The replenishment of cells and cassettes must be checked by a pharmacist. An accountability record must be maintained, including the replenishment date for each cell and the handwritten identification of the pharmacist who checked the stock.

## Long-term Care

### Residential Care Homes

Pharmacists are reminded that a medication review is required every *six* months for *all* residents regardless of the number of beds or the type of facility or care home in which they reside.

A pharmacist servicing a residential care home, defined in the Bylaws and in the Community Care Facilities Regulations as *3 to 6 beds*, is required to carry out an on-site visit to that home only once a year (although contact will often be much more frequent).

This visit should include an inspection of the medication cupboard, a review of the policies and procedures, and a medication review of each of the residents. Each of these parts is to be documented, and a copy kept at the pharmacy and at the home.

For residents of the 3 to 6 bed homes, the second medication review may be carried out over the telephone with the person in charge. The expectation is that the review will involve the same preparation and attention to individual drug regimens that a site visit would involve. Please be sure that this review is also documented (date, names of those who took part in the review, the fact that it was by phone, the names of each of the residents reviewed and the recommendations), and that a copy is available at the pharmacy and is supplied to the home.



## Using A Keyword On PharmaNet

PharmaNet has many security features to prevent unauthorized access to patient information. In addition to all of the built-in security measures, a patient has the option of attaching a confidential keyword to his or her patient record. While a keyword is not a requirement of PharmaNet, the ability of adding a keyword to a patient record must be made available to all patients.

- ▶ The keyword “locks” the profile and limits access to only those pharmacies to which the keyword is provided. The use of a keyword does not restrict the patient to one pharmacy only.
- ▶ The keyword must be transmitted to PharmaNet with a request for a patient record, when dispensing or refilling a prescription, transmitting a DUE inquiry or requesting a PharmaNet profile mailing.
- ▶ The use of a keyword may delay pharmacy services to a patient if s/he forgets the keyword or is unable to provide it.
- ▶ A keyword may be changed only once in 24 hours, but in the event that the patient loses or forgets his or her keyword, the PharmaNet Helpdesk can reset it.



- ▶ The use of a keyword will not impact patient care if a patient is admitted to an emergency department unconscious. The physician may have the keyword reset so that the patient record can be accessed.
- ▶ All pharmacy software provides functionality to add a keyword to PharmaNet.

Positive identification must be obtained prior to the addition, deletion or change of a keyword. Keywords should not be stored on the local pharmacy system without the consent of the patient.

## Clinical Conditions Recorded On PharmaNet

Pharmacists are reminded that all clinical conditions and associated comments recorded on a PharmaNet patient record are not archived or removed from the record. It is important to remember that information recorded in the clinical condition field on PharmaNet should not be “time sensitive.” For example, comments which relate to a specific course of therapy and will not be relevant

once the course is completed should not be reported in the clinical condition field.

If there is a need to enter a specific comment about a course of therapy, the functionality to add a comment to a particular prescription is available on all pharmacy software packages. Any prescription comment must be added by the pharmacy dispensing the prescription.

All clinical conditions and associated comments will be reported on the PharmaNet Patient Profile mailing if requested by the patient.

## Enhancement To The PharmaNet Patient Record

Effective 11 August 2001, prescriptions for Blood Glucose Test Strips and Insulin Needles and Syringes are included on the PharmaNet Patient Record returned by a TRP (Full 14 month Patient Record); TRR (Last 15 prescriptions) and TRS (Prescriptions dispensed at other pharmacies). Previously these products were only returned to the pharmacy or non-pharmaceutical supplier who dispensed the product. If you have any questions regarding this enhancement, please contact the PharmaNet Coordinator at the College office.

## Resource Source



### ◆ Specialized Travel Medicine

It is vital that travellers be informed about the risks of contracting disease and the means of protecting themselves with vaccination. Travel clinics and their practitioners are specifically focused on monitoring complex fluctuations in global epidemiology. They are best qualified to advise and vaccinate against the diseases and strains most likely to be encountered at each traveller's destination.

Aventis Pasteur, with its broad range of travel vaccines, has established a supportive partnership with travel clinics. The company's booklet, “The Travel Booster - Health Tips for the Traveller,” and web site, [www.travelvacs.com](http://www.travelvacs.com), provide comprehensive information about travel medicine for travellers and practitioners.

### ◆ In Search of Ethics

Read articles about ethics and find additional resources at the Ethics Resource Centre, [www.ethics.org](http://www.ethics.org).



## Hospital Pharmacy Practice

*Continued from page 6*

**Q.** *Pharmaceutical care means resolving medication-related problems with patients. How can we begin to identify, resolve or prevent medication-related problems in consultation with the patient and/or his/her agent?*

**A.** There are a number of ways to get patients involved in their pharmacy care. Take every available opportunity to introduce yourself to patients to whom you are providing direct patient-care services. Tell patients about the services you provide at your hospital and encourage them to talk to you about any medication-related concerns.

You may need to obtain a complete medication history directly from the patient or his/her agent (bylaw section 86.7). Use this opportunity to inquire about compliance. If there is a problem with compliance, determine what the barriers are from the patient's perspective and jointly arrive at solutions.

If you are asked to provide complete and comprehensive medication counselling to a patient or agent (bylaw section 86.6), be sure to follow up with the patient to confirm his/her understanding of the medication treatment plan. Address any questions the patient may have after s/he has had some time to reflect on the information you have provided.

After you identify a medication-related problem, your next step is to develop a list of options. You may need to consult with the patient, his or her agent, and/or health care provider. If there is more than one medication treatment option to consider, involve the patient in the decision-making process if s/he is capable of making an informed choice.

**Q.** *Do I have to continue to monitor or follow up the patient's response to medication therapy after I have made one or more recommendations?*

**A.** Direct patient care includes following up with the patient, as needed, to ensure that the intended medication outcome was achieved. Monitor your patient at a frequency determined by the patient's clinical progress. If the intended action was not achieved, take responsibility for following up or reassessing the medication therapy, as required. This should include the seamless transition of care to the appropriate health care provider in the community if required.

**Q.** *How can I review and improve my direct patient-care services?*

**A.** For the individual pharmacist and the pharmacy department as a whole, there should be a process to review patient outcomes associated with your services and to identify and correct problems, if any. There are four major steps in the process:

- ▶ develop a systematic approach for providing direct patient-care services
- ▶ establish standards for key outcomes and key processes
- ▶ measure the key outcomes and key processes and compare your actual measurements with the standard
- ▶ if there is a variance from the standard, take corrective action by focusing on making improvements to the system; return to the second step and repeat as necessary

A key to success is to involve all pharmacists who provide direct patient-care services in the development of the system and the standards.

### Useful References:

Canadian Society of Hospital Pharmacists, *Official Publications*, An Information Paper on Optimizing the Use of Limited Resources to Provide Pharmaceutical Care, 1997.

Canadian Society of Hospital Pharmacists, *Official Publications*, An Information Paper on the Evolution of Patient Pharmacotherapy Monitoring to Pharmaceutical Care, 1994.



## Council or Contact List

**Erica Gregory, President**

District 4 - Kootenay/Okanagan  
Tel: (250) 368-3790 Fax: (250) 368-3513  
E-mail: ericagregory@look.ca

**Shawn Sandhu**

District 1 - Metropolitan Vancouver  
Tel: (604) 872-5177 Fax: (604) 872-5207  
E-mail: rxmgr004@londonodrugs.com

**Amin Bardai**

District 2 - Fraser Valley  
Tel: (604) 241-9115 Fax: (604) 533-1000  
E-mail: aminbardai@home.com

**Bill Creighton**

District 3 - Vancouver Island/Coastal  
Tel: (250) 748-1226 Fax: (250) 748-2549  
E-mail: wacreighton@home.com

**Tinka von Keyserlingk**

District 5 - Northern B.C.  
Tel: (250) 847-2288 Fax: (250) 847-9034  
E-mail: tvk@northernrdrugs.com

**John Hope**

District 6 - Urban Hospitals  
Tel: (604) 412-6324 Fax: (604) 412-6187  
E-mail: john\_hope@sfr.hnet.bc.ca

**Curt Jordan**

District 7 - Community Hospitals  
Tel: (604) 463-1859 or 463-4111 Fax: (604) 463-1860  
E-mail: curlane@telus.net

**Frank Abbott**

Dean, Faculty of Pharmaceutical Sciences  
Tel: (604) 822-2343 Fax: (604) 822-3035  
E-mail: fabbott@interchange.ubc.ca

**Neil Cook**

Government Appointee, Cranbrook  
Tel: (250) 426-2358 Fax: (250) 426-3336  
E-mail: neil\_cook@telus.net

**Tania Jarzebiak**

Government Appointee, Surrey  
Tel: (604) 543-9570 Fax: (604) 255-0971  
E-mail: tania@tradeunionresearch.com

**Peter Rubin**

Government Appointee, North Vancouver  
Tel: (604) 631-3315 Fax: (604) 631-3309  
E-mail: peter.rubin@blakes.com



## Plan To Attend

**▶ BC Pharmacy Conference**

11-14 October  
Grand Okanagan Resort, Kelowna  
Contact: Mary McClelland  
Tel: (604) 279-2053

**▶ Art & Science of Healing II**

Integration of Conventional &  
Complementary Medicine  
19-21 October  
Tzu Chi Institute, Vancouver  
Contact: Gina Blank  
Tel: (604) 875-4769  
E-mail: gblank@tzu-chi.bc.ca

**▶ Western Canada Nutrition Day  
2001 Meeting**

27 October - Edmonton  
University of Alberta Hospital Site  
Contact: UofA Office of  
Continuing Medical Education  
Tel: (780) 407-6346  
E-mail: cme.registrations@ualberta.ca

**▶ College Annual General Meeting**

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

**▶ "Clearing the Air on Asthma  
Management" Conference**

4 November  
Executive Inn, Burnaby  
Contact: Sheryl Peterson, UBC  
Tel: (604) 822-2626, (800) 663-0348  
E-mail: infocpe@cehs.ubc.ca

**▶ Tobacco Intervention Training  
& Program Development**

(guest speakers from the Mayo Clinic)  
8-9 November, Prince George  
Contact: Helene Rohn  
Tel: (250) 964-1782  
E-mail: hrohn@bcgroup.net

**▶ CPBC Council Meetings**

2 November, 2001  
1 February, 2002  
26 April, 2002

## People News

**Achievements**

▶ Congratulations to **Jon Strom**, this year's recipient of the Bowl of Hygeia Award. In addition to Jon's professional accomplishments and contributions to pharmacy, he has been an active volunteer for many years in such community organizations as the South Granville Business Improvement Area, Chemainus Hospital Board, Chemainus Festival of Murals Society, Chemainus volunteer fireman and ambulance driver, and the Ladysmith Chamber of Commerce.

**Announcements**

▶ **Judith Soon, David Fielding, Marc Levine and Mary Ensom** have been awarded a \$50,000 grant for initiation of an outcomes evaluation for the expanded access to emergency contraception program in BC, for 1 December, 2000 to 30 November, 2002.

**In Memoriam**

▶ Council regrets the passing of College members **Dr. Harminder (Harry) Singh Gill** of Minnesota, **Dr. John (Jack) Halliday** of Vancouver, and **Louis Kroll** of Surrey.