MPhA Council Meeting Minutes
Posted on the Website

At the direction of Council, minutes of Council Meetings will now be posted on the Manitoba portion of the NAPRA Webpage. Members can view these Minutes by going to www.napra.org, clicking on “MB”. Members should click on “Association” and look under “MPhA Council” for the Council Meeting Minutes.

included in this mailing:

• Call for Awards Nominations
• NAPRA National Drug Schedules Notice Board
• Health Canada Advisories
• CAPSI International Pharmaceutical Student Exchange Programme (SEP)
• What’s New at MIPS
• The Children’s Asthma Education Centre Information Letter & Poster
• Manitoba Renal Program Web Site Announcement
• H1N1 Survey

Holiday Hours
December 24 ~ OPEN
(8:30 a.m. to 12:00 p.m.)
December 27 & 28 ~ CLOSED
December 29, 30 & 31 ~ OPEN
(8:30 a.m. to 4:30 p.m.)
January 3 ~ CLOSED
January 4 ~ OPEN
(8:30 a.m. to 4:30 p.m.)
Call for Awards Nominations

It's time to recognize Manitoba Pharmacists for their contributions to our profession. Enclosed with the Newsletter mailings is a call for nominations for awards. The deadline for nominations is Friday, January 28, 2011. All nominations along with a biography and photograph should be forwarded to:

The Awards and Nomination Committee, Chair
c/o 200 Tache Avenue
Winnipeg, Manitoba R2H 1A7

THE PHARMACIST OF THE YEAR
A pharmacist, who in the opinion of his/her peers, has made a significant contribution to the profession, during his/her career.

CENTENNIAL AWARD
Awarded to a pharmacist or pharmacists for a particular project that has a positive impact on pharmacy.

BOWL OF HYGEIA
An award is given annually in appreciation of the time and personal sacrifice devoted by pharmacists to the welfare of their respective communities prompted E. Claiborne Robins, President of A.H. Robins and a third-generation pharmacist in his family, to establish in 1958 the “Bowl of Hygeia” Award for outstanding community service by pharmacists.

BONNIE SCHULTZ AWARD FOR PHARMACY PRACTICE EXCELLENCE
A pharmacist or group of pharmacists who demonstrate outstanding excellence in optimizing patient care.

HONORARY LIFE MEMBER
This award is open to pharmacists who have made a significant contribution to pharmacy in Manitoba and at the national level.

HONORARY MEMBER
An Honorary Membership is given to worthy individuals, who are not registered pharmacists in Manitoba, but have provided valuable and notable service to the profession of pharmacy.

*** NEW AWARD AVAILABLE FOR 2011 ***

THE MANITOBA PHARMACEUTICAL ASSOCIATION PATIENT SAFETY AWARD
The New Patient Safety Award will recognize the achievement of an individual pharmacist, a group of pharmacists, an interdisciplinary group (that includes a pharmacist or pharmacists as key participants) or a pharmacy organization that has made a significant and lasting contribution to improving patient safety and health care quality through a specific initiative or project.

Recent Donators to the New Building (Pharmacy House)

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<thead>
<tr>
<th>Level</th>
<th>Amount Range</th>
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<tr>
<td>Bronze Level</td>
<td>(up to $999.00)</td>
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<tr>
<td>Silver Level</td>
<td>($1,000.00 - $4999.00)</td>
</tr>
<tr>
<td>Gold Level</td>
<td>($5,000.00 and over)</td>
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Ahmed AL-Tamimi

A complete List of Donators will be posted on the MPhA website.
Please consider being a part of this major event in Pharmacy History in Manitoba.
Thank you to all who have donated towards the New Building (Pharmacy House).

All donations and the corresponding levels will be permanently recognized in a plaque that will be displayed in the front foyer of the building. The new location will provide for the needs of the Manitoba Pharmaceutical Association (College of Pharmacists of Manitoba) for many decades.
Professional Development Update

The Annual MPhA Learning Portfolio Review will take place early in the New Year. Approximately twenty percent of licensed pharmacists are randomly selected each year to participate in the review. All pharmacists holding a practicing licence are in the selection pool every year. Letters will be sent to those pharmacists selected to participate by the end of January. We thank all pharmacists for their participation in this quality assurance process.

Launch of the New MPhA Website

In the previous issue of the newsletter, members were informed that the MPhA has engaged OlaTech Corporation, a local, web-based, software development company, to design and implement a comprehensive and highly reliable information and database management system. As a first step in the overall implementation of the system, a new MPhA website will be launched in early January of 2011. The new MPhA website promises to be a great improvement over our current website with a user-friendly navigation system providing easy access to the information you need.

When the new website is launched, all members will receive an invitation by email to connect to the website, take a walk around and provide feedback. Your comments will be helpful in fine-tuning the website to ensure it meets your needs. Over the coming weeks, as the complete information and database system is phased in, you will be introduced to an improved messaging and communication system, online licence renewal in 2011 and an enhanced system to support participation in continuing professional development.

NEW Executive Assistant Hired

The MPhA is pleased to welcome Mala Persaud who has joined the staff at Pharmacy House as the Executive Assistant to the Registrar. Mala started her position on November 9, 2010.

DISTRICT FIVE
National Association of Boards of Pharmacy (NABP) and American Association of Colleges of Pharmacy (AACP)

2011 Study Grant Announcement

The MPhA is a member organization of District Five of NABP/AACP and as such, all MPhA members are eligible to participate in the annual District Five study grant competition. In 2011, District Five of NABP/AACP will make available grant money, not to exceed $3,000.00, to award a stipend to study a topic which benefits pharmacy students, pharmacy education or pharmacy practice. Topics of interest to the Boards and Colleges in District Five are suggested but, not limited to the following:

• Continuity of Care
• Reimbursement for Pharmaceutical Care or Medication Therapy Management Services
• Pharmacist Prescriptive Authority
• Innovations in Continuing Pharmaceutical Education
• Developing Interdisciplinary or Innovative Models of Practice and Education
• Resolving Medication Errors and Patient Safety

If you have a good idea and need a little funding to get started, this is the ideal opportunity for you. Make sure to check out the full 2011 District Five NABP/AACP Study Grant Announcement included as an attachment to this newsletter or for further details go to:


In Memoriam

David Finkleman ~ October 22, 2010
Evan Stitt ~ December 18, 2010
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.

Are we providing patient- and family-centred care?

Some will say that the term, “providing patient-centred care” is just a popular expression used in healthcare today. Of course, we provide patient-centred care.

A complaint was received from the son of an elderly woman patient. This patient was receiving all of her medication dispensed in compliance packaging (blister packaging) from a community pharmacy for the previous 5 years. In addition, the woman received home care 4 times a day, 7 days a week to assist in administering her medications. The son and his sister oversaw their mother's medical care and the son stated that the pharmacy knew to phone him or his sister if they should have any questions regarding their mother's prescriptions. The pharmacy, on the other hand, stated that while the son's name was mentioned, there was no indication that he was to be contacted regarding his mother's medications.

Following a doctor's appointment, the son had brought a prescription to the pharmacy for his mother for a tapering dose of prednisone ordered by her physician to treat pulmonary fibrosis. The son was told that the drug would be delivered to his mother the next day. When dispensing the prescription, pharmacy staff contacted the mother directly and stated that they were informed by her to dispense the prednisone in a separate vial and not to include the drug in her compliance packaging.

Five days passed and the mother's respiratory symptoms worsened to the extent that she became increasingly weak. It is believed by the son that her weakened condition resulted in the mother being more susceptible to contracting the flu which then resulted in heart failure necessitating hospitalization for the next 10 days. Three days following, the mother was once again hospitalized. At this time the son was asked to bring his mother's prescriptions into the hospital. The emergency room physicians noticed that there was no prednisone in the compliance packs for the mother. The son returned to his mother's apartment only to discover the prednisone in a separate small vial. It is believed that the mother had not been given the prednisone at all because it was not included in her compliance packs. When the mother was asked if she had informed the pharmacy to dispense her prednisone in a separate vial, she could not remember being contacted by the pharmacy.

Patient- and family-centred care is an approach to planning, delivery and evaluation of healthcare that uses patients and families as key members of the healthcare team. Healthcare providers listen to and value patient and family perspectives on the patient's health needs. Complete information is shared in a timely way so that patients and their families can be actively involved in their healthcare decisions. Patient-and family-centred care leads to better patient health outcomes, wiser resources, and greater patient and family satisfaction. For further information on the provision of patient-and family-centred care, visit the Institute for Patient- and Family-Centred Care website at http://www.ipfcc.org/

Had this family been consulted regarding the care of their mother and this information communicated to all pharmacy staff, the outcome may have been quite different.
Call for Nominations - Young Leader Awards

The Manitoba Pharmaceutical Association is pleased to announce the Call for Nominations for the 2011 Young Leader Awards. **TEN** individual awards are being offered to new pharmacists (1 to 5 years post graduation) and pharmacy students in their final year. These awards will afford the new pharmacist the opportunity of experiencing the professional development gained through participation in the 2011 Manitoba Pharmacy Conference to be held at The Delta Hotel, Winnipeg, Manitoba, from April 15 to 17, 2011. Hotel accommodations will be made at the Delta Hotel, 350 St. Mary Avenue.

Each Young Leader Award consists of:

- 1 complimentary full registration to the Annual Conference plus 1 Ticket for Friday Night's Reception Awards Ceremony, as well as 1 Saturday Evening Awards Banquet Ticket for your partner/spouse.
- Hotel accommodation at the Delta Hotel, 350 St. Mary Avenue, Winnipeg, on April 15 and 16, 2011, reimbursement for travel expenses to Winnipeg, if applicable;
- a Young Leader Award plaque to be presented at the Friday Night Reception and Awards Ceremony.

Awards will be geographically distributed. Preference will be given to pharmacists or pharmacy students who have not attended the Annual Conference before, who have made a professional impact in their community or amongst their peers in the Faculty, and in the case of pharmacists, those who have been in practice for less than 5 years.

Awards are made possible by The Manitoba Pharmaceutical Association and the Manitoba Society of Pharmacists.

The deadline for receipt of applications is Friday, March 11, 2011. If you are interested in applying and taking full advantage of attending the 2011 Annual Pharmacy Conference this year, please call the M.Ph.A. Office at (204) 233-1411 and we will email an application. All award recipients will be notified by Tuesday, March 15, 2011.

H1N1 Research Study

Universities of Alberta / Manitoba / Toronto

The University of Manitoba, Faculty of Medicine would like to enlist the participation of Manitoba-based pharmacists in a survey regarding the H1N1 outbreak of 2009/2010. This survey is part of a 3 year research study conducted by:

**Dr. Cynthia Jardine**, Centre for Health Promotion Studies, University of Alberta
**Dr. Michelle Driedger**, Department of Community Health Sciences, University of Manitoba, and
**Dr. Jennifer Keelan**, Dalla Lana School of Public Health, University of Toronto

The survey is located online at http://www.surveymonkey.com/s/H1N1inCanada. You may go to this web address and fill out the survey. If you do not have regular access to the internet, or if there are other circumstances preventing you from filling out this online survey, you may request a paper or electronic PDF copy of the survey. Please email us at RISC_MD@UManitoba.ca with your contact details and survey preference type, or you may write to:

Research in Science Communications
P224-770 Bannatyne Avenue, Winnipeg, MB R3E 0W3

Health Canada MedEffect e-Notice Subscription

The MPhA is asking all members to subscribe directly to receive the Health Canada Advisories, Warnings and Recalls due to possible interruptions in service with the Napra E-Link system, especially for our members who have their E-Link messages forwarded to an MTS email account.

MedEffect e-Notice is a free service that sends health product alerts right to your e-mail inbox. Advisories and recalls are an important source of information regarding the post-market safety and effectiveness of health products. Pharmacists are responsible for ensuring they are aware of Health Canada Advisories.

As part of your MedEffect e-Notice subscription, you will also receive the Canadian Adverse Reaction Newsletter (CARN), Health Canada's quarterly publication with articles about specific products, reported side effects and annual adverse reaction statistics.

Members can use the following link to subscribe: www.hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index-eng.php#subscribe
GlaxoSmithKline Inc., in consultation with Health Canada, has provided information on the important new restrictions on the use of AVANDIA® (rosiglitazone), AVANDAMET® (rosiglitazone and metformin), and AVANDARYL® (rosiglitazone and glimepiride) for the treatment of type 2 diabetes mellitus.

Further to a Health Canada assessment of recent data suggesting an elevated risk of cardiovascular events in patients treated with AVANDIA®, there are new usage restrictions on rosiglitazone-containing products, as follows:

• AVANDIA®/AVANDAMET®/AVANDARYL® is now indicated only in patients with type 2 diabetes mellitus for whom all other oral antidiabetic agents, in monotherapy or in combination, do not result in adequate glycemic control or are inappropriate due to contraindications or intolerance.

• Prior to starting or renewing a prescription for AVANDIA®/AVANDAMET®/AVANDARYL®, physicians should consider whether a rosiglitazone-containing product is an appropriate therapeutic choice, and if so:
  • Document the eligibility of patients to meet the above criteria;
  • Counsel each patient on the risks and benefits of AVANDIA®/AVANDAMET®/AVANDARYL®, including the cardiovascular risks; and
  • Obtain the patient's written informed consent to take the drug

The Canadian Product Monographs for rosiglitazone-containing products have been updated to reflect the new indication and informed consent process. Also, note that a new boxed warning has been added to the Canadian Product Monographs with the following information:

• Rosiglitazone-containing products can cause fluid retention and congestive heart failure.

• Rosiglitazone-containing products may be associated with an increased risk of cardiac ischemia. AVANDIA®/AVANDAMET®/AVANDARYL® is not recommended in patients with a history of ischemic heart disease, particularly those with myocardial ischemic symptoms.

• Rosiglitazone-containing products should be used only when all other oral antidiabetic agents, in monotherapy or in combination, do not result in adequate glycemic control or are inappropriate due to contraindications or intolerance.

Physicians are advised to counsel new and currently treated patients about the risks of initiating and/or continuing rosiglitazone therapy and to obtain their written informed consent as described above. Copies of the informed consent and consumer information for AVANDIA®, AVANDAMET® and AVANDARYL® are available on the Canadian Web site of GSK, or may be ordered by contacting GSK Customer Service at 1-800-387-7374.

Pharmacists can continue to dispense AVANDIA®, AVANDAMET® and AVANDARYL® to patients and should refer patients to their physician for advice on their treatment. Pharmacists should also be counseling all patients taking medication containing rosiglitazone about its risks and other pertinent information.

Any questions from health care professionals may be directed to GSK’s Medical Information department via GSK Customer Service at 1-800-387-7374.
Recall and Withdrawal of $^N$Darvon-N® (dextropropoxyphene) in Canada

In collaboration with Health Canada, Paladin Labs Inc. has decided to voluntarily recall and withdraw all lots of $^N$Darvon-N® (dextropropoxyphene, also known as propoxyphene) on the Canadian market and discontinue the sale of the product. This decision follows a United States Food and Drug Administration (FDA) request that all manufacturers of propoxyphene, an opioid pain reliever used to treat mild to moderate pain, withdraw their products from the U.S. market. The withdrawal is based on all available data, including data from a new study that found that dextropropoxyphene can significantly increase the risk of serious abnormal heart rhythms.

Healthcare Professionals are asked to contact patients to whom they may have prescribed or dispensed this medication and instruct them to discontinue use and return unused medication to their point of purchase for disposal. Additionally, Healthcare Professionals should stop dispensing $^N$Darvon-N® and inform patients of the associated risks. Patients taking propoxyphene should be assessed if they present with any signs or symptoms of arrhythmia. Please report any side effects to Paladin Labs Inc. or to the Canada Vigilance program.

Cancellation of Pharmacist Registration and Licence

Re: Michael Sayed Mosa Narous
Licence #: 35558

Please be advised that effective December 6th, 2010 the pharmacist registration and licence for Michael Narous is cancelled. Mr. Narous is presently not located or working in Manitoba.

This cancellation is in effect until further notice.

Should you have any further questions about this matter, please contact the Registrar or Deputy Registrar at the MPhA office.

2010 Pharmaceutical Regulation Policy Document: Next Steps

As reported after the ballots were counted, the members of the Manitoba Pharmaceutical Association have voted overwhelmingly to pass the October 2010 Regulations Policy Document. This document was created in support of the December 2006 Pharmaceutical Act. Almost 600 ballots were received and approximately 85% of the votes were in favor of the document.

This task could not have been accomplished without the cooperation and participation of the Minister of Health and staff, the Manitoba Health staff, the Manitoba Society of Pharmacists, PriceWaterhouse Coopers and the Canadian Society of Hospital Pharmacists (Manitoba Branch). The collaborative effort to reach this important milestone cannot be over stated.

The document has been forwarded to the Minister of Health and discussions have already started regarding the next steps and the process to have the document reviewed by the Legislative Unit and the Legislative Drafting Unit. Regular updates of the process and progress of the document will be provided to the members through the newsletter and directly through emails.

It is important to remember that having the members pass the regulations is an important step, but not the final step. The approval by the Lieutenant Governor in Council (which is the essentially the Cabinet of the Manitoba government) is needed before the regulations become law through the proclamation of the December 2006 Pharmaceutical Act. In addition, work is needed on bylaws, Code of Ethics, practice directions and the creation of documents described in the regulations. This work will be beginning in the New Year and, as more is known about timelines and completion dates, updates will be provided.

The Faculty of Pharmacy Graduate Studies Award

Congratulations to Ousama Rachid who was presented with The MPhA/William G. Eamer Graduate Scholarship in Pharmacy at The Faculty of Pharmacy Graduate Studies Awards Reception which was held November 29th, 2010.
Proposed Narcotic Monitoring Program

On December 2nd Minister Oswald announced the intent to modify *The Prescription Drugs Cost Assistance Act* to strengthen the monitoring and improvement of the prescribing of narcotics. The proposed amendments to the Act will strengthen narcotic prescribing “checks and balances” by enabling the establishment of advisory committee(s). The amendments will clarify the authority of health profession regulatory bodies to obtain information under the Act for audit and screening of members’ prescribing or dispensing practices.

The Minister advised the amendments will enable the expansion of the mandate of the Manitoba Drug Standards and Therapeutics Committee (MDSTC) to retroactively review formulary drugs to improve effective use through education.

The amendments have undergone 2nd reading in the legislature and are not expected to be proclaimed and become effective until spring.

Prescriptions from Nurse Practitioners (NP's) Registered in all Provinces and Territories Now Valid in MB

*The Pharmaceutical Act has been amended to enable Manitoba pharmacists to fill prescriptions from RN (EP) / Nurse Practitioners (NP) registered in any jurisdiction in Canada.*

At the initial implementation of the RN (EP) / Nurse Practitioner program in Manitoba, *The Pharmaceutical Act* prohibited NPs from jurisdictions other than Manitoba to issue prescriptions that could be filled by Manitoba pharmacists. A recent amendment to the Act now allows a pharmacist to accept prescriptions from any NP registered in any Canadian jurisdiction.

**MANITOBA** - ([www.crnm.mb.ca](http://www.crnm.mb.ca))


**SASKATCHEWAN** - ([www.srna.org](http://www.srna.org))


**ONTARIO** - ([www.cno.org](http://www.cno.org))


**ALBERTA** - ([www.nurses.ab.ca](http://www.nurses.ab.ca))

RN NP licensing can be confirmed by phoning the Deputy Registrar Barbara Waters at 1-780-451-0043.

**BRITISH COLUMBIA** - ([www.crnbc.ca](http://www.crnbc.ca))

RN NP licensing can be confirmed at [https://www.crnbc.ca/Pages/NurseVerification.aspx](https://www.crnbc.ca/Pages/NurseVerification.aspx).

*Further information on RN (EP) / NP prescribing in jurisdictions other than Manitoba and the revised Pharmaceutical Act will be posted on the MPhA website.*
Prograf® and Advagraf® Medication Error

For those receiving solid organ transplants, it is essential to receive appropriate lifelong immunosuppression to prevent rejection of their transplanted organ. These medications are carefully titrated and monitored by the transplant team. For example, in Manitoba, adults who have received kidney transplants are monitored at least every two months for as long as their new kidney lasts. The outpatient clinic team that follows kidney transplant recipients consists of transplant nephrologists, nurses, a pharmacist, dietitian and social worker.


Prograf® (tacrolimus immediate release) and Advagraf® (tacrolimus extended release) are not interchangeable. For prevention of rejection in organ transplant recipients, Prograf® is normally dosed every 12 hours, whereas Advagraf® is dosed every 24 hours. Prograf® and Advagraf® capsules are also of different size and colour.

On November 8, 2010, an adult kidney transplant recipient who had been stabilized on Prograf® (tacrolimus immediate release) for several years received a supply of Advagraf® (tacrolimus extended release) from his community pharmacy in error. The pharmacy had an established relationship with the patient and would deliver medication refills on a predetermined schedule. While the pharmacist dispensing the medication did not identify the error prior to dispensing, the patient did notice the capsules were a different size and colour but presumed the change was intentional. The patient did not contact either his community pharmacist or the outpatient transplant clinic regarding the change. The community pharmacist later identified the error (on the evening of November 30) and contacted the outpatient transplant clinic.

Fortunately, the patient had used his existing supply of Prograf® and had not yet started the Advagraf®.

In May 2009, the Institute for Safe Medication Practices (ISMP) issued a safety bulletin highlighting a series of medication errors between Prograf® (tacrolimus immediate release) and Advagraf® (tacrolimus extended release) <www.ismp-canada.org/download/safetyBulletins/ISMPCSB2009-5-PrografandAdvagrafMix-up.pdf>. Common reasons identified by ISMP for unintentional dispensing or prescribing errors include:

- Practitioners believe that Prograf® and Advagraf® are completely interchangeable, dose for dose, when this is not the case.
- Orders using the generic name “tacrolimus”, without the appropriate brand name, lead to misinterpretation during dispensing.
- Some computerized pharmacy order screens list these medications by the generic name (tacrolimus) and place Prograf® and Advagraf® on the same selection screen.
- Computerized pharmacy systems often lack the dosage form modifier (i.e., immediate release or extended release).
- Health care providers may not be aware of the availability of a new and different formulation of tacrolimus (i.e., Advagraf®).

Mix-ups between Prograf® and Advagraf® have lead to both rejection of the transplanted organ and toxicities related to overexposure.

Please share the ISMP Safety Bulletin and this update with your colleagues. The ISMP Safety Bulletin has suggestions for minimizing the risk of future medication incidents.

If you have any questions regarding the intended tacrolimus formulation for your patient, please contact the prescriber.

Contributed by:
Jennifer Dyck BSP, ACPR
Pharmacist, Transplant Manitoba
Phone: 204-787-3744
Email: jdyck@hsc.mb.ca
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-ISMPC)
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 marketplace.

In 2010, the following ISMP Canada Safety Bulletins have been issued.

• Vol. 10 Issue 9 - Medication Incidents Occurring in Long-Term Care
• Vol. 10 Issue 8 - TALLman Lettering for Drugs Used in Oncology
• Vol. 10 Issue 7 - Administration of Product-Specific Diluent without Medication
• Vol. 10 Issue 6 - Inadvertent Administration of Insulin to a Nondiabetic Patient
• Vol. 10 Issue 5 - Vulnerabilities of Electronic Prescribing: Height and Weight Mix-up Leads to an Incident with Panitumumab
• Vol. 10 Issue 4 - Antimicrobial Stewardship
• Vol. 10 Issue 3 - Importance of Knowledge Translation in Enabling Medication Safety
• Vol. 10 Issue 2 - Hospitals Report on Medication Safety in Canada
• Vol. 10 Issue 1 - Medication Incidents Involving Cancer Chemotherapy Agents
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.
Seasons Greetings
from
Council & Staff
of the
Manitoba
Pharmaceutical
Association