Moving Forward with Optimism: Continuous Quality Improvement in Manitoba Community Pharmacies

The results are in and Manitoba community pharmacies appear to be ready for a standardized continuous quality improvement (CQI) program.

On July 26, 2017, the College invited pharmacists and pharmacy technicians to participate in a research study conducted by Dr. Certina Ho, Lecturer, Leslie Dan Faculty of Pharmacy, University of Toronto and Project Lead at the Institute for Safe Medication Practices Canada (ISMP Canada).

The aim of the study was to explore the current perceptions, benefits, barriers, and experience of CQI programs in Manitoba community pharmacies before the Safety IQ Pilot began on September 18, 2017. Ultimately, the study found that Manitoba pharmacy professionals are supportive of a formal standardized CQI program that improves patient safety. A study summary follows on page five.

THE PRE-SAFETY IQ STUDY CATEGORIES

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THIS NEWSLETTER is published four times per year by the College of Pharmacists of Manitoba (the College) and is forwarded to every licenced pharmacist and pharmacy owner in the Province of Manitoba. Decisions of the College of Pharmacists of Manitoba regarding all matters such as regulations, drug-related incidents, etc. are published in the newsletter. The College therefore assumes that all pharmacists and pharmacy owners are aware of these matters.

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Our mission is to protect the health and well-being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.
President’s Message

Dear Members,

Autumn offers us all a brief opportunity to pause for reflection as the season quickly turns to winter. As the College transitions back into a packed schedule of Council and Committee Meetings, I reflect on the many interesting and empowering ideas and events on the future of pharmacy I have the privilege of engaging in throughout the year.

In August, along with Registrar Susan Lessard-Friesen, I represented the College at the National Association of Boards of Pharmacy (NABP)/American Association of Colleges of Pharmacy (AACP) District V Meetings in West Des Moines, Iowa. We attended many important sessions on pharmacy technology, prescription monitoring programs, and pharmacy inspections. One of the highlights of this year’s meeting was the Study Grant Presentation by Sheila Ng, B.Sc. Pharm., University of Manitoba College of Pharmacy, entitled, “Incorporating Assessment and Prescribing for Ambulatory Ailments Skills Into Practice: Training Needs of Manitoba Pharmacists to Increase Application Into Practice.” It is always encouraging to witness the success of local pharmacists and educators on the national and international stage and I congratulate Ms. Ng on her achievement.

Close on the heels of the NABP/AACP District V meetings was the College’s training day for those who volunteered for the Safety IQ pilot. The day opened and closed with inspiring words from Ms. Melissa Sheldrick, who tragically lost her 8-year old son Andrew as a result of a preventable medication error. Since that time, Ms. Sheldrick has advocated for mandatory reporting of medication incidents and discrepancies to a third-party so that pharmacy professionals can share learnings on ways to prevent these tragic events from occurring. I joined Ms. Sheldrick, Dr. Certina Ho, Project Lead at the Institute for Safe Medication Practices Canada, and Laurie Thompson, Executive Director for the Manitoba Institute for Patient Safety, at a College media release on the Safety IQ pilot held the very next day. Ms. Sheldrick’s touching and inspiring participation has certainly secured Andrew’s position as a guiding light for Safety IQ.

Recently, the Executive Committee met with Minister of Health, Seniors and Active Living, the Honourable Mr. Kelvin Goertzen. Key points of discussed at our meeting included further expansion of prescriptive authority for pharmacists and the role and regulation of pharmacy technicians in Manitoba. Minister Goertzen, along with his team, were interested and open to further discussion on these as well as other issues important to the College.

I will close my message on a hopeful note. I once again had the privilege of speaking at the 2018 White Coat Ceremony to welcome new pharmacy students to the profession. While attending the event at University of Manitoba College of Pharmacy, I was reminded of my own experiences of hope, excitement and a touch of anxiety as I entered into my commitment to the pharmacy profession. As I stood among the new students and their friends and family, I was reminded that the best is yet to come. Congratulations and welcome to all the students who infuse the profession with their new ideas and infectious enthusiasm.

With a grateful heart, I wish you all the best this season of harvest has to offer.

Sincerely,

Jennifer Ludwig, BSc. (Pharm.) President, College of Pharmacists of Manitoba
THE PRE-SAFETY IQ STUDY SUMMARY

If you would like more detailed information about the Pre-Safety IQ study, please contact Rachel Carlson, Communications Coordinator, by phone at (204) 233-1411 or by email at rcarlson@cphm.ca.

DEMOGRAPHICS

125 RESPONSES
A TOTAL RESPONSE RATE
OF 8.05%

57% STAFF PHARMACISTS
32% PHARMACY OWNERS/MANAGERS
11% PHARMACY TECHNICIANS

BENEFITS

For the most part, study respondents agreed that a standardized CQI program would:

• Allow for learning from mistakes that have occurred in the pharmacy
• Allow sharing of medication incident trends across pharmacies to proactively assess for risk of errors
• Improve awareness of and caution against medication incidents
• Support a blame-free environment through open discussion of errors

Study respondents identified the following as major potential barriers to a standardized CQI program:

• Finding time to report medication incidents
• Increased staffing requirements
• Cost of implementing and sustaining the program
• Fear of reprimand
• Lack of corporate support

PERCEPTIONS

Study respondents generally agreed that a CQI program should:

• Identify common and severe medication incidents and make changes to prevent similar scenarios
• Engage all staff in medication incident reporting and learning

Respondents also generally agreed that a CQI program like Safety IQ should support:

• Anonymous reporting of medication incidents to an independent third party
• Manage known or suspected medication incidents
• Monitor performance of staff, equipment and facilities
• Share potential medication risks

EXPERIENCE

Respondents generally found that when it comes to CQI they:

• Are unsure if a CQI program exists in their pharmacy
• Generally have managers or owners responsible for CQI
• Are unsure about where they can find CQI resources
Website Updates

The College has made some significant improvements to its website. In particular, we updated information and resources for pharmacy technicians. For individuals who need information about the education and/or transition pathways for pharmacy technicians, the graphic on the following page of this newsletter simplifies the steps and requirements to become a pharmacy technician in Manitoba. We have also combined pharmacy technician resources into a single guide.

In addition, applicants can also find information about the Structured Practical Training program, on the main Pharmacy Technician page.

For listed pharmacy technicians, we have also enhanced the Professional Development page of our website to provide meaningful options for continuing education.

If you have questions, suggestions, or comments regarding these changes, please email Rachel Carlson, Communications and Quality Assurance Coordinator, at rcarlson@cphm.ca.

Final Check Application Update

At the June 2017 Council Meeting, Council revised the Pharmacy Technician Final Check application process. Pharmacy managers can now submit their completed applications to the College at any time for approval, based on criteria established by Council. Previously, each application was considered as an agenda item at Council meetings and submissions had to wait until the next regularly scheduled Council meeting for consideration of approval. This revised method of approval will streamline the approval process making it more efficient and timely. Please visit the Applications section of the College website for resources.

The Pharmacy Technician Final Check Application was developed by the College for use in both community and hospital pharmacy. The application process requires pharmacy managers and staff to assess current dispensing processes to determine the changes required for a pharmacy technician to perform the final check safely and in compliance with legislation.

If you have questions about the Pharmacy Technician Final Check Application, please contact Ronda Eros, Practice Consultant, by email at reros@cphm.ca or by phone at 204-233-1411.
# Pharmacy Technician Pathways

## OPTION A*

For individuals who have graduated from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited pharmacy technician program

* As of January 1, 2014, a pharmacy technician-in-training must complete the Structured Practical Training (SPT) program and become listed with the College within five years of graduation from a CCAPP accredited pharmacy technician program. If a pharmacy technician-in-training graduated from a CCAPP accredited pharmacy technician program before January 1, 2014, he/she must become listed with the College by January 1, 2019.

## OPTION B*

For pharmacy assistants who have worked at least 2000 hours as a member of a pharmacy team within the last three years.

* The deadline for OPTION B candidates to successfully pass the PEBC Pharmacy Technician Evaluating Examination is December 31, 2018.

### Step 01

Successfully complete the PEBC Evaluating Exam AND the NAPRA National Pharmacy Technician Bridging Education Program in any order you choose.

### Step 02

Apply to become a pharmacy technician-in-training with the College of Pharmacists of Manitoba.

If you have changed your name from what is on your birth certificate, you must attach a notarized copy of the applicable marriage, divorce, or name change certificate to your application.

### Step 03

Successfully complete the Structured Practical Training (SPT) Program and the Jurisprudence Examination.

You must complete the Jurisprudence Exam before starting Part II of the SPT Program.

### Step 04

Successfully complete the PEBC Qualifying Exam Parts I and II.

### Step 05

Apply to be listed as a pharmacy technician with the College of Pharmacists of Manitoba.

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*The deadline for OPTION B candidates to successfully pass the PEBC Pharmacy Technician Evaluating Examination is December 31, 2018.*

*As of January 1, 2014, a pharmacy technician-in-training must complete the Structured Practical Training (SPT) program and become listed with the College within five years of graduation from a CCAPP accredited pharmacy technician program. If a pharmacy technician-in-training graduated from a CCAPP accredited pharmacy technician program before January 1, 2014, he/she must become listed with the College by January 1, 2019.*
Pharmacy Technician Regulation in Manitoba

The current provincial legislation provides the College with the authority to set qualification requirements for pharmacy technicians and maintain a public list of pharmacy technicians that meet these rigorous qualifications. The College, however, does not currently have the authority to licence or maintain a register of pharmacy technicians. As a result, there continues to be some misunderstanding over the College’s authority regarding the regulation of pharmacy technicians.

To be clear, the College regulates pharmacy technicians. Under The Pharmaceutical Act (The Act), the College has the authority to make regulations that establish the qualifications, experience, and other requirements held by a pharmacy technician. Pharmacy technicians in Manitoba can be assured that their qualifications align with the requirements in the other provinces in Canada. A listed pharmacy technician in Manitoba would have their qualifications recognized in the other provinces.

At the same time, The Act does not grant the College the authority to investigate, discipline, or audit a pharmacy technician directly. Other provincial pharmacy regulatory bodies are able to receive complaints against technicians specifically, and then investigate and discipline if warranted. In Manitoba, the College is regulating pharmacy technicians, just not with respect to the ability to proceed with a disciplinary action against a pharmacy technician, as in the other provinces.

Since the College does not currently have the authority to licence and register pharmacy technicians in Manitoba, pharmacy technicians cannot use the designation ‘Registered Pharmacy Technician’ (RPhT).

Alternatively, pharmacy technicians may use the following title according to the Pharmacy Examining Board of Canada (PEBC):

Once a pharmacy technician is registered with the Board, they are entitled to use the approved official PEBC certificate designation:

- In English, “RPEBC-[PT]” (i.e., “Registrant of The Pharmacy Examining Board of Canada”)
- In French, “IBEPC [TP]” (i.e., “Inscrit au Bureau des examinateurs en pharmacie du Canada”)

The College recognizes the challenges present in the current provincial legislation for pharmacy technicians, and continues to have discussions with the provincial government on ways to extend the current legislation.
Manitoba pharmacy assistants have just two opportunities left to pursue status as a pharmacy technician through The Pharmacy Examining Board of Canada (PEBC) Evaluating Examination. The deadline for successfully passing the PEBC Pharmacy Technician Evaluating Examination is December 31, 2018.

The upcoming dates for the PEBC Pharmacy Technician Evaluating Examinations are as follows:

- **Sunday, April 29, 2018**, application deadline is **Friday, January 12, 2018** (Winnipeg site available)

- **Fall 2018 date and location are to be determined**

Applications must be RECEIVED by the PEBC office no later than the application deadline.

Please visit the [PEBC website](https://www.pebc.ca) for information about exam schedules, the minimum qualifications required for admission into the Evaluating Exam, deadlines and locations, application procedures, examination costs, and what to expect during the exam. The College recommends that individuals who want to take the Evaluating Examination review PEBC’s website well in advance of their prospective exam application deadline.

Pharmacy assistants who wish to be listed as pharmacy technicians, but do not pass the Evaluating Examination prior to December 31, 2018, will be required to complete a formal education program accredited by The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) to become pharmacy technicians. Please visit the [CCAPP website](https://ccapp.ca) for more information on accredited pharmacy technician programs.
Recent amendments to the Midwifery Regulations have expanded the prescribing authority for midwives in Manitoba. Midwives currently have the authority to prescribe:

- antibiotics for vaginal/cervical infections;
- antiemetics for nausea and vomiting in pregnancy;
- antifungal agents for maternal vaginal infections and thrush in infants;
- anti-haemorrhoidal agents; and
- oral contraceptive pills and medroxyprogesterone injection.

With the new amendments, a midwife can administer or prescribe any drug listed in Schedule B to the Midwifery Regulations which includes:

- prescribing of injectable, oral and topical antibiotics for additional conditions such as urinary tract infections and mastitis
- injectable, oral and topical antibiotics for treatment of a partner for chlamydia and gonorrhea
- topical steroids for treatment of candidiasis in mom and baby
- drugs for increasing breast milk supply
- herpes simplex virus antiviral prophylaxis
- measles, mumps and rubella (MMR) and influenza vaccines
- Diclofenac and naproxen (oral)
- Narcotic antagonist for narcotic-induced depression in neonate
- Silver nitrate or treatment for granuloma

The previous Midwifery Regulations limited the medications that a midwife could administer under the direction of a physician. Section 13 of the new Midwifery Regulations allows a midwife to administer any drug under the direction of a physician.

Midwives must successfully complete the mandatory Online Education Module and written exam before they can prescribe the medications outlined by the expanded authority. Pharmacists will be able to confirm if a midwife has any restrictions related to prescribing under this expanded authority by checking the listing of midwives on the College of Midwives of Manitoba website.

For information on the prescribing authority of Manitoba healthcare professionals, please check the Prescriber section of the College website as well as the useful Prescribing Authority Table.
Focus on Patient Safety

The Institute for Safe Medication Practices Canada is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings. ISMP Canada works collaboratively with the healthcare community, regulatory agencies and policy makers, provincial, national and international patient safety organizations, the pharmaceutical industry and the public to promote safe medication practices. ISMP Canada’s mandate includes analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives.

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

The following ISMP Canada Safety Bulletins have been issued since the last issue of the Newsletter: ISMP Canada Safety Bulletins for Practitioners, 2017 - Volume 17:

- Sink or Swim? Helping Patients and Practitioners to Understand Opioid Potencies and Overdose Risk
- Medication Incident Data in Canada: A Strategy for More Effective Sharing and Learning

SafeMedicationUse.ca Newsletters and Alerts for Consumers, 2017 - Volume 8:

- Talking to Your Pharmacist May Prevent Harm
- Do You Know Your Medication Allergies?
- Opioids - Be an Informed Consumer

All issues of the ISMP Canada Safety Bulletins, including those issued in previous years, are freely downloadable from the ISMP Canada website at www.ismp-canada.org. 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 and for more information on all ISMP Canada’s publications, events and services visit the ISMP Canada website at www.ismp-canada.org.

Building awareness for the systems that can lead to adverse events, changing the culture to reporting and learning from medication incidents, are some of the key factors in improving patient safety.
Focus on Patient Safety

The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a collaborative pan-Canadian program of Health Canada, the Canadian Institute for Health Information (CIHI), the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI). The goal of CMIRPS is to reduce and prevent harmful medication incidents in Canada.

Report medication incidents (including near misses):

Online: www.ismp-canada.org/err_index.htm
Phone: 1-866-544-7672

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

Sign up:

To receive this publication or other medication safety publications, sign up at: www.ismp-canada.org/subscription.htm

For more information, visit CMIRPS, call 1-866-544-7672, or email cmirps@ismp-canada.org.

Pharmacy Compounding Standards: Timelines Now Available Online

On February 6, 2017, College Council approved the implementation schedule for the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations and the Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations and members and stakeholders were advised in the Spring 2017 Newsletter.

Timelines for implementation of the NAPRA Model Standards for Pharmacy Compounding are posted on the College website:

http://www.cphm.ca/site/pharmacy_compounding_standards/hazardous?nav=02
http://www.cphm.ca/site/pharmacy_compounding_standards/non-hazardous?nav=02

Current standards and guidelines for pharmacy compounding of sterile preparations are also posted on the College website and remain in place until the new Model Standards for Pharmacy Compounding come into effect.
One out of 18 hospital visits results in preventable harm or even death, and in homecare, up to thirteen per cent of people receiving care experience a harmful adverse event like a fall or medication error.

The Canadian Patient Safety Institute (CPSI) is a not-for-profit organization that exists to raise awareness and help implement ideas and best practices to prevent and mitigate adverse events in healthcare settings. CPSI challenges all Canadians, including the public, providers, and leaders, to make patient safety a priority. CPSI honours this commitment each year with Canadian Patient Safety Week (CPSW). For 2017, CPSW focuses on a key factor in patient safety: communication.

This year’s theme is Take With Questions, prompting patients to ask five life-saving questions about their medication. CPSW 2017 encourages patients and healthcare professionals to start conversations about medication safety with 5 Questions to Ask About Your Medications and talk with one another to increase awareness of medication safety issues. 5 Questions to Ask About Your Medications is designed to help patients better understand their medications and prevent harm from medication errors.

CPSI offers a number of excellent tools and resources to help you honour CPSW including:

- Communications Toolkit to help you with social media, FAQ's, and talking points
- Downloadable graphics in English and French
- Posters in English, French, Cree, Ojibwe, and many other languages to promote 5 Questions to Ask About Your Medications
- 5 Questions resources for patients
- New videos about 5 Questions

Pharmacists are encouraged to talk openly with patients to raise awareness about medication safety issues. Registration is now open for CPSW, October 30th – November 3rd, 2017, so plan to participate at your pharmacy and take advantage of the tools and resources provided by CPSI.
Driving while under the influence of drugs is a criminal offense in Canada. This applies to any drug, including prescription, over-the-counter (OTC), and illicit drugs, that causes cognitive or motor impairment. There is evidence that the use of several classes of drugs, alone or in combination, is associated with an elevated risk of vehicle crashes, creating a significant road safety concern. As drug impaired driving is increasing, especially among young Canadians, pharmacists have a crucial role to play in counselling patients on the driving hazards associated with their medications.

Several medications can affect the attention, judgment, motor skills, reaction time, decision-making skills and coordination of an individual, significantly impairing their ability to safely and effectively operate a vehicle. Psychoactive pharmaceuticals such as opioids, benzodiazepines and other hypnotics (e.g. zopiclone) are of primary concern; however, other medications such as OTC antihistamines and muscle relaxants are also concerning, specifically if poly-substance use and/or abuse is occurring. Patients being initiated on medications such as anti-hypertensives may experience light-headedness or dizziness which may impair the individual’s ability to drive. Patients with Parkinson’s disease receiving treatment with dopamine agonists such as ropinirole or pramipexole have reported daytime episodes of suddenly falling asleep which can result in vehicle accidents. For these cases, patients should be alerted to reported cases of sudden onset of sleep and warned not to drive or engage in other activities where impaired alertness could put themselves and others at risk of serious injury.

As driving under the influence is a serious offence, the national and provincial medical standards for drivers prohibits an individual with moderate to severe substance use disorder, as defined by DSM-5, from holding any class of licence unless the condition is in remission. Pharmacists are not mandated by The Manitoba Highway Traffic Act to report medically unfit drivers, but all members have a professional responsibility to warn patients of anticipated side effects and to work collaboratively with other health care providers to seek solutions and safer alternatives.

Pharmacists are mandated to provide counselling on all medications dispensed to patients. Providing awareness on driving hazards associated with medication use is a key message that should be included when counselling patients. Some patients may never consider the possibility of their medications impairing their driving unless specifically told by their healthcare provider, and risks can be significant especially when starting a new medication or changing doses. Addressing high-risk drugs, obtaining a detailed medical and social history, and assessing the road safety hazard is paramount to patient and public safety.

For further details, please refer to the Manitoba Public Insurance website for Health Care Professionals:

https://www.mpi.mb.ca/en/DL/DL/MedCondAndDrivingForHealthCareProf/Pages/fitness-review.aspx

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For many years, the College has tracked the reported loss, theft, and forged prescriptions of narcotics, controlled drugs and benzodiazepines and other targeted substances from pharmacies in the province. This is only possible with the diligence and commitment of pharmacists and their teams, who play a fundamental role in the prevention of drug diversion.

These drugs are strictly regulated under the Controlled Drugs and Substances Act (CDSA). Pharmacists are required to report all incidents of loss, theft or forged prescriptions to Health Canada’s Office of Controlled Substances, the College and the police.

As Figure 1 illustrates, codeine preparations are the most commonly forged prescription drugs, followed by benzodiazepines (alprazolam being the most common), and then preparations containing oxycodone. All codeine forgeries to date have been for non-M3P (Manitoba Prescribing Practices Program) preparations only (i.e. Tylenol® with Codeine No. 2® and Tylenol® with Codeine No. 3® and generic equivalents).
Forgeries are often presented on stolen prescription pads from prescribers, however, tampered prescriptions are also common. Despite the high number of forgeries that pharmacists report on a daily basis, the majority of them are not dispensed as seen in Figure 2.

This is a consistent trend each year and all pharmacy teams in Manitoba must be commended on their diligence and dedication to monitoring and intercepting forged prescriptions. All forgery reports submitted to the College are reviewed by the Field Operations team and, when warranted, notifications or alerts are sent by fax and email to pharmacies to assist in identifying possible forged prescriptions.
Drug losses in pharmacies are concerning and some of them may be easily explained, others not. Explained shortages may be due to pilferage, loss in transit, manufacturer shortage, damaged tablets/capsules, or dispensing errors. Unexplained shortages have always exceeded explained shortages, and they have increased from year to year.

In 2016, the number of unexplained shortages significantly increased. The reason for increased unexplained shortages in 2016 may be due in part to improved reporting of any discrepancies, most of which are discovered during routine counts. During routine pharmacy inspections, the College’s Field Operations team ensure that pharmacies are compliant with the Narcotic and Controlled Drug Accountability Guidelines, encouraging pharmacists to report any discrepancies and to increase their routine count more than quarterly if necessary. In 2016, compliance with the guidelines was a key area of focus during routine inspections.
As shown in Figure 4, preparations containing oxycodone were the most common drugs reported as an unexplained loss from a pharmacy for the years 2012-2015. There was, however, a shift to increased benzodiazepine losses in 2016. While the reason for this shift is largely unknown, it may indicate the need for tighter controls over distributions of benzodiazepines.

The College would like to thank all of Manitoba's pharmacy teams for their diligence in reporting information on drug loss, theft and forgeries. By monitoring the trends seen in these reports, the College is better equipped to provide practical tips that may assist in decreasing drug diversion.
Hierarchy of Effectiveness: A Tool for Continuous Quality Improvement

In the cycle of continuous quality improvement (CQI), it is important to know what changes should be implemented to improve patient safety. The Institute for Safe Medication Practices Canada (ISMP Canada) developed the Hierarchy of Effectiveness to help healthcare providers and quality assurance officers make decisions about the type of improvements they employ in their practices.

As you can see below, the Hierarchy of Effectiveness differentiates between person-based and system-based changes, and between low, medium, and high leverage changes. System-based changes with high to medium leverage have a greater likelihood of success, but are often difficult to implement. Person-based changes, while important, have a lower chance of success, but are often easier to implement.
Error Prevention: SYSTEM-Based Recommendations

Forcing Functions and Constraints

Forcing functions and constraints are the most effective error prevention tools because they make it nearly impossible or extremely difficult to make an error. A forced function in a community pharmacy could include a computer system that prevents overriding selected high-alert messages with a notation, or a bar-code scanning system that does not allow final verification of a product without a positive match between selected product and the profiled medication.

Constraints in a community pharmacy involve fundamental system changes in the design of products or systems. For example, at a community pharmacy where the pharmacy computer system is integrated with the cash register, a fail-safe would prevent the clerk from “ringing-up” the prescription unless final verification by a pharmacist was noted.

Automation and Computerization

Automation and computerization of medication-use processes and tasks means that pharmacy staff don’t have to rely exclusively on memory to create a safer system. Examples would include robotic prescription preparation and dispensing systems, or computer software that provides accurate warnings related to allergies, significant drug interactions, and excessive doses.

Simplification and Standardization

Simplification and standardization reduces complexity and brings uniformity to various functions to diminish variation of a specific process. For example, a standardized, documented process for a pharmacist’s final verification of a medication reduces confusion and variation in practice. While simplification and standardization are medium leverage and system-based, they rely on human vigilance and are therefore less effective than forcing functions, constraints, automation, and computerization.

Error Prevention: PERSON-Based Recommendations

Reminders, Checklists, and Double Checks

Reminders and checklists can help make important information readily available. Some examples could include using pre-printed prescription blanks that include prompts for critical information such as the indication for the medication, allergies, and the patient’s birthdate.

Independent Double Checks

Having another qualified pharmacy professional verify a calculation or prescription before it reaches the patient increases the odds of catching a near-miss medication incident. When those checks are independent, meaning the second-checker has no previous knowledge of the calculation, they increase the odds even further. For example, an error in drug concentration will be caught more often if the person performing the double check does not see any of the prior calculations.

Mathematically, the benefit of double checks can be demonstrated by multiplying the 5 per cent error rate during the checking process and the rate in which errors occur with the task itself. For example, if a pharmacy dispensing error rate is 5 per cent and a double check occurs before medications are dispensed, then the actual chance of a dispensing error reaching the patient is only 0.25 per cent.

Once again, because these tactics rely on human vigilance, they have a lower leverage than the processes and procedures that are system-based.

Rules and Policies

Rules and policies should clearly outline the steps and the expectations of a given process. It is doubly important that there are clear, simple steps and expectations outlined for high-risk processes. For instance, employing a photo identification procedure for selected high-alert medications such as methadone to assist in confirming a patient’s identity and ensuring the correct patient receives the correct medication.
Education and Information
Pharmacy staff are required to possess the knowledge necessary to perform their duties competently and any changes to long-standing procedures require re-education. Patient education also plays a key role in safety. For the photo identification example listed above, the pharmacy can support patient education by placing signs in the pharmacy explaining the identity verification process, why it is needed, and how patients can help by ensuring the verification takes place.

Rules, policies, education and information are the easiest to implement, however, they are the lowest leverage tactics because they rely the most on human vigilance. Success therefore depends on strong ongoing support from pharmacy management to ensure all pharmacy staff comply.

It is up to each individual pharmacy and its staff to design effective tactics for improving patient safety that will best fit their unique needs, workload and environment. When considering changes that are proactive or reactive to medication incident prevention, pharmacy professionals should use the Hierarchy of Effectiveness as a decision-making guide in relation to the benefits each tactic provides.

Sources:

One September 18, 2017, the College, in partnership is the Institute for Safe Medication Practices Canada (ISMP Canada) successfully launched the Safety IQ Pilot. Twenty-one volunteer pharmacies have stepped up to champion Safety IQ and many have already begun reporting medication incidents and near-misses to ISMP Canada for the purpose of shared learning and quality improvement. Safety IQ Champions are embarking on a challenging and complex journey.

“Improving patient safety is not something we can do with isolated actions or people,” said Laurie Thompson, Executive Director of the Manitoba Institute for Patient Safety. “There is a complex interaction between practitioner expertise, resources, and infrastructure that influences patient safety.”

“Safety IQ will enhance current reporting systems, and provide valuable information that will allow pharmacists and pharmacies to learn from each other.”

This will not only help volunteer pharmacy professionals improve and develop their continuous quality improvement (CQI) programs, but will also contribute large sets of data to show the scope of medication incidents in Canada so we can begin to understand the issues and propose solutions on a local and national scale, as argued in the report, To Err is Human:

“[Voluntary reporting systems] can focus on a much broader set of errors, mainly those that do no or minimal harm, and help detect system weaknesses that can be fixed before the occurrence of serious harm, thereby providing rich information to healthcare organizations in support of their quality improvement efforts.”

Manitobans are the foremost beneficiaries of Safety IQ through safer pharmacy systems with all Canadians benefiting from national aggregate data.

The College and ISMP Canada would like to thank the following pharmacies and their staff for adopting the role of Safety IQ Champions:

- Ashern Pharmacy
- Birtle Pharmacy
- Broadway Pharmacy
- Carman Pharmacy
- Keewatin Pharmacy
- Marion Pharmacy
- Medicine Shoppe #278
- Meyers Drugs
- Mountain Park Pharmacy
- Pharmasave #471
- Red River Co-op Southdale
- River East Pharmacy
- Rossmere Pharmacy
- Rx Pharmacy Solutions
- Safeway Pharmacy #4821
- Shoppers Drug Mart #532
- Shoppers Drug Mart #2414
- Sobeys Kenaston #32072
- Wal-Mart Pharmacy #3117
- Wal-Mart Pharmacy #532
- White’s Drug Store
Patient Safety is Everyone's Responsibility

Throughout August 2017, volunteer pharmacies were formally trained on the tools available to them through Safety IQ including the Medication Safety Self-Assessment (MSSA) and Community Pharmacy Incident Reporting (CPhiR) program. While most training participants found this instruction useful, it was the words of Melissa Sheldrick that illustrated the full impact and tragedy of preventable medication incidents in Canada.

When Ms. Sheldrick's 8-year-old son Andrew died in 2016 because of a medication error, she made it her mission to see a medication incident and near-miss reporting program implemented across the country.

“My son Andrew was a vibrant little boy who had his whole life in front of him,” said Ms. Sheldrick. “My advocacy comes from this newly discovered passion for patient safety, in his memory and his love for life. Canadians have the right to the utmost medical safety and I will continue to fight until all provinces mandate a CQI program for reporting all medication incidents.”

Medication incidents and near-misses are a common occurrence in pharmacy practice. In Nova Scotia, where medication incident and near-miss reporting is mandatory for community pharmacies, 139,719 incidents and near misses were reported since SafetyNET-Rx began in 2008.

Like SafetyNET-Rx, Safety IQ endeavours to be proactive. Admitting that medication incidents and near misses are common is a significant first step to mitigating their personal and professional impact. This highlights the personal and professional responsibility of all healthcare providers to ensure patient safety and to continually assess, revise, and test improvement strategies.

Any healthcare provider or patient can engage with Safety IQ resources to improve pharmacy practice. Visit our new web pages to find out more about how you can enhance patient safety.


Safety IQ in the News

On Sunday, August 13, 2017, the College hosted a successful training day for Safety IQ that featured guest trainer, Dr. Certina Ho, from the Institute for Safe Medication Practice Canada, Adrian Boucher, B.Sc., PharmD Student, Leslie Dan Faculty of Pharmacy, University of Toronto, and with important words from patient safety advocate, Melissa Sheldrick. A corresponding media event was also held on Monday, August 14, 2017, which generated some positive media attention for the Safety IQ Pilot and for Ms. Sheldrick’s mission to improve medication safety for all Canadians.

The College extends its gratitude to Ms. Sheldrick, Dr. Certina Ho, and to Ms. Laurie Thompson, Executive Director at the Manitoba Institute for Patient Safety for their contributions.

For more information, you can review the Media Release and the news stories below:

From the Winnipeg Free Press:

From the Winnipeg Sun:
http://www.winnipegsun.com/2017/08/14/pharmacists-launch-pilot-project

From Global:

From CTV:
http://winnipeg.ctvnews.ca/video?clipId=1185314&binId=1.1206963&playlistPageNum=1 (about minute 7:00)
A Major Step Forward: Opioid Replacement Therapy in Manitoba

On April 20, 2017, buprenorphine/naloxone (Suboxone) was changed from a Part 3 to a Part 1 benefit under Pharmacare. Prescribers now have two available first-line options for the treatment of opioid use disorder covered under Pharmacare: methadone and buprenorphine/naloxone.

This is exciting for several reasons. First, it will increase access to a second life-saving medication with a robust evidence-base for treatment of opioid use disorder. Second, for many patients buprenorphine/naloxone may be a preferred choice as it increases patient safety in the following areas:

- Overdose situations, buprenorphine has a ceiling effect for both sedation and respiratory depression
- Polysubstance use, particularly less adverse effects with sedating agents (ex. alcohol, benzodiazepines, z-drugs such as zopiclone, OTC agents such as Gravol, etc.)
- Less adverse effects in severe respiratory disease
- Improved side-effect profile
- Less drug-drug interactions

In Manitoba, prescribing buprenorphine/naloxone requires an exemption to prescribe methadone.

While a large proportion of opioid replacement therapy occurs in specialized centres, it can be both useful and feasible in primary care settings. In addition, the skill-set developed through the training process may be valuable for prescribers from various backgrounds. As we continue to address the current opioid epidemic, we encourage prescribers and pharmacists to consider incorporating opioid replacement therapy into their existing practices.

For pharmacists to begin dispensing buprenorphine/naloxone, they must:

- Review the College of Pharmacists of Manitoba Opioid Replacement Therapy Guidelines for Manitoba Pharmacists (updated October 2017)
- Review the Suboxone® Reference Sheet for Pharmacists
- Complete the online Suboxone training course (approximately 6 hours). www.suboxoneCME.ca
2018 Licensure: Professional Development Reminder

To be eligible for licence renewal for 2018, pharmacists are required to participate in a minimum of 25 hours of professional development (PD) learning activities between November 1st and October 31st of each PD year. Of the 25 hours, a minimum of 15 hours must be from accredited learning activities (i.e., programs that have been accredited for no less than a total of 15 CEU) with a balance of 10 hours of participation in either accredited or non-accredited learning activities.

For Extended Practice Pharmacists, at least 15 hours of the 25 hour PD requirement must relate specifically to the pharmacist’s specialty.

For those members who wish to seek accreditation for an independent study, the application and supporting documents must be submitted to the College by October 27th, 2017.

Further information regarding accreditation can be found on the College website Program Accreditation page including details of accreditation requirements and the application form.
Carl Byrne

Pursuant to the Amended Notice of Hearing (the “Notice”) dated the 23rd day of December, 2016, it was alleged that Mr. Carl Byrne, being a pharmacist under the provisions of The Pharmaceutical Act, C.C.S.M. c. P60 (the “Act”) and a registrant of the College of Pharmacists of Manitoba (the “College”), was guilty of professional misconduct, conduct unbecoming a member contravening the Act, the Practice Direction: Standards of Practice - Community (the “Practice Direction”), the Code of Ethics (the “Code”), or demonstrated an incapacity or unfitness to practise pharmacy, or displayed a lack of skill or judgment in the practice of pharmacy, or any of the above, as described in section 54 of the Act.

On Monday, April 24, 2017, the Discipline Committee convened to address the charges. Mr. Jeff Hirsch appeared as counsel on behalf of the Complaints Committee. Mr. Barry Sinder appeared with and as legal counsel for Mr. Byrne. Mr. Byrne entered a guilty plea to the following charges in that:

- between November 21, 2013, and July 9, 2015, as a pharmacist at Walmart, Mr. Byrne removed a drug or drugs listed in a schedule to the Controlled Drugs and Substances Act, S.C. 1996, c. 19 (the “CDSA”), without being authorized by a prescription in contravention of sections 69, 70, and 71 of the Pharmaceutical Regulation, M.R. 185/2013 (the “Regulation”), or any of them; sections 31(1) and 43 of the Narcotic Control Regulations, C.R.C., c. 1041 (the “NCRs”), or either of them; sections G03.002 and G03.012 of the Food and Drug Regulations C.R.C., c.870 (the “FDRs”), or either of them; Statements VIII and X of the Code; sections 1 and 7 of the Practice Direction; and, the College’s Narcotic & Controlled Drug Accountability Guidelines (the “Accountability Guidelines”) or any of them;

- between November 21, 2013, and July 9, 2015, as a pharmacist at Walmart, Mr. Byrne stole cash and merchandise from Walmart and thereby failed to act with honesty, integrity, and respect for the profession in contravention of section 7 of the Practice Direction, and in contravention of his ethical obligations outlined in Statements VIII or X of the Code, or any of them;

- between November 21, 2013, and July 9, 2015, as a pharmacist at Walmart, in order to conceal his diversion of narcotics from Walmart, Mr. Byrne fabricated prescriptions of a drug or drugs listed in a schedule to the CDSA, and thereby failed to act with honesty, integrity, and respect for the profession in contravention of section 7 of the Practice Direction, and in contravention of his ethical obligations outlined in Statements VIII or X of the Code, or any of them;

- between November 21, 2013, and July 9, 2015, as a pharmacist at Walmart, in order to conceal his diversion of narcotics from Walmart, Mr. Byrne failed to enter invoices of a drug or drugs listed in a schedule to the CDSA into the store perpetual inventory system as required by section 30 of the NCRs, and section G03.001 of the FDRs, and in contravention of section 7 of the Practice Direction, and the Accountability Guidelines, or any of them;
• between November 21, 2013, and July 9, 2015, as a pharmacist at Walmart, in order to conceal his diversion of narcotics from Walmart, Mr. Byrne manually adjusted the inventory amounts of narcotics in contravention of section 43 of the NCRs, section G03.012 of the FDRs, Statements VIII and X of the Code, section 7 of the Practice Direction, and, the Accountability Guidelines, or any of them;

• between approximately August 2015 and January 15, 2016, as a pharmacist at Loblaw, Mr. Byrne stole merchandise from Loblaw and thereby failed to act with honesty, integrity, and respect for the profession in contravention of section 7 of the Practice Direction, and in contravention of your ethical obligations outlined in Statements VIII or X of the Code, or any of them.

After having had the opportunity to review the authorities provided to the Discipline Committee and having considered the submissions of legal counsel, the Discipline Committee is of the view that the sanctions contained in a joint disposition should serve to satisfy that the public’s interest is protected and the public’s confidence is retained. As a result, and in accordance with sections 54, 55 and 56 of the Act, the Discipline Committee ordered that:

1. Mr. Byrne pay a fine in the amount of $25,000.00;

2. Mr. Byrne pay a contribution to the costs of the investigation and this prosecution in the amount of $15,000.00;

3. Mr. Byrne be prohibited from having signing/ordering authority for drugs covered under the Controlled Drugs and Substances Act;

4. Mr. Byrne be required to advise the pharmacy manager at any pharmacy which employs him that the pharmacy must conduct monthly narcotic inventory verification counts;

5. Mr. Byrne be prohibited from being a pharmacy manager for 5 years;
Carl Byrne, Cont’d

6. Mr. Byrne be prohibited from being a preceptor for 5 years;

7. Mr. Byrne continue with updated counselling satisfactory to the College for 5 years;

8. Mr. Byrne provide proof of successful completion of his current treatment program;

9. Mr. Byrne submit to random drug and alcohol screening at his own cost and at a location to be determined by the College for 5 years;

10. Mr. Byrne continue to meet regularly with Pharmacists at Risk for 5 years; and

11. Mr. Byrne complete in 2017-2018 a minimum of 20 hours of professional development in accredited ethics (as determined by the College) in addition to the required hours of professional development.

In arriving at its decision, the Discipline Committee considered:

a) Mr. Byrne’s efforts in rehabilitation;

b) that much of Mr. Byrne’s actions and misconduct were driven by addiction;

c) that the Complaints Committee of the College recommended that the Discipline Committee consider Mr. Byrne’s recovery status with respect to his addiction; and

d) that Mr. Byrne voluntarily surrendered his practicing licence for 15 months during the process of complaints and discipline action. While voluntarily surrendering his practicing licence is not the same as suspension of his licence by the College, the outcome is similar in that there was a loss of income and inability to practice pharmacy.
Save-the-Date!

The 2018 Annual General Meeting (AGM) marks the 140th AGM of the College of Pharmacists of Manitoba. Please join us in celebrating this important milestone.

Mark your calendars for Saturday, May 12, 2018, at the Manitoba Club in Winnipeg for our 140th AGM and the 2018 Awards Luncheon!

Staff Updates

The College is pleased to welcome Rani Chatterjee-Mehta as Assistant Registrar for Quality Assurance. In addition to her extensive experience as a community pharmacist and manager, Rani has also served as a long-time member of the College Quality Assurance Committee and its Professional Development Division. We look forward to Rani’s contributions to the work of the College!

Rose Lyons has also recently joined the College as a Practice Consultant (term) this fall. The College will greatly benefit from Rose’s front line experience as a community pharmacist. Welcome Rose!

Dr. John Wade Patient Safety Initiatives Grant

The Manitoba Institute for Patient Safety (MIPS) has put out the call for applications for the 2017 Dr. John Wade Patient Safety Initiatives Grant (Grant). The Grant provides funds to encourage small projects in support of patient safety initiatives in Manitoba and is open to:

- MIPS’ member organizations;
- Individuals;
- Secondary schools;
- Colleges;
- Post-secondary institutions; and
- Community based organizations.

The application deadline is Friday, November 3, 2017, at 12 pm.

For more information about the Grant, or to share this opportunity with other individuals and organizations, please see the MIPS poster and application.
In Memoriam

The pharmacy profession lost the following pharmacists in 2017:

Joseph Erenberg
Walter Kochan
Kenneth Kronson
Peter Murray
Joan Rugg