Newfoundland and Labrador Pharmacy Board

The Apothecary

Summer 2017

The Apothecary is the newsletter of the Newfoundland & Labrador Pharmacy Board.
It contains information on a wide variety of topics intended to enhance the practice of all pharmacists in the province of Newfoundland & Labrador.
All registrants are responsible for reviewing any and all information contained within including documents which are made available on the NLPB website via links throughout the newsletter.
The Apothecary is now circulated electronically and is available in hard copy format only upon specific request.

The 4 R's of Documentation

RELIABLE

Documentation is a fundamental component of a pharmacy professional's responsibilities. Pharmacists and pharmacy technicians must know and understand when and how to document their actions related to dispensing and therapeutic activities.

For all prescriptions, both new and refill, documentation should reliably demonstrate that each prescription has been reviewed for both clinical and technical aspects before it is dispensed to the patient. Each completed prescription record must contain the signature, or some other identifying mechanism, from the registrants and any other staff members involved in the dispensing process. Where a technician and pharmacist are working collaboratively, the documentation must reflect each registrant's responsibilities. There is no set manner for how this must be achieved, as workflow may vary depending on the nature of the practice. Pharmacists-in-charge are encouraged to emphasize consistency by establishing operational processes for documentation on both the patient record and the prescription hard copy.

RETRIEVABLE AND USEABLE

Continuity of care is extremely important for patient safety, whether between different healthcare settings, or between different pharmacy professionals within the same pharmacy. In order to achieve effective and efficient communication, documentation must be clear and available.

Pharmacy professionals should document information in a manner that is timely, readily retrievable, and easily accessible by staff. Pharmacies are encouraged to have a standardized process in place to maintain patient-specific, and not only transaction-specific, records.

The ease of retrieval of patient records, including those that may be stored off-site, must be balanced with the need to maintain confidentiality. The pharmacy's record keeping system must be secure enough to protect personal health information against unauthorized access, use, disclosure, theft, or loss.

ROBUST

A thorough and complete patient record will demonstrate accountability for a pharmacy professional's decisions and actions. Pharmacists should exercise professional judgment when determining the appropriate amount of documentation. There should be sufficient information to effectively manage a patient's drug therapy, monitor their progress, and ensure continuity of care. The exact content and level of detail will vary depending on the situation, but should generally include:

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- Patient information gathered, such as allergies, medical conditions, changes in health, monitoring information, and relevant patient characteristics or circumstances
- Medication indications, where available and relevant, to facilitate monitoring, future assessment, and continuity of care
- Documentation of communications with other healthcare providers

RETAINED

In accordance with the Standards of Pharmacy Operation, documentation may be maintained electronically, as scanned originals. The scanned records would be retained for the ten years required by the Standards, while the associated paper files could be destroyed after three years. Any patient records that are not scanned would need to be retained for the full ten years.

This article contains excerpts from an article originally published in the Spring 2017 issue of the Ontario College of Pharmacists' quarterly publication, Pharmacy Connection.

Using Continuous Quality Improvement to Help Prevent Medication Errors

It is generally acknowledged that all pharmacy environments are susceptible to medication errors due to the human element inherent in pharmacy practice.[1] A *near miss* is defined as a dispensing discrepancy that does not reach the patient.[1] A *medication error* is a situation in which the patient actually receives an erroneous medication. Because near misses and medication errors cannot be eliminated completely, an open process of evaluation and discussion of unsafe practices and incidents is required to prevent and handle errors.[1] Section 3 of NAPRA's *Model Standards of Practice for Canadian Pharmacists* outlines the expectations of pharmacists with regard to quality and safety.[2] Under the NLPB *Code of Ethics* registrants are expected to hold the health and safety of patients as their primary consideration and to take all reasonable steps to prevent harm to patients.[3]

A systems approach to quality assurance aims to prevent medication incidents by:

- Identifying environmental factors and practices that could potentially be unsafe;
- Determining risk reduction strategies that include improvements to the practice environment and systems;
- Identifying the root and contributory factors of critical incidents; and
- Developing action plans and measurement strategies to evaluate the effectiveness of the plans.[4]

What environmental factors increase the risk of medication incidents?

Environments in which errors are more likely to occur are characterized by:

- Disorganized work flow;
- Inadequate staffing or improper staff training;
- Fatigued and/or stressed staff;
- Frequent interruptions and distractions;
- Emphasis on volume of services over service quality;
- Poor physician handwriting; and
- Ineffective communication with patients.[1]

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What are some common suggestions for practice changes to decrease the risk of errors?

Policies and Procedures	• Institute a policy for error evaluation and subsequent practice improvement • Ask sales representatives to make appointments rather than dropping in • Include well-defined roles and job descriptions for all dispensary functions in the pharmacy policy and procedure manual • Establish clear technical and clinical checking procedures for technicians and pharmacists
Human Resources	• Utilize pharmacy technicians to perform technical functions • Ensure adequate staff training • Encourage pharmacy staff to identify, document, and report all medication errors, near misses, and unsafe practices • Schedule regular staff meetings to discuss areas of concern (e.g. inadequate staff levels, noise/ clutter/workflow distractions) • Inform all staff of any near misses or medication errors that occur, and take a team-based approach to root-cause analysis (create a no-blame, no-shame culture)
Pharmacy Design	• Keep traffic flow within the dispensary to a minimum • Separate non-dispensing functions (e.g. stock control, filing) from prescription filling area • Ensure adequate storage space for supplies and equipment to minimize clutter • Ensure adequate counter space for filling and checking functions • Ensure pharmacy design enables the pharmacist to check profiles, perform clinical checks, and consult with patients without interruption
Dispensing Procedures	• Scan DIN electronically • Ensure accountability through identifying staff involved in each step of the dispensing process • Do not hesitate to question a prescription if it is not clear • Don't be rushed- take the time to do all the checks • Check the Pharmacy Network before dispensing each and every prescription • Be aware of sources of error such as look-alike / sound-alike drugs, narrow therapeutic index drugs • Implement independent-double checks of all prescriptions dispensed • Provide thorough patient counselling that includes asking the patient what the medication is for • Show patients the medication they are receiving to ensure they are receiving the medication they are expecting • Use multiple identifiers to verify patient identity

Why do we need Continuous Quality Improvement?

Continuous quality improvement (CQI) involves an ongoing and systematic evaluation of a pharmacy's work processes and the application of scientific methods to identify and address root causes of quality issues.[5] Regularly and systematically examining, monitoring, and improving pharmacy workflow and processes reduces inefficiencies, improves quality of care, and enhances the overall performance of the pharmacy.[5]

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What are some examples of CQI programs?

Standardized or formal pharmacy CQI program components may include:[5]

- A local process implemented by pharmacy management that identifies issues related to medication errors, near misses, and unsafe practices, including formal documentation of quality improvements made as a result of regular incident reviews.
- Anonymous reporting of medication incidents to an independent, objective third-party organization that has expertise in medication incident analysis, and facilitates learning based on trends and patterns of medication incidents reported. For example, the ISMP Canada Community Pharmacy Incident Reporting (CPhIR) program, available at https://secure.ismp-canada.org/CPHIR/Reporting/login.php.[6]
- Routine completion of a medication safety self-assessment (e.g. annually) to proactively identify opportunities for improvement, and to monitor progress of the resulting action plans at regular staff meetings. For example, see https://www.ismp.org/self-assessments/ to view ISMP Self Assessments.[7]
- Failure Mode and Effects Analysis (FMEA), which is an ongoing quality improvement process that examines pharmacy processes, design, or workflow to determine points of potential failure and the possible effect *before any error actually happens*.[2,6] FMEA is "a *proactive* process used to look more carefully and systematically at vulnerable areas or processes".[6] For more information about FMEA see https://www.ismp.org/Tools/FMEA.asp. The Alberta College of Pharmacists (ACP) also has educational videos regarding FMEA which can be viewed at https://pharmacists.ab.ca/drug-error-management.

Stay tuned - the Winter issue of The Apothecary will provide information about how to handle medication errors and how to perform a root cause analysis.

References:

1. Minimizing Medication Errors. Retrieved from: http://napra.ca/pages/practice_resources/minimizing_medication_errors.aspx
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3. NLPB Code of Ethics. Retrieved from: http://www.nlpb.ca/pharmacy-practice/standards-guidelines-policies/
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7. ISMP. Self-Assessments. Retrieved from: https://www.ismp.org/selfassessments/
8. ISMP. Failure Mode and Effects Analysis. Retrieved from: https://www.ismp.org/Tools/FMEA.asp

James J. O'Mara Pharmacy Museum Now Closed for the Season

Apothecary Hall is home to not only the NLPB offices, but also the James J. O'Mara Pharmacy Museum. Each year, during July and August, the museum is open daily to the public for tours and viewings. We have just wrapped up another successful summer season, thanks to our two summer students, Zak Layman and Julia Naterer.

While the museum most often attracts visitors who are pharmacists, doctors, nurses, chemists, and students, antique bottle collectors are also common to see. Of course, there are still many people who come in just to see the site and hear about the history of the practice. We have visitors come from all over the world with stories to share about ancestors, childhood memories, and cultural differences.

Oftentimes, as people enter the museum they are immediately fascinated by our beautiful oak fixtures that were handcrafted in England in 1879. These fixtures were used in two previous local pharmacies before being introduced to our location when the original fixtures were removed to expand the display area and make it easier for people to walk around throughout the museum. Grooves worn in the floor near the back of the room signify where the old dispensary counter once stood.

Typically after our fixtures are noticed, attention is drawn to our ceiling. This ceiling is original to the building and is hand-pressed in tin.

As visitors begin to observe closer, they'll notice a large variety of medicines, tablets, commercialised products, mortar and pestles, scales, and other artifacts on display. We have over 1100 bottles in the museum! Most of the artifacts are not original to the building but have been donated over the years by pharmacists, pharmacy and hospital owners and local citizens.

One of the most interesting pieces we have on display is our show globes. A show globe is a brass structure that cradles a glass vessel containing colourful liquid. These vessels have been a symbol of pharmacy dating back to the 17th century and marked the apothecary in much the same way as a barber's pole would mark a barber shop. In that era, people who were illiterate needed such symbols to locate these medical practitioners.

Tours can be arranged by special request and may be of particular interest to school groups, history buffs and photography enthusiasts. To pre-arrange a private tour of the museum now that the summer hours have ended, contact the NLPB office.

Volunteers are always welcome! If you are interested in helping out with museum-related activities, please email inforx@nlpb.ca.

Missing Our Emails? Not Getting Event Information?
Has Your Personal Information Changed?

You can update your address, phone number or email address at any time.
Under **My Profile**, click **Edit My Profile** and make the changes.
Scroll to the bottom and click **Save**. Quick and easy!

Focus on Code of Ethics - Conflict of Interest

As stated in the **NLPB Code of Ethics**:

> *6.7 Registrants recognize and avoid conflicts of interest that may arise in the course of their work. If conflicts of interest do arise, they should be disclosed and addressed in the best interest of the patient and public safety as soon as possible.*

Avoiding conflict of interest is essential to maintaining the public trust in the pharmacy profession and in each registrant's individual practice. But what exactly is a conflict of interest?

A conflict of interest arises when a registrant's personal interests conflict with the best interests of a patient or the registrant's professional responsibilities. A conflict of interest can be either real or perceived, meaning that a registrant who finds him or herself in a situation that gives the appearance of a conflict of interest still needs to address the situation even if there is no actual conflict or harm done.

Conflicts of interest can occur in any aspect of a registrant's practice. They might arise in clinical interactions, business practices, or in the decision-making of registrants in an administrative role. Two of the most common types of conflict of interest – financial and personal – have probably been encountered at some point or another by most registrants.

Financial conflict of interest occurs when an action taken or advice given by a registrant puts, or appears to put, his or her own financial gain ahead of the best interests of patients or the profession. For example, the following situations may create a conflict of interest:

- Advising a patient to purchase an OTC product or engaging in "upselling" when the product may not be in the best interests of the patient.
- Using your professional reputation to encourage patients to purchase a product that you sell.
- Counselling a patient to visit a particular healthcare professional who is your spouse or business partner.
- Offering an incentive to physicians to refer patients to your pharmacy.

Personal conflict of interest occurs when a registrant's personal knowledge, beliefs, or relationships interfere with the ability to make objective decisions or advise patients. For example, the following situations may create a conflict of interest:

- A religious or moral objection to contraception, abortion, or medical assistance in dying procedures may impact your ability to objectively counsel a patient about the use of certain medications.
- Counseling a family member or close friend, particularly when your personal feelings about what the patient should do may conflict with your professional opinion.
- Having knowledge or information about a patient from other circumstances or sources that puts you in a position where it is difficult to be objective about patient care.
- Serving on an Adjudication Tribunal when you have personal knowledge of the circumstances of the Complaint or have a personal relationship with a party or witness to the Complaint.

Ultimately, each unique situation will require consideration to determine if there is a real or perceived conflict of interest. Registrants who find themselves in a conflict of interest must disclose the conflict to the individuals or organizations involved and address it in the best interests of the patient, the profession, and public safety as soon as possible.

As with many of the decisions made by registrants in their practices, common sense and an understanding of the general principles will help ensure that the registrant does not act with a conflict of interest that could result in

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harm to a patient, or an allegation of professional misconduct. Above all else, each registrant should work to uphold the code of ethics, in letter and in spirit, and to maintain high quality, ethical care to patients.

For an interesting case study on a conflict of interest that occurred in business practice, take a look at the article on page 28 of the Spring 2017 issue of the Ontario College of Pharmacists' quarterly publication, *Pharmacy Connection*. The pharmacist in that matter offered rental space to a physician's office at lower than market cost. There was no expectation for the physician to encourage patients to use the pharmacy, however, the arrangement was found to be a perceived conflict of interest and was sent to disciplinary proceedings.

Summary of Recent Adjudication Tribunal Decision

On June 20, 2017, a hearing of the Adjudication Tribunal of the Newfoundland and Labrador Pharmacy Board (the "Board") was held in the matter of a Complaint against pharmacist, Douglas Walsh, registration number 82-470 (the "Respondent"), former pharmacist at Shoppers Drug Mart, 390 Topsail Road, St. John's.

At the hearing, the Adjudication Tribunal considered and accepted an Admission Statement by the Respondent, an Agreed Statement of Facts, and a Joint Submission on disciplinary measures, all of which were agreed to by the Respondent and the Registrar of the Board.

In the Agreed Statement of Facts, the Respondent acknowledged that, between 2008 and 2015 at the above-noted pharmacy, he created 14 false patient profiles to obtain 629 false prescriptions for medications. The medications he obtained in this manner were all paid for and were for personal use. There is no indication that any of the medications were distributed to anyone other than the Respondent.

Once his activities were discovered, the Respondent was fully cooperative with the Board. He had voluntarily resigned from practice as a pharmacist in December 2015, prior to the Board's involvement, and expressed his intention not to practice again in the future. In the Admission Statement, the Respondent pleaded guilty and admitted that his actions violated section 35(c) of the *Pharmacy Act, 2012* (the "Act:"), By-Laws 94(a), (e), (g), (h), (l), (m), (p), and (q) of the *Newfoundland and Labrador Pharmacy Board Bylaws*, sections 6.1 and 6.3 of the NLPB *Code of Ethics*, and section 3.2 of the NLPB *Standards of Pharmacy Operation – Community Pharmacy*.

The Adjudication Tribunal accepted the Respondent's guilty plea and the Joint Submission on Penalty, and ordered as follows:

(1) The Respondent's certificate of registration as a pharmacist shall remain inactive until such time as he satisfies the Board that he is able to practice pharmacy in a safe and professional manner, having regard to the circumstances of this matter, and in keeping with all applicable legislation, By-Laws, and Standards of Pharmacy Operation and Standards of Practice;

(2) The Respondent shall be permitted to re-register as a pharmacist under the Act subject to the Act, Regulations and By-Laws, and all of the following conditions:

  (i) The Respondent will not be registered as a pharmacist and shall not return to practice in a patient care setting until he has produced from a physician of the Board's choosing acceptable certification in writing that he is medically fit to perform the duties required of a pharmacist practicing in a patient care setting;

  (ii) Upon any future re-registration, the Respondent is prohibited from being a pharmacist-in-charge as defined in the Act for a period of five years or such other time as the Board may permit; and

  (iii) Upon any future re-registration, the Respondent is prohibited from practicing as a sole practitioner in a licensed pharmacy and will be required to practice with another registrant of the Board, until such time as the Board may permit.

NLPB Symposium 2017 - Awards Recipients

At the 2nd Annual NLPB Symposium, this past May, a number of pharmacists were recognized for their commitment of time, energy, and leadership to the NLPB and the pharmacy profession.

Canadian Foundation for Pharmacy Past Chair Award

Chad Parsons

NLPB Recognition of Service Award

Jody Pomeroy

NLPB Certificate of Recognition

Barbara Thomas

NLPB Emerald Achievement Award
(35 years of registration)

Byron Allen	Susan Gladney-Martin	Christine Saunders
Pauline Bennett	Catherine Greening	Gary Skanes
Deborah Bourne	Kenneth Hand	Leonard Skanes
Mary Byrne	Gary Peckham	Elaine Tucker
Elizabeth Cater	Gerald Peckham	Scott Way

For more information on these awards and honours and to nominate a deserving registrant, please see the NLPB Awards and Honours Overview at: http://www.nlpb.ca/media/NLPB-Awards-and-Honours-Jan2017.pdf

Chad Parsons (L); Jeremy Parsons (R)

Colleen Squires (L); Jody Pomeroy (R)

Taggarty Norris (L); Barbara Thomas (R)

➡ ***SAVE THE DATE*** ⬅

NLPB Symposium 2018

Join us for the 3rd Annual NLPB Symposium, scheduled for Saturday, May 12, 2017 at the Comfort Inn, St. John's Airport (comfortinnstjohns.com).
Look for more information about the schedule of events and registration in your inbox in the coming months.

Postscript Recap

Since the last issue of The Apothecary, the Board has posted several issues of The Postscript. A summary of some key articles is provided below. Please visit the **NLPB Newsletters page** of the NLPB website to view past issues in their entirety.

April 2017

⇒ Ethical Decision-Making: Putting Patients' Interests First

⇒ Application Process for the Installation of Lock and Leave Enclosures

May 2017

⇒ Welcoming Natalie Payne

⇒ Changes to the Provincial Drug Schedules

⇒ REMINDER: Buprenorphine-Naloxone Dispensing Requirements

June 2017

⇒ Professional Development Sources for Pharmacy Technicians

⇒ Returning to Work

⇒ Patient Consultation Area Requirements

July 2017

⇒ Cannabis for Medical and Non-Medical Purposes

⇒ Update on Pharmacy Technician Appeals Process

August 2017

⇒ The Sale of Exempted Codeine Products in Community Pharmacies

⇒ Mandatory Patient Profile Information

⇒ Message from the Francophone Health Network

Sept 2017

⇒ The Pharmacists' Role in Provision of Take-Home Naloxone Kits

⇒ Professional Practice Webinars

⇒ EARLY NOTICE – December Holiday Hours

The Apothecary

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