

TECHtalk

DECEMBER 2017

BY THE NUMBERS

Three main areas of non-compliance for pharmacy technicians in pharmacy reviews:

- 1 Failing to positively identify a patient not personally known to the registrant.
- 2 Providing patient consultation out of scope of practice.
- 3 Releasing a prescription without required consultation by a pharmacist.

Three main areas of non-compliance for pharmacy reviews:

- 1 Prescription requirement deficiencies
- 2 Equipment/reference deficiencies
- 3 Expired products

Source: College of Pharmacists of British Columbia, September 2017.

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LEADING LADY

AS A TECHNICAL PRACTICE LEAD WITH Alberta Health Services (AHS), Jody Read has a mandate to advance the practice of pharmacy technicians.

Read, who has been in that position for six years, is one of seven practice leads managed by a pharmacy technician. In that capacity, the team “supports zone operations [AHS is divided into five provincial zones] by liaising with different sites and zone management teams,” she explains. “We are a link between provincial pharmacy operations and the sites in the zone.”

Her duties evolve according to need. For example, when Alberta was undergoing regulation, practice leads helped candidates gain a better understanding of the process, liaising frequently with the Alberta College of Pharmacists (ACP). Read herself became regulated in January 2013.

Now that Alberta is fully regulated, responsibilities have shifted. “We’re starting to standardize our sterile compounding initiative to be compliant with the NAPRA [National Association of Pharmacy Regulatory Authorities] model standards,” she says. The team is working to standardize processes province-wide, including personnel and activities such as handwashing and cleaning. Technical practice leads create specialized working groups to assist project techs or operations managers in implementing the changes. As a lead in this project, Read has been invited to speak at events across Canada. “Provinces and different health authorities across the country are always interested in how [we] standardized sterile compounding.”

And in an exciting development in the ongoing initiative to support technicians working to full scope, Read says hospitals are starting to move them up onto the units, as “clinically deployed pharmacy technicians” working collaboratively with other healthcare professionals.

Besides liaising with ACP, NAPRA and other internal and external stakeholders, Read works with the pharmacy technician colleges in the province, providing input on the curriculum, sitting on advisory boards and speaking to classes. “It’s nice for the students to hear it not only from their instructors, but also from people who can tell them what it’s like to be a pharmacy technician and how they, too, can take the reins and become leaders.” Her advice to new-



comers to the profession: “Open your mind. There are so many roles and so many new and exciting opportunities.”

Read landed her current position after graduating from Red Deer College in 1989 and working as a hospital technician in acute and long-term care, and in specialized areas like sterile compounding and inventory control. The last few years of that 22-year stint, she worked as a project technician, which she says helped lead her to her current position.

A firm believer in giving back to her profession, Read is the educational coordinator for Central Alberta for the Pharmacy Technician Society of Alberta, and sits on the organization’s advocacy board.

She says she has always been interested in leadership and professional development, so was thrilled to attend the ACP Leadership Forum this year as one of five pharmacy technicians among a group of pharmacy professionals. “Any time you can sit in a room with leaders from all across the province and all types of pharmacy backgrounds and situations, I think you get a better understanding of what’s occurring in the world of pharmacy,” she says. “And then I can bring that back to my job and translate it into what I need to put forth to our sites and zones.”

Read is passionate about learning. She plans to take some writing workshops so she can write Continuing Education units for pharmacy technicians, which she has identified as a need.

Her thirst for learning is reflected in her unbridled enthusiasm for the profession: “I love being a technician because we get to learn something new every single day.”

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PTSA develops Strategic Plan to achieve mission

THE PHARMACY TECHNICIAN SOCIETY of Alberta has outlined its Strategic Plan 2017-2020, consisting of four major goals for pharmacy technicians.

Identified in 2016, the goals are designed to help the organization meet its mission: to advocate for the pharmacy technician profession; educate the public, members and affiliates on the pharmacy technician scope of practice; and provide professional development and networking opportunities. This year, the PTSA board identified and prioritized the objectives that would help it achieve those goals.

Goal #1: Integrate pharmacy technicians into practice.

Objective: Building tools to support technicians to work to their full scope of practice, and developing a framework that will enable the injection of drugs and vaccines by pharmacy technicians.

Goal #2: Engage technicians.

Objective: Mentoring students and new grads

by increasing involvement with pharmacy technician schools, and providing new opportunities to the membership, such as writing Continuing Education lessons (CEs) and leadership training.

Goal #3: Provide CE.

Objective: Implementing an online learning platform and self-study education courses, as well as increasing the number of pharmacy technicians teaching and writing CEs.

Goal #4: Influence political issues.

Objective: Advocating for revisions to federal narcotic legislation to allow technicians a greater role in handling controlled substances, and providing feedback on Health Canada consultations.

"Having a strategy not only helps align the Society's work with a meaningful purpose, it helps us focus on the things that are important to pharmacy technicians," said PTSA president Teresa Hennessey in a report on the Plan.

To view the Strategic Plan, visit <https://pts.ca/wp-content/uploads/2017/08/PTSA-STRATEGIC-PLAN-2017-2020.pdf>.

Techs meet in Seoul for global Pharmacy Technicians Symposium

FORTY-SIX PHARMACY TECHNICIANS—including three from Canada—and other pharmacy support workers convened in Seoul, South Korea, in September for the 6th global Pharmacy Technicians Symposium. Organized by the International Pharmaceutical Federation (FIP), the conference focused on the theme of "The Evolution of the Pharmacy Support Workforce."

Part I of the Symposium, titled "Understanding the Profile of Pharmacy Technician," featured two Canadians. Cathy Schuster, coordinator, pharmacy technician programs at Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and herself a registered pharmacy technician, chaired the

program. Susan James, director, competence, Ontario College of Pharmacists, presented on the value of FIP's Global Descriptive Study, a worldwide picture of how pharmacy workforce cadres work with pharmacists in the delivery of pharmaceutical services. James helped compile the report as co-chair of the Pharmacy Support Workforce Technical Working Group. For more information, visit <http://fip.org/files/fip/publications/2017-02-Technicians-Pharmacy-Support-Workforce-Cadres.pdf>.

James also chaired an educational session and discussion forum in Part II of the Conference on competency frameworks, while Schuster spoke on "Essential competencies for entry to practice—a regulatory framework."

OCP seeks changes to registration and QA

THE ONTARIO COLLEGE OF PHARMACISTS is seeking feedback on proposed amendments to the Pharmacy Act regulations that would update the College's approach to registration and quality assurance.

The amendments would streamline the registration process and improve accountability through four changes:

- Implementing an Intern Pharmacy Technician and Intern Pharmacist class of registration;

- Incorporating pharmacy technicians into the quality assurance regulations;
- Eliminating unnecessary steps in registration;
- Shifting from an hourly reporting of practice to a self-declaration of competency in conjunction with practice assessments.

Removing the class of "registered pharmacy student" and implementing an "intern" class will permit the postgraduate registration of pharma-

Highlights from the 2017 Alberta Pharmacy Technician Conference

THE PHARMACY TECHNICIAN SOCIETY OF Alberta (PTSA) held its 27th Annual Pharmacy Technician Conference in Edmonton this past fall.

Speakers and sessions this year were chosen to align with the Conference theme “Unmask Your Potential” and how to make a positive change to both practice and patients.

The event kicked off with keynote speaker Professor Timothy Caulfield, who spoke to the staggering amount of “bunk” health information that is out there, and how celebrity culture and social media perpetuate the problem. He implored all pharmacy technicians to be critical thinking leaders. That day, there were also sessions on NAPRA standards, how to compound medications for animals, and an inside look at addiction by Detective Dean Boyer.

New to the conference this year was an electronic poster contest. Delegates were invited to submit a PowerPoint presentation for consideration. A big congrats to poster

contest winner Tana Yoon.

During the awards dinner, the PTSA recognized Peggy Pischke with the 2017 Professionalism award. The Alberta College of Pharmacists was on hand to present Jennifer Bibby with an award for having the highest PEBC mark in Alberta; Jennifer is a graduate of Bow Valley College.

Saturday was another day full of learning. Delegates were touched and inspired by Marni Panas’ very personal presentation on providing healthcare to the LGBTQ population. Other topics included: Medical Assistance in Dying (MAID), integrating pharmacy technicians into community practice, why the NAPRA standards were created, and how we can become better preceptors to future pharmacy technicians. The Conference closed with a presentation from Bobby Milroy from Pier Health in Vancouver, who highlighted how the safe injection sites work, and the impact they have on patients struggling with addiction.

The 4Rs of documentation

DOCUMENTATION IS A FUNDAMENTAL component of a pharmacy professional’s responsibilities. Pharmacy technicians must know when and how to document their actions, says the Newfoundland and Labrador Pharmacy Board (NLPB).

The NLPB distills documentation into 4 Rs: Reliable, Retrievable and Useable, Robust and Retained.

Reliable: For both new and refill prescriptions, documentation should reliably demonstrate that each prescription has been reviewed for both clinical and technical aspects before it is dispensed. When a technician and pharmacist are working collaboratively, documentation must reflect each registrant’s responsibilities.

Retrievable and useable: Pharmacy professionals should document information in a manner that is

timely, readily retrievable, and easily accessible by staff. Pharmacies should have a standardized process in place to maintain patient-specific, and not only transaction-specific, records.

Robust: Patient records should generally include: patient information gathered, such as allergies, medical conditions and changes in health; medication indications, where relevant, to facilitate monitoring, future assessment and continuity of care; and documentation of communications with other healthcare providers.

Retained: In accordance with the Standards of Pharmacy Operation, documentation may be maintained electronically, as scanned originals. Scanned records should be retained for 10 years, while the associated paper files could be destroyed after three years. Any records not scanned must be retained for 10 years.

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cy technicians. “The College requires a mechanism to register pharmacy technician graduates post-graduation but prior to completing all other registration requirements so that they may continue to practise to full scope under supervision prior to full registration,” says the OCP website. “Duplicate requirements in the registration process for students and interns are removed,

streamlining the registration process while ensuring that requirements are met. In addition, a yearly self-declaration of competence is a more relevant self-assessment approach than simply counting and reporting practice hours.”

Members were asked to provide feedback by November 20.

Tapping techs for MedRec role

WHEN IT COMES TO PATIENT SAFETY, medication reconciliation (MedRec) is an indispensable tool. In a nutshell, MedRec is a process that starts with healthcare professionals interviewing patients and their families (or caregivers) to generate a Best Possible Medication History (BPMH)—a list of all medications patients are taking, both prescription and non-prescription, and how they are taking them. Providers then identify and resolve any discrepancies, and communicate a complete and accurate list of medications at transitions of care, such as a change in patient condition or level of care, or hospital admission, transfer and discharge.

Healthcare professionals must know what medications a patient is actually taking in order to provide the appropriate care, and this information is not always communicated from one team to another. And while electronic health records (EHRs) provide information on what medications have been dispensed, the patient may not be taking them as prescribed. EHRs also do not capture information on over-the-counter, herbal and sample medications that could cause drug interactions.

Therefore, a discussion with the patient is crucial, and this is where pharmacy technicians in both hospitals and community pharmacies can play a key role, says Kaitlyn McMillan, Red Deer Regional Hospital MedRec Co-Lead. In fact, one recent study revealed that medication histories conducted by pharmacy technicians were accurate 88% of the time, compared with 57% for those conducted by nurses. Pharmacy technicians have also been shown to obtain a verified medication history with as much accuracy and completeness as pharmacists.

Community pharmacy technicians are in a perfect position to gather this information, notes McMillan, who also does relief work in community pharmacy. “The pharm techs are that first point of contact in the community,” she says, so they are ideally suited to pose key questions to patients. For example:

- Is this medication new?
- Are you expecting any medication changes?

BPMH TAKEAWAYS

- Ensure the BPMH is completed using at least two sources.
- Electronic health records are one source of medication information, but not the ultimate one.
- Patients themselves, or their caregivers, are the best source to determine how they are actually taking their medications at home.
- How the medication is prescribed is not always how it is being taken.
- Complete medication information is not always shared among care providers.

Source: Kaitlyn McMillan, Alberta Health Services.

- Are you having any trouble remembering to take your medications at home?

“Pharmacy technicians are invaluable in gathering that history and documenting any changes,” says McMillan. “They really set us up for success up front.”

Community pharmacies provide a second opportunity for patients to ask questions they may not have thought of upon hospital discharge. While the medication message may start in hospital, it could continue in the community and be reinforced every time the patient comes back, says McMillan.

In some hospital settings, pharmacy technicians generate the BPMH through systematic patient/family interviews and at least one other reliable source. To conduct the interviews,

technicians use the ISMP Best Possible Medication History Guide, which includes thorough, standardized questions that go beyond what can be gleaned from the patient’s EHR.

“Being a pharmacist in a hospital and seeing the BPMH documented by the technicians, I found a huge difference in the completeness and quality of information gathered,” says McMillan. “That information is then ready to use on discharge when providing education to the patient about the medication changes that occurred while in hospital.”

After all, patients are expected upon discharge to manage what may be complicated regimens, McMillan notes. Therefore, she asks pharmacy technicians to consider: “At the end of every patient interaction, does your patient know which medications to take at home?”

RESOURCES

- [Institute for Safe Medication Practices \(ISMP\) Canada](https://www.ismp-canada.org/medrec/#tab3)
<https://www.ismp-canada.org/medrec/#tab3>
- [Canadian Patient Safety Institute](http://www.patientsafetyinstitute.ca/en/Topic/Pages/Best-Possible-Medication-History.aspx)
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