

TECHtalk

FEBRUARY 2021

A CAREER RE-BOOT IN PHARMACY IT

PETER MACMILLAN HAS PARLAYED HIS pharmacy background into a challenging, but rewarding, position in information technology for the Nova Scotia Health Authority.

His path to get there was, as he laughingly admits, “somewhat convoluted.” Upon graduating high school, he earned a Bachelor of

Science in chemistry from Dalhousie University. As he is also a musician playing “mostly drums,” he followed up that degree with a few years towards a Bachelor of Music. But with university fees mounting and his job at the time being discontinued, “I thought it was a good time to go back to school, and that’s when I saw the pharmacy tech course,” he says. “Pharmacy has always interested me.”

At that time, the course was one year at Nova Scotia Community College. Upon graduation in 2005, he was hired at the Queen Elizabeth II Health Sciences Centre in Halifax “doing regular drug distribution.” The following year, he moved into a part-time position in special access medications, the first person dedicated specifically to that role. It was in that capacity that he became the keeper of the leeches, among many other unique medications that require Health Canada permission. “Health Canada re-classified leeches as a drug,” he explains. “I got a call from the microbiology lab, because they always dealt with them before that, and they basically said, ‘the leeches are a drug now, so I guess they’re yours!’” He learned in short order how to look after them, maintaining anywhere from 80 to 100 at a time as needed for restoring venous blood circulation.

A year later, MacMillan picked up a part-time position in IT, and continued to do both jobs until 2018, when he moved into IT full-time. The IT team looks after the interface—how the system talks to all the other systems in the hospitals, including the Pyxis automated dispensing cabinets, lab results and drug ordering. “I like to say we’re the translation between the real techie IT people and the front-end pharmacy users.” Although the position is not classified as a pharmacy technician, “they want you to have a pharmacy background because you need to be familiar with how pharmacy works in order to support it.” While he is currently working from home due to the pandemic, more than once he has been called upon to solve a problem that arises in



the middle of the night.

MacMillan concedes that sitting at a computer isn’t for everyone, “but I have a real curiosity of wanting to know how things work.” So when someone calls him with a problem, he says “I have to figure out why and how to fix it.” The troubleshooting piece is both the greatest challenge and reward of his position. “We really feel like we get to support the front-line pharmacy staff. Our job is to make their work as easy and as efficient as we can.”

The pandemic has placed new demands on the IT team, such as supporting more people to work remotely, establishing COVID-specific units in hospitals, and setting up clinics to register people for COVID testing, including drive-ups—often all in the same day.

In the future, MacMillan hopes to move onto an IT team that will be rolling out a new computer system for all the hospitals in the province, as well as take a course to become a certified professional in healthcare information and management systems. “I see a lot of opportunities on the IT side, and I’m really enjoying it,” he says.

MacMillan urges pharmacy technicians to look into the many opportunities for specialized roles in hospital pharmacy, citing such examples as IV preparation, medication reconciliation, assignments in the nursing unit, drug access navigation, clinical pharmacy assistants, clinical trials, dialysis clinics, public health—and the list goes on.

“I want [pharmacy] technicians to realize that they have a unique skill set that is valued in many different areas.”

BY THE NUMBERS

MEDICATIONS MOST FREQUENTLY REPORTED IN HARM INCIDENTS

(2015-2020, across all healthcare settings)*

Drug Name	Number of incidents
Insulin	459
HYDROMORPHONE	447
Morphine	211
Acetaminophen	199
Methadone	198
Fentanyl	172
Heparin	167
Furosemide	156
Metoprolol	152
Warfarin	137

*Any incident involving a combination product was counted toward the total for each of the active medicinal ingredients.

Source: ISMP Canada Safety Bulletin, Volume 20, Issue 11, December 22, 2020

CHECK OUT all our CE lessons for pharmacy technicians at eCortex.ca

All lessons accredited by the Canadian Council on Continuing Education in Pharmacy.



Answer CEs online for instant results.

Tech Talk is endorsed by:



An educational service for Canadian pharmacy technicians, brought to you by Teva www.tevacanada.com



Publisher:
Donna Kerry

Editor:
Rosalind Stefanac

Writer:
Sally Praskey

Art Director:
Lima Kim

Production Manager:
Lisette Pronovost

EDITORIAL ADVISORY BOARD

Colleen Curry,
New Brunswick
Community College

Ron Elliott, BScPhm

Pam Fitzmaurice, Technician

Rahila Ovais, RPhT
Canadian Association of
Pharmacy Technicians

Krista Logan, RPhT

Frédéric Dugas,
Quebec Association of
Pharmacy Technicians

Margaret Woodruff,
Humber College

Tana Yoon, CPhT (US)

pharmacy
PRACTICE + BUSINESS

eCortex.ca

TECH TALK and TECH TALK CE are published by
Pharmacy Practice+ Business, a division of EnsembleIQ
Toronto, Ontario.

No part of these can be reproduced without
the written permission of the publisher.
For more information, contact Vicki Wood
vwood@ensembleiq.com

Is there something you would
like to read about in *Tech Talk*?
Send your ideas and feedback to
vwood@ensembleiq.com

An educational service for
Canadian pharmacy technicians,
brought to you by Teva
www.tevacanada.com

teva

Visit us online at
www.CanadianHealthcareNetwork.ca
www.tevacanada.com

Technicians answer call to administer injections

AS THE PROVINCES PREPARE TO RAMP UP the rollout of COVID-19 vaccines, some are calling on pharmacy technicians to help them get more shots in arms.

In January, the Ontario Government amended the Regulated Health Professions Act to allow pharmacy technicians to administer a coronavirus vaccine by injection. Several Ontario pharmacy technicians have completed training offered through PharmAchieve and are delivering vaccinations. Approved by the Ontario College of Pharmacists and accredited by the Canadian Council for Continuing Education in Pharmacy, the course consists of seven online modules and a two-hour live physical session. Students are assessed on multiple-choice exams for each of the seven modules and a practical exam in which they demonstrate proper techniques for both intramuscular and subcutaneous injections.

Ontario is following on the heels of Nova Scotia, which in early November 2020 certified its first pharmacy technicians to administer injections, and by January had certified some 100 and counting. Dalhousie University Continuing Pharmacy Education (CPE), which provides injection training for pharmacists, launched a program streamlined for technicians in October 2020, “and we’ve been providing permits to technicians since then,” says Beverley Zwicker, CEO and registrar of the Nova Scotia College of Pharmacists.

Nova Scotia technicians work in partnership with a pharmacist, who is responsible for answering medical questions, counselling the patient, and ensuring the vaccine is appropriate. Pharmacy technician Robyn Oickle, who took the course as soon as it was available and received her injections permit on November 4, 2020, says that early on, she

administered primarily flu shots, but has now given vaccines for shingles, birth control, HPV and pneumococcal pneumonia.

New Brunswick has plans to follow suit. “At our annual meeting held in November 2020, regulations were passed that, once approved, will allow pharmacy technicians to administer injections,” says Sam Lanctin, registrar, New Brunswick College of Pharmacists. “For all scope of practice changes such as this one, final approval from the Minister of Health is required. We have been in touch with the Minister and are currently awaiting that response.” If approved, implementing this change will be a priority for the College.

Meanwhile, pharmacy technicians in Alberta are advocating for a change in their scope of practice. Teresa Hennessey, who was the first registered pharmacy tech in the province, posted a blog on the Pharmacy Technician Society of Alberta (PTSA) website calling for the Alberta College of Pharmacy Council to support amending legislation and standards of practice to authorize pharmacy technicians to administer injections.

“Administering drugs and vaccines by injection are restricted activities under the Health Professions Act in our province,” she says. “In order for authorization to be granted, legislation has to be amended or a temporary order put in place. At this time, those changes have not been made.”

In the meantime, PTSA has formed a partnership with Dalhousie CPE to allow Alberta pharmacy techs access to injection training modules. “The online self-study modules are one component of training; work is still in progress to offer practical components to meet accreditation standards,” says Hennessey.

ACP identifies common ethical issues

JIM KREMPIEN, COMPLAINTS DIRECTOR at the Alberta College of Pharmacy (ACP), has identified two common ethical breaches that appear in pharmacy practice.

Use of health information: Under the Health Information Act (HIA), pharmacy professionals may not use a patient’s health information without an authorized purpose. Simply accessing a patient’s information without an authorized purpose is a breach of the HIA and an ethical violation. Even with a person’s consent, pharmacy professionals may use a person’s health information only after a proper professional relationship has been established.

Boundary issues: Beyond the obvious prohibition of sexual relationships with patients, An Act to Protect Patients—an amendment to the Health Professions Act—defines many other situations that may be considered sexual abuse and sexual misconduct. These include: inappropriate words and behaviour of a sexual nature; physical contact with patients without their consent; providing professional services to spouses, adult interdependent partners, and persons in existing sexual relationships outside of the defined limited circumstances; and entering into sexual relations with former patients.

Photos of prescriptions not enough

THE SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS (SCPP) reminds pharmacy professionals that images of prescriptions sent using an app, text or email are not equivalent to an original prescription.

Pharmacy team members may use the image to check their inventory for stock availability and cost estimates, but patients must present their original prescription to receive pharmaceutical care. Preparing a prescription before seeing the original increases the risk of error and the potential for creating inaccurate or duplicate records, says the College in its "SCOPE" newsletter.

SCPP notes that some pharmacies are promoting mobile apps that allow a patient to forward an image of their prescription in advance of picking up their medication.

Tech joins CCCEP executive

AT ITS RECENT ANNUAL GENERAL MEETING, the Canadian Council on Continuing Education in Pharmacy (CCCEP) announced pharmacy technician Sheena Deane as its new vice-president.

Deane joined the CCCEP board of directors in 2008 and has served on the organization's governance committee for several years. Currently manager of pharmacy operations with a community pharmacy in Ontario, Deane has more than 30 years experience in hospital and community pharmacy practice settings, as well as in pharmacy benefit management.

She has been a member of the board of directors of the Canadian Association of Pharmacy Technicians (CAPT) since 2001, and currently serves as its vice-president.

ACP adopts changes to tech SPT program

EFFECTIVE JANUARY 6, 2021, the Alberta College of Pharmacy (ACP) has amended its Structured Practical Training (SPT) program rules for internationally educated provisional pharmacy technicians (IEPTs).

Under the new rules, IEPTs must secure a pharmacy technician or an experienced preceptor for the SPT program who will provide standardized opportunities to learn, observe, experience, practise and demonstrate the knowledge, skills, judgment and attitudes important to pharmacy technician practice in Alberta.

For all participants in the SPT program, each rotation must be supervised by a pharmacy technician on the pharmacy technician register, or a pharmacist on the clinical pharmacist register who meets specific criteria.

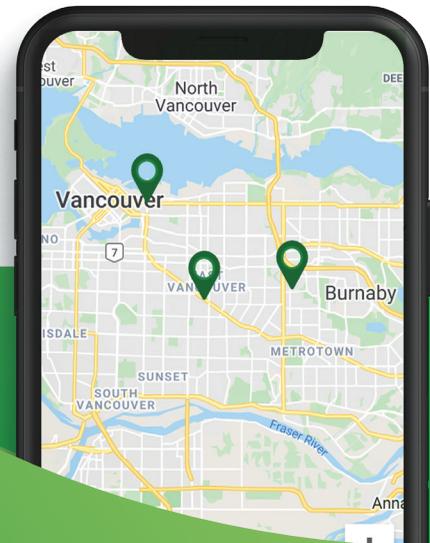


Get your caregiver-friendly pharmacy on the map

Teva Canada's free, accredited Continuing Education course, the Caregiver-Friendly Pharmacy Training Program, prepares pharmacists and pharmacy technicians to recognize and support caregivers with tangible resources and tools.

Building a trusted relationship with caregivers is good for your pharmacy: many caregivers will also require pharmacy products and services for themselves and other family members.

Better yet, once you've successfully completed the program, we'll promote your pharmacy by adding it to our interactive map of Canada to show caregivers the names and locations of pharmacies that have been trained to help them!



To register for the CE, and add your pharmacy to the map once you've completed the CE, visit:

[TevaCanada.com/CaregiverPharmacies](https://www.tevacanada.com/CaregiverPharmacies)

This CE has been accredited by CCCEP for 1.5 Continuing Education Units.

Rapid relief for UTI patients

HALF OF WOMEN WILL HAVE EXPERIENCED a urinary tract infection (UTI) by the time they reach their early 30s, according to a New Brunswick study titled “Outcomes of Urinary Tract Infection Management by Pharmacists: A study of pharmacist prescribing and care in patients with uncomplicated urinary tract infections in the community.” In fact, UTIs are the fifth most common reason for emergency department visits in Canada.

UTIs typically occur when bacteria enter the urinary tract through the urethra and begin to multiply in the bladder, growing into a full-blown infection. The most common UTIs occur mainly in women and affect the bladder (cystitis) and urethra (urethritis). Symptoms may include a strong, persistent urge to urinate, a burning

sensation when urinating, urine that appears cloudy, and passing frequent, small amounts of urine, to name a few. Treatment is typically with a course of antibiotics.

The study found that pharmacists can quickly, safely and effectively treat patients with uncomplicated UTIs, with high levels of patient satisfaction. To date, all provinces except British Columbia and Ontario allow pharmacists to prescribe for a variety of minor ailments like UTIs. Legislation is pending for Ontario.

With access to physicians even more restricted during the pandemic, pharmacists are providing welcome relief for patients suffering from uncomplicated UTIs and other minor ailments. And that means a greater role for pharmacy technicians.

“A lot of the time, the technician is the patient’s first point of contact, whether the patient is walking in or calling on the phone,” says Curtis Chafe, former owner of a Shoppers Drug Mart in Halifax and now director of pharmacy services for PharmaChoice. “And so usually, the technician would be fantastic in the triage component.” He cites the example of a patient phoning the pharmacy and the pharmacy tech taking down the information and pulling up the patient’s profile, so that the pharmacist can view it before arranging a consult—whether in person or virtual.

If the patient comes in person, “again, the technician is that triage person who greets them, figures out what they’re looking for and then sets it up with the pharmacist,” says Chafe, who is also past chairman of the Pharmacy Association of Nova Scotia. He adds that the pharmacist can enter the prescription while doing the consult, and the pharmacy technician can do a data check on it at that time. It then goes to clinical verification, after which it can be filled and checked.

Pharmacy techs can also make follow-up calls to patients, usually on the second or third day of treatment, to check if the medication is working or whether they need to speak with the pharmacist again.

But while UTIs are just one of several minor ailments for which most pharmacists can prescribe, Chafe points out that it is the relationship between the pharmacist and the technician that allows them to work effectively. “It’s being able to leverage each other’s strengths,” he notes. “Increasingly, pharmacists are becoming more clinically minded for assessment and actually making decisions, altering therapies, starting therapies, renewing therapies,” he says. Pharmacists are going to be giving COVID-19 vaccines as well, he says, and they can’t do it all unless they have a good solid foundation with a technician able to make sure that everything runs smoothly. “When the workflow is great, and the pharmacist is doing what they’re doing, the technician is left to basically man the dispensing and the technical side of how the pharmacy runs.”

NEWS (CONT'D)

Manitoba deadline looms for implementing Safety IQ

PHARMACY PROFESSIONALS IN MANITOBA have until June 1, 2021, to implement Safety IQ, the province’s standardized system of continuous quality improvement designed to prevent medication incidents from happening in community pharmacies.

The Safety IQ cycle consists of four phases: reporting, analyzing, documenting, and shared learning from medication incidents and near-miss events to improve patient safety. While pharmacy managers are responsible for implementing Safety IQ, all members of the pharmacy team must participate.

For more information, visit www.cphm.ca/practice-education/quality-assurance/safety-iq/.



teva

The most heart-warming video you'll see today

Caregivers go to amazing lengths, embracing their changing role to bring care and joyous moments to a loved one as their health changes.

To watch the video and see the inspiration behind our caregiver commitment scan the QR code or visit TevaCanada.com/Caregivers.



Watch Video