Ride the Tide
Montez la marée
AGM 2008 Saint John NB

■ 61st AGM & Educational Sessions
■ 61e AGA & séances éducatives

FINAL PROGRAM
PROGRAMME FINAL

August 9-12, 2008
9-12 août 2008

Hilton Saint John Hotel
Saint John Trade and
Convention Centre
Saint John, New Brunswick

What is CSHP 2015?

- Vision of pharmacy practice excellence in the year 2015
- Strategic objective of CSHP's Vision 2010 which aims to improve patient medication outcomes and safety by advancing practice excellence
- A quality care initiative
- A project aiming to answer the questions… "What would make the most difference to our patients?" and "What will convey the positive contributions of the pharmacist?"
- Six specific goals that will guide practitioners towards the CSHP vision
- Sub-objectives which include measurable targets to establish baseline and monitor progress, and can be reviewed & revised as practice goals and guidelines change
- Baseline data and progress will be obtained – the Hospital Pharmacy in Canada Report/Survey (www.lillyhospitalsurvey.ca) will include a special CSHP 2015 section in the next edition

Qu'est-ce que le projet SCPH 2015?

- Une vision de l'excellence en pratique pharmaceutique en l'an 2015
- Un objectif stratégique de la Vision 2010 de la SCPH, lequel s'applique à améliorer les résultats et la sécurité de la pharmacothérapie des patients en faisant avancer l'excellence en pratique.
- Un projet axé sur la qualité des soins
- Un projet qui vise à répondre aux questions suivantes : « Qu'est-ce qui serait le plus profitable pour nos patients? Qu'est ce qui permettrait de communiquer les contributions positives du pharmacien? »
- Six buts précis qui aideront les pharmaciens à concrétiser la vision de la SCPH
- Des objectifs sous-jacents qui sont assortis de cibles mesurables nous permettant d'établir un point de référence et de suivre les progrès, et qui pourront être réexaminés et modifiés à mesure que les objectifs et les lignes directrices de la pratique changent
- Les données de référence et d'état d'avancement seront collectées; en effet, la prochaine édition du rapport découlant du sondage sur les pharmacies hospitalières canadiennes (www.lillyhospitalsurvey.ca) comprendra une section spéciale sur le projet SCPH 2015

CSHP 2015 — Targeting Excellence in Pharmacy Practice

SCPH 2015 — Point de mire sur l'excellence en pratique pharmaceutique

Goals

1. Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications
2. Increase the extent to which pharmacists help individual non-hospitalized patients achieve the best use of medications
3. Increase the extent to which hospital and related healthcare setting pharmacists actively apply evidence-based methods to the improvement of medication therapy
4. Increase the extent to which pharmacy departments in hospitals and related healthcare settings have a significant role in improving the safety of medication use
5. Increase the extent to which hospitals and related healthcare settings apply technology effectively to improve the safety of medication use
6. Increase the extent to which pharmacy departments in hospitals and related healthcare settings engage in public health initiatives on behalf of their communities

To get started on CSHP 2015 NOW, go to CSHP's website at www.cshp.ca. There you will find the complete list of goals and objectives, a self-assessment tool, PowerPoint presentations and more.

*CSHP 2015 was adapted with permission from the ASHP 2015 Initiative.

Buts

1. Élever le degré auquel les pharmaciens aident les patients hospitalisés à bénéficier d'une meilleure utilisation des médicaments
2. Élever le degré auquel les pharmaciens aident les patients non hospitalisés à bénéficier d'une meilleure utilisation des médicaments
3. Élever le degré auquel les pharmaciens des établissements de santé mettent activement en application les méthodes fondées sur des données probantes en vue d'améliorer la pharmacothérapie
4. Élever le degré auquel les services de pharmacie des établissements de santé jouent un rôle prépondérant dans l'amélioration de l'utilisation sécuritaire des médicaments
5. Élever le degré auquel les établissements de santé emploient efficacement la technologie en vue d'améliorer l'utilisation sécuritaire des médicaments
6. Élever le degré auquel les services de pharmacie des établissements de santé collaborent aux interventions de santé publique pour leurs communautés

Pour vous engager DÈS MAINTENANT dans le projet SCPH 2015, visitez le site Web de la SCPH au www.cshp.ca. Vous y trouverez une liste complète des buts et des objectifs du projet, un outil d'autoévaluation, des présentations PowerPoint et d'autres renseignements.

*Le projet SCPH 2015 est une adaptation approuvée de l'ASHP 2015 Initiative.

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

www.cshp.ca

Dear Colleague:

It is with great pleasure that we welcome you at the Annual General Meeting and Educational Sessions of the Canadian Society of Hospital Pharmacists (CSHP) in Saint John, New Brunswick, where you will "Ride the Tide" from August 9 to 12, 2008.

The Educational Services Committee, chaired by Olavo Fernandes, has assembled an exceptional educational program that includes sessions like *Pharmacy Controversies and Issues Forum – CSHP 2015: Smooth Transition or Radical Reform?; Managing the Generation Gap... Tips for Survival; Clinical Pharmacy Support Technicians: The Next Generation – Resistance is Futile;* and *Managing Your Professional Evolution in our Fast-Forward World.*

Our exhibit program this year includes a booth decoration contest. This year's theme is "Tales of the Sea", very appropriate for our setting in Saint John. Please make time to visit the exhibitors to gain from their expertise and acknowledge the tremendous support they provide for our conference. Members are invited to participate in host committee events and win great prizes while networking and previewing the exhibitors' latest products and services.

The CSHP 2008 Annual General Meeting (AGM) is scheduled for Sunday, August 11, at 3:00 pm. Members will be updated on many significant initiatives to advance hospital pharmacy practice that CSHP has been involved with this year, and will be given a sneak peek of our exciting plans for next year. CSHP Executive members will highlight progress with the Vision 2010 Strategic Plan, CSHP 2015, advocacy campaigns and finances, as well as the activities of our branches, committees, boards and task forces. The Wine and Chat immediately following the AGM provides an excellent opportunity for informal discussion with the CSHP Council members. Council encourages you to attend the Wine and Chat because we want to hear from you, our members.

This year's social events kick off on Saturday, August 10 with the 13th Annual CSHP Research and Education (R&E) Foundation Fundraising Golf Tournament, to be held at the Algonquin Golf Course and Academy in beautiful St. Andrews by the Sea. All profits from this event will be donated to the R&E Foundation, supporting the practice-based research initiatives and targeted education programs of CSHP's members. Register early as this event fills up fast!

The AGM 2008 Host Committee, co-chaired by Jennifer Ryan and Corry Clarke, has organized many social activities, including an early morning Fun Run/Walk followed by breakfast in the Market Square Atrium; Fun Night at the Riverside Golf and Country Club overlooking the beautiful Kennebecasis River; and our annual Past Presidents' Dinner and Dance at the Delta Hotel. The outstanding efforts of this year's Host Committee guarantee a memorable time for everyone.

Welcome at the AGM 2008 in Saint John where we will "Ride the Tide" together!

Carolyn Bornstein
BScPhm, ACPR, FCSHP
CSHP President

Myrella Roy
BScPhm, PharmD, FCCP
Executive Director

Cher collègue,

C'est avec un immense plaisir que nous vous accueillons à l'Assemblée générale annuelle de la Société canadienne des pharmaciens d'hôpitaux (SCPH) et à ses séances éducatives, à Saint John au Nouveau-Brunswick, là où vous « monterez la marée » du 9 au 12 août 2008.

Le Comité des services éducatifs, présidé par Olavo Fernandes, a élaboré un fantastique programme de formation qui comprendra entre autres des séances sur les sujets suivants : controverses en pharmacie et sujets de discussion – SCPH 2015 : transition toute en douceur ou réforme radicale?; comment gérer l'écart entre les générations… des outils de survie; les techniciens au service de la pharmacie clinique : la prochaine génération – inutile de résister; et comment gérer votre développement professionnel dans un monde qui défile à toute vitesse.

Cette année, notre programme d'exposition comprend un concours de décoration des stands des exposants. Le thème de cette année, « Les légendes de la mer », se marie très bien à notre décor à Saint John. Nous vous encourageons à prendre le temps de visiter le hall d'exposition pour tirer avantage de l'expertise des exposants et reconnaître l'important soutien apporté par les fournisseurs à cet événement. Les membres sont invités à prendre part aux activités préparées par le Comité d'accueil et pourront gagner de superbes prix en tissant des liens et en explorant les nouveaux produits et services qu'offrent les exposants.

L'Assemblée générale annuelle (AGA) 2008 de la SCPH se tiendra le dimanche 11 août à 15 h. Les membres y recevront de l'information sur les nombreux projets majeurs qui ont permis à la Société de contribuer au progrès de la pharmacie d'hôpital au cours de la dernière année et auront un bref aperçu des activités qui sont en voie de développement pour l'année qui vient. Les membres du Bureau de direction de la SCPH feront une mise à jour sur les progrès réalisés dans le cadre du plan stratégique Vision 2010, sur le projet SCPH 2015, sur les campagnes de valorisation et les finances, de même que sur les activités de nos sections, comités, conseils affiliés et groupes de travail. Immédiatement après l'AGA, vous pourrez continuer de discuter de façon informelle avec les membres du Conseil de la SCPH en sirotant un verre de vin. Le Conseil vous encourage à participer au Vin et causette, car nous aimons connaître l'opinion de nos membres.

Cette année, les activités sociales commencent le 10 août avec le 13e tournoi de golf de la SCPH au profit de la Fondation pour la recherche et l'education qui se tiendra au Algonquin Golf Course and Academy, dans la belle localité de St-Andrews by the Sea. Tous les profits de cet événement seront versés à la Fondation pour la recherche et l'éducation, en vue d'appuyer des projets de recherche fondés sur la pratique et des programmes ciblés de formation menés par des membres de la SCPH. Inscrivez-vous le plus tôt possible, car les places sont limitées!

Le Comité d'accueil de l'AGA 2008, co-présidé par Jennifer Ryan et Corry Clarke, vous a préparé plusieurs autres activités sociales dont une Course ou marche pour lève-tôt suivie d'un petit déjeuner dans l'Atrium de la Place du Marché; une Partie de plaisir au Riverside Golf and Country Club surplombant la merveilleuse rivière Kennebecasis; ainsi que le Dîner dansant annuel des anciens présidents qui se tiendra à l'Hôtel Delta. Grâce aux efforts déployés par le Comité d'accueil de cette année, les moments que nous partagerons seront certainement mémorables.

Bienvenue à l'AGA 2008 à Saint John où nous « monterons la marée » ensemble!

Carolyn Bornstein,
BSc Pharm, ACPR, FCSHP
Présidente de la SCPH

Myrella Roy,
B Sc Pharm, Pharm D, FCCP
Directrice générale

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CSHP
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Executive and Council
Bureau de direction et Conseil 5

CSHP Staff
Personnel de la SCPH 6

With Thanks
Remerciements

CSHP Hospital Corporate Members
Entreprises membres du secteur hospitalier 5

CSHP Industry Corporate Members
Entreprises membres du secteur de l'industrie 9

CSHP Sponsors 2007
Commanditaires de la SCPH en 2007 9

Conference Information
Information sur la conférence

Upcoming Events
Evénements à venir 8

Continuing Education Credits
Crédits de formation continue 10

Flight Arrangements
Dispositions de vol. 10

Where to Stay for AGM 2008
Où loger durant l'AGA 2008 11

AGM 2008 at a Glance
L'AGA 2008 d'un coup d'œil 12

AGM Social Events
Activités sociales de l'AGA 12

Program
Programme

Program of Events
Programme des événements 13

Speakers Abstracts
Résumés des conférenciers. 18

Poster Abstracts
Résumés des affiches 28

Faculty
Conférenciers 35

PPC 2009 Call for Abstracts
Demande de résumés pour la CPP 2009 36

Exhibitor List
Liste des exposants 39

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Toronto, ON

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Mount Sinai Hospital
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South-East Regional Health Authority
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The Royal Victoria Hospital of Barrie
Toronto East General Hospital
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Vancouver Coastal Health-Providence Health Care Pharmacy Services

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Whitney Di Domenico

Summer Pharmacy Intern
Stagiaire en pharmacie d'été
Fiona Huang

Upcoming Events
Événements à venir

Professional Practice Conference (PPC) 2009
January 31-February 4, 2009
Sheraton Centre Toronto Hotel
Toronto, ON

Professional Practice Conference (PPC) 2010
January 30-February 3, 2010
Sheraton Centre Toronto Hotel
Toronto, ON

Professional Practice Conference (PPC) 2011
January 29-February 2, 2011
Sheraton Centre Toronto Hotel
Toronto, Ontario

Professional Practice Conference (PPC) 2012
February 4-8, 2012
Sheraton Centre Toronto Hotel
Toronto, ON

Professional Practice Conference (PPC) 2013
February 2-6, 2013
Sheraton Centre Toronto Hotel
Toronto, ON

Summer Educational Sessions (SES) 2009
August 8-11, 2009
Delta Winnipeg
Winnipeg, MB

Summer Educational Sessions (SES) 2010
August 7-10, 2010
Delta Barrington & Marriott Hotel
Halifax, NS

Summer Educational Sessions (SES) 2011
August 6-9, 2011
Sheraton Wall Centre
Vancouver, BC

Summer Educational Sessions (SES) 2012
August 11-14, 2012
TBA
Charlottetown, PEI

Summer Educational Sessions (SES) 2013
August 10-13, 2013
TBA
Calgary, AB

Please note that we do offer an exhibits program at both CSHP conferences. Attendance at PPC is approximately 1100 attendees and at SES it is approximately 300 attendees.

For further information, please contact Desarae Davidson, CSHP National Office. Tel.: 613-736-9733, ext. 226, Fax 613-736-5660, Email: ddavidson@cshp.ca.

CSHP Sponsors 2007
Commanditaires de la SCPH 2007

The following list reflects all CSHP sponsorship received from January 1 to December 31, 2007.
La liste suivante reflète toutes les commandites reçues du premier janvier au 31 décembre 2007.

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$40,000 or greater
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2007-2008 Entreprises membres du secteur de l'industrie (au moment de l'impression)

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Pharmaceutical Partners of Canada Inc.
Procter & Gamble Pharmaceuticals Canada Inc.
Sandoz Canada Inc.
TEVA Novopharm

WITH THANKS | REMERCIEMENTS

Continuing Education Credits
The Educational Services Committee

The Educational Services Committee (ESC) of CSHP is comprised of a core committee of 15 hospital pharmacists as well as corresponding members including pharmacy residents and representatives from the CSHP branches. The goals and objectives of the CSHP AGM educational program are as follows:

Goal and Objectives for the 2008 AGM Program

Goal

To provide registrants with quality educational sessions.

Objectives

- To provide registrants with educational sessions which inform, educate and motivate clinical practitioners and managers.
- To provide leadership in hospital pharmacy practice by presenting sessions on innovative pharmacists' roles, pharmacy practice and pharmacy programs.
- To promote life-long learning skills through active participation in problem-based workshops.
- To provide registrants with networking and sharing opportunities through the exhibits program and poster sessions.
- To provide an opportunity for Pharmacy Specialty Networks (PSN) to meet.

How to Get to AGM

Air Canada and WestJet have been appointed the official airlines for CSHP's Annual General Meeting (AGM) 2008. Please quote the appropriate reference number when making your travel arrangements.

As an AGM 2008 registrant, you will be offered the best available fare on all flights booked through Air Canada Convention Sales. Be sure to tell your travel agent to refer to **66UPT971** in reference to your ticket and you could receive up to 50% off.

With WestJet our members will receive 10% off all tickets booked using the convention number **QC5373**. Remember – you will continue to accumulate your travel plan points while assisting CSHP.

You can book your flight in four convenient ways:

1. Through UNIGLOBE PREMIER TRAVEL at 1-800-267-9372 or

Crédits de formation continue
Le Comité des services éducatifs

Le Comité des services éducatifs de la SCPH est constitué d'une noyau de 15 pharmaciens d'hôpitaux ainsi que de membres correspondants qui incluent des résidents en pharmacie et des représentants des sections de la SCPH. Les but et objectifs du programme éducatif de l'AGA de la SCPH sont les suivants :

But et objectifs du programme de l'AGA 2008

But

Présenter des conférences éducatives de qualité aux participants.

Objectifs

- Présenter aux personnes inscrites des conférences éducatives susceptibles d'informer, d'instruire et de motiver les cliniciens et les gestionnaires.
- Orienter la pratique en pharmacie hospitalière en présentant des conférences sur les nouveautés touchant le rôle du pharmacien, la pratique de la pharmacie et les programmes de pharmacie.
- Développer des habiletés pour un apprentissage continu par une participation active à des ateliers de formation axés sur la résolution de problèmes.
- Donner aux participants des occasions de réseautage et d'échanges grâce au salon des exposants et aux séances d'affichage.
- Donner l'occasion aux réseaux de spécialistes en pharmacie de se réunir.

Comment se rendre à l'AGA

Air Canada et WestJet ont été désignés transporteurs officiels de l'Assemblée générale annuelle de la SCPH (AGA) 2008. Veuillez mentionner les numéros de référence appropriés lorsque vous voudrez réserver des sièges.

Les participants à l'AGA 2008 pourront profiter des meilleurs tarifs offerts pour tout vol réservé par l'entremise du service de réservation « Air Canada Réunions d'affaires et congrès ». Assurez-vous de dire à l'agent de voyage que le numéro de référence **66UPT971** s'applique à votre réservation et vous pourriez profiter d'un rabais pouvant s'élever jusqu'à 50 %.

Avec WestJet, nos membres recevront un rabais de 10 % sur tous les billets réservés en utilisant le code de congrès **QC5373**. Souvenez-vous! Vous continuerez à accumuler des points dans votre compte de fidélisation tout en aidant la SCPH.

Vous pouvez réserver votre vol de quatre façons commodes :

1. En appelant UNIGLOBE TRAVEL PREMIERE au 1 800 267-9372.

2. Directly through Air Canada Meeting & Convention Reservations at 1-800-361-7585
3. Directly through WestJet Meeting & Convention Desk at 1-877-952-4696 or
4. Through your travel agent quoting the above Reference Number.

By ensuring **66UPT971** or **QC5373** appears on your ticket, you help support your organization – in advance, we thank you.

2. En appelant directement le service « Air Canada Réunions d'affaires et congrès » au 1 800 361-7585.
3. En appelant directement le service « WestJet Équipes des ventes spécialisées – Réunions et congrès » au 1 877 952-4696.
4. En passant par votre propre agent de voyage et en spécifiant les numéros de référence mentionnés ci-dessus.

En vous assurant que les numéros de référence **66UPT971** et **QC5373** sont inscrits sur vos billets, vous contribuez au soutien de votre association – nous vous en remercions à l'avance.

Where to Stay for AGM?

Hilton Saint John Hotel

CSHP is pleased to offer a special room rate of **$139.00** – single or double occupancy at the Hilton Saint John Hotel. All CSHP official conference related meetings will take place at the Hilton Saint John Hotel and Saint John Trade and Convention Centre. The Conference rate of **$139.00** will be guaranteed until July 4, 2008. Don't miss out – make your reservation early. You may make your reservations through the Hilton Saint John Hotel central reservations office at (800) 561-8282. When doing so, please remember to make reference to CSHP AGM 2008 for your conference rate. You can reserve online at www.cshp.ca.

Où loger durant l'AGA?

Hôtel Hilton Saint John

La SCPH est heureuse de vous offrir un tarif spécial de **139 $** pour une chambre en occupation simple ou double à l'Hôtel Hilton Saint John. Toutes les réunions officielles du congrès de la SCPH se tiendront dans cet établissement hôtelier. Le tarif de **139 $** du congrès est garanti jusqu'au 4 juillet 2008. Ne manquez pas cette occasion et effectuez votre réservation sans tarder en téléphonant au bureau central de réservations de l'Hôtel Hilton Saint John au (800) 561-8282. Lorsque vous téléphonerez, n'oubliez pas de mentionner l'AGA 2008 de la SCPH pour vous prévaloir du tarif du congrès. Vous pouvez réserver en ligne au www.cshp.ca.

AGM Social Events

In order to provide accurate dinner numbers to our host facilities, we encourage registrants to purchase tickets for both the Fun Night on Sunday and the Past-Presidents Dinner on Monday prior to arrival at AGM 2008. Ticket sales are included on the AGM 2008 registration form. Tickets may be available on-site. Absolutely no tickets will be sold after 5 p.m. on Saturday, August 10. Thank you for your co-operation.

Activités sociales de l'AGA

Afin de fournir un compte exact des convives à nos établissements hôtes, nous encourageons les congressistes à acheter leurs billets pour la Partie de plaisir du dimanche et le Dîner des anciens présidents du lundi avant leur arrivée à l'AGA 2008. Vous pouvez vous procurer vos billets à l'avance en les commandant sur le formulaire d'inscription de l'AGA 2008. Les billets peuvent aussi être achetés sur place. Aucun billet ne sera vendu après 17h00 le samedi 10 août 2008. Merci de votre collaboration.

Satellite Symposiums
Symposiums satellites

CSHP would like to thank the following sponsors of Satellite Symposiums for their participation in conjunction with the AGM 2008.

Bayer Healthcare
Sandoz Canada Inc.
Pfizer Canada Inc.

AGM 2008 at a Glance
L'AGA d'un coup d'oeil

Educational Sessions
Séances éducatives

Sun., Aug. 10 08:30-15:00 • Dimanche 10 août 8 h 30-15 h
Mon., Aug. 11 08:15-15:30 • Lundi 11 août 8 h 15-15 h 30
Tues., Aug. 12 08:15-12:10 • Mardi 12 août 8 h 15-12 h 10

Annual General Meeting
Assemblée générale annuelle

Sun., Aug. 10 15:00-17:00 • Dimanche 10 août 15 h-17 h 00

Registration
Inscription

Sat., Aug. 9 15:00-17:30 • Samedi 9 août 15 h-17 h 30
Sun., Aug. 10 07:30-17:00 • Dimanche 10 août 7 h 30-17 h
Mon., Aug. 11 07:30-17:00 • Lundi 11 août 7 h 30-17 h
Tues., Aug. 12 07:30-16:00 • Mardi 12 août 7 h 30-16 h

Exhibits
Kiosques

Sun., Aug. 10 10:15-15:00 • Dimanche 10 août 10 h 15-15 h
Mon., Aug. 11 10:10-15:30 • Lundi 11 août 10 h 10-15 h 30

Lunch, Exhibitors, Posters
Déjeuner, Kiosques, Affiches

Sun., Aug. 10 12:30-14:00 • Dimanche 10 août 12 h 30-14 h
Mon., Aug. 11 12:15-14:30 • Lundi 11 août 12 h 15-14 h 30

Social Events at a Glance
Activités sociales d'un coup d'oeil

Saturday, August 9
Samedi 9 août

06:30-16:00 **Research and Education Foundation Fundraising Golf Event**
Tournoi de golf de la Fondation pour la recherche et l'éducation

Algonquin Golf Course and Academy

First bus will depart at 06:30 from the Hilton Saint John Hotel
Départ du premier autobus du Hilton Saint John à 6 h 30

Limit: 80 golfers
Limite : 80 golfeurs

08:30-15:00 **St. Andrews for the Day**
À St. Andrews pour la journée

Organized tour, shopping and restaurants
Visite organisée, magasinage et restaurants

First bus will depart at 08:30 from the Hilton Saint John Hotel
Départ du premier autobus du Hilton Saint John à 8 h 30

17:30-19:00 **CHPRB Residency Mentorship Program Reception**
Réception du programme de mentorat de la SCPH pour les résidents

Kennebecasis, Hilton Saint John Hotel

19:00-21:00 **Opening Reception**
Réception d'ouverture

Whale Gallery, New Brunswick Museum

Sunday, August 10
Dimanche 10 août

06:00-07:30 **Fun Run/Walk Event**
Course/marche des lève-tôt

Lobby, Hilton Saint John Hotel

17:00-18:00 **Wine and Chat**
Vin et causette

Montagu Room III, Saint John Convention Centre

18:00-24:00 **Fun Night**
Partie de plaisir

Riverside Golf and Country club

Buses will be departing the Hilton Saint John Hotel commencing at 18:00
Départ du premier autobus du Hilton Saint John à 6 h

Monday, August 11
Lundi 11 août

18:00-01:00 **Past Presidents Dinner and Dance**
Dîner dansant des anciens présidents

Delta Brunswick Hotel

This venue is accessible via an indoor pedway from the Hilton Saint John Hotel

Supporting hospital pharmacists to excel and innovate in collaborative patient care

CSHP's Online Continuing Education Program

The Canadian Society of Hospital Pharmacists is pleased to present our second online education course. This session was held during CSHP's 2007 Annual General Meeting & Educational Sessions.

The Bottom Line on Dyslipidemia Treatment for Pharmacists

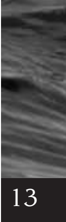
Glen Pearson, BScPharm, PharmD, FCSHP
University of Alberta, Edmonton, AB

Accreditation for this course (1.25 CEUs) is available from the Canadian Council on Continuing Education in Pharmacy. To access this free online education session, please visit the CSHP website at: www.cshp.ca/programs/onlineeducation/index_e.asp.

Trying it is liking it! We would love to hear what you think. Comments can be directed to Desarae Davidson, Acting Operations Manager, at ddavidson@cshp.ca.

Life is our life's work
www.pfizer.ca

The online availability of this course has been made possible through an unrestricted educational grant from **Pfizer Canada**.



Program
Programme

Saturday, August 9
Samedi 9 août

06:30-16:00 **Research & Education Foundation Fundraising Golf Event**
Tournoi de golf de la Fondation pour la recherche et l'éducation

This year the host committee has arranged the R&E golf event at the Algonquin Golf Course and Academy in beautiful St. Andrews by the Sea. Ranked by Score Magazine (2006) in the top 100 courses in Canada and best in New Brunswick! Buses will depart from the Hilton Saint John Hotel between 6:30 and 7:00 am. Have some fun and help raise funds for the R&E Foundation.

Non-golfers are encouraged to join us in St. Andrews for the day, participate in an organized tour, and explore great shopping and restaurants.

Bus departs from the Hilton Saint John at 08:30 and leaves St. Andrew at 15:00.

15:00-17:30 **Registration**
Inscription

WELCOME CENTRE, TRADE & CONVENTION

17:30-19:00 **CSHP Residency Mentorship Program Reception**
Réception du programme de mentorat de la SCPH pour les résidents

KENNEBECASIS, HILTON HOTEL

19:00-21:00 **Opening Reception**
Réception d'ouverture

NEW BRUNSWICK MUSEUM

Dress: Casual

Have a "Whale" of a time at this unique venue… learning can be fun!

Sunday, August 10
Dimanche 10 août

06:00-07:30 **5 K Fun Run, 3 K Walk Event**
Course 5 km, marche 3 km des lève-tôt

LOBBY, HILTON SAINT JOHN HOTEL

Dress: Athletic Wear

We will see you bright and early in the lobby of the Hilton Saint John Hotel for a 5k run, walk on the newest addition to Saint John's waterfront, the Harbour Passage. Breakfast to follow in the Market Square Atrium.

07:30-17:00 **Registration**
Inscription

WELCOME CENTRE, TRADE & CONVENTION CENTRE

08:15-08:30 **Opening Remarks**
Remarques préliminaires

LOYALIST, TRADE & CONVENTION CENTRE

08:30-10:00 **Plenary Session**
Séance plénière

LOYALIST, TRADE & CONVENTION CENTRE

Pharmacy Controversies and Issues Forum – CSHP 2015: Smooth Transition or Radical Reform?

Moderator Payal Patel, BScPhm, PharmD
University of Manitoba
Winnipeg, MB

Peter Zed, BScPhm, ACPR, PharmD, FCSHP
Queen Elizabeth II Health Sciences Centre
Halifax, NS

Carolyn Bornstein, BScPhm, ACPR, FCSHP
Southlake Regional Health Centre
Newmarket, ON

Shallen Letwin, PharmD, FCSHP
Fraser Health Authority
Langley, BC

David Hill, EdD, FCSHP
Canadian Council for Accreditation of Pharmacy Programs
Vancouver, BC

10:15-10:45 **Break, Posters**
Pause, Affiches

MARCO POLO, TRADE & CONVENTION CENTRE

10:45-11:30 **Concurrent Sessions**
Séances concomitantes

1. **Practice Guidelines for Ventilator-Associated Pneumonia: More is Better?**

   KENNEBECASIS, HILTON HOTEL

   Clarence Chant, BScPhm, PharmD, BCPS
   St. Michael's Hospital
   Toronto, ON

2. **Inpatient Glycemic Control: If not Sliding Scale Insulin then What to Use?**

   SPENCER II/III, TRADE & CONVENTION CENTRE

   Douglas Doucette, BScPhm, PharmD, FCSHP
   South-East Regional Health Authority
   Moncton, NB

3. **Staph in the House: Linezolid versus Vancomycin**

   MONTAGU I/II, TRADE & CONVENTION CENTRE

   Kevin Duplisea, BScPhm, ACPR
   Atlantic Health Sciences Corporation
   Saint John, NB

   Jaclyn LeBlanc, BScPhm, PharmD, BCPS
   Atlantic Health Sciences Corporation
   Saint John, NB

4. **Leadership Pearls: Managing the Generational Gap… Tips for Survival**

   LOYALIST, TRADE & CONVENTION CENTRE

   Bill Wilson, BScPhm, FCSHP
   Mount Sinai Hospital
   Toronto, Ontario

11:45-12:30 **Concurrent Sessions**
Séances concomitantes

1. **Clinical Trials That May Change Your Practice in Emergency Medicine**

   LOYALIST, TRADE & CONVENTION CENTRE

   Peter Zed, BScPhm, ACPR, PharmD, FCSHP
   Queen Elizabeth II Health Sciences Centre
   Halifax, NS

2. **New Accreditation Medication Management Standards for 2008**

   KENNEBECASIS, HILTON HOTEL

   Régis Vaillancourt, OMM, CD, BPharm, PharmD, FCSHP
   Children's Hospital of Eastern Ontario
   Ottawa, ON

3. **Clinical Pharmacy Support Technicians: The Next Generation – Resistance is Futile**

SPENCER II/III, TRADE & CONVENTION CENTRE

Vincent Mabasa, BScPhm, ACPR, PharmD
Royal Columbian Hospital
New Westminster, BC

Nicole Rahiman, Pharmacy Technician
Royal Columbian Hospital
New Westminster, BC

12:30-14:00 **Lunch, Exhibitors, Posters**
Déjeuner, Kiosques, Affiches

MARCO POLO, TRADE & CONVENTION CENTRE

14:00-15:00 **Plenary Session**
Séance plénière

LOYALIST, TRADE & CONVENTION CENTRE

Walking Through the Evidence: Recent Clinical Trials That Will Impact Your Ambulatory Practice in 2008

Trudy Arbo, BScPhm, PharmD, ACPR, BCPS
New Brunswick Heart Centre
Saint John, NB

15:00-17:00 **Annual General Meeting**
Assemblée générale annuelle

LOYALIST, TRADE & CONVENTION CENTRE

17:00-18:00 **Wine & Chat**
Vin et causette

MONTAGU III, TRADE & CONVENTION CENTRE

18:00-24:00 **Fun Night**
Partie de plaisir

RIVERSIDE GOLF AND COUNTRY CLUB

Dress: Casual

For Fun Night you will be overlooking the beautiful Kennebecasis River at the Riverside Golf and Country Club. Enjoy a Maritime lobster dinner (or steak) and the comedy of Tim Maloney partnered with "Ceilidh"-style entertainment you won't soon forget! Be prepared to bring your instruments and talent! Buses will leave the Hilton at 18:00 and 18:30.

Think of a Ceilidh as a maritime kitchen party with an open mike! A keyboard and acoustic guitar will be available for participants.

Monday, August 11
Lundi 11 août

06:15-08:00 **Satellite Symposium**
(breakfast included)
Symposium satellite
(petit déjeuner inclus)

SPENCER II/III, TRADE & CONVENTION CENTRE

Are Our Current Approaches to Anticoagulation Putting Patients at Risk? Opportunities and Challenges

Hosted by: Bayer Health Care

William Semchuk, MSc, PharmD, FCSHP,
Regina Qu'Appelle Health Region
Regina, SK

Josée Martineau, BPharm, MSc, BCPS
Hôpital de la Cité-de-la-Santé
Montréal, QC

07:30-17:00 **Registration**
Inscription

WELCOME CENTRE, TRADE & CONVENTION CENTRE

08:00-08:15 **Announcements**
Annonces

LOYALIST, TRADE & CONVENTION CENTRE

08:15-09:15 **Plenary Session**
Séance plénière

LOYALIST, TRADE & CONVENTION CENTRE

Managing Your Professional Evolution in our Fast-Forward World

Lorraine Behnan
ExpressionLab Communications Inc.
Ancaster, ON

Sponsored by an unrestricted educational grant from Hospira Healthcare Corporation

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09:25-10:10 **Concurrent Sessions**
Séances concomitantes

1. **Pharmacy Informatics PSN – National Pharmacy Systems and CPOE Survey Results**

LOYALIST, TRADE & CONVENTION CENTRE

Jeff Barnett, BScPhm, MSc, FCSHP
BC Cancer Agency
Victoria, BC

2. **Navigating a Successful Journey with Your Residency Project: A Survival Guide for Pharmacy Residents**

MONTAGU I/II, TRADE & CONVENTION CENTRE

Glen Pearson, BScPhm, PharmD, FCSHP
University of Alberta
Edmonton, AB

3. **An Exploration of Collaboration in the Port City: Experiences in a Community Health Centre and an Anticoagulation Clinic**

KENNEBECASIS, HILTON HOTEL

Andrew Brillant, BSP
St. Joseph's Community Health Centre
Saint John, NB

Corry Clarke, BScPhm
Saint John Regional Hospital
Saint John, NB

10:10-10:40 **Break, Posters**
Pause, Affiches

MARCO POLO, TRADE & CONVENTION CENTRE

10:45-12:15 **Workshops**
Ateliers

1. **Febrile Neutropenia Use of Cephalosporins and Carbapenems – When to Start, When to Stop, When to Step Up and When to Step Down**

SPENCER II/III, TRADE & CONVENTION CENTRE

Ron Fung, BScPhm, ACPR
Princess Margaret Hospital
Toronto, ON

2. **Healthy Outcomes: Reducing Stress In Your Environment**

KENNEBECASIS, HILTON HOTEL

Ravi Tangri, MSc, MBA
Chrysalis Performance Strategies Inc.
Halifax, NS

Sponsored by an unrestricted educational grant from Sandoz Canada Inc.

3. **Turning your Research and Pharmacy Practice Ideas into Poster Abstracts and Publications**

MONTAGU I/II, TRADE & CONVENTION CENTRE

Mary H.H. Ensom, PharmD, FASHP, FCCP, FCSHP, FCAHS
Children's and Women's Health Centre of BC
Vancouver, BC

12:15-14:30 **Lunch, Exhibitors, Posters**
Déjeuner, Kiosques, Affiches

MARCO POLO, TRADE & CONVENTION CENTRE

14:30-15:30 **Plenary Session**
Séance plénière

LOYALIST, TRADE & CONVENTION CENTRE

Diabetes Update – New Drugs & Controversies

Bill Cornish, BScPhm
Sunnybrook Health Sciences Centre
Toronto, ON

18:00-01:00 **Past-Presidents' Dinner and Dance**
Dîner dansant des anciens présidents

DELTA BRUNSWICK HOTEL

Dress: Business Casual

Past Presidents Dinner at the Delta Brunswick Hotel in the Royal Ballroom featuring the Acadian comedy of Chuck and Albert, but don't forget your dancing shoes because Radio Factory will soon follow. This venue is accessible via an indoor pedway from the Hilton Saint John Hotel.

Tuesday, August 12
Mardi 12 août

07:30-14:00 **Registration**
Inscription

WELCOME CENTRE, TRADE & CONVENTION CENTRE

08:00-08:15 **Announcements**
Annonces

LOYALIST, TRADE & CONVENTION CENTRE

08:15-09:15 **Plenary Session**
Séance plénière

LOYALIST, TRADE & CONVENTION CENTRE

Expanding the Options: New Antimicrobial Agents for the Treatment of Drug-Resistant and Nosocomial Pathogens

Andrea Page, MD, FRCPC
University Health Network
Toronto, ON

9:15-9:45 **Break**
Pause

TRADE & CONVENTION CENTRE FOYER

9:45-10:30 **Concurrent Sessions**
Séances concomitantes

1. Interprofessional Education: Lessons Learned from Dalhousie's Interprofessional Health Education Experiences

SPENCER II/III, TRADE & CONVENTION CENTRE

Susan Mansour, BScPhm
Dalhousie University
Halifax, NS

2. Opportunities and Challenges with Changes to Technician Certification and Regulation

KENNEBECASIS, HILTON HOTEL

Marita Tonkin, BScPhm, ACPR, PharmD
Hamilton Health Sciences
Hamilton, ON

3. Cardiology 101: Trials and Tribulations 2008

LOYALIST, TRADE & CONVENTION CENTRE

Mike Callaghan, BScPhm
Capital District Health Authority
Halifax, NS

10:40–12:10 **Workshops**
Ateliers

1. Febrile Neutropenia Use of Cephalosporins and Carbapenems – When to Start, When to Stop, When to Step Up and When to Step Down

SPENCER II/III, TRADE & CONVENTION CENTRE

Ron Fung, BScPhm
Princess Margaret Hospital
Toronto, ON

2. Healthy Outcomes: Reducing Stress In Your Environment

KENNEBECASIS, HILTON HOTEL

Ravi Tangri, MSc, MBA
Chrysalis Performance Strategies Inc.
Halifax, NS

Sponsored by an unrestricted educational grant from Sandoz Canada Inc.

3. Turning Your Research and Pharmacy Practice Ideas into Poster Abstracts and Publications

MONTAGU I/II, TRADE & CONVENTION CENTRE

Mary H.H. Ensom, PharmD, FASHP, FCCP, FCSHP, FCAHS
Children's and Women's Health Centre of BC
Vancouver, BC

12:15-14:15 **Satellite Symposiums**
(luncheon included)
Symposiums satellites
(déjeuner inclus)

1. Demystifying Bar Coding

LOYALIST, TRADE & CONVENTION CENTRE

Hosted by: Sandoz Canada Inc.

Barry Goughnour, BScPharm, RPH
Pharmacy Services Consultant
Kelowna, BC

2. Smoking Cessation in the 21st Century: What Every Pharmacist Should Know

MARCO POLO, TRADE & CONVENTION CENTRE

Hosted by: Pfizer Canada Inc.

Gerry Brosky, MD, CCFP
Dalhousie University, Queen Elizabeth II Health Sciences Centre
Halifax, NS

14:15 **Close of the 61st AGM & Educational Sessions**
Clôture de la 61e AGA et séances éducatives

Organized by the Educational Services Committee of CSHP with assistance from the 2008 Host Committee.

Organisées par le Comité des services éducatifs de la SCPH en collaboration avec le Comité d'accueil de l'AGA 2008.

Sunday, August 10
Dimanche 10 août

CSHP 2015: Smooth Transition or Radical Reform?

Moderator:
Payal Patel, BScPharm), ACPR, PharmD, University of Manitoba

Panelists:
Carolyn Bornstein, BScPhm, ACPR, FCSHP, Southlake Regional Health Centre
David Hill, Ed.D, FCSHP, Canadian Council for Accreditation of Pharmacy Programs
Shallen Letwin, BSc(Pharm), PharmD, FCSHP, Fraser Health
Peter Zed, BSc(Pharm), ACPR, PharmD, FCSHP, Capital District Health, Dalhousie University

This issues forum is an exciting opportunity for leaders in our profession to debate as well as facilitate discussion with CSHP members about current issues facing the profession of Hospital Pharmacy. There will be a brief introduction to CSHP 2015, including the six goals and supporting objectives to achieve pharmacy practice excellence in hospitals and related healthcare settings by 2015. Panelists will present their thoughts on the changing or advanced skills required to achieve the targets of CSHP 2015, whether our current educational programs will meet those requirements, and if we have the human resources to meet the goals of CSHP 2015. We invite you to express your opinions, ask questions, and share ideas of how the profession of hospital pharmacy can successfully meet the challenge of CSHP 2015! Finally we hope to identify some outcome measures that will support the CSHP 2015 initiative.

Goals and Objectives

1. To introduce pharmacists to CSHP 2015 and highlight other pharmacy, medication and patient safety initiatives that support it.
2. To familiarize pharmacists with CSHP 2015's six goals related to effective, scientific and safe medication use, and community health.
3. To provide pharmacists with ideas and suggestions of how to competently succeed in meeting the goals of CSHP 2015.
4. To present the human resource considerations of including CSHP 2015 in your pharmacy department's strategic plan.
5. To provide CSHP members with an opportunity to share their ideas, concerns and experiences with CSHP 2015.

Self-Assessment Questions

1. What are the 6 goals of CSHP 2015?
2. Describe 3 strategies to facilitate the successful implementation of CSHP 2015.
3. Identify 3 outcome measures used to measure the impact of CSHP 2015.

Practice Guidelines for Ventilator-Associated Pneumonia: More is Better?

Clarence Chant, BScPhm, PharmD, BCPS, St. Michael's Hospital, Toronto, ON

Since their introductions more than 2 decades ago, clinical practice guidelines (CPGs) have been touted as useful tools to minimize practice variations and improve knowledge translation. In many clinical contexts, including the case of ventilator-associated pneumonia (VAP), several sets of concurrent CPGs have been published. On one hand it is exciting for clinicians to have broader resources to draw upon to apply to patient care. On the other hand, it could potentially be daunting and perhaps counter-productive in attempting to select which CPG to use/implement due to different methodologies and sometimes different recommendations on the same issue.

The goal of this session is to provide the audience with recent updates on the proper development process, grading of evidence, and reporting of CPGs. Published tools to assess the quality of CPGs such as those by Grilli, Shaneyfelt, and the AGREE instruments will also be discussed. This information will be applied towards the assessment of the 3 sets of recently published VAP guidelines from the American Thoracic Society (2005), Association of Medical Microbiology and Infectious Disease Canada (2008), and the Canadian Critical Care Trials Group (2008).

Goals and Objectives

At the end of the presentation, the audience will be able to:

1. Describe the GRADE system for grading evidence of publications and strength of recommendations for CPGs.
2. List the currently available tools and their criteria for evaluating the quality of CPGs.

Self-Assessment Questions

1. List the main difference between the GRADE system and previously published system
2. List 3 quality criteria assessed by the AGREE tool.

Inpatient Glycemic Control: If not Sliding Scale Insulin then What to Use?

Douglas Doucette, BSc(Pharm), PharmD, RHA "B", The Moncton Hospital, Moncton, NB

Glycemic control in hospitalized patients has recently become a major therapeutic focus due in part to emerging evidence and availability of clinical guidelines and targets. Hyperglycemia in medical and surgical inpatients is a common problem associated with poorer clinical outcomes, increased length of stay and increased mortality. In-hospital management of dysglycemia has become an issue of quality and patient safety. This session will review evidence and

guidelines for managing dysglycemia in hospitalized patients with a focus on effective use of subcutaneous insulin.

Despite its retrospective nature, the traditional insulin sliding scale is ubiquitous in most inpatient settings and often the primary means of glucose control in clinical practice. The use of sliding scale insulin as monotherapy should be considered ineffective, illogical and potentially very dangerous especially in patients with type 1 diabetes mellitus. A more accepted method of managing hyperglycemia is using a physiologic regimen comprised of basal and/or bolus insulin components with an insulin correctional scale that accommodates individual patient variation in insulin resistance, caloric intake, illness, NPO status and other factors affecting blood glucose.

With support of staff education and clinical resource personnel, the use of sliding scale insulin has been virtually eliminated following implementation of a standardized subcutaneous insulin order set (SSIOS) in our regional health authority's inpatient care units. The methods and results of our site's quality improvement approach in this initiative will also be described.

Goals and Objectives

1. To review examples of published evidence and guidelines for managing inpatient hyperglycemia with a focus on subcutaneous insulin principles and strategies.
2. To present the experience of implementing a standardized subcutaneous insulin order set in a regional health authority.

Self-Assessment Questions

1. Which of the following insulins are classified as "basal" in a physiologic regimen?
   a. Aspart
   b. Detemir
   c. Glargine
   d. NPH
2. Which of the following are opportunities for pharmacists and other clinicians to improve care for inpatients?
   a. Patient with diabetes who develops significant hyperglycemia while in hospital
   b. Hemoglobin A1C is found to be elevated at admission
   c. Elevated blood glucose levels are identified in an inpatient without a history of diabetes
   d. All of the above
   e. A and B only

Staph in the House: Linezolid versus Vancomycin

Kevin Duplisea BScPharm, ACPR, Atlantic Health Sciences Corporation, Saint John NB; Jaclyn LeBlanc PharmD, BCPS, Atlantic Health Sciences Corporation, Saint John NB

The purpose of this presentation is to highlight the advantages and disadvantages of using vancomycin or linezolid for the treatment of methicillin resistant Staphylococcus aureus (MRSA). MRSA has become an established part of everyday life in the hospital. Not only are there high risk patients to consider, such as those in the intensive care unit or previously receiving antibiotics, but this organism has also begun to penetrate the community. As the rates of infection with resistant Staphylococcus aureus increases, clinicians are faced with the dilemma of choosing the optimal antibiotic to eradicate this infection.

The historic treatment of choice for MRSA has been vancomycin. However, due to a narrow therapeutic index, suboptimal lung penetration, and slowly increasing minimum inhibitory concentrations, practitioners have looked for alternative agents to eradicate these bacteria. Linezolid is an oxazolidinone antibiotic that has activity against MRSA. A few of the advantages over vancomycin include lack of therapeutic drug monitoring and availability of an oral formulation for intravenous to oral conversion.

Outcome studies comparing these two agents have demonstrated non-inferiority of linezolid; however, some methodological problems within the trials do exist. The adverse effect profile of either agent is not superior enough to favour one over the other. Pharmacoeconomic analyses have shown encouraging results for the use of linezolid in various infections. Currently, the use of linezolid over vancomycin as a first line agent in MRSA infections remains controversial.

Goals and Objectives

1. Recognize patient risk factors in having an MRSA infection.
2. Compare the advantages and disadvantages of using vancomycin or linezolid for the treatment of MRSA.
3. Design an appropriate treatment plan for an MRSA infected patient.

Self-Assessment Questions

1. Name 3 risk factors for MRSA infection.
2. List 2 advantages of using linezolid over vancomycin for MRSA infections.
3. Name two monitoring parameters each for linezolid and vancomycin.

Leadership Pearls: Managing the Generational Gap… Tips for Survival

Bill Wilson RPh BSP FCSHP – Mount Sinai Hospital Toronto, Ontario

The goal of this session is to provide the audience with an understanding of the difference in the attitudes of different generation towards the work place and their expectations of the employer. There will also be a discussion on how the employee's expectations can be matched with those of the organizations goals.

There are four different generations at work and their values play a significant role in their expectations of the work place as well as dictating their behavior.

In order to be successful, today's manager needs to understand these differences and try to find the balance between the employee's expectations and the needs of the organization. Today's employees also need to understand the values of those in management positions in order to be successful in their own career planning activities.

Goals and Objectives

1. To provide background information that explains the differences in 4 generations of employees so the audience can better understand their own generational values as well as those of other generations
2. To enable managers and those interested in pursuing management greater insight and practical ideas on how to find the balance of creating a positive work environment for employees and meeting the service requirements of the department and the organization.

Self-Assessment Questions

1. Do I understand the values of the different employees in my department?
2. How can I use this information to create a positive work environment

*Reprinted

Clinical Trials That May Change Your Practice in Emergency Medicine

Peter J. Zed, B.Sc., B.ScPharm, ACPR, Pharm.D., FCSHP, Clinical Coordinator, Department of Pharmacy, Queen Elizabeth II Health Sciences Centre; Associate Professor, College of Pharmacy & Department of Emergency Medicine, Dalhousie University, Halifax, NS

Pharmacy practice in emergency medicine involves the care of highly acute and diverse patient population. As a result, pharmacists practicing in emergency medicine must stay current in a wide range of pharmacotherapy literature to allow best practice in this setting to be achieved.

This session will outline recent advances in emergency medicine pharmacotherapy and will discuss clinical trials which have implications to practice change. To mimic the patient population cared for in emergency medicine, clinical trials discussed will also be diverse encompassing a number of therapeutic areas. This session is not only for pharmacists practicing in emergency medicine but for those caring for any patient population in which acute care management is required.

Goals and Objectives

1. To discuss recent clinical trials with implications for pharmacists practicing in emergency medicine.
2. To discuss strategies pharmacists can utilize to implements these recent advances into practice.

Self-Assessment Questions

1. What recent clinical trials have been published which have important practice changing implications to the care of patients in emergency medicine?

New Accreditation Medication Management Standards for 2008

Régis Vaillancourt, OMM, CD, BPharm, PharmD, FCSHP, Children's Hospital of Eastern Ontario, Ottawa, Ontario.

The new medication management standards reflect the flow of medications through an organization, beginning with selection and preparation of a drug in the pharmacy and ending with its administration to and monitoring of clients. The scope and breadth of the new standards is substantially greater than the old ones: there are now 22 standards for medication management, comprising roughly 140 subcategories (compared with 5 standards in the old AIM [Achieving Improved Measurement] system). Each of the categories and subcategories is based on best medication management practices, with the aim of fostering excellence in medication management.

In addition to the implementation of new standards, surveyors uses new processes for gathering information. Institutions will still perform an initial self-assessment, but the surveyors will use a variety of tools and techniques to assess compliance with standards during the on-site survey. One of these on-site techniques is the use of "tracers", interactive processes to gather evidence about quality of care and service. Using a tracer, the surveyor follows and observes processes associated with a standard to determine the degree of system integration. This is accomplished through focus groups and other types of group discussions, direct observations, rounds, on-site consultations, review of client health records and other documents, individual interviews, and direct observation. ACCREDITATION CANADA surveyors will carry out both clinical and administrative tracers.

In practical terms, this means that a surveyor might start in the emergency department, for example, and then follow the medication process from admission until transfer to the ward. During the process, the surveyor may pose questions about the medication management process to anyone involved, in order to assess compliance with the standard.

Goals and Objectives

The goal of this session is to provide pharmacists with:

a. an understanding of the new medication management accreditation standards, and
b. an understanding of the new hospital accreditation process.

Self-Assessment Questions

1. How the new medication management standards were developed?
2. What is the link between the new medication management standards and ISMP self-assessment tool?
3. What is the impact of the new accreditation process on the pharmacy staff?

Clinical Pharmacy Support Technicians: The Next Generation: Resistance is Futile!

Vincent H. Mabasa, BScPharm, ACPR, Pharm.D., Clinical Pharmacy Practice Leader, Clinical Pharmacy Specialist – Intensive Care, Fraser Health Authority, Royal Columbian Hospital, New Westminster, B.C.

Nicole Rahiman, Pharmacy Technician Diploma, Clinical Pharmacy Support Technician, Fraser Health Authority, Royal Columbian Hospital, New Westminster, B.C.

The goal of this session is to introduce the concept of utilizing a clinical pharmacy support technician (CPST) program to assist decentralized clinical pharmacists in the delivery of pharmaceutical care.

Pharmacy technicians are well positioned to augment clinical service delivery because of their systems and medication use process knowledge. Technicians can support clinical pharmacists by performing information gathering and other technical tasks required for making drug therapy decisions. According to the available literature, a CPST program leads to cost savings and an increase in the number of patients assessed per day by the pharmacist. At our site, the CPST program improved efficiencies in the delivery of pharmaceutical care, increasing availability of pharmacist time by an estimated minimum of 2 hours per day. The CPST also benefited from an increase in job satisfaction and knowledge of the medication use process from the patient care unit perspective.

The CPST program at the Royal Columbian Hospital is functional and provides a number of key services. These services include: patient triage, patient specific data collection, screening and tracking patients' progress according to pre-selected parameters, assisted therapeutic drug monitoring, scheduling and sick call coverage, ward based troubleshooting, intravenous drug compatibility assessment, adverse drug reaction reporting, clozapine therapy monitoring, project coordination or support along with traditional medication distribution activities in the pharmacy dispensary.

Goals and Objectives

1. To list 3 activities that the clinical pharmacy support technician can do to improve efficiencies in the delivery of patient care services
2. To identify activities that the clinical pharmacy support technician can do to help at your practice to improve the delivery of patient care services

Self-Assessment Questions

1. Can my practice benefit from a clinical pharmacy support technician?
2. What are the barriers in my practice for setting up a clinical pharmacy support technician program?

Walking Through the Evidence: Recent Clinical Trials That Will Impact Your Ambulatory Practice in 2008

Trudy Arbo, B.Sc.Pharm, PharmD, ACPR, BCPS, New Brunswick Heart Centre, Saint John, NB

The goal of this presentation is to provide participants with an evidence based review of recent clinical trials that will impact their ambulatory practice. Each study will be presented in a succinct manor using PICO method and the bottom line to facilitate implementation into clinical practice. We will also discuss the best resources to keep busy practitioners up-to-date with the evidence.

Goals and Objectives

1. To provide pharmacists with useful and practical evidence based review of recent clinical trials related to ambulatory practice.
2. To provide a number of resources to help participant stay in touch with the evidence.

Self-Assessment Questions

1. Which of the reviewed trials will have the biggest impact on your clinical practice? Why?
2. List two resources discussed in the presentation that may be useful to keep you up to date with the literature in your current practice.

Monday, August 11
Lundi 11 août

Pharmacy Informatics PSN / National Pharmacy Systems and CPOE Survey Results

Jeff Barnett, BScPharm, MSc, FCSHP, BC Cancer Agency Agency, Victoria, BC

The goal of this session is to provide pharmacists with an overview of what is happening in Canada with respect to the developments in e-health. The sessions is also intended to present the results of a survey conducted by the Pharmacy Informatics PSN to gain an understanding of the computer systems used in hospital pharmacies across Canada .

Canada is actively moving to provide Canadians with electronic health records (EHR's). Indeed the goal of Canada Health Infoway is to provide at least 50% of all Canadians with an electronic health record by 2010. Drug information systems form an important part of the work being done by Infoway.

In fact " Infoway's Drug Information Systems Program is focused on creating an interoperable drug information system that will carry all data concerning a patient's medication history: prescribed and dispensed drugs, allergies, ongoing drug treatment, etc., in order to ensure patient safety. Drug and drug-interaction checks are performed automatically and added to the patients' drug profiles in their Electronic Health Record (EHR). These systems provide physicians and pharmacists with data to support appropriate and accurate prescribing and dispensing, thereby avoiding adverse drug interactions and possible related deaths."1

It is important to understand what systems are in use currently in Canada as these systems may at some point in time need to be connected to an EHR. This national survey is an attempt to get a handle on the variety of systems in place throughout hospital pharmacies in Canada. It also serves to get a better understanding of the state of deployment of Computerized Provider Order Entry (CPOE) systems which have been touted as a technological solution to error reduction in the ordering process.

Goals and Objectives

1. To provide pharmacists with an understanding of the computer systems used throughout various hospitals and regions in Canada
2. To enable pharmacists to appreciate the state of readiness of hospital pharmacies for e-health and in particular, the introduction of CPOE

Self-Assessment Questions

1. What is the approximate percentage of hospitals in Canada who have successfully deployed CPOE?
2. What are the most common hospital pharmacy systems in Canada?
3. What is the most common use for bar codes in hospital pharmacies?

Navigating a Successful Journey with Your Residency Project: A Survival Guide for Pharmacy Residents

Glen J. Pearson, BSc, BScPhm, PharmD, FCSHP, Associate Professor of Medicine (Cardiology), Co-Director, Cardiac Transplant Clinic, Medical Co-Director and Director of Research, Cardiovascular Risk Reduction Clinic

One of the expected competencies of hospital pharmacy residents is that they demonstrate the effective use of project management skills to undertake, conduct, and successfully complete a pharmacy practice project. This experience has been maintained as a part of hospital pharmacy residency training over the years, in as effort to provide the experience and promote skill development that will enable these practitioners to lead practice change in the future. Nevertheless, residents and preceptors alike, frequently struggle with this component of the residency program due to misperceptions and unrealistic fears or anxieties about the nature of the project and what is required.

This presentation will focus on reviewing the process required for a resident to complete a successful project. While reviewing a step-by-step process to help the residents and preceptor navigate through the research journey from the point of selection of a project idea to its final completion, a variety of practical tips will be discussed to help smooth out the resident's journey.

Goals and Objectives

1. To help demystify the research process for pharmacy residents, so that it can be approached in a logical, structured, and step wise manner.
2. To provide residents (and their preceptors) with some ideas and practical tips that will allow them to conduct and manage their residency project in an efficient and effective manner

Self-Assessment Questions

1. What is the first and most important step in developing a pharmacy practice research project idea?
2. Identify two personal barriers that you perceive will limit your ability to successfully complete your residency project. What steps will you take to help overcome these barriers during the completion of your project?
3. What is the last, and often neglected, step in the completion of a pharmacy practice project?

An Exploration of Collaboration in the Port City: Experiences in a Community Health Centre and an Anticoagulation Clinic

Corry Clarke BSc. (Pharm), Saint John Regional Hospital, Saint John, NB; Andrew Brillant, BSP, St. Joseph's Community Health Centre, Saint John, NB

Collaborative Practice and Interdisciplinary are often bantered about, but do the words Collaborative Practice mean anything to you? Do they intimidate you? Bore you? Perhaps they mean nothing to you at all? In any case, this presentation will be sure to assuage, excite, and enlighten as we examine two different collaborative pharmacy practice settings.

One is a large and well established anticoagulation clinic; the other, a recently revived pharmacy service in a Community Health Centre. Both of these examples will be sure to paint a clear and vivid portrait of collaboration in action.

Goals and Objectives

1. Illustrate the ongoing activities in two collaborative pharmacy practices.
2. Highlight potential resources useful in the development of a collaborative practice in primary health care.

3. Discuss how to overcome potential hurdles when setting up a new practice
4. Stimulate discussion around future opportunities for collaboration

Self-Assessment Questions

1. How do you decide which services to offer in a new collaborative?
2. Is there opportunity to enhance the collaborative relationships I currently have?

Febrile Neutropenia: Use of Cephalosporins and Carbapenems – When to Start, When to Stop, When to Step up, When to Step Down

Ron Fung, B.Sc.Phm., ACPR, University Health Network – Princess Margaret Hospital, Toronto ON

The goal of this workshop is to establish a thought process for managing patients with febrile neutropenia focusing on when to start and stop therapy as well as the need to escalate and de-escalate therapy as the clinical course evolves.

Bacterial infections continue to be the most common complication of chemotherapy-induced neutropenia, particularly with myeloablative regimens, leading to prolonged and severe neutropenias. Prompt initiation of broad-spectrum antimicrobial therapy, on an ambulatory or in-patient setting, is the standard of care for cancer patients presenting with fever and neutropenia. The Multinational Association for Supportive Care in Cancer (MASCC) score is a validated tool that clinicians can use to stratify patients into low- and high-risk groups according to their expected duration of neutropenia and the presence of underlying risk factors.

During this workshop, the Infectious Diseases Society of America (IDSA) guidelines for the management of neutropenic fever will be reviewed. Pertinent clinical criteria will be discussed to ensure the appropriate selection of empiric antimicrobial therapy. These options include: monotherapy with a cephalosporin, carbapenem, or antipseudomonal penicillin; dual therapy with one of the aforementioned agents plus an aminoglycoside; or vancomycin plus 1 or 2 drugs. A step-by-step framework will be used to evaluate the efficacy of the initial regimen with guidelines on how subsequent therapy may be modified.

The latter portion of the workshop will comprise an interactive discussion of selected clinical cases, which will serve to highlight some of the therapeutic challenges faced by clinicians when managing infection(s) in a neutropenic host.

Goals and Objectives

1. To provide pharmacists with an understanding of the tools used to risk stratify patients with febrile neutropenia.
2. To enable pharmacists to recommend both appropriate empiric antimicrobial therapy and modification(s) to therapy when managing cancer patients with febrile neutropenia.
3. To highlight therapeutic challenges in managing infections in immunocompromised patients.

Self-Assessment Questions

1. What are some risk factors that can be used to help risk stratify neutropenic cancer patients into low- or high-risk groups?
2. What criteria are used in evaluating appropriate de-escalation of empiric antimicrobial therapy in cancer patients?

Healthy Outcomes: Reducing Stress In Your Environment

Ravi Tangri, MSc Physics, MBA, Chrysalis Strategies Inc., Halifax NS

Workplace stress in pharmacy is an ever-increasing challenge. With the shortage of pharmacists, changes in regulations, changes in the health care system and more, the pressures on pharmacists sometimes seem to grow daily.

Chrysalis Strategies has worked extensively with pharmacists from coast to coast in Canada, helping them build their resistance to the growing stressors in the workplace. Their 'Thriving in Chaos' program is proven to lower stress levels in pharmacists over the long term, improve physical and mental well-being, and increase job satisfaction. In addition to the personal benefits, 'Thriving in Chaos' has been shown to reduce absenteeism by as much as 27%.

This program will identify what contributes to stress in the workplace, identify the root cause of stress, and highlight some of the physiological effects of stress on your body. It will present a wide range of tools, drawn from Chrysalis' 'Thriving In Chaos' program that will enable you to increase your resistance to stress and lower your stress levels, at home and at work. While not all the tools may work for you, there will be enough presented that you will find some that work for you.

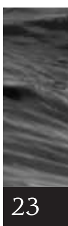
You will also receive a mini-book with all of the tools presented, plus a CD to help you learn some of Chrysalis' core Stress Elimination Technology™ tools, and make them work for you after you leave this session.

Goals and Objectives

1. To provide an understanding of what creates stress in the workplace – and how to reverse the impact of stressors in the workplace.
2. To learn simple, effective tools to reduce stress.

Self-Assessment Questions

1. What are my personal symptoms of stress?
2. What is the physiological impact that stressing myself has on my body?



3. What are the two simple tools I'm applying first to lower stress and to increase my resilience to stress?

*Reprinted

Turning Your Research and Pharmacy Practice Ideas into Poster Abstracts and Publications

Mary H.H. Ensom, BSPharm, PharmD, FASHP, FCCP, FCSHP, FCAHS, University of British Columbia and Children's & Women's Health Centre of British Columbia, Vancouver, BC

This workshop is designed to provide publication tips to the pharmacist who practices in a hospital or related health care setting and whose primary responsibility is patient care, and not research. If you've heard yourself remark "I don't have time to write an abstract much less a full-length manuscript!" and/or "I don't even know where or how to begin!"… then, this presentation is for you!

During this workshop, we will review 12 simple steps in ""How to turn research and pharmacy practice ideas into poster abstracts and publications" as well as the manuscript submission process for the Canadian Journal of Hospital Pharmacy.

Step 1: Identify a Problem or Question

Step 2: Obtain Support from Department Management

Step 3: Write the Proposal

Step 4: Perform the Study or Evaluation

Step 5: Write Abstract and Submit for Poster Presentation

Step 6: Request Critique of Poster Submission

Step 7: Present Poster and Seek Constructive Criticism

Step 8: Write First Draft of Final Manuscript

Step 9: Incorporate Revisions into Second (and Any Succeeding) Draft(s)

Step 10: Submit the Final Manuscript to Journal

Step 11: Await Reviewers' Comments

Step 12: Resubmit!

Goals and Objectives

1. Describe barriers (or challenges) and facilitators (or success factors) in the practicing pharmacist's involvement in publication.
2. Describe strategies to encourage pharmacy practitioners, students, and residents to submit projects for publication.
3. List 12 steps involved in turning research and pharmacy practice ideas into poster abstracts and publications.
4. List components of journal reviewers' checklists.
5. Describe the manuscript submission process for the Canadian Journal of Hospital Pharmacy.

   *Attendees are encouraged to bring a research or pharmacy practice idea that they wish to turn into an abstract and/or an abstract that they wish to turn into a full-length manuscript.

Self-Assessment Questions

1. Which of the following are barriers to the practicing pharmacist's involvement in research?
   a. Lack of time
   b. Lack of experience
   c. Lack of resources
   d. Competing priorities
   e. All of the above
2. Which of the following are facilitators for the practicing pharmacist's involvement in research?
   a. Plan well.
   b. Seek collaborators who have different skill sets and expertise.
   c. Take advantage of available resources.
   d. Be persevering.
   e. All of the above
3. The poster presentation serves as a forum to receive peer review at a stage when appropriate modifications may be made to strengthen the final paper. T or F.
4. Prior to submitting your manuscript, it would be helpful to circulate it for review to:
   a. An expert in the topic area
   b. A good editor
   c. A good scientist or clinician unfamiliar (or not as familiar) with the topic area
   d. All of the above

Answers: 1 (e), 2 (e), 3 (T); 4 (d)

Diabetes Update – New Drugs & Controversies

Bill Cornish, BScPhm, Sunnybrook Health Sciences Centre, Toronto, ON

(1) The Canadian Diabetes Association last published its Clinical Practice Guidelines in 2003. New recommendations, scheduled for release in early September 2008, are eagerly anticipated since one new class of therapeutic agents has been marketed and much new evidence has emerged upon which to base updated guidelines. (2) A novel approach to treatment of hyperglycemia in type 2 diabetes is the use of incretin therapies such as sitagliptin, a dipeptidyl peptidase-4 (DPP-4) inhibitor, and exenatide, an analogue of endogenous glucagon-like peptide-1 (GLP-1). These agents allow us to target a previously untreated metabolic abnormality – excessive glucagon release – while also stimulating insulin secretion in a glucose-dependent manner. The place in therapy of the incretin therapies can be determined until evidence of long-term outcomes has been published. (3) The cardiovascular safety of oral antihyperglycemic agents has been the subject of many recent reports, involving in particular the thiazolidinediones (TZDs or glitazones). In response to concerns regarding rosiglitazone, the approved indications for its use have been revised. (4) Over the past few years, several commentaries have urged a reassessment of the benefits and risks of metformin therapy and questioned the appropriateness of the official contraindications to its use. (5) The results of several recent

studies have contributed to our understanding of the relative benefits and risks of using various different insulin regimens for the initiation of insulin therapy in type 2 diabetes.

Goals and Objectives

1. To review recent evidence for the efficacy and safety of oral antihyperglycemic agents.
2. To review recent trials comparing the benefits and risks of using various regimens to initiate insulin therapy in type 2 diabetes.

Self-Assessment Questions

1. What are the latest views on the appropriate use of metformin? Might the official contraindications (heart failure, renal insufficiency) be bad for patients' health?
2. What is the current evidence regarding the risks of therapy with thiazolidinediones?
3. What are the relative benefits and risks of using various insulin regimens for initiation of insulin therapy in type 2 diabetes?

Tuesday, August 12
Mardi 12 août

Expanding the Options: New Antimicrobial Agents for the Treatment of Drug-Resistant and Nosocomial Pathogens

Andrea V. Page, MD FRCPC, University Health Network and University of Toronto, Toronto, ON

Infections due to multi-drug resistant pathogens have become increasingly common in the last decade in association with escalating antimicrobial use and growing populations of high-risk and/or immunocompromised individuals. Methicillin-resistant Staphylococcus aureus (MRSA) is now a common pathogen in both healthcare and community settings, while multi-drug resistant Gram negative organisms, including those which produce extended spectrum beta-lactamases and ampC beta-lactamases, are frequent causes of serious nosocomial infections. While therapeutic options were once limited, recent years have witnessed the development of a spate of new antimicrobial agents.

Beyond vancomycin, linezolid, daptomycin, and tigecycline all possess anti-MRSA activity and are approved for use in Canada. Newer agents, including the anti-MRSA cephalosporins (ceftobiprole and ceftaroline) and novel glycopeptides (dalbavancin, oritavancin, and telavancin) may be approved in the near future and are likely to find use in the treatment of proven or probable MRSA infections in specific patient populations.

For the treatment of severe infections due to multi-drug resistant Gram negative organisms, there has been a resurgence in the use of older antimicrobial agents, such as the polymyxins. In addition, novel broad spectrum antimicrobial agents, including tigecycline and a new carbapenem (doripenem), are, or soon will be, available.

Despite the obvious advantages of these new antimicrobial agents, some possess either notable gaps in the spectra of activity or unusual pharmacokinetic/pharmacodynamic properties which will necessitate critical evaluation of each individual agent prior to its addition to the formulary of any healthcare institution.

Goals and Objectives

1. To review the changing epidemiology of healthcare-associated multi-drug resistant pathogens
2. To explore the mechanism of action and the spectrum of activity of antimicrobial agents which are, or are expected to be, licensed for use in Canada against multi-drug resistant organisms
3. To critically evaluate the place of these new agents within the existing antimicrobial armamentarium

Self-Assessment Questions

1. Describe the potential advantages and disadvantages of each of the new antimicrobial agents with activity against methicillin-resistant Staphylococcus aureus (MRSA).
2. In which patients are the new broad spectrum antimicrobial agents, such as tigecycline or doripenem, best used?

Interprofessional Education: Lessons Learned from Dalhousie's Interprofessional Health Education Experiences

Susan Mansour, BScPharm, MBA, College of Pharmacy, Dalhousie University, Halifax, NS on behalf of the Seamless Care project team: McFetridge-Durdle J, Mann K, Beanlands H, Clovis J, Frank B, Martin Misener R, Rasmussen G, Rowe R, Ryding H, Versnel J, Wittstock L, Bannon A, Matheson T, Sarria M.

Given the evolving complexity of the health care system, students in the health professions need to develop the knowledge, attitudes and skills to work effectively in interprofessional teams. Health Canada has supported this process through the awarding of a number of grants, as well as supporting the Canadian Interprofessional Health Collaborative. While Dalhousie University has a long history of interprofessional learning, a research project situated in clinical sites was recently concluded. "Seamless Care" was one of 21 national grants awarded by Health Canada to inform policymakers of the effectiveness of interprofessional

education to promote collaborative patient-centred practice among health professionals. The overall goal of Seamless Care was to prepare pre-licensure health professional learners to become competent collaborative practitioners by creating an innovative model of care for patients with key health conditions transitioning from acute care to the community or to another level of care. Students from medicine, nursing, pharmacy, dentistry and dental hygiene worked together for 8-week periods. The impact of the Seamless Care model was evaluated extensively by both quantitative and qualitative measures. The Seamless Care experiential model of interprofessional education is effective but challenging. Recommendations to address the challenges and lessons learned, and applicability to other learning programs will be discussed.

Goals and Objectives

1. To provide attendees with an understanding of the interprofessional health education activities at Dalhousie University.
2. To provide attendees with an overview of the results of a recent interprofessional health education research project.
3. To provide attendees with transferable lessons learned as the result of a recent interprofessional health education research project.

Self-Assessment Questions

1. What are the elements of a successful interprofessional health education initiative?
2. What are some of the challenges of implementing an interprofessional health education initiative?

Cardiology 101: Trials and Tribulations 2008

Mike Callaghan, B.Sc. Pharm, Capital District Health Authority, Halifax, NS

The goal of this session is to provide hospital pharmacists with an update on cardiovascular trials released in the past year.

The management of acute coronary syndromes (ACS) is evolving with advances in antiplatelet and antithrombin therapies. A new ADP antagonist, prasugrel, was compared to clopidogrel in the TRITON-TIMI 38 trial with both encouraging and concerning results. The direct thrombin inhibitor, bivalirudin, has been proven safe and effective in non-ST elevation ACS. The HORIZONS-AMI trial compares bivalirudin to unfractionated heparin plus glycoprotein IIb/IIIa inhibitors to evaluate safety and effectiveness in patients presenting with ST elevation ACS undergoing primary percutaneous intervention (PCI).

The landmark HOPE study vaulted ACE inhibitors to the top as key therapeutic options for high risk patients with established coronary artery disease (CAD) or diabetics with risk factors. The ONTARGET study published this year evaluated whether the ARB, telmisartan, was non inferior to ramipril and whether the combination of ACE and ARB was superior to ramipril alone for vascular protection.

Heart failure patients in atrial fibrillation have a worse prognosis than those who maintain sinus rhythm. The AF-CHF trial evaluated the rate versus rhythm debate in patients with left ventricular systolic dysfunction, a patient population underrepresented in previous similar trials.

Goals and Objectives

1. To provide hospital pharmacists with an update on cardiovascular trials published in the past year.
2. To provide pharmacists with pertinent information from these cardiovascular trials to enable them to make rational clinical decisions for their patients.

Self-Assessment Questions

1. Are the efficacy results from TRITON-TIMI 38 robust enough for prasugrel to be preferred over clopidogrel or will the increased risk of bleeding with prasugrel to much to accept?
2. Should you choose telmisartan for vascular protection of high risk CAD patients or are ACE-I still first line?

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'The Centre of it All'

Summer Educational Sessions
August 8-11, 2009

PhotoCredits: Destination Winnipeg

Sunday, August 10
Dimanche 10 août

Viewing/Affichage: 10:15-10:45
Presentations/Présentations:...12:30-14:00

1. A Case Study on the Perceived Advantages and Disadvantages of Using Drug Samples in a University Hospital Centre
2. Descriptif d'un programme de stages hospitaliers de 3, 6 et 12 mois pour les etudiants en pharmacie français au chu Sainte-Justine
3. A Retrospective Review Describing the Empiric Management of Patients with Hospital Acquired Pneumonia
4. Effectiveness of an Allergy/Intolerance Status Form on Improving Documentation of Patient Allergy Information
5. Indispensable in Ghana: A Pharmacists Role in a Medical Mobile Clinic
6. Clinical Pharmacy Support Technicians: Increasing Pharmaceutical Care Practice Efficiency in the Intensive Care Unit Setting
7. GATC project (Genotypic Approaches to Therapy in Children): A national ADR surveillance network to study and prevent severe adverse drug reactions in children - year 2
8. A retrospective review of morphine administration and monitoring and the prevalence of adverse events in a paediatric setting
9. Design, Development, and Evaluation of Culture-sensitive Pictographic Instructions for Dispensing Medications

A CASE STUDY ON THE PERCEIVED ADVANTAGES AND DISADVANTAGES OF USING DRUG SAMPLES IN A UNIVERSITY HOSPITAL CENTRE

Tardif L[1], Bussières JF[1], Lebel D, Bailey B[1], Soucy G[1]

[1]Centre hospitalier universitaire Sainte Justine, Montréal, QC

Rationale: The distribution of drug samples is both permitted and a common practice in Canada and the US. The impact of this strategy on healthcare workers' opinions and habits is a reason for concern.

Objectives: To evaluate the perceived advantages and disadvantages of using drug samples in a university hospital centre.

Method: This is an observational descriptive case study that was conducted in a 500-bed university hospital centre between October 18th and November 1st 2007. In order to obtain feedback from the healthcare staff, our research team, which was made up of a physician, pharmacy resident, two pharmacists and a student in health administration, designed a 26-question survey using a Likert scale (fully agree, partially agree, partially disagree, totally disagree, do not know). The questions focused on eight different variables (rapid treatment initiation, free cost and availability, patient risk, etc.).

Results: In total, 39 physicians, 18 medical interns, 17 medical clerks, 83 nurses and 23 pharmacists working in various healthcare units and outpatient clinics agreed to take part in the survey and fill out the questionnaire (n = 180). Generally speaking, there was a high degree of variation among the professional groups in their levels of agreement with the statements on the questionnaire. For example, 71% of the nurses, 43% of the physicians, 71% of the medical residents and 36% of the medical clerks believed that drug samples encouraged treatment compliance, whereas only 17% of the pharmacists were of this opinion.

Conclusions: There are few data on the views held by various healthcare professionals concerning the use of drug samples in healthcare institutions. This case study describes the levels of agreement expressed by five groups of healthcare professionals in a university hospital centre. Our results show that the perceived advantages and risks of drug samples vary according to the healthcare providers and whether or not they are exposed to their use and that information must be given to the concerned professionals and that strict measures must be instituted to ensure patients' security.

DESCRIPTIF D'UN PROGRAMME DE STAGES HOSPITALIERS DE 3, 6 ET 12 MOIS POUR LES ÉTUDIANTS EN PHARMACIE FRANÇAIS AU CHU SAINTE-JUSTINE

Bussières JF[1], Scharr K[1], Basselin C[1], Lebel D[1], Lavoie A[1], Ferreira E[1]

[1]Centre hospitalier universitaire Sainte-Justine, Montréal, QC

Justification : L'objectif de cet article est de présenter le bilan de stages offerts à des étudiants étrangers et de proposer un programme structuré de stage en pharmacie.

Matériel et méthode

Description du projet : Il s'agit d'une étude descriptive d'un programme de stages hospitaliers de 3, 6 et 12 mois pour les étudiants en pharmacie français au CHU Sainte-Justine, élaboré à partir des programmes académiques québécois et français et du bilan des 10 dernières années d'encadrement de stagiaires étrangers.

Évaluation : La recherche documentaire permet de dresser un bilan comparatif du type de diplôme et des stages cliniques des formations de base et complémentaire des étudiants en pharmacie aux États-Unis, au Québec et en France. L'étude présente un descriptif comparatif des stages cliniques offerts au CHU Sainte-Justine aux étudiants de 1er et 2e cycles de l'Université de Montréal, aux étudiants étrangers ainsi que leur participation à des activités créatrices de recherche appliquée. Cent quarante trois projets réalisés avec la contribution significative d'étudiants en pharmacie ont donné lieu à la présentation de 54 résumés structurés avec communications affichées dans un congrès et de 89 publications dans des revues scientifiques. De 1996 à 2007, les étudiants étrangers ont contribué à 35 % des activités créatrices bien que leur présence ne représente que 23 % des jours-présence étudiants.

Conclusion : Cette étude montre que, malgré les différences de formation et de reconnaissance des diplômes ente pays, la réalisation de stages en pharmacie dans les établissements de santé québécois est réaliste et que la diffusion d'un programme structuré peut contribuer à répondre aux attentes des personnes impliquées.

A RETROSPECTIVE REVIEW DESCRIBING THE EMPIRIC MANAGEMENT OF PATIENTS WITH HOSPITAL ACQUIRED PNEUMONIA

Jennifer Cairns, Roxanne Seiferling, Richard Cashin, Red Deer Regional Hospital Centre, Red Deer, AB

Background: Hospital-acquired pneumonia (HAP) causes significant morbidity and mortality. The initiation of appropriate empiric antibiotic therapy in the treatment of HAP has been shown to reduce mortality,

recurrence of HAP, and duration of antibiotics. The use of clinical guidelines or recommendations increases the likelihood of selecting appropriate empiric therapy. Currently, it is not known if published recommendations are consistently being followed at Red Deer Regional Hospital Centre (RDRHC).

Objective: To determine if adult patients admitted to RDRHC who have developed HAP are treated appropriately as compared to empiric recommendations by the American Thoracic Society (ATS) and in Bugs and Drugs 2001 and 2006.

Methods: The charts of all adult patients discharged from RDRHC between April 1, 2005 and December 31, 2007 with a diagnosis of HAP were reviewed to determine initial therapy and patient outcomes.

Results: Fifty-nine patients identified were eligible for inclusion. Four (7%) patients developed ventilator-associated pneumonia and seven (12%) developed aspiration pneumonia. There was an overall in-hospital mortality of 32%. Twenty-one patients (36%) were treated appropriately when compared to recommended empiric therapy (Bugs and Drugs 2001 and 2006). Seven patients (12%) were treated according to empiric guidelines published by the ATS. Twelve patients had organisms identified in their blood or sputum samples, 6 of which received appropriate antimicrobial tailoring. Overall, the use of appropriate empiric therapy as compared to Bugs and Drugs 2006 showed reduced length of stay (39 versus 54 days) and duration of treatment (10 versus 14 days).

Conclusions: Empiric therapy for HAP at RDRHC follows published recommendations in 12 to 36% of patients treated. There is potential to shorten length of patient stay and reduce the duration of antimicrobial treatment if there is an improvement in adherence to recommended empiric therapy.

EFFECTIVENESS OF AN ALLERGY/INTOLERANCE STATUS FORM ON IMPROVING DOCUMENTATION OF PATIENT ALLERGY INFORMATION

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Rationale: Patients often confuse the words allergy and intolerance. In many instances documentation of provided information is incomplete or inaccurate. For these reasons, the Allergy / Intolerance Status Form (AISF) was created for our hospital. The purpose of this quality improvement project was to determine if implementation of the AISF has improved the frequency and accuracy of allergy documentation within the patient record and pharmacy information system, and to determine if revisions to the AISF were required.

Description of Project: Phase one of the project was a prospective and retrospective review of patient charts and patient profiles from the pharmacy information system. Demographic and allergy/intolerance information was extracted from the patient profiles and several chart documents where allergy information is documented. In phase two, nursing staff were surveyed to determine if revisions to the AISF were required.

Evaluation: The majority of AISFs examined (93%) were partially completed. The number of partially completed patient profiles (48% vs 34%), fully completed patient profiles (48% vs 27%), fully completed physician order sheets (9% vs 5%) and the number of partially completed medication administration records (49.5% vs 40%) increased following implementation of the AISF.

Conclusions: The AISF is a useful form for documenting patient allergy and intolerance information. Documentation of this information has improved since the AISF was implemented. Based on this quality improvement project, several recommendations related to the AISF form and the process for documenting allergies at the hospital were identified: 1) revise the format of the AISF to make it easier to fill out, 2) re-educate nursing staff with respect to allergy documentation processes, 3) re-evaluate hospital policy regarding the use of wrist bands to indicate patient allergies, and 4) re-evaluate the need for including allergy and intolerance information on physician order sheets.

INDISPENSABLE IN GHANA: A PHARMACIST'S ROLE IN A MEDICAL MOBILE CLINIC

Susan I. Fockler, Ross Memorial Hospital, Lindsay, ON

Rationale: As pharmacists become more aware of the needs of developing nations in our "global village," interest in contributing to humanitarian projects is growing. This poster describes how one pharmacist worked with a volunteer healthcare team to provide mobile medical clinics for 5 rural villages in Northern Ghana.

Description of Project: Preparation began with research the conditions that would be encountered and with procedures for running a mobile medical clinic. A drug list was developed and drugs were procured from a variety of sources. A community vitamin drive provided sufficient vitamins for every person who came to the clinics. Antimalarials and antihelminthics were purchased in Ghana. A formulary was developed for both team use and to leave behind as a reference for local healthcare workers. It included an inventory of all items on hand with numerical codes for dispensing, as well as appropriate indications and dosing recommendations.

Evaluation: During the course of 9 days, our mobile medical clinic attended to more than 3000 patients. 300-500 prescriptions were dispensed each day in addition to vitamins and acetaminophen. The pharmacist reviewed all prescriptions, calculating pediatric doses and substituting as needed, then assigned the formulary code. Lay members prepared the handwritten label and dispensed. The pharmacist then checked the final product before a nurse provided patient teaching with local interpreters.

Conclusion: Our first experience provided many lessons to help us be more efficient and effective when we return next fall. We will prepackage vitamins and acetaminophen in advance, limit the number of formulary items and use preprinted labels with standard dosing wherever possible. We plan to computerize our dispensing and pack all medications according to their assigned code. With four pharmacists on the Ghana 2008 Health Team, we look forward to getting more involved in patient teaching and planning for future programs, in this remote area of Northern Ghana.

CLINICAL PHARMACY SUPPORT TECHNICIANS: INCREASING PHARMACEUTICAL CARE PRACTICE EFFICIENCY IN THE INTENSIVE CARE UNIT SETTING

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Rationale: Impediments to optimal delivery of pharmaceutical care include pharmacist shortages, increasing patient acuity and the associated workload. Pharmacy technicians are well positioned to augment clinical service delivery because of their systems and medication use process knowledge. Technicians can support decentralized clinical pharmacists by performing information gathering and other technical tasks required for making drug therapy decisions. We hypothesized that incorporating a Clinical Pharmacy Support Technician (CPST) in our 16-bed adult tertiary level Intensive Care Unit (ICU) team would improve pharmacists' work efficiency.

Description of Project: Direct patient care pharmacy services are provided by two clinical pharmacy specialists. Pharmacy technicians hired into the clinical support role were experienced with the hospital medication distribution system. CPST training was supervised by both ICU pharmacists. Training activities included: job shadowing, supervised guided activities, and group discussions. Protocols and procedures were developed based on the expected competencies. Monthly meetings were arranged for continuing education, skills upgrading and quality assurance. CPST training included activities which would best support the ICU pharmacists. These activities included the following: patient specific data collection and monitoring form documentation, screening and tracking patients progress

according to targeted parameters, medication reconciliation, assisted therapeutic drug monitoring services, medication distribution workflow, drug information / IV compatibility assessment, adverse drug reaction reporting, medication error tracking, staff development, research data collection, and traditional medication distribution support in the pharmacy dispensary

Evaluation: The CPST program improved efficiencies in the delivery of pharmaceutical care in the ICU by increasing availability of pharmacist time by an estimated minimum of 2 hours per day. The technicians also benefited from an increase in job satisfaction and knowledge of the medication use process from the patient care unit perspective.

Conclusion: CPST can increase the availability of pharmacists' time in a tertiary care ICU. Technicians in this role reported improved job satisfaction.

GATC PROJECT (GENOTYPIC APPROACHES TO THERAPY IN CHILDREN): A NATIONAL ADR SURVEILLANCE NETWORK TO STUDY AND PREVENT SEVERE ADVERSE DRUG REACTIONS IN CHILDREN - YEAR 2

R Vaillancourt[1], E Wong[1], P Elliott-Miller[1], BC Carleton[3,5,7], Colin Ross[2], MA Smith[3], C Hildebrand[3], SR Rassekh[4], H Katzov[2], H Visscher[2], C Carter[2], F Miao[2], T Pape[2], MP Dube[6], MS Phillips[6], P Rogers[4], S MacLeod[7] and MR Hayden[2]

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Rationale: Adverse drug reactions (ADRs) are potentially life-threatening responses to medications. In the USA, ADRs rank as the 4-6th leading cause of death with >$137 billion annually in health care costs. Children are at an increased risk of severe ADRs. We hypothesize that genetic polymorphisms in drug metabolism genes underlie a significant portion of concentration-dependent ADRs in children.

Objective: To identify genetic variants that cause severe ADRs and develop diagnostic tests to prevent these ADRs.

Method: We established a national surveillance network of trained, full-time, clinicians in 8 of Canada's major children's hospitals, serving 75% of Canadian children to collect DNA samples and detailed clinical information from ADR cases and drug-matched controls. DNA samples were genotyped for 3072 SNPs in 250 key drug metabolizing enzymes with a custom Illumina GoldenGate® assay to identify genomic markers predictive of ADR risk.

Results: After 2 years, 996 severe ADR cases and >7000 drug-matched controls were recruited, including cases of severe anthracycline-induced cardiotoxicity, cisplatin-induced deafness, and life-threatening skin reactions. Preliminary genotype analyses have identified SNPs highly associated with 3 severe ADRs: codeine-induced infant mortality, cisplatin-induced deafness, and anthracycline-induced cardiotoxicity.

Conclusion: These findings aim to be developed into pragmatic ADR risk management strategies for clinicians based upon an individual's genotype.

A RETROSPECTIVE REVIEW OF MORPHINE ADMINISTRATION AND MONITORING AND THE PREVALENCE OF ADVERSE EVENTS IN A PAEDIATRIC SETTING

Régis Vaillancourt, Elena Pascuet, Jacqueline Ellis, Isabelle Gaboury, Louise Taillefer, Christine LaMontagne, Brenda Martelli

Rationale: Morphine monitoring guidelines are outdated (1992) and do not reflect current standards of practice, and therefore may be resulting in sub-optimal pain management.

Description of project: To detect the prevalence of morphine adverse drug reactions (ADRs) associated with intravenous (IV) bolus administration by an evidence-based monitoring protocol coinciding with the peak drug effect for IV bolus morphine. Retrospective chart reviews of 270 patient records to assess vital sign monitoring at baseline, 10 and 20 minutes post administration for initial morphine dose and at 15 minutes for subsequent doses.

Evaluation: Complete documentation of vital signs (heart rate, respiratory rate, blood pressure, oxygen saturation, sedation, pain score) was evident in 48% of records at baseline (n = 130), 44% at 10 minutes (n = 119), and 37% at 20 minutes (n = 99). Low oxygen saturation scores (below 94%) were seen in 5 patients at baseline, 5 patients at 10 min, and 7 patients at 20 minutes post morphine administration. There were 784 subsequent doses overall and of those, 433 (55%) had complete documentation (heart rate, respiratory rate, and oxygen saturation). For the subsequent doses, heart rate was low for 13 doses (n = 5 patients); respiratory rate was low for 6 doses (n = 5 patients), O2 sat was low for 33 doses (n = 18 patients, range 89% - 94%). IV bolus morphine was an effective pain management modality as pain intensity decreased (average score of 5.9 at baseline, 3.8 at 10 minutes, 2.95 at 20 minutes).

Conclusion: Although documentation was somewhat low at some time periods, the monitoring protocol represents a significant practice change for the nursing staff, as prior to this study, there was no requirement for monitoring subsequent doses. Barriers to the documentation of effective monitoring are being assessed and strategies to improve are being developed.

DESIGN, DEVELOPMENT, AND EVALUATION OF CULTURE-SENSITIVE PICTOGRAPHIC INSTRUCTIONS FOR DISPENSING MEDICATIONS

Régis Vaillancourt[1, 2], Beatrice Alvarez[1], Julie Wade[1], Elena Pascuet[1], Jane Dawson[3], Sylvain Grenier[4]

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[2]Military and Emergency Pharmacy Section of the International Pharmaceutical Federation;
[3]New Zealand Defence Forces;
[4]Canadian Armed Forces

Rationale: Low health literacy and/or language barriers between patients and health care providers exist, creating the need for the design, development and evaluation of culture-sensitive pictographic instructions to assist medication counselling.

Description of Project: In collaboration with the International Pharmaceutical Federation (FIP) pharmacy students, culture-sensitive pictograms were submitted to focus groups from various geographical regions to identify the comprehension of pictograms to dispense drugs. International partners collaborated in the design and development of culturally sensitive pictograms, and they were then approved for usage in those specific cultures and/or suggestions were made for new pictograms. In 2005, Pharmacists without Borders, Canadian Forces, and FIP field-tested the practicality of these pictograms in Gabon, Pakistan, Indonesia and Benin. In July 2007, an online survey (English and Spanish) was posted on the FIP website to validate all culture-sensitive pictograms. The online program, accessible through FIP's website includes an inventory of all pictograms for different cultures.

Evaluation: Based on feedback, additional pictograms were designed to address culture-sensitive differences: In total, 14 new pictograms were created and approved for cultures specific to Finland, United Kingdom, Egypt, Singapore, Hungary, Australia, Indonesia, Serbia and Taiwan. Further collaboration is ongoing with other international and national agencies including Health Canada, the Mexican Pharmacist Group, and Pharmacists Without Borders to further develop pictograms specific to individual cultures including the First Nations, Mexico and Mali. The online survey has identified appropriate modifications to medication pictographic

instructions to reduce interpretation errors based on continent of cultural origin and have allowed incorporating the culture-specific pictograms into the storyboard concept.

Conclusion: Developing culture-specific pictograms, along with written and verbal counselling, has generated positive feedback from all communities and there is recognized value in having such a program implemented into their framework for the comprehension of drug information.

Monday, August 11
Lundi 11 août

Viewing/Affichage: 10:10-10:40
Presentations/Présentations:..12:15-14:30

1. Improved Orientation to Centralized Order Assessment for Hospital Pharmacists
2. Methotrexate use in ectopic pregnancy in the emergency department
3. Validation of an Adverse Drug Event Trigger Assessment Tool
4. Suspected Modafinil-Induced Acute Psychosis in a Schizophrenic Patient Treated with Clozapine
5. Identified Barriers to Community Pharmacists' Participation in Practice Research
6. Design and Implementation of a Standardized Regional Antidote Kit
7. North American Survey of Vasopressors and Inotropes in Sepsis and Septic Shock
8. Implementation and Assessment of an Instructional Seminar for Online Case-Based Discussions
9. Development and Use of a Prior Learning Assessment Survey about Practice Evaluation and Research Capacity in a Regional Pharmacy Program
10. Venous Thromboembolism Prophylaxis in the Regina Qu'Appelle Health Region: A Story of Quality Improvement Told by Successive Audits

IMPROVED ORIENTATION TO CENTRALIZED ORDER ASSESSMENT FOR HOSPITAL PHARMACISTS

Cashin RP, Cashin EM, Lindblad AJ, David Thompson Health Region, Red Deer, AB

Rationale: A Pharmacist shortage led to multiple new hires, including those without previous hospital Pharmacy experience. As such an extensive orientation to assist the transition to the hospital Pharmacy environment was necessary.

Description of Project: Pharmacist orientation was divided into three categories: drug distribution, centralized order assessment, and decentralized clinical activities. Consensus identified that centralized order assessment orientation needed the most improvement. A series of self-study modules (SSMs) were developed to supplement the current colleague mentoring training. In addition to the modules, a series of cases were developed to assess the knowledge the orientating Pharmacist gained.

Evaluation: A Five-Point Likert Scale survey to assess the applicability and practicality of the SSMs was completed by 3 pharmacists who finished the re-designed orientation. All agreed that the SSMs supplemented the training by their mentor, and that they should become an essential component of orientation. Two out of the 3 Pharmacists agreed that the SSMs were a suitable way to learn, were easy to read, and contained an appropriate amount of information. Most importantly all Pharmacists felt they could better assess an order and provide a better quality of care to their patients after completing the SSMs. The cases were also deemed to be challenging and reflective of real life practice. All strongly agreed that the review of the cases with another Pharmacist was a useful exercise. Informal feedback was given to increase the number and types of modules.

Conclusion: The Pharmacists agreed that the implementation of SSMs and cases were successful in supplementing the existing orientation procedures. Having completed the SSMs, all of the Pharmacists agreed that they feel more confident when assessing orders. Based on these results the SSMs will continue to be used and further developed.

METHOTREXATE USE IN ECTOPIC PREGNANCY IN THE EMERGENCY DEPARTMENT

Dawn Poisson BSc., Richard Cashin BSc (Pharmacy), ACR, PharmD, Steven Freriks BSP, Red Deer Regional Hospital, David Thompson Health Region , Red Deer, AB

Objective: In order to determine the need for a standardized protocol for the use of methotrexate in ectopic pregnancy, a quality improvement initiative was undertaken to quantify the number of patients with ectopic pregnancy and the frequency of methotrexate use in those patients. Additional data was collected to determine current practice in the David Thompson Health Region in comparison with suggested recommendations by the Practice Committee of the American Society for Reproductive Medicine.

Methods: A retrospective chart analysis was performed based on medical records from April 1, 2006 to March 31, 2007. Descriptive statistics were used to quantify the frequency of use of methotrexate and rho(D) immune globulin, and the number of patients who received methotrexate and who later required surgery.

Results: Forty-one patients were admitted to the Red Deer Regional Hospital emergency department with a diagnosis of ectopic pregnancy. Thirteen (31.7%) patients received initial methotrexate treatment compared to 28 (68.3%) patients who received primary surgical intervention. Dosing of methotrexate was highly variable, with 6 patients who could be confirmed to receive a dose of 50 mg/m2. Five of the 6 eligible patients received rho(D) immune globulin. Six of the 13 methotrexate-treated patients received surgery following methotrexate for various reasons. Follow-up varied depending on the patient and physician.

Conclusion: Use of a standardized protocol and patient information sheets may assist in providing consistent care.

Please note that this submission is an encore presentation, being previously presented at the CSHP Banff Conference, 2008.

VALIDATION OF AN ADVERSE DRUG EVENT TRIGGER ASSESSMENT TOOL

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Rationale/Objective: In an effort to estimate the prevalence of Adverse Drug Events (ADEs) presenting to Adult emergency departments (ED) in Newfoundland and Labrador in a cost efficient manner, a trigger assessment tool (TAT) was developed to assist in categorizing patient charts into five groups, "high", "moderate", "low", "very low" or "no" potential of being ADE related. The goal of this evaluation was to assess the validity of the TAT.

Methods: The TAT was developed, used and validated for the purpose of carrying out a retrospective chart review on a sample of 1458 patients. The TAT contained 39 triggers known to be sensitive to the occurrence of ADEs. Using emergency room summaries, a physician and nurse combined the triggers they found with the patients medication history, and reason for presentation, to make a clinical judgment on the potential for the visit being ADE related. To validate the TAT, two ED physicians and two clinical pharmacists carried out an independent review of a random sample of charts from the combined group of "low/very low" potential and the "no" potential group to determine if they were ADE related. To be considered valid we would expect the prevalence in this sub-sample to be less than the entire sample.

Results: There were 170 charts selected from the low/very low potential group, of which 3(1.8%) were found to have potential ADEs as the reason for the emergency room visit. There were a further 192 charts selected from the no potential group, none of which were proved ADEs. The prevalence of ADEs in the original sample of 1458 was 2.8%.

Conclusions: The TAT was an effective tool to categorize ED visits according to their potential to be ADE related. It also proved to be a practical method for reducing costs associated with determining the prevalence of ADEs.

SUSPECTED MODAFINIL-INDUCED ACUTE PSYCHOSIS IN A SCHIZOPHRENIC PATIENT TREATED WITH CLOZAPINE

Robert MacAulay, The Moncton Hospital, Moncton, NB, Sally Ginson Duke, The Moncton Hospital, Moncton, NB

Rationale: Modafinil is classified as a stimulant to improve wakefulness in conditions such as narcolepsy. Off-label use has extended to treatment of fatigue associated with other disorders, including psychiatric illnesses. The acute worsening of psychotic symptoms in a schizophrenic patient is attributed to modafinil use in the following case report.

Description of Project: A 48-year-old male patient having chronic paranoid schizophrenia was treated with multiple antipsychotic agents prior to being initiated on clozapine. Clozapine dose was 275mg daily when modafinil 100mg twice daily was initiated due to drowsiness observed by caregivers. Concurrent medications included: citalopram 40mg daily, fludrocortisone 0.1mg twice daily, multivitamin daily and loperamide as needed.

Evaluation: In the 2 weeks preceding modafinil introduction, the patient was considered to be showing continued improvement with no clear evidence of psychosis. Abrupt changes in the patient's behaviours were observed 48 hours after modafinil started. Marked behavioural changes were accompanied by altered thought process as reflected in sexually inappropriate comments toward male caregivers, increased aggression, bizarre content in conversation and confusion. Modafinil was stopped after the patient received 8 doses. The patient's behaviour was then noted to gradually improve and return to baseline within 72 hours. A subsequent clozapine level of 1837 nmol/L exceeded the recommended minimum effective concentration of 1070 nmol/L. Other bloodwork was unremarkable. Using the Naranjo adverse drug reaction scale, a score of 3 is consistent with a possible adverse reaction to modafinil.

Conclusion: Health Canada stated in December 2007 that "caution should be exercised when modafinil is given to patients with a history of psychosis, depression or mania" due to the possibility of patients developing new or worsening psychiatric symptoms. This case report demonstrates the potential for modafinil to exacerbate an underlying psychotic illness despite clozapine treatment.

IDENTIFIED BARRIERS TO COMMUNITY PHARMACISTS' PARTICIPATION IN PRACTICE RESEARCH

Charity Evans,[1] Kyle MacNair,[2] Jeff Taylor,[1] Shawn Bugden,[2] Dave Blackburn,[1] Darcy Lamb,[1] William Semchuk[3]

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Rationale/Objectives: Pharmacists recognize the importance of practice research,[1-3] yet historically, few become involved.[4, 5] In the Pharmacist Intervention in Risk Reduction (PIRR) study (2001-2004), all Saskatchewan pharmacists were invited to participate. Of 1100 pharmacists, only 61 agreed to participate and of those, only 20 enrolled any patients over the two year study period.[6] In Manitoba, the Cardiovascular Risk Intervention by Manitoba Pharmacists (CRIMP) program experienced a dramatic decline in both pharmacy involvement and patient recruitment in its second year of operation.[7] The purpose of this study was to survey all pharmacists who expressed an initial interest to participate in either the PIRR study or CRIMP program, regardless of whether they actually did, in an attempt to identify the barriers to participation in practice research.

Methods: Online surveys were distributed to those pharmacists for whom current contact information was available (28 PIRR, 40 CRIMP). An email, introducing the survey and its purpose, was sent 5 days prior to the main mailing. Reminders were sent after 2 and 3 weeks and the survey was closed after 4 weeks. All survey questions were developed by PIRR and CRIMP investigators following a review of the literature.

Results: Forty-nine (72.1%) surveys were returned. Most respondents were full-time pharmacists (49.0%), working in independent stores (49.0%), filling 50-150 prescriptions daily (59.2%). The majority had not previously participated in practice research (60.4%). Motivation for participation included a potential benefit in individual practice development (89.6%) and benefit to patients (79.2%). Identified barriers to participation were lack of time and available staff. Monetary compensation, self-confidence, and program protocol/training were not viewed as barriers to participation.

Conclusion: Despite possessing the desire, motivation, and self-confidence to participate in practice research, the participation of PIRR/CRIMP pharmacists appeared to be limited by workplace environments, including lack of time and available staff.

DESIGN AND IMPLEMENTATION OF A STANDARDIZED REGIONAL ANTIDOTE KIT

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Background: Literature has shown that most hospitals in North America have inadequate stocking levels of antidotes required for both common and rare poisonings.

Objective: Our primary objective was to assure ongoing appropriate antidote stocking for hospitals within the David Thompson Health Region (DTHR) through development of a policy and procedure, as well as a standardized antidote "kit". Our secondary objective was to determine the number of appropriately stocked antidotes among hospitals within DTHR.

Methods: Antidote stocking guidelines specific to DTHR needs were developed through literature evaluation, consultation with the Alberta Poison and Drug Information Service (PADIS), and analysis of the unique needs of the region. A survey of stocking levels for 13 essential antidotes in

both Emergency and Pharmacy departments within DTHR was performed, which were compared with a U.S. evidence-based & consensus antidote stocking guideline.

Results: Antidote "kits", incorporating stocking guidelines were developed, along with a policy and procedure for all sites within DTHR. Of the seventeen sites that were surveyed, the average number of appropriately stocked antidotes for hospitals was 5.9 (mode = 5) out of a possible 13, while emergency departments only stocked an average of 2.8 antidotes (mode = 3).

Conclusion: DTHR had inappropriate stocking of antidotes. To overcome this, a standardized regional antidote kit was produced and distributed among all sites, along with a policy and procedure for antidote stocking.

Please note that this submission is an encore presentation, being previously presented at the CSHP Banff Conference, 2008.

NORTH AMERICAN SURVEY OF VASOPRESSORS AND INOTROPES IN SEPSIS AND SEPTIC SHOCK

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Rationale/Objectives: Despite guidelines on vasopressors and inotropes in sepsis, there is little information on actual usage. The objective of this study was to characterize the selection criteria, dosage, monitoring, and adverse drug reactions (ADRs) of vasopressors and inotropes in sepsis and septic shock.

Methods: A 42-item survey about management of septic patients was developed, field-tested and sent to 1065 ICU pharmacist members of SCCM, ACCP, and CSHP.

Results: There were 217 responses (20.4%). Pharmacists reported 3.8±15.3 septic patients admitted per month. Only 13.6% of ICUs had a hemodynamic protocol. First line vasopressors were not influenced by the presence (norepinephrine 63.5%, dopamine 24.5%) or absence (norepinephrine 52.4%, dopamine 34.0%) of a PA catheter. Low dose vasopressin was most often started after adrenergic vasopressors failed (70.8%). When used, a constant infusion (51.7%) or titration up to (24.6%) 0.04 U/min was most common. There were 18 different starting (range: 0.01-5 mcg/kg/min and 0.1-12 mcg/min) and 23 maximum (range: 0.2-30 mcg/kg/min and 12-200 mcg/min) doses of norepinephrine. Mean arterial pressure (MAP) >60 was the most frequent (39.3%) endpoint to guide vasopressor therapy. Inotropes were reported as being used "rarely" (34.6%), "sometimes" (47.5%), and "often" (11.5%). The decision to use inotropes depended on cardiac output (68.7%) or SvO2 (36.9%), with inotropes of choice being dobutamine (59.7%), dopamine (>5 mcg/kg/min) (20.4%), or milrinone (7.4%). Endpoints of therapy were cardiac output (75.1%), MAP (66.8%), SvO2 (45.6%), and urine output (44.7%). There were 8 different starting (range 0.05-5 mcg/kg/min) and maximum (10-50 mcg/kg/min) doses of dobutamine. Perceived incidences of ADRs were 46.9% tachycardia and 17.5% other arrhythmias with vasopressors and inotropes.

Conclusion: There is much variability in the selection criteria, dosage, and monitoring of vasopressors and inotropes. The suspected rate of ADRs is high. Implementing published sepsis guidelines may minimize variability.

(ENCORE PRESENTATION)

IMPLEMENTATION AND ASSESSMENT OF AN INSTRUCTIONAL SEMINAR FOR ONLINE CASE-BASED DISCUSSIONS

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Rationale/Objectives: Distance learning is increasingly available in higher education, resulting in growing needs to prepare faculty to teach online. Our purpose was to 1) conduct a training seminar to prepare pharmacy teaching assistants (TAs) and College faculty to teach in an online "classroom" and 2) assess the impact of this training on faculty's perceptions of teaching effectiveness.

Methods: The seminar was a two part series hosted on campus; it was open to all pharmacy teaching faculty. Part One included an introduction to technology (with classroom examples), a discussion of strategies and challenges, and teaching pearls from experienced distance education faculty. Part Two was an application-based workshop, with attendees planning and participating in a mock case discussion in the web-based classroom. A pre- and post-survey was developed to collect demographics, prior distance education experience, and perceptions/satisfaction before and after facilitating an online case discussion. Both were delivered via an Internet-based survey tool.

Results: Twenty (91%) instructors completed the preseminar survey instrument. Eleven of these instructors attended at least 1 session of the seminar and indicated that the didactic and/or application portions were either "helpful" or "very helpful". These faculty members and teaching assistants also completed the postseminar survey instrument and conveyed a significatnt increase in level of comfort in their ability to facilitate online case-based discussion (p=0.004). The 3 most frequently perceived barriers to online teaching remained consistent despite training or teaching experience.

Conclusions: After attending a training seminar and/or facilitating an online case discussion, participants' comfort level in their ability to teach online increased. Further study of the impact of faculty development programs on teaching effectiveness and student satisfaction with online pharmacy education is warranted.

(ENCORE)

DEVELOPMENT AND USE OF A PRIOR LEARNING ASSESSMENT SURVEY ABOUT PRACTICE EVALUATION AND RESEARCH CAPACITY IN A REGIONAL PHARMACY PROGRAM

Colette B. Raymond, Donna M.M. Woloschuk, Regional Pharmacy Program, Winnipeg Regional Health Authority, Winnipeg, MB

Rationale: The Winnipeg Regional Health Authority (WRHA) has developed a Practice Evaluation and Research Initiative, in order to build research and evaluation capacity. Prior learning assessment (PLA) promotes understanding of personal strengths and likes, establishes a professional development baseline, and identifies areas requiring further study.

Description of Concept: We created a 21-item survey about PLA, attitudes towards practice evaluation and research and continuing education topics. Pharmacy staff scored past exposure, perceived ability (prior experience) and interest in content areas related to the research process.

Evaluation: A total of 68 staff attended a presentation about the initiative, and an additional 93 staff were emailed the survey. 51 (32%) completed the survey, 98% were pharmacists. Overall, highest interest scores were related to software skills, generating research or practice evaluation ideas and developing proposals for new pharmacy services. Interest scores greatly exceeded ability scores for: developing and evaluating new pharmacy services, participating in drug and health care cost control programs, developing and writing a project proposal or protocol and presenting posters. The majority of respondents (60%) expressed that they lacked sufficient time to participate in practice evaluation and research projects; however, many felt that they had sufficient knowledge (46%), experience (36%) and mentorship (45%). Many (58%) felt that getting organized and starting a study was a barrier to participating in research. All proposed continuing education topics were of interest.

Conclusion: This data will be utilized to develop targeted CE programming, and linkage of staff with research mentors in order to increase research capacity.

VENOUS THROMBOEMBOLISM PROPHYLAXIS IN THE REGINA QU'APPELLE HEALTH REGION: A STORY OF QUALITY IMPROVEMENT TOLD BY SUCCESSIVE AUDITS

Carolyn Bubbar, William Semchuk, Linda Sulz, Susan Poulin, Department of Pharmacy Practice, Regina Qu'Appelle Health Region, Regina, SK

Rationale: Venous thromboembolism (VTE) includes deep vein thrombosis (DVT) and pulmonary embolism (PE) and is a major source of morbidity and mortality in hospitalized patients. Sixty to 80% of hospitalized patients will have risk factors for developing VTE with 10-20% of medical patients and up to 60-80% after spinal cord injury developing VTE during their hospitalization. Evidence-based guidelines for prevention of VTE have been published; however implementation of the recommendations has been low according to several published studies, especially in medical patients.

Methods: To document the uptake of these guidelines into clinical practice within the RQHR, a series of real-time patient chart audits were conducted by pharmacists for most inpatients on a given day in January 2005, August 2005 and January 2008. Between audits, multiple initiatives were undertaken to improve awareness and compliance with the guideline recommendations (e.g. use of pre-printed physician orders, professional in services, posters, newsletter article, etc.).

Results: The percent of all eligible patients receiving appropriate prophylaxis improved over the course of the 3 audits (63% Jan 2005, 72% Aug 2005, 86% Jan 2008). The percent of eligible medical patients (47% Jan 2005, 59% Aug 2005, 73% Jan 2008) and surgical patients (79% Jan 2005, 87% Aug 2005, 97% Jan 2008) receiving appropriate prophylaxis similarly improved.

Conclusion: The January 2008 RQHR VTE prophylaxis audit shows a high rate of overall compliance with the guidelines (86%) compared to other reports which have shown a compliance range of 13-60% of patients. The successful implementation of these evidence-based guidelines may have implications for planning other practice change initiatives in our health region.

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Sincere appreciation is extended to the abstract reviewers for AGM 2008.
Avec tous nos remerciements aux réviseurs des résumés pour l'AGA 2008.

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2009 Professional Practice Conference

Sheraton Centre Toronto Hotel, Toronto, Ontario
January 31 to February 4, 2009

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Category

Author must specify the category that best suits the particular poster.

1. Original Research (includes Pharmaceutical/Basic, Science/Clinical Research, Drug Use Evaluations, Systematic Reviews and Meta-Analysis, Pharmacoeconomics Analysis, etc.)
2. Case Reports
3. Pharmacy Practice (includes Administration Projects, Health Professional Education, Medication Safety Initiatives, etc.)

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CSHP 2015 related posters will be presented in a special area at PPC. If your abstract is linked to CSHP 2015 initiatives please clearly flag this after your category designation in the body of your submission email and the unblinded abstract.

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All abstract submissions must be submitted no later than 18:00 (Eastern Daylight Time) on October 10, 2008.

Abstracts MUST be submitted electronically, online at CSHP's Web site (http://www.cshp.ca) and by e-mail to cdrake@cshp.ca. Please provide 2 copies of your abstract. One copy should be blinded (remove authors' affiliations and identifying features in body of abstract). Please indicate in the filename which copy is blinded. Please submit your file in MS Word Format.

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Encore presentations will be considered, in which case the original conference/date citation must also be submitted. Clearly indicate that "encore presentation" in the body of the email and the unblinded abstract. Research in progress will not be accepted.

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L'auteur doit indiquer à laquelle des trois catégories suivantes l'affiche correspond :

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Accepted abstracts will be published in the Canadian Journal of Hospital Pharmacy.

Authors of accepted abstracts will be notified within 3 to 4 weeks. Expenses associated with the submission and presentation of the abstract are the responsibility of the presenter. Early registration fees will apply to all accepted poster applications. Guidelines for posters will be provided to authors of accepted abstracts.

Failure to comply with style rules could mean rejection of submission.

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Organize the body of the abstract according to the selected category as follows:

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a. rationale,
b. objectives,
c. study design and methods,
d. results of study including statistical analysis used,
e. conclusion of study (which should be supported by results presented).

Case Reports:

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b. description of case,
c. assessment of causality,
d. evaluation of the literature,
e. importance of case to pharmacy practitioners.

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c. steps taken to identify and resolve problem, implement change, or develop and implement new program;
d. evaluation of project,
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Abstract Text

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Le texte du résumé doit être organisé comme suit, conformément aux règles propres à la catégorie à laquelle le résumé appartient :

Recherche initiale :

a. justification;
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c. plan de l'étude et méthodologie;
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e. conclusions de l'étude (les conclusions doivent être appuyées par les résultats présentés).

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c. analyse de la causalité;
d. évaluation de la documentation; et
e. importance du cas pour les pharmaciens praticiens.

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a. justification du rapport;
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c. mesures prises en vue de cerner et de résoudre le problème, d'apporter des changements, ou de créer et de mettre en œuvre un nouveau programme;
d. évaluation du projet; et
e. importance et utilité du concept par rapport à la pratique actuelle et future.

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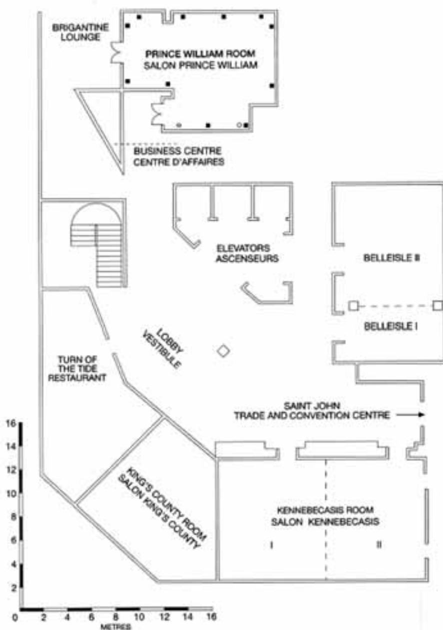

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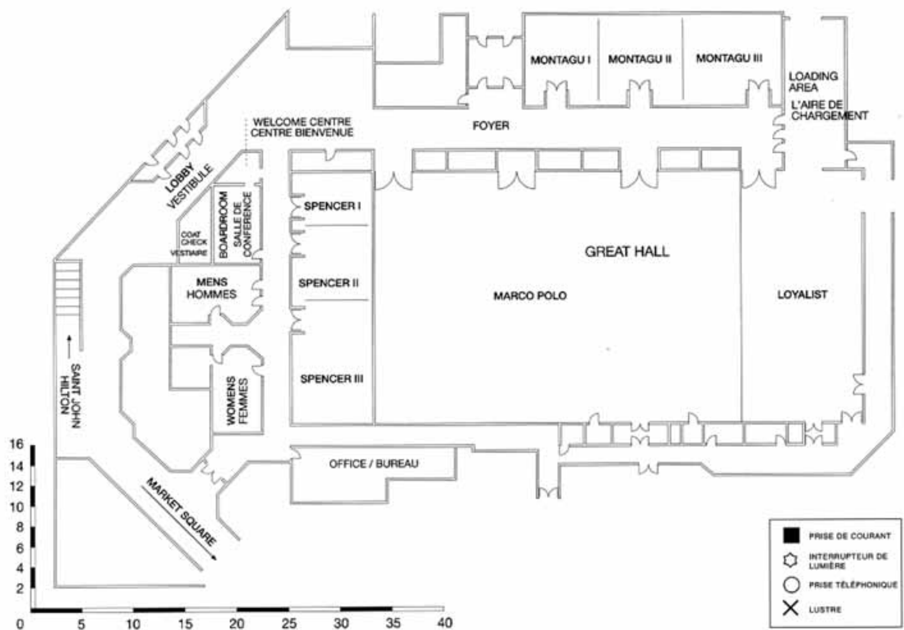

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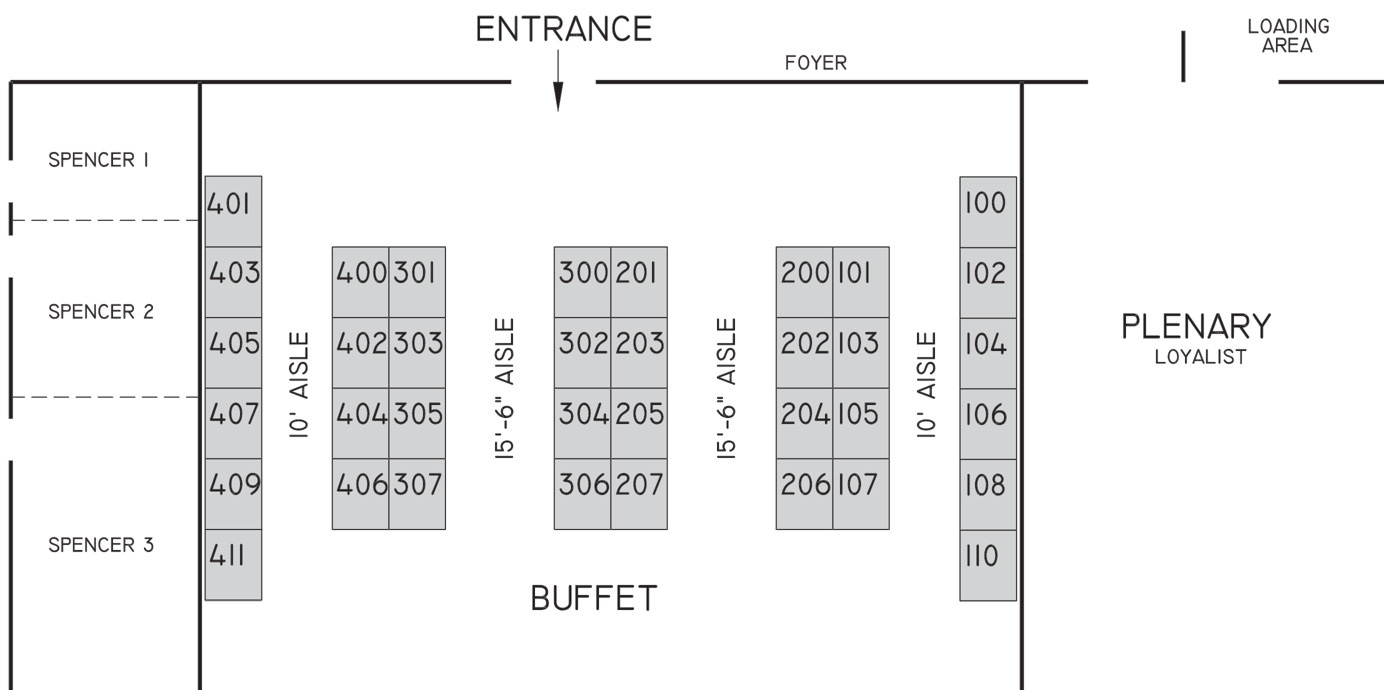

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Company/Compagnie	Booth/Kiosque #
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Apotex Inc.	301/303
AstraZeneca Canada Inc.	202
Automed	101
Baxter Corporation	207
Baxa Corporation	405
Bayer Inc.	401/403
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CADTH	404
Calea	107
Canadian Forces	407/409
Cardinal Health Canada	103
Canadian Pharmaceutical Distribution Network	104
Eli Lilly Canada Inc.	110
Genpharm ULC	106
Health Canada	411
Healthmark Ltd.	205
Janssen Ortho/Ortho Biotech	305
Hospira Healthcare Corp	304/306
McKesson Canada	402
Novartis Pharma Canada Inc.	206
Novopharm Limited Teva	100
Omega Laboratories Ltd.	200
Omnicell	102
Pfizer Canada Inc.	108
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Servier Canada Inc.	204
sanofi-aventis	307

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