



Newfoundland and
Labrador Pharmacy Board

*The Apothecary is the
newsletter of the
Newfoundland &
Labrador Pharmacy
Board.*

*It contains information
on a wide variety of
topics intended to
enhance the practice
of all pharmacists in
the province of
Newfoundland &
Labrador.
All registrants are
responsible for
reviewing any and all
information contained
within including
documents which are
made available on the
NLPB website via links
throughout the
newsletter.*

The Apothecary

Winter 2019

Message From the Registrar - Revised Standards for the Provision of Pharmaceutical Care to Personal Care Homes Now in Effect

New and revised *Standards for the Provision of Pharmaceutical Care to Personal Care Homes* came into effect January 1, 2019. These updated standards of practice provide greater clarity and promote consistency in the delivery of pharmacy services to our province's personal care homes.

The Newfoundland and Labrador Pharmacy Board Personal Care Home Standards Task Force, comprised of community and hospital registrants, collaborated with other stakeholders, including representatives from the regional health authorities, to update the existing standards. Key requirements to note include:

- Development of a Policy and Procedure Manual specific to personal care home service.
- Medication Storage and Medication Safety Audits must be completed at the personal care home at least once every six months.
- Medication that is not packaged in a unit-dose or multi-dose package must be labelled with FULL instructions for use, as appropriate.
- Medication Administration Records (MARs) must be prepared for residents on a monthly basis and delivered to the personal care home for review at least four days before the start of the next cycle.
- Staff at the home must be provided with sufficient education and supporting information materials.
- A comprehensive medication review for each resident must be conducted at least annually.

Darlene Mansfield is pharmacist-in-charge of a Lawtons Drugs in St. John's. She has been involved in long term care and personal care home services for 12 years and was a member of the Task Force. She says, "the updates you see today are the result of a rigorous consultation process to ensure the standards are easy to understand and implement, and resolve any questions around this area of practice for those offering or delivering pharmacy care to a personal care home resident."

Heather Seeley is pharmacist-in-charge of a Shoppers Drug Mart in Mount Pearl. Seeley and her team recently won the NLPB Patient Safety Award for their work

(Continued on page 2)

with a local personal care home regarding continuous quality improvement. Seeley, who also participated in the Task Force, welcomes the update. “The new standards are clearer and ensures consistency in all pharmacies across the province,” said Seeley. “The scope of work for pharmacy has changed considerably over the years since the initial standards were developed. Ultimately, these revisions will lead to better patient care.”

The Board appreciates the efforts of registrants who volunteer for the Board’s task forces as it helps to create informed practice documents that are more easily implemented. The regulatory processes to ensure safe, quality pharmacy practice must reflect the growth and expectations of the industry. The role of the NLPB is to ensure our standards and policies are reflective of the current environment and are continually reviewed and updated when necessary.

Registrants are encouraged to review the standards and, where necessary, create an action plan to ensure the policies and procedures at their site are aligned with the revised standards. If pharmacy professionals have questions about these, or any other, Standards of Practice, they are encouraged to contact the NLPB office for assistance. The revised standards can be found on the [Standards, Guidelines, Policies and Positions](#) page of the NLPB website.

The PostScript 2018 Recap

Throughout the year, the NLPB publishes a number of important pharmacy practice-related articles in our monthly e-newsletter, The PostScript. Many of these are also posted on the [Frequently-Asked Questions About Pharmacy Practice](#) page of the website. Check out the 2018 Archive, now posted on the [NLPB News](#) page of the website, to read articles about:

- **Registration and Licensing:**

- Returning to Work After a Leave
- The Expectation of Continuous Professional Liability Insurance
- “Pharmacy Technician” – A Restricted Title

- **Pharmacy Practice:**

- The Role of the Pharmacist When Dispensing Prescription Refills
- Injection Standards Reminders
- Reminders Regarding the Provision of Take-Home Naloxone Kits
- Revised Standards for the Provision of Opioid Agonist Maintenance Treatment
- Revised Personal Care Home Standards
- Revised Prescribing Standards to Reflect Changes to the TRPP Program

- New Standards for Pharmacy Compounding of Non-Sterile Preparations
- New Practice Policy – Registrant Use of Social Media
- New Health Canada guidance related to the Handling and Destruction of Narcotics, Controlled Drugs and Targeted Substances
- New Reporting Requirements for Medical Assistance in Dying

- **And:**

- Information related to the Rollout of the Prescription Monitoring Program and Changes to the TRPP Program
- Information related to the Rollout of the NLPB Learning Portal

Practice Resource

The University of Waterloo School of Pharmacy has developed a website designed to help pharmacists understand and apply their changing scope of practice. [Pharmacy 5in5](#) is home to a number of modules and resources on current topics such as cannabis, medical abortion and the new non-sterile compounding standards.

Complaints & Discipline Update

On April 24, 2018, the Registrar filed an allegation against a pharmacist (the “Respondent”) pursuant to s. 37 of the Pharmacy Act, 2012 (the “Act”). The Registrar alleged that the Respondent had two employees who were caught stealing large quantities of narcotics/controlled substances from the pharmacy while the Respondent was Pharmacist-in-Charge. The Registrar also alleged that the pharmacy was audited by Health Canada during two separate instances with both investigations finding irregularities in the pharmacy with regards to narcotics and other controlled substances.

In his responses to the Allegations, the Respondent acknowledged that he had made errors in procedure and accountability.

Following receipt of his responses to the Allegations, the Registrar and the Respondent both agreed to participate in Alternative Dispute Resolution to attempt to resolve the matter.

The Respondent has acknowledged that his actions constituted conduct deserving of sanction. In particular, he acknowledged that his actions were in violation of:

The Pharmacy Act, 2012:

s. 21.(3)(b) abide by the Act, regulations, by-laws, standards...

s. 28.(1) The pharmacist in charge of a pharmacy operating under this Act shall ensure that the pharmacy is operated in compliance with this Act...

Pharmacy Regulations, 2014:

s.12. Duties of pharmacist in charge, specifically subsections (a), (e), (i), (m), (n), (p)

Newfoundland and Labrador Pharmacy Board By-Laws:

s. 94.(a) ...professional misconduct. (a) breach of the Code of Ethics or standards of pharmacy practice... [PLEASE NOTE: this is now section 85(a) due to a numbering change in the document]

Newfoundland and Labrador Pharmacy Board Code of Ethics

s. 6.1 ...obey the laws, regulations, standards and policies....

s. 6.5 ...raise concern if policies..., or the actions, performance ...of others has the potential to compromise patient care or public safety or is in conflict with the laws, regulations, standards or policies of the profession.

Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies (2010-2015)

s. 2.1 Storage Requirements. ...it is the responsibility of the Pharmacist-in-Charge to ensure all narcotic and controlled drugs are stored in this cabinet and not in other unsecured areas of the pharmacy.

s. 3.1 Purchase Records. All pharmacies must maintain a register or log of all receipts of Narcotic and Controlled Drugs in a readily retrievable format in accordance with section 30 of the Narcotic Control Regulations....

(Continued on page 4)

s. 3.2 Sales Records. All pharmacies must maintain a paper copy of a register or log of all sales/transactions of Narcotic and Controlled Drugs in an organized manner in the pharmacy in accordance with sections 38 of the Narcotic Control Regulations...

s. 4. The Narcotic and Controlled Drug inventory should be reviewed regularly for expired and/or otherwise unusable drugs.

s. 5. In accordance with section 42 of the Narcotic Control Regulations, Losses or Thefts must be reported by completing a Loss or Theft Report form

The Board's Standards of Pharmacy Operation – Community Pharmacy ("SOPO-Community"):

s. 1.6(c)(i) A physical inventory count of narcotics and controlled drugs must be performed and documented at least once every three months...

s. 1.6(d) Maintenance and Auditing of Purchase Records

s. 1.6(e) Maintenance and Auditing of Sales Records

Narcotic Control Regulations:

s. 43. A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft.

The Respondent, the Complainant, and the Board agreed to the following disposition of this allegation:

- 1) The Respondent was cautioned for his admitted conduct deserving of sanction.
- 2) The Respondent was required to sign an undertaking that he will comply with all requirements for registration, and that he has read and understands the relevant legislation, standards, and procedures.
- 3) The Respondent was prohibited from serving as a pharmacist in charge or a preceptor for a period of two years.
- 4) The Respondent contributed towards the costs of the Board's involvement in the Allegations.
- 5) A copy of this Settlement Agreement will be placed in the Respondent's file and noted on any requests for a Letter of Standing from the Board.
- 6) This summary will be posted in the next issue of the Apothecary.

Lessons Learned...

⇒ Pharmacists-in-charge are reminded that they are responsible to the Board and the public for:

- actively directing, controlling or managing the pharmacy;
- ensuring that the pharmacy is appropriately secured against loss, theft and diversion;
- developing, maintaining and enforcing written policies and procedures for pharmacy staff in accordance with applicable legislation, the Standards of Pharmacy Operation and Standards of Practice; and
- ensuring compliance with all federal and provincial legislation pertaining to pharmacy practice and licensing including the Act, these regulations, the bylaws and the Standards of Practice.

Quality Assurance Program Update: Practice Site Assessments

The Pharmacy Act, 2012 requires the Newfoundland and Labrador Pharmacy Board to “establish and maintain a quality assurance program to promote high standards of practice within the pharmacy profession.” The QA program must be “designed to promote continuing competence and quality improvement.” The Board divides the components of the QA program into four main categories: registrant, practice site, practice support tools, and legislative and regulatory support.

In this edition of *The Apothecary*, we would like to provide registrants with an update on the QA programming under “practice site.” The Board has developed a practice site assessment program for community and hospital pharmacies in order meet its requirements to promote regulatory standards and facilitate quality improvement processes.

Practice Site Assessments - Community

Since 2014, when the NLPB started conducting community pharmacy practice site assessments as part of the QA Program, 120 pharmacies (~60%) across the province have been assessed. The goal is for the Board to have the capacity to routinely assess all pharmacies every three years. The Board hopes to have a Practice Site Assessor (Community) in place by this spring to assist with in meeting this goal.

For those who are not familiar with the assessment process, community pharmacy assessments involve a direct exchange of information between the pharmacist-in-charge of the pharmacy and NLPB staff. Pharmacists-in-charge complete a self-assessment prior to the assessment date and submit it to NLPB. The self-assessment form is primarily based on the Standards of Pharmacy Operation and Standards of Practice. It helps pharmacists-in-charge identify any standards that are unmet and questions they may have about the application of standards and guidelines. This helps the pharmacist-in-charge and Board staff prepare for the visit and make good use of time on assessment day. NLPB staff complete an on-site assessment form and this, along with the self-assessment and discussions during the assessment, informs the assessment report. Pharmacists-in-charge are required to respond to the report, including plans for addressing any standards that are unmet and implementing recommendations.

Upon reviewing assessment reports for 2019, key learnings can be identified and shared broadly for the benefit of all registrants.

Standards of Pharmacy Operation - Community Pharmacy

- Many pharmacists are unclear about the auditing requirements under Section 1.6 - *Security and Accountability of Narcotics and Controlled Drugs*. If you are uncertain about what this section of the Standards requires, please contact NLPB office for assistance.
- Section 3 of the SOPO-Community provides the expectations around Pharmacy Practice. All staff should review this section in detail, as there were changes in practice requirements included in this section when the standards were approved in June 2015. For example:
 - Schedule II medications are subject to the same documentation and labelling requirements as prescription medications.
 - For every medication dispensed, there must be clear documentation of who was involved at

(Continued on page 6)

EACH STAGE of the dispensing process, resolution of any drug interactions, and counselling (for all new prescriptions, and where required for refills).

- o When filling or logging a prescription for continuing therapy, any existing prescriptions for the same drug therapy with refills remaining MUST be deactivated to prevent them from being inappropriately filled in the future.
- o When filling a prescription that was previously logged, it MUST be handled as if it were a new prescription including ensuring the accuracy and validity of the prescription (by checking it against the original order) and the continued appropriateness of the drug therapy.

Personal Care Home Standards

- The pharmacy must develop, regularly review, and maintain a policy and procedure manual specific to provision of services to personal care homes.
- All residents for personal care homes must receive a comprehensive medication review at least yearly, and documentation must be retained in the patients file at the pharmacy. To meet this requirement, many pharmacists-in-charge aim to schedule medication reviews throughout the year, taking into account busy periods and staff vacation time.
- Revised standards came into effect January 1, 2019; ensure you are familiar with the new requirements, and that any gaps between current practice and the new standards are addressed.

Injection Standards

- Ensure that emergency kits for anaphylaxis management are appropriately stocked and routinely checked for expired products. The Canadian Immunization Guide, a required reference under the standards, provides guidance on emergency kit contents - see <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html#p2c3a4f>.
- For clarity, pharmacists *may* inform other health care providers about provision of an injection or immunization, however pharmacists are *required* to provide a patient with injection documentation.
- All injection administrations (including immunizations) must be appropriately recorded in the electronic health record. To ensure that you are using the best process for this, you may want to contact NLCHI or your software vendor. Using the “Add Immunization” or “Add Pharmacy Service” function to record this information is more appropriate than creating “injection service” as a drug file and submitting it since the latter will not be transmitted to the electronic health record.

Practice Site Assessments - Hospital

The Board piloted a process for assessing hospital pharmacies in Fall 2017. To date, six pharmacies have been assessed. There were many lessons learned from this pilot and we are integrating these learnings into existing processes. Staff support will be added early in 2019 to assist hospital registrants with meeting the Board’s standards and to ensure that hospital pharmacy sees meaningful outcomes. While all applicable NLPB standards are emphasized during site visits, currently, the key areas of focus for hospital pharmacy are:

- Implementation of standards for pharmacy compounding of sterile and non-sterile preparations

(Continued on page 7)

- Implementation of the *Standards of Pharmacy Operation-Hospital Pharmacy*, which came into force January 1, 2018

Conclusion

In 2019, the Board will continue to develop the registrant and practice site components of the QA Program, including the development of medication safety standards and establishing processes for reporting medication incidents. We will also be evaluating QA processes that have been implemented since the program's inception and making improvements where necessary. The Board and its staff look forward to continuing to promote high standards of practice, continued competency, and quality improvement, and to working with registrants to ensure safe, quality pharmacy services are provided to the people of the province.

Building a Patient Safety Culture- Sharing Information about Medication Incidents

The Canadian Patient Safety Institute defines a medication incident as:

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems. Medication incidents can occur due to wrong doses or wrong routes of administration, drug mix-ups, drug interactions causing harm, errors associated with drug packaging or labels, administration of medication to the wrong patient, or incomplete (or a lack of) medication reconciliation.

Unfortunately, even the most diligent pharmacists, pharmacy technicians, and assistants can be involved in a medication incident. The silver lining to an error or near miss is the learning that results from analyzing how the incident occurred. Sharing information about medication incidents with the pharmacy community and other health professionals can prevent future errors and patient harm.

Recently, a pharmacist reported to NLPB a dispensing error related to nitroglycerin ointment. The pharmacist detected two situations where nitroglycerin ointment 2%, which is a commercially available product prescribed for angina, was dispensed instead of compounded nitroglycerin 0.2% for anal fissures. In both situations, the patient was negatively affected due to side effects (severe headache) and delayed resolution of a medical issue.

Lessons Learned...

- ⇒ If not included on the prescription, pharmacists should collect information from patients about the indication for a medication's use. It is most efficient if this information is collected upon intake of the prescription. If the patient is unsure of the indication for use, it may be necessary to consult with the prescriber before dispensing the medication.
- ⇒ Pharmacists should be familiar with the various indications and related dosing of medications they are dispensing; if unsure, appropriate reference materials should be consulted. In the case described above, it is important for pharmacists who are checking prescriptions to be aware of the varied dosing, instructions for use, and duration of therapy for nitroglycerin ointment when being used for treatment of angina versus anal fissures.

Are you aware of a medication incident that others can learn from? Let us know! Contact Noelle Patten, Associate Registrar, Quality Assurance at npatten@nlpb.ca.

Professional Practice Webinars

The most recent Professional Practice webinar took place on February 12, 2019 from 9:30 - 10:30 am. The topic for this webinar was **Pharmacy Technician Scope of Practice - Myths and Misconceptions** and there was a very lively question and answer session during the webinar.

If you were not able to join us, a recording of the webinar and a handout will be posted, as always, to the [Professional Practice Webinars](#) page of the NLPB website within a week following the event.

Please visit the NLPB website any time to check the dates of upcoming webinars or to view recordings of past events. Our archive currently includes the following webinars:

- Oct 2018 NLPB Update – What's New and Upcoming?
- Aug 2018 Standards 101 and Frequently-Asked Questions - Opioid Agonist Maintenance Treatment
- June 2018 Current Issues - Cannabis: Know Your Role
- April 2018 Ethical Considerations: Professional Liability and Your Patient
- Jan 2018 Standards 101: Prescribing by Pharmacists - What's Holding You Back?
- Oct 2017 Frequently-Asked Questions - Professional Development Standards and Online Portal
- Aug 2017 Current Issues - Buprenorphine-Naloxone for the Treatment of Opioid Dependence
- June 2017 Standards 101 - Security and Accountability of Narcotics and Controlled Drugs



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