

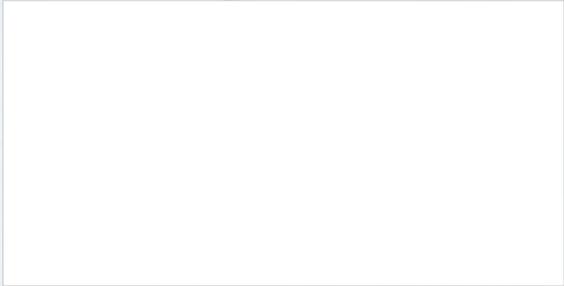
THE Tablet

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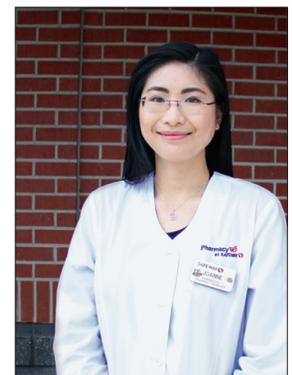
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ON THE COVER

Joanne Hui, mentorship award recipient, of this year’s BCPhA Pharmacy Excellence Awards.



Keith Shaw

Give our pharmacy award winners a virtual high five

Since I last connected with members, several months of 'pandemic practice' have taken place. PPE is now a common acronym to us all and physical distancing is a new normal in workplaces and among friends. "Double your bubble" and "bigger spaces, fewer faces" are new catch phrases, born of the need to guide the public during COVID-19.

Community pharmacy has been an important guide during the pandemic and that has been recognized by media and government. Pharmacists started by answering questions as unique as why we should not drink surface disinfectants to maintaining continuity of care for patients. Pharmacists have shared the grief of loss with their patients and have managed the challenge of staffing with new COVID safety protocols.

Early on the BCPhA supported conversation with public health to ensure pharmacists were recognized as essential health-care providers. Pharmacists were able to receive a COVID-19 screening test sooner and get back to supporting patients safely. Never before has a crisis made it so clear that pharmacists are a critical part of the patient's circle of care.

The contributions made by our pharmacist colleagues are celebrated in this issue of *The Tablet* and represent the great strides that individuals—supported by progressive employers—are able to make in improving the lives of British Columbians. The gala to celebrate the BCPhA Excellence Awards has been a casualty of the COVID-19 pandemic, depriving the winners (and us as their cheering colleagues and friends) the chance to share the joy of the award. Be sure to review the profiles and the video essays created to support the award winners. While they have understood the need to cancel the celebrations, congratulations from peers would mean a lot. Reach out and give that high five... virtually, of course!

At the same time, in working with government, the BCPhA has successfully achieved a permanent increase to the publically funded injection fee of over 20%. While the BCPhA is your voice with government, it was the professional practice of community pharmacists and the favourable response from the B.C. public that was key to this recognition.

The public will be relying on us to immunize patients from flu and eventually from coronavirus, too. We've achieved recognition for our work, not only from government, but with funding to make credible the faith and trust placed in pharmacy. As you are reading this, the 2020-2021 flu season is well underway. As you work hard to support our community I wish you a safe and productive autumn. I am proud to be a part of the pharmacy profession and of my colleagues' efforts in this time of uncertainty. You are a part of the success of the BCPhA, of the profession, and in moving pharmacy forward. ■



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The Tablet is published by the BCPhA. Views expressed herein do not necessarily reflect those of the Association. Contributed material is not guaranteed space and may be edited for brevity, clarity and content.

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Publication agreement #40810576



Geraldine Vance

Into the flu season

As we settle into what Dr. Bonnie Henry calls “our pandemic,” a new state of being has set in: pandemic fatigue. Six months of low-grade fear, continued uncertainty about the path ahead and worries about what will happen as the short days turn into darkness and cold has people worried.

And for pharmacists, this sense of worry is compounded by the annual uncertainty associated with the fall/winter flu season. Much has been said about the possible double hit of flu and COVID and how this could impact the health-care system and those we know and care for.

But I also think there is a shared commitment and pride that is taking hold amongst community pharmacists. All eyes are on pharmacists to ensure upwards of 20% more people get their flu shot in 2020/21 compared to last year. It is understood that public health is rightly focused on COVID contact tracing and monitoring and that most public flu clinics won't be available. We also know physicians are operating at reduced capacity with fewer patients actually coming into offices. That means that public health and physicians will be doing fewer flu shots. Pharmacists will need to pick up that slack and the increase in overall flu immunization.

In 2009, when B.C. pharmacists rose to the occasion to help stop H1N1, patients, public health and elected officials saw pharmacists in a new light. They took on a role in direct, hands-on, patient care. No one doubts the great job pharmacists have done in administering flu and other vaccines. Over 790,000 people got their flu shot from their pharmacist last year. And this year, that number will swell.

Being able to pull through in a time of crisis is the hallmark of leadership and professionalism. And pharmacists have been there to answer the call: H1N1, measles outbreaks, the B.C. wildfires and COVID-19. Do I wish these efforts were better acknowledged? I certainly do. All too often, pharmacists are the unsung heroes who, it is assumed, will always be there in a crunch. And truth is, every pharmacist I know is.

I want every member to know that behind the scenes we have been working with public health and the Ministry to ensure they understand the unique challenges this flu season brings in a time of social distancing and increased public anxiety. We are advocating for what is being asked of you and I hope by the time you read this the pieces will be in place.

We are assembling the most current information on how to make this a safe flu season for you and your patients and how best to manage the extra requirements this year. Know we understand the challenge you face.

I have often said I am proud to lead the BCPhA and to have gotten to see up close the commitment and courage displayed by so many of you in ways that are often not seen.

Be safe and thank you for all that you do each day. 📺

The Tablet asks our contributors:

“What is your personal advice for pharmacists providing immunization services in the 2020/21 flu season?”



Derek Desrosiers is a BCPhA Board Director and President and Principal Consultant at Desson Consulting Ltd. “Focus on keeping your patients and staff safe. Use proper PPE

and make sure patients understand the extra measures you are taking to keep them safe. Do flu shots by appointment whenever possible. Use a private, confidential space and keep plenty of hand sanitizer on hand for patients and require patients to wear a mask.”



Lindsay Dixon is the Founder of Friendly Pharmacy 5, a health information series made to fight misinformation. “Anxiety is high on both sides of the counter right now. You may be the first

health-care professional your patient is seeing in-person since before the pandemic. Thank patients who are waiting in line. Commend them for getting their flu shot and explain how their actions positively impact public health. For self-care, try to get outside at some point during each shift for fresh air.”



Barbara Gobis is the Director of Pharmacists Clinic at the UBC Faculty of Pharmaceutical Sciences. “People may be nervous about being out and about so thank them

for getting immunized. Check if they need other immunizations and administer them at the same time (where appropriate). Make the most of each contact opportunity.”

Member News

Do you have a professional or personal update you want to share in *The Tablet*? Email editor@bcpharmacy.ca to share your member news.

Publicly funded injection fee increases to \$12.10 effective Sept. 1

The BC Pharmacy Association has been in discussions with PharmaCare (Pharmaceutical, Laboratory and Blood Services Division) since the COVID-19 outbreak about its impact on community pharmacists. Since March, we have worked with the Ministry of Health and the College of Pharmacists of British Columbia to make changes in practice requirements to protect patients and pharmacists. We have also worked to help offset the negative economic impacts the pandemic has had on pharmacies.

The BCPhA is pleased to announce that the fee for the administration of publicly funded vaccines has increased from \$10 to \$12.10. This increase applies to all publicly funded vaccines and is effective Sept. 1, 2020.



Expanding your reach through social media

BY LINDSAY DIXON

We live in an era where it is increasingly difficult to differentiate between factual science and misinformation. These days, a robot can type a fairly well-written article, and many would never realize the author is not a human being. Free software even allows virtually anyone to alter the audio of a podcast and change what the podcaster said, in their own voice, with the click of a button. “Buyer beware” now applies to social media consumption, like any other sector.

Canadian epidemiologist and associate professor from the University of Ottawa, Dr. Raywat Deonandan, recently referred to the current “infodemic” we are experiencing, saying in an interview that, “We’re not only dealing with a pandemic of a lethal virus, but a pandemic of misinformation.”

Much of the confusion that has plagued our society over the past six months in regards to the COVID-19 pandemic is rooted in the fact that mainstream media is often disregarded by many, and social media platforms have become a more luring and enticing place to find critical information.

This begs the question: Do pharmacists have a role to play here?

I believe we need to evolve in our thinking about social media as it relates to

our profession. When it comes to science, social media is not the enemy. Social media is a powerful tool that will yield positive or negative results depending on the type of content the viewer is presented with on these platforms. Part of the solution to combatting misinformation on social media is to drown it out with solid science, and who better to speak up than the local, neighbourhood pharmacist—someone patients already know and trust?

According to RethinkPharmacists.ca, pharmacists consistently rank as one of the most trusted professions in Canada, and Canadians see their pharmacist more often than any other health-care professional. We already have the trust of most Canadians and we already have an audience—our patients—so what if we expanded our role and started speaking to our community on social media?

In March 2020, after seeing many friends and neighbours falling victim to false information about COVID-19, I reluctantly opened a YouTube account and started a channel called “Friendly Pharmacy 5.” The videos were short and easy to understand. Most importantly, they were factual.

The response I received was incredibly positive from both the community and pharmacy professionals alike. As a pharmacist, stepping out from behind the counter to be publicly active on social media took time and plenty of courage. I knew better than to believe the misinformation floating around, but not everyone has this ability. So I decided to try to be an oppositional force by providing easy to understand, evidence-based content on these platforms, and, to my surprise, people were actually listening!

Six months later, the channel has taken on a life of its own and I see that as a powerful way of advocating for the profession itself. The more I continue to post content, the easier it gets, and the more natural it feels.

If we want to change the way the public sees our profession, we need to be willing to walk into unknown, and sometimes uncomfortable, territory, believing that what we have to offer is worth sharing and will indeed have a significant impact on public health.

Pharmacists tend to shy away from these types of platforms. Maybe it is our personality type, or maybe we worry about how being active on social media could affect our

reputation, since the last thing we want to risk is our credibility. But what if the opposite were true? What if by creating a space for factual health information, we could positively influence our communities, drown out misinformation, and advocate for our profession all at the same time?

Where are your customers and patients when they are not in your place of business? According to a recent survey from SocialMediaLab.ca, “An overwhelming majority of online Canadian adults (94%) have an account on at least one social media platform, making Canada one of the most connected countries in the world.”

Many community pharmacies have social media accounts—this is a great start! However, most pharmacies that I have seen on social media seem to be using these platforms to focus solely on their front store business. What about the heart of our business, the pharmacy? What about

starting a Pharmacy Friday “takeover” on Instagram? You could talk about your practice, showcase services, pick a hot health-related topic, or even provide some fun facts about special skill sets of your staff members. Start slow with one post per week and see what you can come up with!

Another way to stimulate enthusiasm and creativity is to get students involved. The Friendly Pharmacy 5 project has been working with a group of recent UBC Pharmacy graduates to help with research and content development. These are our future health-care leaders; they are incredibly passionate and creative, and most of them are also incredibly savvy with technology and social media. The Friendly Pharmacy 5 collaborators from UBC, led by Ashley Jang, have been an incredible asset to the project; one of the team members, Joel Chern, even took it upon himself to develop our logo! Getting

students or new graduates involved is just one of many ways to enrich the process for all parties, and to contribute to the future of the profession.

As pharmacists, we have so much to offer and so much to contribute. If you cannot do this yourself, consider supporting a pharmacist who is. Share their posts, subscribe to channels that are run by Canadian pharmacists, and amplify the voice of pharmacy by sharing the content on your social media pages.

By embracing social media, we unleash the positive influence we can have on the health of our communities, we educate the public on who we are and how we can help them, and we remind our communities that we are indeed a vital part of their health-care team.

The opportunity is there. It’s time to step out from behind the counter and show the community that we are, indeed, essential. **T**

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Honouring pharmacy excellence

Each year, the BC Pharmacy Association Excellence Awards celebrates the exceptional achievements of individuals devoted to enhancing pharmacy care in B.C. Learn more about our 2020 winners at bcpharmacy.ca/awards.

BY ANGELA POON

Brittany Swanson

PFIZER CONSUMER HEALTHCARE BOWL OF HYGEIA AWARD

TITLE Pharmacy manager

WORKPLACE Harbourside Pharmacy

LOCATION Port McNeill

Growing up on idyllic Malcolm Island, offshore from Port McNeill on the northeast coast of Vancouver Island, pharmacist Brittany Swanson learned the meaning of community from an early age.

“I kind of see it as what you do,” says Swanson. “I grew up in a community where that kind of thing just happened, it was normal and commonplace and people just kind of came together.”

Swanson was first introduced to pharmacy as a high school student at North Island Secondary School. She was given the opportunity to shadow a family friend who worked as a pharmacist at Harbourside Pharmacy, formerly known as People’s Drug Mart. The experience set her on the path to pharmacy and after graduating from the University of British Columbia, she returned to her hometown pharmacy where she has worked as a community pharmacist ever since.

“It’s a career that I feel suits me very well and I love it,” she says. “I have a great team of medical professionals that I get to work with. Everybody comes together to make a difference in people’s lives.”

One of those professionals is Dr. Prean Armogam, one of the area’s only physicians, who has worked with Swanson for many years. The doctor relies on Swanson’s intimate knowledge of many of the north island’s remote communities when advising patients, prescribing medications, and negotiating EMRs (electronic medical records). Her wealth of knowledge on where people fit in terms of their family’s access to medications and drug coverages makes a big impact on patient care, he says.

“If I had to try to define what a great pharmacist would be, that’s Brittany for us,” says Dr. Armogam. “Knowing people, understanding where they’re coming from, from a drug perspective, from personal preferences, I think it’s key for being a great community pharmacist.”

Long-time family friend and award nominator Wanda Laughlin says their Malcolm Island community of about 750 residents would not be the same without Swanson.

“Brittany is one of the few kids of her age that has come back to our community and she just gives,” says Laughlin.

Swanson—who ferries daily from her home in Sointula to Port McNeill—regularly goes out of her way to use her expertise for the community’s good. She routinely takes calls from fellow Islanders seeking advice, and will often deliver medications for those residents who cannot manage the trip to Port McNeill. She watches out for others’ wellbeing, even convincing Laughlin to quit smoking.

Beyond her vital roles as community pharmacist and mother of three young children, Swanson serves as president of the Parent Advisory Council at A. J. Elliott Elementary School, where her children attend. She organizes events and activities, fundraises, and plans the annual children’s Christmas party. As an avid gardener, Swanson is committed to growing as much of her family’s produce at home as possible.

“She’s the most giving, kind person,” says Olivia Shaw, a new pharmacist working with Swanson. “She always goes above and beyond for everybody. How she does it all, I have no idea.”

Overall, Swanson’s commitment to her community is all about being present.

“I’m really just kind of thinking about what I would need if I was on the other side of the counter,” she says. “Sometimes people are just going through a challenging time and they just need someone to listen to them or to make their life just a little easier. It’s those little things that make a difference.”



“I’m just focusing on the things that make a difference for people, the little things, a little tip here, making their delivery easier, all kinds of stuff. A thousand little things.”

—Brittany Swanson

Cameron Bonell

COLLABORATIVE CARE AWARD

TITLE Pharmacist

WORKPLACE Lakeside Medicine Centre Pharmacy

LOCATION Kelowna

A naturally inquisitive person, Cameron Bonell has spent his career seeking out ways to expand the scope of his pharmacy practice.

“I kind of am very curious,” Bonell says. “So I am not really satisfied with the status quo. I’m looking for opportunities to expand on the way of doing things that allows patients to get the best health care they can.”

Bonell’s first pharmacy role within a hospital setting was pivotal to his future career. While completing a hospital residency at Royal Columbian Hospital, he was mentored by innovative pharmacists on how to interact with practitioners, how to be a drug expert, and how to educate patients and prescribers on the appropriate use of drugs.

The pharmacist put that knowledge to good use when he moved to Kelowna as a community pharmacist in the late 1990s. In addition to serving patients at Lakeside Medicine Centre Pharmacy, Bonell was a founding member of the Board of directors for the Central Okanagan Association for Cardiac Health (COACH), a non-profit society that provides education, support, and guidance on the prevention and management of heart disease. For more than 20 years, Bonell has served as a patient educator, both in a classroom setting as well as one-on-one patient interactions. In recent years, the successful program has expanded to surrounding rural areas via videoconference.

“We’re seeing more and more patients coming from those rural areas and they don’t have a lot of the support within their communities, so it’s important to have that outreach,” says Bonell.

Bonell is a vital component of the success of the COACH clinic, says program coordinator Jacqueline Gabelhouse.

“He’s trusted with our patients right away,” she says. “He provides information about medication compliance in a way people adhere to, and they feel like they made the decision to do that.”

Bonell also serves vulnerable patients within a hospital setting through his work as the team member of Lakeside Medicine Centre Pharmacy overseeing

the pharmacy’s contract with the Kelowna Transplant Clinic. For nearly 20 years, Bonell has visited the outpatient clinic on a weekly basis to assess renal transplant patients, as part of an interdisciplinary team of nurses, dietitians and physicians.

“They are complex, complicated patients and they’re always concerned about their health because they’re usually in pretty precarious situations,” says Greg Andreen, a fellow pharmacist and co-owner of Lakeside Medicine Centre Pharmacy. “So to have somebody that they get to see on a regular basis at those clinics and that they get to see at the pharmacy when they come in, that gives them that trust to be able to feel good, to know they’re in good hands.”

The collaboration started as a pilot project by a nurse conducting research on incorporating community pharmacy, which was greatly embraced by the entire medical team, says Bonell.

“They really found the pharmacists were able to get more information and maybe better-quality medication histories from the patients than they had been doing in the past.”

Bonell believes this approach could serve to benefit all areas of pharmacy practice—and all patients.

“If we can get to a system where we’re actually working as a team, we’re going to get more information from the patient and we’re going to get a better and bigger picture of what their health-care needs are. And in the end that’s going to serve the patient better and it’s going to make the patient’s outcome improve.”

Never one to be complacent, Bonell challenges his own expertise regularly, and spearheads fun educational events for his pharmacist co-workers, where colleagues have the opportunity to study and debate recently published articles or reviews of specific treatment options. He shares his thirst for knowledge with the pharmacy students he mentors annually, and was recently recognized as a Pharmacy Practice Educator of the Year by the University of British Columbia, for his efforts in allowing students to work alongside him at the Kelowna Transplant Clinic.



*“We’re waiting a long time
for someone to allow us
[as pharmacists] to do
stuff, but really there’s
nothing quite like just
going and doing it.”*

—Cameron Bonell

Clancy O'Malley EXCELLENCE IN PATIENT CARE AWARD

TITLE Owner/Pharmacist

WORKPLACE Pharmasave

LOCATION Kamloops

For Pharmasave owner/pharmacist Clancy O'Malley, his pharmacy is about more than prescriptions and medical advice. It's a safe haven for members of Kamloops' marginalized and vulnerable community to rest, enjoy a cup of hot coffee, and be shown warmth and respect.

"He just cares so much about everybody, no matter what they're here for he will talk to them," says Caroline Cooper, a pharmacist at O'Malley's Pharmasave and his award nominator. "He just makes everybody feel happy and welcome."

After taking over ownership of the downtown Kamloops pharmacy in the fall of 2018, O'Malley cleared out some of the store's retail space to put in a table and chairs, where anyone is welcome to come in and sit and warm up during cold weather months, whether they are a patient of the pharmacy or not, says Cooper.

"It's proving to people you care about them and that any problems they might have is not going to affect the care you give them," says O'Malley, on his approach to patient care.

"Some of my clientele are whom you would describe as marginalized. They're shown so little respect, sometimes active disrespect, while just trying to exist. No matter what their status is in society, they're no more or less a human being. Everything gets clearer when you start from that perspective."

Serving many of the neighbourhood's most vulnerable population, O'Malley is intimately involved in their overall care and ensuring positive outcomes for his patients. Working with patients managing mental health issues and substance use disorders—many of which are homeless or live in shared, temporary shelter spaces—he recognizes the challenges they have to face on a daily basis. O'Malley helps patients keep track of their appointments, find shelter, food and a hot shower, and takes the time to really listen to their daily concerns. He also personally delivers medications to patients in need, including youth patients in foster care whose medications he manages.

A provider of Opioid Agonist Therapy (OAT)

treatment for many of his patients, O'Malley also collaborates with ASK Wellness Society, a non-profit agency that assists members of the Kamloops community with housing, health or employment. He is currently working with the organization to create a new pilot project in conjunction with the Kamloops Addictions Clinic and Interior Health for those with substance use disorder.

For many of his patients, O'Malley has provided so much more than medication; he has provided hope for their future.

Kamloops resident and member of the Micmac First Nation, Joshua Higgins, is a thankful patient of O'Malley's. After struggling with mental health, substance use and chronic pain for several years, Higgins credits O'Malley with his restored health and wellness today.

"In the last year, being an exceptional person that Clancy is, he has stuck by me through two relapses, detox, and a Hepatitis C positive diagnosis and provided me with all of my medications without judgement and genuine caring," says Higgins. "Even if he is busy with something else, he always seems to take the time to listen to me and help me in any way he can."

O'Malley sees his overall approach to patient care as critical to the overall outcome of patients such as Higgins.

"People that do have to go to the pharmacy daily, you see them more than anybody. Every day, it's an opportunity for a good experience or a bad experience."

A resident of Sun Peaks, a small resort town 45 minutes away from Kamloops, O'Malley in October expanded his business to open the community's very first pharmacy, Sun Peaks Pharmacy.

As the community continues to grow beyond just a resort town, O'Malley wanted to offer locals and tourists alike trusted pharmaceutical care without the drive to Kamloops. During shoulder seasons, when business slows, residents can still access care via O'Malley's telepharmacy based out of his Kamloops pharmacy.

*“I really love the ability to feel that
I’m part of the community.”*

—Clancy O’Malley



Joanne Hui

MURRAY DYKEMAN MENTORSHIP AWARD

TITLE Pharmacy manager

WORKPLACE Safeway

LOCATION New Westminster

Chances are, if you are a newly practicing pharmacist who was trained in B.C., you have been mentored by Safeway pharmacy manager Joanne Hui.

In addition to her role as manager of the New Westminster Safeway McBride pharmacy, Hui is intimately involved with pharmacy students' education at the University of British Columbia. As a pharmacist facilitator, she mentors students at the faculty's practice lab, helping them work through various procedures and protocols from the perspective of an actively practicing pharmacist. And as a facilitator with UBC's PHRM 361: Clinical Skills: Administration of injections course, she provides essential training and techniques on administering effective and safe injections within a pharmacy setting.

"When I was in school one of my favourite courses was actually the practice lab where we had working pharmacists come in and share their experiences of working in the field," says Hui. "There's only so much you can gather and learn from sitting in class and textbooks. Now as a facilitator myself, that's kind of my way of giving back."

Safeway pharmacist Satbir Heer says Hui was instrumental to her transition from student to pharmacist, as her mentor both at UBC and later at Safeway.

"She was always that one person that you would go to, to ask questions," says Heer. "She would encourage me to make my own decisions. She would give me the advice about certain situations, but she would give you the confidence that you could handle the situation."

For Hui, working with pharmacy students—whom she also mentors in-pharmacy as practicum students—and new pharmacists is an extremely rewarding experience, not just as a witness to their growth but for her own professional growth as well.

"I can't stress enough about how much [mentorship] has enriched my own experiences," she says. "Students will ask you questions, and you have to think about, 'How do I actually approach this, why do I approach things a certain way?' I learned that from them and they absolutely challenge me to be better."

A passionate injections administrator, Hui's

mentorship extends beyond pharmacy students. Since 2015, the pharmacist has provided annual accredited training for pharmacist colleagues across Canada, through Safeway's parent company, Sobeys National Pharmacy Group. Hui was selected by Sobeys to create an annual injection refresher educational program across the network, which was attended by up to 60 pharmacists in person and shared nationwide via recorded video. The videos offer techniques to reduce shoulder injuries following vaccination, to respond to post-injection reactions, and to prevent occupational needlestick injuries. Each year, Hui updates the program's content to reflect any changes in policy or protocol.

"Her work has supported excellence in immunization services at each of our pharmacies, to the benefit of clients and public health," says Susan Halliday Mahar, Sobeys' Director, Quality & Regulatory.

"I personally recommend that each of our pharmacists takes advantage of the refresher opportunity each fall, as I do myself."

As a respected leader within the company, Hui often receives phone calls from colleagues—including pharmacists, pharmacy assistants and pharmacy technicians—seeking her advice. Pharmacy assistant Meghan Ring will even call her at home with a pharmacy-related question, knowing Hui is happy to help.

"I think there's an openness about Joanne to encourage people to approach her and come to her," says Michelle Harrison, pharmacy district manager with Sobeys. "I would consider her one of our top knowledge experts especially on a lot of our immunization protocols."

A lifelong learner, Hui says sharing her passion for knowledge is all about staying curious.

"[Mentoring] usually starts off with something like, 'Hey, I notice you do things this way, have you considered doing it another way?'" notes Hui. "They might ask me why I do things a certain way and I might take some time to explain it. It's never good if I present myself as a walking textbook, but rather for them to see it in action through me."

“I might just be doing my everyday tasks, but perhaps there is something that I’ve done or said that has made a difference. And that, to me, is very important.”

—Joanne Hui



Ron Gracan

LIFETIME ACHIEVEMENT AWARD WINNER

TITLE Retired, former owner/pharmacist at Regency Medicine Centre, former general manager at UniPharm

Former pharmacist Ron Gracan has spent his career championing independent pharmacies.

“The thing that impresses me the most about Ron is how selfless he has been with his time, outside his own pharmacy bubble, in terms of serving our profession,” says Ray Gaucher, owner/pharmacist at West End Medicine Centre in New Westminster.

When he began his pharmacy career in 1982, big box pharmacies were becoming commonplace, but Gracan’s first on-the-job experience in Prince Rupert solidified his desire to pursue an independent pharmacy practice.

“I was fortunate enough, in hindsight, to move to Prince Rupert. There I gained a lot of experience,” says Gracan. “There was this mentality that you did what you could with what you had. It was a frontier-type experience.”

In such a small town, it was expected for pharmacists to work alongside physicians and other medical professionals to serve patients, he recalls.

When the young pharmacist moved back to his hometown of Richmond, he ended up at the small pharmacy located half a block from where he grew up—Regency Medicine Centre. As a young and eager pharmacist, he jumped at the chance to buy the store in 1991, which he recalls as the best decision he made.

“You’ve got the ability to get to know and want to know your customers and patients on a one-on-one basis,” says Gracan of his experience in independent pharmacy.

“They’re not a number, they’re not just a face, you actually want to help them and get to know them.”

It was at this time in his career that he turned his attention outward, to start giving back to the profession he loved. He joined the BC Pharmacy Association board of directors in the late 1980s, eventually serving as both vice president and president of the Association.

It was a busy time of change for the pharmacy industry, he says. Grocery stores had recently begun opening dispensaries in their stores, dispensing fees were changing, and B.C. was ready to introduce the province’s electronic PharmaNet system. There were a lot of unknowns that the peer group needed to work out together, he recalls.

“Ron is one of those individuals who actually cared to give back a lot,” says Michael Millman, owner/

pharmacist of Delta Prescription Clinic in North Delta. “For Ron, it was always a matter of giving back to the profession.”

As Gracan settled into store ownership and board membership, he also turned his focus to his growing children—two sons and one daughter—all active in sports. He took a strong interest in his daughter’s competitive swimming, eventually working through the ranks to serve as a meet referee with SwimBC.

Yet Gracan never turned his attention far from pharmacy, and he decided to put his name forward for re-election on the BCPhA Board. He was voted in and served for another six years.

“I just felt there needs to be a voice of someone who owns a store, who has been through that, just to put that particular voice on the table for discussion purposes to raise issues affecting my peers in the same boat,” Gracan says.

At the same time, Gracan was an active Board member with UniPharm Wholesale Drugs Ltd., a cooperative wholesale company developed by independent pharmacists to receive fair and equitable drug prices for smaller volume pharmacies. When the organization changed its business structure, Gracan stepped up as general manager, while simultaneously serving as a board member with the Richmond Hospital Foundation and as owner of his Richmond pharmacy.

“Ron’s been active in pharmacy for absolutely decades,” says John Forster-Coull, owner/pharmacist of Victoria Compounding Pharmacy and current BCPhA Board member. “Ron basically lives and breathes pharmacy. He’s taken the global aspect of community pharmacy—and independent in particular—and brought it to the forefront.”

After a long and fruitful pharmacy career, Gracan decided it was time to let the next generation of pharmacists step up. He sold his pharmacy in 2017 to the pharmacy manager he hired while serving as UniPharm general manager, and retired from UniPharm in 2019, opening up a new chapter in his life.

“I know there’s the saying, ‘pay it forward.’ I felt I had done that. I had given somebody else the opportunity to hopefully experience the life, the career and the benefits I did. That is one of the things I am most proud of now.”



“I try to be there to either be as helpful as I can, or to attempt to lead a group with decision making that everyone is agreeing to.”

—Ron Gracan

Stephanie Hahn

PHARMACY LEADERSHIP AWARD

TITLE Pharmacy district manager
WORKPLACE Sobeys National Pharmacy Group
LOCATION Vancouver

As a pharmacy district manager with Sobeys National Pharmacy Group for nearly 20 years, Stephanie Hahn has directly impacted the careers and lives of countless pharmacy employees across B.C.

“She is the reason I am where I am,” says Punam Sandhu, pharmacy manager at a Surrey FreshCo. “She helped me become the pharmacist and the manager that I am today.”

Sandhu began her Sobeys career as a pharmacy assistant, hired by Hahn. After a year of mentoring the young assistant, Hahn urged her to pursue pharmacy school. With her confidence boosted, Sandhu was accepted into pharmacy school and has since worked her way up to pharmacy manager.

Tri Nguyen also credits Hahn with his career success. Now pharmacy manager at a Vancouver Safeway, Nguyen recalls Hahn’s support early in his career. After four years of relief work, Hahn urged him to take on a management role at a new Safeway location.

“Her direct guidance and mentorship over the past 12 years have been instrumental in my entry into a leadership role, my professional growth and adopted leadership style,” says Nguyen.

“I feel it’s my job to lead people to success and the most fun thing about my job is to figure out what makes each person tick,” says Hahn. “Then taking those strengths and saying, ‘Where do you want to go with that?’”

A self-described competitive person, Hahn is constantly striving to motivate her team to excel, whether it be introducing special programs, earning new certifications, or expanding clinical services. Hahn visits each of her stores—which includes 18 B.C. locations across the Sobeys banner of Safeway, Thrifty Foods, and FreshCo—on a regular basis to check in, train, encourage, and motivate her employees. And it’s not uncommon for Hahn to help out on the floor while visiting pharmacies.

“She’s an amazing boss. She’s very approachable,” says Ted Mah, pharmacy manager at Safeway Arbutus. “She just knows the business inside out. If she sees someone who is swamped, she will come and help,

become hands on, count pills. She steps in here and is not off the beat at all. She hasn’t missed a thing.”

Adds Kristopher Brown, a pharmacy manager at a Courtenay Thrifty Foods, “She continually puts the patient first, regardless if she is working in the office or at store level. When she is visiting my store, she will drop what she is doing to help answer questions and find products for patients. Stephanie cares deeply about the important issues that impact our communities.”

As a trusted and caring leader, Hahn encourages her employees to step outside of their comfort zones, through new educational opportunities and by getting involved in their local communities to meet patients, leaders and health-care professionals.

“Holding your people accountable, but telling them how great they are and also where their areas of opportunity are, is absolutely critical,” says Hahn. “When they knock it out of the park, I send a lot of positive reinforcement, always to my team. It’s something I do every day.”

Having built her entire career with Sobeys, including nearly seven years as a pharmacist and pharmacy manager at various Safeway locations before entering the company’s corporate office, Hahn considers the company and its employees her extended family. She plans regular team building trips for her pharmacy managers, motivating employees from across B.C. to stretch themselves and bond with colleagues through getaways such as ziplining in Whistler, wine tasting in the Okanagan, and adventuring in Las Vegas.

“Building community, trust, and teamwork with her pharmacists has been a major focus of hers’ for many years,” says Castlegar Safeway pharmacy manager Erica Gregory, who calls Hahn the team’s Mama Bear. “As [pharmacy managers] left their families at home, they bonded with each other. This cohesiveness led to many more phone calls for help between the stores when tough situations arose and with better outcomes for all involved.”

And Hahn has no plans of leaving her position anytime soon.

“It’s been 26 years and I don’t want to stop. This is what I want to do until I can’t. Life is too short.”



“The first thing you have to do is listen and understand the person before you can lead them anywhere.”

—Stephanie Hahn

John Lee

**APOTEX INC. FUTURE BRITISH COLUMBIA PHARMACY
LEADER OF TOMORROW**

TITLE PharmD Candidate 2022

LOCATION UBC Faculty of Pharmaceutical Sciences

Recognized by his classmates as a natural born leader, third year pharmacy student John Lee has been a source of inspiration in the University of British Columbia's PharmD program.

"John is an extremely inspiring person and I don't think he realizes it," says Elisa Colasurdo, a fellow PharmD student. "The profession of pharmacy, as well as school life in general, is full of challenges. We need people like John to step up and say, 'There's so many things going on, let's just take it bit by bit.'" He's the one who inspires people to come together."

Lee's love for pharmacy grew in his second year of undergraduate studies through an introductory course in pharmacology. Since entering the PharmD program in 2018, Lee has become an integral member of the program, serving as first year representative, marketing director, and most recently, vice president internal with the UBC Pharmacy Undergraduate Society. In these roles, Lee has advocated for pharmacy students through professional development opportunities.

"I kind of see what we're learning in school right now in pharmacy as becoming a lot more focused, specialized," says Lee. "I think in the future there will be a lot more pharmacists working as specialists, in primary care clinics, ambulatory care, even in digital health. I think pharmacists are getting involved in more niche areas and that is one way pharmacists can really push for their profession."

The student has also taken an active role in the Faculty of Pharmaceutical Sciences as a summer research student, academic assistant and project assistant, most notably supporting the preparation of virtual coursework in the wake of COVID-19.

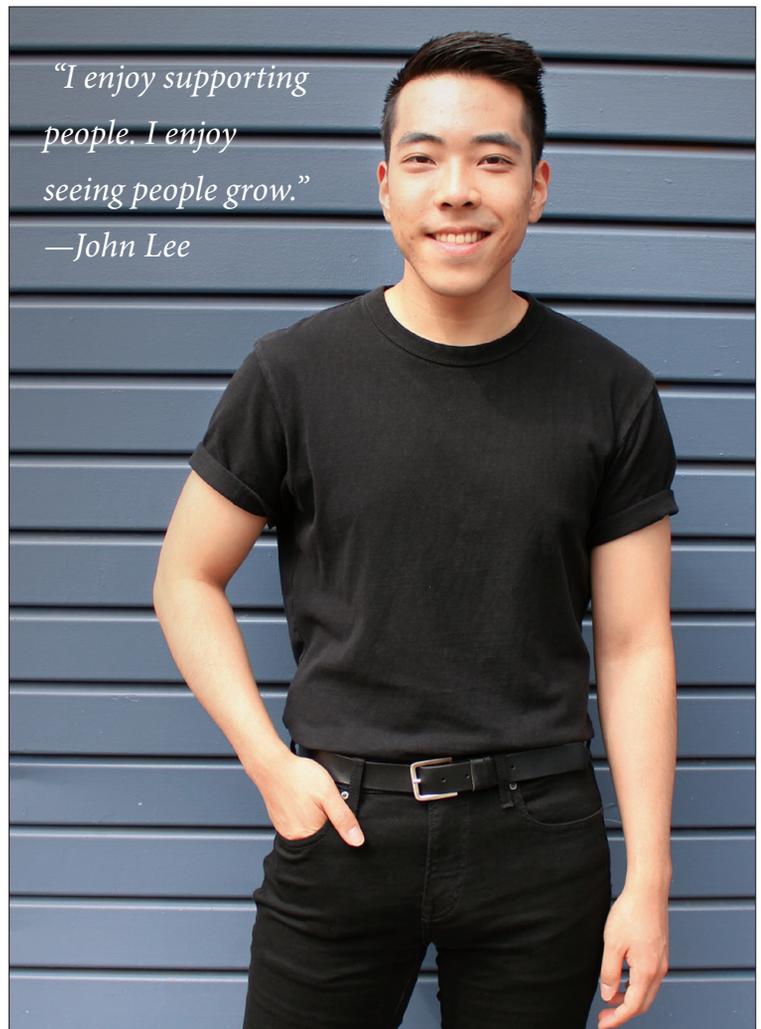
Many of Lee's fellow students appreciate his approachable nature.

"Over the last few years I've really seen how much he cares for everyone in our class and how he wants us to succeed cohesively, as a class," says Sonali Rishi. "He's always either sharing notes with us or reminding us of important deadlines."

Adds his friend Tom Sun, "He has a kind heart. He just wants everybody to achieve their full potential. He gives me the space to work, but also lets me seek help if I need it."

Lee hopes his experience with student government will help shape his future career opportunities, and by proxy, his fellow pharmacists.

"I've always liked getting involved with advocacy," he says. "In the future when I am practicing as a pharmacist, I would like to stay involved in advocacy, whether that's joining on committees with the College [of Pharmacists of BC] to be that voice for my fellow pharmacists. Hopefully, through that I am able to push for change."



Sean Cardwell

**APOTEX INC. FUTURE BRITISH COLUMBIA PHARMACY
LEADER OF TOMORROW**

TITLE PharmD Candidate 2021

LOCATION UBC Faculty of Pharmaceutical Sciences

Fourth year pharmacy student Sean Cardwell can thank his mom and a BuzzFeed quiz for his future career in pharmacy.

“My mom told me I had to have a career goal in order to go out and have fun,” says Cardwell, who was in high school at the time. “I did a BuzzFeed quiz, did five questions, it told me pharmacist and I’ve been there ever since. BuzzFeed was 100 per cent right.”

While Cardwell may have taken a nontraditional route for discovering his life’s path, excellence in pharmacy has become his true passion.

“As soon as you’re doing a lot in your life and you’re putting a lot of your effort into work, you never want to settle to be as good as you can be, you want to settle for the best you can be.”

One area that Cardwell has striven to be his best is in serving his pharmacy community. After joining UBC’s PharmD program, he ran for student government for the first time. Cardwell was elected as second year representative with the Pharmacy Undergraduate Society and later as president of the Delta Gamma chapter of the Rho Chi Society, an international society that promotes academic excellence in pharmacy.

“I think being a pharmacist, you have to have a voice,” Cardwell says. “You can’t be a timid person in the background of a health-care team. I think that’s what you learn as a leader: that you can’t always take a backseat approach.”

Now in his final year of practicum experiences, Cardwell hopes to bring his knowledge and passion for pharmacy into a hospital setting to serve some of the health-care sector’s most vulnerable patients.

“Your actions are either going to directly hinder or help assist their road back to full recovery,” says Caldwell of hospital pharmacy. “You have a lot of responsibility at that moment. That’s really why I desire to go into that setting.”

To his friends and pharmacy colleagues, Caldwell has already been a big help to their experience at pharmacy school.

“It’s just about choosing the right people in your life,” says fourth year pharmacy student Pourya

Eslami. “He hasn’t been anything but a good, reliable, understanding friend to me. My parents tell me the friends you find in university, they’re never going to repeat themselves. And I believe he is one of those people for sure.”

“You have to be able to have a strong authoritative voice when it matters.”

—Sean Cardwell



Pharmacist Guided Immunization

Vaccine History

The most recent survey of adult immunizations in Canada was done in 2016. This survey found that 88% of adults “believed that they received all of the vaccines recommended for someone their age,” yet only 3% reported having “received all of the recommended adult vaccines for their age/risk group.” This disconnect is putting adults at risk for preventable disease and putting society at risk for preventable transmission of disease and requires a concerted effort from physicians/practitioners, public health professionals and pharmacists.

Identifying an immunization need is an actionable drug related problem and pharmacists need to make this a regular part of medication reviews.

Pharmacists are more accessible and see patients more often than any other health professional. We can leverage our position in the health system to greatly improve immunization coverage. In addition, interactions with patients serve as ideal education touchpoints to improve vaccine uptake, correct misconceptions, and combat misinformation. Completing a vaccine history can be frustrating; often no documentation exists, and memory of previous immunizations is fleeting. With a systematic approach we can and should begin constructing a vaccine history for each patient we review.

Identifying Patient Needs

It is always a pleasure when a patient brings in a logbook that shows their vaccine administration history. Unfortunately, this is a rare occurrence but one that pharmacists can strive to make more common. For those patients that do not have good documentation, we need to be systematic and organized. Start with disease susceptibility. Four important points to consider are:

- 1 age
- 2 pregnancy status
- 3 co-morbidities of the individual or their household contacts
- 4 exposure risk owing to occupation, living circumstance, lifestyle factors or travel

Familiarity with BCCDC Immunization Manual (Part 4: Biological Products) and the NACI recommendations makes identifying immunization needs easier.

We should also consider:

- 1 missed childhood vaccines
- 2 patients new to B.C. without record of immunization
- 3 previously immunized individuals that may benefit from newer vaccines (e.g. pneumococcal, polio, zoster, and others)
- 4 patients needing a booster

Practice Realities

Which Vaccines To Focus On And Stock

Missing vaccines may be publicly funded or may require patients to pay—we need to think of both. Vaccines that are stocked routinely should be those for which we see consistent demand and/or need, including:

- 1 Influenza (3 or 4 valent)
- 2 Measles, mumps, rubella
- 3 Pneumococcal vaccines
- 4 Tetanus/diphtheria +/- pertussis
- 5 Zoster

This year, high dose influenza vaccine (Fluzone® High-dose) will be publicly funded in BC for seniors of long-term care and assisted living facilities. Consider stocking this vaccine privately as NACI recommends it over standard dose influenza vaccine for those 65 years and older. As well, a Tdap program for pregnant individuals will be launching this fall. We should also consider stocking other vaccines based on patient specific need or for pharmacy specific patient groups. Vaccines in this category include:

- 1 Hepatitis A, B, A+B
- 2 HPV
- 3 Meningococcal C and/or ACYW-135
- 4 Polio
- 5 Varicella
- 6 Travel vaccines (cholera/E. coli, Japanese encephalitis, meningococcal B, rabies, typhoid, yellow fever)

Some examples of groups that may have additional immunization needs are: First Nations individuals, persons with immunocompromising conditions, persons who are homeless, persons with substance use disorders, frequent travelers, and others as outlined in the manual/guidelines.

Documentation

Pharmacists are used to documenting on prescription hard copies and in our local software system, but we need to embrace additional documentation when providing immunizations. It is often frustrating to determine when or if a patient has received a recommended vaccine—it may be on a scrap of paper in the physicians’ or facilities’ chart or it may be some chicken scratch on a tiny immunization card. We should fill these documentation voids and make sure the next immunizer has better records to work with.

It is a sad reality that there is no provincial or national registry for adult immunizations and until one exists pharmacists can greatly improve documentation by considering these opportunities:

- 1 Providing written record to the patient
- 2 Documenting on PharmaNet in the clinical notes section
- 3 Communicating with the patient’s practitioner for recording in chart or EMR
- 4 Encouraging patients to consider a digital record such as the CANimmunze app

Pharmacists can be patient advocates for improved immunization access, and we are ideally situated to provide immunization services and ensure education and documentation needs are met.

A vaccine reference document based on this article has been developed to help remind pharmacists which vaccines to recommend to adult patients, assuming they’ve received their routine childhood immunizations.

To access the full vaccine reference document, please visit bcpharmacy.ca.

Vaccine Reference Chart For Adults With Routine Childhood Immunizations

VACCINE

ELIGIBILITY FOR PUBLICLY FUNDED*

ELIGIBILITY FOR PATIENT PAY**

SCHEDULE*

VACCINES TO STOCK ROUTINELY (ALPHABETICAL)

Influenza (tri & quadrivalent - standard dose)	<ul style="list-style-type: none"> » Adults ≥ 65 years of age. » Adults and children with medical risks and other eligible individuals. 	<ul style="list-style-type: none"> » All others 	<p>Annual vaccination (IM & Intranasal)</p> <p>Children < 9 years old with no previous seasonal influenza vaccinations require 2 doses given 4 weeks apart.</p>
Influenza (high dose)	<ul style="list-style-type: none"> » Individuals 65 years of age and older living in long term care facilities 	<ul style="list-style-type: none"> » Adults over 65 who want protection 	<p>Annual vaccination (IM):</p> <p>Only indicated for >65 years of age</p>
MMR (measles/ mumps/ rubella)	<ul style="list-style-type: none"> » Adults born in 1970 or later who have not had the diseases or have not had two doses of the vaccine (born after 1957 for health-care workers) 		<p>LIVE VACCINE</p> <p>Once in lifetime - 2 doses: 0, 4 weeks (SC)</p>
Pneumococcal	<p>Pneumococcal Conjugate – 13 (PCV13)</p> <ul style="list-style-type: none"> » adults who are medically high risk (HIV positive and HSCT patients) 	<ul style="list-style-type: none"> » Adults who are medically high risk » Adults over 50 who want extra protection 	<p>Once in lifetime – 1 dose (IM):</p> <p>If PPV23 also given make sure PCV13 is at least 8 weeks before or 1 year after PPV23</p>
	<p>Pneumococcal Polysaccharide – 23 (PPV23)</p> <ul style="list-style-type: none"> » Adults ≥ 65 years of age. » Adults living in residential care or assisted living facilities » Adults with medical or lifestyle risks. 	<ul style="list-style-type: none"> » Adults who are smokers. » Adults who want protection 	<p>Once in lifetime - 1 dose (IM or SC):</p> <p>Age > 65, or Residential care</p> <p>Once in lifetime +/- booster after 5 years (IM or SC):</p> <p>>2 years old with certain risk factors</p>
Td (tetanus/diphtheria)	<ul style="list-style-type: none"> » Adults, every 10 years. 		<p>Booster every 10 years – 1 dose (IM)</p>
Pertussis (as Tdap)	<ul style="list-style-type: none"> » Adults who have never been immunized against pertussis or whose immunization history is unknown. » During every pregnancy between 27-32 weeks gestation. 	<ul style="list-style-type: none"> » For those who have not received the vaccine as adults. 	<p>Booster - 1 dose (IM):</p> <p>See "Eligibility for Patient Pay" adjacent</p>
Zoster		<p>Recombinant Subunit Zoster Vaccine</p> <ul style="list-style-type: none"> » Adults ≥ 50 years of age. 	<p>Once in lifetime - 2 doses: 0, 2-6 months (IM)</p>
		<p>Live Attenuated Zoster Virus Vaccine</p> <ul style="list-style-type: none"> » Adults ≥ 50 years of age, when recombinant zoster vaccine is contraindicated or unavailable. 	<p>LIVE VACCINE</p> <p>Once in lifetime - 1 dose only (SC)</p>

VACCINES TO STOCK FOR SPECIFIC PATIENTS OR POPULATIONS (ALPHABETICAL)

Haemophilus Influenzae B	<ul style="list-style-type: none"> » Incompletely immunized individuals > 5 years of age and those with certain medical risks 		<p>Once in lifetime - 1 dose only (IM)</p>
Hepatitis	<p>Inactivated Hepatitis A Vaccine</p> <ul style="list-style-type: none"> » Adults with medical or lifestyle risks. 	<ul style="list-style-type: none"> » Travelers to destinations where the risk of hepatitis A is high » Adults with occupational risks and food handlers (the cost of the vaccine may be covered by your employer) » Adults with lifestyle or other risks 	<p>Once in lifetime - 2 doses (IM): 0, 6-12 months</p> <p>Patients with HIV - 3 doses: 0, 1, 6 months</p>
	<p>Inactivated Hepatitis B Vaccine</p> <ul style="list-style-type: none"> » Adults born in 1980 or later » Adults with medical, occupational, lifestyle or other risks. 	<ul style="list-style-type: none"> » Adults living in communities or traveling to destinations where the risk of hepatitis B is high (travelers should consult a travel clinic). 	<p>Once in lifetime: 3 doses (IM): 0, 1, 6 months.</p> <p>(Patients with immunocompromising conditions require different dose/schedule) Additional doses may be required for certain special populations and/or post-exposure indications.</p>
		<p>Inactivated Combined Hepatitis A and B</p> <ul style="list-style-type: none"> » Adults traveling to destinations where the risk of hepatitis A and/or B is high 	
HPV (human papilloma virus- nonavalent)	<ul style="list-style-type: none"> » Women who have started the vaccine series <19 years of age » Men ≤ 26 years of age with lifestyle or other risks » HIV positive individuals ≤ 26 years of age » Transgender individuals ≤ 26 years of age 	<ul style="list-style-type: none"> » Women ≤ 45 years of age » Men ≤ 26 years of age » Men 27 years of age and older who have sex with men. 	<p>Once in lifetime - 3 doses (IM): 0, 2, 6 months</p>

VACCINE	ELIGIBILITY FOR PUBLICLY FUNDED*	ELIGIBILITY FOR PATIENT PAY**,**,**	SCHEDULE*,**
Meningococcal C and quad	Meningococcal C conjugate » Adults < 24 years of age and born before Jan 1, 2002, who did not get a dose of the vaccine on or after their 10th birthday.	» Adults with occupational risks (the cost of the vaccine may be covered by your employer).	Once in lifetime: 1 dose (IM)
	Meningococcal quadrivalent conjugate » Adults < 24 years of age and born on or after Jan 1, 2002 who didn't get a dose in grade 9 or later. » Adults who are medically high risk	» Adults with occupational risks (the cost of the vaccine may be covered by your employer) » Travelers to destinations where the risk of meningococcal disease is high	Once in lifetime: 1 dose (IM) Booster – 1 dose: every 5 years for medically high risk patients.
Polio	» Adults at increased risk of exposure to polio due to occupation or travel.		Booster – 1 dose (SC): At least 10 years after last childhood dose for patients > 18 years of age at increased risk of exposure.
Varicella	» Susceptible individuals who have not had the disease or two doses of the vaccine. » Those who received only one dose in childhood should be offered 1 dose as an adult. This cohort mostly born between 1997 and 2001.		LIVE VACCINE Once in lifetime - 2 doses: 0, 6 weeks (SC)

TRAVEL VACCINES (ALPHABETICAL)			
Cholera/E coli		» Travelers to areas with endemic cholera and those wishing to prevent e. coli. Enterotoxin mediated travellers' diarrhea	Primary - 2 doses (PO): 0, 1-6 weeks apart Booster - 1 dose: frequency depends on indication/risk
Japanese encephalitis		Travelers to areas with endemic Japanese encephalitis	Primary - 2 doses: 0, 4 weeks (IM) Boosters: 12 months after primary dependent on risk
Meningococcal B		» Travelers to an area with an endemic strain or an outbreak that is known to be caused by N. meningitidis serotype B that can be prevented by vaccine.	Once in lifetime - 2 doses: 0, 4 weeks (IM)
Rabies	» BC students attending a Canadian Veterinary College or Animal Health Technology Training Centre	» Travelers visiting areas known to have high levels of rabies infections in animals for 1 month or more » Travelers to areas known to have high levels of rabies infections in animals who are spelunking/trekking/hiking, for any length of time, far from a major medical centre.	Once in lifetime - 3 doses: 0, 7, 21 days (IM) Boosters: May be required depending on risk and serological result
Typhoid		» Travelers to countries with endemic typhoid fever especially those who are staying with friends or relatives; visiting smaller cities, villages, or rural areas where exposure might occur through food or water; or those prone to "adventurous eating"	LIVE ORAL VACCINE Primary - 4 doses (PO): 0, 2, 4, 6 days Booster – full course every 7 years (PO) Or INACTIVATED PARENTERAL VACCINE Primary - 1 dose (IM) Booster – 1 dose (IM) every 3 years
Yellow Fever		» Travelers to countries where the WHO has determined there is a risk of yellow fever transmission and/or where there are vaccination requirements for travellers.	LIVE VACCINE Primary - 1 dose (SC) Booster – 1 dose (SC) every 10 years

*: This table is useful as a quick screening tool – please refer to the BCCDC Immunization manual Chapter 2, Part 4, Biological Products and review individual vaccine pages for specifics on indications for publicly funded vs patient pay and for recommended dosing schedules and any schedule changes based on patient specific needs.

**.: Most vaccines on this table will have NACI recommendations highlighted in the BCCDC Immunization manual Chapter 2, Part 4, Biological Products, however, for completeness please also review individual vaccine entries in the NACI statements and publications for clarity on patient specific recommendations that may vary from the BCCDC manual.

***.: Many recommendations and dosing considerations for travel vaccines can be found in both the BCCDC Immunization manual Chapter 2, Part 4, Biological Products and the NACI statements and publications, however it is strongly advised that you refer to a more specific reference such as the BCPHA Travel Medicine Program if you are planning on offering these vaccines





Immunization Assessments as Routine Patient Care

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Introduction

Despite efforts by public health agencies and health-care professionals, Canada is not achieving its national immunization coverage goals.

Prior to the current global COVID-19 pandemic, in the 2018/19 influenza (flu) season, only 43% of adults (aged 18 to 64 years) with high-risk medical conditions and 70% of seniors (aged 65 years and older) received a flu vaccine. This falls short of the national target of immunizing 80% of high-risk individuals.² Similarly, Canada also falls short on the goal of 80% for pneumococcal immunization in seniors (58%) and tetanus immunization in adults (69%).

Results of the 2016 adult National Immunization Coverage Survey indicate that 79% of Canadian adults

believe they know enough about the benefits of vaccines and 88% believe they are up-to-date on their vaccinations, despite only 3% reporting they have received the correct number of vaccines for their age/risk group. Pharmacists in B.C. are ideally positioned to help provide immunization services to address this gap.

The majority of full registrant pharmacists with the College of Pharmacists of BC have authorization to administer immunizations. Pharmacists in B.C. also have the widest access to publicly funded vaccines in Canada, and can claim administration fees from PharmaCare. Data from the 2018/19 fiscal year indicates B.C. pharmacies claimed over 750,000 vaccine administration fees for publicly funded vaccines. In Canadian jurisdictions where

pharmacists are permitted and reimbursed to administer flu vaccines, uptake has increased.

During the 2017/18 flu season, for the first time, more Canadian adults were immunized at pharmacies (34%) than physician offices (30%).² Although Canadians may choose to receive their flu immunization from a pharmacy out of convenience, this is not the sole determining factor. Isenor et al. noted that 50% of immunization recipients in Nova Scotia indicated service was better in the pharmacy compared to other settings and 40% felt it was as good as other settings. Respondents also noted the positive environment, professionalism and knowledge of the pharmacists as appealing. In our experience, feedback from patients who have received their influenza immunization from a pharmacist or student pharmacist at our clinic is also overwhelmingly positive.

With the current global pandemic, health-care professionals are being urged to continue providing and prioritizing routine, yet essential, immunization services to avoid increases in vaccine-preventable diseases. Members of the public are more likely to get immunized when they are advised to by their health-care provider. This is a call to action for all B.C. pharmacists to practice to their full scope by integrating immunization assessments and administration as routine care in their practices.

When to Assess Immunization Status

During routine patient care encounters

- › Ask about immunization status when discussing any health matters with a patient.
- › Any patient who is not current or does not know their status needs assessment.
- › Our team uses a simple algorithm to identify immunization opportunities based on patient age, chronic illness and other risk factors (see Flowchart).
- › Whenever possible, administer vaccine(s) at the same time as the assessment to minimize contact time for the patient and pharmacist, and avoid loss to follow-up.

When administering an influenza immunization

- › Ask patients about their need for routine immunizations (using the algorithm) when they come in for their flu shot.
- › These patients are already accepting of immunizations and, in general, inactivated vaccines can be administered at the same time as other inactivated or live vaccines.

Advance Preparation

Making immunization assessments part of routine care is straightforward with some simple, advanced preparation:

- › **Mindset** – Adopt the mindset that every patient is under-immunized until confirmed otherwise. With COVID-19, patients are more aware of and accepting of

immunization and will appreciate you checking that they have recommended protection.

- › **Include all staff** – Any pharmacy staff member can ask patients about immunization status as an initial screening step. If required, the pharmacist can then perform an in-depth assessment.
- › **Have a point person** – Assign a staff member to maintain vaccines, injection supplies and PPE, and track expiry dates so in-date products are always available. When flu season comes around, this person can order other routine vaccines at the same time.
- › **Leverage student pharmacists** – Most 4th year student pharmacists on practicum are authorized to administer immunizations with supervision. Other students who do not have their authorization can still help with the assessments, screening questions and other support preparations.
- › **Have vaccine on hand** – Maintain a small quantity of routinely requested publicly funded vaccines (Influenza, Td, Pneumococcal Polysaccharide and MMR) at your pharmacy so you can immunize patients opportunistically. If warranted by your patient population, consider maintaining a small quantity of other recommended vaccines that are not publicly funded (e.g. herpes zoster) as well.
- › **Order doses of other vaccines on a case-by-case basis** – When needed, order other publicly funded vaccines as per public health and PharmaCare policies: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies/vaccine-resources-for-pharmacists#general-information>

Resources

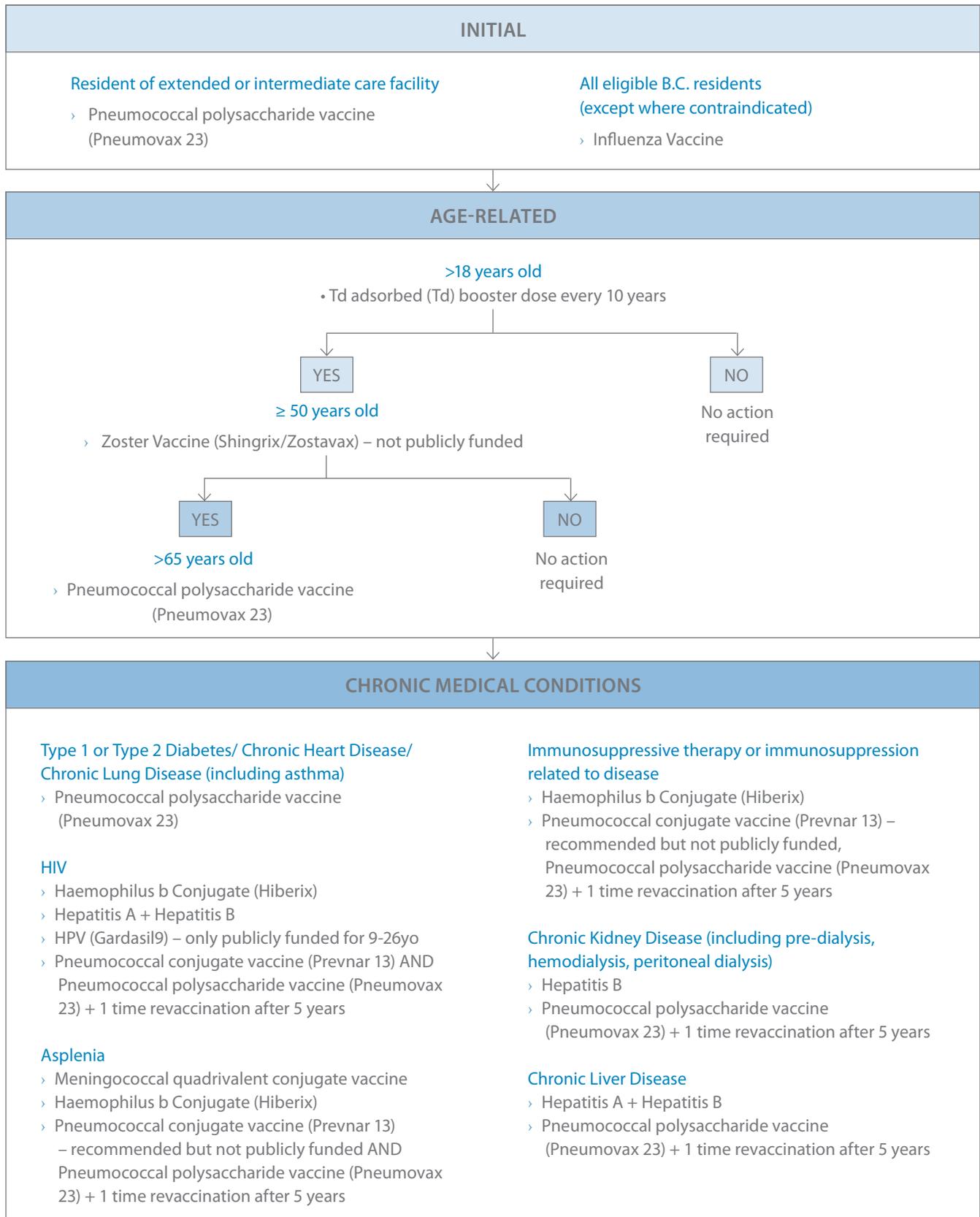
The BC Centre for Disease Control and Immunize BC provide comprehensive resources for assessing patients and determining appropriate candidates for specific vaccines. Practical information such as compatibility of administering multiple vaccines at one time can also be found on these websites.

In Summary

Compared to pharmacists across Canada, B.C. pharmacists are in the enviable position of having the greatest access to publicly funded vaccines as well as a payment model for immunization services. Due to COVID-19, it is highly likely that more patients will be motivated to be current with their influenza and other vaccinations this fall. With a bit of pre-planning and a process in place, this is the ideal time to make immunization assessments and services part of your routine approach to patient care. **■**

To see full footnotes and references, visit bcpharmacy.ca

VACCINE ASSESSMENT FLOWCHART





The Business of Pharmacy – Post Pandemic

BY DEREK DESROSIERS, BSC(PHARM), RPH

The COVID-19 pandemic is far from over and it may not be over for a long time to come. As I write this column, we are seeing a significant surge in cases throughout B.C., across Canada and in many other countries around the world.

Certain aspects of pharmacy business are already different because of the pandemic and the associated public

health orders and guidance. Some of the changes we have seen will persist and some may be only temporary until the pandemic is declared over. This column will highlight some of the changes we are seeing and offer a few suggestions for your pharmacy.

Patients and customers are likely to continue to be concerned about

personal safety for a long time to come. They may expect you to “manage” the behaviour of other patients and customers by strictly enforcing social distancing guidelines, personal hygiene measures and physical barriers including the wearing of masks.

Most of you have likely implemented some or all of the following measures and if you have not, it is strongly recommended that you do so.

- › Mark the floor of your pharmacy to guide customers for social distancing.
- › Require all customers/patients to wear a mask when in the store and if they don't have one you may consider providing a disposable one.
- › Install physical barriers at all interaction points including

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pharmacy counters (intake of prescriptions as well as prescription pickup counters) and all front store cashier counters.

- › Set up a hand sanitizing station at the store entrance with sanitizer and disinfectant wipes.
- › Put up signage reminding customers/patients to practice social distancing.
- › Begin talking about vaccine opportunities with patients so that you can easily overcome any vaccine hesitancy when a vaccine is available.
- › Outline new measures/procedures that you are going to implement for flu vaccinations this fall and winter.
- › If your pharmacy is small you may consider limiting the number of customers allowed inside the premise at one time.
- › Enhance your prescription delivery services.

It is very important that you overtly show patients/customers and your staff that you are concerned about their safety and well-being. In addition to in-store measures, another way you can communicate to your customers and patients is to take out a small ad in the local newspaper. It should have the name and address of your pharmacy at the top and then a statement such as, “We are concerned about your safety” followed by a bullet point list of the key safety measures you have put in place.

Something else you might consider is appointing a specific staff member as the “safety officer” for your pharmacy. That person would be responsible for making sure that all the measures you have put into place are understood and being followed by both staff and customers/patients. You may even want to give them the responsibility and authority to purchase personal protective equipment (PPE) for all of the pharmacy staff team. They could also source things like floor markers and signage.

Your staff team and your customers/patients will get used to following the measures you have implemented, as they will have become common place in many retail establishments. Many pharmacies have indicated that they will leave most of the safety measures they implemented for the pandemic in place even after the pandemic is declared over and we have widespread availability of a vaccine. The most common one is to leave the plexiglass physical barriers in place at all interaction points in the pharmacy.

Keep a close eye on your inventory and fill prescriptions accordingly to manage drug supply issues, ensuring that as many of your patients as possible can access the drugs they need when they need them. Also, make sure all pharmacists working in the pharmacy are conversant with adaptation opportunities and are comfortable with doing prescription

renewals and emergency supply prescriptions when appropriate.

Post-pandemic pharmacy will look very different than pre-pandemic pharmacy as many of the changes in policy and procedures will be made permanent. You will need to constantly reassure your patients that you are concerned for their safety and well-being. This will include doing whatever you can to convince each and every patient to have a COVID-19 vaccine when one is available. Pharmacists will be integral in COVID-19 vaccine administration just as we have been for influenza vaccine since 2009. **■**

Derek Desrosiers, BSc(Pharm), RPEBC, RPh is President and Principal Consultant at Desson Consulting Ltd. and a Succession & Acquisitions Consultant at Rxownership.ca.



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FluMist nasal spray at pharmacies this fall

As public demand for pharmacist-administered flu vaccines is anticipated to increase this flu season, a new publicly funded nasal spray vaccine will offer greater choice for young patients.

For the first time, pharmacists will have the opportunity to offer FluMist Quadrivalent, a live attenuated influenza vaccine that protects against four strains of influenza, to eligible children aged 2-17. The nasal spray will be available at pharmacies, health units and some doctors' offices.

FluMist is given as an intranasal spray into both nostrils. Children 9 years old and up need one dose of vaccine, while those

aged two to eight who have never received a seasonal influenza vaccine need two doses to raise their level of protection. The second dose should be administered four weeks after the first dose.

Because FluMist contains weakened influenza viruses, children may experience mild flu symptoms such as a runny nose, nasal congestion, cough, sore throat, fever, headache, or decreased appetite. Those children who are immunocompromised should not receive FluMist.

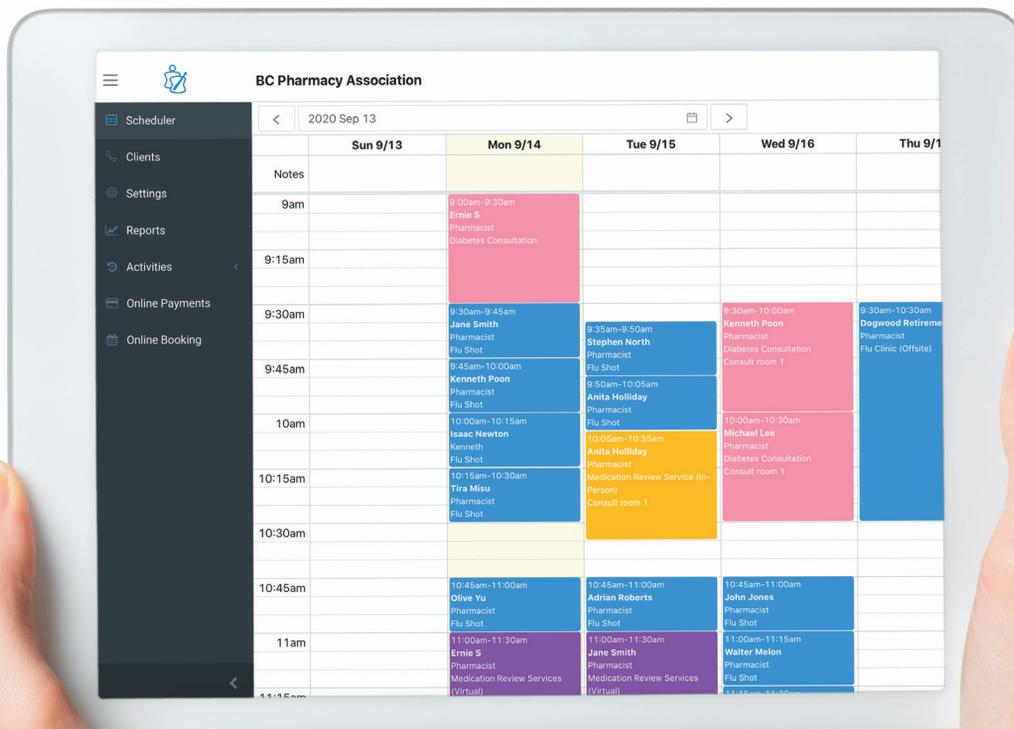
Pharmacies and clinics offering the nasal spray will be listed for the public at immunizebc.ca/clinics/flu.



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