

THE Tablet

SPRING 2020 | ADVOCATING FOR PHARMACY | COLUMBIA PHARMACY



COVID-19 CRISIS

Pharmacy teams across
B.C. are serving on the
front-lines of the pandemic

PAGE 10



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ON THE COVER

Pharmacist George Cloete is just one of thousands of community pharmacists serving patients during the COVID-19 pandemic.





Keith Shaw

Pharmacists leading by example

At the time of writing, British Columbia, indeed all of Canada, is on the brink. The brink of a pandemic about to test our preparation, our resolve, our society. The pandemic has circled the globe, from China to Europe to our home here on the West Coast. Seemingly uncontrolled, it spreads, affecting thousands.

I can tell you that in the coming weeks and months, perhaps right now as you are reading this, the world needs leaders and role models; our profession needs leaders and role models. Anyone can captain a ship in calm seas. Competence and courage are revealed in times of struggle. Whether we like it or not, whether we are “ready” or not, we are about to find out who we really are.

Fear spreads quickly and there are many examples of that for us to witness on the evening news or when scrolling through our social media feeds. Pharmacists are one of the most trusted professionals and our actions set examples for others to follow. With this in mind, I encourage you to carefully consider how you respond to challenges that you will be faced with as this pandemic moves through our communities.

Pharmacists are leaders by example, but inside our businesses and individual pharmacies, we need leaders who are able to stand up and take on the complex tasks of managing a potential emergency. Hoarding, panic buying, high prescription volumes, and staff absences will create obstacles that will be impassable without calm consideration towards proactive problem-solving. Whether your formal job description requires you to manage these issues or not, we all have a role to play in supporting and leading through change.

Staying positive, taking care of ourselves, being kind to each other, and having empathy for our patients has never been more important. Eventually, this too will pass. Years from now, we will discuss with each other who was where and what happened when in the time of the COVID-19 pandemic. When people ask us what we did to help during that time, what will we say? Will we be proud of our contribution? You are the profession. Your actions in the coming days and months will decide the answer to the questions above and define what it means to be a pharmacist like never before.

Despite how uncontrollable the COVID-19 pandemic seems to be, I suggest we are able to control the most important aspect of our humanity: our compassion, caring and empathy. Using our expertise to help each other, our employers and our patients is something we can all be proud of when we say we were a practicing pharmacist during the 2020 pandemic. ■



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Geraldine Vance

You are the unsung heroes of COVID-19

In anyone's wildest imaginations, no one would have foreseen that the new decade would bring with it a pandemic that has rampaged around the globe.

Unprecedented seems to be the word of these times. That word certainly applies to the work of British Columbia's pharmacists.

Since mid-March when it became clear that our province and our country needed to brace itself for the unknown of how COVID-19 would affect us all, pharmacists have been standing in the first row. Like doctors and nurses, pharmacists have been on the front-lines in their communities. While much of the focus has understandably been on the work in hospitals, there have been huge challenges in each community pharmacy.

The quick action, to erect physical barriers to keep pharmacy staff and their patients safe, to adjust workflow and patient consultation in the new "social distancing" world and to set new protocols for how patients come and go into pharmacies, was impressive. In uncharted territory, pharmacists used their ingenuity and resourcefulness to solve problems while focused on keeping everyone safe.

All pharmacists deserve huge credit and thanks for how they have handled the many challenges they faced—and no doubt will continue to face—in the new COVID world before a vaccine is broadly available.

What has troubled me is not the work of pharmacies or the support and investments made by pharmacy owners, but the fact that pharmacists have not been perceived as critical health-care workers. Some members may know that prior to joining the BCPhA I spent a decade with the BC Medical Association (now known as the Doctors of BC), where I grew accustomed to the position physicians enjoy in the health-care system.

From the outset of joining the BCPhA, it has continued to surprise and concern me that pharmacists are so often the unsung hero of the health-care team. Pharmacists are all too often underutilized, not seen as an integral member of the patient's health-care team, and not seen as a true partner alongside physicians and other health-care professionals. Yet every day, patients experience the value of their relationship with their pharmacist. Patients benefit from their expertise and the support and guidance they provide. Pharmacists have much more to offer to all of us.

If I hope for anything on the "other side" of the pandemic and in our "new normal," it is that the amazing work pharmacists are doing each day in these terrible times will be recognized. Thank you, to each pharmacist who put themselves in harm's way to serve their patients, to the teams who rose to the occasion without exception, and to all those in pharmacy who are ready to meet the new reality with grace and commitment. ■

The Tablet asks our contributors:

"If you could offer a word of support or encouragement to pharmacists during this pandemic, what would you say?"



Hafeez Dossa

is Pharmacy Manager at CareRx Pharmacy in Nanaimo. "Remember why you chose pharmacy as a profession, and how you wanted to make an impact

on patient care. This is a time for us to all step up in a time where our expertise in medication management can truly allow our profession to advance and be regarded as a critical component of health care."



Saleema Dhalla is

Senior Director Strategic Engagements and Development with SafeCare BC. "Thank you for the care that you provide, the sacrifices that you make, and the resilience

that you show every day during this time."



Derek Desrosiers is

President at Desson Consulting Ltd. and Board member with the BC Pharmacy Association. "Time and again over my career I have seen pharmacists adapt

to many different situations, always with the best interests of their patients at heart. The COVID-19 pandemic presents unique challenges, for sure, but I have confidence in the resiliency and personal good nature of pharmacists to once again overcome obstacles and rise up to help patients manage their own pandemic related challenges. You are an integral member of the front-line health-care team and the trust patients have in you does not go unnoticed. When the pandemic is over, people will realize the true worth and value you have provided and the personal sacrifices you made to be there for the public when they needed you most."

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.

BC Pharmacy Association moves from Practice Update to frequent COVID-19 Updates

The impact of the pandemic to pharmacy operations has been extensive. Recognizing that news is constantly changing and that members will find the most up to date information useful during the pandemic, the BCPhA decided to launch frequent COVID-19 Updates in place of the weekly Practice Update for the duration of the pandemic.

The Summer 2020 edition of *The Tablet* has been cancelled

The summer edition of *The Tablet* is typically reserved as the awards edition for the Pharmacy Excellence Awards, featuring profiles of winners and coverage of the BCPhA Annual Conference and Gala where the awards are presented. While award winners have been selected and notified, this year's Conference and in-person Gala have been cancelled. As a measure to reduce costs and prioritize expenditures, the BCPhA has made the difficult decision to cancel its Summer *Tablet* edition this year.



Retiring after five decades of serving Penticton

Penticton pharmacist Arden Ashdown has filled his final prescription, after more than 50 years serving patients in B.C.

The 75-year-old retired his license in March 2020, after spending the last several years as a part-time staff pharmacist at City Centre Pharmacy.

"Looking back on my career, it was very rewarding," he says. "I got to know an awful lot of people in my community. Even a trip to get a loaf of bread could take an hour and a half, running into at least half a dozen people I have worked with over the years."

Ashdown landed in B.C. in 1967, after graduating from the University of Saskatchewan the previous year. He knew from an early age that he would end up on the West Coast.

"When I was about 10, I began to realize there were places on this Earth that didn't get so cold in wintertime," he recalls with a chuckle.

Ashdown worked for several years at Vancouver General Hospital before settling into his adopted hometown community of Penticton in 1970, where he worked as a hospital pharmacist at Penticton Regional Hospital for nine years. In 1979, he desired a change from the hospital setting and pursued a career as a pharmaceutical sales representative. In the mid-1980s, he returned

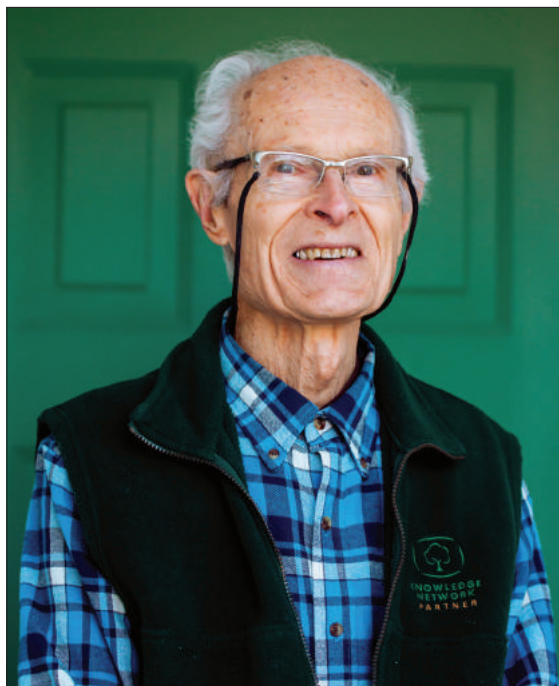
to front-line pharmacy in the community sphere, where he spent the remainder of his pharmacy career. He first managed a Pharmasave before moving to the White Clinic Pharmacy, until it was bought out by the Shoppers Drug Mart banner in 2014. He stayed on through the pharmacy's transition for 11 months, before being asked to join the City Centre Pharmacy team as a part-time pharmacist.

"Arden was always a big proponent of patient care and having compassion and understanding for his patients," says Travis Petrisor, co-owner at City Centre Pharmacy. "He is such a kind and genuine person."

Ashdown greatly enjoyed serving customers over his half-century career and tried to create an atmosphere where they felt comfortable to receive the help they needed. He loved learning about pharmacy, he says, and he continuously worked to upgrade his skills.

"The scope of practice has widened greatly over the years," he says. "I'd say people began to want that and expect more and more over the years."

In retirement, he looks forward to continued snowbird travels with his wife and restoring a 1956 Ford pick-up truck—a nod to fond childhood memories of riding around the Prairies with his dad. **T**



Shortly after the University of British Columbia introduced its Faculty of Pharmacy in 1946, **Fred Wiley** entered the program, graduating in 1953 and beginning his pharmacy career in Vancouver.

Over the course of his 40-year career in both independent and chain pharmacies in Greater Vancouver, Wiley was an integral member of the B.C. pharmacy community as a practicing pharmacist, respected preceptor, and frequent committee member, including a term as president of the BC Pharmacy Association (then known as the British Columbia Professional Pharmacists' Society) in 1977-78.

Speaking with *The Tablet*, Wiley reflects on how far pharmacy has come since his humble beginnings as a part-time employee at Bayswater Pharmacy while attending UBC.

"It's amazing how elementary it all was," he recalls. "We knew more and more what the drugs did, but often not how! Cash registers were not electric and "sticky tape" not yet available, so we used paper to wrap items and string to tie bundles."

A 1953 pharmacy grad reflects on profession's progress

How did you get your start in pharmacy?

In 1945, I met with a school counsellor who wanted to know what I wanted to do for a living. At the time, I had no idea. I discussed this with classmates, one of whom worked part-time in a pharmacy and one with a pharmacist father. I was welcomed to visit the pharmacy to observe and ask questions. The pharmacist was polite to me and to customers and that seemed like a good choice to me, helping people. When I shared my decision to the counsellor, he laughed at me! He said I was more suited to be an accountant. His response consolidated my determination to become a pharmacist and prove him wrong. I just got through pharmacy by the skin of my teeth, but I did.

How were you involved in advancing pharmacy in the 1950s and 1960s?

I graduated from UBC in May 1953 and I began working full time at Bayswater Pharmacy in Kitsilano. I worked with the owner/pharmacist and a 1952 UBC grad and friend. That friend had become active in The Pharmaceutical Association of British Columbia (now known as the College of Pharmacists of BC) and he felt I, too, should become involved. I did and was soon chair of the student preceptor manual committee. I wrote the report and presented at the Association's AGM in June 1953. I chaired, wrote and presented as many as six annual reports in succeeding years.

While at that first pharmacy, the polio vaccine became available. It was in relatively short supply, but each pharmacy could access about 10 vials a month. This was an outreach new to pharmacy and many were not "selling" their pre-emptive need and value. At our pharmacy, we quickly responded and gathered then distributed to local physicians as many as we could to use as quickly as feasible. At that time, I also began to promote group buying by local, small independent pharmacies in order to have new products with lower investment costs to all.

I became president of the UBC Pharmacy Alumni Association for 1955-57 and pressed for more and more professionalism in pharmacy. It was an uphill battle. My class of 1953 was the last to have any great number of Second World War veterans—about 20 of our 43—and they were not eager to take orders, nor regulation or direction easily. The Association was inactive for a few years before reactivation in the early 60s when I was again elected its president for two years.

Around 1960, the dean of pharmacy at UBC, Whit Matthews, requested the Pharmaceutical Association registrar, Gibb Henderson, and a pharmacist study and evaluate the possibility of developing a PhD preparatory program at UBC. I was chosen and agreed. The dean sent us study results and evaluations from the USA, Great Britain, New Zealand and Australia. If initiated, such a huge step forward would require



Fred Wiley served as the BC Pharmacy Association's president in 1977 and 1978. Back then, the Association was known as the British Columbia Professional Pharmacist's Society.

the pharmacy course to advance from three to four years. After at least two years of study and trying to sell this to first the Pharmaceutical Association, then to pharmacists and pharmacy owners, the Association did see its value—though resistance was vocal and vigorous—and I was chosen to sell the need to pass a motion to accept this move forward. It was a raucous and hostile AGM, but I did win the motion's acceptance.

About 1968, I was asked to serve as one of the first four pharmacy preceptors in a new practicum undergrad program for UBC. I was a preceptor and then a clinical instructor until 1994.

How did you become involved with the BC Pharmacy Association?

I became a charter member of the British Columbia Professional Pharmacist's Society, as it was known then. In 1972, I was asked to take on the role of employee pharmacist representative with the Society Senate (now known as the Board of Directors). Over the next two years, I was asked to run for a senior role, which I was unsure about. But in 1976, the pharmacist elected as vice president resigned after a few weeks. The Society president asked me to replace him, our Senate agreed, and that eventually led to my term as president for 1977-78.

What was your major accomplishment as president?

That year we pushed members throughout our province to re-evaluate, then begin to use the “fee-

for-service” model to price all prescriptions. Many pharmacists priced compounded prescriptions ridiculously low, often using those as a loss-leader. It was difficult to convince B.C. pharmacists to do so but several hundred personal phone calls led to much support. This project took two or three years to consider accomplished by succeeding Society Senates.

As a retired pharmacist, what are some of the more recent changes you are most excited about?

How pharmacists are continuing to deliver services and needs to the public. One of the early services was the morning-after pill, then pharmacists being trained to give injections, then to dispense emergency medications, and then to alter prescriptions, if needed. The genomic research, myDNA kit outreach, increasing use of satellite pharmacy services, and overall the new PharmD program will ensure the application of these new practice directions. Pharmacists are ever more able to truly be the most accessible health-care contact and provider.

What would you say to a young pharmacist today just starting their career?

Do not be afraid to innovate. Think about your idea, investigate it well, do trial runs, have others evaluate your findings, seek any weaknesses, revise, and critique your own work. Not all ideas work but do try to extend your reach and goals. Be ever optimistic. Advancing your profession is expected of you! **1**



BCPhA hosts town hall to gather members' input

The BCPhA hosted an all-member telephone town hall in March so members could ask questions about the Association's priorities. In attendance were BCPhA CEO Geraldine Vance, President Keith Shaw and government relations consultant Bill Tieleman.

For those who missed the town hall, here are some of the questions asked, and their answers.

Can the Association advocate for enhanced prescribing and e-prescribing in light of the COVID-19 situation?

Geraldine Vance The primary obstacle to any prescribing authority lies with the *Health Professions Act*. In the HPA it's embedded that prescribers are defined, and we are not amongst them. There are certainly public health acts and all kinds of things that can take place in a crisis. We saw the opening-up of authority and opportunities for how to practice during the wildfire crisis. In terms of during the crisis, might there be a way around that through a declaration of public health emergency? Absolutely. But I want to point for people, at the root of the prescribing issue, is that it's not allowed through the HPA, and that's a big hill to climb. That's where the barrier starts.

The other challenge for us and one we face with government all the time, is that the College took a position that pharmacist prescribing should happen only in interdisciplinary teams, which for all practical purposes means inside hospital environments.

What is the Association doing on increasing dispensing fees?

Keith Shaw The dispensing fee increase is a very logical way to

solve many of the issues we have. We need the income and the resources to invest in our businesses and our people. There has always been effort on the part of the BCPhA to move the dispensing fee issue before government. After the last pan-Canadian pricing agreement, we were working very hard with the Minister and the government to increase dispensing fees for B.C. pharmacists. We were very close. Except, at the last minute, the minister decided not to do it. That's not something we at the Association control. We had everything teed up and it didn't go through. I can tell you, there is constant conversation at the Association, engagement with members, organization, at the board level, ensuring that this priority is never put on the backburner.

What is the background on pharmacists working in primary care in British Columbia?

Geraldine Vance In terms of primary care, the role of pharmacists and how we fill that in primary care is a hot topic. This provincial government has made a strong commitment in improving access to primary care and their focus largely has been in increasing the number of and access to family doctors.

If you look at what the health minister's primary vehicle for achieving that goal is, it has been the creation of Urgent Primary Care Centres. Now 15 in total are planned across the province. These centres are really designed to function with integrated teams, but when we hear the list of the integrated teams, they include nurses, nurse practitioners, and to a much lesser degree, non-dispensing clinical pharmacists. The issue for the majority of our members is, how can community pharmacists meet those objectives in primary care that the minister has set? Our care delivery system doesn't really mesh with this system of having all practices under one roof.

We've made a number of proposals about how we have a great deal to offer in terms of filling the gap in primary care, however, our inability as a sector to respond to the minister's decision, I can assure you, is an increasing point of irritation.

Would achieving minor ailment prescribing take time away from pharmacists' other work, such as how vaccinations currently require more of a pharmacists' time than the compensation is worth?

Keith Shaw For me personally, as a pharmacist, taking the high road and supporting patients through difficult times is an opportunity to showcase to our public our capability and how important we are to them in our health-care system. I recognize there are many opinions around this, and what's a reasonable level of intervention before you say: that's enough, I'm giving it away here. That's a discussion we've had over the years. At a time of crisis, when patients, some of whom I know are personally coming to me for help, I'm bound to help them first, not just alone but with the support from our Association and others as our advocate, we'll find a way to move our scope forward appropriately, and be compensated for it. ■

Pharmacy Assistant Julianna Messere is among the many pharmacy team members serving patients during the COVID-19 pandemic.



A GLOBAL PANDEMIC:

How pharmacists have responded to the COVID-19 public health crisis in B.C.

BY ANGELA POON

Pharmacists across the province are playing a critical role in the fight against the spread of COVID-19 in British Columbia. As the global pandemic continues to grow, with the number of cases worldwide—and in British Columbia—rising daily, patients have looked to pharmacists for support and expertise as the most accessible members of B.C.'s health-care system.

"This public health crisis has forced all of us to play an important role in battling the coronavirus, from social distancing and cancelling events and public gatherings to juggling work and family responsibilities from home," says Annette Robinson, vice president of the BC Pharmacy Association. "However, pharmacists have made an outstanding contribution as front-line health-care workers. Through ingenuity, prudent decision making, and countless hours on their feet, pharmacists are providing medications, medical supplies, and health-care advice for all patients in need."

The novel coronavirus began making international headlines in January, when news of an outbreak in Wuhan, China spread across the globe. The coronavirus, which emerged from a seafood and animal market in Wuhan, had spread to hundreds throughout the city and quickly began claiming lives.

Stockpiling supplies

The respiratory virus' spread in China had an immediate impact on pharmacies in B.C., sparking the panic-buying of face masks and hand sanitizer thought to provide protection against the virus. Pharmacist Andre Lo experienced an immediate spike in sales, which he says peaked following news stories of new cases and virus-related deaths. As the owner of Crystal Pharmacy and Medical Supplies at The Crystal Mall, a shopping centre in Burnaby that serves a primarily Chinese clientele, Lo's customers were following the news of the outbreak in China closely.

"As soon as the news broke out this new virus was spreading in mid-January, my clients—mostly Chinese population—started coming in buying large quantities of face masks first, then in the coming weeks, also buying large quantities of hand sanitizers," Lo says. "When hand sanitizers were out of stock in the first week of February, clients started buying up all kinds of alcohol."

Pharmacist Anthony Chiam of North Vancouver's Northview Compounding Pharmacy says his pharmacy was similarly inundated with requests for hand sanitizers and masks around mid-January.

"It was largely by Asians who were mailing them home to relatives in Asia to protect against the virus spread," he says. "Later there were lots of charitable groups in Vancouver buying large orders and sending them freely to hospitals in China and Asia to help block the spread there."

By early March, customers began stockpiling masks and sanitizers for their own use, he says.

At Victoria's Heart Pharmacy, staff proactively removed many of the store's cleaning and antibacterial products for the use of their most vulnerable patients, says pharmacist Andrea Silver. She manages the pharmacy's Heart@Home program, an in-home caregiving service for elderly clientele.

"We are the primary caregivers for many of our clients, but these clients are also some of the most vulnerable of all," she says. "We had the good sense to pull our hand sanitizers, antimicrobial wipes, gloves, and other cleaning equipment from our shelves for homecare use before they all became unavailable from wholesalers. I'm so relieved that we had the foresight to do this."

Coronavirus hits B.C.

On Jan. 28, B.C.'s provincial health officer Dr. Bonnie Henry confirmed the province's first case of COVID-19. At the same time, she confirmed plans were in place to control the spread of the virus through screening and that it was not necessary for the general public to take special precautions beyond regular hand washing, coughing or sneezing into your elbow sleeve, and avoiding contact with sick people.

Less than a month later, many pharmacies began experiencing an increased demand for extended medication refills, due in part to comments made by Canada's Health Minister Patty Hajdu on Feb. 26, encouraging Canadians to stockpile food and medication in case they or a loved one needs to self-isolate due to coronavirus.

The BCPhA immediately reached out to the provincial Ministry of Health and the BC Centre for Disease Control, asking for planners to take into consideration the potential for drug shortages around COVID-19 and the message on



Left: Pharmacy team members are often relied on by patients seeking medication advice or over-the-counter medications. Right: Pharmacist George Cloete assists a patient at his Shoppers Drug Mart pharmacy.

stockpiling.

“We do have pharmacies that are reporting that patients are requesting increased supplies or quantity of their medications, some even requesting a full year of medications,” says Robinson, regional pharmacy manager for Pharmasave’s pacific region. “At Pharmasave we are suggesting that patients that need chronic medication make sure their prescriptions are up to date, but not to stockpile as we are worried about drug shortages.”

Chiam says his pharmacy began receiving consistent calls from patients asking for three to six months of medications. Many were happy to pay out of pocket where insurance would not cover the early refills. “The pharmacy phone was ringing off the hook,” he says.

Canada’s first death to COVID-19

By early March, things quickly took a turn for the worse, as the number of reported COVID-19 cases continued to rise, and B.C. reported Canada’s first COVID-19-related death on Mar. 7—a resident of North Vancouver’s Lynn Valley Care Centre.

Retirement residences and long-term care centres were particularly vulnerable to the spread of this highly infectious disease in B.C. At the senior living homes and long-term care pharmacies serviced by Remedy’s Holdings Inc., protocols were developed with resident care and staff well-being as foremost priorities, says Omar Saad, a national senior director with the company.

“The focus becomes how do we protect our residents, how do we care for our residents, and how do we support front-line staff caring for our residents,” Saad says.

Long-term care pharmacies began working diligently to help support long-term care workers, whose job demands increased dramatically, says Saad. Pharmacy teams have developed innovative solutions to help decrease the time spent on medication administration through initiatives such as medication compression, decreasing mid-week order changes, and the training of unregulated care workers to help support front-line nursing staff, if necessary.

Despite these solutions, lack of medication supplies has greatly impacted pharmacy teams, he says.

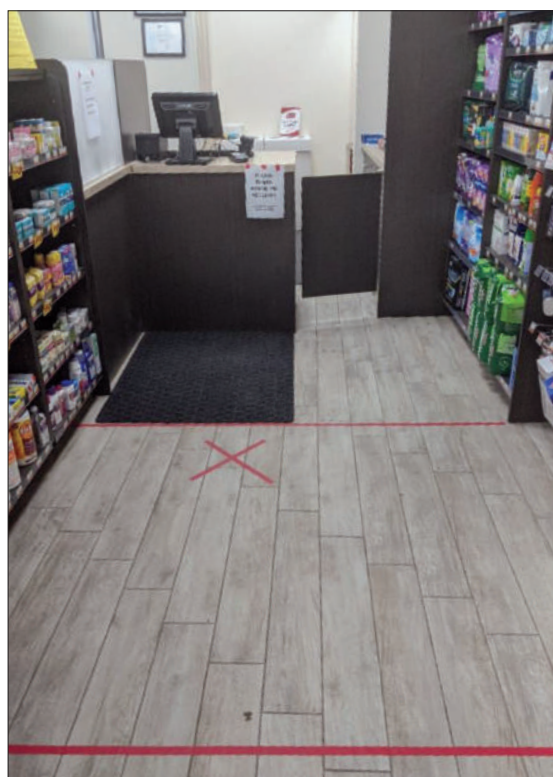
“Staff are spending more time trying various methods of procuring pain medications for palliative residents or inhalers for COPD residents,” says Saad. “Most residents are not able to travel to various community pharmacies. They entrust us that we will maintain their medication supply.”

A global pandemic

On Mar. 11, the World Health Organization officially declared COVID-19 a pandemic, leading Henry to urge British Columbians to begin practicing social distancing and avoiding large gatherings of people. News and public health guidelines evolved daily, with public gatherings such as sporting and performing arts events



Many pharmacies across British Columbia and Canada came up with their own social distancing measures to protect staff and patients. Some pharmacies used plastic sheets to cover counters, while others placed tape on the ground to mark distance between customers.



being cancelled, schools being closed indefinitely, and all British Columbians—apart from health-care and non-essential workers—being asked to stay home for the foreseeable future.

The Association began providing daily updates to members, to help keep pharmacists and pharmacies abreast of the ongoing changes impacting B.C. pharmacies, as well as to help advocate for the needs of pharmacists. The BCPhA, along with other pharmacy associations in the country, began advocating for medication supply limits to prevent COVID-19 drug shortages from impacting patients.

This idea received some support from the provincial government and the College of Pharmacists of BC.

On Mar. 13, both the Ministry of Health and the College issued updates on ensuring continuity of care during the pandemic, suggesting pharmacies should use their judgment to help reduce non-essential physician visits for older and immunocompromised patients. Additionally, public health officials urged pharmacists to utilize prescription adaptations using *Professional Practice Policy-58 Medication Management (Adapting a Prescription)*. These protocol changes encouraged pharmacists to begin providing a suggested maximum of a 30-day supply on emergency and/or early fills.

But for many patients—especially seniors living on a fixed income—this was an unwelcome change. Some patients even took out their frustrations on

their pharmacists.

“We have had to deal with extremely angry, upset patients and also very reasonable patients,” says George Cloete, associate owner at Shoppers Drug Mart #273 in White Rock. “I have instructed my staff to fill 30 days if appropriate, but not to fight a battle and make this a super stressed experience for the employee.”

Mona Kwong, pharmacy manager and owner at Howe Street Pharmasave, says her team has been working hard to educate patients to help keep them informed of the bigger picture.

“I get it, every penny counts,” says Kwong, who adds many patients are pensioners concerned about costs. “I call seniors on a rotating schedule when I am able to alleviate their fears and to answer questions on what is going on. We have educated on how supply chain works, that there are thousands of drugs on shortage in Canada even before COVID.”

Social distancing

By mid-March, many pharmacies began implementing creative solutions to help protect their most vulnerable patients, as well as their staff.

Kelowna’s Lakeside Medicine Centre Pharmacy created a dedicated reserved parking spot for at-risk patients needing to visit the pharmacy. The pharmacy’s co-owner Graham Foster notes his pharmacy serves many elderly and immunocompromised patients. The parking spot



Pharmacies have implemented many strategies to minimize risk to patients and staff, including social distancing markers, staggered shifts, and plastic barriers, pictured at City Centre Pharmacy in Penticton (above).



allows at-risk patients to call the pharmacy and have their medications delivered to their car, without having to come into the pharmacy.

At Victoria's Heart Pharmacy, Silver says staff used reporting software to identify high-risk populations served by the pharmacy based on the medications they are prescribed for conditions such as cardiovascular disease, type 2 diabetes and renal disease, to proactively encourage them to make use of the pharmacy's free delivery service provided all year round.

In Penticton, patients at City Centre Pharmacy were asked to enter the store one at a time, says pharmacist and co-owner Travis Petrisor.

"Upon entering the store customers are kept in the front area behind a barrier while the pharmacy staff collect the items they require," he says. "If more than one person attempts to come into the store at a time, they are politely asked to wait outside until the first person finishes their purchase."

As the pandemic grew worldwide and at home in B.C., safety for both patients and pharmacy staff members became a priority. Association members sought clarity on standard operating procedures for pharmacy during the outbreak, including guidelines for proper cleaning and disinfecting of pharmacies. A record number

of members attended a live webinar hosted by the Association on Mar. 24, which detailed best practices for protecting pharmacists and staff members during the COVID-19 outbreak. The BCPhA created patient-facing health and safety posters in English, Chinese, Farsi and Punjabi, to help educate patients arriving at pharmacies on how to prevent the spread of COVID-19.

By mid-March, some pharmacies across Canada and in B.C. began taking more concrete actions to protect both patients and pharmacy staff during the pandemic, including the installation of plastic barriers at pharmacy counters, as well as markers on pharmacy floors, to encourage customers to practice social distancing while waiting in line for their prescriptions. The Association compiled a list of suppliers available to sell transparent barriers to pharmacies looking to adopt this safety solution.

At Heart Pharmacy, Silver's team began using the COVID-19 B.C. self-assessment tool to screen staff members.

"We have a zero-tolerance policy for any respiratory symptoms with a mandatory, paid, seven-day isolation for any suspected illness," she says. "Consequently, we also use that screening tool for patients requiring injection administration or other consultations where

pharmacists will be in close contact with clients.”

Mabel Yan, general manager with the Naz Wellness Group, says the pharmacy group created a policy in alignment with BCCDC guidelines for its pharmacy and nursing team to take precautionary measures when working with the public.

Chiam says his team at Northview Compounding Pharmacy began regularly wiping every surface down with an alcohol spray and all pharmacists and staff wear masks, following the revelation that they had served several patients who tested positive for COVID-19 in March.

At London Drugs, general manager of pharmacy, Chris Chiew, shared with customers that dedicated sanitation staff were cleaning pharmacy and store service areas, shopping carts and shopping baskets every hour. He encouraged pharmacy customers to order prescriptions online and arrange for home delivery, to avoid attending in person.

At City Centre Pharmacy in Penticton, staff members began staggering their shifts, to allow a pharmacist and registered technician to come in after the store was closed to work on compounding and blister pack checking. This minimizes their exposure to the public and allows staff to practice proper distancing, Petrisor says.

The fight for personal protective equipment

Concern continued to grow regarding the spread of COVID-19 infection to pharmacists and their lack of access to personal protective equipment (PPE). The BCPhA advocated for public health officials to consider the needs of community pharmacists as front-line health-care workers in their allocation of PPE supplies, and shared their concerns through engaging with local media on April 1, 2020.

Pharmacist Yan Xia is concerned about the quality of masks available to pharmacists, as well as those sold in pharmacies to customers. He has been working on sourcing potential manufacturers of masks in China, in the hopes that he can help supply more masks in B.C.

“It is important for pharmacy staff to wear a mask during their shift to reduce transmission, both for themselves and for their patients,” says Xia, who works at two independent pharmacies in Maple Ridge. “Every day, we get numerous questions either in person or by phone about the availability of masks, and we feel very sorry to turn them away.”

At Howe Street Pharmasave, Kwong’s staff have strategically saved their supply of masks—procured through a premium cost of \$2 per mask—in order to continue home deliveries and daily treatment for at-risk patients receiving OAT therapy. She’s currently waiting on a shipment of more masks to help with future treatments such as injections.

Jason Cridge of Cridge Family Pharmacy in Victoria has had to stagger shifts at his pharmacy due to both a lack of protective equipment and increased workload. Staff now work either early morning or late-night shifts and have limited store front hours to avoid exposure to the public as much as possible.

“Lack of PPE has been very challenging,” he says. “We have staff that are in the pharmacy on the front-line every day interacting with sick patients. Not only do we worry about our staff becoming compromised, but we worry about those staff becoming vectors and infecting patients with compromised immunity.”

At Cloete’s Shoppers Drug Mart, all available supplies were sold to customers by February and early March, leaving his staff unprotected until early April, when he was able to source materials for staff, which he says would last just a few weeks.

“Even sourcing out proper cleaning supplies has been a challenge,” adds Saad, for his long-term care pharmacies across B.C. “We resort to local retailers and unreliable online vendors and hope every day that we will get the supplies we ordered.”


At University Pharmacy located at the UBC campus, lack of PPE has caused staff shortages, says pharmacy manager Mario Linaksita.

“The lack of PPE from traditional sources has been a strain on our staff,” says Linaksita. “This has necessitated changes in cleaning practices, protective barrier installation, customer line up management and a reduction of working hours. Though comforted by these changes, some of our staff still felt the need to take a leave from work during these times, causing many shifts to be unfulfilled. We took the liberty of purchasing our PPE for our staff early in the crisis, however this too has run low. Something must be done to normalize this supply for front-line workers.”

Pharmacists continue to rise to the challenge

Despite challenges that continue to arise in this unprecedented global health crisis, pharmacists are showing up like never before.

“Pharmacists are meeting an increased demand for medications, services and supplies, while working longer hours and split shifts, and following more complex safety and cleaning protocols,” says Geraldine Vance, CEO of the BCPhA. “Recently retired pharmacists and student pharmacists are stepping up. UBC Pharmacy students are offering to help with pharmacy deliveries. Every pharmacist is playing an important role in caring for all British Columbians. Your resiliency during this difficult time is nothing short of heroic.”

For more information and regular updates on what the COVID-19 crisis means for pharmacists in B.C., visit bcpharmacy.ca/COVID-19. 



Reducing exposure to COVID-19 in the pharmacy

BY SALEEMA DHALLA, MSC

Health-care workers are an extraordinary group of people. They spend their working lives focusing on the needs of others, and pharmacists are no exception. From providing over-the-counter recommendations, to dispensing drug therapy, a pharmacist's day-to-day is centred on the needs of their patients. By focusing on others, it can be easy for pharmacists to lose sight of their own needs.

Pharmacists and pharmacy staff may struggle to consider their own health and well-being because, for them, care is something that they provide to their patients. Conscious or not, this approach is ingrained through years of formal education, training, and on-the-job experience. By overlooking their own health needs, pharmacists and pharmacy staff may also be

putting the health of their own families, patients, and the public at risk.

Traditionally, pharmacy has been considered a low-risk industry and therefore there has been little attention given to implementing occupational health and safety programs in the workplace. Occupational health and safety involves protecting workers from work-related risks to their health, safety, and well-being. An occupational health and safety program includes activities that allow a workplace to continuously identify hazards and control risks, including risks associated with infectious disease transmission, such as the coronavirus.

As we have all come to appreciate, pharmacies have become an essential part of the societal response to

navigating the COVID-19 pandemic. To continue this important role, pharmacists and pharmacy staff need the knowledge and tools to keep themselves safe while at work. By addressing risks within their environment, pharmacists and pharmacy staff can have a positive impact on mitigating the risk associated with COVID-19.

To minimize risk, owners and managers must first recognize risks within their practice environments. There are many different types of pharmacy settings, and each setting will present unique exposure risks. Assessing risk

includes identifying tasks that can increase exposure, determining the level of risk the tasks present, and then implementing controls to eliminate or mitigate the risk. All staff should be included in this process as they will have unique insights into their work and will help paint a better picture of risks that exist in the pharmacy.

Once risks have been prioritized, risk controls can be developed and implemented. Risk controls are steps you can take to manage risk. There are different types of risk controls on the control hierarchy, and they are ranked by effectiveness (Image 1).

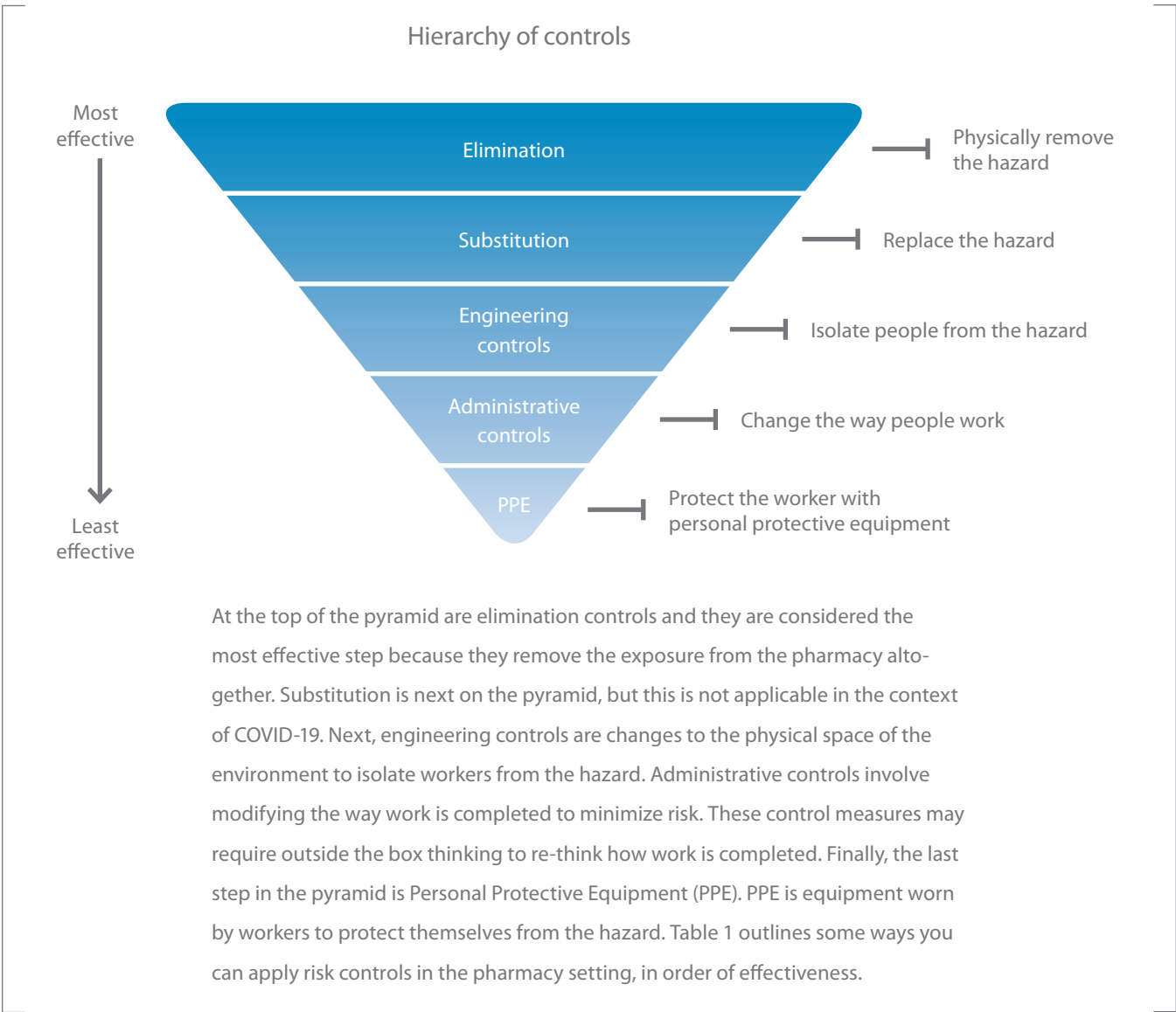


TABLE 1 Applying the Control Hierarchy in the Pharmacy Work Environment

Control Measure	Intended Outcome	Pharmacy Practice Recommendation
Elimination	<i>Remove the hazard from the pharmacy</i>	<ul style="list-style-type: none"> »Patients call-in prescriptions »Telephone counselling »Curb-side pick-up »Delay non-essential vaccines »Screen patients prior to entry
Engineering Controls	<i>Change the physical space to isolate the worker from the hazard</i>	<ul style="list-style-type: none"> »Physical barriers »Designated patient waiting area
Administrative Controls	<i>Modify the way that people work to minimize risk</i>	<ul style="list-style-type: none"> »Staff training »Increased sanitization »Vigilant hand and cough hygiene »Signage to direct patients »Tools to minimize exposure risk between transferring items »Social distancing
Personal Protective Equipment	<i>Equipment worn to protect worker from hazard</i>	<ul style="list-style-type: none"> »Surgical mask »Gloves

Given the risks of the coronavirus in the pharmacy setting, administrative controls will have a significant impact on reducing exposure. For example, designating set roles in the dispensary can minimize staff interaction with each other and patients, limiting transmission risk. Training staff on proper handwashing techniques, implementing scheduled surface disinfection, and developing strategies for safe interactions with patients will also reduce risk. Revising and reviewing relevant staff policies is a critical administrative control measure. This will ensure that staff follow precautionary measures, know how to report an illness, and enter self-isolation if needed. Formal and documented training is an important step to properly inform staff on how to minimize risk to themselves. This will also help owners and managers meet part of their legal responsibilities of providing a safe workplace.

It is also the responsibility of owners and managers to provide appropriate PPE to staff who are working

in the pharmacy. Based on the currently understood droplet spread of the virus, PPE is not required if the patient is not displaying any symptoms, however, spatial distance is recommended. If a patient is displaying symptoms, a surgical mask is recommended for the staff and the patient. It may also be effective for pharmacy staff to wear gloves when receiving items from patients to reduce exposure from outside objects.

PPE is the least effective control measure because of its limitations. PPE may give the wearer a false sense of security, and result in the wearer being less cautious. For example, wearing a mask may result in the wearer touching their face more often to re-adjust the mask. With gloves, there is the tendency for prolonged use and contamination of personal items. It is vital for those who wear PPE to be vigilant and maintain careful hygiene practices at all times.

In addition to control measures, steps should be taken to support the staff's mental health and well-being. Promoting staff awareness around maintaining

a healthy lifestyle, controlling anxiety, and reaching out to a friend or colleague during times of stress are proven methods to promote mental well-being and staff health and safety.

The tools and concepts discussed here will help you tailor a plan for developing an occupational health and safety program for your pharmacy. Focus on identifying the tasks, assigning a level of risk, prioritizing the exposure risk, and implementing controls. Once you have this in place, you will want to consider other elements of a health and safety management system to ensure that all aspects of your practice consider risk identification and control, along with the necessary training. These will need to be formally documented through written policies and procedures and reinforced by training staff.

The advantages of implementing a robust occupational health and safety program permeates to an organization's foundation. By reducing the risk to staff, you are providing a safe work environment, and this will lead to staff retention and reduce costs associated

with recruiting and onboarding. Investing in training will demonstrate your commitment to the well-being of your staff and promote a positive culture. These outcomes will benefit your patients and the communities that the pharmacy serves.

As the pandemic evolves, health-care providers will need to adapt their practices to the new reality that the coronavirus presents. Yesterday's approach to providing care in a pharmacy should be re-imagined to include the needs of pharmacists and pharmacy staff. Pharmacies will continue to provide essential services on the front lines of this crisis. To sustain these efforts, precautions must be taken to protect pharmacists and pharmacy staff. **■**

Saleema Dhalla is an experienced health and safety professional currently supporting nursing and long-term care workers. Health and well-being of workers is her passion.

Questions? Email saleema@rxforsafety.ca

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A pharmacist without borders

Board member Colleen Hogg treats patients in Sosúa, Dominican Republic

BY ANGELA POON

Life can be cruelly unjust for Dominican Republic residents with Haitian roots. These descendants of Haitian migrants have provided cheap labour in the country's sugar cane fields and tourist resorts for generations, but are denied legal documentation by local officials. With little access to formal education, community services, or health care, they live in impoverished villages known as *bateyes* and struggle to secure life's basic needs.



Board member Colleen Hogg has offered pharmaceutical care to villagers in Sosúa, Dominican Republic, on two humanitarian trips, in 2018 and 2019. As part of an interdisciplinary care team, she served up to 250 patients a day at numerous villages known as *bateyes*.





Left and Bottom Right: In 2019, Colleen Hogg (right) was joined by her sister-in-law, Stacey Hogg, a registered pharmacy technician based in Calgary. Together, the pair set up makeshift pharmacies of basic medications and supplies. Top Right: The volunteer team offered free medical care to hundreds of villagers around Sosúa, Dominican Republic.

“These communities face overwhelming discrimination,” says B.C. pharmacist Colleen Hogg, who has served on two humanitarian trips to the Caribbean country. “With few nutritious foods and no clean water available, even minor ailments can be difficult to overcome.”

For the past two years, Hogg has provided pharmaceutical care in various *bateyes* surrounding Sosúa, Dominican Republic, as a member of a medical mission team, organized by the Rotary Clubs of Festival City (Stratford) and Wasaga Beach, in Southwestern Ontario. Hogg is the owner of Quadra Island’s Cove Pharmacy and Gold River Telepharmacy and a Board member with the BC Pharmacy Association.

She became connected to the Ontarian team through fellow pharmacists met at past Canadian Pharmacists Association conferences. Although she had hoped to one day serve overseas—and had recently completed an online course in humanitarian health care—she was surprised to receive her opportunity earlier than expected in October 2018.

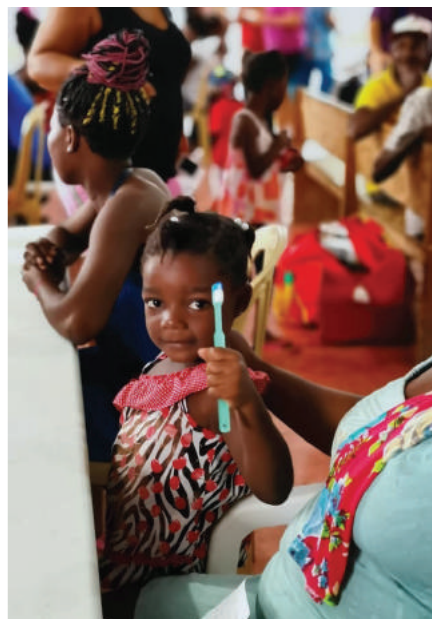
“I got a call on a Sunday, asking me if I wanted to fill in for the pharmacist who could no longer join the medical mission team to the Dominican Republic. The trip was taking place just a few weeks later and I had until Tuesday to decide,” Hogg recalls. “I was really nervous because I didn’t know what to expect.”

In November 2018, she joined her team of about 25 volunteers, including nurses, doctors, and a pharmacy

technician. The group transported 70 50-lb. hockey bags of medical supplies and other items, such as glasses, sunglasses and hats, to the coastal town of Sosúa, Dominican Republic.

There, the team moved to different *bateyes*, serving between 200 to 250 patients a day. Patients ranged in age from three months to 97 years old. Working out of churches, carports, and even homes, Hogg set up makeshift pharmacies of basic medications and supplies, including topical antibiotics, antifungal creams, vitamins, and pain relievers. While many of these items were purchased directly from local pharmacies, local villagers have no way of accessing the medications due to both a lack of money and transportation, says Hogg.

“Through translators, we offered health teaching and treatment and follow-up requirements,” says Hogg. “So many ailments we were treating were quite basic, which mostly stemmed from lack of food and clean water. These included allergies, dry skin, infections, headaches, backaches, fevers. We addressed the most common chronic conditions in the area, high blood



Clockwise, from left: In addition to providing medical care, the volunteer team distributed hygiene supplies, such as toothbrushes, to local villagers; Colleen Hogg (centre) cared for patients from the age of three months old to 97 years old; The volunteer team visited several local villages—known as *bateyes*—home to the descendants of Haitian migrants living in the Dominican Republic.

pressure and diabetes. And we provided many young women with reusable feminine hygiene kits and education on their use.”

Although she was overwhelmed at first with the heat, humidity, and high needs of the locals, Hogg quickly settled into a routine and enjoyed the opportunity to make an impact with local villagers over the team’s two-week service trip.

A year later, she jumped at the chance to return and encouraged her sister-in-law, Stacey Hogg, a registered pharmacy technician from Calgary, to join her on the medical mission. And thanks to a much longer lead time, Hogg collected further donations from her community members in Campbell River and pharmacy customers, who offered baby supplies, sports equipment, and clothing and hygiene supplies.

Hogg was greatly encouraged by improvements to the *bateyes* around Sosúa on her second visit, including a new community centre built by a local humanitarian organization working in the area. The group was also working to identify diabetics and provide opportunities for critical supplies to be more widely available.

“For me the second year was really beneficial because I saw the progress. Some people can feel discouraged because there are so many chronic, underlying issues at play, but I feel like helping a person even in that moment gives them hope and can make a difference in the future. A lot of it is realizing how small things can make a huge difference in someone’s life. Things that we take for granted are a huge deal for them.”

She recalls a particularly heartwarming story with her crew member, Tom, who was providing walking canes to people who were blind or partially sighted. Blindness due to pterygium, a tissue that grows over the cornea of the eye from overexposure to sunlight, dust, and wind, is a significant issue for the community. Tom fit an older man with a cane and taught him how to use it, with a tapping method to move around.

“The look of pure joy on the gentleman’s face filled the room, as he had been depending on others to help him around,” she says.

Hogg looks forward to hopefully joining the group on its next humanitarian trip currently scheduled this fall. **T**



Proton Pump Inhibitor overuse at residential care facilities

A case for deprescribing PPIs for patients without documented indications for the anti-reflux medications

BY HAFEEZ DOSSA, BSC

Abstract

Objective: The utilization of proton pump inhibitors (PPIs) was reviewed in a long-term care (LTC) facility setting, as it was noted that many residents were taking these without documented indications. Through a pharmacist-led intervention at four LTC facilities across Vancouver Island, we aimed to re-evaluate the appropriateness of PPI therapy across all patients.

Methods: This six-month intervention looked at all residents serviced within four LTC facilities across Vancouver Island who had an order for a PPI on their medication profiles. Upon categorization of each resident, based on indication (or lack thereof), letters were

sent to the prescribing physicians outlining a summary of recommendations with the aim of reducing inappropriate PPI usage. Results were collected after the four-month mark, and a follow-up report was generated two months later to identify the effectiveness of recommendations (i.e. to see if patients remained off PPIs, or if they were restarted).

Results: Out of 370 residents, 99 had an order for a PPI at the beginning of the project (27 per cent). After accounting for residents who were either discharged, or passed away during the study period, 88 remained eligible for follow up. Of these 88 residents, 46 had their PPIs completely discontinued (52 per cent), seven had their dose reduced/changed to PRN (8 per cent), and

Photo of the Care Rx Nanaimo Team
(Left to Right: Dena Taraschuk, Hafeez Dossa, Leigh Palmer, Chloe Kim)

five were switched to an alternative medication (6 per cent). Overall, out of the 88 residents who were followed in this study, 57 of them (66 per cent) had their PPIs successfully deprescribed.

Conclusion: A pharmacist-led intervention in a residential care setting can dramatically reduce inappropriate use of PPIs. This allows for a reduction in the risk of harmful adverse events, unnecessary drug spending, and workload on nursing staff for medication administration. Clear communication and collaborative care are factors that influence the promotion of such initiatives, and the success of this project should help influence other pharmacists and health-care professionals within an interdisciplinary care setting to consistently re-assess the necessity of all medications.

Have you ever wondered why so many patients are taking proton pump inhibitors (PPIs)? It is estimated by the Provincial Academic Detailing Service that 1 in 12 British Columbians receives a prescription for a PPI in any given year. Whether in a community, hospital, or residential care setting, there's a large number of patients on PPIs, and oftentimes we may not be exactly sure why they're being taken. Although these anti-reflux medications can be effective in reducing symptoms of heartburn and acidity, with long-term use they do also carry a risk of adverse effects, including an increased infection risk (pneumonia and *C. Difficile*), an increased risk of fracture, and reduced vitamin/mineral absorption. In the elderly population, this is especially important to note, as contracting pneumonia or experiencing a fracture can be a traumatic event and patients may not be able to bounce back. In an effort to reduce unnecessary PPI usage amongst residents living in residential care facilities, my team at Care Rx in Nanaimo and I undertook a pharmacist-led initiative to deprescribe PPIs currently in use.

Starting in January 2019, we ran a report of all residents serviced by the pharmacy (approximately 400), and noted that 27 per cent of them had an order for a PPI. After looking through these patients' charts, and consulting with nursing staff/physicians, these patients were then separated into one of the following five categories (percentages of residents in each category are listed in parentheses):

- A Resident taking PPI with no documented indication (38 per cent).
- B Resident taking PPI with no documented indication, however as they are also taking a long-term ASA/NSAID, we would like to confirm if this is the indication for therapy (18 per cent).
- C Resident taking PPI with no documented indication,

and is taking ASA for primary prevention. As ASA has a higher risk/benefit ratio when used in primary prevention, we would like to re-evaluate therapy of both ASA and PPI (2 per cent).

- D Resident taking PPI with documented indication of GERD. In these residents, we wish to follow up and re-assess if therapy is still required (32 per cent).
- E Resident taking PPI with a significant diagnosis for use (i.e. GI bleed history, Barrett's Esophagus, etc.) (10 per cent).

Although a daunting task, individual letters were then sent to physicians indicating which category their patient was in, the risks associated with long-term PPI use, and a list of recommendations for deprescribing of PPIs, if appropriate. This included options such as tapering the dose, switching to a safer alternative such as ranitidine, or changing from regular dosing to PRN (as needed) use. After making recommendations, receiving responses from physicians, and processing the orders, we then waited two months to make sure patients didn't experience any rebound effects from being taken off their PPIs. Approximately 5 per cent of patients re-started their PPIs after they were discontinued, which we thought was a reasonable number for this sort of initiative. A two-month waiting period seemed appropriate as previous studies have used a 4-8-week window to monitor for rebound effects after stopping PPIs. By July 2019, this project was complete.

The results were astonishing: 52 per cent of patients had their PPIs completely discontinued, and another 14 per cent either had their dose reduced or switched to an alternative medication. Overall, only 34 per cent of patients continued on their previous dose. Below are some examples of cases where a PPI was discontinued, indicating the reasoning for the PPI being started and measures that led to successful deprescribing:

- › Resident A, an 87-year-old male, was taking pantoprazole 40mg daily. He had been taking this dose since admission to the care facility (over five years ago), and there was no documented reason for the use of this medication. He was not taking any other medications that could have contributed to symptoms of GERD, such as ASA or other NSAIDs. We recommended discontinuing this medication with a two-week taper, where 40mg of pantoprazole was taken every other day, and it was then stopped. During the two-month follow up, he didn't experience any symptoms of GERD and this was documented as a successful discontinuation.
- › Resident B, a 64-year-old female, was taking rabeprazole 20mg daily. Upon review, it was noted that this medication was started two years ago as

she was experiencing GERD. During consultation with nursing, it was noted that she had not recently exhibited any symptoms of GERD, and that it would be appropriate to consider discontinuing this medication. We recommended discontinuing this medication with a four-week taper, where 20mg of rabeprazole was taken every other day, and it was then stopped. We encouraged lifestyle modifications if there were any symptoms noted, however during the taper there were no issues and this was documented as a successful discontinuation two months later.

If more than 60 per cent of patients didn't need to be taking their PPI at their original dose, how does this end up happening?

Prescribing inertia is a real thing. Patients may be started on a medication, and then not given any guidance on whether or not they should be taking them long-term. This is especially common in residential care, where patients are admitted into care with a list of medications, and continued on them after a physician signs off on their previous list of medications. It's also common for patients to be discharged from hospital on PPIs, as they are often used as protocol to reduce reflux/

heartburn associated with laying flat during a hospital stay. Community patients may also use PPIs regularly to treat reflux, as they may see them as an easier fix in comparison to lifestyle modifications such as eating healthier (limiting consumption of large meals, reducing alcohol/caffeine intake), being physically active, and ensuring not to eat prior to lying down.

The success of this initiative received high praise from the care managers of the facilities who were included in this initiative.

"Having been at this facility for over 20 years, it's no secret that many of our residents, and those at other facilities like ours, are overmedicated," says Lydia

Swift, a registered nurse and director of care at Chartwell Malaspina Gardens. "Polypharmacy is a serious issue, and PPIs are a great place to start. An initiative like this has shown everyone how important the role the pharmacist can play in an interdisciplinary team."

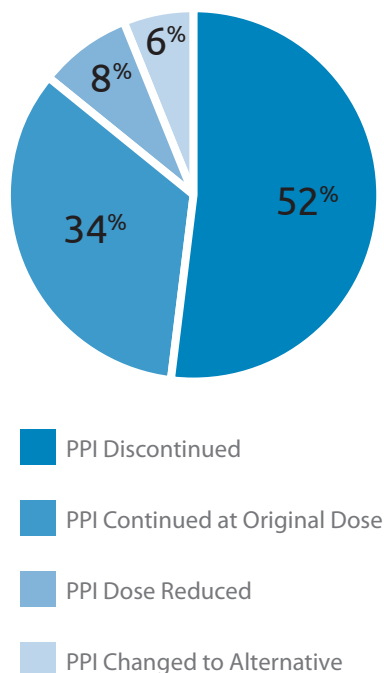
Sheryll Southern, registered nurse and director of care at Trillium Woodgrove Manor, shared a similar sentiment.

"These patients need pharmacists to advocate for them. So many times we have patients come into our

facility and they stop receiving the attention and care they should be getting in order to ensure they're taking medications they actually need. Seeing over 50 per cent of PPIs get completely stopped shows how important it is for us to always be re-evaluating medications our patients are taking."

Not only does this initiative reduce the risk of side effects and pill burden, reducing the use of unnecessary medications also helps save costs. In residential care facilities, many medications are covered by PharmaCare Plan B, which is a government plan that helps cover the costs of many common medications. However, PPIs are only covered through Special

Summary of Interventions



Authority, which means a physician needs to submit an application to PharmaCare indicating that a patient requires the medication. This means that in a lot of cases, PPIs come at a cost to patients, and as shown in the results of this project, over half of patients didn't need them in the first place.

To paint a picture of what this would look like in B.C., take the following into consideration: In the patient population under discussion, 27 per cent had an order for a PPI. There are approximately 30,000 publicly-funded residential care beds in B.C., and so if we were to extrapolate this across the province, we could say that approximately 8,000 residents

are taking PPIs. If 52 per cent of them are able to have them discontinued, that means over 4,000 patients would be able to successfully stop taking PPIs.

Sounds like a lot of people, doesn't it? But what about the cost? PharmaCare will cover the costs of PPIs, if Special Authority is approved, for approximately \$1.50 per week, which adds up to about \$80 per year, per patient. If you were to take this number and apply it to all 4,000 residents in our theoretical tally, this results in a cost savings of over \$300,000 annually.

This is only for those living in publicly-funded residential care facilities; this does not include private facilities, hospitalized patients, and community patients. Although this is using a fairly small sample size and extrapolating this data across the province wouldn't likely end up being representative of the actual numbers, it's not completely unreasonable to assume similar results if we were to utilize a similar approach across the province.

In summary, deprescribing initiatives have the ability to result in significant cost savings to both the government and patients, while also reducing the risk of side effects and limiting polypharmacy. All it takes is spending a bit of extra time in reviewing patients' medications and working with patients and prescribers to ensure appropriate medication usage.

When telling people about this initiative, the first thing they usually say is not that they're surprised we were able to stop PPIs in over 50 per cent of patients, but how impressed they are that we were able to get everyone on board with it. Working with nurses, physicians, dieticians, and other health-care professionals is awesome, and everyone has been very

supportive of us in taking on projects such as this one. But our team at the pharmacy is equally as important too, and they've also given us every opportunity to successfully complete these types of projects. Having to fax letters and document changes on a spreadsheet may be frowned upon by some, because it's extra work above and beyond what is expected. However, there's a shared desire to optimize medication usage and it's this passion and work ethic that allowed such an initiative to be so successful.

As pharmacists, we are the most accessible health-care professional. We see patients when they come in for their refills, we sit down with patients when we do their medication reviews. We should absolutely be educating our patients on the risks and benefits of all medications they are taking, and the results of this project shows why this is so important. **T**

Hafeez Dossa is the Pharmacy Manager for Care Rx Nanaimo, a pharmacy that services over 400 patients who live in long-term care and residential care facilities. He is passionate about optimizing medication management, and this project is just one of a few initiatives he has taken on during his time working in long-term care (others include re-evaluating approaches in anti-hypertensive therapy and re-assessing treatment for patients with dementia). A 2017 UBC Pharmacy graduate, Hafeez also enjoys playing hockey, participating in triathlon events, skiing, and checking out local breweries.



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Diversifying your revenue opportunities

BY DEREK DESROSIERS, BSC(PHARM), RPH

Today's pharmacy market is ultra-competitive and the health-care environment in which pharmacies have to operate is rapidly changing. Community pharmacists need to look for new ways to set themselves apart and offer value to their patients. Many pharmacists are offering differentiated products and services designed to attract new business and provide an alternative revenue stream. If you want to grow your pharmacy business and professional practice, beyond the horizons of traditional prescription sales, you may want to consider one or more of these diversified revenue opportunities.

Clinical trials

Pharmacists are in a prime position to educate patients about clinical trial participation. Many pharmacists across North America have been working to collaboratively incorporate clinical trial referral into their armamentarium of patient care services for patients, caregivers

and physicians.

Pharmacists have traditionally been involved in clinical trial research in a variety of ways, from providing drug and record keeping for drug accountability to taking on the roles of study coordinator or principal investigator. Today, pharmacists can make a significant impact on the health status of patients by connecting patients to clinical trials. One diversified revenue model is to partner with research entities that are contracted to recruit patients for clinical trials. These recruitment companies are sometimes hard-pressed to find volunteers, so it makes sense for health-care professionals such as pharmacists to be a paid source of these referrals.

Every year, Health Canada authorizes approximately 900 clinical trials in patients. In Canada, pharmacists can find information about clinical trials, including access to the database itself, by searching for 'Health Canada's Clinical Trials Database' on canada.ca.

Health screenings & point-of-care testing

Many pharmacists are already offering some of these services but there is always room to add, especially on a fee-for-service basis. These screenings offer the opportunity to detect serious, undiagnosed conditions and then influence patients to follow up with a physician for confirmation of diagnosis and prescribing a treatment plan. These screenings also give pharmacists the opportunity to offer education to patients to mitigate risk factors with a focus on management/prevention of disease and lifestyle modifications. This education often leads to increased customer counts and loyalty. Furthermore, patients generally don't have a problem paying out-of-pocket for such services if you offer value. Some categories for health screenings include:

- › Fasting blood glucose
- › Blood pressure
- › Fasting cholesterol (full lipid profile)

- › Non-fasting cholesterol (TC/HDL)
- › Hemoglobin A1C
- › Bone density
- › Depression
- › Tobacco

Pharmacogenomic testing

This one is pretty straightforward and can be quite lucrative. Pharmacists make approximately 50 per cent margin on pharmacogenomic tests and patient counselling. Training requirements are minimal, and you can be up and running in no time. The key to offering this service is that it really needs a lot of direct recommendation to patients so they can understand the benefits to their overall health, management of adverse effects, optimization of drug therapy and general quality of life.

While there are a number of companies offering this service via pharmacies across Canada, by far the company with the most well-established and best pharmacy-centric model, in my opinion, is myDNA. More information and details can be found at mydna.life/en-ca.

Weight management

According to Statistics Canada, 61.3 per cent of adult Canadians were overweight or obese in 2015 and that percentage has likely risen in the past five years.

In addition to being the most accessible health-care professional, community pharmacists possess the clinical skill, knowledge, training and ability to effectively and immediately improve people's health through weight management. Many of these individuals have metabolic syndrome, a cluster of health conditions including increased blood pressure, high blood sugar and abnormal cholesterol or triglyceride levels, putting them at increased risk for heart disease and type 2 diabetes. Some are already taking medications to manage these conditions. Pharmacists can help patients maximize the benefits/outcomes

of their drug therapy.

One very popular and arguably successful weight management program in Canadian pharmacies is Ideal Protein. Like pharmacogenomics, this is another program that offers pharmacists to derive a significant new revenue stream given the margins on products. More information for pharmacists can be found at idealprotein.com.


Other revenue-generating programs

Some other revenue generating programs not discussed in detail here include:

- › Administering Long-acting injectables (subject to regulatory approval)
- › Compounding, including veterinary compounding and products (beware of new requirements)
- › Expanding diabetes care prevention services—self-management training

and therapeutic shoes and inserts

- › Hospice services
- › Immunizations (if you are not already doing it)
- › Opioid agonist therapy
- › Smoking cessation
- › Specialty pharmacy
- › Management of transitions in care
- › Travel health (see my column in the Winter 2020 edition of *The Tablet*)
- › Wound care

There are lots of opportunities to find an area you are passionate about and offer a wider range of revenue-generating professional services that will enhance your patient and physician relationships. 

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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Pharmacy Awareness Month

March was Pharmacy Awareness Month. This year, the month also marked the beginning of social distancing measures enacted Canada-wide due to COVID-19. Learn about a few of the hardworking pharmacy teams who are continuing to serve British Columbians throughout the pandemic.



1 - Safeway Pharmacy Castlegar

The opioid crisis has hit a nerve with people in town and the city council, ambulance and community services partnered with us at Safeway Pharmacy to have an awareness day. Photo: Mayor Bruno Tassone of Castlegar, Marci Loukianoff, head of Castlegar Mental Health and Substance Abuse, Deb Macintosh, head of the Food Bank, and Nadine Podmoroff, Community Paramedic.



2 - Fort St John Pharmacy & Wellness Centre

Val Kantz, RPT, matters because she has worked in pharmacy in her community for >25 years. Even when busy, if patients need a service or product that Fort St John Pharmacy & Wellness Centre doesn't provide, Val has the knowledge and takes the time to direct them elsewhere. Photo: Val



3 - Andreen's Pharmacy West Kelowna

Haley, Elizabeth, Monique, Emily, and Katrina at Andreen's Pharmacy matter to West Kelowna. In addition to dispensing medication and health advice, the staff at Andreen's offer specialized and medically focused foot care, participate in local charity fundraisers, and provide travel and public health immunizations. Photo: Emily, Haley, Elizabeth and Monique



4 - Similkameen Pharmacy Keremeos

Pharmacist Ziharr and the staff at Similkameen Pharmacy matter to Keremeos because they model the benefits of regular exercise, including coordinating a regular walking group in the summer months. Selena, RPT, developed the program several years ago. The number of participants, many of them elderly, continues to grow. Photo: Samantha, Nicole, Selena, Sylvia, Vera and Ziharr

5 - Pharmasave Cloverdale Surrey

Our team at Pharmasave Cloverdale matters to our local community because our team spends the time to educate patients in a fun and interactive way. From hosting cooking shows to informative seminars, our team puts their heart into patient care. Annual charity events such as our Ladies Health Night raise funds that are directed back into our community. Photo: Fred, Christine, Lyle and the team at Pharmasave Cloverdale

6 - Thrifty Foods Pharmacy Courtenay

Thrifty Foods Pharmacy in Courtenay showing off their Pharmacy Services display provides a Scriptalk service. Scriptalk is for patients that have trouble reading their prescription labels and Scriptalk will read the labels to the patient. Scriptalk is free and available at Thrifty Foods, Safeway, Fresh Co, Sobeys, and Lawton Drugs Pharmacies across Canada. Photo: Kris and Laura



7 - Tumbler Ridge Pharmacy

Charissa Tonnesen matters to her community because she manages the only pharmacy in over a 100-km radius. She has served as president of the Tumbler Ridge Museum Foundation, she participates/volunteers in community events such as the Emperor's Challenge, she collaborates with local physicians, she coaches karate, and she educates patients and health-care providers. Photo: Charissa



8 - Longevity Compounding Pharmacy New Westminster

When patients come into pharmacies, they're ill, they want to get better. You want a personal touch. Owning my own pharmacy, it's nice to be able to have that personal touch with patients. It makes a difference. It helps with compliance. It helps with everything. Photo: Aman



9 - Prescription X-Press New Westminster

We are more accessible for patients. There's an ongoing shortage of doctors and it's hard to get appointments. If patients have minor issues, they always like to see the pharmacist first. We can often take care of their needs, and recommend whether or not they have to make an appointment with their doctor. Our neighbourhood is a mix of people. Some patients are coming from the hospital and need medications right away. Some are here from the Interior and they don't have pharmacies where they are from, so we actually even deliver prescriptions to their wards. We also have a good home health-care collection here, a lot of times they need it right away since they just got discharged. A lot of the hospital staff actually travel quite a bit, so we also offer a travel clinic right here. We have been in the community for almost 13 years here, because of that we have a good reputation and a lot of people know about Columbia Prescription X-Press. Photo: Manju, Mehul, Raj Chauhan, Rajat and Ravali

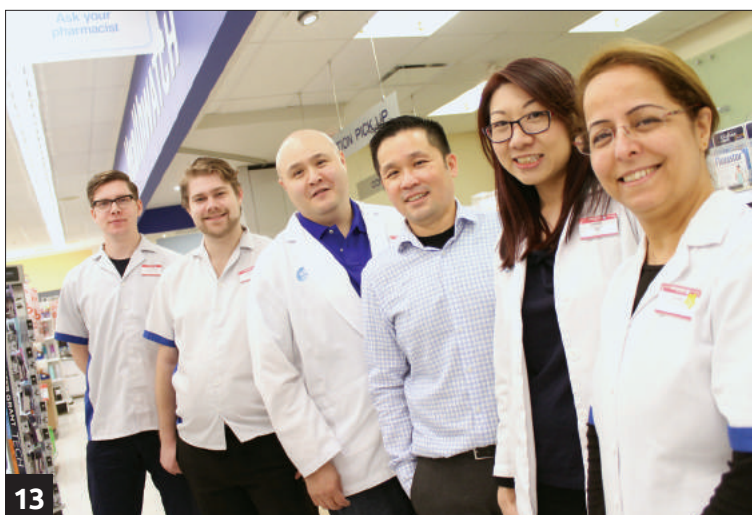




10 - Imperial Pharmacy New Westminster
Pharmacy is an essential part of patient care. I would say a critical part. As a first-line of contact with the patient, we are easily accessible. Patients see us far more than they see doctors. Photo: Rida, Roxana

11 - Burnaby Square Prescriptions
You know, most people when they come here and they see who's behind the counter, they start smiling. They say thank you you're here. I give them the time. I give them an ear. A lot of places you go, you can't blame the pharmacist, it's so busy. But I try to make time. Most of my clientele are seniors. When they come in, they need somebody to listen to what they have to say. I give them that ear. That's what my patients are very thankful for. Photo: Anil, Parmendra

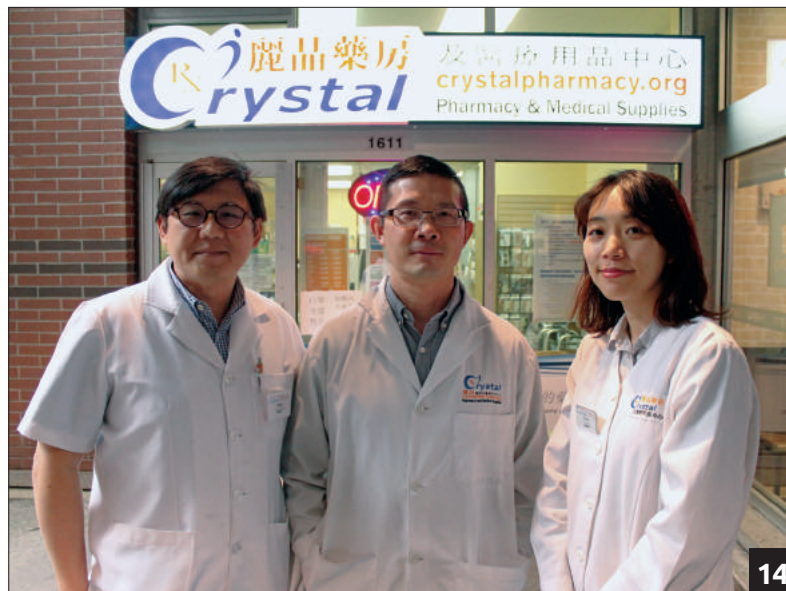
12 - Thrifty Foods Pharmacy Port Moody
One of our health services that is unique, I would say, we have at Sobeys a Baby Be Healthy program which provides prenatal vitamins to expectant mothers or people who want to be pregnant. I think that's very unique to the Sobeys chain. There's no charge to the customer and it's a great service for the mother and the baby to be healthy. Photo: Helen, Debbie, Jenny



13 - Shoppers Drug Mart New Westminster
I think a lot of our patients appreciate our knowledge. A lot of our patients are seniors who have no idea how to get things like compression stockings, blood pressure pills, blood pressure machines. They have no idea where to get their bloodwork done, or how to get their diabetic test strip covered. Some of this is not explained by the doctors because they're so busy that they'll just give the patient a script and the patient will leave. We are more of an information hub that is helping the whole community. Photo: Alex, Chad, Mark, Hong, Angel, Zahra

**14 - Crystal Pharmacy and Medical Supplies
Burnaby**

This area has a lot of new immigrants from abroad and the way they take prescription medications is very different. We understand their culture and know what their circumstances are, so we can bridge the gap between how they used to take their medications, versus now, the new concept of how to safely take medications. Photo: Fred, Andre, Gina



15 - Pharmasave Rosser Burnaby

Pharmacy matters because the community is always looking to health professionals for advice and if the physicians are not available for patients in the community, they come to us. The community is like family to us and everybody is part of the family here! Photo: Kathy, Bernice, Mandy



16 - Pharmasave Elgin Port Coquitlam

We are fortunate to have a close working relationship with the doctors and dentists in our building, together with Tri-Cities Mental Health, who we communicate with and deliver medications to on a daily basis. We have been part of this community for many years, and most of our customers are return patients. So by and large, I can call everybody by their first name when they come in through the front door, they call us by our first names, and they call us and visit us regularly for advice and their health-care needs. Photo: Susan, Sheila



17 - Medicine Shoppe 254 Coquitlam

It's all about being personable in the pharmacy and treating the patients as patients, not as numbers. That's why it shows. We won two years in a row that we're the best three pharmacies in the Tri Cities, from Port Moody to Port Coquitlam. It's just the fact we care about our patients. It's a personal touch. It's a personal relationship. We care about them. Photo: Mohanad, Heidi



18 - Pharmasave Northside Port Coquitlam

We have a very community sense, we remember people's names, we know people and we've been here a long time, so we're well established in the community. We've been here since 1970. Most of my staff have been long-term employees who have been here for over 25 years, a lot of them. And our patients, most of them are family members, third generation or more sometimes, they've been coming here ever since the store opened, their grandparents, their kids too, it's very community oriented. Photo: Ali, Lorena, Amanda, Sandra, Darin





19 - Choices Pharmacy Surrey

Patients will ask for me because they know if I answer something about their medications for them, that's the word. We do flu shots, medication reviews, we have nurses as well who go to the patients' house on a daily basis to administer medication if they're having problems. It's a long-time affair. Trust doesn't come right away. It's about whether the information you're giving aligns with what the patient witnesses. If I say for three days the condition will remain the same, on the fourth day you'll feel better. They know on day two they won't be better yet. They won't be calling the doctors. The trust isn't built over night, it takes time. Photo: Raj, Sarah, Rajinder, Anand, Nimesh.



20- Lumby IDA Pharmacy

Our community has gone from three functioning full-time physician clinics in the mid-90's to one presently physician clinic. As a result patients have looked to our professional staff to assist in whatever manner we can. As owner, I continue to work with our Lumby Health Society to facilitate a full-time nurse practitioner to care for a multitude of patients with no primary caregiver. The pharmacy is the go-to place in our rural setting and has been relied on to triage in many instances. It is a privilege and an honour providing care to a community at the capacity we do. Photo: Kyle, Judy



21 - Minoru Pharmacy Richmond

In Richmond, we have a lot of elderly patients. A lot of them, I have been their pharmacist for the last 40 years. I pretty well know the patient, but I'm trying to encourage them to change their lifestyles, encouraging them to walk every day to prolong their lives. A lot of my patients don't have immediate family, a lot of them are in their 80s and 90s. One of my patients who I've had for 40 years just turned 100 and he's still living alone. I'm so happy that he credits this pharmacy for his longevity. I was really happy about that. Photo: Elizabeth, Alla

22 - Kerrisdale Pharmacy Vancouver

We are a community pharmacy that has been around for about 45 years. We serve patients that live in the area and from the surrounding area of Vancouver. The big benefit here is the continuity; I think we pride ourselves in having staff and pharmacists that have been here for years and years. The patients are really comfortable with discussing their health with our pharmacists.

We also provide a ton of services here just for patients to keep coming back. I think we do a pretty good job of it, and it's just great to be in the neighbourhood. Photo: Eugene, Chris, Colin, Tracy, Grace



23 - Shoppers Drug Mart 2227

It's nice to know that we can be a go-to location for our community. We have a lot of towers and residences in the area and it's a growing community. So for new people that come here, it's nice for them to know there's a Shoppers Drug Mart that's open and able to service them for whatever they need, whether it's the pharmacy or lifestyle items that they need. Photo: Lyndsie, Angel, Dyniel, Ruxin



24 - Total Care Pharmacy Vancouver

We have lots of mixed communities here. I'm from the South Asian community so we happen to serve people from the South Asian background the most. One unique service that we provide is translation services for a few medical clinics in the area. When a patient goes to the doctor's office, if he doesn't have a translator, the doctor will call me, then I directly talk to the patient in Punjabi. The doctor will ask me about the patient's concern, I will translate that to the doctor in English, and that's how we communicate. It started when a patient went to a clinic without anyone to translate. The patient happened to know my pharmacy number, so they asked the clinic to call me, and I helped translate. The doctor then called and asked me if I could be a translator when needed. I said OK, yeah. We're happy to help. Photo: Manjot, Palwinder, Bhupinder





24 - Save-On-Foods Pharmacy Prairie

We are compassionate and trustworthy pharmacists that the community can depend on for their health needs and wellbeing. Photo: Denice, Eun Jin, Cora, Carson

25 - Medica Pharmacy

It's a full-service store serving a patient population with a wide variety of backgrounds. For example, we have patients from Arabic, Punjabi, Hindi, Urdu backgrounds and also the Caucasian community. Some of our patients are taking medication for opioid therapy. We have senior patients. We have some patients here for over-the-counter medications for health issues. We have chronic patients. We have diabetic patients. Patients with high-blood pressure. The hospital nearby also means we have patients coming in from there with prescriptions as well. We have two doctors and we get most of our clients from these two doctors and about 30 to 40 per cent of patients from the outside. We're always busy! Photo: Rupinder



26 - Pure Cure Pharmacy Surrey

This community is underserved and we can bridge that gap in the pharmacy services that we provide. The main thing is improving compliance of the medications, and looking at poly pharmacy and de-prescribing where possible. And also just regular follow-ups with patients so they're fully involved in the decision making process and are educated about their medicines. I'll give you an example: some patients are coming from the hospital, they've had a heart attack, and they are prescribed five additional medicines on top of their medicines before the incident. That can be overwhelming. That's why education is important, so patients understand why they're taking medicines. Photo: Aditya, Jaspreet



27 - Gateway Pharmacy Surrey

The community we serve in is very unique. It's a Vietnamese community we mainly service here. There's quite a big population of Vietnamese-speaking patients who come here, and can't necessarily get another pharmacy. We do speak their native tongue and can explain things a bit more clearly to patients. With our pharmacy having been here for 25+ years, we're pretty much engrained into the community. I think it's very important that pharmacy has their own niche in the different communities so you can fully service them. This is not just a generalized pharmacy where you just explain the information and let them go. We take care of the language barrier to make sure that nothing is lost in translation. Photo: Michelle, Jenny, Tom

28 - Davies Prescription Pharmac

As a specialty pharmacy, community is important to us. We are proud to be a part of the North Shore community and have been serving customers since 1974. Located directly across from Lions Gate Hospital, we support patients going through some of their most challenging times. Photo: Kathy, Ada, Moh, Ajit, Violetta, Karen, Cynthia, Arman



29 - Rexall New Westminster

With an aging population and older patient demographic in our pharmacy located in New Westminster, pharmacy matters to these patients as they have complex medical conditions that require multiple medications. It is important for the patient to know what medication they are taking, why they are taking it, and how to take it, to ensure optimal health and adherence. In addition, the pharmacy team is easily accessible for them to ask questions regarding their medications, medication management and any health related questions they may have to optimize their care. Photo: Sarb, Mya



30 - SafeMed Pharmacy North Vancouver

My mission as a community pharmacist is to deliver my role with honour and compassion, and to promote the health and wellbeing of my patients. Our patients trust our care and attention in helping them achieve better overall wellness every day. Photo: Parisa



31 - Murrayville Remedy'sRx Langley

I've lived here my entire life and Langley has provided me a good life – everything from amazing teachers and a great education to access to fantastic medical services. We regularly support Langley Memorial Hospital, community services, and surrounding nursing homes and have great relationships with our local physicians. Over time my goal is to continue to build on the fantastic support system that makes Langley so special. Photo: Colin



32 - Northwest Marine Pharmacy North Vancouver

This is an old pharmacy and we are serving our customers and our patients like our family. All our patients, mostly, they are from our community and they are in their senior years. Many of them are immigrants and are relying on us for their medications. Our staff are from Iran as are about 90 per cent of our patients. The vast majority of them are older than 65 and they need special skills to help them. So a lot of people seek out this pharmacy, and we try to help them. Photo: Katy, Mahtab, Ana, Jila



COVID-19 Timeline – BCPhA



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