

THE Tablet

SPRING 2021 | ADVOCATING FOR BRITISH COLUMBIA PHARMACY



Community pharmacies join vaccine roll-out

More than 600 pharmacies across
B.C. have been administering
COVID-19 vaccines PAGE 14



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ON THE COVER

University Pharmacy pharmacist Mario Linaksita administers an AstraZeneca vaccine on Apr. 1, the first day of the vaccines in pharmacy program.



Annette Robinson

What a wild ride this last year has been

It has only been a few short weeks since Minister Adrian Dix's announcement that vaccines would be available in B.C. pharmacies in the Lower Mainland. I know you and your pharmacy teams have been working tirelessly, administering vaccines while answering patient questions and concerns relating to the AstraZeneca (AZ)/COVISHIELD vaccines.

What an incredible undertaking to see the initial 113 pharmacies administer thousands of AZ/COVISHIELD vaccines in just two days, all with no advanced notice. These first pharmacies and their excellent work was followed by the subsequent announcement to include hard hit communities outside of the Lower Mainland in the roll-out.

We now have approximately 600 community pharmacies in B.C. involved in the AZ/COVISHIELD vaccine program and have proven once again that we are an important part of the health-care team and the COVID-19 vaccination campaign.

While it is a proud moment for pharmacists in B.C., we must remember the current crisis continues to be serious, with increasing case counts, variant spread and hospitalizations reaching capacity. Our public health and government officials are working extremely hard managing this pandemic. They have recognized pharmacists for our work in assisting in this herculean effort and I must agree, pharmacists are a crucial part of this endeavour. This has been unlike anything we have ever experienced in community pharmacy.

I have also heard from many members how disappointed you were not to be involved in the first phases of the vaccine roll-out. We hear you. The Association will continue to advocate for all B.C. pharmacies and pharmacists to be involved. Conversations are ongoing with Public Health and the Ministry to address these concerns.

For those of you administering vaccines, you have remained committed to our end goal: getting shots into arms. It has not been easy. Yet you have all kept up with the continuously changing information and guidance, such as the NACI statements on age eligibility, increased vaccine hesitancy, pandemic protocols, appointment bookings, mass immunization clinics, variable availability of vaccine supply, new paperwork and documentation, and the extremely short roll-out period, just to name a few challenges.

The expectations are high, but I know as frontline pharmacists wanting to provide the best care to our patients, we will continue to step up, increase capacity, and do what is necessary to get these vaccines into the arms of our patients.

To all B.C. pharmacists, technicians, and other pharmacy team members, I thank you for always being on the frontlines in times of need; community pharmacy has done so yet again. ■



British Columbia
Pharmacy Association

Editor in Chief Angie Gaddy

(604) 269-2863, angie.gaddy@bcpharmacy.ca

Managing Editor Michael Mui

(604) 269 2878, michael.mui@bcpharmacy.ca

Features Editor Angela Poon

editor@bcpharmacy.ca

Art Director Caroline Toth

BCPHA BOARD OF DIRECTORS

President Annette Robinson, president@bcpharmacy.ca

Board of Directors Annette Robinson, Jamie Wigston, Keith Shaw, Chris Chiew, Derek Desrosiers, John Forster-Coull, Gary Go, Colleen Hogg, Mike Huitema, Pindy Janda, Ajit Johal, Chris Waller, Greg Wheeler

Contact the Board of Directors board@bcpharmacy.ca

OFFICE OF THE CEO

Chief Executive Officer Geraldine Vance

(604) 269-2860, geraldine.vance@bcpharmacy.ca

Executive Assistant to the CEO and Board

Devyani Basoodetsing

(604) 269-2884, devyani.basoodetsing@bcpharmacy.ca

COMMUNICATIONS

Director, Communications Angie Gaddy

(604) 269-2863, angie.gaddy@bcpharmacy.ca

Communications Specialist Michael Mui

(604) 269-2878, michael.mui@bcpharmacy.ca

PHARMACY PRACTICE SUPPORT

Director, Pharmacy Practice Support and Special Projects

Bryce Wong, RPh

(604) 269-2868, bryce.wong@bcpharmacy.ca

Manager, Pharmacy Practice Support Ann Johnston, RPh

(604) 269-2865, ann.johnston@bcpharmacy.ca

Coordinator, Pharmacy Practice Support Nelson Chen, RPhT

(604) 269-2880, nelson.chen@bcpharmacy.ca

Specialist, Pharmacy Practice Support Jerry Mejia, RPh

(604) 269-2861, jerry.mejia@bcpharmacy.ca

MEMBER SERVICES

Director, Member Services Vince Lee

(604) 269-2867, vince.lee@bcpharmacy.ca

Coordinator, Member Services Linda Tinnion

(604) 269-2864, linda.tinnion@bcpharmacy.ca

Marketing Officer Andy Shen

(604) 269-2883, andy.shen@bcpharmacy.ca

Administrative Assistant Kathryn Kremastos

(604) 261-2092, kathryn.kremastos@bcpharmacy.ca

CORPORATE SERVICES

Controller Gary Mui, CPA, CA

(604) 269-2869, gary.mui@bcpharmacy.ca

Database Administrator Ray Chow

(604) 269-2882, ray.chow@bcpharmacy.ca

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BCPhA Offices: #430-1200 West 73rd Avenue Vancouver, BC V6P 6G5

Telephone: (604) 261-2092 or Toll-free in BC: 1 (800) 663-2840 Fax: (604) 261-2097

Toll-free fax: 1 (877) 672-2211 E-mail: info@bcpharmacy.ca Web: bcpharmacy.ca

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Geraldine Vance

The first wave of COVID-19 vaccines in pharmacy: a debrief

By any measure the COVID-19 vaccine roll-out in pharmacies was a little crazy. For weeks, the BCPhA team had been sharing proposals and discussions with ministry staff about how best to bring pharmacies into B.C.'s vaccine program. But all of that went out the window on Monday, Mar. 29, when I received a call from Dr. Penny Ballem, the province's Executive Lead for the vaccine program. She had a request: could pharmacists in the Lower Mainland deliver 18,000 Astra Zeneca shots by the end of day, Friday, Apr. 2, which happened to be Good Friday?

On the surface, this seems like a crazy request. B.C. did not have a direct distribution program for publicly funded vaccines to pharmacy, but that was what was proposed. The BC Centre for Disease Control would release vaccines to distributors, get the 18,000 shots to pharmacies in the Lower Mainland, and pharmacies would recruit patients and complete all the shots by Good Friday. Many members suggested that this couldn't possibly be true.

To some, it seemed that somehow we had been huddling with government for weeks and chose to bring in the distributors and pharmacies in at the last minute. But what was there for the Association to gain by such an approach? Nothing. The fact is, pharmacists were brought in to solve a big public health problem at the last minute because of the confidence government had in the profession's record.

As most will know, this scenario played out very much like 2009 when immunizing authority was granted to pharmacists. At the time, the province was facing the H1N1 pandemic. My predecessor, Marnie Mitchell, then-College of Pharmacists Registrar Marshall Moleschi and Dr. Perry Kendall, then-Provincial Health Officer came together to propose

involving community pharmacists to help with immunization. Training was developed and pharmacists joined the fight. That year, pharmacists administered 30,000 flu shots. This past season that number exceeded a million. We demonstrated that pharmacy can pivot quickly and do the job.

Similarly, the outcome of the March blitz was 18,000 people receiving what could be a life-saving vaccine, in addition to the profession moving another step towards direct distribution of vaccines to pharmacy. It certainly wasn't easy, but the outcome cannot be second guessed.

Since that first run to the finish line, more doses of the vaccine were brought to additional communities. Were pharmacies and communities left out? Yes. My email box has been filled with inquiries and accusations about how the process for selecting pharmacies was unfair, and how too few pharmacies were selected. But the Association did not play favourites. A limited supply of vaccine was directed where the government thought it would do the most good. The ability to expand the roll-out in pharmacy continues to be governed by the limited amount of vaccine available. B.C. is not unique in facing this shortage of vaccine.

Setting aside the chaos, the fact is pharmacists administered nearly 180,000 COVID-19 immunizations to British Columbians. In each case, getting the shot could make the difference between life and death. From my perspective it is an incredible privilege for all of us at the Association and for pharmacists in some 600 pharmacies to be involved in this effort.

Be assured that our work continues to expand the program. We are looking ahead to second doses and beyond. It remains our hope and objective to get as many pharmacists involved in this campaign as possible. **T**

The Tablet asks our contributors:

"What is the best way for pharmacists to promote vaccine acceptance?"

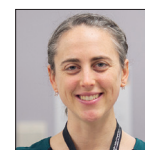


Derek Desrosiers

is President and Principal Consultant at

Desson Consulting Ltd. and a BCPhA Board Director. "Vaccine acceptance is difficult to promote in the face of vaccine hesitancy that is created by negative media. Two techniques that I found effective are as follows:

- › Provide patients with supportable evidence on the value of vaccines in preventing disease. For example, give them statistics showing how the rate of severe illness, hospitalization and death is only X% in those who were vaccinated but higher (Y%) in those that weren't vaccinated.
- › Relate your own positive experience with getting vaccinated and how it not only protects you but loved ones around you. The herd immunity concept resonates with some patients."



Shaylee Peterson

is a Clinical Pharmacy Specialist in Cardiology at

Royal Inland Hospital. "In the hospital setting you have a captive audience (your patient), who is typically looking for opportunities to prevent re-hospitalization. There is opportunity for the hospital pharmacist to add "vaccine status" to their usual assessment and offer a brief intervention for unvaccinated patients, similar to what we might provide for smoking cessation."

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.

Over the first quarter of 2021, the BC Pharmacy Association worked with the Ministry of Health to involve pharmacists in the delivery of COVID-19 vaccines to our communities. In the first two months of the year, community pharmacists worked with public health to go into First Nations communities and long-term care facilities to immunize populations considered most at risk to COVID-19.

In late March, to bolster public health's existing program to vaccinate the public by age group in provincial clinics, pharmacies were invited to administer the AstraZeneca vaccine to a limited population between 55 and 65 years old. Initially, approximately 100 pharmacies were involved.

Less than a month later, more than 600 community pharmacies in British Columbia are actively involved in administering AstraZeneca COVID-19 vaccines. Public health also expanded the criteria to include additional age groups: as of Apr. 29, anyone born 1991 or earlier are eligible to receive their vaccine at a pharmacy.

Community pharmacies have been selected within specific regions based on critical criteria established by public health to ensure efficiency and rapid access to vaccines. More pharmacies will be added as supply permits.

Fighting the Pandemic

Across British Columbia, community pharmacists are each doing their part to meet patients' needs during the COVID-19 pandemic. Whether that means administering COVID-19 vaccines or ensuring affordable medication access during a time of need, pharmacists have been stepping up for their communities.



Elements Compounding Pharmacy owner Priti Bhatthella with her pharmacy team.

PHOTO BY CHETAN SONDAGAR

Instilling the Values of Patient Care and Compassion

At the beginning of the COVID-19 pandemic in March 2020, Victoria's Elements Compounding Pharmacy owner **Priti Bhatthella** was diagnosed with a serious medical condition, and had to reduce her time at work while relying on her team to take on additional responsibilities. But she instilled in her employees the values of patient care and compassion, so she knew she could count on them.

How hard was it to step back when you knew your team would be facing the crisis that comes with a global pandemic?

Priti: They just kept the business going. Often times, they would say to themselves, what would Priti do? They are truly invested in our values—they know how I think. Even now, when I try to go in—I can still barely work due to my medical condition—I am impressed because my clients are all still there.

They have it really organized. They have taken more responsibility and ownership of a lot of the different tasks that used to fall on me. They also lean on each other and get things done.

Currently, I have four full-time staff. One thing I'm always looking for when we're hiring is, first and foremost, honesty. We look for reliability, consistency and someone that is passionate about pharmacy.

How would you describe the workplace culture of your pharmacy?

Priti: When people come into our store, they can tell it's a family-run business even though we're not all related. You can feel it when you walk in—that we care about each other.

The one word that comes to mind, when I think about the culture of our pharmacy is respectful. That speaks volumes, because, I think in many places, a lot of people come

into work and it's not respectful.

We make sure that we're there for each other. Especially this year, each of us has faced significant personal challenges, and we do our best to support each other through them. However, we are firm believers in the idea of helping others to find peace in our personal lives. You have to be aware of the people you work with, and the clients we serve, and develop good relationships.

What is the story behind Elements Compounding Pharmacy?

Priti: We started from the ground-up in September 2010. Prior to that, I spent 11 years working in a large corporate pharmacy, but I started asking myself, what is it that I really want to achieve as a pharmacist?

I found the thing I missed the most was interacting with patients. Really getting to know their file, what their problems were, and connecting with them on a personal level. My husband and I talked about it, and next thing you know we were opening the store.

When we opened the store, I really didn't have an idea of what it meant to be a business owner. It just went so fast.

But the thing I have always enjoyed is the time I have with patients. Some of them, I call them my foundation clients. They are the ones who stood by us. When you open a pharmacy from scratch, you watch people walk by and wonder why they don't bring the prescriptions to us?

And these foundation clients, they are the ones who got us started, they just kept coming. To this day, there are so many clients who were with us from when we opened, and since then, they have referred their friends over!

How has your pharmacy gone above and beyond to support the community, especially during the pandemic?

Priti: Sometimes, we will have patients who just can't afford to pay for their medications. Some patients can't afford to buy food. It can be really hard to turn people away. At times, we will extend credit to our patients—we know the patient can't afford it, and in my heart, I can't watch them not have some sort of help. They need their medications.

We don't do it blindly. Sometimes we do have to spend several hundred dollars to cover someone's medications because of their situation. So, we let them leave it on account. Sometimes, it takes them over a year to pay back, so we try to support them to make small payments on their account. Some patients can't afford more than \$10 per month—and it adds up quickly.

They are very grateful. At the end of the day, our goal is to figure out how to connect them with the right support systems.

Do you have any advice for your pharmacy team?

Priti: I just want to say how grateful I am that they bring 110 per cent every day. They have taken on a global pandemic with grace, compassion, and determination. They look after the store, and the business, and the clients in my absence. I guess

my biggest fear is that they're carrying a heavy burden; I know what it's like to carry that weight.

I want them to know: do the best you can, but also know when to step back. It can be exhausting. We all need that break from work and just being able to turn off, and it's a lot easier said than done.

Overseeing Hundreds of COVID-19 Vaccinations in One Weekend

Denice Bucsit is pharmacy manager at Save-On-Foods Pharmacy on Prairie Ave. in Port Coquitlam. When the B.C. Ministry of Health announced AstraZeneca vaccines would be made available in pharmacies starting Apr. 1, 2021, more than 600 people quickly signed up to waitlists for COVID-19 vaccines at Bucsit's pharmacy.

Your pharmacy started offering appointments on Apr. 1, 2021. What sort of demand did you see from the public?

Denice: When the government announced it would distribute AstraZeneca vaccines through pharmacies on Mar. 31, we were inundated with phone calls. We started taking people's names, phone numbers, and had a waitlist set up so people can put their names down. The online waitlist reached about 600 names for this pharmacy alone—on top of the phone calls we were receiving. The vaccines arrived at our pharmacy around 3 p.m. on Apr. 1. Right away, we called people in from



Save-On-Foods Pharmacy manager Denice Bucsit administers a COVID-19 vaccine for patient Doug Kerr.

■ Pharmacy Profiles

our waitlist and we were able to administer about 50 vaccines before the end of that day. The next day, we all came in early and did about 100 doses from opening to closing. The third day, we reached 150 people—the line up at one point stretched from our dispensary counter to the end of the store's produce section!

People who received the vaccine were so happy. Some people came from as far away as North Vancouver and Mission. People took pictures, they were smiling, many couldn't believe they were finally getting the vaccine.

Did patients have many questions or concerns about the vaccine? How did your team address those?

Denice: I always start by having a dialogue with the patient and asking them if they have any concerns. Communicating with the patient is the most important aspect.

We were ready. We did our reading, we attended many educational webinars, and we made sure we were up to date on the continuing education for our vaccines. So as soon as we had questions about the vaccine, we were able to provide answers with confidence.

For example, there was a patient today. He was already in the chair waiting for his vaccine and I was about to administer the injection. He seemed hesitant, so I asked him about his concerns.

He told me he had watched the news and had questions about side effects. I was able to explain the facts and how, especially for his age group, the benefits far outweigh the risks.

Another patient said she has seen many social media posts sharing negative information about the vaccine. We spoke with her, walked her through her concerns and offered to follow up with her a few days after vaccination to check on how she's doing.

As pharmacists, it's up to us to separate facts from fiction, to explain the reality of the situation and to offer our professional opinion and advice. When you answer your patients' questions and address their concerns, it builds trust between our patients and our pharmacy team, and results in patients who are much more accepting of the vaccine.

Why is it important to offer these vaccines through pharmacies?

Denice: It's the accessibility we offer at pharmacies. Today, I had a 79-year-old patient asking to get the vaccine. Unfortunately, our priority group was still 55 to 65 so we were unable to offer her a vaccine at the time.

The patient told me she didn't have any way to get to a public health clinic, but she visits our pharmacy every day. We are accessible, she trusts us, and she wanted to get the vaccine here. And I think people really do want to get the vaccine. They want the protection—the infection numbers are rising and they want to make sure they're protected.

People also have confidence in our pharmacists' skills. We have been providing vaccines by injection since 2009, during the

H1N1 pandemic, and people trust our skills and knowledge.

How can a patient go about booking a vaccine?

Denice: The best way is to book an appointment online. Online booking helps us at the pharmacy manage demand based on our inventory. Talk to your pharmacist and we will work with you to offer the best solution for you. Call us and ask about our wait times and ask when you can get the vaccine.

Immunizing First Nations Communities Against COVID-19

Community pharmacist and Association member **Carmen Pallot** is Pharmacy Manager of Pharmasave Old Mill Plaza in Lillooet. Recently, she was part of a team of health professionals who provided COVID-19 vaccinations to First Nations communities in the region.

How long have you been a pharmacist for the St'at'imc communities of Ts'kw'aylaxw, Xwisten and Tsal'alh? Can you describe these communities?

Carmen: First of all, I would like to acknowledge that I practice and live on the unceded territory of the Northern St'at'imc people. I was born and raised in Lillooet and have practiced pharmacy at our family-owned store since I graduated in 1999. The store was purchased by my parents in 1971 so this year will mark 50 years in this community.

There are six communities in the Northern St'at'imc territory, with Tsal'alh being the most remote and isolated. It can be accessed via a 1.5-hour treacherous dirt road, with hairpin turns and 14 per cent grade, by boat down the 20-kilometre lake or by a rail shuttle that operates every other week. We were fortunate to take the boat as we were transporting frozen vaccine to the site.

How have these communities been affected by the COVID-19 pandemic, given their relative isolation from urban centres?

Carmen: Lillooet and the surrounding area did not have many COVID-19 cases until December 2020. In fact, from January to November 2020, we only had four cases total. That all changed rapidly in December when we had outbreaks in three separate communities. People were angry and frightened that COVID had arrived despite everyone's precautions.

The communities took extra precautions to safeguard the elders who are the knowledge holders of language and culture. Contact tracing was challenging, as access to a phone and cell service is not reliable in our area. Despite the challenges, after several weeks and an amazing effort by the local health-care team, we are back down to zero cases.

How did you become involved?

Carmen: I have been part of an emergency planning COVID-19 response group in the community since the pan-



By boat or remote roads, Pharmasave Old Mill Plaza owner Carmen Pallot made sure First Nations communities received their COVID-19 vaccines.

demic started last year. We have weekly calls, and it includes members of Interior Health, local physicians and nurses, First Nations Health Authority (FNHA), and local government officials.

I had offered to help when we started planning for vaccine arrival in early January. FNHA was grateful to send me to communities where I was often the only immunizer that was a familiar face. I have long standing relationships with many people I immunized, and I think it helped them feel more comfortable and at ease about receiving the vaccine from someone they knew.

How many hours in total did you spend on the COVID immunization program here? Were you a volunteer?

Carmen: I spent about 30 hours volunteering for the community to provide these vaccinations.

I know some people will criticize me for not being paid and that I am devaluing the role pharmacists provide by giving away services for free. For me, it was about helping our community. The same community that myself and my family live, work and play in. I think everyone wants COVID to be over and this was my way of ensuring I am putting every effort into making this happen.

Please describe your experience in providing the COVID vaccines, was it a familiar process? What was new?

Carmen: The process of providing COVID vaccine was very similar to providing other vaccinations, with the exception that it was like holding a vial of the most precious substance man has ever made.

There were a few differences, of course—storage requirements mean that you keep the vial at room temperature when you are using it and documentation of time out of fridge/time punctured must be accurately recorded.

Most patients had at least one or two questions about the vaccine, so I spent lots of time answering these before providing their dose.

How did the community react to news of the vaccine becoming available? Was there an overall sense of relief?

Carmen: The communities were ecstatic to be receiving the vaccine. There were many patients with tears of relief in their eyes.

First Nations communities have long endured from colonialism-driven health inequities which impact their physical, spiritual, mental and emotional being.

While having the vaccine as a priority group won't change the inequalities in the system, it did feel like it was a small step forward in the right direction.

What advice or words of wisdom would you share with other pharmacists in B.C. who have not yet had the opportunity to administer COVID vaccines?

Carmen: I would echo the advice of Dr. Bonnie Henry—Be Kind, Be Calm, Be Safe.

I also wanted to mention that two colleagues of mine, Mike Bonertz and Chris Dreyer, also helped FNHA with their vaccine rollout.

Mike works with me at Pharmasave and Chris operates Stein Valley Pharmacy in Lytton and helped with the roll-out there.



Srinivasa Rao Sadasivuni's pharmacy team helped bring the MAiD program to the greater Sunshine Coast community.

Ensuring Medication Compliance for Seniors and First Nations

Srinivasa Rao Sadasivuni is a pharmacist serving the community of Sechelt on the Sunshine Coast. Rao immigrated to Toronto in 2007. After spending a year completing his qualification exams to practice as a pharmacist, he moved to the Sunshine Coast in 2008. Now, he uses his academic background to teach the community about the importance of medication and its adherence.

What are some of the characteristics of the Sechelt patient population?

Rao: Most of our population is a mix of seniors and First Nations. The teaching experience I had as an associate professor of pharmacy in India and Africa before I moved to Canada, and the clinical experience I gained as a part-time hospital pharmacist at Sechelt Hospital helped me in striking an amicable connection with the seniors and the First Nations community, many of whom are often older than 85 and some with socio-economic challenges and require a unique approach to explaining their medications to them.

I try to step in by liaising between the patients and their doctors, as the doctors are mostly busy and may not see their

patients as often as I would. On a personal front, I often follow up with my patients or their family members to ensure compliance of their medications. For the First Nations population, I often work with their community nurse to ensure they receive their medications appropriately and in a timely manner.

Could you describe something unique that your pharmacy offers your community?

Rao: When the Medical Assistance in Dying (MAiD) program had first become available in 2016, most MAiD cases on the Sunshine Coast had been carried out in the Sechelt Hospital setting. As time progressed, requests from patients to have this service available in the community grew as they wanted to spend their last moments in their homes surrounded by their loved ones. Therefore, Vancouver Coastal Health began looking for a community pharmacy willing to dispense the required medications, as the hospital pharmacy did not have the ability to dispense for the community.

It was a very challenging and sensitive decision to participate in this program due to personal beliefs and ethical implications of the program. However, due to our strong commitment to help and serve the community, our pharmacy was able to arrange for regular dispensing of required medications for the MAiD procedure to be carried out in the community. As far as I know, ours is the only pharmacy on the Coast offering the MAiD kits since February 2017.

It gives me immense professional and personal satisfaction when family members of our clients, who have chosen MAiD, visit our pharmacy and express their gratitude for the services we provided. Knowing we have played a part in allowing a person to pass peacefully without further suffering is at the heart of the reason for my undertaking this task.

How has your pharmacy adapted to COVID-19?

Rao: One of the things that came with the pandemic is the added responsibility on pharmacists to be proactive in addressing the needs and concerns of the community that is under a lot of stress and anxiety. Pharmacists now must spend more time with the customers answering all kinds of questions. Many of them have questions about COVID-19 and its vaccine availability and their safety.

Our pharmacists have also been offering all publicly funded vaccinations despite the COVID-19 pandemic restrictions.

We have embraced the opportunity provided by the College of Pharmacists of BC to provide enough medication supplies to our patients through clinical services to ensure adequate supply of medications during this pandemic.

What are you most thankful to your patients for?

Rao: I am thankful to my patients for the trust they repose in our services and being loyal to our pharmacy. Their loyalty and trust in our services is the lifeline of our pharmacy.

Playing a Pivotal Role in Defeating COVID-19

Pharmacy manager **Erica Tsai** and her team at Burnaby's Rexall Station Square are ready to provide a smooth and seamless process for your COVID-19 vaccine appointment. Getting a COVID-19 vaccine is one of the best ways to increase community immunity and to fight back against this global pandemic.

How are pharmacies managing both the enormous amount of phone calls and inquiries from the public from the vaccine roll-out, while managing pharmacy workload?

Erica: We understand that the public has been anxiously waiting for the arrival of a COVID-19 vaccine. Our pharmacy teams have been working tirelessly.

We encourage everyone to log onto our website at Rexall.ca to join the waitlist, rather than call our pharmacies directly. All of our pharmacy teams are ready and excited to do their part to protect Canadians and help end this pandemic!

How does the process for administering COVID-19 vaccines differ from how your pharmacy team operated during the recent flu season?

Erica: The pharmacists in our team have undergone extensive training to learn how to handle and properly administer

the COVID-19 vaccines. Currently, four vaccines have been approved in Canada and our pharmacists are knowledgeable about each of them.

Does Rexall have a booking system? How does it work?

Erica: Rexall has enlisted a digital booking platform, powered by MedMe, for our COVID-19 vaccine appointments.

Individuals are encouraged to visit Rexall.ca to sign up to our waitlist. Patients select from a list of Rexall locations and complete all the necessary administration information required prior to their arrival at our pharmacy. Once they complete this information, they are added to the waitlist.

When a patient meets eligibility requirements and we have vaccine available on site, they will be contacted via email to book their appointment. They will be required to complete a pre-screening questionnaire on the day of their appointment. This is to ensure a safe and efficient visit on the day they receive the vaccine.

What was it like immunizing the first group of patients? Were people excited or anxious?

Erica: We are all very excited to play a pivotal, historical role in keeping our communities and patients safe.

Our patients were also very excited to get their vaccine! We came across a few patients who were very relieved and who felt



Rexall Station Square pharmacy manager Erica Tsai consults with patient Alireza Honarprisheh before administering a COVID-19 vaccine.

extremely emotional about being able to finally get vaccinated. Some patients shared stories with me about how much COVID-19 has affected their lives: perhaps due to a COVID-19 related death in their personal group, or because they couldn't spend time with their family due to COVID-19 restrictions.

We have received praise from patients across the country about how smooth and easy the process has been to receive their COVID-19 vaccination at Rexall. One of my patients said she had signed up at our pharmacy because her sister in Toronto had gotten hers last week at a local Rexall and told her how seamless our process was!

As essential health-care professionals, we have been here for our patients and the community from the beginning of this pandemic, and we will continue to be here for our patients as we take steps which allow us to get closer to the way we lived before the pandemic.

Did you encounter any vaccine hesitancy? How did you address this with the patient?

Erica: We encourage all individuals who can receive the COVID-19 vaccine to do so once it becomes available to them. It is one of the best ways to protect yourself. Rexall pharmacists are here to answer our patients' questions and concerns.

What is your message to the public, to any patients who may still be waiting to get their vaccine?

Erica: As vaccine supply increases, our pharmacists will continue to do our part to help end this pandemic. However, until extensive immunization is achieved, everyone must ensure that they continue following the necessary public health measures to reduce the spread of COVID-19.

This includes limiting social contacts, maintaining physical distancing, wearing a mask in public settings or when social distancing is difficult, and continuing good hand and surface hygiene.

High Demand for AstraZeneca a Great Sign of Vaccine Acceptance

Jamie Wigston, BC Pharmacy Association Vice-President and pharmacist at West End Medicine Centre in New Westminster, has been seeing a much greater demand for vaccines over the past year. His pharmacy has so far administered 200 doses of the COVID-19 vaccine to his community.

How did you prepare for the delivery of COVID-19 vaccines in pharmacies?

Jamie: Everything happened extremely quickly. We're a little lucky here because we have three pharmacists who work here and so we're a little more flexible in coming in for additional hours. At some other places, it can be harder to get more people to come in on short notice.



BCPhA Vice-President Jamie Wigston's pharmacy administered 200 doses of the AstraZeneca vaccine for the New Westminster community.

It's a lot of volume in a short period of time. During the flu season, people knew they were coming a few weeks ahead of time and there were appointments made well ahead of when you were going to get the vaccine, so it was more structured.

Has the demand changed since government expanded the eligibility beyond those 55 to 65?

Jamie: It's almost hard to keep up with the answering machine messages as they come in. We started administering vaccines one week after that initial 14,000 doses got released that were expiring. There's that same high demand as when it opened for 55+, so I imagine you're going to see that same high demand—lots of people calling in this week, then maybe taper off after that.

What types of questions have you been getting from patients?

Jamie: You've got the different types of people, the ones that are going to get it, the ones who can be convinced to get it, and the ones who just weren't going to get it regardless.

Patients might ask me if they should be concerned about the risk of blood clots. Typically, I'd tell them: you have a much higher risk of getting blood clots from many other kinds of activities. For example, have you been on birth control before or a flight over four hours before?

Those activities, when you compare them with taking the

vaccine, the vaccine has a negligible rate of blood clots compared to activities that you might do much more.

What is the appointment booking process like at your pharmacy?

Jamie: So we're doing walk-in, call-in or email bookings. We didn't have a large enough number of vaccines to require an online booking system.

We had 200 doses in total throughout the course of this program so far. The first shipment we received was 100 doses and once we ran out, we started putting patients on a waitlist for when we got more.

Are most of the people booking vaccines your regular patients, or from out of town?


Jamie: A lot of what we saw, especially with the flu vaccine clinics in the fall this past year, we were getting a lot of people who weren't our regular patients.

I think that was because we had a lot more people who got the flu vaccine, who didn't typically get a flu shot every year.

So we're seeing that similar kind of thing with the COVID-19 vaccines. Some patients registered for waitlists with several pharmacies, so some of them are coming to us because they were a bit higher up the list with us compared to the other pharmacies they registered with.

As a pharmacist, is this type of high demand a sign of vaccine acceptance?

Jamie: It makes you feel good—patients clearly want the vaccine. But at the same time, it's hard to do since we're getting so many calls and we really want to answer the phone. So in order to focus on our work, sometimes we're not able to take every phone call.

This past year, there was a lot more demand for the flu shot as well. I think people really, really didn't want to get the flu or COVID-19 and that was a big factor. 

Have a great story about a pharmacy team fighting back against the pandemic? Share it! Email communications@bcpharmacy.ca with more information of how you or a community pharmacy team you know has contributed to beating this pandemic.

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University Pharmacy pharmacist Mario Linaksita administers an AstraZeneca vaccine on Apr. 1, the first day of the vaccines in pharmacy program.

CANADIAN PRESS / DARRYL DYCK

Pharmacists essential to COVID-19 vaccine roll-out

A cross-country look at community pharmacy's role in the administration of COVID-19 vaccines to Canadians **BY ANGELA POON**

Just over a year after a global pandemic brought the world to a standstill in March 2020, efforts to administer COVID-19 vaccinations across Canada are in full swing. And just as pharmacists stepped up in the face of immense challenges one year ago, pharmacists are once again being called upon to serve alongside their fellow health-care colleagues in the fight against this virus.

From the time the Pfizer-BioNTech and Moderna vaccines were approved by Health Canada on Dec. 14, 2020 and Dec. 23, 2020, respectively, many Canadians began eagerly awaiting COVID-19 vaccination plans and eligibility requirements. The approvals also sparked more detailed conversations between pharmacy associations and government bodies across the country, in an effort to determine how and when pharmacists would be called on to administer vaccinations. Widely recognized as the most accessible member of health care, pharmacists were ready and willing to provide safe, reliable, and convenient vaccinations for eligible Canadians.

While many provinces began sharing announcements with the public about vaccination availability at community pharmacies in February and early March, an announcement in B.C. was delayed until Mar. 31, 2021.

"We've been in communication with government for several months now, but it wasn't until late March that things started to move a little bit quicker," says Bryce Wong, Director, Pharmacy Practice Support and Special Projects at BC Pharmacists Association.

With less than a week to prepare, the Association was tasked with initiating a pharmacy vaccination roll-out plan in "a rather rapid fashion," says Wong. With the guiding priority of targeting Lower Mainland residents aged 55-65—due to the significant amount of COVID transmission in the area's health regions—the Association compiled an initial cohort of 113 pharmacies. These pharmacies were selected from PharmaNet data that

demonstrated their capacity to administer a high level of vaccines on a daily basis, based on past performance in seasonal flu immunization programs. Working independently, all participating pharmacies have been responsible for managing their own appointment booking and/or drop-in systems.

Very shortly after the successful launch of the pharmacy vaccination plan, another 375 pharmacies from across the province, including smaller and independent pharmacies, were added to the database of community pharmacy locations offering the COVID-19 vaccine to British Columbians aged 55-65. Over the course of April, Health Minister Adrian Dix expanded the geographical region of B.C.'s community pharmacy vaccine roll-out to reach Dawson Creek, Fort St. John, Kamloops, Kelowna, Nanaimo, Parksville, Prince George, Quesnel, Terrace, Vernon, Victoria, Cranbrook, Penticton and Castlegar. And as of Apr. 29, vaccine eligibility expanded to include all individuals born in 1991 or earlier. A full list of participating B.C. pharmacies—about 600 in total—is available at bcpharmacy.ca/vaccines.

"Even though it may have taken a while longer, the pharmacy participation is going to be very significant over the course of the vaccination effort," says Wong.

Over time, as vaccine supply becomes more widely available, all pharmacy members that want to be a part of the vaccination program will be able to be a part of the program, he adds.

"We'll see a rapid rebalancing of the diversity of pharmacies."

Pharmacies across Canada

Elsewhere in Canada, pharmacies have been delivering on their immunization expertise by overseeing complex vaccine supply arrangements, managing patient expectations and appointment booking systems, and administering thousands of COVID-19 immunizations.



BC Pharmacy Association President Annette Robinson (right) administers one of the first COVID-19 vaccines delivered through community pharmacies in B.C.

In Nova Scotia, it's anticipated that pharmacists will administer about 60 per cent of COVID-19 vaccines across the province, says Allison Bodnar, CEO of the Pharmacy Association of Nova Scotia.

The province is one of few regions in Canada that has opted for a centralized provincial booking system through CANImmunize, a Canadian company that offers vaccine-related digital solutions such as an appointment booking and clinic management system, as well as a public-facing app for individuals to manage their vaccination records.

With a few pilot sites first offering vaccines during the weeks of March 8 and 15, the roll-out plan has been "ever-changing," says Bodnar.

"It's like trying to build a plane as you're flying it," she says. "It's challenging to get the right pieces in the right places at the right time to make this work."

While vaccine administrations started out slow, the program quickly ramped up throughout March. Starting the week of March 22, 13 pharmacies began offering the AstraZeneca vaccine. At full capacity—likely in late April or early May—it is anticipated that 295 out of 311 member pharmacies will be participating in the vaccine program, administering up to 50,000 vaccines per week. The province hopes to have vaccinated all Nova Scotians that want the vaccine by the end of June, adds Bodnar.

While the planning process has been complicated and chaotic at times, Bodnar sees this phase of the pandemic as a continuation of pharmacy's role as a respected member of the health-care system.

"Pharmacies stayed open day in, day out throughout COVID to make sure patients got what they needed," she says. "I think it's important for pharmacists to have the respect of the rest of the health system. We continually demonstrate over and over that we're an integral part of the system."

In Ontario, several dozen pharmacists were consulted from early on in the province's planning process. All 34 public health units looked to identify one or more pharmacist leads to liaise with while developing vaccination programs, says Jen Baker, Chair of the Board of Directors with Ontario Pharmacists Association (OPA).

While different health units collaborated with their pharmacist leads to varying degrees, all of the different leads tried to offer best practices as vaccination experts, says Baker.

"At OPA, we coordinated a letter to all of the public health units to provide guidance that pharmacists had all of the skillsets and competencies within our scope of practice and training to hold pretty much any role in an immunization clinic setting," says Baker. "We really have tried to reinforce the value of the pharmacy professional's role."

Many public health units have engaged pharmacy professionals for roles surrounding inventory management, vaccine compounding, immunizing, and leadership of mobile clinics, among others. While some pharmacists and pharmacy technicians may have taken a leave of absence from their day job to assume these new roles, others are professionals who were looking for work or were pharmacy owners who hired additional staff at their pharmacies so they could help lead the mass clinics, Baker notes.

At the same time, the Ontario Pharmacists Association lobbied for government to create a unified approach to a COVID-19 vaccination program, similar to the province's flu shot program, where pharmacists and pharmacy technicians' immunization expertise could be fully utilized, says Baker. A signed agreement was announced in early March that vaccines would be administered at community pharmacies across Ontario.

Ontario's community pharmacy program started with a limited roll-out on March 12, 2021, with pharmacies from across three different health units—Toronto Public Health, Kingston, Frontenac, Lennox and Addington Public Health, and Windsor-Essex Country Health Unit—participating to administer 190,000 doses of the AstraZeneca vaccine with an expiry date of April 2. From the nearly 600 pharmacies that applied to be a part of the pilot project, 330 pharmacies were chosen, based on their previous participation in Ontario's annual flu program and their ability to administer 40 doses of vaccine per day.

Responsible for managing their own appointment bookings, participating pharmacies were inundated with calls from the general public asking questions and hoping to book their immunizations at their local pharmacy, thanks to a public announcement from Ontario's Premier Doug Ford and ensuing media attention. At Baker's own pharmacy, the phone lines were so busy, her team struggled to access the voice messages that were being left while they were continuously on the phone with customers.

By early April, an additional 350-380 community pharmacies from across the province were expected to be added to the vaccination program, with a goal of expanding to 1,500 pharmacies by the end of April, says Baker.

"It's been an emotional journey for all of us," says Baker. "People are really hopeful, they're really grateful. It's almost awe-inspiring when you think about how quickly we've been able to get here, given that I received my first shipment of AstraZeneca vaccine in clinic the day that the pandemic had been declared a year prior. But pharmacy has been able to really excel, and it feels really important and really fulfilling."

In Manitoba, the team at Pharmacists Manitoba has been in discussion with the Manitoba government and the Provincial Vaccine Implementation Task Force since the middle of January, with regular meetings to ensure pharmacies would be ready to begin vaccinations as soon as the AstraZeneca vaccine was approved and available. Pharmacists Manitoba hosted a webinar alongside members of the vaccine task force and the College of Pharmacists of Manitoba to explain the roll-out plan to participating pharmacies on Feb. 25, 2021.

As of March 30, 2021, 18,000 doses of the AstraZeneca vaccine had been received in Manitoba. While there are currently 315 registered pharmacies in the vaccine program—representing nearly 70 per cent of Manitoba pharmacies—not all pharmacies have been able to participate, due to low

supply. It was anticipated that Manitobans would receive more vaccines in April.

Participating pharmacies have managed appointment bookings independently, with some partnering with their local health-care providers to support eligible patient identification and appointment bookings in addition to public calls for appointments, says Pawandeep Sidhu, President of the Pharmacists Manitoba Board of Directors.

"As more doses become available, more pharmacies will have the opportunity to be involved," says Sidhu. "Pharmacists Manitoba also continues to advocate for a broad range of COVID-19 vaccines to be available to pharmacies to support the public health initiative, such as mRNA vaccines. We know the public prefers going to their local pharmacy due to the ease of accessibility for health care and for some, difficulty accessing central super sites and quick-to-fill pop-up vaccine mobile units in rural and remote communities."

South of the border

In the U.S., eligible Americans can participate in the Federal Retail Pharmacy Program, a national collaboration between the federal government, states and territories, and 21 national pharmacy partners and independent pharmacy networks. To date, the program is being implemented incrementally, based on available vaccine supply. As the vaccine supply increases over time, vaccines will become available at more than 40,000 participating pharmacies across the country.

While general vaccine eligibility is determined by each state and territory, U.S. President Joe Biden directed all states to prioritize school staff and childcare workers for COVID-19 vaccination at the 9,000 participating pharmacy locations throughout the month of March.

One of the national pharmacy partners includes Costco, which applied to be a part of the federal program and has also partnered with certain states and counties prior to vaccines being available through the federal program, says Becky Dant, Director of Professional Services with Costco Wholesale Pharmacy.

"This has been a sequential roll-out and we've been able to significantly increase and expand access over the past few weeks," says Dant. "We are currently offering COVID vaccines by appointment only. This ensures we have a dose for everyone who makes an appointment."

Delivered through a combination of normal workflow, warehouse clinics, and off-site clinics, appointments are often booked fully within an hour of release, especially in the major metropolitan areas, notes Dant.

"Supply has been difficult as the demand continues to be quite high," she says.

To help streamline the process on-site, Costco has upgraded its scheduling tool to gather additional information from the patient prior to their appointment.

"The response has been overwhelmingly positive, and we are grateful to do our part to control this epidemic." ■



A new clinical trial introduces adverse drug event reporting to select pharmacies

ActionADE will monitor the impact of communicating adverse drug events through PharmaNet

BY ANGELA POON

Nearly a decade after the planning began for ActionADE, a B.C. research project focused on preventing adverse drug events (ADEs) in patients presenting to hospitals, a randomized control trial is set to begin this spring. The first project of its kind in Canada, data will be collected from 3,000 patients over the next 18 months to two years, testing the efficacy of a software program designed by the ActionADE research team to help prevent the occurrence of repeat ADEs.

“I’m really delighted that it’s finally happening,” says Dr. Corinne Hohl, ActionADE project co-lead. “It does feel like a large achievement to have finally gotten here. There were so many roadblocks. As a scientist, it’s the most exciting time when you can really test your idea.”

According to ActionADE’s website, ADEs are recognized as one of the leading causes of death in North America. In Canada, ADEs cause or contribute to 1.7 million emergency department visits annually, accounting for about 1 in 9 adult visits to the emergency department. In B.C., ADEs are responsible for 240,000 emergency room visits each year. More importantly, ActionADE estimates that at least a third of these occurrences are repeat events, which could have been prevented with more effective channels of communication between the members of a patient’s health-care team.

ActionADE first stemmed from Hohl's experiences as an emergency medicine physician at Vancouver General Hospital (VGH), where she witnessed countless patients suffering from repeat ADEs. She began researching these occurrences through the Centre for Clinical Epidemiology and Evaluation at Vancouver Coastal Health Research Institute.

"As a physician, I was seeing a lot of these types of adverse drug event cases. We found that a lot of patients were coming in and out of emergency departments and they were being re-exposed to the same or same class of medications that had previously caused harm," says Hohl. "The next logical step was to try and find a solution to this problem knowing that the current system doesn't work very well for patients. You have all of these disconnected systems that don't communicate very well."

In 2010, Hohl met fellow Centre for Clinical Epidemiology and Evaluation scientist Dr. Ellen Balka, whose research specializes in the design and implementation of information technology in the health sector. As project co-leads, the pair formed ActionADE, in an effort to offer concrete solutions for the prevention of repeat ADEs. Rather than develop a reporting system that would operate independently, they wanted to create a program that would complement existing programs in use across a patient's circle of care, including hospitals, physicians'

offices and pharmacies, so that the records could follow a patient through his or her health-care journey. The project was awarded a Partnerships for Health System Improvement grant from the Canadian Institutes of Health Research (CIHR) in 2012.

"We used that grant to do what I call due diligence research—a systematic review looking at all the existing software that dealt with adverse drug events internationally," says Balka. "We also obtained information about all of the fields in all of those existing software programs and looked at what the shortcomings of those systems were. We were able to sort the fields into different categories and use that as a starting point to figure out what fields would be critical for collecting data about adverse drug events."

The team was able to develop a preliminary design of the system, through a high degree of engagement from

its initial users, including on-site observations of pharmacists in hospitals and community settings, as well as physicians, to better understand work processes. User feedback helped the team cycle through several iterations of the system on paper, in preparation for building the software program. With resources from a second CIHR grant in 2015, which also included a financial contribution from the College of Pharmacists of British Columbia, ActionADE implemented the system locally at VGH, continuing to receive and incorporate feedback as the team collected further data. A third grant from CIHR in 2019 allowed the project to move into its third phase—integrating the proprietary program with PharmaNet so that ADEs can be easily communicated with community pharmacists. This was accomplished with the support of the Ministry of Health, who came on as a project partner in 2018.

"We needed to develop a system with the primary aim of making it connect appropriately so the information can follow the patient," says Hohl. "There are many standalone medical applications that are not integrated with anything else and that's really what we need to move away from. We don't need more apps; we need more communication."

On Dec. 7, 2020, the project reached a major milestone when the first ADE was reported live in PharmaNet. Building upon this success, the project is expected to begin its randomized control trial in May 2021. The ActionADE

software will independently randomize patient data, choosing to either transmit the data through to PharmaNet or retain the data within the local system, which is the current standard. This will allow the research team to better understand the incremental effects of having the automated information flow to community pharmacies compared to standard care.

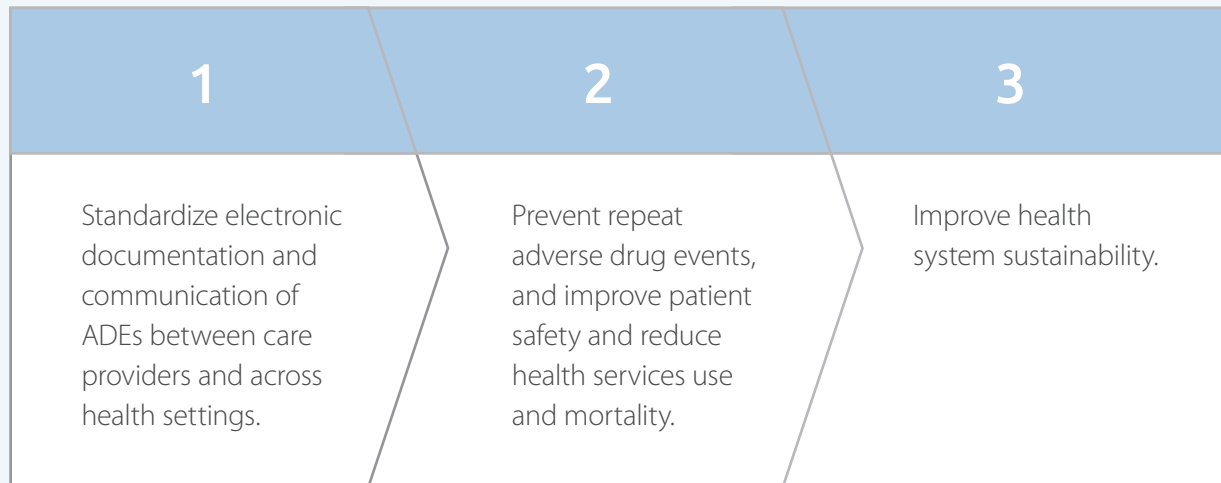
PharmaNet will share ADE information to all users of the PharmaNet system, however two of PharmaNet's biggest community pharmacy systems—Kroll and ARI, with a possible third joining soon—have modified their software to improve the display of ADE information and the recording of clinical interventions by pharmacists subsequent to viewing ADE alerts.

Participating sites include: VGH, UBC Hospital, St. Paul's Hospital, Mount Saint Joseph Hospital, Lions Gate Hospital, Richmond Hospital, Squamish General

ADEs are recognized as one of the leading causes of death in North America.

In Canada, ADEs cause or contribute to 1.7 million emergency department visits annually, accounting for about 1 in 9 adult visits to the emergency department.

ActionADE Goals



Ellen Balka, Ph.D. is a professor in Simon Fraser University's School of Communication, and a Senior Scientist at Vancouver Coastal Health Research Institute's Centre for Clinical Epidemiology and Evaluation. Working at the intersection of computer science, health sciences and social sciences, Professor Balka applies insights from social sciences to the design, implementation and use of information technology in the health sector. Her past work has focused on many aspects of health sector technology, including engaging end users in the design of health system technologies, implementation of early electronic record systems in general practice; computerization of the pre-hospital care chain; automated drug dispensing systems; wireless call systems; end user consumption of health information and more.



Corinne Hohl is an Associate Professor in UBC's Department of Emergency Medicine, Scientist at the Centre for Clinical Epidemiology and Evaluation, and an Associate Member of UBC's School of Population and Public Health. She practices Emergency Medicine at Vancouver General Hospital. Her main interests are in emergency medicine, patient safety, health systems innovation, and critical appraisal. She is the Chair of the Canadian COVID-19 Emergency Department Rapid Response Network (CCEDRRN), which is generating evidence to inform decision-making around COVID-19.


Hospital, and Whistler Health Care Centre. This information will allow community pharmacists to assess the safety of a particular drug prescribed to their patient, in light of their past ADE. The trial is expected to run 18 months to two years, or until just over 3,000 events are captured.

Hohl anticipates ActionADE will make a big impact on a community pharmacist's quality of care for patients. Historically, pharmacists often have no way of knowing whether a patient has experienced a past ADE, unless expressly communicated by the patient.

"I really hope that it will put community pharmacists at the centre of a safety evaluation, just to make sure that the medications the patient is getting are appropriate and, in the patient's best interest," she says. "It will generate more communication and, I hope, bring that community pharmacist into that circle of care."

While the long-term future of this project is dependent on an entity—such as the Ministry of Health or a health authority—eventually taking ownership over the software, Hohl notes that the data alone will be a major boon for patient safety.

"[The data] opens up a world of opportunity for science. We're going to start generating a lot of data that will be helpful for researchers. As a by-product of these physicians and pharmacists communicating adverse drug events to community pharmacies to prevent repeat adverse drug events, you can also just mine that data to understand what the most common adverse drug events are, and what types of patients get them. There's a whole secondary component to this."

For more information, visit actionade.org. 

Mandatory reporting

Several initiatives to increase the safety surrounding medication use have recently come into effect in B.C., in an effort to better protect patients.

The *Protecting Canadians from Unsafe Drugs Act*, more commonly known as Vanessa's Law, came into full effect on Dec. 16, 2019, making it mandatory for all hospitals in Canada to report serious adverse drug reactions (ADRs) and medical device incidents (MDIs) within 30 days of the reaction or incident being documented. Vanessa's Law empowers Health Canada to order recalls, impose tougher penalties for unsafe products and compel drug companies to review labels or do further testing on products.

And in September 2019, the College of Pharmacists of BC approved a motion to require mandatory anonymous medication incident reporting in all pharmacies across the province by 2022. Standards, criteria, bylaw and policy changes are currently being developed in the hopes of implementing the new regulations by next year. Currently, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, and Ontario pharmacies are all required to report medication incidents.



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Information sharing after hospital discharge

Local research aims to identify and reduce barriers faced by community pharmacists when providing care to patients recently discharged from hospital

SHAYLEE PETERSON, BSC(PHARM), ACPR, PHARMD

Shaylee Peterson was part of a team that studied barriers faced by community pharmacists who are treating patients recently discharged from hospital.

It is well established that medication errors and adverse events occur frequently in patients recently discharged from hospital. Community pharmacists are often the first health-care professional hospitalized patients interact with after discharge, and are the first line of defense against medication-related problems. Unfortunately, there is limited information sharing between hospital and primary care providers, particularly community pharmacists, because of lack of integration with surrounding hospitals. Community pharmacists have identified this as a barrier to them providing optimal patient care. Internationally there has been discussion surrounding adding additional information to prescriptions. For example, medical bodies in the U.K., in particular, have made recommendations to include clinical indications on prescriptions.

In B.C., discharge summaries from a hospitalization are typically sent to a patient's primary care provider. B.C. also has eHealth Viewer (also known as CareConnect), which is an electronic health record that provides authorized caregivers the ability to view integrated clinical information from a variety of sources. Various clinical information is accessible on this record, including laboratory results, medical imaging and hospital reports depending on the health authority. Unfortunately, most community pharmacists in B.C. do not currently have access to this service.

We undertook a research study to determine the current barriers faced by community pharmacists in our community, as well as to determine their preferences for information provision at the time of patient discharge from hospital. With the help of the BC Pharmacy Association, who was instrumental in helping us recruit participants, we conducted one-on-one interviews and a focus group with 12 community pharmacists in Kamloops.

We found that the main barriers faced by participants caring for patients recently discharged from hospital included a lack of communication, incomplete prescriptions and limited clinical information. In addition to legal prescription requirements, three information items were identified as the most valuable to community pharmacists at the time of hospital discharge. These included laboratory values, hospital contact information and annotation of medication changes. The most frequently mentioned laboratory values that would be useful to community pharmacists were creatinine clearance and electrolytes. Annotation of medication changes refers to documenting that an intentional change was made to a previously prescribed medication, such as a medication discontinuation or dose change. We were surprised to find that one of the most commonly requested pieces of information was simply contact information for a care provider at the hospital, so a pharmacist could reach someone when needed for clarification. Participants felt that receipt of this additional

information would improve their ability to provide timely and high-quality pharmaceutical care.

While several participants did mention the utility of documented medication indications or a medical problem list, we were surprised that this was not one of the most frequently preferred information items. Based on previously published literature, we had hypothesized this would be one of the most commonly requested pieces of information. Participants were also asked if they were concerned about any negative consequences associated with access to additional information, but most participants did not identify any concerns. Full results of the study can be viewed in the *Canadian Pharmacists Journal*.

Now that we have completed our study and identified key information items desired by community pharmacists to help them improve the care they can provide, the more difficult question arises: how can we make changes to our current system to implement these results?

On a broader level, one obvious solution would be to improve access that community pharmacists have to clinical information. Authorizing community pharmacists to view resources such as eHealth Viewer would allow them to access desired information like recent blood work and discharge summaries when they felt it was necessary to care for their patients. Alberta currently has a similar electronic health record, Netcare, that community pharmacists have access to. Providing similar access to B.C. pharmacists would be one possible

solution. However, this would likely be challenging to implement, as it would require cooperation across several bodies and protocols in place to ensure security of patient information. Another action that could be undertaken by health authorities would be to update and implement novel discharge prescription templates to encourage inclusion of the identified information items. Typically, prescriptions are generated electronically from a patient's in-patient medication administration record. This may allow for embedding of information such as serum creatinine for certain medications or prompts to include contact information or annotation of medication changes.



We found that the main barriers faced by participants caring for patients recently discharged from hospital included a lack of communication, incomplete prescriptions and limited clinical information. In addition to legal prescription requirements, three information items were identified as the most valuable to community pharmacists at the time of hospital discharge. These included laboratory values, hospital contact information and annotation of medication changes.



COLLECTION DATE	TEST TYPE	SPECIMEN	OUT-OF-RANGE
2021 APR 08 07:02	APTT		❗
2021 APR 08 07:02	CBC & Auto Differential		❗
2021 APR 08 07:02	Creatinine		❗
2021 APR 08 07:02	Electrolytes Panel		❗
2021 APR 08 07:02	Glucose Random		
2021 APR 08 07:02	Urea		❗
2021 APR 08 06:00	Blood Type & Indirect Ab Screen		
2021 APR 07 14:53	APTT		❗
2021 APR 07 06:48	APTT		❗
2021 APR 07 06:48	CBC & Auto Differential		❗

An example screenshot of CareConnect, an electronic health record system used in British Columbia that provides integrated clinical information.

Locally, in Interior Health and Kamloops, we will be taking various steps to translate the research findings into practice. We have a unique opportunity at Royal Inland Hospital (RIH) in Kamloops to make improvements via the ACE (advancing care electronically) initiative. With the ACE initiative, our currently paper-based hospital will be the first in Interior Health to switch to electronic documentation. We have been working with quality leaders to improve medication reconciliation with the new technology, and to ensure electronically-generated discharge prescriptions will meet the needs of community pharmacists.

Another unique form of documentation that may bridge the gap for community pharmacists has been developed and will be trialed with the ACE implementation at RIH; a pharmacists' discharge summary. This discharge summary can be completed by a clinical pharmacist in the hospital and becomes a permanent part of the electronic health record that can be accessed on future admissions and can be copied to primary care providers and community pharmacies along with the discharge prescription. The template for this pharmacist discharge summary includes a

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The template for this pharmacist discharge summary includes a list of medications continued, discontinued and adjusted along with the indication for the medication and rationale for the change. The template will also include any adherence issues identified and describe any suggested follow up or monitoring. Finally, it will include contact information for the clinical pharmacist.

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list of medications continued, discontinued and adjusted along with the indication for the medication and rationale for the change. The template will also include any adherence issues identified and describe any suggested follow up or monitoring. Finally, it will include contact information for the clinical pharmacist. When completed, this summary would likely provide most of the information desired by community pharmacists.

However, we do not expect that this discharge summary will resolve all challenges community pharmacists face. Only patients with a clinical pharmacist involved in their care would receive one of the summaries, and in the near future this will be limited to a single hospital before the ACE project expands. Multiple interventions and practice changes will likely be required to ensure community pharmacists have access to all necessary information.

In summary, recent research conducted in Kamloops suggests that community pharmacists face challenges in providing care to patients recently discharged from hospital. In this study pharmacists identified that additional information such as laboratory values, annotation of medication

changes and hospital contact information would help them provide pharmaceutical care. Locally, we hope to implement changes to address these research findings. Our plans include the use of technology to improve documentation available to community pharmacists. More broadly, initiatives such as allowing community pharmacists in B.C. to access existing electronic health records could reduce barriers community pharmacists face and allow them to provide timely and comprehensive pharmaceutical care. **1**

Shaylee Peterson is a Clinical Pharmacy Specialist in Cardiology at Royal Inland Hospital in Kamloops, B.C.

For a full list of references, visit bcpharmacy.ca.

Three questions for B.C.'s Deputy Provincial Health Officer

Can you explain why B.C. is focusing on limited age groups?

Martin: If you go back, Phase 1 and Phase 2, we had a list of groups that were sequenced early on. We did start with assisted living and long-term care facilities, we also covered all staff working there or going into the facilities, visitors, and then the health-care workers. These populations are of different sizes across our health regions, but it's also true across the country.

So if the vaccine is distributed on a per capita basis, it means if the top group in your province is bigger than the top group in another province, the speed at which you're going to get to the next one will arrive at a different time.

I know the number of doses might not have been distributed exactly based on population so that's another one, and the choices that we made in terms of those first few categories are not exactly identical, they're extremely similar. I did look at some point, at many of them, they're very similar because they're based on NACI recommendations, but they're not exactly the same. And so in some provinces they included a few more in this area, and in others, a few less. What's happening is over time, things move up and down, so it's absolutely impossible to even keep all our health regions at the same pace. We know for example we have more elderly people because retired people tend to go to the Island or the Interior, and so those proportions are bigger so it's difficult to adjust.

And if in B.C. more people choose to get immunized and in other provinces fewer of them, then you get through your first group faster or slower. Put all this together and you realize quickly that it is impossible to be exactly in sync.

Is there a risk of not having enough of the second dose available of certain types of vaccines?

Martin: With the numbers that we have now, that either have come in or will be coming in in terms of doses, the vast majority of those are Pfizer and Moderna. Overall, with those numbers, we should be able to provide a second dose with the same vaccine as the first dose. It should not be a major issue. We might need to adjust a little bit here and there if we have some unexpected problems.

The other one is, as time goes by, eventually, we probably will hear about how interchangeable these vaccines are. For example, when you look at the vaccine from Pfizer and the one from Moderna, they're almost identical. They're not exactly identical, but the component that is active is exactly the

same thing. They have differences in other ways, but we could understand potentially that they could be easily interchangeable.

Those are the kinds of things sometimes that we look at a bit later. What was urgent is: is it safe? Is it effective? Let's get that approved. By the time we get to a bit later it is possible that we have a bit more flexibility in terms of what we provide. I think the other piece is we know that if it's a matter of waiting a bit longer, we know that this interval is actually quite flexible right now. So we do have some wiggle room, if you will, and we could wait a little bit to make sure we get the same vaccine, if that's what is required.

Where might immunosuppressed patients fall in the priority groups?

Martin: If people refer back to Phase 3, there's a section there for clinically extremely vulnerable. So there were efforts in the last few weeks to make sure we define this as much as possible in terms of all the conditions that could be part of that. Many of those conditions are medical conditions that require treatments that would be considered immune-suppressing. Or just people immunosuppressed for other reasons, we do have guidelines and recommendations for that. It depends on the level of immunosuppressing, and so to some extent it might change the guidelines. This is coming out shortly, the documents are just flying right now, so it will be available for people providing immunization and also for clinicians to guide their patients as well.

I think what's important to note are two aspects. One is on the disease side, especially if you're very immunosuppressed, it can increase your risk of severe disease and death if you get infected. So that's one.

And two, is the vaccine safe and effective? We have some data on immunosuppressed people, but severely immunosuppressed people are typically not included in the trials. What we know is, it should be safe, there's no reason to think that it would not be safe. They're not live viruses, for example. But the capacity of the vaccine to elicit a good, strong immune response might be diminished, as we would see with many vaccines. Typically, the response might be diminished. So we'll have to see. But the more severely immunosuppressed you are, what we expect to see is a less robust response to the vaccine. **T**

Dr. Martin Lavoie

took on the role of Deputy Provincial Health Officer in July 2020. Prior to that, he was the Vice President of Population Health and Chief Medical Officer at Fraser Health. He shared with members the ever-evolving plans of the provincial government's COVID-19 vaccine plans during the BCPhA conference in March.



Make sure that your source of information is a credible source of information. There's a lot of information out there, and not all of it is actually accurate, and some is actually misleading. So we have to be careful. That's one thing as health professionals we can do is to guide people in the right direction, to make sure that at least they have all the right facts before they make their decision

– Dr. Martin Lavoie

Introducing the eight key strategic areas of focus for the B.C.'s Pharmaceutical, Laboratory and Blood Services Division

Mitch Moneo has worked with the Ministry of Health's Pharmaceutical Services Division since 2004 and was appointed Assistant Deputy Minister of the division in 2017. He was one of the speakers at the BCPhA Annual Conference, which was delivered virtually this year in March, where he revealed his division's current strategic areas of focus as they relate to the practice of pharmacy in B.C.

“*Whenever called upon, pharmacies and pharmacists have demonstrated that they have stepped up and that they really can do more than what some players in the health system see them. I have been accused at the ministry of being an advocate for pharmacy and pharmacists among some of my colleagues. I feel I am an advocate for the right reasons, that we can improve the health system at large by involving and using the skills and expertise of pharmacy going forward.*

– Mitch Moneo

Key Strategic Areas of Focus:

1 Integrated Health Systems Planning and Governance

- › The biosimilars program. The B.C. government has committed to trying to save \$182 million over three years by transitioning patients using biologic medications to their biosimilar equivalents. Pharmacies have been playing a key role in this transition.
- › The creation of guidelines, assessments and distribution mechanisms for new therapies identified due to the COVID-19 pandemic.
- › Addressing the growing number of therapies available in the area of pharmacogenomics. This has been an area the provincial government has traditionally not dedicated resources to, and government is now working towards a coordinated provincial approach to gene therapies.

2 Provincial Digital Solutions that Support Access and Integration

- › The division has been working with software vendors to try and integrate PharmaNet information into Electronic Medical Record (EMR) systems. The intention is to develop a prototype software. The division is also working with the PrescribeIT project to see if it can be integrated in PharmaNet.
- › Providing CareConnect access for pharmacies. CareConnect is the health authority electronic health viewer that brings together public immunization information, lab results and additional clinical information from health authority systems.
- › Digitizing the special authority process to save time and avoid filling out forms.
- › Implementing a medication incident reporting software for use in acute care facilities. The intention is to share adverse drug events that occurred in acute settings with community pharmacies so repeats events can be prevented.
- › Implementing the PRIME system to register all users of PharmaNet. This system will eventually replace existing PharmaNet registrations for all PharmaNet users.

3 Improved Population Health

- › The division has been working with the different regulatory Colleges to analyze prescribing practices as part of a project initiated to respond to the opioid crisis. As part of that effort, a drug atlas showing different prescribing practices across B.C. was developed.

4 Primary Care Integration and Collaboration

- › As part of a ministerial announcement from 2018, the division is collaborating with different partners to have a pharmacist working in each of the 50 Primary Care Networks in B.C. The goal is to serve as a demonstration project to show pharmacists working in health-care teams in primary care

5 Leveraging Community Pharmacists

- › Community pharmacists have been effectively leveraged through this year's record-breaking influenza vaccination campaign.
- › Pharmacists effectively stepped up to provide emergency supplies of medications to British Columbians during the early stages of pandemic restrictions last year.
- › Pharmacists continue to support public health efforts to fight the opioid crisis by administering opioid agonist treatment to patients.

6 Continuity of Care Design

- › A new focus that would involve the division's Clinical Services and Evaluation Branch, which is currently being staffed up.

7 System Level Monitoring and Evaluation and Performance Measurement

- › The division is creating a health data platform that would draw in data from MSP, PharmaNet and hospital administration to better evaluate and monitor patient outcomes.

8 Patient Centric Digital Tools

- › The division is creating a health gateway portal so patients can access their medication history, profiles, information on PharmaCare deductibles, lab results, COVID testing results and more. Information will be accessed by patients using their B.C. Services Card. **T**

What you need to know about the different variants of COVID-19

D614G variant

Considered one of the “early” variants of SARS-CoV-2, this mutation emerged in January 2020 and eventually became one of the dominant variants of COVID-19. According to the World Health Organization, D614G replaced the initial strain identified in China within months, and by June last year became the dominant form circulating the globe.

The variant was able to do this because it could transmit itself more efficiently compared to the original virus, since the mutation occurred within the virus’s spike protein and enhanced the virus’s binding to our cells’ ACE2 receptors, says Sharkawy.

“Although it was much more transmissible, it was more susceptible to our neutralizing antibodies,” Sharkawy says. “The good news is, early on with the Pfizer and Moderna trials and every vaccine since, they’ve all been universally effective against the D614G mutation.”

Sharkawy says this early D614G variant gave researchers a foundation to understand how mutations might affect changes in vaccine susceptibility and viral properties.

B.1.1.7 U.K. variant

Sharkawy says the U.K. B.1.1.7 variant took over as the dominant strain in the United States in March 2021, owing to not only a higher affinity for our cells’ ACE2 receptors, but also the fact that this variant carries as many as 14 mutations. As of late March, according to the British Columbia Centre for Disease Control, this variant has become the most common in B.C.

It’s not only more infectious than the D614G variant, but also more deadly, Sharkawy says.

“The good news is the AstraZeneca vaccine... shows that it works very, very well,” Sharkawy says. “That’s important because this is a U.K. vaccine, largely, and this is a variant that was ultimately endemic in the U.K. before it spread elsewhere.”

B.1.351 South African variant

This South African variant is notable due to being very transmissible, and somewhat resistant to vaccines compared to other variants, Sharkawy says.

One of the reasons why this variant is a concern is due to the presence of the E484K mutation within the variant. According to the British Medical Journal, E484K is known as an “escape” mutation due to how it helps the virus evade the immune system.

Sharkawy says this ability to evade the immune system also creates a new problem—that in theory, someone who was previously infected with another strain of COVID-19 could potentially become reinfected with B.1.351. Additionally, vaccine efficacy seems to be lower when working against this variant.


“This variant has really led to challenges in terms of vaccine efficacy,” Sharkawy says. “The Janssen vaccine seems to have an efficacy of somewhere around 57% compared to just over 70% against other strains. The Novavax vaccine... has about a 60% rate of efficacy compared to 95% against other strains, and really importantly, the AstraZeneca vaccine is effectively ineffective, almost useless, against this with an efficacy of only 10.4%.”

B.1.1.28/P.1 Brazilian variant

First reported in Japan but later identified in Brazil, Sharkawy says this variant is also a concern due to its ability to reinfect those who have already recovered from another variant of COVID.

“Because of global travel, it’s unavoidable that we’re going to see almost every variant across the world including right here in Canada,” Sharkawy says.

The concerns for this variant very much echo those present in the South Africa variant, in that not only is this variant more transmissible compared to early variants of the virus, it’s also more devastating. The BCCDC has also noted that for P.1, “some current treatments and vaccines may not work as well.”

“We’re seeing this (variant) unfold really disastrous consequences right now in Brazil, with their health-care system really on the brink of collapse and thousands of people being affected and dying from this,” Sharkawy says. 

Dr. Abdu Sharkawy is an Assistant Professor of Medicine at the University of Toronto and an Infectious Diseases consultant at the University Health Network. Having amassed more than 20 years of experience on the front lines, he routinely appears on multiple media outlets around the globe for his expert analysis, key insights, and recommendations regarding the COVID-19 pandemic; including serving as the principal Infectious Diseases resource lead for CTV News in Canada.



The variants can’t outrun us if we are intelligent and responsible enough to do what we’re supposed to be doing—the same things we’re supposed to be doing from Day 1. They may be more sticky. They may, in some circumstances, be scarier in terms of what happens when we get them. But they don’t have a different mechanism of transmission. So, if we follow public health guidance with a real sense of discipline and a real sense of commitment, they can’t get us.

– Dr. Abdu Sharkawy



Adapting to Create a New Customer Experience

BY DEREK DESROSIER, BSC(PHARM), RPH

The global COVID-19 pandemic has had a dramatic effect on the world in many different ways. People interact with each other differently and they also interact with businesses differently and have different expectations than they had pre-pandemic. These behavioural changes, or at least some of them, are likely to persist for some time and may even become permanent.

For businesses, including retail community pharmacies, that means pivoting to create a different customer experience (CX) to adapt to new customer behaviours and expectations. It may be the single most important thing a business can do to stave off closure and/or bankruptcy. Those businesses that are on top of pivoting and do it early are likely to be the ones that will be not only be sustainable but actually thrive in the future.

Many aspects of business success depend or hinge upon a positive, unique CX. My top pivot changes that I have seen and/or recommend to positively enhance your CX changes are as follows:

- › **Create a streamlined, intuitive returns process** that makes it easy for a customer to return a product and get their refund or replacement in a timely manner. This one is especially important for those businesses who already had an online sales presence and those businesses who pivoted to create a new online sales presence or enhance what they already had in place. Easy and timely returns and credits makes it much easier for a consumer to commit to the buying decision in the first place. If not online but in store, empower your staff to deal with customer return refunds or exchanges in a timely and appropriate manner, giving them autonomy to issue refunds under certain conditions.
- › **Enhance the personalization** of the customer service experience. This might include the front end of finding ways to get to know a bit more about the customer before they make a purchase so that you can help them zero in on the products best suited to their needs. This can be done through a simple online 2-5 question survey or even over the telephone or via video chat. At the back end, the enhanced personalization might include something like an unsolicited post-purchase follow-up to ascertain that the product is performing as expected and that the customer has no issues or outstanding questions related to anything from assembly to use to cleaning, etc. (depending on the product).

This enhanced, more personalized CX can also include the use of technology more effectively for interaction between businesses and customers. As much as we may all feel “Zoomed Out,” a video call to showcase products can be very effective.

- › **Businesses should be bold** in showcasing the steps they have implemented to create a safe environment for staff and customers alike. Ensure customers know and understand what they have done and that they really do care about the health and safety of the staff and customers. This can be achieved with poster/banners throughout the store and the actual behaviours of the staff and how they interact with each other and the customers.
- › **Expand product lines** to create more opportunities for companion sales of items that go together or are used together, etc. This is really about creating a one-stop shopping experience for the consumer to help them avoid having to source products from multiple retailers. This requires staff training and motivation and takes some effort on the part of management to engrain the behaviour into staff.

Any one of these pivots to enhance your CX on their own can have a significant impact, however, implementing more of them, and especially all four of them, could have a very dramatic positive effect on things like current customer loyalty, attracting new customers, word of mouth and social media advertising and promotion. These would, more than likely, all lead to an improved bottom line for the business.

If you have implemented one of these pivots or something totally different in your business, I would like to hear about it at derek@dessonconsulting.com. We want all pharmacies to be successful and sustainable in the future. **T**

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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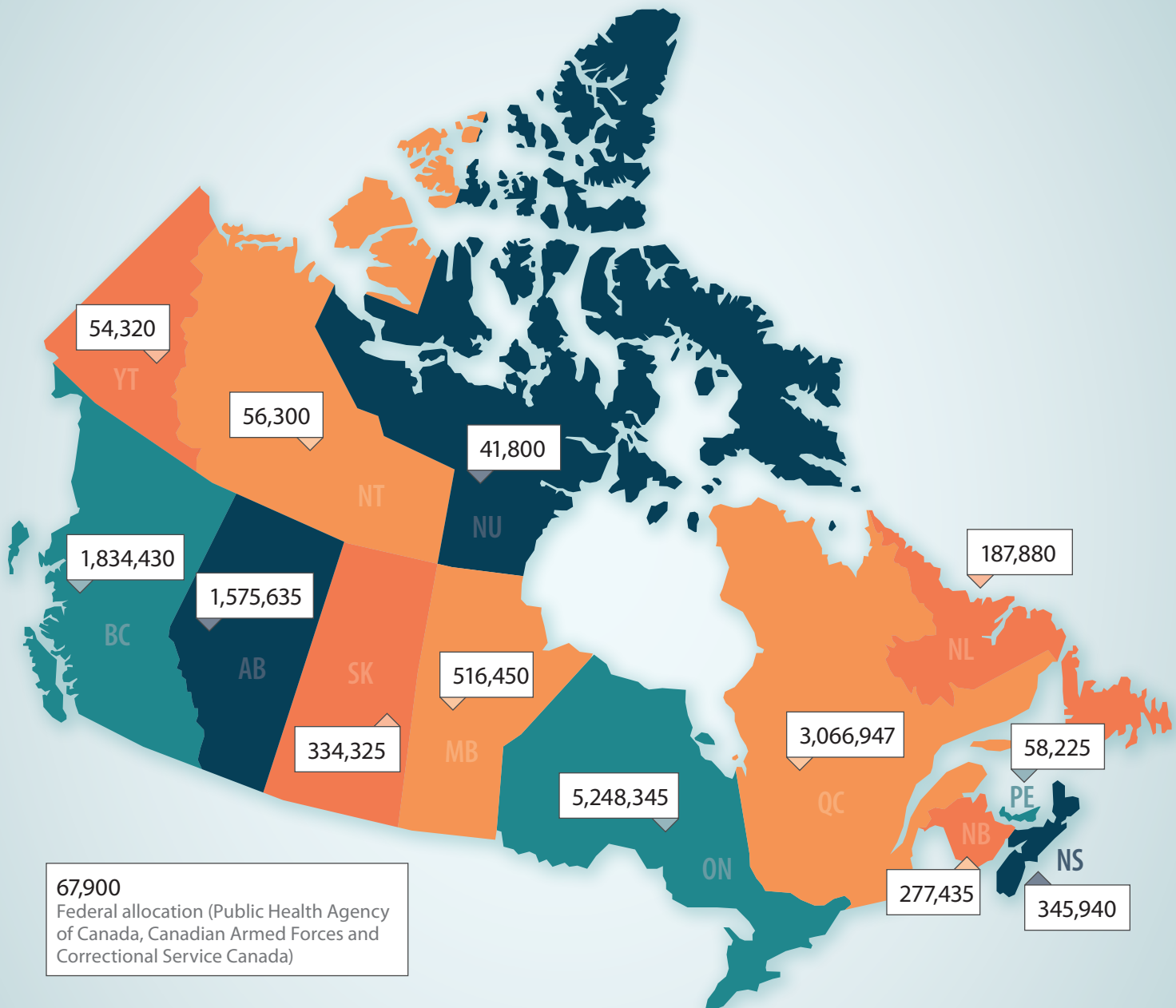


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COVID-19 Vaccines By The Numbers

As vaccine roll-out plans ramped up across Canada over late winter and early spring 2021, three types of vaccines are currently being distributed weekly to provinces and territories: Pfizer BioNTech, Moderna, and AstraZeneca. According to Canada.ca, the total number of COVID-19 vaccines distributed in Canada as of April 21, 2021 are 13,760,772. See a breakdown of vaccine allocation in the map below.



Vaccine Distribution By Type in B.C. (as of April 21, 2021)

Pfizer/BioNTech	1,164,930
Moderna	354,800
AstraZeneca	314,700

Forecasted Vaccine Allocation in B.C. (as of April 18, 2021)

Pfizer/BioNTech (April 12-July 4)	4,034,160
Moderna (April 12-May 2)	188,200
U.S. AstraZeneca (March 29-April 4)	203,800
COVAX AstraZeneca (April 5-11)	42,900

Online booking platform

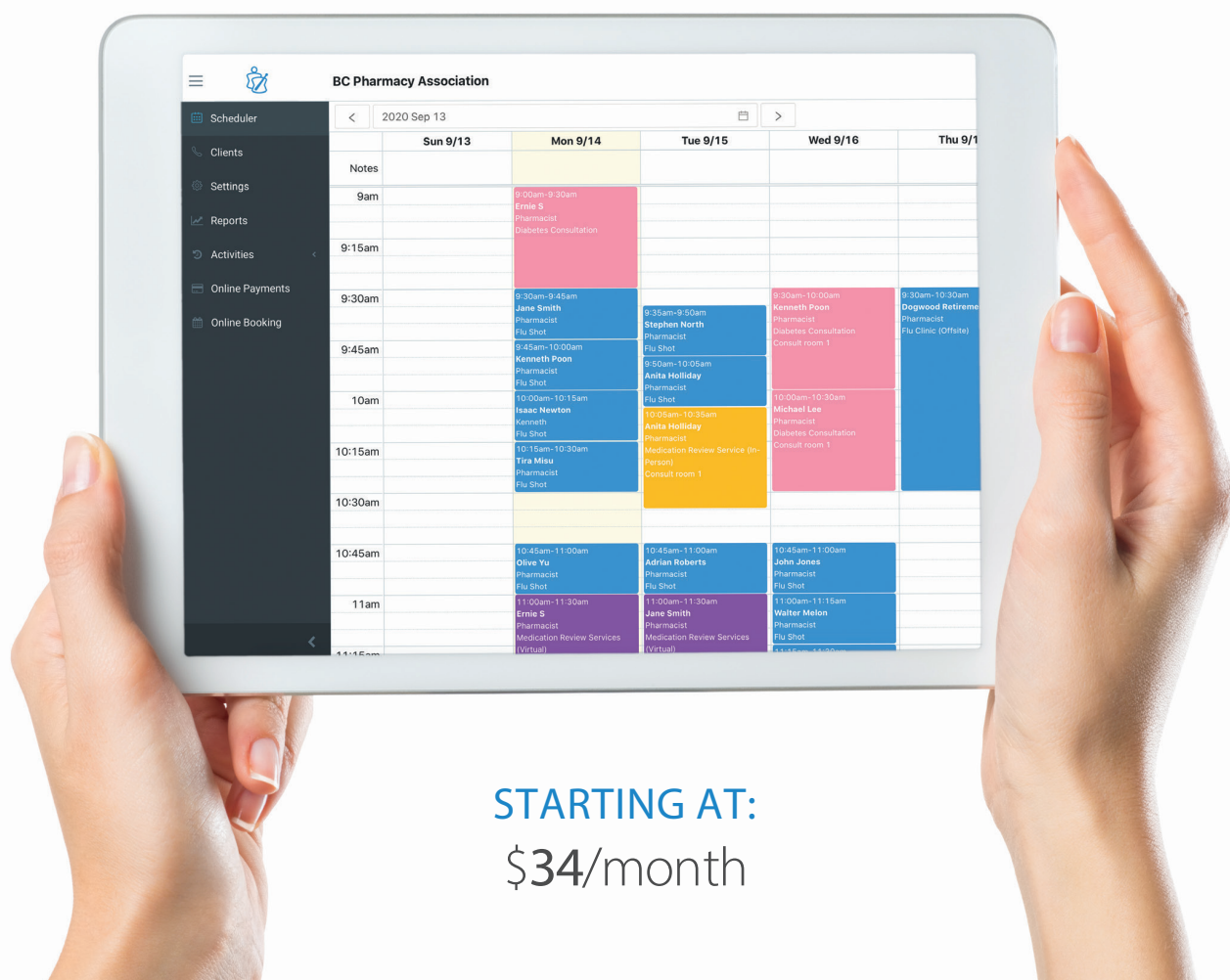
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