

# TECHtalk

MARCH 2016

## ACP publishes guidelines for point-of-care testing

**THE ALBERTA COLLEGE OF Pharmacists (ACP)** has provided guidelines for technicians who train patients to use personal point-of-care tests. In its *ACP News* publication, the College states that it is currently in the process of developing a framework to assist pharmacists and pharmacy technicians in making informed decisions about using point-of-care technologies.

Until that project has been completed, the College suggests practitioners consider the guidelines. For example:

- Only perform tests that are indicated to assist with the management of drug therapy for a patient;
- Have in place, and be prepared to implement, policies for handling emergencies;
- Ensure the environment in which you perform the test is clean, safe, and appropriately private and comfortable for the patient;
- Obtain informed consent from the patient prior to performing the test;
- Observe routine precautions for infection control, including – but not limited to – handling all body fluids and tissues as if they were infectious.

## ACCREDITED CE LESSON INCLUDED:

### Asthma management: the role of the pharmacy technician

Accredited by the Canadian Council on Continuing Education in Pharmacy



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## ASSISTANT REALIZES PHARMACY DREAM

**MASIH ALAEITAFTI IS NOT YOUR TYPICAL** pharmacy assistant, although he has been working in that capacity for the past eight years. Currently, he is employed at Pier Health Resource Centre, a new model for clinical pharmacy situated in Vancouver's disadvantaged Downtown Eastside neighbourhood.

Ever since he began working at a Walmart pharmacy in 2007, learning on the job, he had his heart set on becoming a pharmacist. That is a dream that he realized recently, when he graduated from the school of pharmacy at University of British Columbia. Until he completes the paperwork to become registered with the College of Pharmacists of British Columbia, he will continue to work as a pharmacy assistant at Pier Health.

Alaeitafti, who emigrated with his parents from Iran when he was 10, has a particular interest in addiction, mental health, and pain management. That is why he finds Pier Health a perfect fit. Founded by owner Bobby Milroy last year, Pier Health is changing the model of clinical pharmacy in Canada by using a multi-disciplinary team of healthcare professionals to provide specialized care to high-risk inner-city patients. Targeting mental health, it is the only pharmacy in the province authorized to provide depot injections for psychosis. Whereas many inner-city pharmacies focus on methadone treatment, Milroy discovered that more Downtown Eastside residents suffer from acute psychosis than from heroin addiction. "I thought, this is the perfect opportunity to bring a more comprehensive level of healthcare to the inner city," says Milroy, who has an MBA in healthcare.

He worked with John Shaske, president of Howe Sound Pharmacy in Gibsons, B.C., to establish a similar clinical model, considered unique to North America.

The layout at Pier Health is geared towards patient interaction. Four intake stations allow patients to sit down and engage with the health professional, rather than simply dropping off their prescription at a counter. "We're finding that the minute you get patients sitting down, it changes the dynamics that you have with them," says Alaeitafti. While he is not, as



Pier Health Owner Bobby Milroy (left) with pharmacy assistant Masih Alaeitafti.

an assistant, authorized to perform the intake, Alaeitafti helps by collecting information for the pharmacist. Assistants are encouraged to establish a rapport with customers to determine their needs and expectations, he says.

The spacious, 3,000-square-foot pharmacy also includes a separate 1,300-square-foot dispensing area, three consult rooms, and a large reception area designed to emulate a clinic atmosphere.

Currently, Milroy is on the hunt for a pharmacy technician "who could not only handle some of the medication preparation in the back, but who could also engage in the clinical intake and some of the assessments." While the assistants can perform some of these tasks, "the tech has that additional scope that they can sign off on the prescriptions."

Alaeitafti admits that, although he was "on the fence" when regulation was introduced, he has since changed his mind. After doing a community pharmacy residency at Howe Sound Pharmacy and working with regulated techs, "it really opened my eyes to the fact that, when regulated techs are utilized to their fullest potential, it allows pharmacists to work to their full scope of practice."

He advises both assistants and technicians wanting to progress in their careers to take the initiative by letting pharmacists know what they are capable of doing, and asking for an opportunity to demonstrate that. "It takes some time to build that rapport and trust," he says. "It's a matter of patience and respect."

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## Tech wins prestigious award

### LINA HASHIMOTO, A PHARMACY

technician at B.C. Cancer Agency (BCCA) in Vancouver, is the recipient of the Commitment to Care & Service Award in the category of Pharmacy Technician Initiative. Sponsored by TEVA and the Canadian Association of Pharmacy Technicians (CAPT), the award recognizes outstanding efforts on the part of a pharmacy technician in working with hospital staff to enhance patient care.

Hashimoto was instrumental in setting up the Drug Access Navigator (DAN) Technician program at the BCCA, in conjunction with the pharmacist involved in Drug Access and Special Access navigations. In this capacity, she works directly with patients to identify funding for medications that are not provided by the BCCA, enhancing pharmacy workflow and allowing staff to perform more routine patient care in an efficient and timely manner.

In addition to that responsibility, the enterprising Hashimoto ensures that the pharmacy information on the website is kept up to date for special access medications and patient assis-



Lina Hashimoto receives her award from Teva's Kayvon Fatemizadeh.

tance programs (see [www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy](http://www.bccancer.bc.ca/health-professionals/professional-resources/systemic-therapy)), and has trained staff at a sister facility to implement the DAN program. Meanwhile, she maintains her skill-set in dispensing, and IV and chemotherapy preparation.

## OCP offers variety of online tools for techs

### IN A SECTION OF ITS WEBSITE TITLED

"Practice Tools," the Ontario College of Pharmacists (OCP) has compiled relevant information on topics that have been identified as important to practice.

For example, the Pharmacy Technicians Practice Tool features: a clear definition of what a pharmacy technician can do, such as performing the final technical check on new and refill prescriptions; a chart showing the legal authority for scopes of practice for pharmacy technicians; and a video that illustrates the benefits of integrating pharmacy technicians into the workflow of a community pharmacy.

To access the Pharmacy Technicians Practice Tool, visit [www.ocpinfo.com/practice-education/practice-tools/collection/technicians/](http://www.ocpinfo.com/practice-education/practice-tools/collection/technicians/).

The OCP also recommends that all pharmacy technicians review the six modules currently available on its website, which includes the program,

Optimizing Patient Care. A joint initiative between the University of Toronto and the OCP designed to help pharmacists and pharmacy techs embrace their full scope of practice, this program is part of the online learning opportunities available free of charge to pharmacy professionals. The latest modules include: "How Can I Manage Workflow in My Busy Community Pharmacy to Provide Optimal, Patient-Focused Care?"; "What Will the Doctor Think? Managing Relationships with Physicians"; and "What Can You Do For Me? Managing Relationships with Patients."

The first three modules covered clinical decision-making in pharmacy practice, managing issues due to expanded scope, and documentation in the world of expanded scope. A final three modules are in development. To learn more about the Optimizing Patient Care program and view the modules, visit [www.optimizing-patientcare.ca](http://www.optimizing-patientcare.ca).

## B.C. College of Pharmacists launches support line

### PHARMACY TECHNICIANS IN B.C. WHO

have a question regarding the application of legislation and standards to their everyday practice can now turn to the College of Pharmacists of British Columbia's practice support line.

The College says email ([practicesupport@bcpharmacists.org](mailto:practicesupport@bcpharmacists.org)) is the preferred method of contact, so it can track the types of questions

asked to determine if a topic needs further clarification to members. However, there is also a telephone support line (604-676-4246 or 1-800-663-1940, x. 246) for pressing questions.

A College compliance officer who is a registered pharmacist will respond to the practice support emails and calls within one business day.

## Boning up on osteoporosis

**FRACTURES FROM OSTEOPOROSIS ARE** more common than heart attack, stroke, and breast cancer combined; at least one in three women and one in five men will suffer from an osteoporotic fracture during their lifetime, according to Osteoporosis Canada.

Osteoporosis is a loss of bone mass and deterioration of bone tissue that leads to increased bone fragility and risk of fracture, particularly of the hip, spine and wrist. (When bone mineral density is lower than normal but not low enough to be classified as osteoporosis, it is called osteopenia. Osteoporosis is not to be confused with osteoarthritis, which is a disease of the joints and surrounding tissue.)

Osteoporosis is identified through a Bone Mineral Density (BMD) test, using a technology called bone densitometry. A bone densitometer uses a detector to measure the transmission of small amounts of x-rays (light) through the bones. The more light transmitted, the more severe the disease.

Because bone loss does not have symptoms, osteoporosis often goes undetected until a fracture occurs. The risk can be minimized, however, by eating calcium-rich foods, getting enough vitamin D, and doing weight-bearing exercise on a regular basis. A variety of drugs are also available, such as bisphosphonates, denosumab, raloxifene and estrogen, which slow down bone loss, and bone formation therapies, such as teriparatide.

### PUTTING ON A CLINIC

Many community pharmacies are helping at-risk patients by holding a clinic day to screen for osteoporosis.

Pharmacists are ideally situated to identify individuals at risk for osteoporosis, to refer them for further testing, and to recommend strategies for prevention and management of the disease. Teva Canada provides a kit for an in-store screening clinic that includes rental of a portable ultrasound bone sonometer and associated materials.

Pharmacy techs and assistants have an important role to play both before and after a clinic day. Prior to the clinic, they can identify patients at point of contact by viewing their profile for any osteoporosis drugs, says Louis Deveau, pharmacist and owner of Cheticamp Pharmacy Ltd. in Cheticamp, N.S. As well, they can run a report on the pharmacy database to identify patients at risk of osteoporosis—for example, those who have been on corticosteroids for more than three months. “From that point, they can recruit patients and book appointments for an osteoporosis clinic day,” says Deveau. “They could also gather pertinent information, and develop a handout listing known risk factors.”

When the testing is completed, the tech

could compile the information to send to the patient’s family physician, says Deveau. Keeping a record from the clinic day is also helpful to evaluate if there are any changes in risks or fractures in a follow-up clinic.

“I think technicians could also help in identifying patients who do not need a pharmacist intervention,” says Deveau. “They could help patients select an OTC product with calcium and vitamin D.”

#### FOR MORE INFORMATION:

- Health Canada – [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)
- Osteoporosis Canada – [www.osteoporosis.ca](http://www.osteoporosis.ca);  
toll-free information line: 1-800-463-6842
- Public Health Agency of Canada – [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)
- Teva Canada Limited – <http://tevapharmacsolutions.com/osteoporosis-take-lead-your-community>

## NOTABLE QUOTES

“Pharmacists and pharmacy managers who are looking for new employees are continually calling because they realize how much knowledge our pharmacy technician program students provide to busy pharmacies.”

—Gae Carroll, RPhT, coordinator and instructor, pharmacy technician program, CTS Canadian Career College, North Bay, Ont.

“Hiring the best technicians, allowing them to practise to their full scope and rewarding them for their effort and performance is the best investment a pharmacy could make.”

—Albena Ivanov, pharmacy technician, retail pharmacy, London, Ont.



**ARE PHYSICIANS AND PATIENTS ASKING ABOUT GENERIC DRUGS?**

We’ve introduced a new, informative website to answer their questions about safety and efficacy. Visit **TevaMakesMedicines.ca**.



# *How can you improve your pharmacy's injection services?*

As a technician, you are one of your pharmacy's most valuable resources—now, you can even get involved in its immunization program.

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Teva Canada's half-day workshop "*The Role of the Pharmacy Technician in the Team Approach to Immunization/Injection*,"\* accredited for 3.0 CEUs, will teach you how you can help your pharmacy's immunization program be more efficient and more effective, from identifying patients who would benefit from injection services to dispelling myths around immunizations.

For more information and a list of upcoming workshops in your area, visit [TevaPharmacySolutions.com/TechImmunization](https://www.TevaPharmacySolutions.com/TechImmunization).

\*Currently available in Alberta, British Columbia, Manitoba and Ontario.