

**Saskatchewan**  
**Drug Information Service**

**Annual Report**

April 1, 2003 – March 31, 2004

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## Executive Summary

The Saskatchewan Drug Information Service (SDIS) recorded a substantial increase in drug information queries during the 2003 – 2004 fiscal year. In total, 4514 queries were submitted to SDIS, 29 percent more than received in the previous year. The healthcare professional line documented 2789 queries, an increase of 19 percent. The consumer line received 1725 queries, an increase of 45 percent.

As in previous years, the most frequent callers to the healthcare professional line were community pharmacists, accounting for 73 percent of queries. The increase in the professional line volume was primarily due to calls from community pharmacists. Queries were received from more than 100 different Saskatchewan communities but the highest percentage of calls continued to originate in Saskatoon. Categories of information most commonly requested were therapeutic use, drug interaction, side effects, dose and product availability. SDIS staff provided timely service to callers, responding to 89 % of queries the same day the query was submitted.

The consumer line received a record number of queries. Referrals from the Healthline were the source of 26 % of the calls and accounted for most of the increase in the consumer line total. Requests for information came from a larger range of Saskatchewan communities than in previous years (likely also a result of referrals from the Healthline); however the majority of calls still originated in the Saskatoon Regional Health Authority. Thirty-seven percent of calls were from previous callers suggesting consumers are satisfied with information provided by the service. The most common questions concerned side effects, general information, therapeutic use and drug interaction. Caller demographics were very similar to the previous year with the most frequent callers being women in the 30 – 49 year old age group. Research time required to answer the majority of questions was five minutes; discussion time, on average, was five to ten minutes.

SDIS staff were also active in related areas of drug information dissemination. Four issues of the SDIS Drug Information Newsletter and three Frequently Asked Question information pages were distributed via mail or fax and also posted on the SDIS website. A review of the pharmacotherapy modules of the SIAST Nurse Practitioner course was completed in June, 2003 and a contract to write a continuing pharmacy education lesson for a pharmacy magazine was undertaken in December 2003. SDIS contributed to College of Pharmacy and Nutrition undergraduate curricular education by providing drug interaction lectures, drug information tutorials and experiential training in drug information. Staff members exhibited poster presentations and were speakers at several pharmacy and medical association conferences.

The sixth meeting of the Advisory Board was held August 5<sup>th</sup>, 2003. The Board assists SDIS in strategic planning and in meeting its goals and objectives. On-going initiatives are improving follow-up on queries and continued collaboration with Saskatchewan Regional Adverse Reaction Centre (SaskAR), the RxFiles academic detailing program and the nurses 24-hour HealthLine. Future priorities include maintaining or increasing call numbers, fundraising activities, improving the SDIS website and exploring options to expand the scope of SDIS activities.

## **1. INTRODUCTION**

### **1.1 Background**

In September of 1974, the College of Pharmacy and the College of Medicine at the University of Saskatchewan established Dial Access, the first province-wide drug information service in Canada. This telephone inquiry service continues to be available to all healthcare professionals in Saskatchewan as part of the Saskatchewan Drug Information Service. A toll-free number (1-800-667-3425) is maintained to provide easy access for callers in all areas of the province. The service is staffed Monday to Friday by licensed pharmacists who research and respond to queries. Voice mail facilities and question templates on the SDIS website allow callers to leave queries at their convenience 24 hours a day.

The Consumer Drug Information Centre was initiated in 1990 as a one-year pilot project for residents of Saskatoon and area. Funding for the project was provided by a grant from the Saskatchewan Minister of Health based on a recommendation of the Advisory Committee on the Safe Use of Medicines. In January of 1991, the centre was expanded to cover the entire province via a toll-free telephone line (1-800-665-3784) and approval was granted for subsequent years of operation. The consumer information line is open Monday to Friday. After hours queries can be left on voicemail or submitted on-line using the consumer question template on the SDIS website.

In 2001, the Dial Access Drug Information Service and the Consumer Drug Information Centre were consolidated into one organization, the Saskatchewan Drug Information Service (SDIS) in order to simplify administration and maximize the use of available resources.

### **1.2 Goals and Objectives of the Service**

#### **1.2.1 Healthcare Professional Information Service**

- Upon request, provide pharmacists and other healthcare providers in Saskatchewan access to objective, concise and unbiased information on drugs and drug therapy, in a timely manner.
- To provide continuing education related to drugs and drug therapy to healthcare professionals in the province.
- To serve as an experiential training site for pharmacy students, pharmacy residents and postgraduate students.
- To contribute to the advancement of knowledge in the area of drug information.
- To co-operate with the Saskatchewan Regional Adverse Reaction Centre (SaskAR), a related service at the College of Pharmacy and Nutrition, University of Saskatchewan.

### 1.2.2 Consumer Information Service

- To provide Saskatchewan healthcare consumers with immediate access to objective, concise and unbiased information on drug-related questions.
- To direct patients with serious adverse reactions and other problems to adequate medical follow-up.
- To provide and enhance educational and training programs for a variety of audiences including consumers and health professionals.
- To develop a comprehensive database of information which can assist regional planning agencies by gathering epidemiological information regarding drug-related problems in the community.
- To enhance the public image of healthcare professionals, in particular pharmacists.

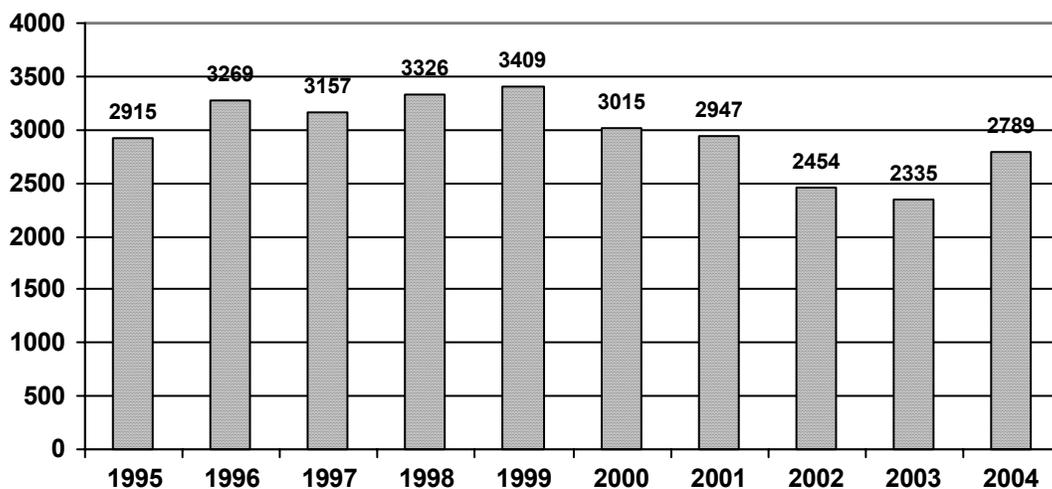
## 2. UTILIZATION STATISTICS: APRIL 2003 – MARCH 2004

### 2.1 Healthcare Professional Service

#### a) Number of Calls Received

The healthcare professional line received **2,789** requests for information during the 2003 - 2004 fiscal year, 454 (19 %) more than the number received in the previous year (2,335). This reverses a four year trend of declining numbers. The call volumes for the last 10 years are shown in Figure 1.

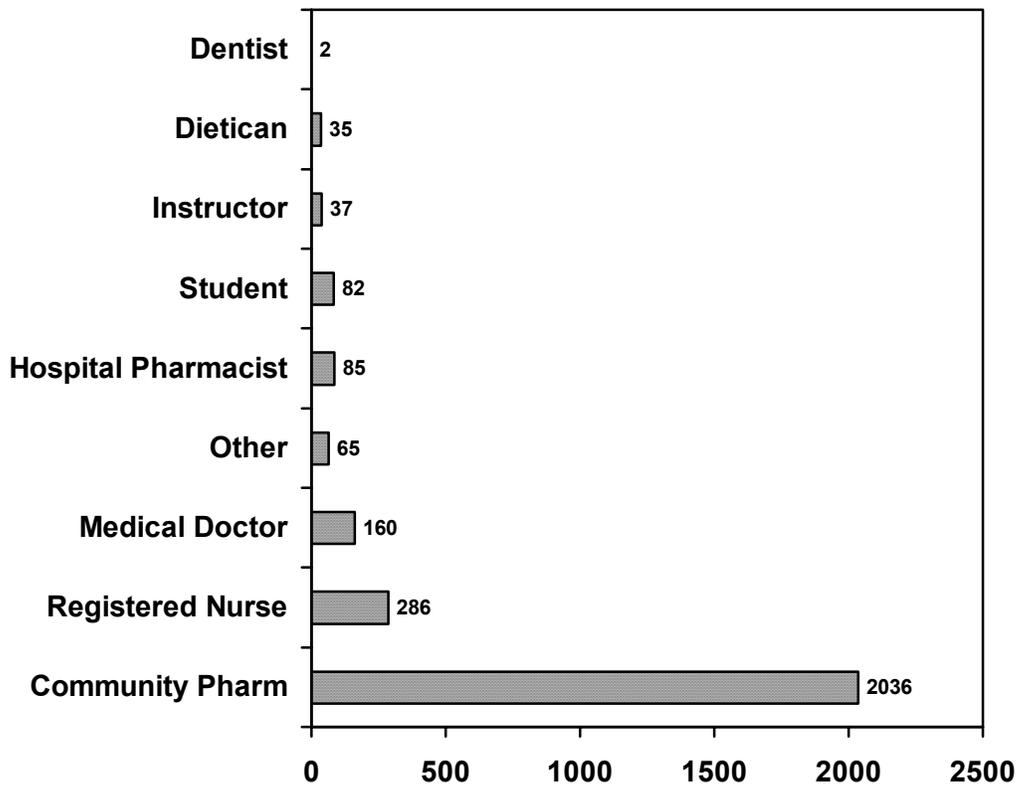
**Figure 1: Call Volume Over Ten Years**



b) Profession of Callers

Community pharmacists placed 73 % of the calls to the healthcare professional service. The number of calls from community pharmacists increased to **2036** from 1629 in the previous year accounting for most of the increase in total number of calls to the professional line. This may be the result of increased promotion of the service (outlined in Section 4) and/or a reflection of the quality of the responses provided to callers by the consultant on the professional line. Nurses were the next largest group of callers making up 10 % of the total (an increase of 66 calls), followed by physicians at 6 % (a decrease of 20 calls), and hospital pharmacists at 3.0 % (a decrease of 9 calls). Figure 2 provides a complete list of call numbers by profession.

**Figure 2: Number of Calls by Profession**



c) Geographical Location of Callers

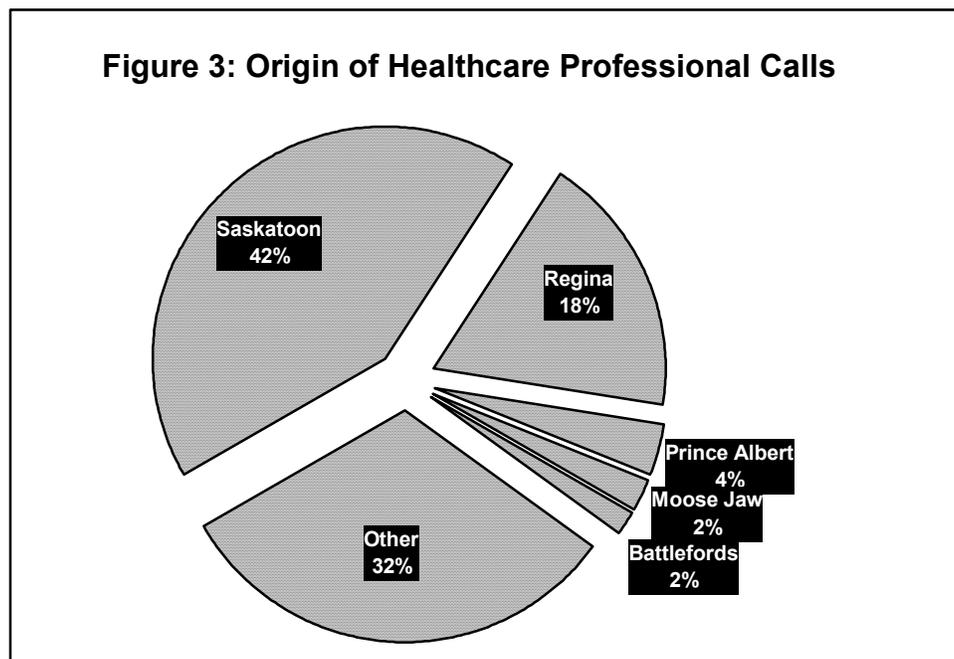
As demonstrated in Table I (page 5), requests for information over the past year came from more than 100 different communities across Saskatchewan. There were also 51 calls from outside of Saskatchewan.

**Table I: Location of Healthcare Professional Service Callers**

<b>SASKATCHEWAN</b>	
<b>Number of Calls</b>	<b>Community</b>
1185	Saskatoon
511	Regina
103	Prince Albert
63	Moose Jaw
62	Yorkton
53	Humboldt
40	Tisdale
39	Kerrobert, Melfort
37	Nipawin
30	Swift Current
29	North Battleford, Weyburn
28	Fort Qu'Appelle, Unity
26	Rosetown
23	Indian Head
22	Kindersley
19	Biggar, Turtleford
18	Estevan
17	Battleford
15	Radville, Wynyard
14	Assiniboia, Canora, Kelvington, Melville
13	Carrot River
12	Outlook
11	Moosomin
10	Spiritwood
9	La Ronge
8	Carlyle, Watrous
7	Duck Lake, Maidstone, Oxbow, Wadena
6	Grenfell, Langenburg, Lloydminster, Luseland, Meadow Lake, Rosthern
5	Esterhazy, Ituna, Kamsack, Nokomis, Raymore
4	Davidson, Ile a la Crosse, Kipling, Luseland, Shellbrook
3	Lanigan, Paradise Hill, Preeceville, Shaunavon
2	Bengough, Cutknife, Eston, Gravelbourg, Leader, Lestock, Loon Lake, Norquay, Ponteix, Redvers, Wakaw, Warman, Watson, Wolseley
1	Balcarres, Birch hills, Carnduff, Cudworth, Cupar, Christopher Lake, Eastend, Elrose, Foam Lake, Gull Lake, Leask, Prudholm, Rock Glen, Strasbourg, Southey, Theodore, Waldheim

OUT OF PROVINCE	
Number of Calls	Province / Country
28	British Columbia
12	Manitoba
6	Alberta
2	Nunavit
2	USA
1 each	Australia, Iraq

Figure 3 illustrates that the highest percentage of calls continue to originate in Saskatoon (42 %). Regina callers were responsible for the second highest percentage (18 %).



#### d) Contact Method

The majority of questions were submitted by telephone - 2286 answered in person by the drug information consultant and 439 left on voicemail). Sixty-four questions were received by e-mail or via the website.

e) Nature of Information

The top five categories of questions posed to the service were therapeutic use, product availability, drug interactions, product identification and dose. A complete list of the nature, number and frequency of questions posed by healthcare professionals is shown in Table II.

**Table II: Nature of Information Requested by Healthcare Professionals**

<b>Nature of Request</b>	<b>Number</b>	<b>Percentage</b>
Therapeutic use	452	16.0
Drug Interactions	350	12.5
Side Effects / ADR	279	10.0
Dose	259	9.3
Availability	253	9.0
General Information	240	8.6
Identification	208	7.5
Other	188	6.7
Pregnancy	127	4.5
Formulation	116	4.2
Lactation	109	3.9
Contraindications	70	2.5
Kinetics	58	2.4
Stability	48	1.7
Compatibility	11	0.4
Toxicity	10	0.4
Drug Abuse	7	0.3

The percentage of questions involving herbal products increased slightly from 5.4 % last year to 6.5 % this year.

f) Time Required to Answer Requests

The time required by drug information consultants to research various drug information questions is reported in Table III. Responses to most questions (91 %) were formulated within 30 minutes. Answers were provided on the same day as the query for 89 % of callers and within one working day for 95 %. When appropriate, additional documentation concerning the request was sent to the caller by mail or facsimile.

**Table III: Time Required to Research Requests**

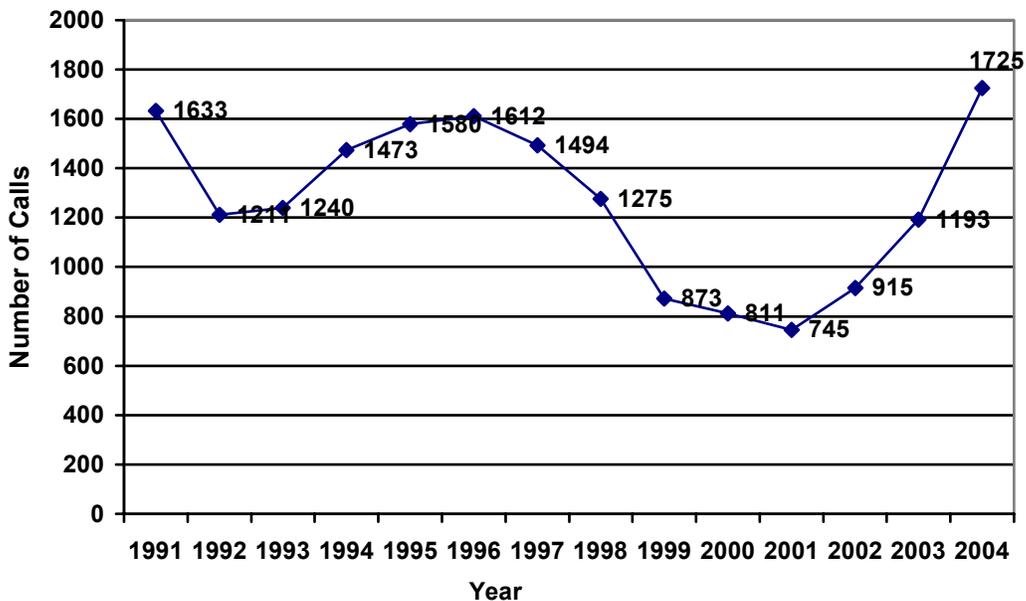
Research Time Required	Percentage of Requests 2002-2003	Percentage of Requests 2003-2004
1 – 5 minutes	9.4 %	29.2 %
6 – 15 minutes	56.7 %	42.2 %
16 – 30 minutes	26.0 %	19.3 %
31 – 60 minutes	6.3 %	7.6 %
> 60 minutes	1.6 %	1.5 %

**2.2 Consumer Line**

a) Number of Calls Received

There were **1725** consumer requests for drug information in 2003 – 2004 compared to 1193 requests during the same time period in 2002 – 2003. This is the highest yearly total in the history of the consumer information line. Figure 4 details the number of calls per year made to the consumer line since its inception in 1991. The consumer line hours of service were reduced due to lack of funds from July 1999 through to September 2001 contributing to the trend of decreasing numbers of calls that began in 1997. When the consumer and healthcare lines were amalgamated into SDIS in 2001, regular hours of service and promotion of the consumer line were resumed and the number of calls has steadily increased. The substantial increase this year is primarily due to referrals from the Healthline, the 24 hour health advice line initiated in August, 2003 by Saskatchewan Health (see Figure 7).

**Figure 4: Consumer Calls by Year**

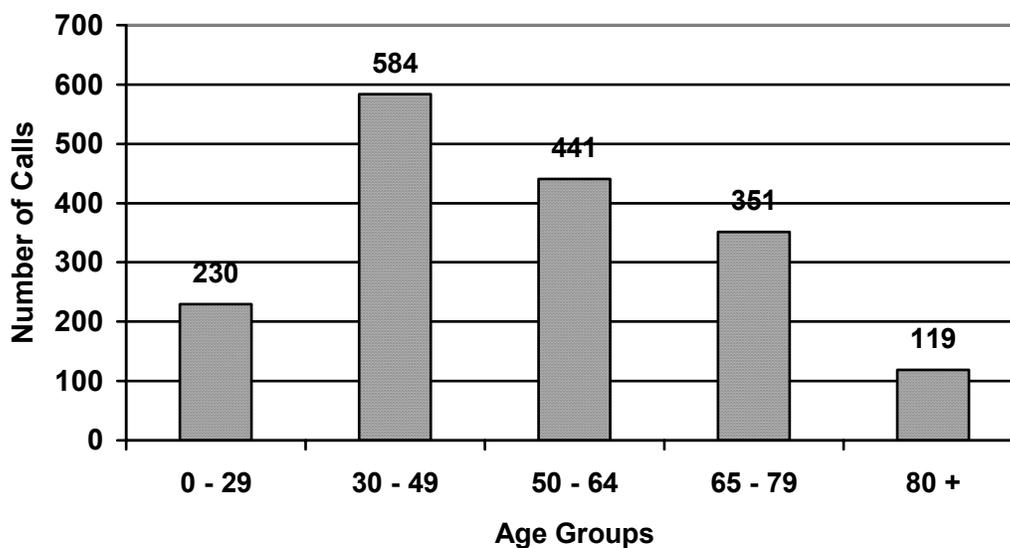


## b) Caller Demographics

Female callers made 80 % of the consumer information requests (1380 calls); male callers were responsible for 20 % of the requests (345 calls).

The highest percentage (34 %) of calls came from persons in the 30 – 49 year old age group; the next highest (26 %) was from the 50 – 60 year old group and the third highest (20 %) was from the 65 – 79 year old group. Figure 5 illustrates the age distribution of consumer line callers.

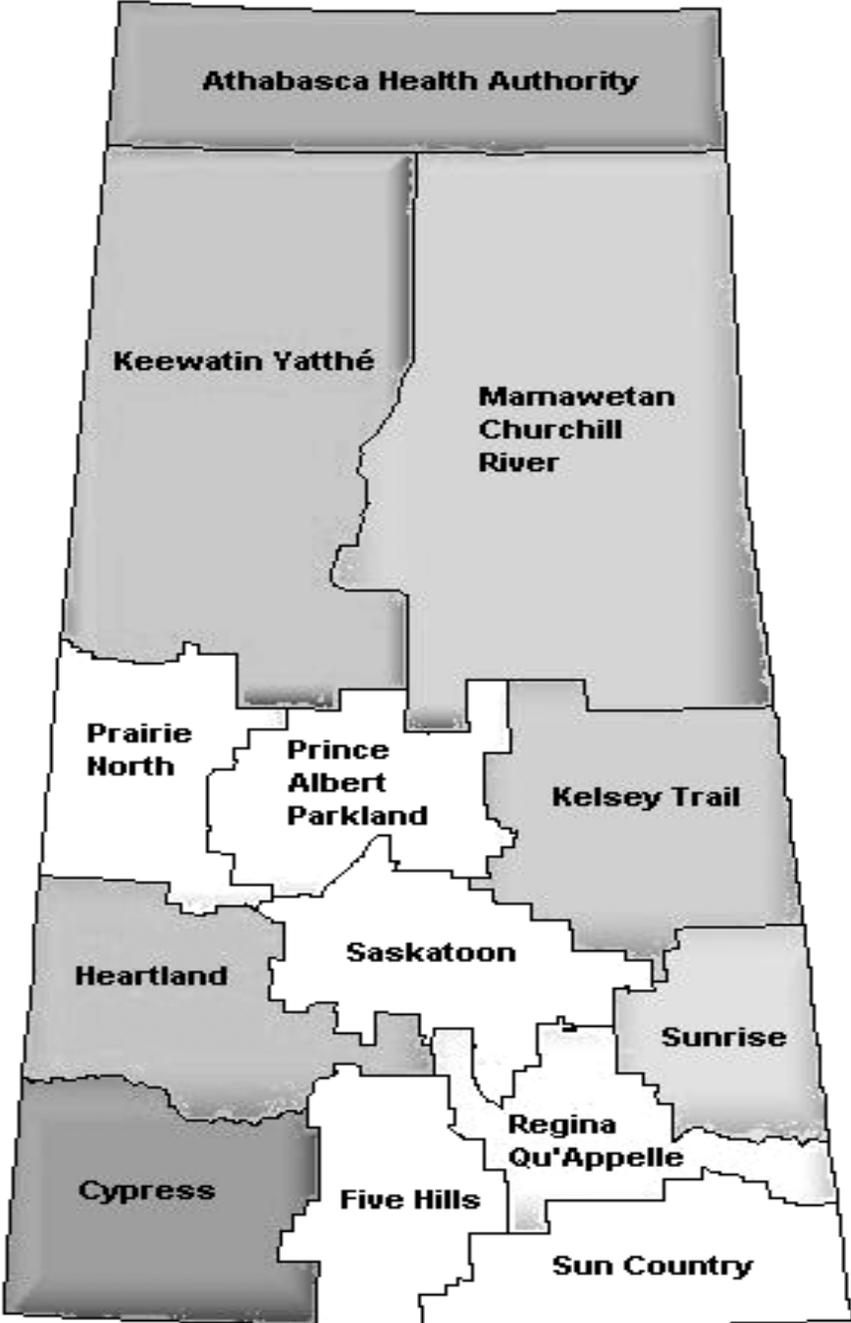
**Figure 5: Age of Consumer Line Callers**



## c) Geographical Location of Callers

Residents in 187 different Saskatchewan communities requested information from the consumer information service in 2003-2004, 45 % (58) more than the previous year's total. These communities included Saskatoon, Regina, and cities and towns in all but the most northern of the twelve Regional Health Authorities. (Figure 6)

Figure 6: Saskatchewan Regional Health Authorities



The majority of requests (51%) originated in the Saskatoon Regional Health Authority, a reflection of the fact the service is situated in Saskatoon. Regina Qu'Appelle was the next highest source at 19 %. (Table IV)

**Table IV: Consumer Calls by Regional Health Authority**

<b>Regional Health Authority</b>	<b>Number of Calls</b>	<b>Percentage of Total</b>
Saskatoon	883	51.2
Regina Qu'Appelle	321	18.6
Sunrise	90	5.2
Prince Albert Parkland	77	4.4
Heartland	66	3.8
Five Hills	60	3.5
Prairie North	59	3.5
Cypress	45	2.6
Kelsey Trail	44	2.6
Sun Country	41	2.4
Mamawetan Churchill River	16	1.0
Keewatin Yatthe	3	0.2
Athabasca	0	0

d) Contact Method

Most calls from consumers were submitted by telephone (1425 received in person by a DI consultant; 281 by the voicemail system). Nineteen questions were submitted to the service via the website template.

e) Nature of Information Requested

The most frequent requests for drug information from consumers were related to side effects / adverse reactions (22.2 %), general information about products (17.6 %), therapeutic use of medication (17.5 %) and drug interactions (11.4 %) (Table IV).

Requests for information about herbal products made up a smaller proportion of total requests, down from 17.5 % last year to 13.2 % this year.

**Table V: Summary of Calls by Nature of Information**

Nature of Request	Number of Calls	% of Total
Side effects/reactions	326	18.9
General Information	317	18.4
Therapeutic use	245	14.2
Drug Interactions	158	9.2
Other	144	8.3
Dose	140	8.1
Pregnancy/lactation	124	7.2
Drug Abuse	110	6.4
Availability	71	4.1
Identification	27	1.6
Formulation	25	1.5
Stability	13	0.8
Kinetics	10	0.06
Contraindications	7	0.04
Toxicity	6	0.03

## f) Potential Severity of Inquiry

All consumer requests for drug information were subjectively ranked as to the potential severity of the inquiry. Most of the calls (1656 – 96 %) were classified as “not serious”. In instances where requests were thought to be “potentially serious” (67) or “serious” (2), the patient was strongly encouraged to contact his/her physician or the appropriate healthcare professional.

## g) Time Required to Answer Requests

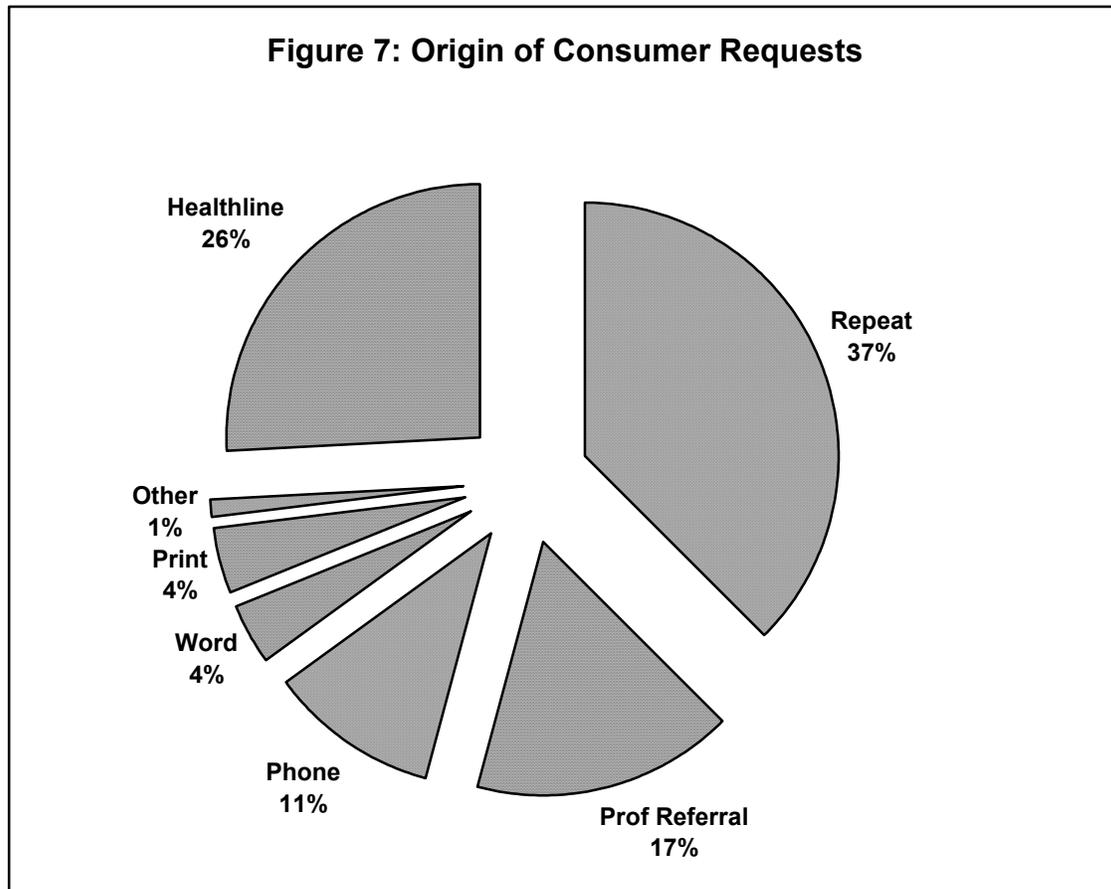
Table VI provides a detailed breakdown of the time required to research and discuss consumer questions. When requested, additional information was sent to callers by mail or facsimile.

**Table VI: Time Required for Question Research / Discussion with Caller**

Time Required Per Question	Research	Discussion
1 – 5 minutes	1146 (66.4 %)	787 (45.6 %)
6 – 10 minutes	312 (18.5 %)	701 (40.1 %)
11 – 15 minutes	132 (7.7 %)	171 (10.0 %)
16 – 30 minutes	120 (7.0 %)	59 (8.1 %)
31 – 60 minutes	15 (0.9 %)	7 (0.4 %)

#### h) Source of Consumer calls

To determine the most effective strategies for promotion of the SDIS consumer line to Saskatchewan residents, callers are asked how they learned about the service. Figure 9 illustrates the origin of consumer requests in 2003 – 2004.



#### Repeat Callers

Repeat calls accounted for 37 % (647) of all inquiries on the consumer line. This suggests that utilization increases once consumers are aware of the service and that consumers are satisfied with the information provided by the consumer line drug information consultants.

#### Healthline Referrals

The Healthline refers callers with questions about drugs and drug-related therapy to their physician, pharmacy and the SDIS consumer line. Since the establishment of the Healthline August 1, 2003, referrals from this line have become a major source of consumer calls accounting for more than one-quarter of the calls received by the SDIS consumer service.

### Professional Referrals

Although SDIS consultants continue to encourage pharmacists to contact the service on the patient's behalf rather than recommending the patient call him/herself, referrals by healthcare professionals (other than Healthline nurses) were responsible for 17 % of calls (289) made to the consumer line.

### Print

No additional print advertising for the consumer line was purchased last year because we were waiting to see what the impact of the Healthline would be. Consequently only 74 callers became aware of the service through this medium.

### Phone Books

Listings in phone books continue to be an effective means of directing Saskatchewan residents to the consumer information line. Approximately 11 % of callers (184) reported that they had learned about the service by coming across the consumer number in the phone book.

### Word of Mouth

Previous callers referred 67 new callers (4 % of total callers) to the information line. This remains the fourth most effective means of advertising the consumer drug information service.

## **2.3 Summary**

We are very pleased to report a substantial increase in drug information requests for both arms of the service. There were a total of 4514 calls to SDIS in the 2003 – 2004 year. On the healthcare professional line, the increase was largely due to an increase in calls from community pharmacists. On the consumer line, referrals from the Healthline increased both the number and the geographic range of calls.

### **3. SDIS Personnel 2003 - 2004**

- Director: Dr. Yvonne Shevchuk BSP, Pharm D
- Manager: Karen Jensen BSP, MSc
- Healthcare professional DI consultant: Zahra Hirji BSP
- Consumer DI consultants: Priya Sharma BA, BSP; Carrie Tam BSP, Jean Proznick BSP, MBA; Karen Jensen BSP, MSc

### **4. Other Activities**

#### a) Follow-up calls

SDIS drug information consultants followed up on twelve calls in 2003-2004. An ongoing objective of the Service is to continue to increase the number of follow-up calls being made by the consultants. The type of information provided by follow-ups gives a clearer assessment of the impact of the Drug Information Service on patient outcomes.

#### b) Frequently Asked Question (FAQ) information

SDIS consultants prepared the following FAQ information sheets:

- Managing PMS
- West Nile Virus Updated
- Chronovera®

These were faxed to Saskatchewan pharmacies courtesy of the Saskatchewan College of Pharmacy (SCP) office. The FAQs were also posted on the SDIS website under Hot Topics.

#### c) Newsletters

Four issues of the SDIS Drug News were mailed to Saskatchewan pharmacists in the 2003 – 2004 fiscal year:

1. Sulfonamide Cross-reactions Explained
2. Evra® Transdermal System
3. What's New in Erectile Dysfunction
4. Polycystic Ovary Syndrome

Newsletters can also be accessed on the SDIS website.

#### d) Consultation / Contracts

At the request of SCP, Karen Jensen, Yvonne Shevchuk and Linda Suveges reviewed the pharmacy reference library requirements. Suggested changes and additions were submitted to the SCP committee.

The Saskatchewan Institute of Applied Arts and Sciences, Regina campus, contracted SDIS to review the two pharmacotherapy modules of the on-line nurse practitioner program. This was completed June 30, 2003.

Pharmacy Practice contracted SDIS staff to write a Continuing Education lesson on “Statins: Current and Expanded Roles”. The lesson will be published in the May edition of Pharmacy Practice.

#### e) Undergraduate Educational Responsibilities

- PHARM 372.2: Research Methods and Evidence-Based Practice – 4 computer lab demonstrations on Drug Information Resources; 3 computer lab demonstrations on Evaluation of Internet Information (*K. Jensen*).
- PHARM 417.4: Management in Pharmacy - 1 lecture on Women in Pharmacy (*K. Jensen*).
- PHARM 455.7: Pharmacotherapeutics I - 3 lectures on Principles of Drug Interaction (*K. Jensen*); 2 tutorials on Drug Interaction (*Z. Hirji*).
- PHARM 472.2: Evidence-Based Practice – 3 computer lab demonstrations on Evidence-Based Medicine on-line sites (*K. Jensen*); 3 tutorials on Collecting Data for a Drug Information Request (*Z. Hirji*); 1 lecture on Drug Information for Consumers (*K. Jensen*).
- PHARM 400.1: Pharmacy Skills IV – Orientation and supervision of third year students in introductory experience in drug information service.
- PHARM 580.16: Structured Practice Experience – SDIS provides a specialty practice site alternative for the Structured Practice Experience Program.

#### f) Post-graduate Education

Carlee Thorsen, a pharmacy resident with the Saskatoon Regional Health authority, did a drug information rotation at SDIS May 12 – June 26, 2003.

#### g) Continuing Education Presentations

- Introduction to Saskatchewan Consumer Drug Information Service, Lupus Society meeting, April 12, 2003 (*Z. Hirji*).
- Introduction and discussion of the role of the Consumer Drug Information service with Healthline administrative personnel, June 2003 (*Y. Shevchuk, K. Jensen*).
- Orientation presentations on the Consumer Drug Information service to five groups of in-coming Healthline nurses (*K. Jensen*).
- “Is there anything really new out there?” at the Representative Board of Saskatchewan Pharmacists 2003 conference, Moose Jaw, May 4, 2003 (*Z. Hirji, K. Jensen*).
- “Drug Interactions” at the Family Medicine Review, Moose Jaw, September 19, 2003 (*Z. Hirji, K. Jensen*).
- “Adverse Reactions” at the Drug Therapy Decision Making Conference, March 26, 2004 (*P. Sharma*).
- “Drug Interactions” at the Representative Board of Saskatchewan Pharmacists 2004 conference, Saskatoon, March 28, 2004 (*Z. Hirji, K. Jensen*).

#### h) Poster Presentations

Poster presentations promoting the health professional and consumer drug information services were displayed at the following events:

- Family Medicine Review 2003 September 19 – 20, 2003 in Moose Jaw.
- Canadian Society of Hospital Pharmacists (Saskatchewan Branch) general meeting October 3 – 5, 2003 in Saskatoon.
- Practical Management of Common Medical Problems conference November 21 – 22, 2003 in Saskatoon.
- Drug Therapy Decision Making Conference March 27 – 28, 2004 in Saskatoon.
- Representative Board of Saskatchewan Pharmacists conference March 28 – 29, 2004 in Saskatoon.

#### i) Research

A poster presentation of the SDIS research project “Evaluating the Impact of Providing Drug Information to Breastfeeding Women” was exhibited at the 2003 Canadian Pharmacists Association conference in Vancouver, BC and at the 2004 Representative Board of Saskatchewan Pharmacists conference in Saskatoon, SK.

#### j) Promotion / Fundraising

A new brochure summarizing the services provided by SDIS and SaskAR and an access information card were designed and printed. These were distributed throughout the year at presentations and in mailings. Christmas cards from SDIS and SaskAR were mailed to Saskatchewan pharmacies and SDIS stakeholders in December, 2003.

Yvonne Shevchuk and Karen Jensen met with the Dennis Gorecki, Dean of the College of Pharmacy & Nutrition and Barb Cox-Lloyd, College Development Officer, in the fall of 2003 to discuss SDIS fundraising. It was agreed that fundraising for SDIS should be integrated with College fundraising and that Barb Cox-Lloyd would co-ordinate future SDIS funding initiatives. The second annual SDIS pharmacy donation campaign was launched in February, 2004. Letters asking for donations to SDIS signed by Dean Gorecki were sent to Saskatchewan pharmacy managers / owners. Twelve thousand two hundred forty dollars has been received as of March 31, 2004.

## **5. Partnerships with Other Healthcare Organizations**

### **a) SaskAR Program**

The Saskatchewan Drug Information Service continues to provide the setting for the Saskatchewan Regional Adverse Reaction Monitoring Program (SaskAR). SDIS and Sask AR function very well together by sharing staff, reference material and other resources. SDIS is also an important source of adverse drug reports. In the 2003 – 2004 year, 47 reports were initiated by SDIS consultants: 26 from healthcare professionals and 21 from consumers.

SaskAR was developed to promote increased reporting of suspected adverse reactions (ARs) in Saskatchewan through cooperation with health professionals. It also serves to inform the healthcare professional community about general AR concerns and enhance current awareness of specific ARs. The program was expanded last year from part-time to Monday through Friday coverage. Janice Vogt and Priya Sharma are the SaskAR program pharmacists. The Annual Report of the SaskAR Program provides a detailed description of the service and is available upon request.

### **b) HealthLine**

The HealthLine, a 24 hour toll-free telephone health advice service staffed by registered nurses, refers callers with drug-related questions to the SDIS consumer line (as well as to their physician or pharmacy). During their orientation, Healthline staff receive a one hour presentation on the consumer drug information service. Karen Jensen has given this presentation to five incoming groups of Healthline nurses. Calls from the Healthline have increased the consumer service volume by 26 % and expanded the range of communities using the service. In order to better accommodate callers referred from the Healthline, consumer line hours have been extended from 6 hours to 9 hours daily Monday to Friday. Further expansion of hours or provision of an on-call service would require an increase in staff and funding for the line.

### **c) RxFiles**

SDIS and the RxFiles continue to collaborate on drug information research and newsletter distribution. SDIS consultants researched several drug information questions for RxFiles academic detailers. The charts and newsletters provided by RxFiles are a frequently used drug information resource. One issue of SDIS Drug News was mailed in a joint package with an RxFiles newsletter and the postage costs were shared; another was mailed with the RxFiles charts update at no charge to SDIS.

### **d) Mother-Baby Breastfeeding Initiative (MBBI) Committee**

Karen Jensen and Zahra Hirji attended meetings of the multidisciplinary MBBI Committee. As part of a global initiative for optimal child health, the MBBI Committee is working to protect, promote and support breastfeeding as the optimal method of infant feeding within the local community. The appropriate advice on drug use during lactation can factor into a mother's choice to continue breastfeeding. SDIS is receiving an increasing number of questions regarding the use of drugs during lactation.

## **6. Advisory Board**

The purpose of our Advisory Board is to ensure that SDIS is meeting its goals and objectives and continuing to implement the initiatives outlined in the 1997 Strategic Business Plan. Advisory Board members for the year 2003 – 2004 were:

- Saskatchewan College of Pharmacists – Ray Joubert
- Saskatchewan Health – Kevin Wilson
- Canadian Society of Hospital Pharmacists (SK branch) – Monica Lawrence
- Canada's Research-Based Pharmaceutical Companies – Theo Pauls (Pfizer Canada Inc.)
- Canadian Drug Manufacturers Association – Bill Read (Novopharm Ltd.)
- College of Pharmacy and Nutrition – Yvonne Shevchuk

The sixth meeting of the Advisory Board was held on August 5<sup>th</sup>, 2003. We greatly appreciate the valuable advice and support the board members provide us, both at the annual meeting and throughout the year.

## **7. Future Priorities**

A fundamental goal for SDIS is maintaining or increasing current call volumes for both the healthcare and consumer services. To this end, SDIS consultants will continue to take advantage of all opportunities to promote the professional arm of the service to pharmacists and other healthcare professionals. Since referrals from the Healthline have had a major impact on consumer inquiries, working to maintain and improve our collaboration with this service is an important ongoing initiative.

A related objective is to increase the number of information queries submitted through the SDIS website. As well as continued promotion of the website in our newsletters, we plan to enlarge and improve the drug information reference section and add a section of consumer health information in order to attract more traffic to our site.

SDIS consultants have had the opportunity this year to prepare continuing professional education lessons and presentations and now feel this is an area in which we should become more involved. This could include promoting the appropriate use of on-line resources, for example, orientation to the Cochrane Database when it becomes available later this year.

We would also like to explore other strategies to expand the scope of the service. Ideas provided by the Advisory Board at the 2003 annual meeting included drug utilization reviews and literature searches for healthcare organizations. We would welcome any comments and suggestions in this area from our stakeholders.

Fundraising remains an essential priority for SDIS. In collaboration with the College of Pharmacy and Nutrition College Development officer we will continue to approach various health associations and pharmaceutical companies for donations or consultation contracts. The annual pharmacy donation campaign will be repeated in 2004 – 2005. Any suggestions from stakeholders regarding fundraising would also be welcome.

## 8. Financial Report

The 2003 – 2004 Balance Sheet, the 2003 – 2004 Statement of Income and Expenditures, and the 2004 – 2005 Budget are attached (Appendix I).

We wish to express our sincere appreciation to the organizations that provided financial support for the Saskatchewan Drug Information Service over the past year:

- Saskatchewan Health, Prescription Drug Services Branch
- Saskatchewan College of Pharmacists
- University of Saskatchewan College of Pharmacy and Nutrition
- Pharmacy donors to the SDIS Fundraising Campaign (Appendix II)

We also gratefully acknowledge the generous contributions made to SDIS business plan activities by the following pharmaceutical companies:

- Abbott Laboratories Ltd.
- Apotex Inc.
- Eli Lilly Canada Inc.
- GlaxoSmithKline Canada
- Janssen-Ortho Inc.
- Novopharm Ltd.
- Pfizer Canada Inc.
- Whitehall Robins Healthcare (Wyeth Consumer Healthcare)

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Dennis K. J. Gorecki, PhD  
Dean of Pharmacy and Nutrition

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Y. M. Shevchuk, Pharm D  
Director

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K. A. Jensen, BSP, MSc  
Manager

APPENDIX I

Saskatchewan Drug Information Service  
Financial Statements

**Saskatchewan Drug Information Service  
Profit and Loss Statement April 2003 to March 2004**

**INCOME**

Saskatchewan Health	97,445.00	
Saskatchewan College of Pharmacists	30,600.00	(a)
Stipends	2,955.00	
Donations	14,540.00	(a)
Fees		
Industry	12,500.00	
SaskAR	8,000.00	(a)
Consultations (SIAST)	3,000.00	
<b>TOTAL</b>		<b>169,040.00</b>

**EXPENSES**

Salaries	145,000.27	
Materials / supplies*	3,541.06	(b)
Services**	7,635.41	(c) (d)
Purchased supplies***	389.38	(e)
Printing and duplication	4,167.52	(e)
Postage	1,255.59	
Telephone	1,141.36	
Fax	146.13	
Professional Development	2,811.38	
Advertising	324.24	
Other expenses	89.59	
<b>TOTAL</b>		<b>166,501.93</b>
<b>NET INCOME</b>		<b>2,538.07</b>

**NOTES:**

(a) Includes funds not yet transferred to SDIS account from College of Pharmacy & Nutrition Donation account

- Saskatchewan College of Pharmacists	15,000.00	
- Donations	14,450.00	
- Industry	9,500.00	
<b>TOTAL</b>		<b>39,040.00</b>

(b) College of Pharmacy & Nutrition funds 1/2 of the Micromedex subscription. This figure includes payment for 2 years subscription - 2002 - 3 and 2003 - 4.

(c) College of Pharmacy & Nutrition funds 1/2 of the IDIS subscription. This figure includes payment for 2 years subscription - 2002 - 3 and 2003 - 4.

(d) 3 year subscription to Pharmacist's Letter and Natural Medicine Database on-line (\$9446.64) included.

(e) Used funds from CDIC advertising account for the following advertising expenses:

- Printing brochures, Christmas cards	943.42	
- Postage for Christmas cards	402.13	
<b>TOTAL</b>		<b>1345.55</b>

(f) Balance in CDIC account **13576.87**

**Saskatchewan Drug Information Service  
Proposed Budget 2004 - 2005**

<b>INCOME</b>		
Saskatchewan Health	99,394.00	(a)
Saskatchewan College of Pharmacists	30,000.00	
Donations	15,000.00	
Fees		
Industry	12,000.00	
SaskAR	4,000.00	
College of Pharmacy & Nutrition	3,000.00	(b)
Consultation	2,000.00	
<b>TOTAL INCOME</b>		<b>165,394.00</b>
<b>EXPENSES</b>		
Salaries	158,000.00	(c)
Materials / supplies	6,000.00	(d)
Services	4,000.00	(e)
Printing & duplication	4,000.00	
Postage	1,500.00	
Telephone	1,500.00	
Fax	200.00	
Professional Development	2,000.00	
Advertising	500.00	
Other		
<b>TOTAL EXPENSES</b>		<b>177,700.00</b>
<b>NET INCOME</b>		<b>- 12,306.00</b>
<b>Balance Forward from 2003 - 2004</b>	14,571.68	
<b>NEW BALANCE</b>		<b>2,265.68</b>

**NOTES:**

- (a) Assumes a 2 % increase from Sask Health
- (b) Stipends (\$3,000)
- (c) 2.6 full-time pharmacists @ 28.00/hr (5 % increase)
- (d) Includes Micromedex  
(subscription approx. \$10,000; Coll of Pharm & Nutr pays 1/2)
- (e) Includes IDIS  
(subscription approx. \$ 6,000; Coll of Pharm & Nutr pays 1/2)

APPENDIX II

Donations to the Saskatchewan Drug Information Service  
from Saskatchewan pharmacies  
2003 - 3004

**The following pharmacies and pharmacists contributed to the Saskatchewan Drug Information Service in 2003 – 2004:**

Americare Pharmacy Inc.	Medical Arts Pharmacy
B & E Price Watchers Drug Mart	Medical Pharmacy
Baber's Pharmasave	Medicine Shoppe Canada Inc.
Battleford Drug Mart	Midtown Medical Pharmacy
Broadway Pharmacy	Moosomin Drug Mart
Cameron's Pharmacy	My Pharmacy
Carlton Trail Pharmacy	Neilburg Pharmacy Ltd.
Carrot River Pharmacy (1983) Ltd.	Onion Lake Pharmacy
Coad's Drug Store	Pacific Avenue Pharmacy
Crescent Heights Pharmacy	Paul's Drugs Ltd.
Davidson Drug	Pharmasave #405
Davis Rexall Drugs Ltd.	Pharmasave #415
Dundonald Pharmacy	Pharmasave #416
Edmund's Pharmacy	Pharmasave #417
Galloway's Pharmacy Ltd.	Pharmasave #418
Gray Chemists Ltd.	Pharmasave #427
Gray's Pharmacy	Pharmasave #432
Harbour Pharmacy	Pharmasave #445 Dragan Drugs
Hill Avenue Drugs	Rose Valley Pharmacy Ltd.
Hillside Pharmacy	Rosthern Pharmacy (1994) Ltd.
Homstol Medicine Shoppe	Royal Drug Mart
Lakeshore Pharmacy	Sereda's Pharmacy Ltd.
Lansdall Pharmacy Ltd.	Shoppers Drug Mart #427
Laurier Drive Pharmacy	Slobodian Pharmacy Ltd.
Leslie's Drug Store Ltd.	Spiritwood Pharmacy
London Drugs #62	Stueck Pharmacy Ltd.
London Drugs #63	The Medicine Shoppe #120
London Drugs #65	Valley Drug Mart Ltd.
Lorne Drugs	Wadena Drugs (1994) Ltd.
Loucks Medi-Health Pharmacy Ltd.	Wakaw Pharmacy Inc.
Madill's Drugs	Watrous Pharmacy (1995) Ltd.
McCutcheon Pharmacy	Wynyard Pharmacy Ltd.
McQuoid's Pharmacy Ltd.	

**Personal contributions:** Ron Noyes, Arlene Kuntz