

# **Saskatchewan**

## **Drug Information Service**

### **Annual Report**

April 1, 2004 – March 31, 2005

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## EXECUTIVE SUMMARY

The Saskatchewan Drug Information Service (SDIS) recorded a modest increase in drug information calls during the 2004 – 2005 fiscal year. In total, 4,670 queries were submitted to SDIS, 3.3 percent more than in the previous year. The healthcare professional line received 2,740 queries, a decrease of 1.8 percent while the consumer line received 1,930 queries, an increase of 12 percent.

As in previous years, the most frequent callers to the healthcare professional line were community pharmacists, accounting for 71 percent of queries. Calls 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 drug interaction, therapeutic use, adverse drug reactions / side effects, general information and product availability. SDIS staff provided timely service to callers, responding to 88 % of queries within the same day the query was submitted.

The consumer line exceeded last year's record number of queries by 225 (13 %). Referrals from the HealthLine were the source of 39 % of these calls and accounted for most of the increase in the consumer line total. Requests for information came from a wider range of Saskatchewan communities than in the previous year (likely also a result of referrals from the Healthline), however the majority of calls still originated in the Saskatoon Regional Health Authority. Almost one-third of calls were from previous callers suggesting consumers are satisfied with information provided by the service. The most common questions concerned side effects / adverse reactions, therapeutic use, general information, drug interaction and pregnancy / lactation. 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 needed to answer the majority of questions was five minutes; discussion time, on average, was five to ten minutes.

SDIS staff were also involved in several other drug information activities. Four issues of the SDIS Drug Information Newsletter and two Frequently Asked Question information sheets were distributed via fax and the Internet. Two continuing education lessons written by SDIS staff were published in the Pharmacy Practice journal. Drug information consultants from SDIS contributed to the College of Pharmacy and Nutrition undergraduate curricular education by providing drug interaction lectures, drug toxicology lectures, drug information tutorials and experiential training in the speciality of drug information. Staff members exhibited poster presentations and were speakers at several pharmacy and medical association seminars / conferences.

The seventh meeting of the Advisory Board was held August 11<sup>th</sup>, 2004. The Board assists SDIS in strategic planning and meeting goals and objectives. On-going initiatives include promoting professional and consumer awareness / use of the Drug Information Service, continuing collaboration with the HealthLine, RxFiles, and SaskAR, improving the SDIS website, and fundraising campaigns. Future priorities involve improvements to the SDIS website, exploring options to expand the scope of SDIS activities and research projects.

## **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 an arm 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.

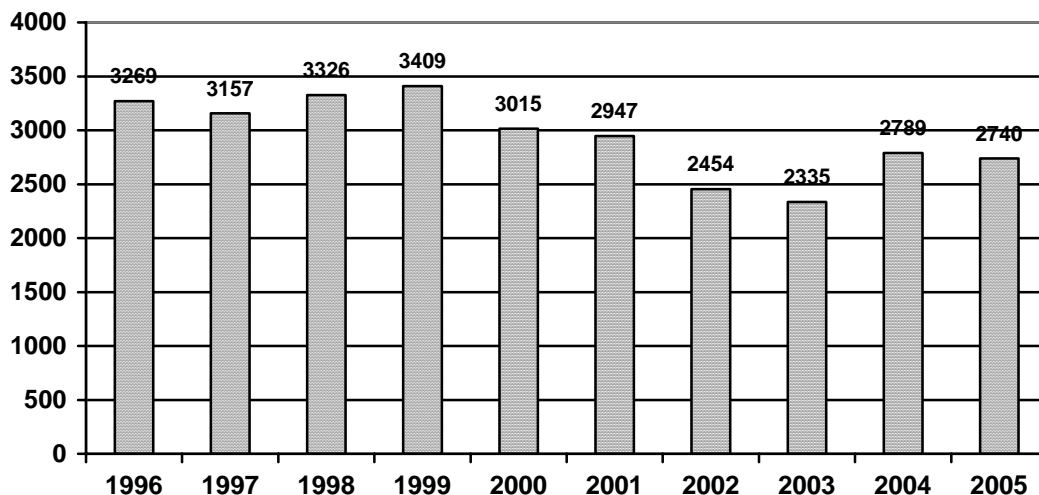
## 2. UTILIZATION STATISTICS: APRIL 2004 – MARCH 2005

### 2.1 Healthcare Professional Service

#### a) Number of Calls Received

The healthcare professional line received **2,740** requests for information during the 2004 - 2005 fiscal year, slightly lower than the number (2,789) in the previous year. The call volumes for the last 10 years are shown in Figure 1.

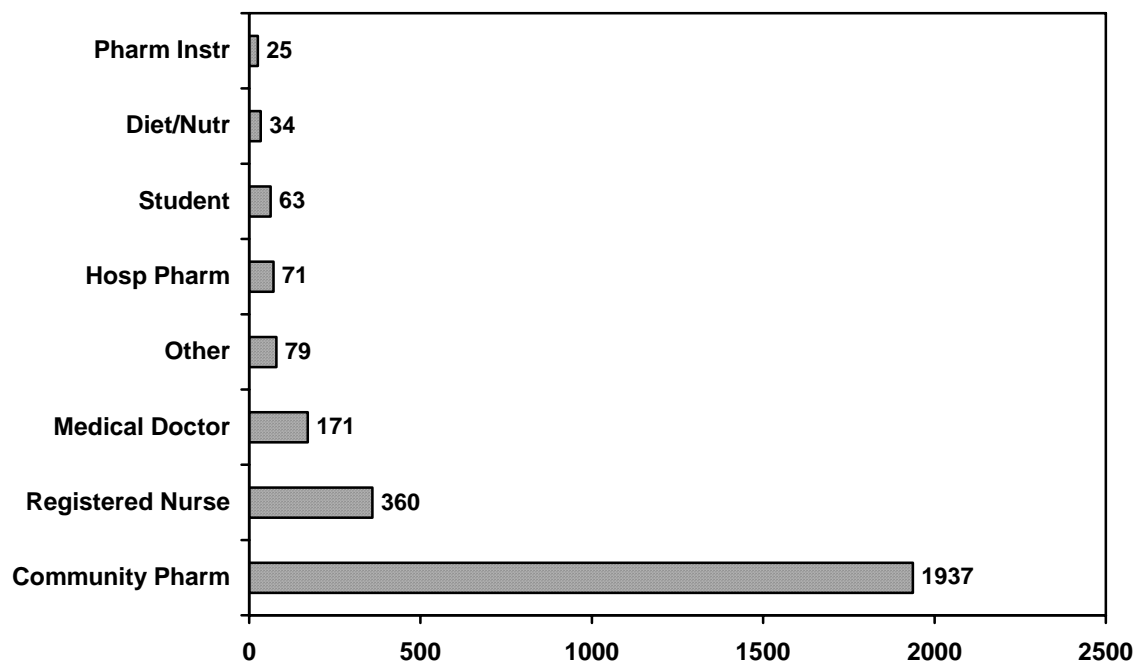
**Figure 1: Call Volume Over Ten Years**



## b) Profession of Callers

The majority of calls (71 %) received on the healthcare professional line were from community pharmacists. This is a predictable pattern because the service is primarily promoted to pharmacists and partially funded by pharmacists (see Appendix I). No other healthcare associations make financial contributions to SDIS. Nurses (mainly public health and travel clinic nurses) were the next largest group of callers making up 13 % of the total (an increase of 75 calls), followed by physicians at 6 % (an increase of 11 calls), and hospital pharmacists at 3.0 % (a decrease of 9 calls). Figure 2 provides a detailed picture of call numbers by profession.

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



## c) Geographical Location of Callers

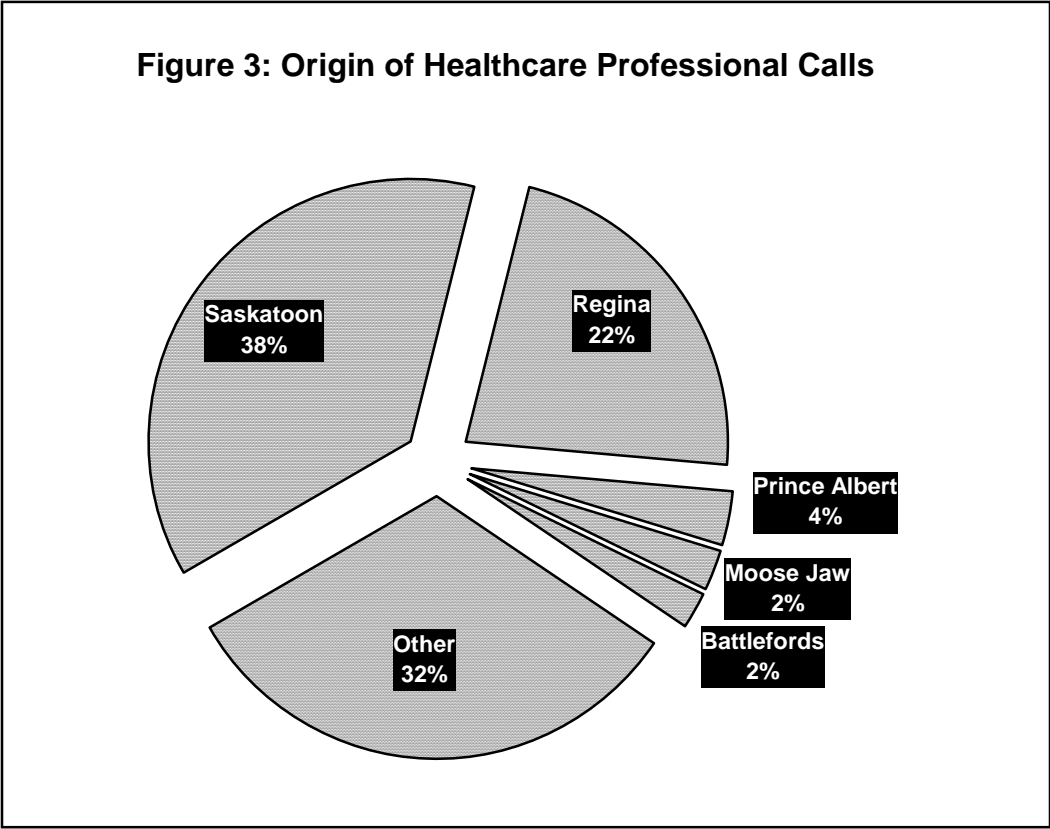
As documented in Table I (page 5), requests for information over the past year came from more than 100 different communities across Saskatchewan. There were also 50 calls from outside of Saskatchewan.

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

<b>SASKATCHEWAN</b>	
<b>Number of Calls</b>	<b>Community</b>
1023	Saskatoon
609	Regina
97	Prince Albert
69	Humboldt
68	Moose Jaw
61	Melfort
58	Yorkton
46	North Battleford
40	Unity
37	Nipawin
32	Tisdale
27	Kerrobert
26	LLoyminster
24	Swift Current, Weyburn
22	Fort Qu'Appelle, Indian Head
19	Rosetown
16	Estevan
15	Battleford, Kelvington, Melville
13	Ile-A-La-Crosse
12	Kindersley
11	Shellbrook
10	Turtleford
9	Biggar, Carrot River, La Ronge, Leader, Moosomin, Wadena
8	La Ronge, Wynyard
7	Assiniboia, Duck Lake, Luseland, Preeceville, Rosthern, Spiritwood
6	Davidson, Ituna, Kamsack, Nokomis, Oxbow, Shaunavon
5	Balcarres, Foam Lake, Kipling, Langenburg, Maple Creek, Wakaw
4	Bengough, Big River, Cutknife, Outlook, Watrous
3	Christopher Lake, Grenfell, Hafford, Loon Lake, Meadow Lake, Paradise Hill, Watson
2	Avonlea, Eastend, Elrose, Esterhazy, Eston, Lanigan, Maidstone, Redvers, Rocanville, Southey, Whitewood
1	Alameda, Arcola, Canora, Carlyle, Coronach, Craik, Crooked Lake, Gravelbourg, Island Lake, Norquay, Pangman, Pelican Narrows, Perry, Raymore, Rose Valley, Sandy Bay, St. Walburg, Stoughton, Wolseley

OUT OF PROVINCE	
Number of Calls	Province / Country
19	British Columbia
16	Manitoba
4	Alberta
2	Ontario
8	Nunavit
1	USA

As Figure 3 illustrates, the highest percentage of calls (37 %) continue to originate in Saskatoon although this figure is lower than the in the previous year (42 %). The percentage of calls from Regina increased from 18 % in 2003 – 2004 to 22 % in the current year.



#### d) Contact Method

The majority of questions were submitted by telephone: 2173 were received in person by drug information consultants and 436 were left on voicemail. Eighty-six 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 drug interaction, therapeutic use, adverse drug reactions / side effects, general information and product availability. A complete list of the nature of professional calls by number and frequency 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>
Drug Interaction	379	13.8
Therapeutic use	376	13.7
Side Effects / ADR	314	11.4
General Information	287	10.5
Availability	265	9.7
Other	221	8.1
Formulation	201	7.3
Dose	196	7.2
Identification	112	4.1
Pregnancy	100	3.6
Lactation	92	3.4
Stability	47	1.7
Compatibility	41	1.5
New Product	36	1.3
Kinetics	33	1.2
Toxicity	26	0.9
Drug Abuse	14	0.6

The percentage of questions involving herbal products increased slightly from 6.5% last year to 7.1 % 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 (87 %) were formulated



within 30 minutes. Answers were provided on the same day as the query for 88 % of callers and within one working day for 97 % of callers. When appropriate, additional documentation concerning the request was sent to the caller by mail or facsimile.

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

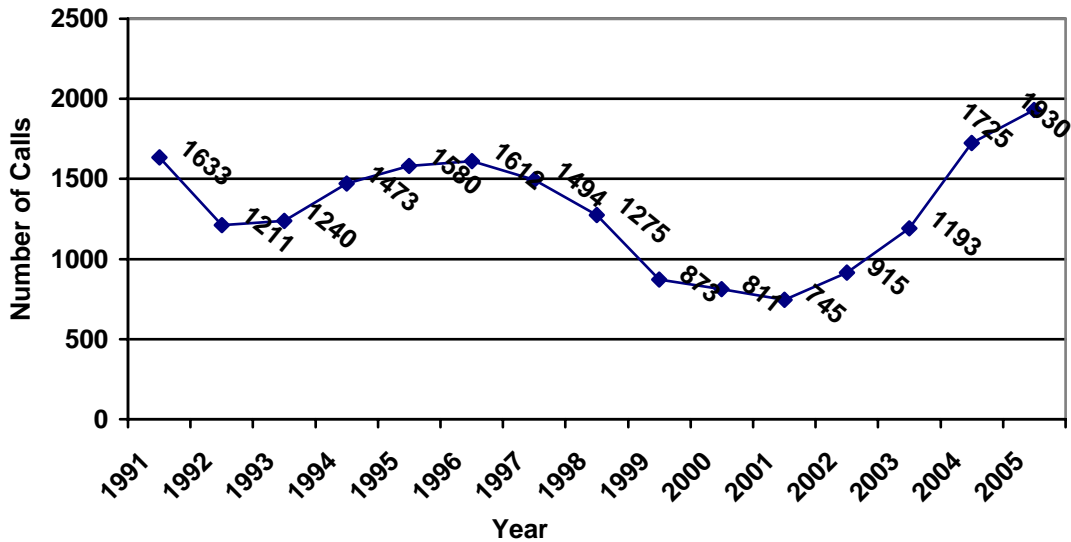
Research Time Required	Percentage of Requests 2003-2004	Percentage of Requests 2004-2005
Up to 5 minutes	29.2 %	34.9
6 – 15 minutes	42.2 %	24.6
16 – 30 minutes	19.3 %	27.8
31 – 60 minutes	7.6 %	11.1
> 60 minutes	1.5 %	1.6

## 2.2 Consumer Line

### a) Number of Calls Received

There were **1930** consumer requests for drug information in 2004 – 2005 compared to 1725 requests during the corresponding time period in 2003 – 2004. This exceeds last year’s record total by an additional 13 percent. 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 increases over the past two years, however, can be mainly attributed to referrals from the HealthLine, the 24 hour nurses health advice line initiated in August, 2003 by Saskatchewan Health. (See Figure 7.)

**Figure 4: Consumer Calls by Year**

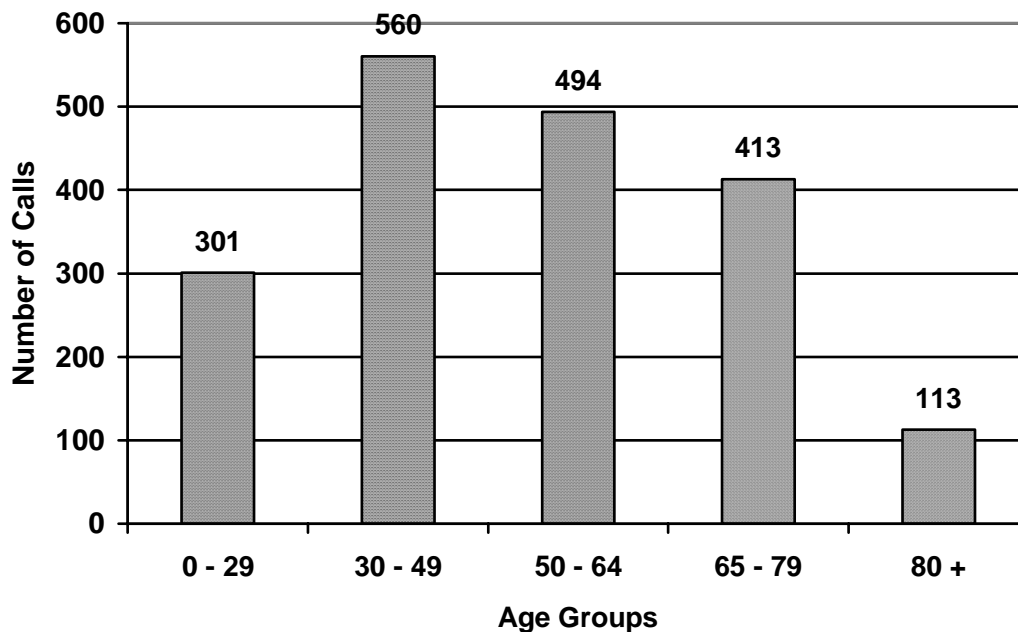


## b) Caller Demographics

Seventy-eight percent of queries to the consumer service were made by females (2508 queries). This is a slightly lower percentage than in the previous year (80 %).

The age pattern of callers remained relatively the same as in the previous year with the highest percentage of calls (29 %) coming from persons in the 30 – 49 year old age group; the next highest (26 %) from the 50 – 64 year old group and the third highest (21 %) from the 65 – 79 year old group. Figure 5 illustrates the age distribution of consumer line callers.

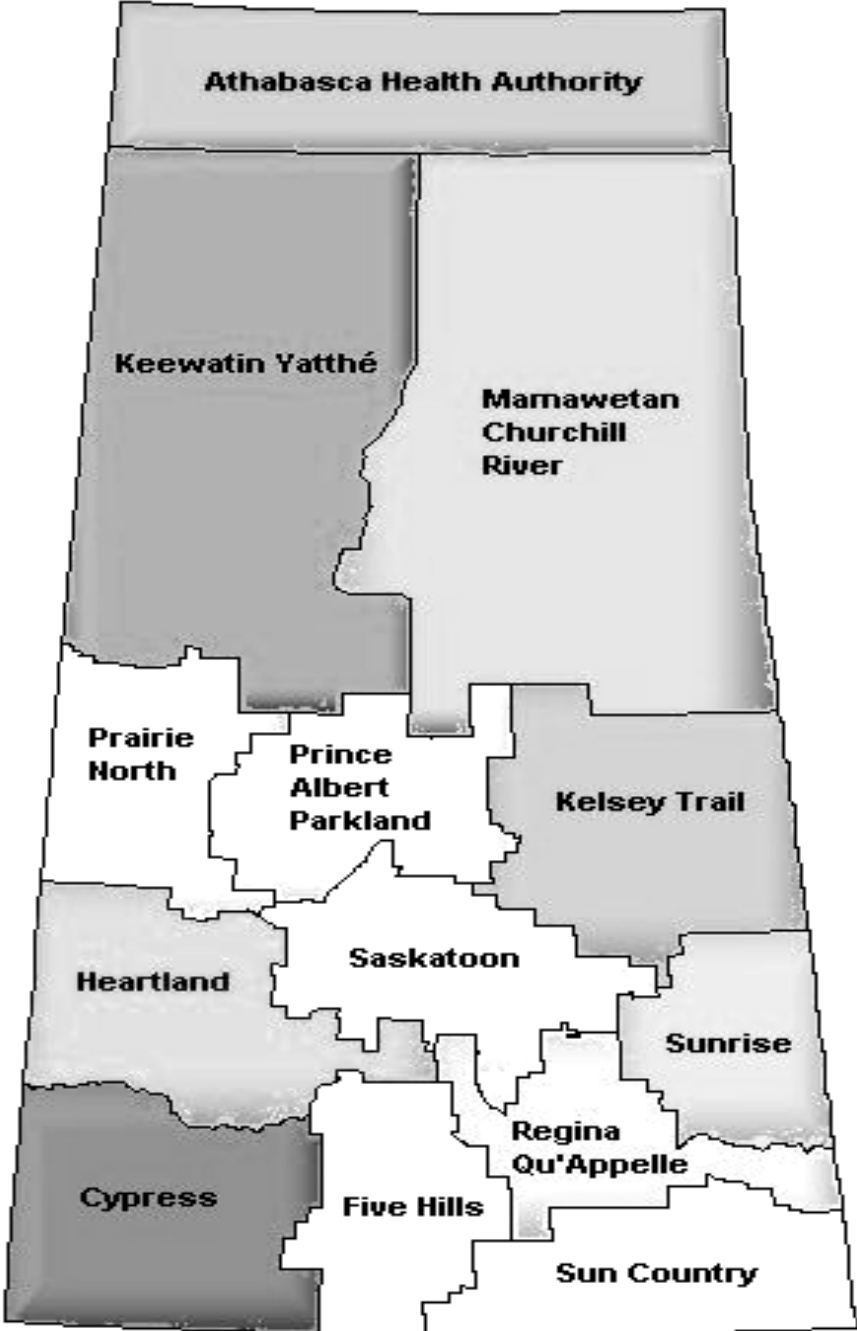
**Figure 5: Age of Consumer Line Callers**



## c) Geographical Location of Callers

The majority of calls were made from Saskatchewan's two largest cities, Saskatoon (884 calls) and Regina (330 calls). The remainder originated in more than 200 different communities representing all but the most northerly of the twelve Saskatchewan Regional Health Authorities. (See Figure 6.)

Figure 6: Saskatchewan Regional Health Authorities



The majority of calls (46 % vs. 51% last year) 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 of calls at 21 %, an increase of 3 %. (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	884	51.2
Regina Qu'Appelle	398	18.6
Sunrise	114	5.2
Prince Albert Parkland	85	4.4
Heartland	59	3.8
Five Hills	69	3.5
Prairie North	94	3.5
Cypress	71	2.6
Kelsey Trail	47	2.6
Sun Country	76	2.4
Mamawetan Churchill River	14	1.0
Keewatin Yatthe	11	0.2
Athabasca	0	0

d) Contact Method

Most calls from consumers were submitted by telephone (1529 received in person by a DI consultant, 318 by the voicemail system). Twenty-two 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 %). (see Table V.)

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 / ADRs	436	22.6
Therapeutic use	327	16.9
General Information	255	13.2
Drug Interactions	197	10.2
Pregnancy/lactation	156	8.1
Other	135	8.3
Dose	122	7.0
Drug Abuse	89	4.6
Availability	57	3.0
Formulation	33	1.6
Contraindications	30	1.5
Toxicity	21	1.0
Stability	18	0.9
Identification	15	0.8
Kinetics	6	0.3

## f) Potential Severity of Inquiry

All consumer requests for drug information are subjectively ranked as to the potential severity of the question. Most of the calls (1785 – 92 %) were classified as “not serious”. In instances where requests were thought to be “potentially serious” (140) or “serious” (5), the patient was strongly encouraged to contact his/her physician or the appropriate healthcare professional.

## g) Time Required to Answer Requests

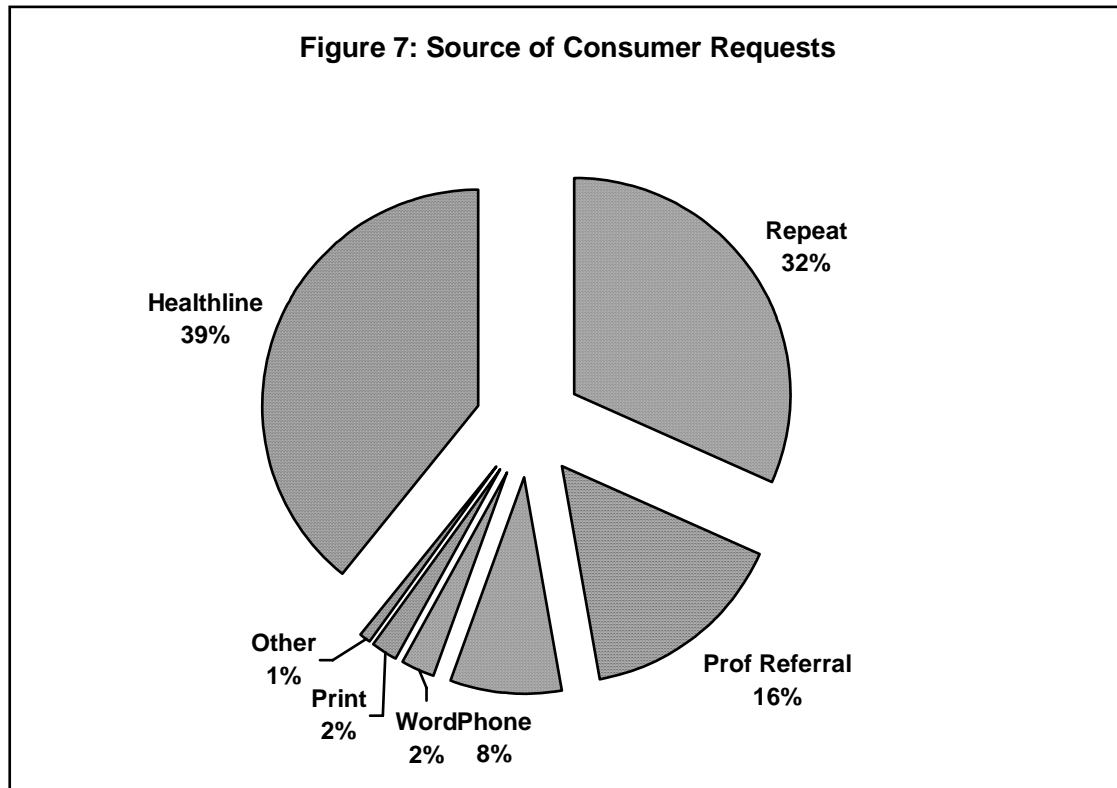
Table VI provides a detailed breakdown of the time required to research and discuss consumer questions. When requested, additional information was sent to callers by mail or facsimile.

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

Time Required Per Question	Research	Discussion
0 – 5 minutes	1463 (75.8 %)	1046 (54.2 %)
6 – 10 minutes	210 (10.9 %)	641 (33.2%)
11 – 15 minutes	83 (4.3%)	119 (6.1 %)
16 – 30 minutes	149 (7.7 %)	113 (5.9 %)
31 – 60 minutes	25 (1.3 %)	11 (0.6 %)

#### 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 summarizes the answers provided to that question in 2004 – 2005.



#### 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 the most common source of consumer calls. Close to 40 % of callers (754) reported being referred to SDIS by the HealthLine.

#### Repeat Callers

Repeat calls accounted for 32 % (611) of the 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.

### 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 (299) made to the consumer line.

### Phone Books

Listings in phone books continue to be a moderately effective means of directing Saskatchewan residents to the consumer information line. Approximately 8 % of callers (161) reported they had learned about the service by coming across the consumer number in the phone book.

### Print

No additional print advertising for the consumer line was purchased last year because we felt that referral by the HealthLine nurses was generating an adequate number of new callers. Consequently only 37 callers became aware of the service through the print medium.

## **2.3 Summary**

SDIS received a total of **4670 calls** in the 2004 – 2005 year, an increase of 156 calls (3.3%). The number of calls on the professional line remained relatively stable at **2740** while the number of consumer calls continued to rise to **1930**, a 12 per cent increase over the 2003 - 2004 number. As in the previous year, this increase appears to be primarily due to referrals from the HealthLine.

### **3. SDIS PERSONNEL 2004 - 2005**

- Director: Dr. Yvonne Shevchuk Pharm D, BSP
- Manager: Karen Jensen MSc, BSP
- Healthcare professional DI consultant: Carmen Bell BSP
- Consumer DI consultants: Priya Sharma BSP, BA; Karen Jensen MSC, BSP, Barbara Pollock BSP, Leslie Gallant BSP, BA

### **4. OTHER SDIS ACTIVITIES**

#### a) Follow-up calls

SDIS drug information consultants followed up on 43 calls in 2004 – 2005. An ongoing objective of the Service is to continue to promote follow-up calls by DI 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:

- Withdrawal of Vioxx®
- Q & A's on Bextra® Withdrawal & Related Issues

FAQs were faxed to Saskatchewan pharmacies by the Saskatchewan College of Pharmacy (SCP) and 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. Antidepressant Use in Post-Partum Depression
2. Cold Sores
3. In the News
4. Infertility Therapy

The newsletters are also posted on the SDIS website.

#### d) Consultation / Contracts

SDIS staff wrote two Continuing Education lessons for Pharmacy Practice journal:

1. Statins: Current and Expanded Roles (published May 2004)
2. Prescription Drug Dependence and Withdrawal (published February 2005)



#### e) Involvement in Undergraduate Education

- NUTR 440.6: Clinical Nutrition – 1 lecture on “Food – Drug Interaction” (*K.Jensen*)
- PHAR 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*).
- PHAR 417.4: Management in Pharmacy - 1 lecture on “Women in Pharmacy” (*K. Jensen*).
- PHAR 418.2 Issues in Pharmacy I – 2 lectures on toxicology (*C. Bell*)
- PHAR 455.7: Pharmacotherapeutics I - 3 lectures on “Principles of Drug Interaction” (*K. Jensen*); 2 tutorials on drug interaction (*C. Bell*).
- PHAR 472.2: Evidence-Based Practice – 3 computer lab demonstrations on “Evidence-Based Medicine Resources” (*K. Jensen*); 3 tutorials on “Collecting Data for a Drug Information Request” (*C. Bell, K. Jensen*); 1 lecture on “Drug Information for Consumers” (*K.Jensen*).
- PHAR 400.1: Pharmacy Skills IV – Orientation and supervision of third year students (individually or in pairs) in an introductory experience in drug information service.
- PHAR 557.6 Pharmacotherapeutics III - 3 lectures on toxicology (*C.Bell, K. Jensen*)
- PHAR 580.16: Structured Practice Experience – SDIS was a specialty practice site for three Structured Practice Experience Program rotations.

#### f) Post-graduate Education

Michelle Sullivan, a pharmacist with the Canadian Armed Forces did a drug information rotation at SDIS May 1 – 30, 2004.

#### g) Presentations by SDIS Drug Information Consultants

- “Drug Interactions & Antimalarials” to Public Health Travel Clinic nurses, Saskatoon, Sept 24, 2004 (*C. Bell*).
- Presentation on SDIS at the Rx&D meeting in Regina, September 15, 2004 (*K. Jensen*).
- In-service orientation presentations on the Consumer Drug Information Service to four groups of in-coming nursing staff at the HealthLine call centre in Regina (*K. Jensen*).

#### h) Poster Presentations

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

- Practical Management of Common Medical Problems conference December 3 – 4, 2004 Saskatoon.
- Drug Therapy Decision Making Conference March 18 - 19, 2005 in Regina.

#### i) Promotion / Fundraising

A new poster summarizing the services provided by SDIS healthcare professional and consumer services was designed and displayed at healthcare professional conferences in December 2004 and March 2005. Christmas cards jointly from SDIS and SaskAR were mailed to Saskatchewan pharmacies and SDIS stakeholders in December, 2004.

Barb Cox-Lloyd, College of Pharmacy & Nutrition Development Officer and Karen continued to work together on fund-raising initiatives. Letters were sent to Rx&D companies and generic drug companies in October 2004 requesting contributions to SDIS. In February, pharmacies were targeted. Donation appeal letters signed by Acting Dean Linda Suveges were mailed out to all Saskatchewan pharmacy managers / owners.

### **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 Centre (SaskAR). SDIS and SaskAR function very well together by sharing staff, reference material and other resources. SDIS is also an important source of adverse reaction reports. In the 2003 – 2004 year, 35 reports were initiated by SDIS consultants: 6 from healthcare professionals and 29 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 in 2003 from part-time to full-time 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 their physicians, their pharmacies, or the SDIS consumer line. As part of their orientation, HealthLine staff receive a one hour presentation on the consumer drug information service from an SDIS drug information consultant. Karen Jensen gave this presentation to four incoming groups of HealthLine nurses over the past 12 months. Referrals from the HealthLine now account for almost 40 % of the calls on the consumer line. In order to better accommodate callers referred from the HealthLine, consumer service hours were extended in January 2004 from six hours to nine hours daily, Monday to Friday. Further expansion of hours or provision of an on-call service would require an increase in staff and additional funding for the service.

### **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 very useful references for SDIS consultants. One issue of SDIS Drug News was mailed in a joint package with an RxFiles newsletter.

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

Karen Jensen 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 2004 – 2005 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 seventh annual meeting of the Advisory Board was held on August 10<sup>th</sup>, 2004. 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 basic priority for SDIS is maintaining or increasing current call volumes while continuing to provide timely and quality service. To this end, SDIS consultants will continue to take advantage of opportunities to promote the professional arm of the service to pharmacists and other healthcare professionals at continuing education seminars and annual conventions. We would also like to encourage the use of the service in northern regional health authorities. A possible strategy is promotion of the professional line to nurses working in these areas. Since referrals from the HealthLine have had a major impact on the volume of consumer inquiries, working to maintain and expand our collaboration with this service remains an important priority.

Increasing the utility of the SDIS website is an on-going initiative. Plans to enlarge and improve the drug information reference section and to add a section on consumer health information are in progress. Advertising the availability of SDIS newsletters and Hot Topics on the website to various healthcare groups could increase traffic to the website.

Research is another objective for the coming year. As well as planning a research project for a 2006 summer student, we will look for opportunities to become involved in joint projects with College of Pharmacy and Nutrition faculty.

We would still like to explore strategies to expand the scope of the service. Ideas previously provided by the Advisory Board include 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 2005 – 2006. Any suggestions from stakeholders regarding fundraising initiatives would also be welcome.

## 8. FINANCIAL REPORT

The 2004 – 2005 Balance Sheet, the 2004– 2005 Statement of Income and Expenditures, and the 2005 – 2006 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:

- Apotex Inc.
- AstraZeneca Canada Inc.
- Aventis Pharma Inc..
- GlaxoSmithKline Canada
- Janssen-Ortho Inc.
- Merck Frosst Canada & Co.
- Novopharm Ltd.
- Pfizer Canada Inc.
- Pharmascience, Inc.
- Wyeth Canada
- Wyeth Consumer Healthcare Inc.

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Linda G. Suveges, PhD  
Acting Dean of Pharmacy and Nutrition

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Y. M. Shevchuk, Pharm D  
Director

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K. A. Jensen, MSc, BSP  
Manager

**APPENDIX I**

**Saskatchewan Drug Information Service  
Financial Statements**



**Saskatchewan Drug Information Service  
Balance Sheet  
As of March 31, 2005**

ASSETS

Chequing / Savings U of S		
U of S SDIS Fund	16,400.20	
U of S Dial Access Fund	(802.58)	
U of S CIDC Fund	11,828.42	
Total U of S Funds		27,426.04

LIABILITIES & EQUITY

Equity		
Opening Balance Equity	14,571.68	
Opening CDIC Fund	13,576.87	
Retained Earnings	(722.51)	
Total Equity		<u>27,426.04</u>
Total Liabilities & Equity		27,426.04



**Saskatchewan Drug Information Service  
Profit and Loss Statement April 1, 2004 to March 31, 2005**

**INCOME**

Saskatchewan Health	102,000.00
Saskatchewan College of Pharmacists	30,000.00
Stipends (College of Pharmacy & Nutrition)	2,062.50
Donations	13,316.00
Fees	
Industry	30,000.00
SaskAR	4,000.00
Consultations (SIAST)	-

**TOTAL** **181,378.50**

**EXPENSES**

Salaries	154,525.89
Materials / supplies	5,656.01
Services	7,025.24 ( a)
Printing and duplication	3,965.05
Postage	1,209.74
Telephone	7,423.74 ( b)
Fax	357.38
Professional Development	2,621.96
Advertising	811.24
Other expenses	253.21

**TOTAL** **183,849.46**

Expenses paid through CDIC account 1,748.45

**NET INCOME** **- 722.51**

( a) Includes 100 % of the 04/05 IDIS subscription. The College portion of this subscription will be a credit in the 05/06 financial records.

( b) Several months of 03/04 telephone expenses were debited in the 04/05 year

**Saskatchewan Drug Information Service  
Proposed Budget 2005 – 2006**

**INCOME**

Saskatchewan Health	103,000.00	( a)
Saskatchewan College of Pharmacists	30,000.00	
Donations	15,000.00	
Fees		
Industry	24,000.00	
SaskAR	4,000.00	
College of Pharmacy & Nutrition	10,400.00	( b)
Consultation	-	

**TOTAL** **186,400.00**

**EXPENSES**

Salaries	159,000.00	
Materials / supplies (includes Micromedex subscrip)	8,000.00	( c)
Services (includes IDIS subscription)	4,000.00	
Printing & duplication	3,500.00	
Postage	2,000.00	
Telephone	5,500.00	( d)
Fax	500.00	
Professional Development	3,200.00	
Advertising	500.00	
Other	200.00	

**TOTAL** **186,400.00**

**BALANCE**

**NIL**

NOTES:

- ( a) Assumes a 1 % increase
- ( b) Stipends (2,000) + one-half the yearly subscription cost of Micromedex and IDIS (\$8,400)
- ( c) Includes \$3000.00 for new HCP line computer
- ( d) Includes \$500 for cordless headphone receiver for consumer line



**APPENDIX II**

**Donations to the Saskatchewan Drug Information Service  
from Saskatchewan pharmacies  
2004 - 2005**



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

Adam's Pharmacy Ltd	NorDon Drugs Ltd.
Americare Pharmacy Inc.	Osgoode Pharmacy Ltd.
Battleford Drug Mart Inc	Pacific Avenue Pharmacy
Bick's Drug Ltd.	Palyga Medi Drugs
Brunskill Pharmacy Inc.	Paragon Pharmacy Ltd
Canora Pharmacy Ltd.	Paul's Drugs Ltd.
Carrot River Pharmacy	Pharmasave #417
Crescent Heights Pharmacy	Pharmasave #427
Cupar Drug Hall Ltd.	Pharmasave #412
Dragan Drugs (1990) Ltd.	Pharmasave Drugs Ltd. Store #418
Earl's Pharmacy Ltd	Pirie Pharmacy Ltd.
Friesen Drug (1994) Ltd.	Representative Board of Saskatchewan Pharmacists Inc.
Funes, Carlos H	Rose Valley Pharmacy Ltd.
Galloway's Pharmacy Ltd.	Rosthern Pharmacy (1994) Ltd.
Harbour Pharmacy	Salisbury, Julie K
Hill Avenue Drugs Ltd.	Sametz Pharmacy Ltd
Hillside Pharmacy (Meyers Drug Ltd.)	Sereda's Pharmacy Ltd.
Homstol Medicine Shoppe	Shoppers Drug Mart
Jem Ventures Inc.	Stueck Pharmacy Ltd.
Kelvington Rx Pharma Choice	The Medicine Shoppe No. 119
Kiesman Enterprises Ltd.	The Medicine Shoppe No: 120
Kuntz, Arlene M	Townsend's Central Drugs Ltd.
L & M Pharmacy Inc.	Valley Drug Mart Ltd.
Laurier Drive Pharmacy	Victoria Square Pharmacy Ltd.
Leslie's Drug Store Ltd	Wakaw Pharmacy Inc.
London Drugs Limited	Watrous Pharmacy (1995) Ltd
Lorne Drugs Regina Ltd	Werezak's Pharmacy Ltd
Loucks Medi-Health Pharmacy Ltd.	Wheatland Drugs Ltd.
Luseland Pharmacy Ltd	Noyes, Ronald C
McCutcheon Pharmacy Ltd.	Regier, Loren D
McQuoids Pharmacy Ltd.	
Medi Drugs R1	
Medi Drugs R2	
Moffitt, Robert G	
Moosomin Drug Mart	
My Pharmacy Ltd.	