



Saskatchewan Drug Information Service

Annual Report

April 1, 2005 – March 31, 2006



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EXECUTIVE SUMMARY

The Saskatchewan Drug Information Service (SDIS) received 5094 queries between April 1st, 2005 and March 31st, 2006; 2889 from healthcare professionals and 2205 from consumers. Compared with totals in the 2004 – 2005 year, these figures represent an increase of nine percent (454 calls) for the service overall, an increase of five percent (149 calls) on the healthcare professional line and an increase of fourteen percent (275 calls) on the consumer line.

As in previous years, the most frequent callers to the healthcare professional line were community pharmacists, accounting for 68 percent of queries. There was, however, a substantial growth in the number of calls from nurses (an increase of 99 calls for a total of 459 calls). Calls to the SDIS professional line came from more than 100 different Saskatchewan communities. The highest percentage of calls continued to originate in Saskatoon but this figure dropped to 31 percent from 38 percent in the previous year. This implies that SDIS is serving a wider geographic range of callers. Categories of information most commonly requested were drug interaction, therapeutic use, side effects, dosage and product availability. SDIS staff provided timely service to callers, responding to 88 percent of calls within the same day the query was submitted to the service.

The consumer line total responded to 2205 calls, another record year for this arm of the service. Referrals from the HealthLine were the source of 45 percent of these calls and accounted for most of the increase in the consumer line total. Requests for information came from all of the Saskatchewan Regional Health Authorities. The percentage of calls originating in the Saskatoon Regional Health Authority dropped by 10 percent (from 51 percent to 41 percent, suggesting the consumer line also served a wider geographic range of callers in 2005 – 2006. Almost one-third of calls were from previous callers, which implies that previous consumers were satisfied with information provided by the service. The most common questions concerned side effects, general information, therapeutic use, drug interaction and dosage. Caller demographics were very similar to those in the previous year with the most frequent callers being women between the ages of 29 and 65 years. Research time needed to answer the majority of questions was five minutes and discussion time was five to ten minutes.

SDIS consultants were also active in several related areas. Four issues of the SDIS Drug Information Newsletter and three Frequently Asked Question information sheets were distributed and posted on the SDIS website. Consultants 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 specialty of drug information. In addition, SDIS consultants exhibited poster presentations and were speakers at several pharmacy and medical association seminars / conferences.

The eighth meeting of the Advisory Board was held August 10th, 2005. The Board assists SDIS in strategic planning and meeting goals and objectives. On-going priorities for SDIS are promoting professional and consumer awareness and use of the Drug Information Service, continuing collaboration with the HealthLine and RxFiles, improving the SDIS website, and fundraising campaigns. Proposed new initiatives include networking with other drug information services, developing strategies to increase the number of query follow-ups, research on the impact of consumer line drug information consultation, updating the SDIS Business Plan, targeting Primary Health Care centres through letters to nurse practitioners and Regional Health Authorities and linking to Health Quality Council chronic disease management programmes to promote use of the healthcare professional line.

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

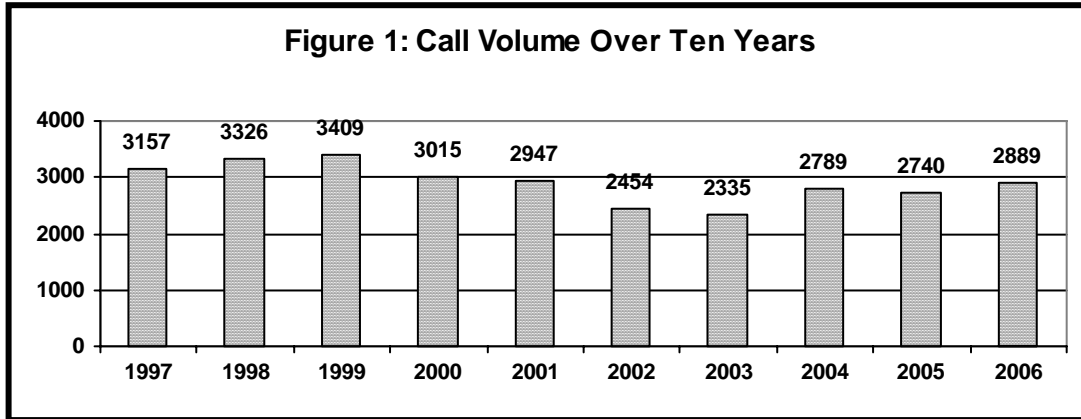
- To provide Saskatchewan healthcare consumers with immediate access to objective, concise and unbiased information on drug-related questions.
- To direct patients with serious adverse reactions and other problems to adequate medical follow-up.
- To provide and enhance educational and training programs 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

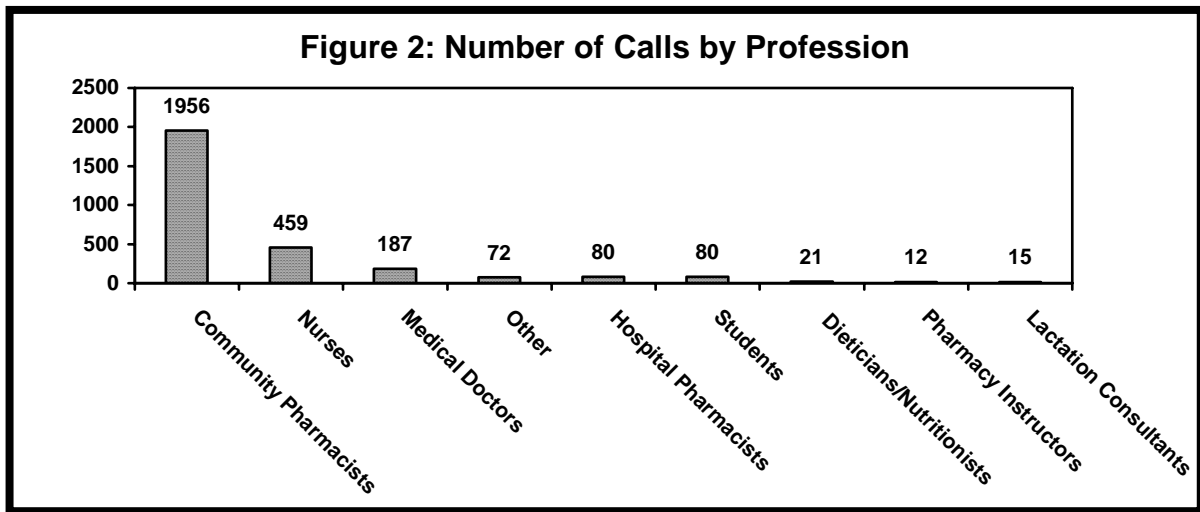
a) Number of Calls Received

The healthcare professional line received **2,889** requests for information during the 2005 - 2006 fiscal year, an increase of 5 % over last year's total (2,740). Call volumes for the last 10 years are shown in Figure 1.



b) Profession of Callers

As in previous years, the majority of calls (68 %) were from community pharmacists. This is expected as 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 (public health, travel clinics, etc.) were the next largest group accounting for 16 % of the professional calls (an increase of 99 calls), followed by physicians at 6.5 % (an increase of 16 calls), and hospital pharmacists at 3.0 % (an increase of 9 calls). Figure 2 provides a detailed picture of call numbers by profession.

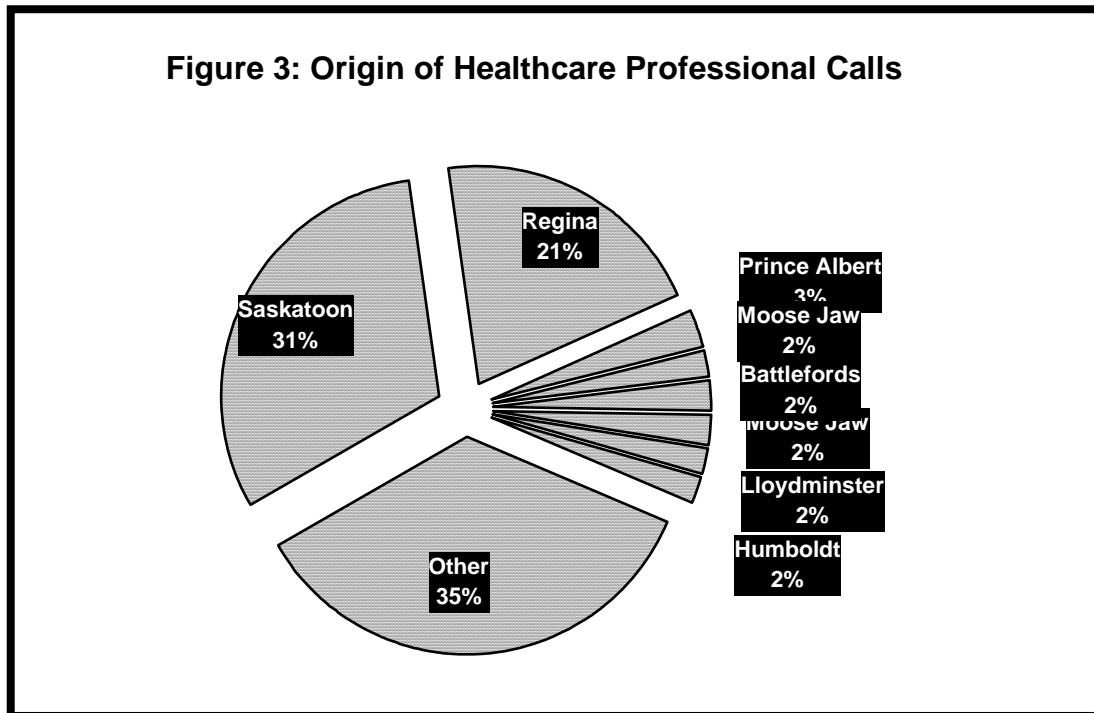


c) Geographical Location of Callers

Table I: Location of Healthcare Professional Service Callers

SASKATCHEWAN			
Number of Calls	Community	Number of Calls	Community
1038	Saskatoon	19	Melfort
685	Regina	18	Weyburn
87	Prince Albert	17	Rosetown, Turtleford
80	Humboldt	15	Ile-A-La-Crosse
65	Moose Jaw	14	Shellbrook
63	LLoyminster	13	Melville
55	Tisdale	12	Kindersley
51	Unity	11	Biggar, Leader, Wadena, Wynyard
48	Yorkton	10	Ituna
47	Kerrobert, North Battleford	8	Balcarres, Hafford, Maidstone, Moosomin
35	Nipawin	7	Luseland, Oxbow
30	Swift Current	6	Meadow Lake, Outlook
27	Fort Qu'Appelle	5	Assiniboia, Broadview, Duck Lake, Kelvington,
26	Kindersley	4	Lanigan, Spiritwood, Watson
25	Battleford	3	Bengough, Black Lake, Carlyle, Canora, Cutknife, Davidson, Esterhazy, Foam Lake, Kipling, Langenburg, Milden, Nokomis, Raymore, Rosthern, Shaunavon, St. Walburg
21	Radville	2	Carnduff, Christopher Lake, Eastend, Emerald Park, Gull Lake, Loon Lake, Maple Creek, Martensville, Paradise Hill, Pelican Narrows, Southey, Wakaw
20	Indian Head	1	Coronach, Cumberland House, Elrose, Eston, Good Soil, Lestock, Norquay, Preeceville, Redvers, Rocanville, Rose Valley, Waldheim, Warman, Watrous, Whitewood, Wolsely
OUT OF PROVINCE			
Number of Calls	Province / Country		
17	British Columbia		
11	Manitoba		
6	Ontario		
2	Alberta		
3	Nigeria		
1	India		
1	USA		

As detailed in Table I (page 5), requests for information over the past year came from more than 100 different communities across Saskatchewan. There were also 41 calls from outside of Saskatchewan. The highest percentage of calls continues to originate in Saskatoon although this figure has decreased to 31 % this year from 38 % last year. The percentage of calls from Regina also dropped slightly from 22 % to 21 %. (Figure 3)



d) Contact Method

Most of the questions (94 %) came in by telephone. Of these, 2254 (83 %) were taken in person by drug information consultants and 436 (17 %) were left on voicemail. One hundred and fifty-one questions were received by e-mail or via the website.

e) Nature of Information

The most common types 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

Nature of Request	Number	Percentage
Drug Interaction	413	14
Therapeutic use	403	14
Side Effects / ADR	377	13
Dose	265	9
Availability	253	9
General Information	196	6.5
Formulation	191	6.5
Identification	143	5
Pregnancy	96	3
Lactation	93	3
Administration	87	3
Stability	51	1.5
Compatibility kinetics, new product, toxicity, drug abuse	20, 19, 18, 18, 14	Less than 1 % each
Other	231	8

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 length of time required to research questions varied from zero to five hours. Table III provides a comparison of research times over the past 3 years. Responses to most questions (88%) were formulated within 30 minutes. Answers were provided on the same day as the query for the majority (88 %) of callers. When appropriate, additional documentation concerning the request was sent to the caller by mail or facsimile.

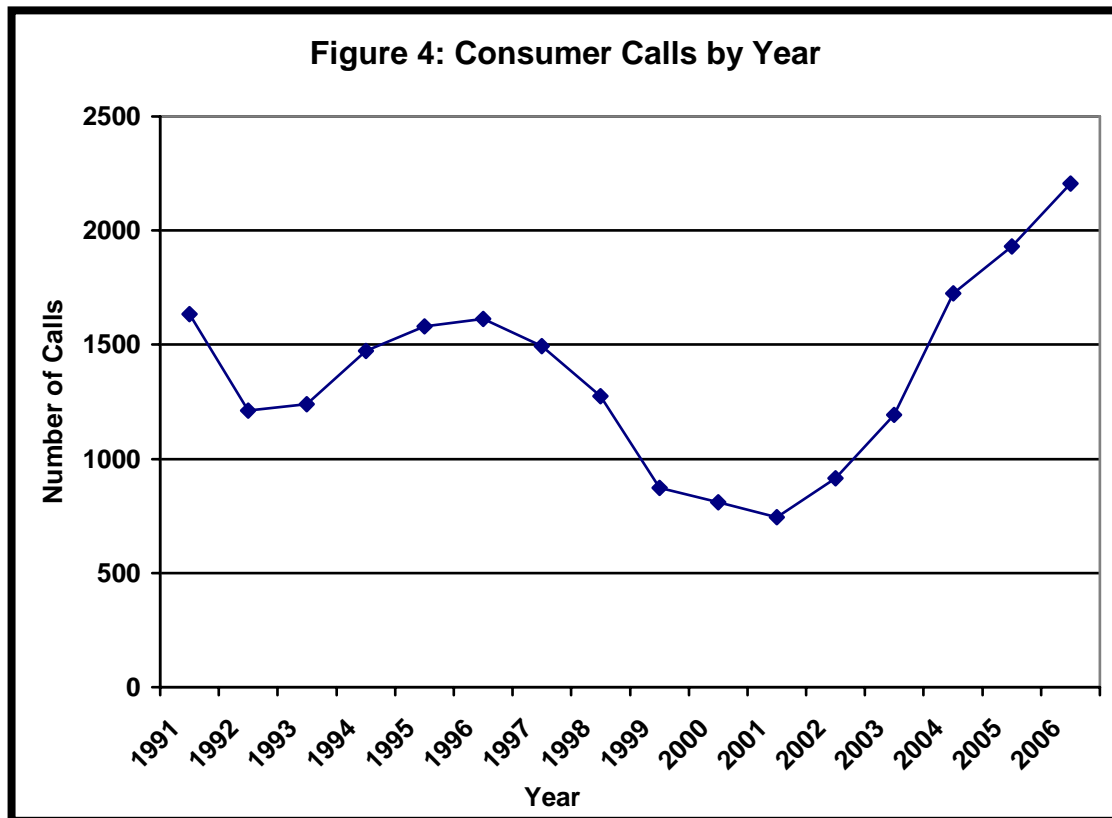
Table III: Time Required to Research Requests

Research Time Required	Percentage of Requests 2003-2004	Percentage of Requests 2004-2005	Percentage of Requests 2005-2006
5 min. or less	30 %	35 %	37 %
6 – 15 min.	42 %	25 %	20 %
16 – 30 min.	19 %	28 %	24 %
31 – 60 min.	7.5 %	11 %	12.5 %
> 60 min.	1.5 %	1.5 %	5 %

2.2 Consumer Service

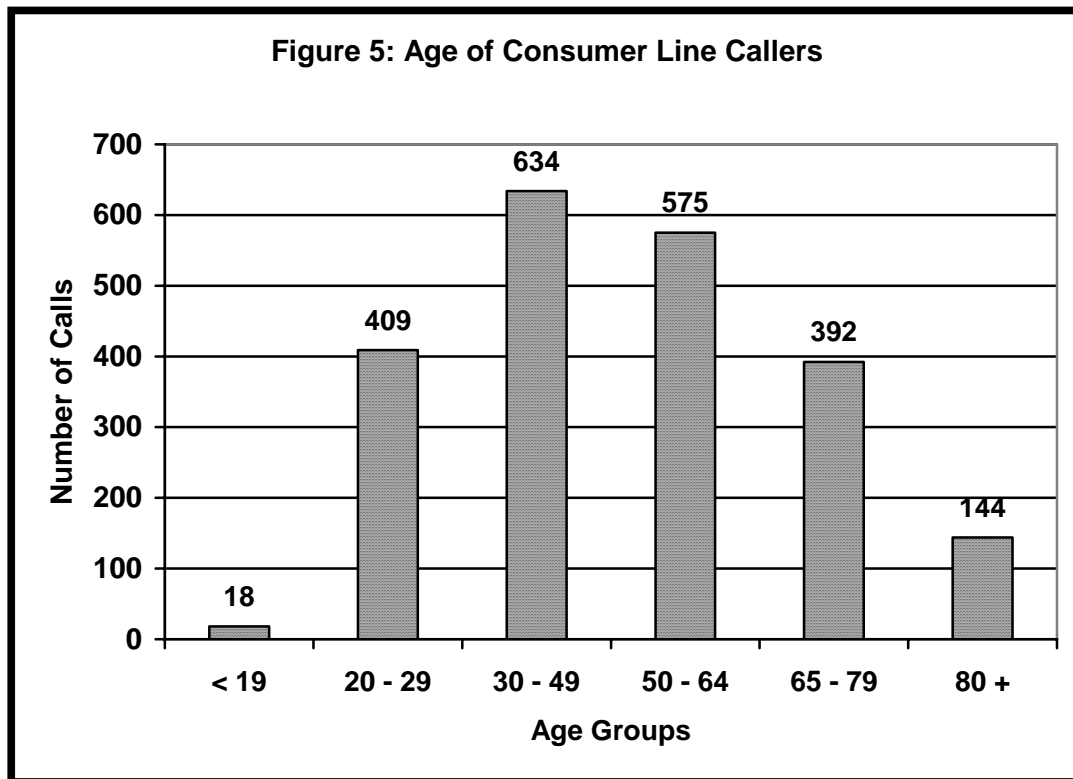
a) Number of Calls Received

There were **2205** consumer requests for drug information in 2005 – 2006 compared to 1930 requests during the corresponding time period in 2004 – 2005, an increase of 14 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 three 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.)



b) Caller Demographics

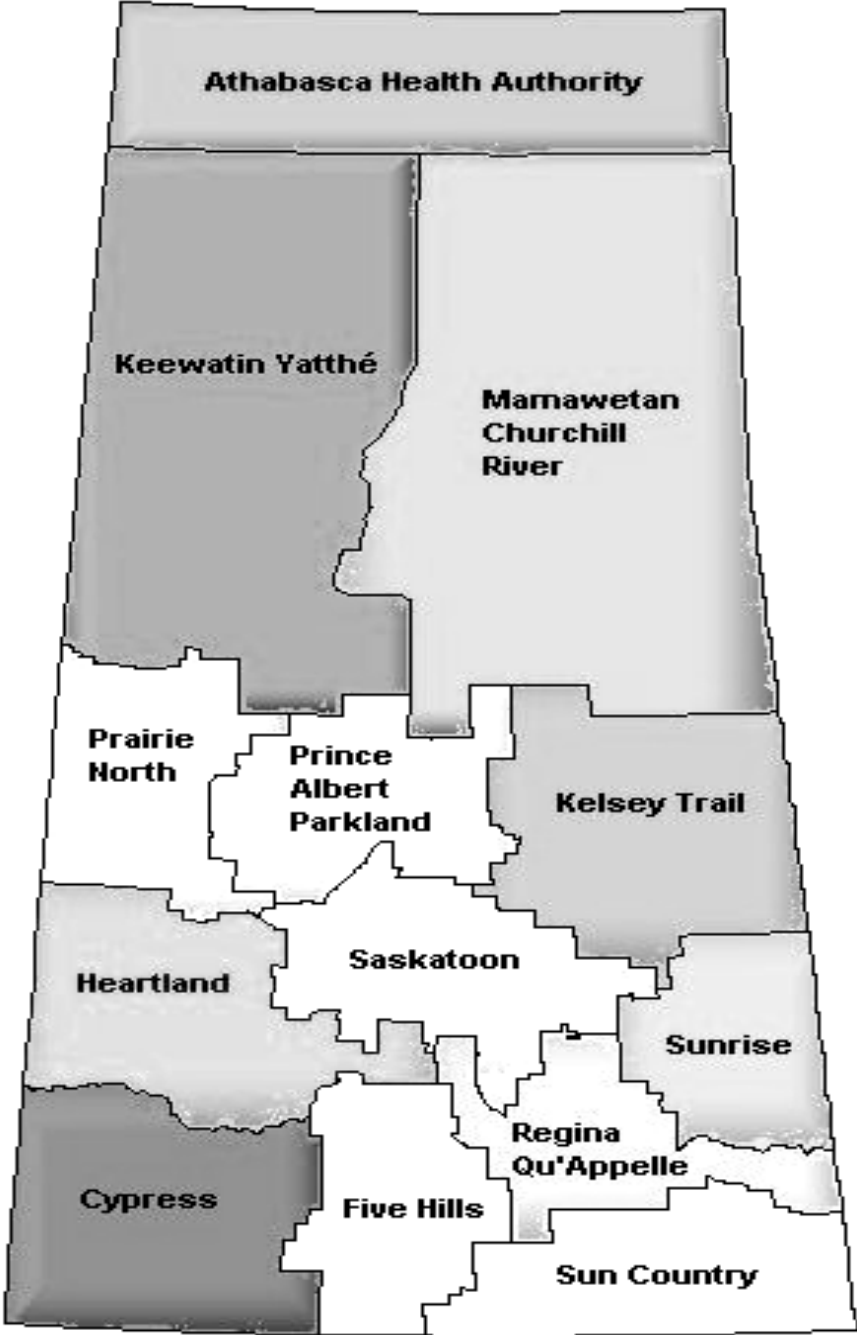
As in previous years, the majority of callers were women (80 %). The age pattern of callers remained relatively the same as in the previous year: the highest percentage of calls (29 %) were from persons in the 30 – 49 year old age group, the next highest (18.5 %) from the 19 – 29 year old group followed closely by the 65 – 79 year old group (18 %). Figure 5 illustrates the age distribution of consumer line callers.



c) Geographical Location of Callers

The highest percentages of calls were made from Saskatchewan's two largest cities, Saskatoon (777 calls – 35 %) and Regina (416 calls – 19 %). The remainder originated in more than 200 different communities from all of the twelve Saskatchewan Regional Health Authorities including one call from Athabasca, the most northerly region. (Figure 6)

Figure 6: Saskatchewan Regional Health Authorities



Callers within the Saskatoon Regional Health Authority continue to make the largest percentage of calls to SDIS. This number, however, has declined from 51 % the previous year to 41.5 % this year, suggesting that the service is receiving calls from a wider range of communities. Regina Qu'Appelle was the next highest source of calls at 22.5 %, up 4 % from the previous year. See Table IV for a list of call totals for each regional health authority.

Table IV: Consumer Calls by Regional Health Authority

Regional Health Authority	Number of Calls	Percentage of Total Calls
Saskatoon	915	41.5
Regina Qu'Appelle	498	22.5
Sunrise	139	6.5
Prince Albert Parkland	101	4.5
Cypress	80	3.5
Prairie North	79	3.5
Sun Country	71	3
Five Hills	65	3
Heartland	57	2.5
Kelsey Trail	55	2.5
Mamawetan Churchill River	28	1.5
Keewatin Yatthe	6	0.25
Athabasca	1	0.05
Outside Saskatchewan	10	0.5
Unknown (Anonymous)	99	4.5

d) Contact Method

Most calls (1829 – 81 %) from consumers were via telephone. Eight-four percent (1529) of these were taken in person by a drug information consultant and the remainder (318) were left on the voicemail system. The number of questions submitted by email increased to 60 from 22 in the previous year.

e) Nature of Information Requested

The most frequent requests for information from consumers were in regards to side effects / adverse reactions (21 %), general information about products (16 %), therapeutic use of medication (14.5 %), and drug interactions (10 %). (See Table V) Requests for information about herbal products continued to decline, decreasing to 10.5 % from 13 % in 2004 – 5 and 17.5 % in 2003 – 4.

Table V: Summary of Calls by Nature of Information

Nature of Request	Number of Calls	% of Total
Side effects / ADRs	469	21
General Information	353	16
Therapeutic use	322	14.5
Drug Interactions	225	10
Dose	158	7
Pregnancy	104	5
Lactation	96	4.5
Drug Abuse	79	3.5
Availability	59	2.5
Formulation	48	2
Administration	41	1.75
Contraindications	27	1.25
Identification	22	1.0
Toxicity	21	1.0
Stability, identification, kinetics	18, 15, 6	< 1 % each
Other	137	6

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 (2069 – 93 %) were classified as “not serious”. In instances where requests were thought to be “potentially serious” (135) the patient was strongly encouraged to contact his/her physician or the appropriate healthcare professional. “Serious” calls (1) were referred immediately to the Poison Control Centre or to the nearest hospital emergency department.

g) Time Required to Answer Requests

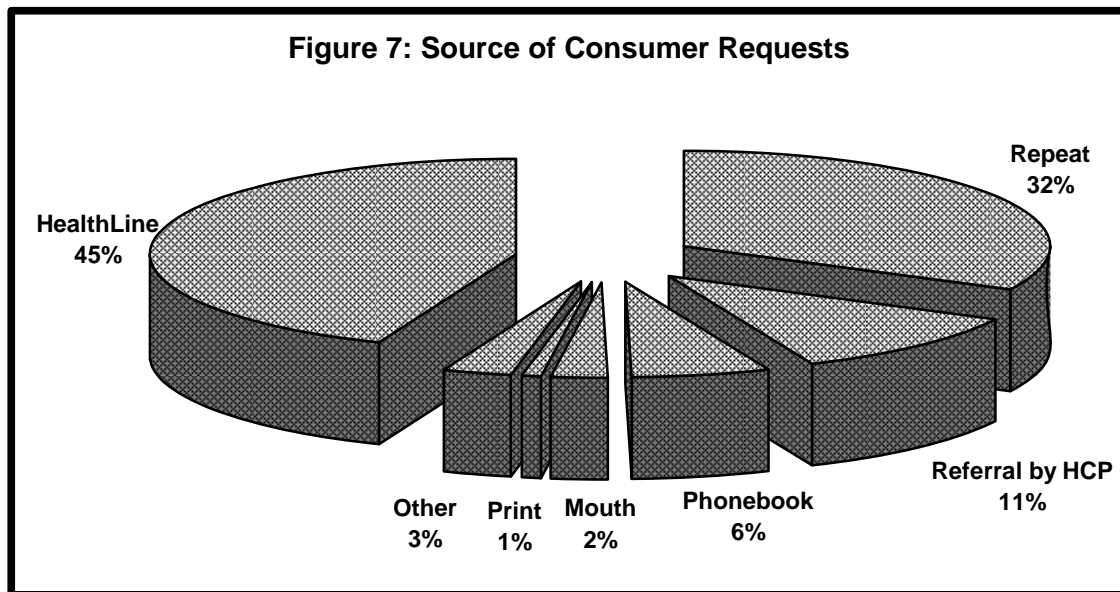
Table VI provides a detailed breakdown of the time required to research and discuss consumer questions. When requested, additional information was sent to callers by mail or facsimile.

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

Time Required Per Question	Research	Discussion
0 – 5 minutes	1654 (75 %)	1346 (61 %)
6 – 10 minutes	257 (11.5 %)	626 (28 %)
11 – 15 minutes	94 (4 %)	117 (5 %)
16 – 30 minutes	152 (7 %)	86 (4 %)
31 – 60 minutes	39 (2 %)	12 (0.5 %)
More than 60 minutes	9	3

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 7 summarizes the answers provided to that question in 2005 – 2006.



HealthLine Referrals

The HealthLine refers callers with questions about drugs and drug-related therapy to their physician, their 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. Forty-five percent of callers (956) reported being referred to SDIS by the HealthLine.

Repeat Callers

Repeat calls accounted for 32 % (705) 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

Referrals by healthcare professionals (other than HealthLine nurses) were responsible for 11 % (244) of calls made to the consumer line compared to 17 % of calls in the previous year. SDIS consultants continue to encourage pharmacists to contact the service on the patient's behalf rather than recommending the patient call him/herself.

Phone Books

Listings in phone books continue to be a moderately effective means of directing Saskatchewan residents to the consumer information line. Approximately 6 % of callers (134) 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 22 callers became aware of the service through the print medium.

2.3 Summary of Utilization Statistics

Overall SDIS received a total of **5094 calls** in the 2005 – 2006 year, an increase of nine percent (424 calls) over the previous year's total. Call numbers were higher this year on both lines. For the consumer line, the increase was primarily due to referrals from the HealthLine. On the professional line, more calls were received from professions other than community pharmacists and from outside the Saskatoon area compared to previous years.

3. SDIS PERSONNEL 2005 - 2006

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

4. OTHER SDIS ACTIVITIES

a) Follow-up calls

SDIS drug information consultants followed up on 18 calls in 2005 – 2006. 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:

- Sativex® Fact Sheet
- Discontinuing Thioridazine
- Tramacet® and Abuse Potential

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 2005 – 2006 fiscal year:

- Insulin Glargine
- *H. pylori* Eradication
- *Clostridium Difficile*-Associated Diarrhea
- Who Needs Vitamins ?

The newsletters were also posted on the SDIS website.

d) Consultation / Contracts

- SDIS staff wrote a Continuing Education lesson for Pharmacy Practice journal: "Systemic Lupus Erythematosus: Current and Emerging Pharmacotherapy". (scheduled to be published in September 2006)
- SDIS has contracted with the Lung Association of Saskatchewan to review and update information in the drug therapy section of the Lung Association website.

e) 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 – 4 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*).
- PHAR 580.16: Structured Practice Experience – SDIS was a specialty practice site for two fourth year students’ Structured Practice Experience Program rotations.

f) Post-graduate Education

SDIS has been approached by two PharmD students as a potential site for drug information rotations for their programmes.

g) Presentations

- “New Drugs and Biologicals” at the Representative Board of Saskatchewan Pharmacists annual convention in Regina, April 2005 (*C. Bell, K. Jensen*).
- “Saskatchewan Drug Information Service” for faculty and graduate students at the College of Pharmacy and Nutrition, February 2006 (*C. Bell, K. Jensen*).
- “Antibiotic Resistance” and “Review of Antibiotics for Common Conditions” for the Keewatin Yatthe Regional Health Authority nurse practitioners seminar, March 2006 (*Y. Shevchuk*).
- In-service orientations on the Consumer Drug Information Service to in-coming nursing staff at the HealthLine Call Centre in Regina, June 2005, January 2006. (*K. Jensen*).

h) Poster Presentations

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

- Representative Board of Saskatchewan Pharmacists annual conference in Regina, April 2005.
- Canadian Society of Hospital Pharmacists – Saskatchewan Branch Conference October 2005 in Saskatoon.
- Practical Management of Common Medical Problems Continuing Medical Education conference, November 2005 in Saskatoon
- Drug Therapy Decision Making Conference March 2006 in Saskatoon.

i) Promotion / Fundraising

Packages containing posters and stickers promoting the consumer line were sent to several Saskatchewan health organizations (e.g., Canadian Cancer Society, Saskatoon Unit, Heart and Stroke Foundation of Canada, Regina Office, etc.) in September, 2005. SDIS brochures and consumer line stickers were mailed to the executive directors of the three northern regional health authorities (Athabasca, Keewatin Yatthe, and Mamawetan Churchill) in January, 2006.

A Christmas message from SDIS and SaskAR staff was mailed to Saskatchewan pharmacies and SDIS stakeholders in December, 2005. Brochures and business cards were distributed at the conventions and continuing education seminars attended by SDIS staff.

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 and generic drug companies in October 2005 requesting contributions to SDIS. Pharmacies were targeted in March, 2006. Donation appeal letters signed by the Dean of the College of Pharmacy & Nutrition, Dennis Gorecki, and by the SDIS director, Yvonne Shevchuk, were mailed out to all Saskatchewan pharmacy managers / owners. Barb resigned from her position with the College in January, 2006. We thank Barb for all her assistance and wish her the best in her new position. The new Development Officer is Lisa Green and we look forward to working with her.

5. PARTNERSHIPS WITH OTHER HEALTHCARE ORGANIZATIONS

a) SaskAR Program

The Saskatchewan Drug Information Service has provided office space for the Saskatchewan Regional Adverse Reaction Centre (SaskAR) since the inception of the AR program in 1990. SDIS and SaskAR functioned very well together by sharing staff, reference material and other resources. SDIS was also an important source of adverse reaction reports. As part of a country-wide initiative, however, Health Canada is moving all its AR centres into federal government buildings and SaskAR was transferred out of the SDIS office at the end of March, 2006.

b) HealthLine

The HealthLine, a 24 hour toll-free telephone health advice service staffed by registered nurses, was set up by Saskatchewan Health in 2003. Callers with drug-related questions are referred by the HealthLine to their physicians, their pharmacies, or the SDIS consumer information 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 two groups of nurse trainees over the past 12 months. Referrals from the HealthLine now account for almost one-half 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. Two issues of SDIS Drug News were mailed in a joint package with RxFiles newsletters.

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.

At the request of the MBBI Committee, SDIS produced a brochure "Medications and Breastfeeding" for distribution to the general public. The brochure is being given out to new mothers by Public Health nurses and lactation consultants in Saskatoon.

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 2005 – 2006 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
- Community Pharmacy Representative – Brenda Yuzdepski

The seventh annual meeting of the Advisory Board was held on August 10th, 2005. We greatly appreciate the valuable advice and support the board members provide us, both at the annual meeting and throughout the year.

7. PRIORITIES FOR 2006 - 2007

a) Ongoing priorities

- Maintain or increase current call volumes while continuing to provide timely and quality service.
- Intensify fundraising initiatives in order to offer SDIS staff competitive salaries. Current salaries are much lower than those offered to community and hospital pharmacists.
- Continue to work on collaborations with the HealthLine and Primary Health Care.
- Continue to promote use of the SDIS website.

b) Future initiatives

- Network with other Canadian drug information services, possibly through on-site visits.
- Develop strategies to facilitate follow-up of queries by drug information consultants.
- Investigate the impact of information provided on the SDIS consumer line. As a summer research project, a pharmacy student will design and administer a mail questionnaire survey of consumer line callers.
- Update the SDIS Business Plan.
- Target Primary Health Care centres through letters to nurse practitioners and Regional Health Authorities.
- Link to Health Quality Council chronic disease management programmes to increase healthcare professional calls.

8. FINANCIAL REPORT

The 2005 – 2006 Balance Sheet, the 2005– 2006 Statement of Income and Expenditures, and the 2006 – 2007 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
- College of Pharmacy and Nutrition, University of Saskatchewan
- Saskatchewan pharmacies (Appendix II lists pharmacies that donated to the SDIS annual fundraising campaign)

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

- Apotex Inc.
- AstraZeneca Canada Inc.
- Eli Lilly Canada Inc.
- GlaxoSmithKline Canada
- Teva Novopharm
- Pfizer Canada Inc.
- Sanofi-Aventis Canada Inc.
- Wyeth Canada
- Wyeth Consumer Healthcare Inc.

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

Y. M. Shevchuk, Pharm D
Director

K. A. Jensen, MSc, BSP
Manager

APPENDIX I

Saskatchewan Drug Information Service Financial Statements

**Saskatchewan Drug Information Service
Balance Sheet
As of March 31, 2006**

ASSETS

Chequing / Savings U of S		
U of S Fund 103515 SDIS	-23,520	
U of S Fund 102641 CDIC	6,657	
SCP Grant (pending)	30,000	
 Total U of S Funds		13,137

LIABILITIES & EQUITY

Equity		
Opening Balance Equity		
SDIS Fund	15,697	
CDIC Fund	11,828	
Retained Earnings	-14,388	
Total Liabilities & Equity		13,137

**Saskatchewan Drug Information Service
Profit and Loss Statement April 1, 2005 to March 31, 2006**

INCOME

Saskatchewan Health	103,000
Saskatchewan College of Pharmacists	30,000
Stipends (College of Pharmacy & Nutrition)	825
Donations	
Industry	15,000
Pharmacies	2,415
Can. Society of Hosp Pharm – SK Branch	500
College of Pharmacy & Nutrition	2946
Fees	
SaskAR	4,000
Contracts	-

TOTAL

158,686

EXPENSES

Salaries	151,941
Materials / supplies	
Books	970
Electronic databases	7,699
Office supplies	460
Services	109
Printing and duplication	4,141
Postage	1,485
Courier	9
Telephone and Fax	5,345
Hospitality/Working lunches	66
Professional Development	683
Promotion	166
Other expenses	

TOTAL

173,074

Net Income

- **14,388**

**Saskatchewan Drug Information Service
Proposed Budget 2006 - 2007**

INCOME

Saskatchewan Health	116,000
Saskatchewan College of Pharmacists	33,000
Donations	
Industry	30,000
Pharmacies	16,000
Stipends - College of Pharmacy & Nutrition	2,000
Contracts	1,000

TOTAL

198,000

EXPENSES

Salaries	174,000
Materials / supplies	8,000
Computers	1,500
Services	500
Printing & duplication	4,200
Postage	1,500
Telephone and Fax	5,500
Professional Development	800
Travel	1,200
Research project	300
Advertising	500
Other	

TOTAL

198,000

BALANCE

NIL

APPENDIX II

Donations from Saskatchewan Pharmacies 2005 - 2006

Our thanks to the owners / managers of the following pharmacies for donations made to the Saskatchewan Drug Information in the 2005 – 2006 year:

Balfour Drugs Ltd.
Battleford Drug Mart
Bick's Drugs Ltd.
Broadway Avenue Pharmacy
Canora Pharmacy Ltd.
Carlton Trail Pharmacy
Carrot River Pharmacy
Cupar Drug Hall Ltd.
Cut Knife Pharmacy
Dragan Drugs Ltd
Earl's Pharmacy Ltd
Friesen Drug Ltd.
George's Pharmacy Ltd
Harbour Pharmacy
Henders Pharmacy
Lacroix Drugs
London Drugs
Homstol Pharmacy
Kelvington Rx Pharma Choice
Kipling Pharmasave / Toth
Pharmacy
Lansdall Pharmacy Ltd.
Laurier Drive Pharmacy Ltd
Leslie's Drug Store Ltd.
Loucks Medi-Health Pharmacy Ltd.
Maidstone Pharmacy Ltd
McQuoids Pharmacy Ltd
Medical Arts Pharmacy
Medicine Shoppe #120
Meyers Drugs Ltd

Midtown Medical Pharmacy
Midway Pharmacy
Our Drug Store
Pacific Avenue Pharmacy
Pharmasave # 408
Pharmasave # 430
Pharmasave #415
Pharmasave #424
Proudlove's Pharmacy
Raymore Pharmacy
River Heights Drugs
Rose Valley Pharmacy
Rosthern Pharmacy Ltd
Royal Drug Mart
Sereda's Pharmacy Ltd.
Shellbrook Pharmacy Ltd
Shoppers Drug Mart # 411
Slobodian Pharmacy Ltd.
St. Walburg Pharmacy
Stueck Pharmacy Ltd.
Tamarac Pharmacy Ltd
Towers Pharmacy
University Park Pharmacy Ltd.
Valley Drug Mart Ltd
Wadena Drugs Ltd
Wakaw Pharmacy Inc.
Watrous Pharmacy Ltd
Wheatland Drugs
Wynyard Pharmacy Ltd