



College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, SK S7N 5C9
www.medsask.usask.ca

Annual Report

April 1, 2012 – March 31, 2013

EXECUTIVE SUMMARY

Operating under a new name, med Sask, the drug information service continued to provide healthcare professionals and the general public in Saskatchewan with timely access to current, relevant, evidence-based information on drug therapy . Two toll-free telephone lines, one for professional callers and one for consumers, were staffed by licensed pharmacists 365 days a year. In addition, medSask personnel provided lectures and tutorials to College of Pharmacy & Nutrition undergraduate students, contributed to continuing education programs for practicing pharmacists and other healthcare providers and worked on several contracted drug therapy-related projects.

ON-REQUEST DRUG INFORMATION 2012-2013

The service received a total of 6720 queries, 2344 from healthcare professionals and 4376 from consumers, a decrease of five percent compared with the previous year.

Healthcare Professional Service Utilization

Eighty-one percent of queries to the professional arm of the service were placed by pharmacists, 9 % from nurses, 4.5 % from physicians and the remaining 5.5 % from various other healthcare providers.

Thirty-three percent of queries were placed from Saskatoon, and 19 % from Regina. The remaining 48 % originated from more than 80 different communities across Saskatchewan. The four categories of information most frequently requested were 1) administration / dosage, 2) therapeutic use/drug of choice, 3) compatibility/formulation/stability and 4) drug interaction. Ninety-three percent of callers received an answer within 24 hours of submitting their queries.

Consumer service

Thirty-eight percent of queries received on the consumer line were placed during office hours (8 AM to 5 PM, Monday to Friday) and 62 % during evening on-call shifts (5 PM – 12 midnight, 7 days a week). Women continue to be the most frequent callers (80 %) during both the daytime and evening shifts while evening callers tend to be younger than daytime callers. Calls were placed from every health region within the province. The geographic distribution of callers was consistent with community populations with over fifty percent of calls originating in Saskatoon and Regina. The most common question topics were adverse reaction, general information, drug interaction, and dosage /administration. Referral from the HealthLine , 40 % of in-office and

81 % of on-call queries, was the most common source of queries, followed by repeat callers who accounted for 35 % of in-office and 12 % of on-call queries.

Quality Assurance and Improvement

An internal auditing process is in place to evaluate responses provided during on-call consumer line shifts.. Response accuracy and quality of conclusions were rated as good to excellent for over 95 % of calls. Selected calls on the professional line are now also being subjected to the same process. We continue to investigate the possibility of external review.

EDUCATION

medSask staff delivered lectures and tutorials to pharmacy, nutrition and physiotherapy students on various drug information topics including drug interaction, drug toxicology, and drug information retrieval. SDIS also provided on-site experiential training to three fourth year pharmacy students , two PharmD students from the University of Toronto and employed a summer research student.

For practicing healthcare professionals, medSask staff prepared and distributed drug therapy information via newsletters and hot topics posted on the website and mailed to Saskatchewan pharmacies and presentations at various healthcare professional events.

For consumers, medSask staff posted frequently asked questions on the medSask website and delivered presentations to consumer groups.

CONTRACTS / CONSULTATION

SDIS provided consultant services to the Saskatchewan College of Pharmacists, Saskatchewan Prescription Drug Plan, Lung Association of Saskatchewan and RxFiles Academic Detailing program.

NEW ACTIVITIES / CHALLENGES

- New name and logo for the drug information service – med Sask; Your Medication Information Service – effective January, 2013.
- New design and address for website - www.medsask.usask.ca
- Set up a system for submitting queries by text messaging.

- Set up a searchable database of healthcare professional line queries and response on the medSask website

CHALLENGES

- Finding new funding sources for service
- Promoting service to other healthcare professions
- Identifying cost effective strategies for advertising the consumer line

GOVERNANCE

The annual SDIS Advisory Board annual meeting was held June 27th, 2012. The board consists of representatives of the major stakeholders in the service . It assists med Sask in meeting its goals and objectives and in setting priorities

PRIORITIES FOR 2012-13

- Actions carried forward: fundraising committee, five year business plan.
- Pursue potential opportunities for grants and / or service contracts with other organizations and emerging healthcare activities.
- Expand and improve quality assurance procedures
- Additional priorities will be added as suggested by the Advisory Board at the annual meeting in June, 2013

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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. The service continues to be available to all healthcare professionals in Saskatchewan currently as an arm of medSask. A toll-free number (1-800-667-3425) is maintained to provide easy access by telephone from all areas of the province. The service is staffed in office Monday to Friday, 8 AM to 5 PM, by licensed pharmacists who research and respond to queries. On-call service is available 5 PM – midnight daily. Question templates on the medSask website (medsask.usask.ca) permit callers to submit 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 ongoing operation of the information service. Consumer line office hours are Monday to Friday, 8:00 AM to 5:00 PM. On-call service between 5:00 PM and 12:00 AM midnight was initiated in December, 2007 as a pilot project in collaboration with HealthLine. The pilot project identified a demand for drug information in the evening hours and Saskatchewan Drug Information Service (now med Sask) was contracted to provide this service. As well as by telephone, consumers can submit queries by leaving voicemail messages or by filling out the question template available on the medSask website (medSask.usask.ca).

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. As part of a rebranding process for the drug information services, SDIS was renamed **medSask; Your Medication Information Service** in January 2013.

1.2 Goals and Objectives of the Service

1.2.1 Healthcare Professional Information Service

- Upon request, to provide pharmacists and other healthcare providers in Saskatchewan with objective, current, evidence-based 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 enhance interdisciplinary collaboration and the public image of healthcare professionals.
- To contribute to the advancement of knowledge in the area of drug information.

1.2.2 Consumer Information Service

- To provide Saskatchewan healthcare consumers with timely access to objective, current, evidence-based information on drugs and drug therapy.
- 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.
- To develop a comprehensive database of information by gathering epidemiological information regarding drug-related problems in the community. This information can be used to assist regional planning agencies.

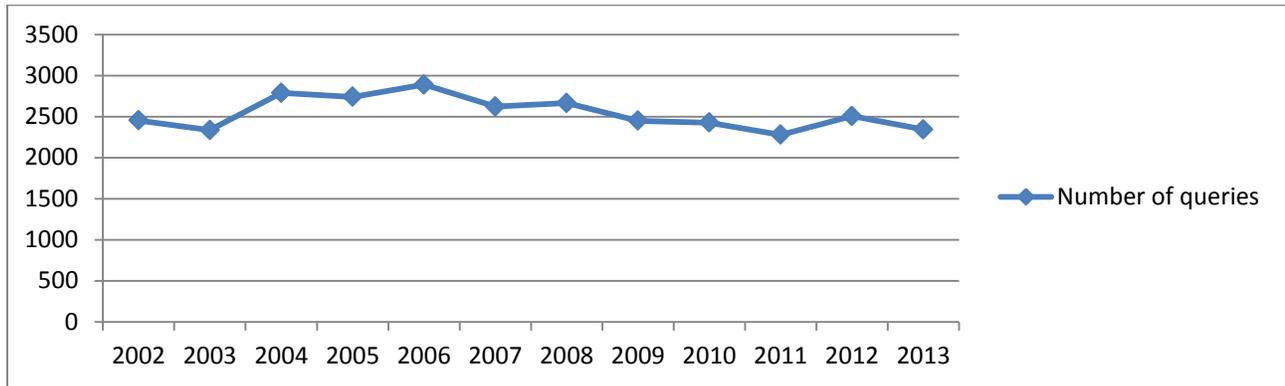
2. Utilization statistics

2.1 Healthcare Professional Service April 1st, 2012 to March 31st, 2013

a) Number of queries

The healthcare professional service received 2344 requests for information in 2012-13, slightly less (4.5 %) than during the previous year. Annual totals for the past twelve years have been relatively consistent averaging around 2500 queries per year. (Figure 1).

Figure 1: Number of healthcare professional queries by year



b) Profession of healthcare providers submitting queries

As in previous years, the majority of queries (70 %) were from community pharmacists. Nursing (public health, travel clinics, etc.) was the next largest group accounting for 9 % of the professional queries, followed by hospital pharmacists at 5% and physicians at 4.5 %. Table I lists the number and percentage of queries placed by each profession.

Table I: Calls by Profession

Profession	Number (%)	Profession	Number (%)
Community pharmacist	1631 (70)	Nurse	213 (9)
Hospital pharmacist	127 (5)	Physician	102 (4.5)
Pharmacists (other)	72 (3)	Nurse practitioner	28 (1)
Pharmacy student	60 (2.5)	Other	85 (3.5)
Pharmacy instructor	26 (1)		

c) Geographical location of healthcare providers utilizing medSask

medSask provided drug information services to healthcare providers in more than 80 different communities across Saskatchewan (Table II). In addition, the service responded to 28 queries from outside the province. The percentage of queries from Saskatoon remained consistent with the past year at 33 %, while the percentage of Regina users fell for the second year in a row, decreasing from 23 % to 19 %.

Table II: Location of Healthcare Professional Service Callers

SASKATCHEWAN			
Number of Calls	Community	Number of Calls	Community
770	Saskatoon	18	Meadow Lake, Melville,
456	Regina	17	Estevan, Wadena
100	Prince Albert	13	Shellbrook, Kamsack
83	Lloydminster	12	Outlook
75	Nipawin, Unity	11	Biggar, Ituna
60	Humboldt	9	Melfort
58	Moose Jaw	8	Broadview, Moosomin
47	Yorkton	7	Assiniboia, Rocanville
41	Tisdale, Indian Head	6	Fort Qu'Appelle, Ile-a-la-Crosse, Kindersley, Radville, St. Walburg
35	Turtleford	5	Maidstone, Wynyard, Rosetown, Warman
31	North Battleford	4	Canora, Carlyle, Carrot River, Hafford, Lanigan, Rosthern, Strasbourg
30	Swift Current	3	Buffalo Narrows, Foam Lake, Kerrobert, La Ronge, Leader, Luseland, Shaunavon, Wakaw, Watrous, Whitewood, Wolseley
27	Kelvington	2	Carnduff, Cupar, Cut Knife, Davidson, Duck Lake, Macklin, Norquay, Oxbow, Ponteix, Spiritwood
24	Battleford	1	Arcola, Beauval, Birch Hills, Edam, Eston, Gravelbourg, Gull Lake, Lacroix, Lafleche, La Loche, Last Mountain, Onion Lake, Pine House, Preeceville, Rose Valley, Southey, Waldheim
22	Weyburn		
OUTSIDE SASKATCHEWAN			
Number of Calls	City/ Province		
28 Out of Province Calls	Airdrie AB, Calgary AB, Edmonton AB, Flin Flon MB, Hamilton ON, Hay River NWT, Hinton AB, Indianapolis IN, USA, Kelowna BC, Lethbridge AB, Ottawa ON, Salmon Arm, BC, Salmon Arm BC, Scarborough ON, Seattle WA, USA, Swan River MB, Terrace, BC, Vancouver BC, Winnipeg MB, Yellowknife NT		

d) Contact Method

Telephone continues to be the most popular method of accessing the service. Eighty-nine percent of queries from health care professionals were submitted by telephone, 82 % of which were received in person by medSask consultants and 18 % by voicemail. Emailed queries increased from 9 % the previous year to 16 % this year. A texting system was initiated this year but only six queries had been submitted by this route at year end.

e) Nature of Information

Administration / dosage was the most common question category, followed by therapeutic use / drug of choice, compatibility/formulation/stability and drug interaction. A detailed list of the nature of professional calls by number and frequency is shown in Table III. Natural products were involved in 4.5 % of the questions.

Table III: Nature of Information Requested by Healthcare Professionals

Nature of Request	Number	Percentage
Administration / Dosage	394	17
Therapeutic Use/ Drug of Choice	356	15
Compatibility/Formulation/Stability	341	15
Interaction	242	10
General information	176	8
Adverse reaction	167	7
Availability/Identification	167	7
Pregnancy/lactation	118	5
Contraindications/Precautions	79	3
Pediatric	51	2
Coverage/legalities	47	2
Kinetics	31	1
Other	175	8

f) Research and response time

The amount of time spent on research ranged from zero to more than four hours per question. Table IV provides a comparison of research times over the past eight years. Since beginning to record this statistic in 2003, there has been a marked increase in the percentage of queries requiring more extensive research.

Table IV: Research Time Required Per Call

TIME (min.)	2003 - 2004	2004 - 2005	2005 - 2006	2006 - 2007	2007 - 2008	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013
≤15	72 %	59.5 %	57 %	56 %	54 %	57 %	59 %	53 %	57 %	57 %
16 – 30	19 %	28 %	24 %	24 %	26 %	25 %	23 %	25 %	22 %	24 %
31 – 60	7.5 %	11 %	12.5 %	13 %	14 %	12 %	13 %	15 %	13 %	13 %
> 60	1.5 %	1.5 %	6.5 %	7 %	6 %	6 %	5 %	7 %	8%	6 %

Most callers (93 %) received a response to their query the same day the query was submitted. When appropriate, additional information was sent to the caller by postal mail, facsimile or email.

g) Difficulty of Questions

DI consultants were asked to rate the difficulty of each question based on the amount of research and synthesis required to formulate a response. This is a component of the quality assurance audit (Section 2.3). The 2010-2011 statistics provide the first full year of data for this field. Twenty-one percent of questions required extra research or interpretation in order to provide an appropriate response. (Table V)

Table V: Difficulty Rating of Questions

Difficulty Rating	2009-10 Number (%)	2010-11 Number (%)	2011-12 Number (%)	2012-13 Number (%)
1 = not difficult; straight forward question	1004 (83 %)	1782 (79 %)	1819 (73 %)	1782 (76 %)
2 = required additional research and/or interpretation	199 (16 %)	444 (20 %)	662 (26 %)	523 (22 %)
3 = required extensive search and some interpretation	7 (1 %)	24 (1 %)	24 (1 %)	35 (1.5 %)
4 = required extensive search and extensive interpretation	1	0	0	4

h) On-Call Service for Healthcare Professionals

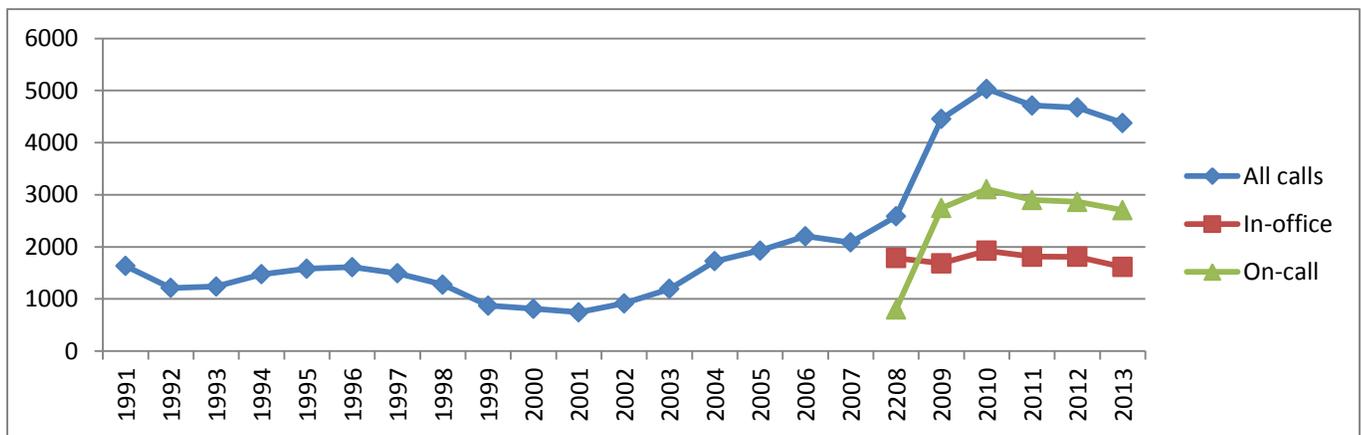
On-call consultants handled 113 professional line queries during their evening shifts compared to 145 the previous year.

2.3 Consumer Service April 1, 2012 to March 31,2013

a) Number of Information Queries

A total of 4376 queries were received by the medSask consumer service in 2012-13, 297 fewer than the previous year (decrease of 6 %). During office hours (8:00 AM – 5:00 PM, Monday through Friday), 1673 calls were received compared to 1811 in 11-12 (decrease of 7.5 %). During evening on-call shifts (5 PM – 12 AM daily), 2703 queries were received compared to 2862 in 11-12 (decrease of 5.5%). Figure 2 illustrates the trends in annual call totals since the implementation of the consumer drug information service in 1991. Call volumes reflect variations in the hours of service provided over the years. The steep increase beginning in 2007 corresponds to the initiation of evening on-call service for the consumer line.

Figure 2: Number of consumer calls by year

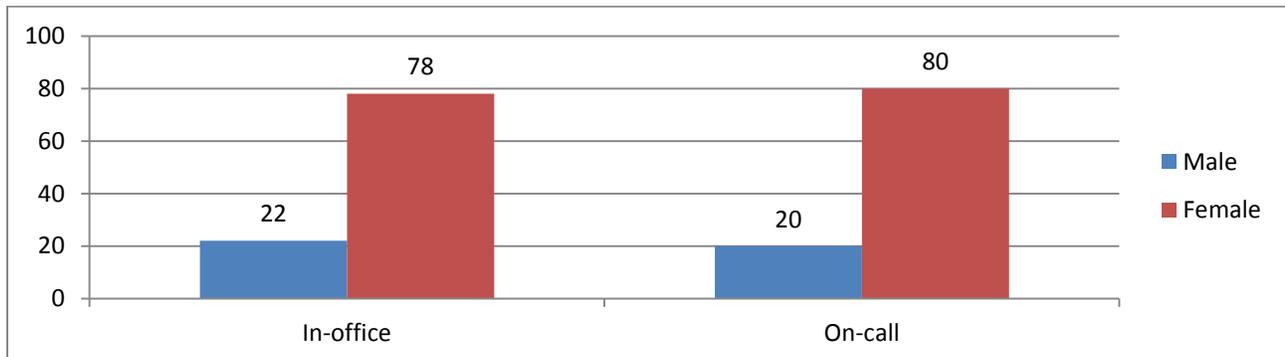


b) Caller Demographics

Sex

As in previous years, the majority of callers on the consumer line were women. (See Figure 3.) The gender ratio of calls has remained relatively constant at approximately 4:1 female to male for the past 10 years.

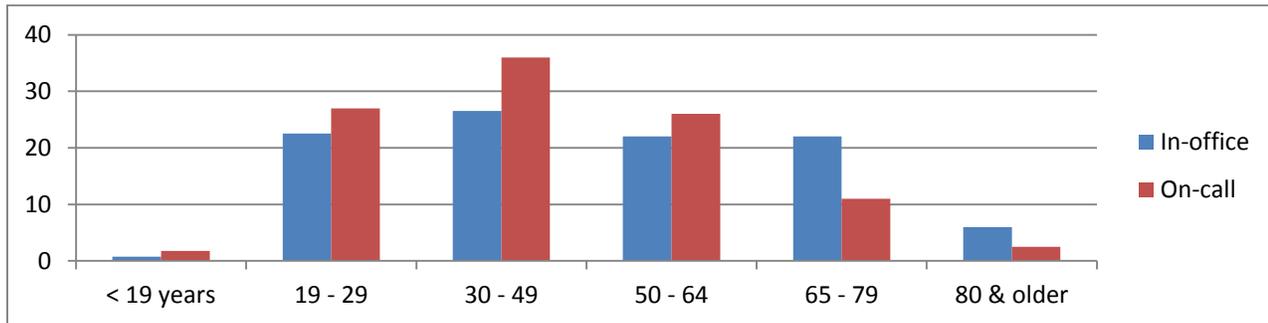
Figure 3: Sex of caller (in percentages)



Age

The distribution of age categories for daytime callers is similar to that in previous years. Figure 4 compares the ages of callers during daytime and evening hours. Callers in the evening tend to be younger than daytime callers.

Figure 4: Age of callers (in percentages)



c) Geographical Location of Callers

Table VI categorizes calls by regional health authority of origin. As in previous years, the highest percentage of calls were submitted from the Saskatoon region (43 % in-office calls ; 30.5 % of evening calls) and the Regina Qu'Appelle region (18.5 % of in-office calls ; 24.5 % of evening calls). Calls were placed by residents from over 200 communities situated within the other Saskatchewan health authorities. (See map of Saskatchewan Health Authorities at <http://www.health.gov.sk.ca/health-regions-map>.) This information helps the service identify areas of low utilization and suggests targets for future promotion .

Table VI: Consumer calls by regional health authority

Regional Health Authority	In office Calls Number (%)	Evening Calls Number (%)
Athabasca	0	4
Cypress	40 (2.5 %))	66 (2.5 %)
Five Hills	20 (1 %)	106 (4 %)
Heartland	53 (3 %)	84 (3 %)
Keewatin Yatthe	4	28 (1 %)
Kelsey Trail	56 (3.5 %)	116 (4 %)
Mamawetan Churchill River	26 (1.5 %)	56 (2 %)
Prairie North	57 (3.5 %)	192 (7 %)
Prince Albert Parkland	67 (4 %)	167 (6 %)
Regina Qu'Appelle	302 (18.5 %)	660 (24.5 %)
Saskatoon	700 (43 %)	828 (30.5 %)
Sun Country	37 (3.5 %)	118 (4 %)
Sunrise	71 (5 %)	151 (5.5 %)
Unknown	88 (5.5 %)	127 (6 %)

d) Contact Method

Most questions were submitted by telephone (97 % office hours; 99.5 % on-call). Calls were received in person by a drug information consultant 88 % of the time during the day and 91.5 % of the time during the evening. Thirty-two questions were submitted by email and nine by fax.

e) Nature of Information Requested

Table VII details the different categories of consumer information requests by frequency and time of call (daytime or evening). The types of information most frequently requested during both daytime and evening hours were side effects / adverse reactions and general information. A higher percentage of calls during the day were about drug coverage /legalities, drug availability and drug abuse while a higher percentage of evening calls were about interactions, dosage /administration and pregnancy.

Table VII: Summary of calls by nature of information

Nature of Request	Daytime Hours Number (%) of Calls	Evening Hours Number (%) of Calls
Adverse reaction	300 (18 %)	455 (17 %)
General information	301 (18 %)	466 (17 %)
Interaction	167 (10 %)	441 (16.5 %)
Dosage / administration	171 (10 %)	576 (21.5 %)
Therapeutic use / drug of choice	199 (12 %)	206 (7.5 %)
Pregnancy /Lactation	162(10 %)	300 (11 %)
Other - availability, coverage, formulation, identification, kinetics, stability, contra-indication, etc.	22 %	10.5 %

Eight percent of daytime calls involved herbal or complementary products. Only 2.5 % of evening callers inquired about herbal products.

f) Severity of Inquiry

All consumer requests for drug information are subjectively ranked as to the potential severity of the situation from which the question arises. Most of the calls, daytime and evening were classified as “not serious”.

Table VIII: Severity of consumer calls

Severity Rating	Description	In-office Number (%)	On-call Number (%)
Not serious	No further action required	1589 (95 %)	2370 (88 %)
Potentially serious:	Information immediately available is provided, caller is referred to appropriate healthcare professional	87 (5 %)	328(12 %)
Serious	Caller is referred immediately to the Saskatchewan Poison Centre or nearest hospital emergency dept	1	4

g) Time Required to Answer Requests

Tables IX and X provide a breakdown of the time required to research and discuss consumer questions. When requested, additional information was sent to callers by mail or facsimile. More time is spent researching calls received in the office than for calls received during the evening on-call shifts.

Table IX: Research time per call

Time Required Per Question	Daytime Calls	Evening Calls
0 – 5 minutes	1241 (74 %)	2218 (82 %)
6 – 10 minutes	280 (16.5 %)	336 (12.5 %)
11 – 15 minutes	67 (4 %)	112 (4 %)
16 – 30 minutes	68 (4 %)	35 (1.5 %)
31 – 60 minutes	13 (1 %)	2
More than 60 minutes	4	0

Table X: Discussion time per call

Time Required Per Question	Daytime Calls	Evening Calls
0 – 5 minutes	986 (59 %)	1547 (57 %)
6 – 10 minutes	426 (25.5 %)	764 (28 %)
11 – 15 minutes	172 (10 %)	292 (11 %)
16 – 30 minutes	72 (4.5 %)	93 (3.5 %)
31 – 60 minutes	6	7
> 60 minutes	1	

h) Difficulty of questions

Consumer line consultants are also asked to rate question difficulty (Table XI). The majority of questions placed during the past year were rated as “not difficult”. Percentages for the different difficulty categories were similar for calls received in-office and during evening on-call shifts.

Table XI: Difficulty rating of questions

Difficulty Rating	In-office # (%)	On-call # (%)
1 = not difficult; straight forward question	1603 (96 %)	2581 (95 %)
2 = required additional research and/or interpretation	65 (4 %)	113 (4 %)
3 = required extensive search and some interpretation	4	5
4 = required extensive search and extensive interpretation	1	1

i) Source of consumer queries

To determine the most effective strategies for promotion of the medSask consumer line to Saskatchewan residents, callers were asked how they learned about the service. Figures 5 and 6 summarize the answers provided to this question during the past year. During regular office hours, repeat callers and referrals from HealthLine were the most frequent sources of calls. In the evening, most of the calls were referrals from HealthLine.

Figure 5: Source of in-office queries

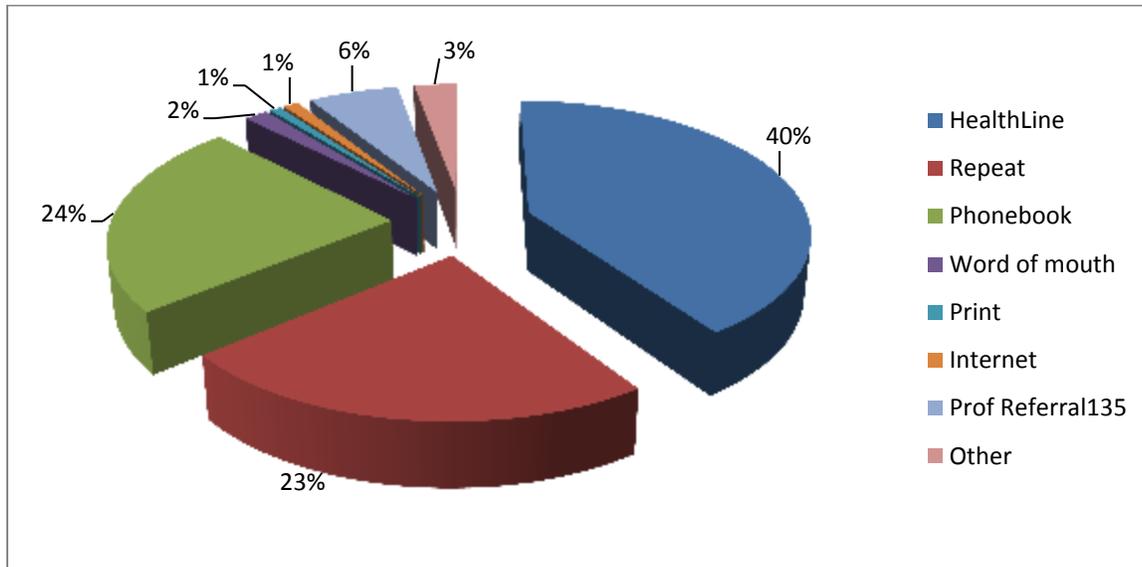
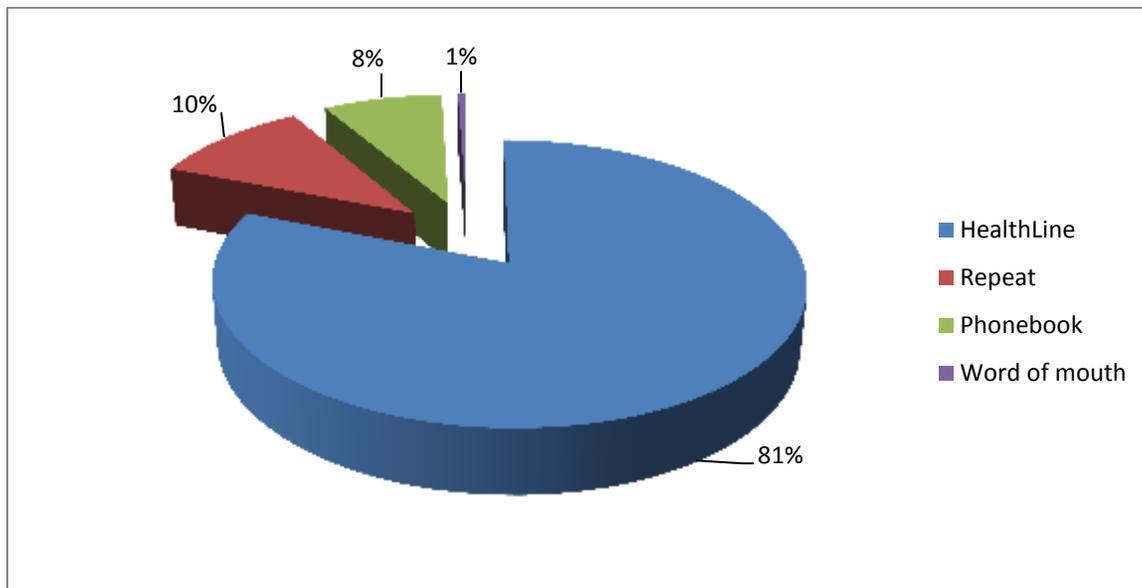


Figure 6: Source of on-call queries



2.3 Follow-up calls

Drug information consultants followed up on 116 calls (0.25 %) during the past year. Consultants are asked to follow up with all serious and potentially serious calls to ensure caller safety. To improve compliance with this criteria, an automatic prompt to follow-up on specific calls has been set up on the consumer line utilizing Outlook's built-in task feature.

2.4 Quality Assurance and Improvement

Our quality assurance program utilizes an audit template adapted from the MUN School of Pharmacy. medSask in-office staff use the template criteria to assess responses provided during the on-call shifts. Accuracy and quality of conclusions were rated as good to excellent for more than 98 % of calls in 2012-13. The potential impact of the information on callers / patients was assessed as somewhat significant for 37 % (less than 5 % chance of noticed effect), significant for 17 % (more than 5 % chance of noticed effect), and very significant (prevents major adverse effect) for 1 % of queries. These results provide reassurance that medSask consultants are providing quality information to our callers.

As of March 2013, questions and responses selected from the healthcare professional database for posting to the website are being assessed using the same quality assurance criteria. As of yet, we have not been able to set up an external auditing procedure.

2.5 Website Analytics

The website was visited approximately 39,000 times over the past year; 72 % new visitors, 28 % returning visitors. Table XII lists the ten most popular pages.

Table XII: Website pages viewed most frequently

Page	Page views	% of Total Page Views
Drug shortages	13027	16
Insect bites	9330	12
Oral thrush	4719	6
Acne	2862	3.5
Cold Sore	2731	3.5
Consumer FAQ	1974	2.5
Allergic Rhinitis	1794	2
Diaper Dermatitis	1729	2
Drug News	1632	2

3. EDUCATION

a) College of Pharmacy and Nutrition Undergraduate Curriculum

- medSask personnel provided lectures and tutorials to undergraduate University of Saskatchewan students in Terms 1 and 2, 2012-2013 as detailed in Table X11.

Table XII: Lectures and tutorials provided by medSask

CLASS	Number of lectures/labs	Classroom time
NUTR 440.6	1 lecture	1.5 hr
PHAR 372.2	4 computer labs	4 hrs
PHAR 372.2	2 lectures	2 hrs
PHAR 418.2	3 lectures	4.5
PHAR 455.7	4 lectures	8 hrs
PHAR 455.7	2 tutorials	3 hrs
PHAR 472.2	8 computer labs	8 hrs
PHAR 472.2	1 lecture	1 hr
PHAR 472.2	2 journal clubs	2 hrs
PHAR 557.6	3 lectures	6 hrs
PHAR 565.2	1 lecture	1 hr
PBL tutorial	3 sessions	6 hrs
PTH 808	2 lectures	2 hrs
TOTAL		49 hrs

- medSask served as a specialty SPEP rotation site for three fourth year pharmacy students in 2013.

b) Summer Research Students

- medSask and Dr. David Blackburn jointly employed a third year pharmacy student, Marlys LeBras during the summer of 2012. She evaluated and prepared a report on the the Home Care / Pharmacy medication assessment project carried out by SPEP students working from medSask.
- Our summer research student for 2013 is Joanne Fontaine, a second year student. She will be working on implementing the marketing plan for medSask prepared by third year pharmacy students.

c) Post-graduate Education

- medSask provided drug information rotations for two University of Toronto PharmD students:
 - Jaris Swidrovich, BSP, Pharm D rotation – Nov 5 to Dec 7
 - Casey Phillips, BSP, Pharm D rotation – Nov 19 to Dec 14

d) Continuing Education

medSask provided pharmacotherapeutic information to pharmacists and other healthcare providers in a variety of forms.

- Newsletters mailed to Saskatchewan pharmacies and posted on the medSask website (medsask.usask.ca – Drug News):
 - Vol. 30, No. 2 Blood Pressure Elevations
 - Vol. 30, No. 1 Vitamin K in Calcium Supplements
 - Vol. 29, No. 4 Smoking Cessation Update 2012
 - Vol. 29, No. 3 Dosage Adjustment in CKD

- Hot Topics posted on the medSask website (medsask.usask.ca – Hot Topics)
 - How Often can Antivirals for Cold Sores be Prescribed
 - Pradax Storage
 - Flu Vaccine Concerns

- Articles in the Canadian Society of Hospital Pharmacists – Saskatchewan Branch newsletter.

- Sunday Seminars for pharmacists, Oct. 2012: Minor ailment prescribing - Terry Damm

- Public Health nurses, Jan. 2013: Immunomodulators – Carmen Bell

- Banff Western Branches CSHP conference, Mar. 2013: Drug Shortages – Carmen Bell

e) Consumer Information

- Frequently Asked Questions posted on the medSask website. (medSask.usask.ca – Consumer General Public – Frequently Asked Questions). Examples include:
 - Will taking Garcinia cambogia help me lose weight?
 - Do vitamin supplements help prevent or reduce age-related macular degeneration (AMD)?
 - What is the best formula to give my baby?
 - Can statins cause diabetes?
 - Should I be worried if my blood pressure is low?

4. CONTRACTS / CONSULTS

- Lung Association of Saskatchewan - annual review and updates of the information in the drug therapy section of the Canadian Lung Association website.
- Minor Ailment prescribing – maintaining and updating prescribing guidelines for minor ailments on the medSask website. medSask also works with Continuing Professional Development Program to develop and present training modules on this topic.
- Drug shortages – maintenance of a database of shorted drugs on the medSask website. The Saskatchewan Prescription Drug Plan has provided funding for the development of therapeutic alternative protocols included in the database.
- RxFiles chart review – medSask was contracted to review selected charts for the 2012 edition of the RxFiles Charts.

5. COLLABORATIONS

a) HealthLine

The HealthLine, a 24 hour toll-free telephone health advice service staffed by registered nurses, was established by Saskatchewan Health in 2003. Callers with drug-related questions are referred by HealthLine nurses to their physicians, their pharmacies, or the medSask consumer information line. In December 2007, medSask was contracted by HealthLine to provide on-call service on the consumer drug information line between 5:00 PM and 12 midnight daily. The contract for the on-call service has been transferred to the Saskatchewan Prescription Drug Plan (SPDP) and funding for this service is included in the annual grant SPDP provides to medSask.

Calls to HealthLine are triaged by HealthLine nurses and callers with drug-related questions are referred to their pharmacy, physician or medSask. Calls can be transferred directly to a medSask consultant by HealthLine nurses. The

collaboration between the two services works very well for several reasons. The information provided by the nurses and DI consultants is often complimentary. The nurse can transfer information already collected from the caller which limits repetitive questions. The nurse can brief the DI consultant on any concerns or recommendations. This alerts the DI consultant to potential problems and provides the opportunity to reinforce these recommendations as appropriate. The on-call model of service gives pharmacists the opportunity to work from home. medSask can employ pharmacists who might not otherwise be able to work professionally, thus providing greater flexibility for pharmacists to co-ordinate work and family and at the same increasing utilization of pharmacy human resources.

b) RxFiles Academic Detailing program

medSask and RxFiles continue to collaborate on drug information research and newsletter distribution. medSask consultants investigate drug information questions for RxFiles academic detailers and review RxFiles charts and newsletters. In return, these charts and newsletters provide a valuable resource for medSask consultants.

c) Committees

Karen Jensen is a member of the Saskatchewan College of Pharmacists Professional Practice Committee, the Interdisciplinary Advisory Committee on Prescriptive Authority, the Baby Friendly Initiative (BFI) Coalition and the BFI Human Milk Subcommittee.

6. PROMOTION / FUNDRAISING

- An advertisement announcing the new name of the Drug Information Service, MedSask was published in the Saskatoon Star Phoenix and Regina Leader Post in March, 2013 by the Pharmacists Association of Saskatchewan. Flyers and business card magnets with the new name and logo have been ordered for distribution at meetings and conferences
- Poster presentations at several healthcare organization conferences:
 - Pharmacists Association of Saskatchewan conference, April 2012
 - Canadian Society of Hospital Pharmacists – Saskatchewan Branch, October 2012 Drug Therapy
 - Practical Drug Therapy Conference, March 2012.
- Heather Dawson, College of Pharmacy & Nutrition Development Officer, and Karen Jensen worked together on the annual fund-raising campaigns. Requests for contributions were sent to Saskatchewan pharmacies in January 2013.

7. STRATEGIC PLANNING INITIATIVES

- As part of the rebranding process, the drug information service has been given a new name and logo. The name was chosen from a number of suggestions submitted in a contest for pharmacy students. The logo was designed by a graphic artist employed by the Pharmacists' Association of Saskatchewan.
- Expand technological access
 - A system is now in place to accept texted questions; however very few questions have been submitted by this route to date.
 - A searchable database of deidentified professional line questions and answers was posted on the medSask website (www.medsask.usask.ca) in March, 2013.

8. ADVISORY BOARD

The purpose of our Advisory Board is to ensure that medSask is meeting its goals and objectives. We greatly appreciate the valuable advice and support the board members provide us, both at the annual meeting and throughout the year.

Advisory Board members for the year 2012 – 2013 were:

- Saskatchewan College of Pharmacists – Ray Joubert
- Saskatchewan Health – Kevin Wilson
- Canadian Society of Hospital Pharmacists (SK Branch) – Audrey Smycniuk
- College of Pharmacy and Nutrition – Yvonne Shevchuk
- Community Pharmacy Representative – Grace Rieder
- College of Physicians & Surgeons of Saskatchewan – Doug Spitzig
- Pharmacist’s Association of Saskatchewan – Myla Wollbaum

The annual meeting of the Advisory Board was held on June 27, 2012. The priorities set at this meeting and the actions taken were as follows:

- Strategic planning initiatives
 - Establish a fundraising committee. *Action carried forward.*
 - Expand technological access
 - *A system is now in place to accept texted questions; however very few questions have been submitted by this route to date..*
 - *Selected professional line question and answers are now being displayed on the medSask website (www.medsask.usask.ca).*
- Five year business plan. *Carried forward*
- Investigate opportunities for grants and / or service contracts with other organizations and emerging healthcare activities. *Potential contracts with RxFiles, PAS, SCP, CPDP/SDM.*
- Quality assurance program for healthcare professional calls. *The process of posting healthcare professional calls includes assessment and proofreading of the response and references.*

9. PRIORITIES FOR 2013 – 2014

- Actions carried forward: fundraising committee, five year business plan.
- Pursue potential opportunities for grants and / or service contracts with other organizations and emerging healthcare activities.
- Expand and improve quality assurance program
- Additional priorities will be added as suggested by the Advisory Board at the annual meeting in June, 2013

10. FINANCIAL REPORT

The 2012 – 2013 financial statements are attached (Appendix I).

We wish to express our sincere appreciation to the organizations which provided financial or in-kind support for medSask over the past year:

- Saskatchewan Health, Prescription Drug Services Branch
- Saskatchewan College of Pharmacists
- Canadian Society of Hospital Pharmacists – Saskatchewan Branch
- College of Pharmacy and Nutrition, University of Saskatchewan
- Pharmacists Association of Saskatchewan
- RxFiles, Saskatoon Health Region
- Saskatchewan pharmacies (Donors listed in Appendix II)

11. medSask PERSONNEL 2012 – 2013

Director: Dr. Yvonne Shevchuk PharmD, BSP

Manager: Karen Jensen MSc, BSP

Drug Information Consultants:

In-office staff

- Carmen Bell BSP
- Lisa Hupka BSP
- Terry Damm BSP
- Jean Macpherson BSP

On-call consultants

- Aldona Torgunrud BSP
- Dorothy Sanderson BSP
- Jean Macpherson BSP
- Audrey McLelland BSP
- Charlene Chursinoff BSP
- Amanda Kongawi BSP
- Terry Damm BSP
- Shannon Appel BSP
- Ally Skolney BSP
- Jennifer Troy BSP
- Zack Dumont BSP
- Justin Kosar BSP

APPENDIX 1: Financial Report

	2012-13 Budget	2012-13 Actual	Budget 2013-14	Budget 2014-15	
REVENUE					
Sask Health - SPDP	285,624	285,624	289,385	300,000	5 % increase
SCP	49,000	49,000	49,000	51500	5 % increase
Donations - Pharmacy	30,000	22,035	30,000	30000	
Contracts	40,000	20,364	30,000	30000	
Sundry	1,500		15000	1500	
Subtotal	406,124	377,023	399,885	413,000	
EXPENDITURES					
Salaries	374,000	362,863	365,000	376,000	3 % increase
Quality Assurance	1000	0	1000	1000	
Office supplies	250	88	100	100	
Books	500	1402	1000	1000	
Printing	2000	972	1000	500	
Telephone and Fax	6500	4718	5000	5400	
Postage	1500	683	500	500	
Website design and maintenance	2600	869	500	500	
Advertising and Promotion	1000	125	2500	2500	
Hospitality / working lunches	250	89	250	250	
Strategic Planning	0	1443	0	0	
Membership fees & dues	4000	3519	3600	4000	
Registration - conferences	1000	1438	1500	1500	
medSask workshop				2000	
Software licenses	9500	12676	15000	15000	
Travel	1000	1333	1000	1000	
Computers	524	232	1500	1500	
Equipment	500	0	435	250	
Subtotal	406,124	392,450	399,885	413,000	
TOTAL REVENUES - EXPENDITURES		-15871			
		2012 balance forward			5,297
		Current balance			-10574

Budget highlights:

- Deficit of \$15,871 on the 2012-13 budget based on shortfall of revenue from donations and contracts.
 - Pharmacies may be less likely to make donations because of the uncertainty regarding generic pricing and government funding for clinical services.
 - Fundraising Initiatives such as approaching other professions, organizations for funding are on hold until we have a fundraising committee to assist us.
 - To make up the deficit, we will request a 5% increase in annual grants from SaskHealth and SCP for 2014-2015.
- Salaries were under budget but expenses for books and software licenses were higher than anticipated. Costs for converting our website from Dreamweaver to Cascade were covered by the College of Pharmacy & Nutrition

APPENDIX II: DONATIONS

PHARMACY	CITY/TOWN
Battleford Drug Mart	Battleford
Bengough Drugs	Bengough
Bick's Drugs	Kerrobert
Broadway Ave Pharmacy	Saskatoon
Brunskill Pharmacy	Saskatoon
Canora Pharmacy	Canora
Carrot River Pharmacy	Carrot River
Cheetham's Pharmacy	Saskatoon
College Ave Drugs	Regina
Coteau Hills Pharmacy	Beechy
Cozi HealthCare	Melville
Delta Co-op	Unity
Dragan Drugs	Indian Head
Duck Lake Pharmacy	Duck Lake
Earl's Pharmacy	Saskatoon
Edmunds Pharmacy	Tisdale
Fisher's Drug Store	North Battleford
Foam Lake Pharmacy	Foam Lake
Forest Drugs Ltd	Hudson Bay
Galloway's Pharmacy	Central Butte
Granger Drugs	Bruno
Gravelbourg Drugs	Gravelbourg
Gray Chemists	Prince Albert
Hearn's Pharmacy	Yorkton
Henders Drugs	Estevan
Kelvington Rx PharmaChoice	Kelvington
Laurier Dr Pharmacy	Saskatoon
Leslie's DrugStore	Biggar
Lorne Drugs	Regina
Loucks Medi-health Pharmacy	Yorkton
Medical Arts Pharmacy	Saskatoon
Medicine Shoppe 1631 20th St W	Saskatoon
Medicine Shoppe 343-20 St W	Saskatoon
Medicine Shoppe 511A 33rd St W	Saskatoon
Medicine Shoppe 5th Ave	Saskatoon
Medicine Shoppe Broadway Ave	Saskatoon
Midtown Medical	Saskatoon
Midway Pharmacy	Davidson

My Pharmacy	Prince Albert
R&C Drugs	Regina
Raymore Pharmacy	Raymore
Redberry Pharmacy	Hafford
River Height Drugs	Regina
Rocanville Pharmacy	Rocanville
Rose Valley Pharmacy	Rose Valley
Rubicon Pharmacies Can Inc.	
Sametz Pharmacy	Ituna
Saskatoon Co-op Pharmacies	Saskatoon
Saskatoon Co-op Pharmacies	Saskatoon
Shellbrook Pharmacy	Shellbrook
Slobodian Pharmacy	Porcupine Plain
Spiritwood Pharmacy	Spiritwood
Stueck Pharmacy	Leader
Towers Pharmacy	Regina
Valley Drug Mart	Fort Qu'Appelle
Wadena Drugs	Wadena
Wakaw Pharmacy	Wakaw
Watrous Pharmacy	Watrous
White's Pharmacy	Saskatoon
Winnipeg St Pharmacy	Regina