



**Saskatchewan
Drug
Information
Service**

Annual Report

April 1, 2007 – March 31, 2008



College of Pharmacy and Nutrition, University of Saskatchewan

110 Science Place, Saskatoon SK S7N 5C9

T: (306) 966-6340, (306) 966-6378 F: (306) 966-2286

www.usask.ca/druginfo

EXECUTIVE SUMMARY

The Saskatchewan Drug Information Service (SDIS) received a total of 5250 requests for information between April 1st, 2007 and March 31st, 2008; 2665 from healthcare professionals and 2585 from consumers. This represents an increase of 11.5% (543 calls) compared to the total in the previous year.

The increase was primarily due to the extended hours of service on the consumer line initiated in December 2007. Calls to the consumer line during regular daytime hours decreased by 14.5 % (299 calls) while call numbers on the healthcare professional line did not change significantly from the previous year.

The most frequent callers to the healthcare professional line were community pharmacists, accounting for 67.5 % of information requests, slightly more than last year. Nurses placed 12 % of the calls, physicians 6.5 % and hospital pharmacists 3 %. Calls to the professional line were made from 81 different Saskatchewan communities. The highest percentages of calls continue to originate in Saskatoon (40 %) and Regina (21 %). The categories of drug information most commonly requested were drug interaction, therapeutic use, side effects, dosage and product availability. SDIS staff continued to provide very timely service to callers, responding to 87 % of calls the same day the requests were submitted.

Consumer line consultants responded to 1785 calls during regular daytime hours (Monday to Friday, 8 :00 AM to 5:00 PM) and 799 calls during evening hours (5:00 PM and 12:00 midnight, 7 days a week). Evening on-call service was piloted for the last three and one-half months of the fiscal year (December 17, 2007 to March 31, 2008). There were some noticeable differences between evening and daytime caller statistics: evening callers tended to be younger and were more likely to be women; a lower percentage of calls in the evening were from the Saskatoon Health Region (28 % vs. 48 %) and higher percentages originated from the more rural health regions. The most common questions concerned side effects, therapeutic use, drug interaction, dosage and general information. Time required to answer and discuss the majority of questions was 5 – 10 minutes, respectively. Referrals from the HealthLine were the source of 35 % of consumer calls during the day and 84 % of calls in the evening. Repeat callers were responsible for 37 % of daytime calls to the consumer line.

SDIS consultants were also active in other areas of drug information. Four issues of the SDIS Drug Information Newsletter were distributed to Saskatchewan pharmacists and two Frequently Asked Question information memos were posted on the SDIS website. Consultants provided drug interaction lectures, drug toxicology lectures, drug information tutorials and experiential training in the specialty of drug information to undergraduate students at the College of Pharmacy and Nutrition, University of Saskatchewan. In addition, SDIS consultants exhibited posters and gave oral presentations at various pharmacy, healthcare professional and consumer events. SDIS provided consultant services to the Lung Association of Saskatchewan, SIAST Nurse Practitioner Program and the Saskatchewan College of Pharmacists.

The tenth meeting of the Advisory Board was held August 8th, 2007. The Board assists SDIS in strategic planning and meeting goals and objectives. On-going priorities for SDIS in 2008 - 2009 are maintaining or increasing call volumes for both the healthcare professional and consumer arms of the service; ensuring callers continue to receive timely and quality service; continuing to build collaboration with the HealthLine and Primary Health Care; promoting increased use of the SDIS website; continuing to encourage networking among Canadian drug information services; and increasing the frequency of followups to determine caller outcomes. New priorities include pursuing more of the initiatives suggested by the focus group for promotion and funding; intensifying advertising for the consumer line; developing and implementing quality assurance policies and procedures for SDIS, and investigating a role for SDIS in chronic disease management. Additional priorities will be added as suggested by the Advisory Board at the annual meeting in August, 2008.

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 (SDIS). 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, 8:30 AM to 4:30 PM, 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 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 the HealthLine. Queries between 12:00 AM and 8:00 AM 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, 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, current and concise 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.

1.2.2 Consumer Information Service

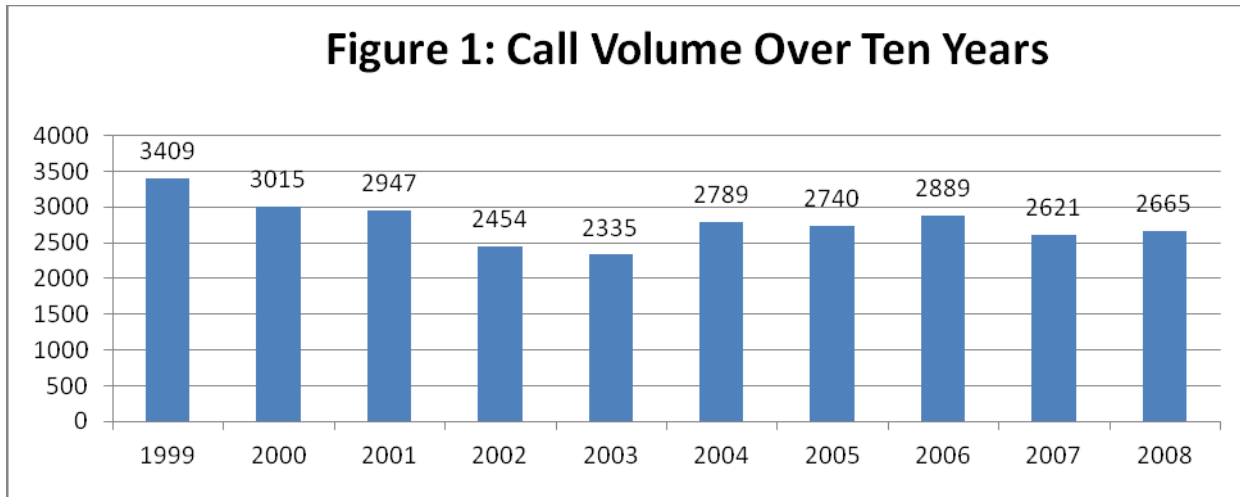
- To provide Saskatchewan healthcare consumers with immediate access to objective, current and concise information on drug-related questions.
- To direct patients with serious adverse reactions and other problems to adequate medical follow-up.
- To provide and enhance educational and training programs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

2. UTILIZATION STATISTICS: APRIL 2007 – MARCH 2008

2.1 Healthcare Professional Service

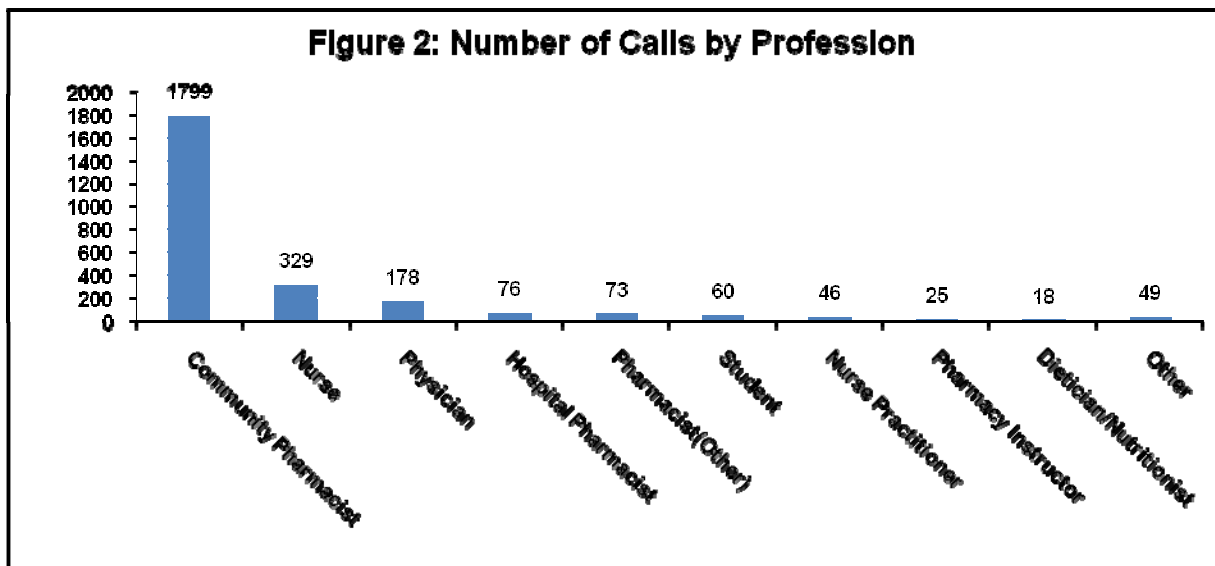
a) Number of Calls Received

The healthcare professional line received **2,665** requests for information during the 2007 – 2008 fiscal year, 44 (1.5 %) more than in the previous year. Call volumes for the last 10 years are shown in Figure 1. Call volumes have remained relatively stable over the last five years.



b) Profession of Callers

As previously, the majority of calls (67.5 %) were from community pharmacists. Nurses (public health, travel clinics, etc.) were the next largest group accounting for 12 % of the professional calls, followed by physicians at 6.5 % and hospital pharmacists at 3.0 %. Figure 2 reports the number of calls by profession.



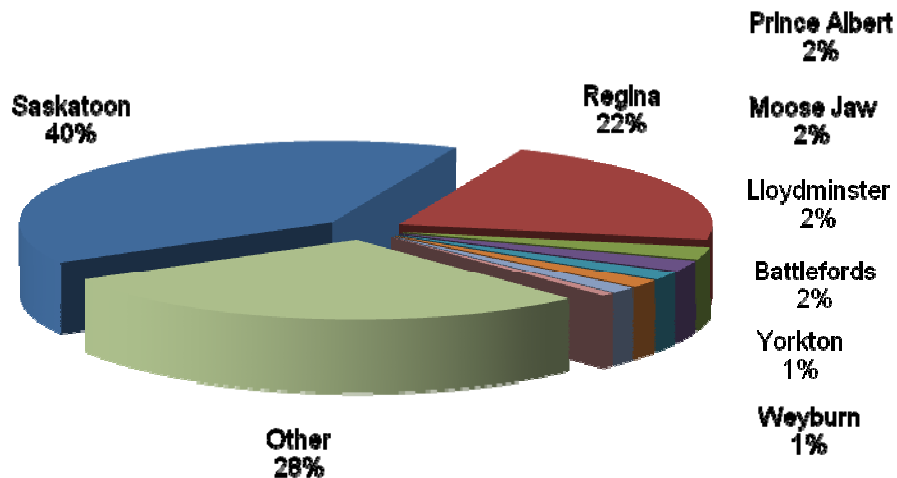
c) Geographical Location of Callers

As detailed in Table I, requests for information over the past year came from 81 different communities across Saskatchewan. There were also 29 calls from outside of Saskatchewan. The highest percentage of calls continues to originate in Saskatoon, increasing slightly from 38 % to 40 % this past year. The percentage of calls from Regina healthcare professional declined slightly from 23 % to 22 % over the past year. Figure 3 illustrates the percentage of calls received from various Saskatchewan communities.

Table I: Location of Healthcare Professional Service Callers

SASKATCHEWAN			
Number of Calls	Community	Number of Calls	Community
1072	Saskatoon	18	Melfort, Weyburn
583	Regina	17	Kerrobert
111	Unity	16	Madistone
67	Prince Albert	13	Swift Current
66	Humboldt	10	Luseland
60	Tisdale	9	Turtleford
47	Moose Jaw	8	Biggar, Carrot River, Estevan, Shellbrook
44	Lloydminster	7	Ituna, Kelvington, Leader, Meadow Lake
37	North Battleford	6	Assiniboia, Duck Lake, La Ronge, Langenburg, Wadena
37	Yorkton	5	Hafford, Kamsack, Maple Creek, Outlook, Wakaw
29	Fort Qu'Appelle, Nipawin,	4	Ile a la Crosse, Foam Lake, Moosomin, Nokomis, Southey, St. Walburg
28	Buffalo Narrows	3	Carlyle, Davidson, Gravelbourg, Wolseley
24	Battleford, Kindersley	2	Birch Hills, Black Lake, Christopher Lake, Coronach, Edam, Spiritwood, Norquay, Watrous, Paradis Hill, Macklin, Oxbow
22	Melville, Rosetown	1	Balcarres, Bengough, Broadview, Canora, Caronport, Central Butte, Delisle, Fillmore, La Loche, Lanigan, Leask, Naicam, Preeceville, Radville, Raymore, Stoney Rapids, Waldheim, Wynyard, Yarbo
21	Indian Head		
ORIGIN OUTSIDE SASKATCHEWAN			
Number of Calls	Province / Country		
27 Out of Province	Oyen, AB; Calgary, AB; Flin Flon, MB; Hay River, NWT; Hartley, BC; Mississauga, ON; Rankin Inlet, IN; Toronto, ON; Westbank, BC; Woodstock, ON; Winkler MB		
2 Out of Country	Bergen, Norway; Giza, Egypt		

Figure 3: Origin of Healthcare Professional Calls



d) Contact Method

Most of the questions (92 %) were submitted by telephone. Of these, 1779 (74 %) were taken in person by drug information consultants and 643 (26 %) were left on voicemail. One hundred and fifty-eight questions (6 %) 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, side effect / adverse reaction, dosage 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	336	12.5
Therapeutic use	331	12.5
Side Effect / Adverse Reaction	293	11
Dose	262	10
Availability	222	8.5
Formulation	201	7.5
General Information	139	5
Contraindication	107	4
Administration	106	4
Identification	93	3.5
Pregnancy	91	3.5
Lactation	84	3
Coverage / legalities	54	2
Stability	52	2
Kinetics	30	1
Other	264	10

The percentage of questions involving herbal products this year was 5.5 %, slightly lower than in the previous year (6.7 %).

f) Time Required to Answer Requests

The amount of time spent by drug information consultants on research ranged from zero to twelve hours per question. Table III provides a comparison of research times over the past 5 years. Research times in 2007-2008 were similar to those in previous years. Answers were provided to most callers (87 %) the same day the query was submitted. When appropriate, additional documentation concerning the request was sent to the caller by mail, facsimile or email.

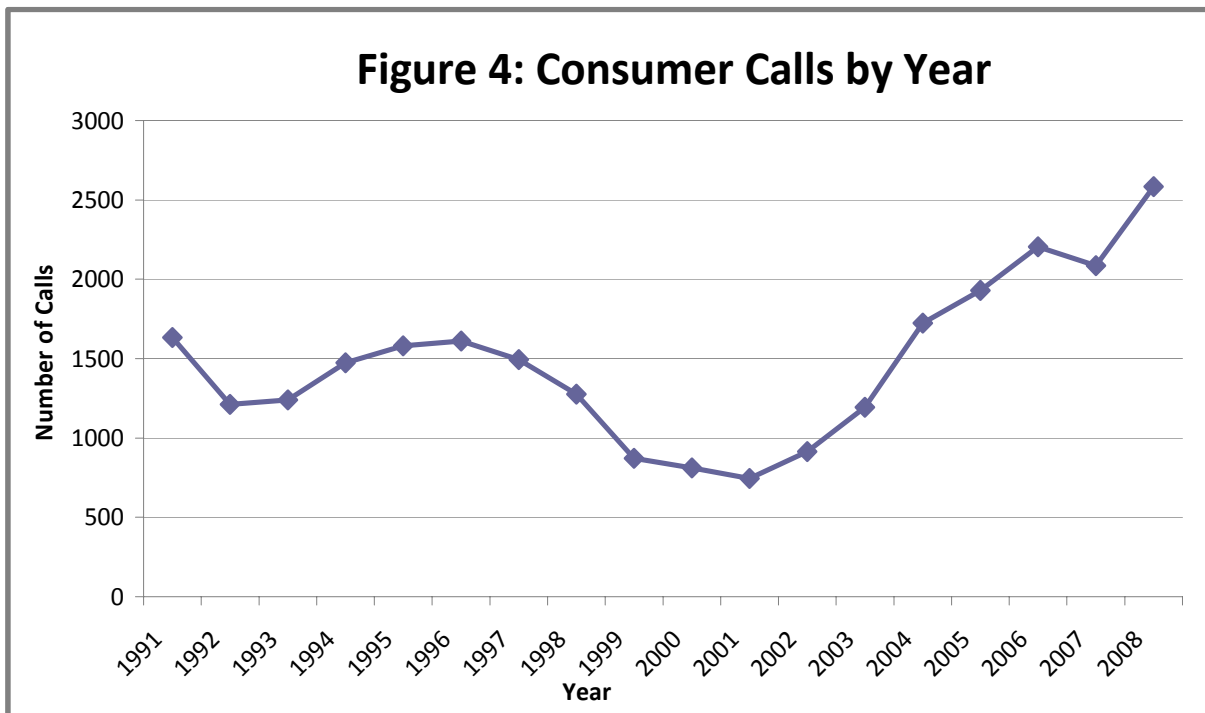
Table III: Time Required to Research Requests

Time Required	Percentage of Requests				
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
5 min. or less	30 %	35 %	37 %	37 %	35 %
6 – 15 min.	42 %	25 %	20 %	19 %	19 %
16 – 30 min.	19 %	28 %	24 %	24 %	26 %
31 – 60 min.	7.5 %	11 %	12.5 %	13 %	14 %
> 60 min.	1.5 %	1.5 %	6.5 %	7 %	6 %

2.2 Consumer Service

a) Number of Information Queries

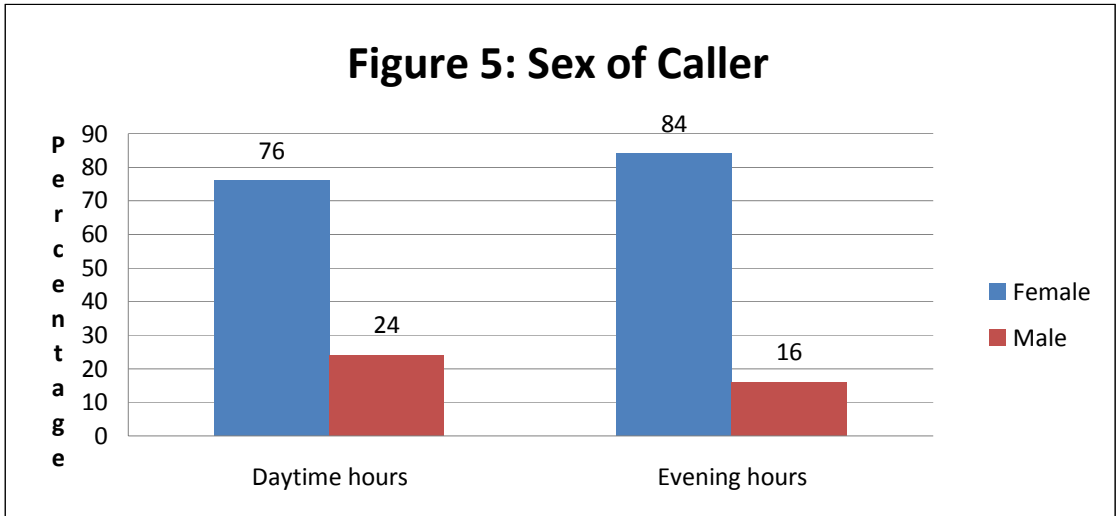
There were **2585** calls to the SDIS consumer service during the 2007 – 2008 fiscal year compared to 2086 during the 2006 – 2007 year. Figure 4 illustrates the trends in annual call totals since the inception of the consumer information service in 1991. Call volumes reflect variations in the hours of service provided over the years. On-call service for consumer calls between 5:00 PM and 12:00 midnight was piloted for the last three and one-half months of this fiscal year (December 17, 2007 to March 31, 2008) and was the reason for the large increase in consumer calls in 2007 – 2008. During regular daytime hours (8:00 AM – 5:00 PM, Monday through Friday), 1786 calls were received compared to 2086 in the previous year; during evening hours 799 calls were received. The on-call consumer line service was requested and funded by the HealthLine. The decrease in daytime calls strongly points out the need for increased advertising of the consumer line. We did very little promotion this year as we were waiting to determine how successful the on-call service would be and whether it would be extended for the 2008 – 2009 fiscal year.



b) Caller Demographics

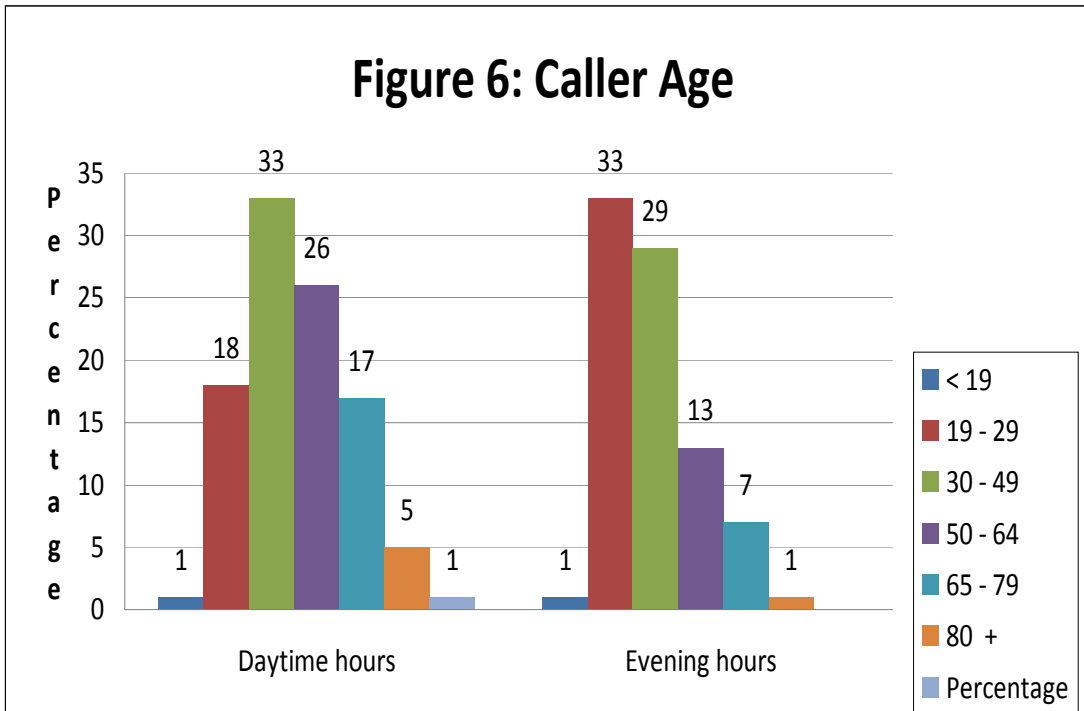
Sex

As in previous years, the majority of callers were women. There is a trend, however, towards an increased number of male callers during regular hours.



Age

The age pattern of daytime callers is similar to that in previous years. Figure 6 compares the distribution of caller ages between daytime and evening hours. Evening callers tend to be younger than those that call during the day.



c) Geographical Location of Callers

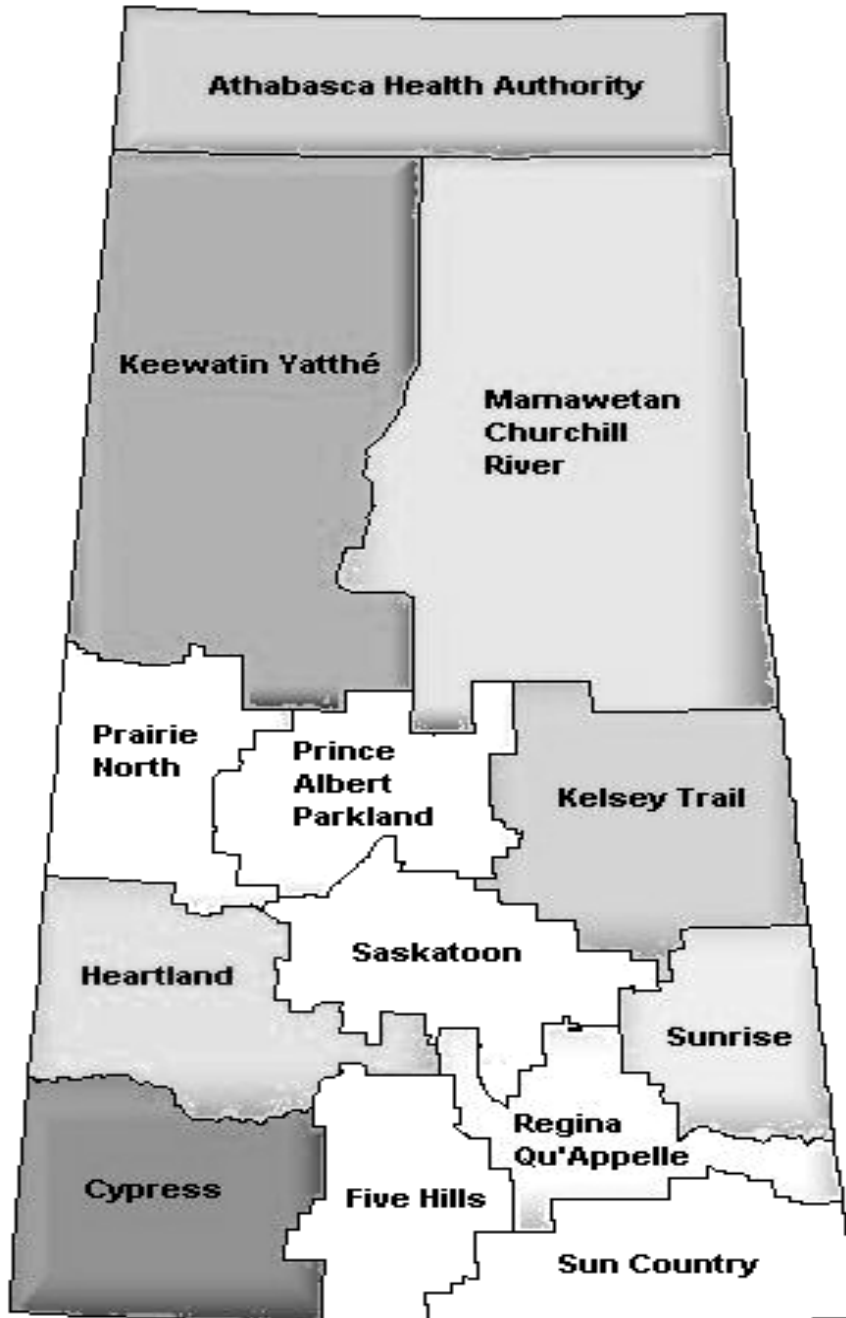
Table IV details the breakdown of calls by Regional Health Authority. As would be expected, the highest percentages of calls were from the Saskatoon and Regina Qu'Appelle regions. The remainder originated in more than 200 different communities situated within the other ten Saskatchewan health regions (Figure 7). There were some marked differences between the origin of daytime and evening calls; there was a lower percentage of calls from the Saskatoon RHA but a higher percentage of calls from some of the less populated RHAs (indicated by * in Table IV) during the evening hours. This could indicate that callers are getting their drug information locally (from drug stores, clinics, etc.) during the day and using the information line at night when these sources are not available.

Table IV: Consumer Calls by Regional Health Authority

Regional Health Authority	Daytime Calls Number (%)	Evening Calls Number (%)
Saskatoon	868 (48 %)	221 (28 %) *
Regina Qu'Appelle	298 (17 %)	147 (18 %)
Sunrise	119 (7 %)	42 (5 %)
Prairie North	86 (5 %)	69 (9 %) *
Cypress	80 (4 %)	23 (3 %)
Prince Albert Parkland	61 (3 %)	41 (5 %) *
Sun Country	59 (3 %)	41 (5 %) *
Heartland	56 (3 %)	20 (2.5 %)
Five Hills	42 (2.5 %)	42 (5 %) *
Kelsey Trail	30 (2 %)	20 (2.5 %)
Mamawetan Churchill River	18 (1 %)	26 (3 %) *
Keewatin Yatthe	3 (0.2 %)	26 (3 %) *
Athabasca	3 (0.2 %)	1 (0.1 %)
Outside Saskatchewan	4 (0.2 %)	
Unknown / Anonymous	60 (3 %)	100 (12.5 %)*

* Note differences between daytime and evening hours

Figure 7: Saskatchewan Regional Health Authorities



d) Contact Method

Most consumers submitted questions by telephone (96 % during the day; 100 % during the evening). Of these, 95 % were taken in person by a drug information consultant and the remainder (195) were left on voicemail. Forty-nine questions were submitted by email, slightly more than the number received by this mode in the previous year.

e) Nature of Information Requested

Table V details the categories of consumer information requests by frequency and time of call (daytime and evening hours). The most frequent category during both daytime and evening hours was side effects / adverse reactions. 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 V: Summary of Calls by Nature of Information

Nature of Request	Daytime Hours Number (%) of Calls	Evening Hours Number (%) of Calls
Side effects / Adverse reactions	392 (22 %)	165 (20 %)
Therapeutic use	270 (15 %)	84 (11 %)
Drug Interactions	266 (15 %)	165 (20 %)*
Dosage / Administration	183 (10 %)	133 (17 %)*
General Information	143 (8 %)	64 (8 %)
Pregnancy	75 (4 %)	69 (9 %)*
Lactation	69 (4 %)	41 (5 %)
Coverage / legalities	56 (3 %)	2 (0.3 %)
Availability	54 (3 %)	3 (0.5 %)
Drug Abuse	45 (2.5 %)	2 (0.3 %)
Formulation	36 (2 %)	16 (2 %)
Contraindications, stability, identification, kinetics, toxicity, pharmacology, compatibility, new products		≤ 2 % each

* Note differences between daytime and evening hours

The percentage of calls involving herbal or complementary products increased from 12 % in 2006 – 2007 to 16 % in 2007 – 2008 during daytime hours. Only 3 % of evening callers asked about herbal products.

f) Potential 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”. In instances where requests were thought to be “potentially serious” (190) the patient was strongly encouraged to contact his/her physician or the appropriate healthcare professional. “Serious” calls (4) were referred immediately to the Poison Control Centre or to the nearest hospital emergency department.

Table VI : Severity of Consumer Calls

Severity Rating	Description	Daytime Hours Number (%) of Calls	Evening Hours Number (%) of Calls
Not serious	No further action required	1670 (93 %)	707 (88 %)
Potentially serious:	Information immediately available is provided, caller is referred to appropriate healthcare professional	116 (6.5 %)	86 (11 %)
Serious	Caller is referred immediately to the Saskatchewan Poison Centre or nearest hospital emergency department	1	5 (1 %)

g) Time Required to Answer Requests

Table VII and VIII 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.

Table VII: Time Required for Research Per Call

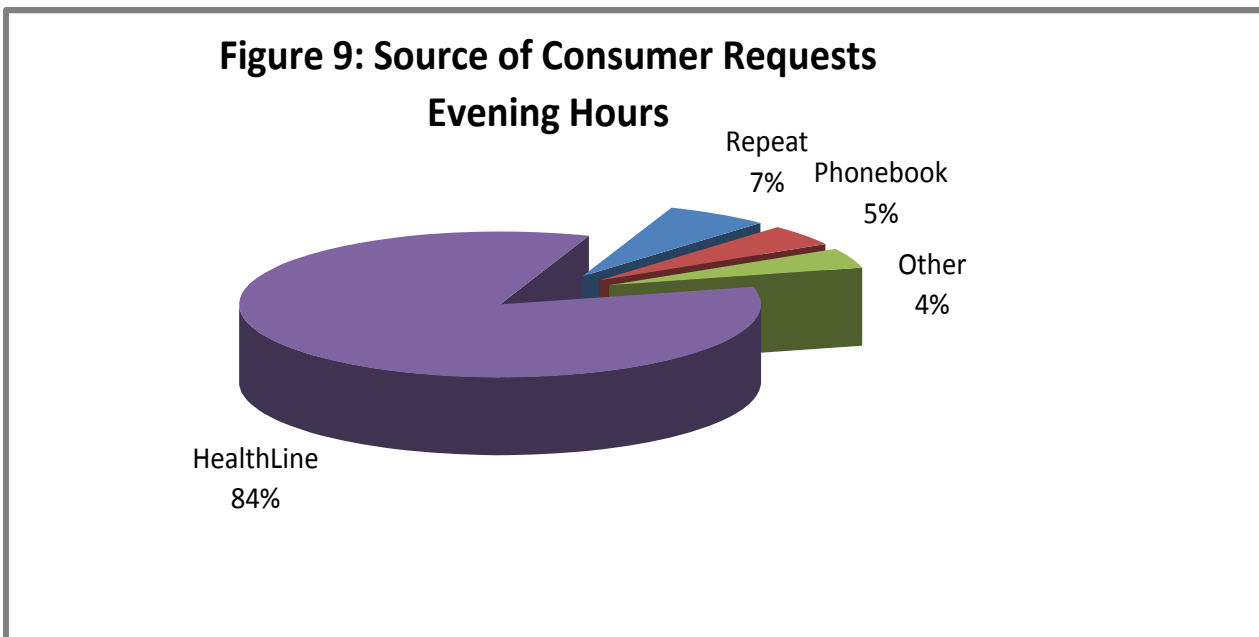
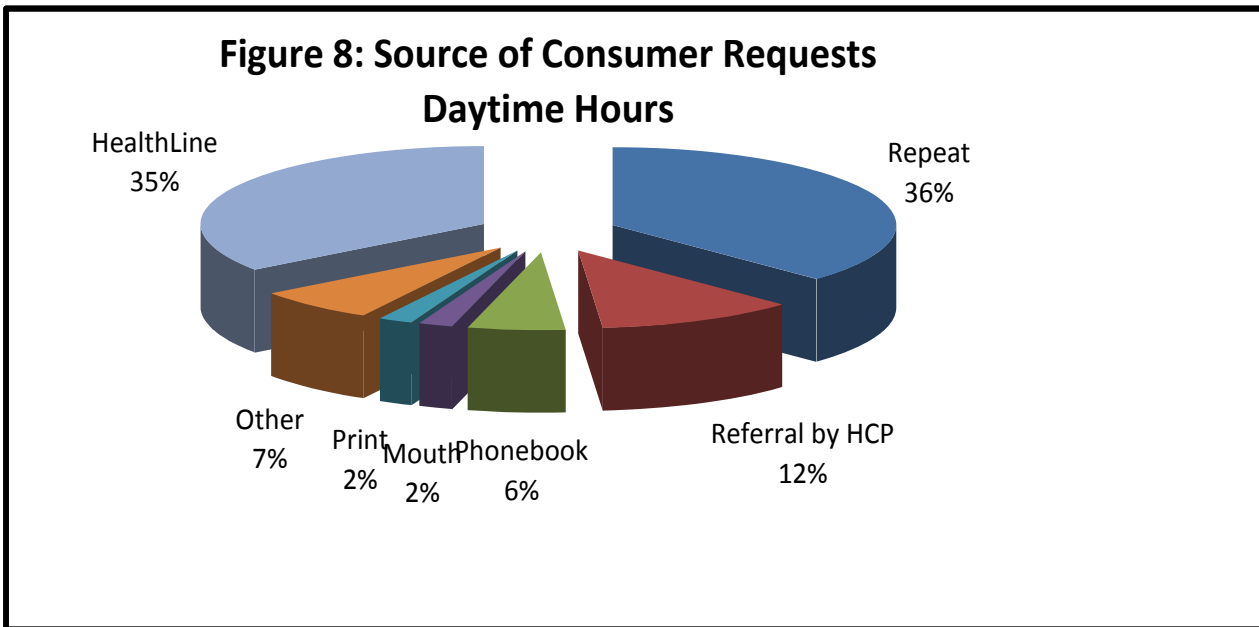
Time Required Per Question	Daytime Calls	Evening Calls
0 – 5 minutes	1157 (65 %)	579 (72 %)
6 – 10 minutes	241 (13 %)	118 (15 %)
11 – 15 minutes	76 (4 %)	35 (4 %)
16 – 30 minutes	229 (13 %)	63 (7 %)
31 – 60 minutes	69 (4 %)	1 (0.1 %)
More than 60 minutes	10 (0.5 %)	1 (0.1 %)

Table VIII: Discussion Time Per Call

Time Required Per Question	Daytime Calls	Evening Calls
0 – 5 minutes	1341 (75 %)	477 (60 %)
6 – 10 minutes	336 (19 %)	220 (28 %)
11 – 15 minutes	59 (3 %)	59 (7 %)
16 – 30 minutes	46 (3 %)	40 (5 %)
31 – 60 minutes	5 (0.3 %)	1 (0.1 %)

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. Figures 8 and 9 summarize the answers provided to that question in 2006 – 2007. Although the number of callers referred from the HealthLine and the number of repeat callers were somewhat lower than in the previous year, the proportion of calls in each category remained fairly constant.



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 service have become the most common source of consumer calls. Thirty-five percent of daytime callers and eighty-four percent of evening callers were referred to SDIS by the HealthLine.

Repeat Callers

Repeat calls accounted for 37 % of daytime calls and 7 % of evening calls 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 % of calls made to the consumer line during the day. 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 modestly effective means of directing Saskatchewan residents to the consumer information line. Approximately 6 % of callers reported they had learned about the service by coming across the consumer line number in the phone book.

Print

We did a minimal amount of promotion for the consumer line due to the transition to extended hours of service. Consequently few callers became aware of the service through the print medium.

2.3 Summary

Overall, SDIS received a total of **5250 calls** in the 2007 – 2008 year, an increase of 11.5 % (543 calls) compared to last year's total. The increase was primarily due to the consumer on-call service initiated in December 2008. Calls to the consumer line during regular daytime hours decreased by 14.5 % (299 calls) while call numbers on the healthcare professional line did not change significantly from the previous year.

3. SDIS PERSONNEL 2007 – 2008

SDIS Office Staff

- Director: Dr. Yvonne Shevchuk PharmD, BSP
- Manager: Karen Jensen MSc, BSP
- Healthcare professional line DI consultant: Carmen Bell BSP
- Consumer line DI consultants: Gary Berg BSP, Karen Jensen MSc, BSP
- Casual staff: Barbara Pollock BSP, Lisa Hupka BSP

SDIS On-call consumer line DI consultants

- Stacey Anderson BSP, Barbara Pollock BSP, Dorothy Sanderson BSP, Donna-Rae Zadvorny BSP, Holly Mansell BSP, Gary Berg BSP, Karen Jensen MSc, BSP

4. AUXILIARY SDIS ACTIVITIES

a) Follow-up calls

SDIS drug information consultants followed up on 28 calls during the 2007 – 2008 year. An ongoing objective of the Service is to increase the percentage of follow-up calls. 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 Questions (FAQ) for healthcare professionals

SDIS staff prepared the following FAQ information memos:

1. Vitamin D and Cancer
2. Hepatic Concerns with Prexige (lumericoxib)

FAQs were posted on the SDIS website under Hot Topics.

c) Newsletters

Four issues of the SDIS Drug News were mailed to Saskatchewan pharmacists:

1. Vol. 24, No. 2 Risk of infection with Anti-Tumor Necrosis Factor Therapy?
2. Vol. 24, No. 3 Cough and Cold Medications in Pregnancy and Lactation
3. Vol. 24, No. 4 Cold-Fx for Colds and Flu: Effectiveness and Safety
4. Vol. 25, No. 1 Update on Drug-Induced Osteoporosis

The newsletters were also posted on the SDIS website.

d) Consultation / Contract work for other organizations

- Annual review and updates of the information in the drug therapy section of the Canadian Lung Association website funded by the Lung Association of Saskatchewan.
- Review of the literature on pharmacy reference library requirements with respect to resources and recommendations at the request of the Saskatchewan college of Pharmacists. The review was carried out by the SDIS summer research student.
- Review of the content of the SIAST Primary Care Nurse Practitioner therapeutics courses (Phar 271 / 272) completed by Gary Berg in January 2008.

e) Contribution to Undergraduate Curriculum

- NUTR 440.6: Clinical Nutrition – 1 lecture on “Food – Drug Interaction” (*K.Jensen*).
- PHAR 372.2: Research Methods and Evidence-Based Practice – computer lab tutorials on “Electronic Drug Information Resources” and “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 – Computer lab tutorials on “Evidence-Based Medicine Resources” (*K. Jensen*) and “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 provided a specialty practice site for four fourth year students’ Structured Practice Experience Program rotations.

f) Presentations

- April 2007: “ Medications in Stroke Prevention” presented to the Stroke Association (Saskatoon) by Gary Berg.
- May 2007: “Drug Safety” presented to Rainbow 50 (Saskatoon) by Gary Berg.
- June 2007: In-service orientation on the Consumer Drug Information Service to new nursing staff at the HealthLine Call Centre in Regina by Karen Jensen.
- September 2007: “Anti-malarials” presented to the Saskatoon Public Health Travel Clinic by Carmen Bell.
- October 2007: “Saskatchewan Drug Information Service : What we can do for you” presented at the Chronic Disease Collaborative Workshop (Saskatoon) by Carmen Bell and Karen Jensen.
- January 2007: “Anti-malarials” presented to the Saskatoon Public Health Travel Clinic by Carmen Bell.

h) Poster Presentations

- April 2007: Pharmacists Association of Saskatchewan annual conference in Saskatoon. SDIS poster. (Gary Berg)
- June 2007: Canadian Pharmacists Association Annual Convention in Ottawa. 2006 Summer Student Research Project – “Impact of a drug information service for consumers”. (Karen Jensen)
- October 2007: Canadian Society of Hospital Pharmacists – Saskatchewan Branch Conference. SDIS poster. (Gary Berg)
- October 2007: Canadian Society of Hospital Pharmacists – Saskatchewan Branch Conference. 2006 Summer Student Research Project – “Impact of a drug information service for consumers”. (Bea Ashton)

i) Promotion / Fundraising

- A focus group meeting to develop promotion and fundraising strategies for SDIS was held on June 15, 2007. It was attended by representatives from community pharmacy (Rick Dobrow, Lisa Hupka, Alanna Berg), hospital pharmacy (Sarah Murch), the College of Pharmacy and Nutrition (Shauna Berenbaum, Lisa Green), the Health Quality Council (Sheila Ragush) and SDIS personnel (Carmen Bell, Gary Berg, Yvonne Shevchuk, Karen Jensen). Suggested strategies included improvements to the SDIS website, new design for SDIS brochures and wider distribution of the brochures, stickers with the website address for distribution to healthcare professionals, ongoing promotion for both the healthcare professional and consumer services, presentations to students in other healthcare professional colleges, ads on video screens in medical clinics, spokespersons to advertise SDIS at CE events, pharmacy association events, etc., use of media for consumer line promotion, encouraging use of online newsletter to reduce postage costs and approaching pharmacy wholesalers to sponsor promotions.
- As suggested by the focus group, new brochures and stickers with SDIS contact information were designed and printed. These were mailed out to all regional health district public health departments in October, 2007.
- SDIS contracted with the Media Department at the University of Saskatchewan to rework the SDIS website. Announcing the site’s new look is a component of the promotion plan for the current year.
- Lisa Green, College of Pharmacy & Nutrition Development Officer, and Karen worked together on the annual fund-raising campaigns. Letters were sent to Rx&D and generic drug companies in October 2007 requesting contributions to SDIS. Pharmacies were targeted in February, 2008 via donation appeal letters mailed out to all Saskatchewan pharmacy managers / owners.

j) Research

Jenifer Baldo, a fourth year pharmacy student, was selected for the 2007 student summer research position at SDIS. Her major project was a questionnaire survey to investigate “Drug Information Practices of Community Pharmacists”. She also collected data for an ongoing study: “Time to First Dose of Antibiotics in Hospitalized Patients”.

5. PARTNERSHIPS WITH OTHER HEALTHCARE ORGANIZATIONS

a) 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. In collaboration with HealthLine, SDIS initiated a pilot of evening on-call service (5:00 PM to 12, midnight) on the consumer drug information line beginning December 17, 2007. The pilot ran for three and one-half months, during which time SDIS consultants received 799 calls. The HealthLine has contracted SDIS to continue providing evening service for the 2008-2009 year.

b) RxFiles

SDIS and the RxFiles continue to collaborate on drug information research and newsletter distribution. SDIS consultants investigated 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 to pharmacists in a joint package with RxFiles newsletters.

d) Committees

Karen is a member of the multidisciplinary Mother Baby Breastfeeding Initiative 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. As documented in Tables II and V, SDIS receives a number of questions regarding the use of drugs during lactation. SDIS serves as a consultation service on drug use and lactation for the MBBI committee.

Carmen is on the planning committee for the annual Practical Management of Common Medical Problems Continuing Medical Education Conference scheduled for November 2008.

e) Provincial Drug Information Services

Canadian Network of Drug Information Services

Karen arranged a meeting with representatives from the Drug Information and Research Centre in Toronto, the Poison and Drug Information Services in Calgary and the BC Drug and Poison Information Centre at the CPhA convention in Ottawa in June 2008. Based on the interest expressed at this meeting, community and hospital drug information services across Canada were invited to take part in a teleconference on September 19, 2008 to discuss possible formats for a national network of drug information services. Participants included Deborah MacIntyre, B.Sc.(Pharm.), Capital Health, Halifax Infirmary, Halifax, NS; L. Nicky Corkum, IWK Health Centre, Halifax, NS; Diane Brideau-Laughlin, South-East Regional Health Authority Drug Information Services Moncton NB; Wende Wood, Centre for Addiction and Mental Health, Toronto, ON; Scott Gavura, Drug Information and Research Centre, Toronto, ON; Al Eros, Winnipeg Regional Health Authority. Winnipeg, MB; Cathy Sochasky, Drug Information Services, Health Sciences Centre, Winnipeg, MB; Gayle Pearson, Peter Lougheed Hospital, Calgary AB; Lorraine Shopik, Poison And Drug Information Services, Calgary AB; Dr. Ingrid Vicas, Poison And Drug

Information Services, Calgary AB; Janet Webb, BC Drug and Poison Information Centre Vancouver, BC; Jessie Dodsworth, Vancouver Island Health Authority, Vancouver BC; Carla Dillon, School of Pharmacy Drug Information Centre, Memorial University of Newfoundland, St. John's, NL. The discussion focused on potential benefits of a network and advantages and disadvantages of different methods of networking (PSN Listservs, teleconference, VoIP, blogs, conferences). It was decided to proceed with another teleconference in a few months. As business proceeding from the teleconference, Karen contacted Barry Powers at CPhA to indicate interest in a joint CPhA – CSHP Drug Information PSN.

Poison and Drug Information Service (PADIS), Calgary AB

Dr Ingrid Vicas, PADIS Director and Karen continued to dialogue on the feasibility of different models of collaboration between the Saskatchewan and Alberta services to handle consumer calls during evenings and nights.

6. ADVISORY BOARD

The purpose of our Advisory Board is to ensure that SDIS is meeting its goals and objectives. Advisory Board members for the year 2007 – 2008 were:

- Saskatchewan College of Pharmacists – Ray Joubert
- Saskatchewan Health – Kevin Wilson
- Canadian Society of Hospital Pharmacists (SK Branch) – Ellen Kachur
- Canada's Research-Based Pharmaceutical Companies – Theo Pauls (Pfizer Canada Inc.)
- Canadian Drug Manufacturers Association – Bill Read (Teva Novopharm Ltd.)
- College of Pharmacy and Nutrition – Yvonne Shevchuk
- Community Pharmacy Representative – Brenda Dobni

The tenth annual meeting of the Advisory Board was held on August 8th, 2007. 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 2008 - 2009

a) Ongoing priorities

- Maintain / increase current call volumes on the healthcare professional and consumer information service lines.
- Ensure callers continue to receive timely and quality service on the both drug information lines.
- Continue to build collaboration with the HealthLine and Primary Health Care.
- Promote increased use of the SDIS website.
- Continue to encourage development of a network Canadian drug information services.
- Continue to incorporate call-backs into the regular routine in the healthcare professional and consumer services.

b) New priorities

- Pursue more of the initiatives suggested by the focus group for promotion and funding.
- Intensify advertising for the consumer line
- Develop and implement quality assurance policies and procedures for SDIS
- Investigate role for SDIS in chronic disease management
- Additional priorities will be added as suggested by the Advisory Board at the annual meeting in August, 2008.

8. FINANCIAL REPORT

The 2007 – 2008 Financial Statement is 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
- Canadian Society of hospital Pharmacists – Saskatchewan Branch
- Pharmacists Association of Saskatchewan
- College of Pharmacy and Nutrition, University of Saskatchewan

And to all the Saskatchewan pharmacies that contributed to SDIS (See Appendix II).

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

- Apotex Inc.
- Eli Lilly Canada Inc.
- Teva Novopharm
- Pfizer Canada Inc.
- Sanofi-Aventis Canada Inc
- Purdue Pharma
- Servier Canada Inc.
- Rx&D – Canadian Research Based Pharmaceutical Companies

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

Y. M. Shevchuk, Pharm D
Director

K. A. Jensen, MSc, BSP
Manager

APPENDIX I
SDIS Financial Report 2007 - 2008

	Budget 2007-8	Actual 2007-8	Budget 2008-9	Comments
Revenue				
Govt of Sask	131,000	131,000	157,000	
SCP	36,000	36,000	47,000	
Donations - Pharmacies	25,000	30,000	35,000	2500 from CSHP, 1000 from PAS
Donations - Industry	35,000	23,500	40,000	
Contracts	3,000	4,900	3,000	
Subtotal	230,000	225,400	282,000	
Expenditures				
Salaries	210,000	222,000	261,000	includes honoraria - contract work
Office supplies	500	458	750	
Books	2000	1612	2,000	
Printing	5000	2470	2500	
Telephone and Fax	3000	3391	3,500	
Postage	3000	2243	2500	
External services	250	0	250	
Website design and maintenance	500	0	2800	redesign of website
Advertising and Promotion	0	0	2,000	
Hospitality / working lunches	0	206	250	
Registration - conferences/workshops	1000	1190	1,000	
Software licenses	6000	3816	6,000	Micromedex, UpToDate
Travel	1000	2093	2000	
Computers	0	0	1,500	upgrade consumer line computer
Equipment	250	257	250	
Subtotal	232,500	239,736	288,300	
Total Revenues less Expenditures	-2,500	-14,336.00	- 6,300.00	

APPENDIX II
Donations from Pharmacies / Pharmacists

PHARMACY	TOWN/CITY
Loucks Medi-Health Pharmacy	Yorkton
Townsend's Central Drugs	Wynyard
Wakaw Pharmacy	Wakaw
Proudlove's Pharmacy	Eston
Laurier Driv Pharmacy Ltd	Saskatoon
College Avenue Drugs	Regina
Carrot River Pharmacy	Carrot River
Pharmasave # 415	Biggar
Broadway Ave Drugs	Saskatoon
Midtown Medical Pharmacy	Saskatoon
Leslie's Drug Store	Biggar
Slobodion Pharmacy	Porcupine Plain
Rose Valley Pharmacy	Rose Valley
Watrous Pharmacy	Watrous
MRM Scripts	Imperial
Vally Drug Mart	Fort Qu'Appelle
Medicine Shoppe #216	Saskatoon
Lorne Drugs	Regina
Spiritwood Pharmacy	Spiritwood
McQoid's Pharmacy	Wolseley
Coteau Hills Pharmacy	Beechy
Hearn's Pharmacy	Yorkton
Carndull Drug Mart	Carnduff
Canora Pharmacy	Canora
Friesen Drug Ltd	Rosthern
Rosthern Pharmacy	Rosthern
Stueck Pharmacy	Leader
Henders Price Watchers Drugs	Estevan
Redvers Pharmacy	Redvers
A.E.Walker Drugs	Saskatoon
Medical Arts Pharmacy	Saskatoon
Redberry Pharmacy	Hafford
Davis Rexall Drugs	Nipawin
Duncan's Pharmacy	Maple Creek
R & C Drugs	Regina
Gray Chemists	Prince Albert
Hill Avenue Drugs	Regina
Foam Lake Pharmacy	Foam Lake
Maidstone Pharmacy	Maidstone
Gravelbourg Drugs	Gravelbourg
Earl's Pharmacy Ltd	Saskatoon
Bick's Drugs	Kerrobert
Dragan Drugs	Indian Head
Carlton Trail Pharmacy	Duck Lake
Towers Pharmacy	Regina
Wadena Drugs	Wadena

Battleford Drug Mart	Battleford
Lansdall Pharmacy	Maple Creek
LaCroix Drug	Tisdale
Cut Knife Pharmacy	Cut Knife
St. Walburg Pharmacy	St. Walburg
Raymore Pharmacy	Raymore
Medicine Shoppe 5th Ave	Saskatoon
River Heights Drugs	Regina
Saskatoon Co-op Pharmacies	Saskatoon
Royal Drug Mart	Melville
Midway Pharmacy	Davidson
Victoria Square Pharmacy	Prince Albert
Luseland Pharmacy	Luseland
Shoppers Drug Mart Midtown Plaza	Saskatoon
Kelvington Rx Pharma Choice	Kelvington
Cheetham's Pharmacy	Saskatoon
London Drugs	Saskatoon
Medicine Shoppe 8th St E	Saskatoon
Wynyard Pharmacy	Wynyard
Paul's Drugs	Preeceville
Adam's Pharmacy	Moosomin
Saskatoon City Hospital Pharmacy	Saskatoon
Harbour Pharmacy	La Ronge
Mr. M. L. Pitzel	
Mr. Donald G. Bick	
T A & W Gables	