



**Saskatchewan
Drug
Information
Service**

Annual Report

April 1, 2008 – March 31, 2009



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EXECUTIVE SUMMARY

The Saskatchewan Drug Information Service (SDIS) received a total of 6878 requests for information between April 1st, 2008 and March 31st, 2009; 2450 from healthcare professionals and 4428 from consumers. This is an increase of 1628 calls (31 %) compared to the total in the previous year. The increase was wholly due to the extended hours of service on the consumer line. Call volume to the consumer line during regular daytime hours decreased by 6 % and call volume to the healthcare professional line decreased by 8 %.

The most frequent callers to the healthcare professional line were community pharmacists, accounting for 73 % of queries, 5 % higher than during the previous year. Nurses placed 13 % of the calls, physicians 7 % and hospital pharmacists 3 %. Calls to the professional line were made from 90 different Saskatchewan communities. The highest percentages of calls continue to originate in Saskatoon (38 %) and Regina (21 %). The categories of drug information most commonly requested were therapeutic use, drug interaction, dosage, adverse reaction and product formulation. SDIS staff continued to provide very timely service to professional line callers, responding to 88 % of calls the same day the requests were submitted.

Consumer line consultants responded to 1684 calls during regular daytime hours (Monday to Friday, 8 :00 AM to 5:00 PM) and 2585 calls during evening hours (5:00 PM and 12:00 midnight, 7 days a week). Differences between daytime and evening callers noted in the pilot project persisted: 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 and a higher percentage originated from the more rural health regions. The most common questions concerned drug interaction, dosage, adverse reaction and general information. Time required to answer and discuss the majority of questions was 5 – 10 minutes, respectively. Referral from the HealthLine was the most frequent source of calls: 44 % of calls during the day and 85 % of calls in the evening. Repeat callers were responsible for 31 % of daytime calls and 5 % of the evening calls.

SDIS consultants were also active in other areas of drug information. Three issues of the SDIS Drug Information Newsletter were distributed to Saskatchewan pharmacists and one Frequently Asked Question information memo 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 and healthcare professional events. SDIS provided consultant services to the Lung Association of Saskatchewan and the SIAST Nurse Practitioner therapeutics course.

The eleventh meeting of the Advisory Board was held August 6th, 2008. The Board assists SDIS in strategic planning and meeting goals and objectives. The on-going priorities for SDIS 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; and incorporating follow-up into the regular routine of the information services. New priorities include piloting extended hours for the healthcare professional line, instituting and evaluating the quality control procedures that have been formulated for the services, and determining the role for SDIS services in enhanced pharmacists prescribing initiative. Additional priorities will be added as suggested by the Advisory Board at the annual meeting in August, 2009.

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 and was subsequently extended to cover the 2008-2009 year. Consumer queries can also be submitted via voicemail and by filling out the question template available 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.

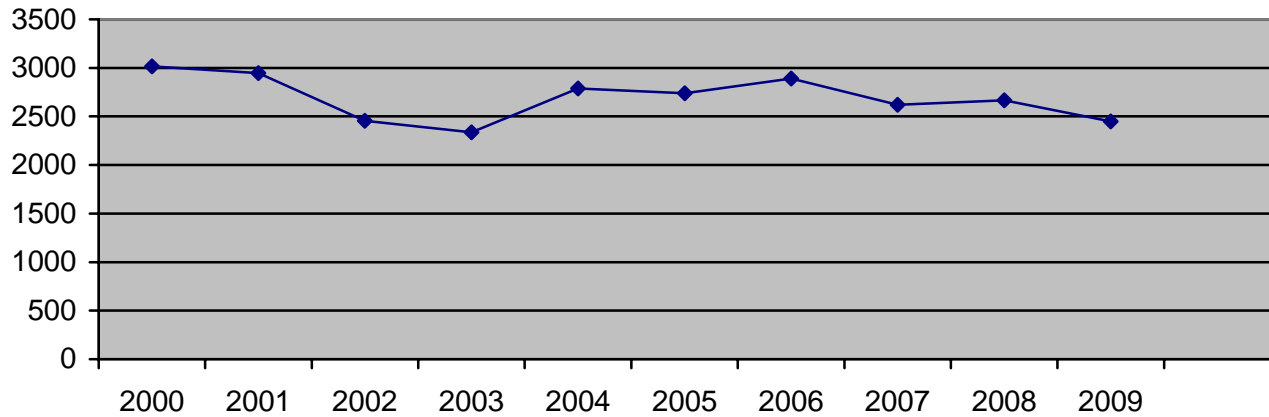
2. UTILIZATION STATISTICS: APRIL 2008 – MARCH 2009

2.1 Healthcare Professional Service

a) Number of Calls Received

The healthcare professional line received **2,450** requests for information during the 2008 – 2009 fiscal year, 215 (8 %) less than in the previous year. Call volumes for the last 10 years are shown in Figure 1. There has been a slow downward trend in the annual number of calls over this time period.

Figure 1: Ten Year Call Volumes



b) Profession of Callers

As in previous years, the majority of calls (73 %) 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 %. Table I lists the number and percentage of calls placed by each profession.

Table I: Calls by Profession

Profession	Number (%)	Profession	Number (%)
Community pharmacist	1799 (73)	Nurse practitioner	46 (1.5)
Physician	178 (7)	Other	43 (1.5)
Travel clinic nurse	143 (6)	Pharmacy instructor	25 (1)
Nurse (other)	99 (4)	Dietician/nutritionist	18 (1)
Public health nurse	87 (3)	Student (other)	12 (0.5)
Hospital pharmacist	76 (3)	Dentist	3
Pharmacist (other)	73 (3)	Lactation consultant	2
Pharmacy student	60 (2)	Optometrist	1

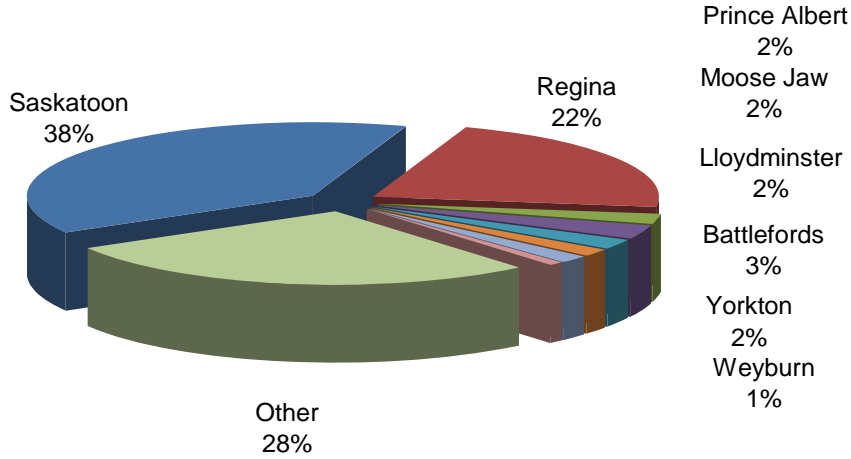
c) Geographical Location of Callers

As detailed in Table II, requests for information over the past year came from 90 different communities across Saskatchewan. In addition, there were 35 calls from healthcare professionals practicing outside of Saskatchewan. The highest percentage of calls continues to originate in Saskatoon, decreasing slightly from 40 % last year to 38 % this year. The percentage of calls from Regina healthcare professional held steady at 22 % of total calls. Figure 2 illustrates the percentage of calls received from major Saskatchewan centres.

Table II: Location of Healthcare Professional Service Callers

SASKATCHEWAN			
Number of Calls	Community	Number of Calls	Community
947	Saskatoon	16	Melfort, Watrous
537	Regina	14	Maple Creek, Meadow Lake, Rosetown, Swift Current
93	Unity	13	Melville
57	Humboldt, North Battleford	12	Carrot River, Kelvington
56	Prince Albert	11	Maidstone
54	Moose Jaw	10	Kerrobert
40	Yorkton	8	Assiniboia, Estevan, Imperial, Shellbrook, Turtleford
39	Lloydminster	7	Biggar, Foam Lake, Leader
37	Tisdale	5	Luseland
31	Nipawin	4	Carnduff, Duck Lake, Hafford, Kipling, La Ronge, Langenburg, Nokomis, Outlook, Oxbow, Radville, Spiritwood, St. Walburg, Wynyard
24	Fort Qu'Appelle, Indian Head	3	Birch Hills, Eston, Gull Lake, Waldheim
23	Buffalo Narrows	2	Arcola, Bengough, Broadview, Canora, Carlyle, Esterhazy, Lanigan, Moosomin, Naicam, Norquay, Paradise Hill, Southey, Wakaw, Wolseley
22	Kindersley		
22	Weyburn	1	Balcarres, Big River, Black Lake, Bruno, Christopher Lake, Cigar Lake, Codette, Cut Knife, Delisle, Hoey, Kamsack, Leask, Lestock, Mossbank, Preeceville, Rocanville, Shaunavon, Watson, Whitewood, Wilkie
17	Battleford		
OUTSIDE SASKATCHEWAN			
Number of Calls	City/ Province		
35 Out of Province Calls	Campbell River BC; Charlottetown PEI; Edmonton AB; Flin Flon MB; Ladysmith BC; Nelson BC, Parksville BC; Port Hardy BC; Rankin Inlet IN; Vancouver BC; Westbank BC; Winnipeg MB		

Figure 2: City of Origin



d) Contact Method

Most questions are still submitted by telephone. Last year 91 % of the calls from health care professionals were received by phone. Of these, 1693 (69 %) were taken in person by drug information consultants and 530 (21 %) were left on voicemail. One hundred and ninety-four questions (8 %) 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 III.

Table III: Nature of Information Requested by Healthcare Professionals

Nature of Request	Number	Percentage
Therapeutic Use/ Drug of Choice	387	16
Interaction	287	12
Dosage	227	9
Adverse reactions	223	9
Formulation	191	8
Availability	190	8
Gen information	121	5
Other	120	5
Precautions	103	4
Administration	100	4
Pregnancy	89	3.5
Pediatrics	73	3
Lactation	68	3
Identification	66	3
Coverage/legalities	49	2
Stability	49	2
Kinetics	29	1.5
Contraindications	26	1
Toxicity	17	0.5
Abuse	12	0.5
Compatibility	9	-
New product	7	-
Pharmacology	7	-

Six percent of questions involved herbal products.

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 IV 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 (88 %) the same day the query was submitted. When appropriate, additional documentation concerning the request was sent to the caller by postal mail, facsimile or email.

Table IV: Time Required to Research Requests

Time	Percentage of Requests					
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
5 min. or less	30 %	35 %	37 %	37 %	35 %	37 %
6 – 15 min.	42 %	25 %	20 %	19 %	19 %	20 %
16 – 30 min.	19 %	28 %	24 %	24 %	26 %	25 %
31 – 60 min.	7.5 %	11 %	12.5 %	13 %	14 %	12 %
> 60 min.	1.5 %	1.5 %	6.5 %	7 %	6 %	6 %

2.2 Consumer Service

a) Number of Information Queries

A total of **4428** calls were received by the SDIS consumer service during the 2008 – 2009 fiscal year compared to 2585 during the 2007 – 2008 year. Figure 3 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. The steep increase beginning in 2007 is directly associated with the initiation of evening on-call service for the consumer line. During office hours (8:00 AM – 5:00 PM, Monday through Friday), 1684 calls were received, a decrease of 6 % from the previous year. During evening hours (5 PM – 12 midnight daily), 2744 calls were received.

Figure 3: Consumer Calls by Year

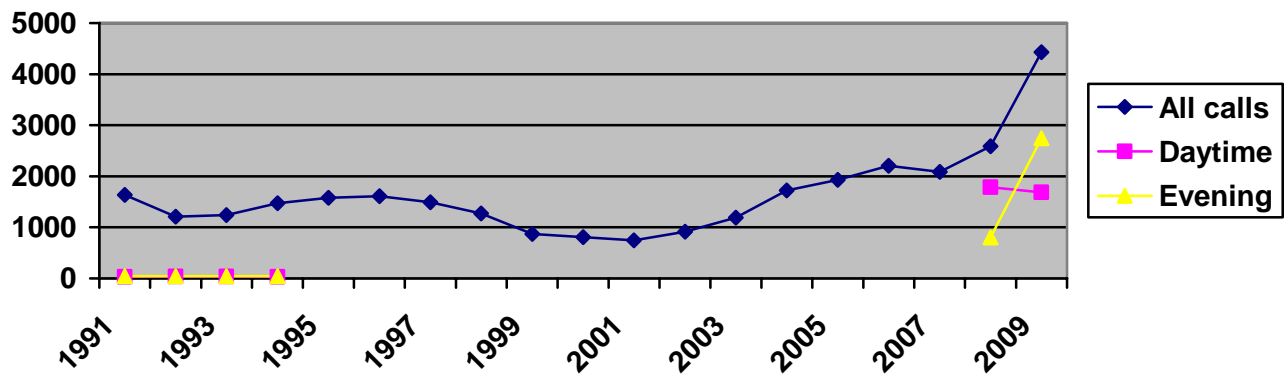
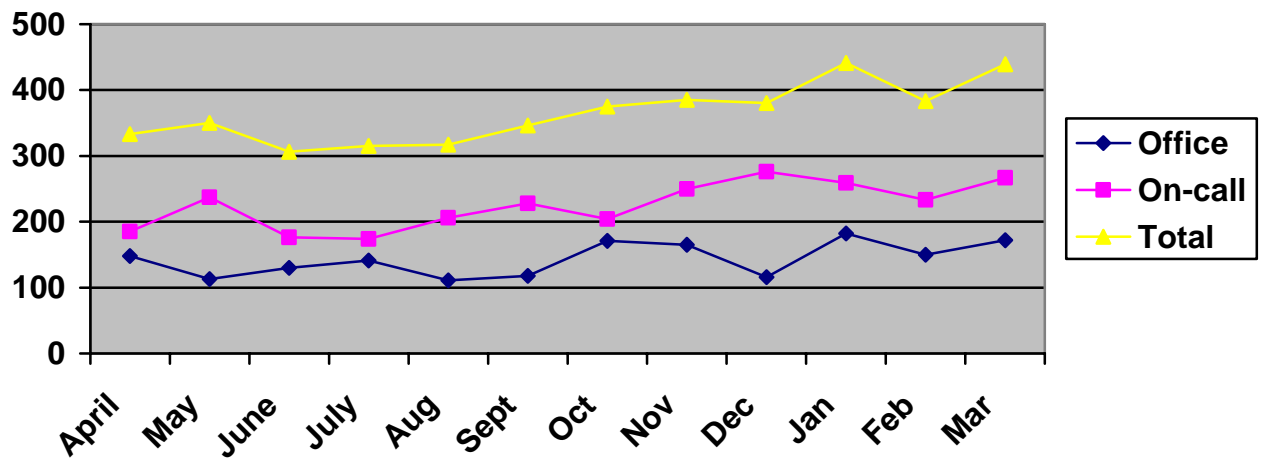


Figure 4 illustrates the monthly variations in the daytime and evening call numbers. The number of calls increased during the winter and early spring corresponding to the typical annual cycle of community-acquired infections. It is interesting to note that peaks in on-call numbers were accompanied by dips in in-office numbers.

Figure 4: 2008-2009 Consumer Calls by Month

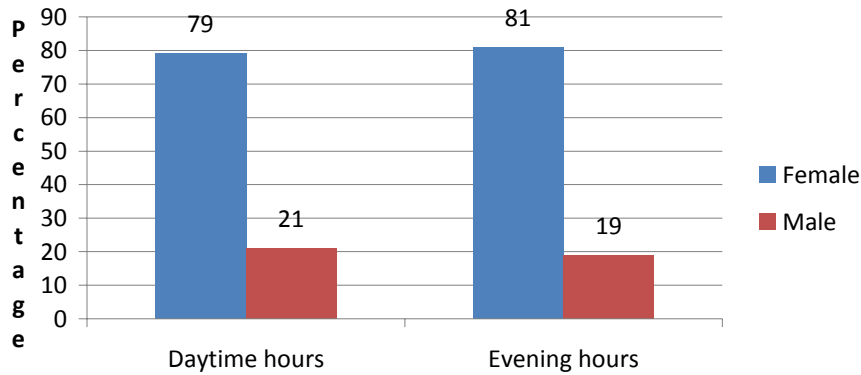


b) Caller Demographics

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.

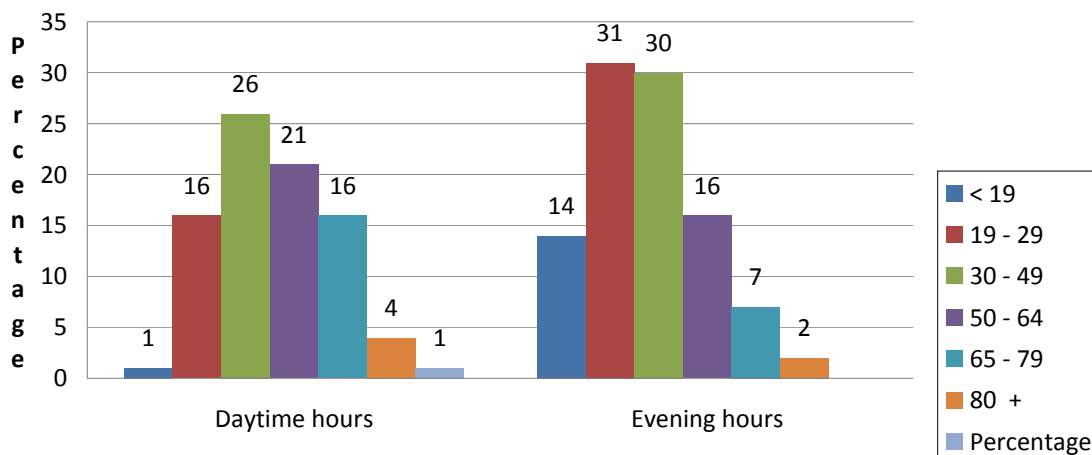
Figure 5: Sex of Caller



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.

Figure 6: Caller Age



c) Geographical Location of Callers

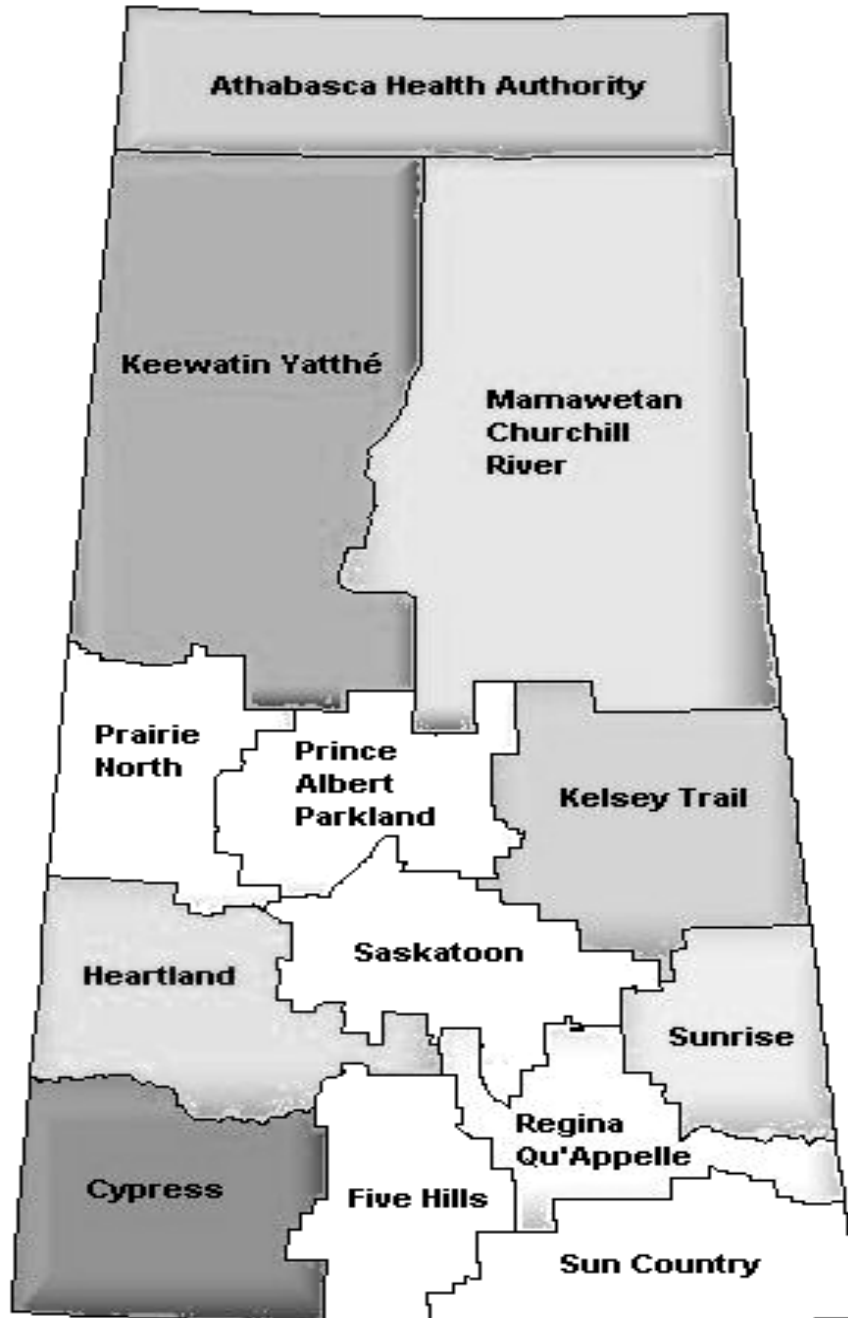
Table V details call numbers by Regional Health Authority. As in previous years, the highest percentage of calls (68 %) was from the Saskatoon and Regina Qu'Appelle regions. The remainder of calls were from residents of over 200 different communities situated within the other Saskatchewan health regions (Figure 7). During the evening, a much lower percentage of evening calls were from the Saskatoon Health Region and a higher percentage of calls originated from the less populated health regions.

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 V: Consumer Calls by Regional Health Authority

Regional Health Authority	Daytime Calls Number (%)	Evening Calls Number (%)
Saskatoon	825 (50)	846 (31)
Regina Qu'Appelle	311 (18)	608 (22)
Prairie North	79 (5)	199 (7)
Prince Albert Parkland	65 (4)	159 (6)
Sunrise	81 (5)	149 (5)
Sun Country	43 (3)	131 (5)
Five Hills	33 (2)	102 (4)
Cypress	67 (4)	99 (4)
Heartland	51 (3)	99 (4)
Kelsey Trail	43 (3)	84 (3)
Mamawetan Churchill River	13 (1)	68 (2)
Keewatin Yatthe	9 (0.5)	35 (1)
Athabasca	1	1
Unknown / Anonymous	63 (4)	145 (5)

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. Only fifteen queries were submitted by email.

e) Nature of Information Requested

Table VI 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 VI: Summary of Calls by Nature of Information

Nature of Request	Daytime Hours Number (%) of Calls	Evening Hours Number (%) of Calls
Interaction	233 (14)	577 (21)
Dosage / administration	191 (11)	504 (18)
Adverse reaction	366 (22)	429 (15)
General information	156 (9)	379 (14)
Pregnancy	84 (5)	213 (8)
Therapeutic use / drug of choice	260 (15)	205 (7)
Lactation	67 (4)	165 (6)
Kinetics	19 (1)	52 (2)
Contra-indication	30 (2)	43 (1.5)
Identification	16 (1)	28 (1)
Formulation/pharmaceutics	29 (2)	24 (1)
Toxicity	14 (1)	24 (1)
Other	13 %	5.5 %

* Note differences between daytime and evening hours

The percentage of daytime calls involving herbal or complementary products decreased from 16 % in 2007 – 2008 to 11 % in 2008 – 2009 during daytime hours. Only 2 % 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 VII : Severity of Consumer Calls

Severity Rating	Description	Daytime Hours Number (%) of Calls	Evening Hours Number (%) of Calls
Not serious	No further action required	1566 (93 %)	2288 (83 %)
Potentially serious:	Information immediately available is provided, caller is referred to appropriate healthcare professional	114 (6.5 %)	441 (16 %)
Serious	Caller is referred immediately to the Saskatchewan Poison Centre or nearest hospital emergency department	4 (0.5 %)	15 (1 %)

g) Time Required to Answer Requests

Tables VIII and IX 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 VIII: Time Required for Research Per Call

Time Required Per Question	Daytime Calls	Evening Calls
0 – 5 minutes	1120 (67 %)	1942 (71 %)
6 – 10 minutes	260 (15 %)	545 (20 %)
11 – 15 minutes	87 (5 %)	127 (5 %)
16 – 30 minutes	171 (10 %)	103 (4 %)
31 – 60 minutes	37 (2 %)	52 (2 %)
More than 60 minutes	10 (0.5 %)	4 (0.5 %)

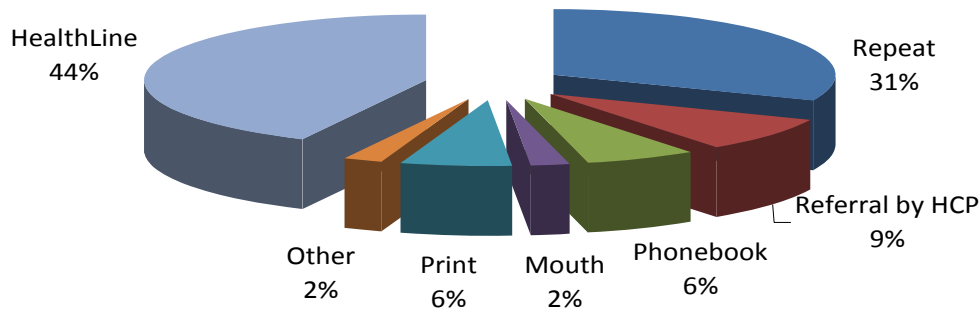
Table IX: Discussion Time Per Call

Time Required Per Question	Daytime Calls	Evening Calls
0 – 5 minutes	1098 (65 %)	1700 (62 %)
6 – 10 minutes	364 (22 %)	798 (29 %)
11 – 15 minutes	65 (4 %)	181 (7 %)
16 – 30 minutes	53 (3 %)	56 (2 %)
31 – 60 minutes	4 (0.2 %)	3 (0.1 %)

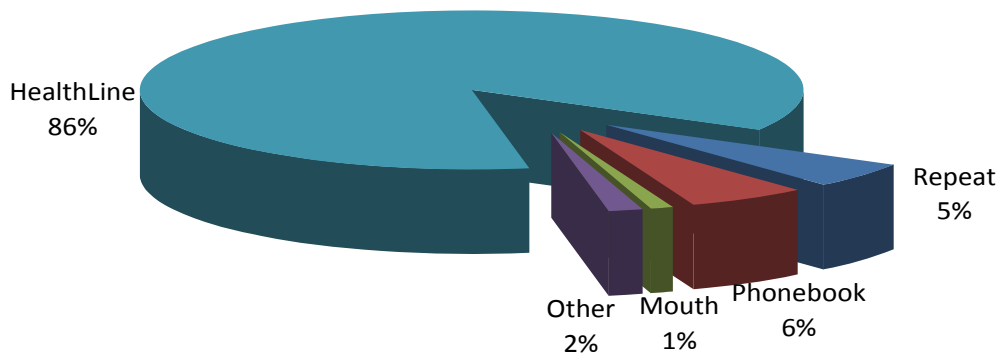
h) Source of Consumer calls

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 2008 – 2009. 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.

**Figure 8: Source of Consumer Requests
Daytime Hours**



**Figure 9: Source of Consumer Requests
Evening Hours**



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 31 % of daytime calls and 5 % 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 9 % 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

The percentage of callers who became aware of the services through printed material increased from 2 % last year to 6 %. This may be the result of the advertisements in rural newspapers and / or brochures and stickers distributed to healthcare organizations.

2.3 Follow-up calls

SDIS drug information consultants followed up on 95 calls during the 2008 – 2009 year. As a minimum, consultants are now being asked to follow up with all serious and potentially serious calls to ensure caller safety.

2.4 Summary

Overall, SDIS received a total of **6878 calls** in the 2008 – 2009 year, an increase of 31 % (1628 calls) compared to last year's total. The increase was primarily due to the expansion of the consumer line hours of service. The number of calls placed to the consumer line during regular daytime hours decreased by 6 % and calls to the professional line decreased by 8 % .

3. SDIS PERSONNEL 2008 – 2009

- Director: Dr. Yvonne Shevchuk PharmD, BSP
- Manager: Karen Jensen MSc, BSP
- DI consultants:
 - Carmen Bell BSP
 - Gary Berg BSP
 - Aldona Torgunrud BSP
 - Dorothy Sanderson BSP
 - Debbie Maczek BSc (Pharm),
 - Jean Macpherson BSP
 - Christina Swiatecki BSP
 - Audrey McLelland BSP
 - Kendra Soyka BSP
 - Jahnaya Mann BSP
 - Lisa Hupka BSP
 - Barbara Pollock BSP
 - Holly Mansell BSP

4. AUXILIARY SDIS ACTIVITIES

a) Frequently Asked Questions (FAQ) for healthcare professionals

SDIS staff prepared the following FAQ information memo:

- PPI and Clopidogrel Interaction

This FAQ was faxed to pharmacies, emailed to pharmacists and posted on the SDIS website under Hot Topics.

b) Newsletters

Three issues of the SDIS Drug News were mailed to Saskatchewan pharmacists and posted on the SDIS website.

1. Vol. 25, No. 2 Omega-3 Fatty Acids 101 Part 1 of 2
2. Vol. 25, No. 3 Omega-3 Fatty Acids 101 Part 2 of 2
3. Vol. 25, No. 4 Fibromyalgia

c) 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.
- Provided content for a module on controlled drugs for the SIAST Primary Care Nurse Practitioner therapeutics course.

d) Pharmacy 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*); Problem-Based Learning Tutorials on aboriginal issues (*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*); 1 lecture on “Adverse Drug Reactions” with Nancy Saunders, Co-ordinator of the AR Program (*K. Jensen*)
- 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 in an introductory experience in drug information research.
- PHAR 557.6 Pharmacotherapeutics III - 3 lectures on toxicology (*C. Bell*).
- PHAR 580.16: Structured Practice Experience – SDIS provided a specialty practice site for two fourth year students’ rotations.

e) Presentations

- September 2008: “Codeine and Lactation” – presented to Royal University Hospital NICU nurses by Karen Jensen.
- November 2008: “Drug Information Questions” presented at the Practical Management of Common Medical Problems conference (Saskatoon) by Carmen Bell.
- January 2008: “Systematic Approach to Drug Information Questions” presented to the Primary Healthcare Workshop (Saskatoon) by Karen Jensen
- March 2008: “Adverse Drug Reactions: From the General to the Specific” presented together with Nancy Saunders at three Sunday Seminars (Saskatoon, Prince Albert, Regina) by Karen Jensen

f) Poster Presentations

- April 2008: Pharmacists Association of Saskatchewan annual conference in Regina. SDIS poster. (Karen Jensen)
- October 2008: Canadian Society of Hospital Pharmacists – Saskatchewan Branch Conference in Regina. SDIS poster. (Carmen Bell)

g) Promotion / Fundraising

- SDIS brochures and stickers were mailed out to various healthcare organizations and seniors' centres in October, 2008.
- An advertisement for SDIS consumer line was placed in a number of small community newspapers in October, 2008.
- Magnetic strips with SDIS contact information were mailed to all Saskatchewan pharmacies.
- 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 2008 requesting contributions to SDIS. Pharmacies were targeted in February, 2009. Requests for donation letters were mailed out to all Saskatchewan pharmacy managers / owners.

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.

c) Committees

- Karen is a member of the Saskatchewan College of Pharmacists Professional Practice Committee
- Carmen was on the planning committee for the annual Practical Management of Common Medical Problems Continuing Medical Education Conference held in November 2008.

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 2008 – 2009 were:

- Saskatchewan College of Pharmacists – Ray Joubert
- Saskatchewan Health – Kevin Wilson
- Canadian Society of Hospital Pharmacists (SK Branch) – Jennifer Dyck
- 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 Yuzdepski

The eleventh annual meeting of the Advisory Board was held on August 6th, 2008. 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 2009 - 2010

a) Ongoing priorities

- Maintain / increase usage of the healthcare professional and consumer information service lines.
- Ensure callers continue to receive timely, quality service from both drug information lines.
- Continue to build collaboration with the HealthLine and Primary Health Care.
- Promote increased use of the SDIS website.
- Incorporate call-backs into the regular routine in the healthcare professional and consumer services.

b) New priorities

- Pilot extended hours for healthcare professional line
- Institute and evaluate quality assurance policies and procedures that have been designed for SDIS services.
- Investigate role for SDIS services in regards to the initiation of enhanced pharmacist prescribing authority in Saskatchewan.
- Additional priorities will be added as suggested by the Advisory Board at the annual meeting in August, 2009.

8. FINANCIAL REPORT

The 2008 – 2009 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
- 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:

- Eli Lilly Canada Inc.
- Teva Novopharm
- Pfizer Canada Inc.
- Bayer Canada Inc.
- Purdue Pharma
- Servier Canada 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
SDIS Financial Reports

	Budget 2008 – 9	Actual 2008 – 9	Budget 2009 – 10	Comments
Revenue				
Govt of Sask	157,000	173,389*	173,000	*Includes 1 payment for 06-07
SCP	47,000	47,000	47,000	
Donations - Pharmacies	35,000	24,830*	30,000	* Includes \$2500 from CSHP
Donations - Industry	40,000	24,000	30,000	
Contracts	3,000	4875*	3000	*SIAST, Lung Ass'n
Sundry		2503*	1000	*Funds transferred from CDIC
Subtotal	282,000	276,597	284,000	
Expenditures				
Salaries	261,000	243,109	259,000	
Office supplies	750	35	500	
Books	2,000	1027	1000	
Printing	2500	3907	2500	
Telephone and Fax	3,500	2725	3000	
Postage	2500	1415	2000	
External services	250	0	250	
Website design and maintenance	2800	2758	0	
Advertising and Promotion	2,000	1441	1500	
Hospitality / working lunches	250	135	250	
Membership fees & dues		3512	4000	
Registration - conferences/workshops	1,000	428	1000	
Software licenses	6,000	5615*	6000	*Micromedex, UpToDate
Travel	2000	791	1000	
Computers	1,500	214*	1500	*Credit for On-call laptop, PDA
Equipment	250		500	
Subtotal	288,300	267,112	284,000	
Total Revenues less Expenditures	- 6,300.00	10,485	0	

APPENDIX II
Donations from Pharmacies / Pharmacists

PHARMACY	TOWN/CITY
Pharmasave 412	Fort Qu'Appelle
Gordon Stueck	Leader
Midtown Medical Pharmacy	Saskatoon
Fisher's Drug Store	North Battleford
Lakeview Pharmacy	Saskatoon
Broadway Ave Pharmacy	Saskatoon
Rose Valley Pharmacy	Rose Valley
Carrot River Pharmacy	Carrot River
Balfour Drugs	Kipling
Lorne Drugs	Regina
Stapleford Pharmacy	Regina
Laurier Dr Pharmacy	Saskatoon
Stueck Pharmacy	Leader
Shoppers Drug Mart Midtown Plaza	Saskatoon
Slobodian Pharmacy	Porcupine Plain
R & C Drugs	Regina
Prescription Works Pharmacy	Big River
Medical Arts Pharmacy	Saskatoon
Raymore Pharmacy	Raymore
Foam Lake Pharmacy	Foam Lake
Townsend's Drugs	Wynyard
Shellbrook Pharmacy	Shellbrook
Proudlove's Pharmacy	Eston
Battleford Drug Mart	Battleford
Medicine Shoppe 5 th Ave	Saskatoon
McQuoid's Pharmacy	Wolseley
Kelvington Rx Pharma Choice	Kelvington
Earl's Pharmacy	Saskatoon
Dragan Drugs	Indian Head
Dunk the Druggist	Fort Qu'Appelle
Sametz Pharmacy	Ituna
Duncan's Pharmacy	Maple Creek
Carlton Trail Pharmacy	Duck Lake
Medicine Shoppe Boradway Ave	Saskatoon
Towers Pharmacy	Regina
Friesen Drug	Rosthern
Rosthern Pharmacy	Rosthern
Wakaw Pharmacy	Wakaw
Loucks Medi-Health Pharmacy	Yorkton
Buffalo Pharmacy	Rosthern
Medicine Shoppe 8th St E	Saskatoon
Medicine Shoppe 20th St W	Saskatoon
River Heights Drugs	Regina
Valley Drug Mart	Fort Qu'Appelle
Luseland Pharmacy	Luseland
My Pharmacy	Prince Albert

Pharmasave 400
LaCroix Drug
Henders Prince Watchers Drugs
S'toon Co-op Pharm 33rd St
Redberry Pharmacy
Canora Pharmacy
Our Drug Store
Wadena Drugs
Maidstone Pharmacy
Wheatland Drugs
Saskatoon Co-op Pharmacy 8th St
Edmunds Pharmacy
Royal Drug Mart
Saskatoon Co-op Pharmacy
Gray Chemists
Victoria Square Pharmacy
Harbour Pharmacy
Pharmasave 417
Pharmasave 418
Imperial Pharmacy
Paul's Drugs
Wynyard Pharmacy
Spiritwood Pharmacy
Walker Drugs
Brunskill Pharmacy
London Drugs
Watrous Pharmacy
Midway Pharmacy

Prince Albert
Tisdale
Estevan
Saskatoon
Hafford
Canora
Unity
Wadena
Maidstone
Rosetown
Saskatoon
Tisdale
Melville
Saskatoon
Prince Albert
Prince Albert
La Ronge
Weyburn
Weyburn
Imperial
Preeceville
Wynyard
Spiritwood
Saskatoon
Saskatoon
Saskatoon / Regina
Watrous
Davidson