

INPHARMATION UPDATE

Canadian Society of
Hospital Pharmacists
Alberta Branch



Société canadienne des
pharmaciens d'hôpitaux



July 2022

Issue 56

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Mark Your
Calendars!



**CABS 2022
October 1st**

Follow us on Facebook, Twitter, and Instagram!

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www.twitter.com/cshp_ab

www.instagram.com/cshp_ab



President's Message



Dear members and supporters,

Welcome to the summer edition of the Inpharmation newsletter! There is much to look forward to in the summer months as the weather warms up and many of us plan our holidays. For those of us on the CSHP Alberta Branch Council, we have the added excitement of planning another year of activities and opportunities. We have been hard at work reviewing our strategic plan and your feedback from the National Membership survey to prepare for our next year of events and other membership benefits.

In addition to continuing to offer high quality and accessible educational events, we will be kicking-off our research mentorship program and exploring new ways to engage our membership & build our community. We are excited to share the first details of our annual CSHP Alberta Branch Symposium (CABS) this year - mark down October 1 on your calendar and check out the save-the-date in this edition of the newsletter!

None of our events or membership benefits would be possible without our volunteers. I would like to personally thank all of our volunteers for the past year who have worked extremely hard to accomplish amazing things and are always striving to find ways to benefit our members and profession. I am always grateful to have the opportunity to work with such a dedicated group of individuals, whether they are first time volunteers or veterans of our society. If you are interested in volunteering, we are still recruiting for the 2022-2023 council year. You can complete our sign-up form to [join a committee](#) or to [join the Alberta Branch Council](#). I encourage you to contact me if you have any questions - we would love to have you join our team!

Finally, CSHP Alberta Branch was excited to participate in the graduation banquet for the U of A Pharmacy Class of 2022. We would like to once again offer our congratulations to the graduating class and we look forward to working alongside you.

We hope you all have a fantastic summer and we look forward to sharing our next big events and opportunities in the near future!

Joshua Torrance

President, External Portfolio
CSHP Alberta Branch
joshua.torrance@ahs.ca

RESIDENCY UPDATE

Congratulations to the 2021-22 Alberta Pharmacy Residents on the completion of their year!

Calgary Zone

Elizer Erpilla, Heather Tieu, Kristen Blundell, Japheth Bool



Cancer Care Alberta

Lisa Zhang, Melissa Chan



Preceptors of the Year

Daniel Leung
Darlene Korn
Alex Charlton & Cheryl Hill
Rahul Sahajpal



Thank you to all of our amazing preceptors for all their hard work this year!

Edmonton Zone

Kaitlyn Krahn, Teagan Zeggil, Reem Almawed



Central Zone

Cameron Black, Nils Moser



RESIDENCY UPDATE

**Congratulations to the 2021-22 Alberta Pharmacy Residents
on the completion of their year!**

Cardiology (Year 2)
Hazal Babadagli



Infectious Disease (Year 2)
Sarah Drost



And a warm welcome to the new 2022-23 Alberta Pharmacy Residents!

Edmonton Zone

Ayush Chadha, Akshita Chandok, Anthony Kapelke, Heideh Keshavarzbahaghighat

Central Zone

Jesalyn Clarkson, Alexi Yuzwenko

Cancer Care Alberta

Julian Hopwood-Raja, Christina Watts

Calgary Zone

Megan Hopkins, Zac Kronbauer, Lena Makortoff, Cody Thompson

Cardiology (Year 2)

Theresa Eberhardt

Infectious Disease (Year 2)

Teagan Zeggil

Pharmacy Technician Spotlight:

CHANTELLE KING RPhT

Outstanding Technician

A technician? A clinician?

WHY
NOT
BOTH ?

Amanda (interviewer): Hi Chantelle. It's so nice to meet you. Tell me about your role, and what aspects of your role that you enjoy.

Chantelle: I am a pharmacy technician, but more specifically, I work as a **clinical support technician**. I currently work in **Nephrology and Solid Organ Transplant**. This is my **favourite role** of all the jobs that I do as a pharmacy technician. I have worked here for 12 years.

My original role was to update the nephrology databases (PARIS, Ultrabase). Once we had extended scope of practice, we focused on best possible medication histories (BPMH), which was really embraced [by the team]. I enjoy talking to patients. I was nervous at first, and now it is just natural. It is a complicated patient population, so you have to be adaptable. I get the best of both worlds. I don't have to stay in [the] dispensary, I can venture out and communicate with other teams.

When you start, you think you're pigeonholed into the dispensary, and you don't realize how much it is going to expand beyond this. Working in solid organ transplant has made my job more challenging, but more pleasant.



PROFILE

POSITION

Clinical Support Pharmacy Technician

LOCATION

Foothills Medical Centre
Calgary, Alberta

EXPERTISE

INNOVATOR



GATEKEEPER



LEADER



Amanda: How do you share the wisdom you've gained?

Chantelle: When I am in the dispensary, I try to explain different scenarios, challenges, and interesting [snapshots] of my day to my colleagues. I explain how I work with the nurses and the unit manager. I also describe other aspects of my role, such as helping with BMPH's and ward stock reviews.

When I have the opportunity to train new hires, I train them directly [on processes] from admission to discharge. Over the course of 3 weeks, I walk new hires through differences in acute nephrology and transplant. We try to train them in general nephrology. For example, when a nephrology patient comes from the Emergency department, we often have to repeat the medication interview. [I explain how] we need to ask questions like, 'Who injects your Aranesp?', or 'This expensive medication that you have for your kidneys, did you bring it with you?'

Amanda: If you had words of advice for your younger self, what would they be?

Chantelle:

Don't be afraid of the change. Don't stay in the dispensary because you think the role of a pharmacy technician [only exists] there. There are other opportunities for safety roles, clinical support technician roles, consulting roles, policy roles, and with the TCO. You might think there's no way to climb the ladder and advance your career. But there are lots of opportunities - you just have to look. Even in your day-to-day routine, when you put yourself out there, opportunities will fall [into] your lap. The quality of the work you do in the main dispensary is noticed, even if you don't think [so]. The quality of your work gives you opportunities.



You might think there's no way to advance your career. But **there are lots of opportunities** - you just have to look. The **quality of your work is noticed** [and] gives you opportunities.



I was the first inpatient clinical support technician at Foothills. I was told, "find out what you can do first, and then move from there." And so, I developed the role over [the] years. This also meant proving my worth because it wasn't fully funded in the beginning.

I just want techs to know that our role truly is important. Technicians don't always realize how valuable their jobs really are. We are gatekeepers. We are the last people that see [patients'] medications before they reach the nurse and the patients.



CONTACT US

Do you, or someone you know, want to be interviewed for Spotlight?

We are interviewing Pharmacists, Pharmacy Technicians, and Pharmacy Assistants who make a difference. If you would like to be interviewed or would like to nominate someone to be interviewed, please submit your request to:

babadagl@ualberta.ca and aleong@ualberta.ca

CSHP AB Research: Connect Care

On May 28, 2022, 57 more Alberta Health Services (AHS) sites joined Connect Care. [Connect Care](#) encompasses an electronic clinical information system which houses all AHS, partner and affiliate medical records, thereby providing accessible information to support patient care in Alberta. This innovative approach to patient care opens up new, exciting opportunities for researchers!



With medical records stored within one system, researchers will be able to access data sets or provincially pooled data. This pooled, longitudinal data can be extracted to identify patterns amongst Alberta pediatric oncology patients to study the long-term effects of chemotherapy ([Research Coordinators Champion Connect Care's Potential](#)). Functionality within Connect Care include the SlicerDicer that can perform quick data extraction, allowing clinicians to conduct de-identified searches on large patient populations. Using SlicerDicer can help researchers investigate hunches, which can then be used to develop ideas and future studies ([Using Epic for Research at Johns Hopkins: Tips and Resources](#)). As the pharmacy community is routinely involved in retrospective studies, the shift from traditional paper-based documentation to real-time input can enhance the accuracy and availability of data. For instance, using retrospective Connect Care data, [complication rates](#) associated with IV placement following breast cancer surgery were obtained from documented surgical information.



MyChart provides researchers with accessibility to patient-reported data, including questionnaires, which can be used to examine medication outcomes in discharged or ambulatory patients. Quality improvement projects can also include the use of functionality that supports the examination of the use of [Patient Decision Aids](#).

And, what about those residency projects? Well, last year, a retrospective review was conducted that examined prescribing practices pre and post Connect Care implementation. Data for this project were readily obtained from Connect Care in the form of reports. Reports can also be used to readily [identify potential study subjects](#)

Data can also be collected from single institutions or from multiple sites to enable broader examination of practice trends. Examining specific patient groups or medications, such as pulling data on SGLT2 inhibitor usage, can generate data to analyze prescribing patterns and assess if these medications are being held appropriately perioperatively or during acute infections. i-Vent data can be used to track pharmacist interventions and capture metrics for workforce optimization or quality improvement projects. Finally, as pharmacy researchers become more involved in prospective studies, patient tracking and monitoring becomes easier as enrolled study patients can be flagged in Connect Care, allowing for easy identification.

With new tools comes new opportunities to rethink and reinvent how pharmacists approach patient care and research. Connect Care bridges clinical practice and research in ways that can boost innovation and enhance practice changes that can benefit our patients.





Dr. Ravina Sanghera-Grewal leads the newly created Equity, Diversity, and Inclusivity Committee.

Faculty Update



New strategic plan being developed by Experiential Education committee (partnership between University of Alberta and AHS Pharmacy Services) for precepting.

Pharmacists focused on succession planning in rural communities. Pharmacists in rural communities often practice in both community and hospital practice. Pharmacy students training in small communities and their subsequent interest in returning to rural practice after graduation is important not just to the practice of pharmacy, but to the health-care system as a whole.



Congratulations to the **University of Alberta Pharmacy Class of 2022!** CSHP was honored to be present at the Graduation Banquet.

short & snappy

-A CLINICAL OVERVIEW

Direct Oral Anticoagulants for treatment of Portal Vein Thrombosis in Decompensated Cirrhosis

Kristen Blundell
Pharmacy Resident, Calgary Zone

Background:

Cirrhotic patients are in an unstable coagulative state which can easily tilt towards bleeding or thrombosis.[1] In decompensated cirrhosis, hemostasis is much less stable when compared to compensated patients resulting in increased risk of both bleeding and clot formation.[1] Portal vein thrombosis (PVT), the formation of a thrombus within the portal vein, can be a result of this less stable hemostasis.[2] Current evidence for the safety and efficacy of DOACs for treating thrombosis in advanced cirrhosis, specifically Child-Pugh (CP) Class C with decompensation, is scarce as these patients were excluded from landmark atrial fibrillation and venous thromboembolism trials.[2]

Clinical Question:

Are DOACs efficacious and safe for treating PVT in patients with CP Class C (CP-C) decompensated cirrhosis?

Study Author (Design, Year)	Population, Intervention, Comparison	Outcome(s) & Result	Critical Appraisal
Koh et al (Meta-Analysis, 2021)³	P: 1 RCT, 10 cohort -N= 552 -Cirrhotics with PVT I: DOACs C: VKA	1. PVT recanalization: DOACs had higher rate: RR 1.67, 95%CI 1.02-2.74, I ² =79% 2. Major bleed: Similar risk between classes: RR 0.29, 95%CI 0.08-1.01, I ² =0% 3. Death: Similar risk between classes: RR 0.31, 95%CI 0.01-9.58, I ² = 80%	- Small sample size - Included 1 RCT and 10 retrospective cohort studies - Only 22 CP-C patients - Substantial heterogeneity
Ng et al (Network Meta-analysis, 2021)⁴	P: 3 RCT, 6 cohort -N= 527 -Cirrhotics with PVT I: DOACs C: LMWH or warfarin	1. PCT recanalization: DOACs superior to LMWH (RR 2.3, 95%CI 1.04-5.09, p=0.04) and warfarin (RR 1.76, 95%CI 1.02-3.05, p=0.04) 2. Bleeding: DOACs had similar risk to LMWH (RR 0.66, 95%CI 0.19-2.31, p=0.51) and warfarin (RR 0.99, 95%CI 0.28-3.57, p=0.99) 3. Mortality DOACs had similar risk to LMWH (RR 0.43, CI 0.06-3.37, p = 0.424) and warfarin (RR 0.44, CI 0.08-2.39, p = 0.343)	- Searched only 2 databases (Medline and EMBASE) - Small sample size - Included 3 RCT and 6 cohort studies - Only 48 CP-C patients - Definition of bleeding unclear
Semmler et al (Retrospective Cohort, 2021)⁵	P: N= 133 -Cirrhotics on anticoagulation (PVT = 76.7%) -Decompensated patients = 49.6% I: DOACs C: none	1. Spontaneous major bleed: a. At 12 months were more common in CTP Class B/C vs CTP Class A (22.0% vs 5.0%; subdistribution hazard ratio (SHR) 5.82, 95%CI 2.0-16.9, P<0.001) b. Patients with history of decompensation had higher risk at 12 months vs those without (17.7% vs 8%; SHR 2.89, 95%CI 1.06-7.93, P=0.04) 2. Mortality: bleeding within 6 months was associated with worse overall survival at 12 months: 88.9% vs 95.0%, log-rank P < .001	- Small sample size - Single Centre - Retrospective design subject to confounding and information bias - Majority of patients (56.7%) on Edoxaban (not commonly used thus harder to assess utility of data) - Only 8 CP-C patients

Bottom Line:

In patients with CP-C decompensated cirrhosis DOACs may be more efficacious in recanalization of the portal vein but may increase the risk of spontaneous major bleeding.[3,4,5]

References:

- Laura Turco, Emmanuelle de Raucourt, Dominique-Charles Valla, Erica Villa, Anticoagulation in the cirrhotic patient, JHEP Reports, Volume 1, Issue 3, 2019, Pages 227-239, ISSN 2589-5559, <https://doi.org/10.1016/j.jhepr.2019.02.006>
- Violi F, Loffredo L, Pastori D. Anticoagulation in patients with advanced liver disease: an open issue. Intern Emerg Med. 2021 Jan;16(1):61-71. doi: 10.1007/s11739-020-02526-6. Epub 2020 Oct 18. PMID: 33073317.
- Koh JH, Liew ZH, Ng GK, Liu HT, Tam YC, De Gottardi A, Wong YI. Efficacy and safety of direct oral anticoagulants versus vitamin K antagonist for portal vein thrombosis in cirrhosis: A systematic review and meta-analysis. Dig Liver Dis. 2022 Jan;54(1):56-62. doi: 10.1016/j.dld.2021.07.039. Epub 2021 Aug 13. PMID: 34393072.
- Ng CH, Tan DJH, Nistala KRY, Syn N, Xiao J, Tan EXX, Woo FZ, Chew NWS, Huang DQ, Dan YY, Sanyal AJ, Muthiah MD. A network meta-analysis of direct oral anticoagulants for portal vein thrombosis in cirrhosis. Hepatol Int. 2021 Oct;15(5):1196-1206. doi: 10.1007/s12072-021-10247-x. Epub 2021 Aug 21. PMID: 34417718.
- Semmler G, Pomej K, Bauer DJM, Balcar L, Simbrunner B, Binter T, Hartl L, Becker J, Pinter M, Quehenberger P, Trauner M, Mandorfer M, Lisman T, Reiberger T, Scheiner B. Safety of direct oral anticoagulants in patients with advanced liver disease. Liver Int. 2021 Sep;41(9):2159-2170. doi: 10.1111/liv.14992. Epub 2021 Jul 10. PMID: 34152697; PMCID: PMC8456813.

short & snappy

-A CLINICAL OVERVIEW

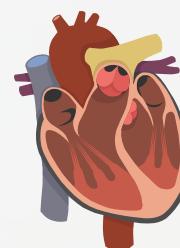
SGLT2 Inhibitors in HFpEF: Is the benefit preserved?

Teagan Zeggil, PharmD
Pharmacy Resident, Edmonton Zone

Case:

- 73M with a past medical history of type 2 diabetes (T2DM), hypertension and coronary artery disease presented with New York Heart Association Class III heart failure (HF) symptoms
- Echocardiogram showed left ventricular hypertrophy with left ventricular ejection fraction (LVEF) of 55-60%
- NT-proBNP was 6445 pg/mL
- Diagnosed with an acute exacerbation of **heart failure with preserved ejection fraction (HFpEF)**.

Clinical Question: In heart failure patients with a LVEF $\geq 40\%$, are sodium-glucose cotransporter-2 inhibitors effective at improving cardiovascular (CV) outcomes and patient quality of life?



Study	Design	Outcomes	Results
Emperor-Preserved	- Randomized controlled trial (RCT) - Empagliflozin 10 mg vs placebo - Trial size: 5988 patients	Composite of CV death or first HF hospitalization	13.8% vs. 17.1% HR 0.79 (0.69-0.90) P <0.001 NNT: 31 patients
Anker et al. (2021) [1]	- Median follow up: 26.2 months - LVEF $\geq 40\%$ (median 54%) - ~50% of patients had T2DM	Improvement in Kansas City Cardiomyopathy Questionnaire Clinical Summary Score	4.51 vs. 3.18 points HR 1.36 (1.06-1.66) P <0.001
Preserved -HF	- RCT - Dapagliflozin 10 mg vs placebo - Trial size: 324 patients	Improvement in Kansas City Cardiomyopathy Questionnaire Clinical Summary Score	Effect size 5.8 points 95% CI: 2.0-9.6, P= 0.003
Nassif et al. (2021) [2]	- Median follow up: 13 weeks - LVEF $\geq 45\%$ (median 60%) - ~ 55% of patients had T2DM	6 Minute Walking Test distance	Effect size 20.1 meters 95% CI: 5.6-37.4, P= 0.007

Bottom Line:

Empagliflozin has demonstrated significant mortality and morbidity benefits and dapagliflozin has shown quality of life improvement in patients with HFpEF (effect seen in patients with and without diabetes). The DELIVER trial (NCT03619213), which is to be completed in March 2022, will determine CV outcomes with dapagliflozin.

References:

1. Anker SD, et al. ; EMPEROR-Preserved Trial Investigators. Empagliflozin in Heart Failure with a Preserved Ejection Fraction. N Engl J Med. 2021 Oct 14;385(16):1451-1461. doi: 10.1056/NEJMoa2107038. Epub 2021 Aug 27. PMID: 34449189.
2. Nassif, M.E., Windsor, S.L., Borlaug, B.A. et al. The SGLT2 inhibitor dapagliflozin in heart failure with preserved ejection fraction: a multicenter randomized trial. Nat Med 27, 1954-1960 (2021). <https://doi.org/10.1038/s41591-021-01536-x>

Research Volunteers Required



WHO?

Hospital pharmacists who have experience with MAiD (Medical Assistance in Dying)

WHAT?

To participate in the evaluation of a Practice Tool developed to support pharmacists in MAiD. Your time commitment will consist of an interview (approximately 1 hour) with one of the research study team members.

WHEN?

Interviews will be scheduled at your convenience beginning the week of July 11th, 2022

WHY?

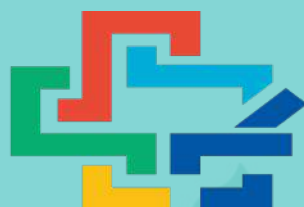
Results will be used to identify ways to improve the Practice Tool.

The University of Alberta Ethics Board approved the evaluation (UofA Ethics ID: Pro00121029)

HOW?

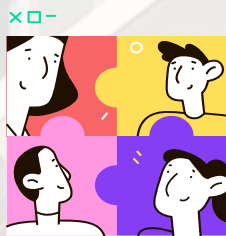
If you are interested in contributing to the evaluation, please contact **Terri Schindel** at terri.schindel@ualberta.ca or 780-492-6134

cshp



scph

Call for Volunteers: 2022-2023 CSHP-AB Council and Committee Positions



Want to give back to your profession?
 Interested in building on your skills and learning?
 Looking to create connections and work with a great group of people?
Consider volunteering for the CSHP Alberta Branch!
 Are you already volunteering with us and looking for the next step?
 Are you looking to develop your leadership skills?
 Then consider taking on a council role position as a chairperson or executive member!

We are now accepting applications for practicing pharmacist volunteers on all of our various committees and on our Alberta Branch Council. The positions will start in October 2022. Each committee and council position offers something different, so take a look [here](#) for their descriptions!

Ready to submit your name?

For council member positions: [Click here to fill out the Council Volunteer Form](#)

For committee member positions: [Click here to fill out the Committee Volunteer Form](#)

Please submit your volunteer form by July 22, 2022.

If you would like to learn more about the committees and positions, or have questions about the nomination process, please feel free to contact me directly at Lesley.beique@ahs.ca

Looking forward to seeing your names on that form!

Lesley Beique, Past-President, Internal Portfolio, CSHP Alberta Branch

Council Positions

AWARDS COMMITTEE VICE-CHAIR

COMMUNICATIONS COMMITTEE VICE-CHAIR

EDUCATION COMMITTEE VICE-CHAIR

MEMBERSHIP COMMITTEE VICE-CHAIR

PAM COMMITTEE VICE-CHAIR

RESEARCH COMMITTEE VICE-CHAIR

SECRETARY

TREASURER

Committee Member Positions

AWARDS COMMITTEE

COMMUNICATIONS COMMITTEE

EDUCATIONAL SERVICES COMMITTEE

MEMBERSHIP COMMITTEE

PHARMACY APPRECIATION MONTH COMMITTEE

RESEARCH COMMITTEE

Pharmacy Students: Keep an eye out for student specific positions being announced in the fall!

CSHP-AB Research Dissemination Grant 2022

The CSHP-AB Branch invites proposals for **2 grants x \$250** for CSHP members. Stay tuned for further details including eligibility and application forms via email and on social media!

Grant Submission Deadline:
Friday, September 16, 2022

Canadian Society of
Hospital Pharmacists
Alberta Branch



Canadian Society of
Hospital Pharmacists



Société canadienne des
pharmaciens d'hôpitaux

SAVE THE DATE!

Pharm Fest 2022

SATURDAY OCTOBER 1
CSHP-AB BRANCH SYMPOSIUM (CABS)

✿ **AM on the Virtual Stage:**

Virtual Education Sessions and AGM

✿ **PM on the Main Stage:**

CSHP Awards Ceremony - livestreamed!

In-person Networking Event at Winsport, Calgary

Details coming soon...

WEAR YOUR FAVORITE MUSIC THEMED ATTIRE!

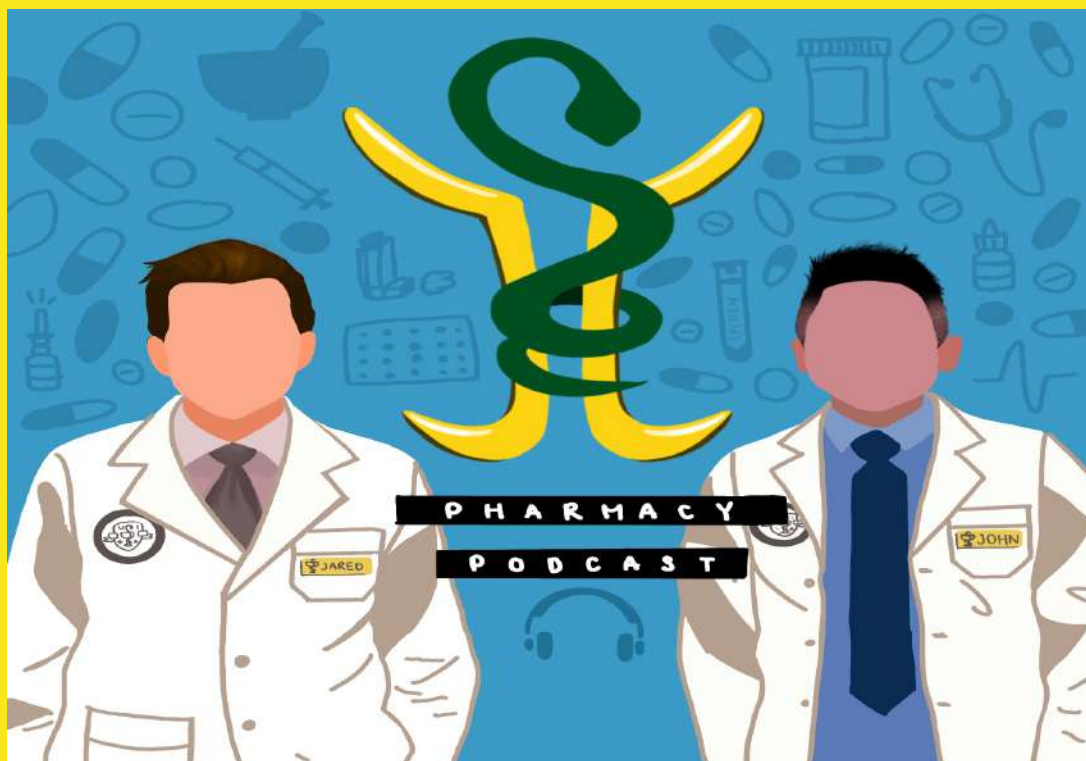


Canadian Society of
Hospital Pharmacists
Alberta Branch



Société canadienne des
pharmaciens d'hôpitaux

Introducing the J & J Pharmacy Podcast



Listen on:
[Spotify](#) or [Apple Podcasts](#)

Hosted by: Jared Scharff and John Choi,
University of Alberta pharmacy
students

Follow them on:

Instagram: [thejandjpharmacypodcast](#) or
Twitter: [@JJPharm Podcast](#)

If you would like to be interviewed or
have a topic you'd like them to discuss,
you can reach them by email at
thejandjpharmacypodcast@gmail.com

- Educational platform that both pharmacy professionals and patients can learn from
- Therapeutic topics ranging from otitis media treatment to vaccine hesitancy in marginalized populations
- Interviews with pharmacy experts about their respective fields and journey through pharmacy