



IN REVIEW

Canadian Society of Hospital Pharmacists



Société canadienne des pharmaciens d'hôpitaux

HOSPITAL PHARMACY IN ONTARIO

FALL ISSUE 2020

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[PRESIDENT'S ADDRESS]

The COVID-19 Pandemic is creating a reality where even the best intentioned plans have to change on a dime. This year might not be the year we had envisioned, however, if there was ever a year in recent history to challenge ourselves to practice differently and innovate this is the year! We will have to draw deep into ourselves to manage the stresses of the moment and to maintain our professional devotion to caring for our

patients, while trying our best to care for ourselves, our families, and each other.

As the COVID-19 situation evolves, supporting our members continues to be our top priority. These past few months, the Ontario Branch (OB) Chapter Chairs, council members and volunteers have been busy hosting virtual residency nights for Golden Horseshoe, Metro Toronto and Lake Ontario West, as well as, a number

of virtual journal clubs on various topics. Thank you to all the residents, assessors and attendees for making the Pharmacy Residency Night a success!

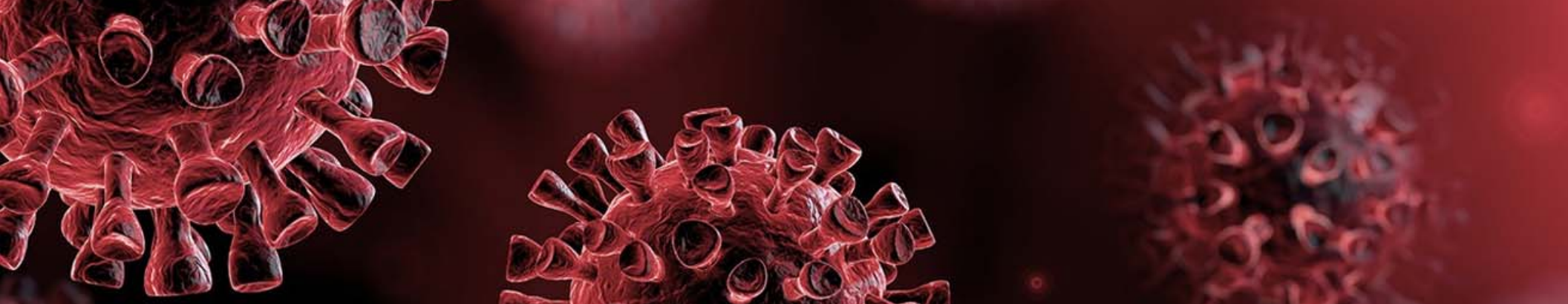
In addition, OB was issued a letter from the Registrar of the Ontario College of Pharmacists ("the College") in response to the open consultation on the proposed draft regulations under Regulation 202/94 of the Pharmacy Act enabling



Samantha Yau

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[PRESIDENT'S ADDRESS continued]

pharmacists to prescribe for minor ailments. The College acknowledged CSHP OB's feedback on expanding the AHFS medication categories listed for specific minor ailments and the following changes were made accordingly, **"including the addition of proton-pump inhibitors for the treatment of gastroesophageal reflux (GERD), and second generation antihistamines for the treatment of allergic rhinitis"**.

The College also addressed the comments raised in regards to improving access to care and the optimization of medication management in crisis situations by ensuring virtual prescribing is possible. The Registrar clarified that, **"as written, the draft regulations do not preclude the delivery of virtual care"**. The expectations that currently exist for the transmission of prescriptions would continue to apply, and pharmacists filling a prescription provided by another pharmacist would retain responsibility for

verifying the validity of the prescription in line with the Standards of Practice and the College's policies and guidelines". The Registrar also noted that the College **"recognizes how important it is for pharmacists across the healthcare system, in both community and hospital practice settings, to confidently contribute to improving patient care in a safe and effective manner. While the regulations enable this expanded scope of practice for pharmacists in all practice settings, we are aware there are certain limitations imposed by the Public Hospitals Act at this time which may impact implementation for some pharmacists"**. CSHP OB will continue to advocate for changes to the Public Hospitals Act (PHA), removing the administrative 'red tape' preventing Hospital Pharmacists from practicing at full scope.

In the coming months, OB will be focused on the following initiatives:

- Branch Strategic Plan focused on sustainability, enhancing communication & engagement
- Advocacy & collaboration efforts to address the drug shortages, Special Access Program (SAP) antidotes and OCP 2 part pharmacists' registration
- Virtual Educational Sessions & Annual General Meeting (AGM)
- Review of NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians
- Development of the criteria weighting for non-hazardous sterile compounding operational standards, with OCP
- Development of a pilot opioid drug diversion risk assessment tool, with ISMP Canada & HumanEra

Lastly, with the recent proposed amendments to Regulation 682 (Laboratories) made under the Lab & Specimen Collection Centre Licensing

Act (LSCCLA) to allow pharmacists to perform certain point-of-care tests (POCT) for medication management of certain chronic diseases, such as blood glucose, hemoglobin A1C, lipids & prothrombin time and International Normalized Ratio (INR), OB will continue to advocate and collaborate with stakeholders to best support pharmacists to further expand our scope of practice.

Again, I want to recognize all pharmacy professionals for your tremendous commitment and continued efforts on behalf of our patients!

Take care and thanks so much for all you do.

Please feel free to reach out to me directly at syau@baycrest.org, should you have any questions.

Samantha Yau
President, CSHP-OB



CSHP ONTARIO BRANCH EXECUTIVE LOOK FOR UPCOMING ELECTION FOR CSHP OB TREASURER'S POSITION





REGISTRATION OPEN SOON FOR THE CSHP ONTARIO BRANCH ANNUAL EDUCATION CONFERENCE

**NOVEMBER
2020**

On behalf of the **CSHP Ontario Branch Education Committee**, we are excited to present you with the **72nd Annual Educational Sessions!**

The Education Committee is dedicated to developing a program with topics covering a range of specialties and issues relevant to pharmacy practitioners in hospitals, primary care and leadership. We will have another exciting lineup of presentations and panels this year offering speakers with strong expertise in their areas.

This event has historically been a full Saturday of education sessions and networking. This year, the 2020 Program will offer a wide range of topics through an online platform. These sessions will be held once weekly on Thursdays in November for a total of 4 sessions spanning all of November 2020. Each weekly session will consist of a lecture followed by a panel from 7 – 9 p.m.

It is also thanks to the generosity of our sponsors that we will be able to offer these sessions FREE to all CSHP members. We hope that you are able to take full advantage of the educational value at our 2020 Conference!

Rana Khafagy and Elise DeFrancesco
Co-Chairs, Education Committee
CSHP Ontario Branch

We look forward to welcoming you to another exciting event! Thank you for your ongoing support of CSHP.

Information on how to register will be announced soon so stay tuned to the CSHP Ontario Branch website and e-mails from us!





CANNABINOID HYPEREMESIS SYNDROME (CHS) INFOGRAPHIC

SUBMITTED BY: VIVIAN LEE, CSHP OB DELEGATE (JR.) AND ER PHARMACIST AT PETERBOROUGH REGIONAL HEALTH CENTRE (PRHC)

Following Canada's legalization of cannabis in late 2018, the [CSHP Ontario Branch Journal Club](#) dedicated its February 2019 session on discussing the management of Cannabinoid Hyperemesis Syndrome (CHS). CHS is typically characterized by chronic, heavy use of cannabis, recurrent episodes of severe nausea and intractable vomiting, and abdominal pain. Patients experiencing CHS may present in the emergency room for intravenous anti-emetics and rehydration. The journal club reviewed the evidence available to-date on various pharmacological agents for managing CHS, including select anti-emetics and capsaicin cream.

During the journal club session, there were discussions about a general lack of public awareness of CHS and resources for patients. An idea arose to create a CHS patient handout that would help educate patients on this condition and facilitate counseling by healthcare providers. By early August 2019, a working group was recruited from members of CSHP OB and ISMP Canada to develop this handout. This working group also collaborated with members of Northwest Telepharmacy Solutions, Canadian Pharmacists Association (CPhA), Canadian Patient Safety Institute (CPSI), Canadian Centre on Substance Use and Addiction (CCSA), and Patients for Patient Safety Canada (PPFSC). We are thankful for all the collaboration and partnerships that have made this project possible. Fast forward to

a year later on August 17, 2020, the CHS infographic was officially launched and can now be found in both English and French versions on the ISMP Canada website.

Eng: <https://www.ismp-canada.org/download/Cannabis-CHS-EN.pdf>.

Fr: <https://www.ismp-canada.org/download/Cannabis-CHS-FR.pdf>

CSHP members are invited to use and share this tool with their clinician colleagues in hospitals and other collaborative healthcare settings where patients may benefit from counseling on CHS prevention, treatment, and risk reduction. Institutions wishing to customize the handout with the addition of their logo can contact our project lead [Alice Watt](#) for more information. You



Vivian KT Lee

CANNABINOID HYPEREMESIS SYNDROME (CHS) INFOGRAPHIC continued

are also invited to provide feedback on your experience with using the handout through this survey: <https://www.surveymonkey.com/r/CHSHANDOUT>. At PRHC, we have been using capsaicin cream to manage CHS for almost 2 years and look forward to disseminating this handout for use in the emergency department.

It has been a pleasure working on this project and learning from experts in the areas of substance use, patient advocacy and health literacy. We hope this project brings value to both ambulatory and acute care practices where CHS is being managed, and particularly for patients suffering from CHS to gain a better understanding of the condition. Since the publication of this handout, Alice Moon, our patient advocate member in the working group was featured in a recent [Washington Post article](#) describing her CHS

journey. The article helps us as clinicians understand this debilitating condition from a patient lens, while balancing the complex psychosocial and cultural factors associated with cannabis use.

If you have any questions or comments about this patient handout, we would love to hear from you. Please contact [Alice Watt](#), ISMP Canada Medication Safety Specialist or [Vivian Lee](#), CSHP OB Delegate (jr).

Frequent vomiting from use of cannabis (pot/marijuana)
CHS - Cannabinoid Hyperemesis Syndrome

What is CHS?
People with cannabinoid hyperemesis syndrome (CHS) experience persistent nausea and stomach pain that can lead to frequent and repetitive vomiting and weight loss. Frequent use of cannabis (at least once a week for more than a year) can increase the risk.

Treatment

- People with CHS may take a hot shower or bath to help temporarily relieve their symptoms. Caution should be taken as these can cause dehydration or scald/burn the skin.
- Capsaicin cream (brand name Zostrix) may be prescribed to help reduce the symptoms of CHS. The cream is to be applied to your stomach, back, or arms.
- Other medications may be prescribed to relieve nausea and vomiting.
- If you go to the emergency department, let your health care provider know if you are using cannabis to manage a medical condition. Your health care provider may do some blood tests. You may be given fluids intravenously to keep you hydrated and help you feel better.

Prevention
Choosing not to use cannabis is the only way to completely avoid CHS. If CHS does occur, the symptoms will usually resolve within 2 weeks after you stop using cannabis. **However, if you've had CHS once, even a small amount of cannabis can cause the symptoms to come back.** If this happens, talk to your health care provider about treatment options or programs for stopping cannabis use.

Reduce your risk of CHS by following "[Cannabis & Your Health: 10 WAYS to Reduce Risks When Using](#)", <https://bit.ly/lrcugphac>

For more information visit: www.ccsa.ca/cannabis
To access a PDF of this handout visit: safemedicationuse.ca/tools_resources/tips.html

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CHAPTER CORNER

RECENT PHARMACY GRADUATES CREATE COVID-19 DRUG EVIDENCE INITIATIVE

SUBMITTED BY: AVERY LOI, PHARM.D; ROSHNI PATEL, PHARM.D; SAMEERA TOENJES, PHARM.D

Our Story

As students finishing our final year of pharmacy school, we were on Advanced Pharmacy Practice Experience (APPE) rotations when the COVID-19 pandemic started. As we saw our preceptors and other healthcare colleagues step up on the front line, we felt a responsibility as part of the healthcare community to help despite the cancellation of our rotations. While potential therapies for COVID-19 dominated headlines, we found no concise resource that summarized the evidence. We knew we could use our critical appraisal skills and training as medication-therapy experts to manage the overwhelming amount of information (and misinformation) flooding the media and health professional channels.

What We Do

Our project, the COVID-19 Drug Evidence Initiative (CDEI), helps healthcare professionals navigate the continuously growing COVID-19 literature and keeps them informed on emerging COVID-19 drug evidence. We accomplish this through 1) identifying relevant studies from the literature, 2) creating graphics featuring high-quality summaries and critical appraisals and 3) sharing this information through a network of media platforms and collaborations with healthcare organizations. We identify all published studies and preprints of randomized controlled trials (RCTs) for COVID-19 drug therapy, and aim to be a timely, accessible, and relevant resource for healthcare workers to help fight COVID-19.



Avery Loi



Roshni Patel



Sameera Toenjes

What We've Achieved

Our team has used our creative skills by displaying our trial summaries in concise and easy-to-read infographics, which are disseminated through a variety of channels. Our website (cdei.ca), social media platforms (@COVID19_DEI) and weekly email newsletters provide our viewers with detailed summaries of the relevant COVID-

19 clinical trials. Currently, our database has over 20 trial infographics and continues to grow. So far, we have had over 3,000 unique visitors and 10,000 page views on the website, along with an engaged social media following. CDEI is a novel platform which fills the need for an evidence-based resource for COVID-19 treatment in this era where information is continuously shared through the internet and social media.



CHAPTER CORNER

RECENT PHARMACY GRADUATES CREATE COVID-19 DRUG EVIDENCE INITIATIVE continued

Lessons Learned & Future Directions

With the constantly evolving situation, CDEI has had to adapt in order to stay relevant and impactful for our viewers. In trying to better reach our audience, we have refined our graphics and social media outreach to be more concise, relevant, and accessible. We have spent numerous meetings defining the template and along the way added a critical appraisal tool based on the Center for Evidence Based Medicine's resource. Focusing on these aspects of the project and implementing these changes has been met with gratitude from our viewers via formal and informal feedback. Additionally, after consulting researchers, we narrowed our inclusion criteria and methods for our literature search to focus on higher quality evidence (i.e., RCTs). In doing this, we hope to make CDEI a database for COVID-19 drug therapy that is not only useful as a news

source for the latest drug trials, but also a tool to help assess the landscape of all high quality drug trials. We are currently expanding the team to help with trial analysis and are looking into including vaccine trials.

Despite the decreasing number of COVID-19 cases across Canada, COVID-19 still remains a long-term threat as there is a rising number of cases globally and no current vaccine. With no consensus on treatment and a rising outflow of publications, CDEI will help reduce information overload and inform evidence-based practice.



RESIDENCY RESEARCH NIGHT - SOUTHWESTERN & GOLDEN HORSESHOE CHAPTERS

SUBMITTED BY: MARISA RAMANDT AND CLAIRE HOOPER

Our annual Residency Research Night offers an opportunity for the pharmacy residents in our chapters to share their research projects with CSHP members across our region. Although we moved to a virtual event this year as a result of COVID-19, the evening went smoothly and we were delighted the residents were able to showcase their hard work to an even broader audience across all of CSHP-OB. This year's Research Night was held on Wednesday July 15th via Zoom. We would like to congratulate all of the residents for their high caliber projects and for seamlessly adapting to a virtual presentation format.

Coming up we have highlighted a couple of the winning projects and learn from the residents about their research experience.



Marisa Ramandt



Claire Hooper



RESIDENCY RESEARCH NIGHT - SOUTHWESTERN & GOLDEN HORSESHOE CHAPTERS continued

1st Place: Bryanna Tibensky

Marisa/Claire: Tell us something you learned through conducting your own research.

Bryanna: This was my first opportunity to be involved in a nationwide research project, which was an amazing learning experience. Something that was more challenging than I had anticipated was getting participant engagement in the study. Reflecting back, I definitely took for granted the time and effort it takes to obtain quality survey feedback. This required me (and my research) to be adaptable to changing expectations and timelines, and also challenged me to think creatively to ensure the project continued to move forward.



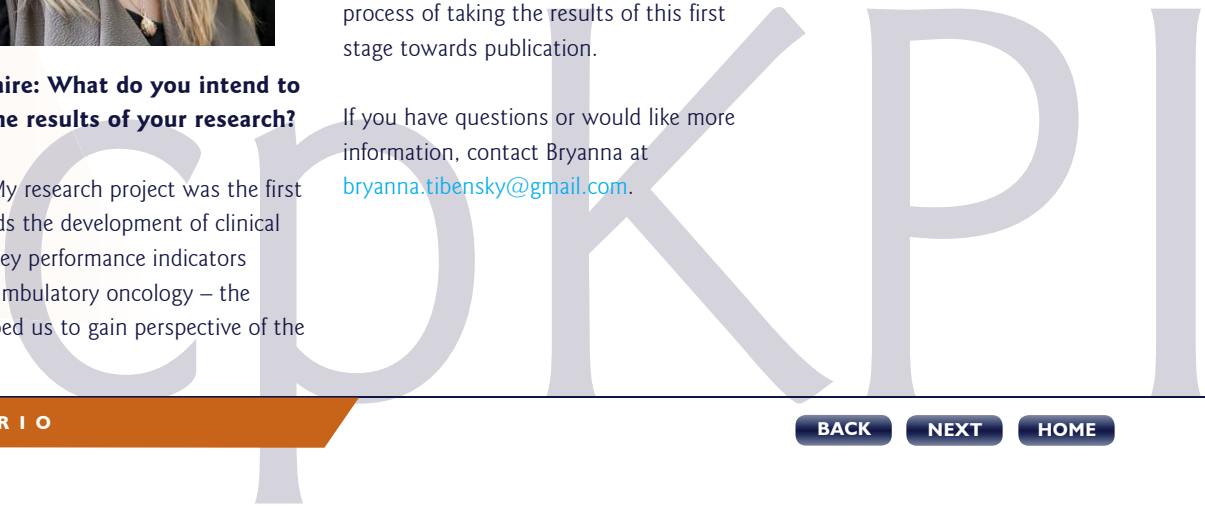
Marisa/Claire: What do you intend to do with the results of your research?

Bryanna: My research project was the first step towards the development of clinical pharmacy key performance indicators (cpKPI) in ambulatory oncology – the results helped us to gain perspective of the

PROJECT: “Development of ambulatory oncology pharmacy cpKPIs: A literature review and environmental scan”
(University of Waterloo Family Health Team)

current practice landscape in Canada. This research will ultimately inform the work in the next stages of the cpKPI development process, such as structured interviews and Delphi panel process. Currently, I am in the process of taking the results of this first stage towards publication.

If you have questions or would like more information, contact Bryanna at bryanna.tibensky@gmail.com.





RESIDENCY RESEARCH NIGHT - SOUTHWESTERN & GOLDEN HORSESHOE CHAPTERS continued

RESIDENCY RESEARCH PROJECT ABSTRACT

The Development of Clinical Pharmacy Key Performance Indicators for Ambulatory Oncology: An Environmental Scan of the Canadian Practice Landscape

Bryanna Tibensky, RPh, PharmD, HBSc
Ambulatory Pharmacy Resident
University of Waterloo / The Centre for
Family Medicine Family Health Team

Supervisor: Thomas McFarlane, BScPhm
PharmD RPh

Rationale: Canadian Clinical Pharmacy Key Performance Indicators (cpKPIs) have been developed for inpatient hospital; however have yet to be established for ambulatory oncology practice. This study is the first step of the development process, which aims to describe the current landscape of pharmacy services being provided in outpatient oncology, and identify barriers surrounding development and implementation of cpKPIs in this practice setting.

Methods: A national cross-sectional survey was sent to pharmacists in Canada working with outpatient oncology patients. Survey questions consisted of participants' demographics, practice setting, types of pharmacy oncology services provided, metrics captured at their institution and their perception of cpKPIs. A literature search was also conducted to identify available evidence assessing the impact of outpatient oncology pharmacy services on patient outcomes.

Results: Overall, 39 ambulatory oncology pharmacists completed the survey, the majority of which practice in community hospitals in British Columbia, Ontario and Atlantic Canada. The services most often provided were: chemotherapy order verification, lab monitoring, identification and resolution of drug therapy problems, patient consultations, counselling and education. Half of the respondents reported that their institution currently has a formal pharmacist-run monitoring program. Only 23 of 36 (59%) respondents indicated that pharmacy performance metrics or patient outcomes are captured at their institution, with no metric being universally captured. Overall, 100% of respondents would favour the development of cpKPIs for ambulatory oncology. The identified studies suggest pharmacists' interventions can improve outcomes measures in this setting; however high-quality evidence was very limited.

Conclusion: Despite the recent growth of clinical pharmacy services in ambulatory oncology, there is significant heterogeneity in the patient care activities being provided, as well as the metrics being assessed. This study demonstrates the need for national consensus cpKPIs and further research to fill evidence gaps.



RESIDENCY RESEARCH NIGHT - SOUTHWESTERN & GOLDEN HORSESHOE CHAPTERS continued

2nd Place: Spencer Martin

Marisa/Claire: Tell us something you learned through conducting your own research.

Spencer: Over the course of this project I quickly realized how time consuming research can be, but I also realized how much I enjoy it. Patient care is at the center of everything we do and it was very rewarding to conduct research that both could improve patient outcomes and have a cost-saving potential for the hospital. Quality improvement is my new calling and I have already gotten involved with new QI initiatives at LHSC to improve practices.



Marisa/Claire: What do you intend to do with the results of your research?

Spencer: The results are currently being shared with stakeholders within the institution and procedural changes will be considered. I also hope to submit this

PROJECT: “Intravenous iron prescribing practices at LHSC: The impact of iron isomaltoside on health care utilization”
(London Health Sciences Centre)

work for publication to share with other hospitals.

If you have questions or would like more information, contact Spencer at spencer.martin@lhsc.on.ca.



RESIDENCY RESEARCH NIGHT - SOUTHWESTERN & GOLDEN HORSESHOE CHAPTERS continued

RESIDENCY RESEARCH PROJECT ABSTRACT

Intravenous Iron Prescribing Practices at LHSC: The Impact of Iron Isomaltoside on Health Care Utilization

Martin, S., Henderson, S., Facca, N.
Department of Pharmacy, University Hospital, London Health Sciences Centre, 339 Windermere Rd, London, ON, N6A 5A5, Canada

Heer, A., Dhingra, A., Bhatti, S., Yao, K.
Ivey Business School, Western University, 1255 Western Rd, London, ON N6G 0N1, Canada

Rationale: To ensure the sustainability of the health care system, LHSC transitioned funding of outpatient intravenous iron from the inpatient budget to private insurers. This study evaluated the process to date and made recommendations on iron product selection through a cost-benefit analysis.

Methods: Through hospital and outpatient pharmacy software systems, reports can be generated to characterize the ongoing trends in cost savings and initiative uptake. The cost-benefit analysis includes a review of health care utilization (number of visits, chair time, medication cost, infusion supplies, nurse/technician time/wages) between iron sucrose and iron isomaltoside to estimate cost savings.

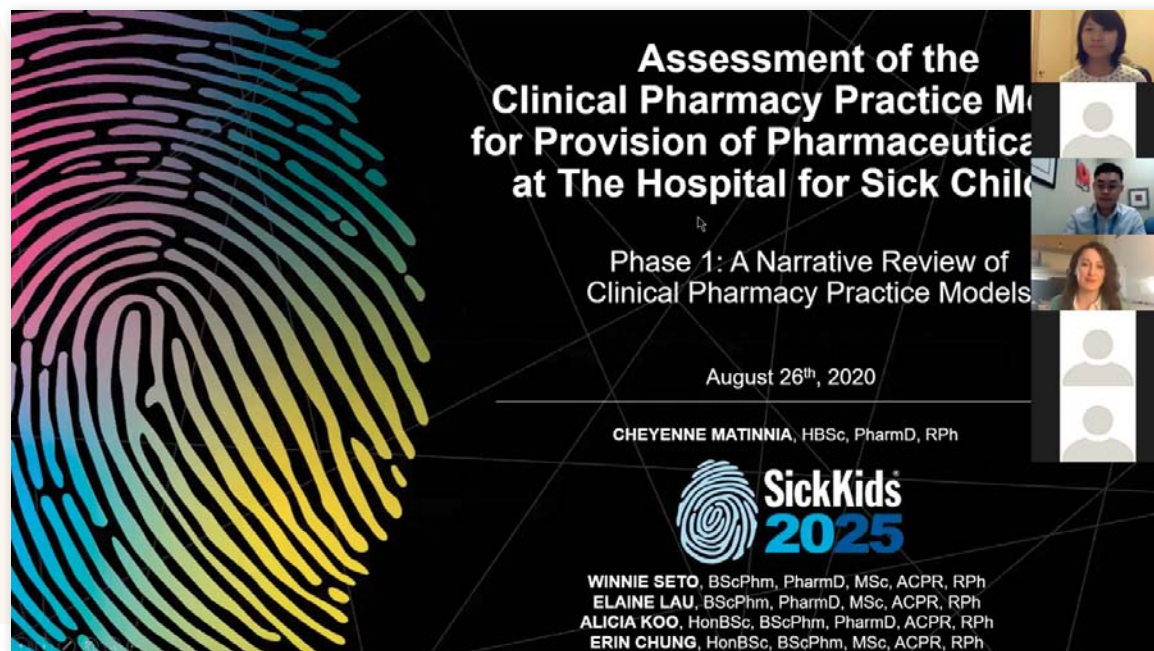
Results: Since this initiative began in August 2019, there has already been an overall intravenous iron medication savings to the hospital of over \$200,000 when comparing the 2018 and 2019 fiscal years (April-March). There continues to be an increasing number of patients who have their iron billed as an outpatient and overall, \$187,765.37 was produced in revenue by the outpatient pharmacies from September to February 2019. The findings of cost-benefit analysis emphasized the benefit of giving a single full repletion dose of iron isomaltoside as opposed to multiple doses of iron sucrose. The average time savings of 10.17 hours may be sufficient for many patients to request the switch to iron isomaltoside. It is also in the best interest of the hospital to switch more patients to iron isomaltoside for a full repletion dose as it could save \$245.10 per patient.

Conclusion: The review has showcased the successful transition of funding and significant savings. Overall, the greatest benefit of switching from iron sucrose to iron isomaltoside for both the hospital and patients is if a patient has private coverage. Furthermore, if the hospital continues to fund a patient's intravenous iron, a strong consideration should be made to include iron isomaltoside as an option.

BEHIND THE SCENES FOR THE METRO TORONTO AND LAKE ONTARIO WEST PHARMACY RESIDENTS' VIRTUAL RESEARCH NIGHT

Introduction

The Metro Toronto and Lake Ontario West Chapters held our joint Pharmacy Residents' Virtual Research Night on Wednesday, August 26th, 2020 through Zoom and it turned out to be a great success! 16 pharmacy residents presented their projects on a variety of topics including infectious disease, nephrology, opioid use, cannabis use, oncology, psychology, internal medicine, cardiology, and clinical pharmacy practice. Over 120 participants attended and enjoyed the Virtual Research Night through the comforts of their own home. Furthermore, 16 assessors volunteered their time to provide written feedback on presentations and abstracts to the pharmacy residents.



The screenshot shows a Zoom meeting slide with a dark background and a large, colorful fingerprint graphic on the left. The text on the slide reads: "Assessment of the Clinical Pharmacy Practice Model for Provision of Pharmaceuticals at The Hospital for Sick Children", "Phase 1: A Narrative Review of Clinical Pharmacy Practice Models", "August 26th, 2020", "CHEYENNE MATINNIA, HBSoc, PharmD, RPh", and the "SickKids 2025" logo. At the bottom, a list of assessors is provided: WINNIE SETO, ELAINE LAU, ALICIA KOO, and ERIN CHUNG. On the right side of the slide, there are five small video thumbnails showing participants, with some showing placeholder icons.

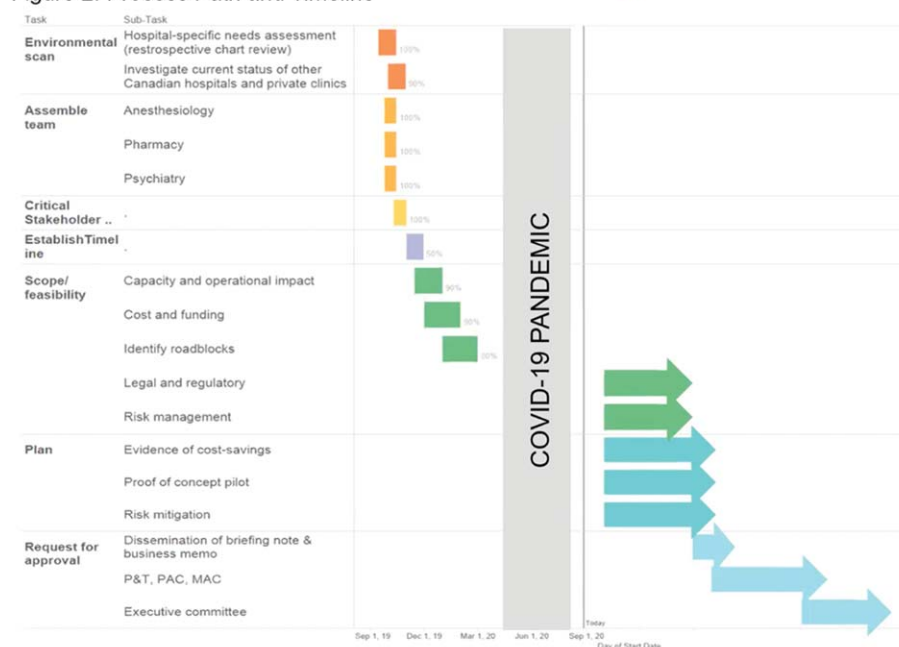
BEHIND THE SCENES FOR THE METRO TORONTO AND LAKE ONTARIO WEST PHARMACY RESIDENTS' VIRTUAL RESEARCH NIGHT continued

What went well with the event?

Organizing our first ever Virtual Residents' Research Night involved extensive planning, given the potential for unforeseen issues such as technical difficulties or communication barriers. It was an even larger challenge for pharmacy residents, many of whom had their projects paused due to the pandemic, but continued to deliver excellent and impactful presentations. To maintain social distancing, all planning for the event was effectively done virtually through a combination of e-mail correspondence, Google Forms, Dropbox, video-conferencing, and advertising through social media. Electronic assessment forms for abstracts and presentations were created, and electronic gift cards were sent to volunteer assessors as a token of appreciation.

Methods

Figure 2: Process Path and Timeline



P&T: pharmacy and therapeutics. PAC: Psychiatric Advisory Council. MAC: Medical Advisory Committee





BEHIND THE SCENES FOR THE METRO TORONTO AND LAKE ONTARIO WEST PHARMACY RESIDENTS' VIRTUAL RESEARCH NIGHT continued

A helpful planning decision we made was holding a virtual dress rehearsal one week prior to the actual event. Through this activity, both the moderators and presenters were able to familiarize themselves with the Zoom platform. In particular, presenters were able to practice presenting in front of their webcams, and getting accustomed to the 5-minute time limit. Presenters were provided the option of sharing their own screen or having a moderator share the screen on their behalf, and then outlining their preference. This helped to minimize any confusion during the actual event. To ensure appropriate time management, we assigned the following designated roles for each presentation: (1) Moderator, (2) Timer, and (3) Assessor. Moderators provided instructions at the beginning of each section, introduced residents, and

facilitated the Q&A periods via the Zoom chat box. Timers were visible on-screen to provide visual cues to the resident for time remaining. Volunteer assessors were present during their assigned time slots to complete their electronic assessment forms and provide questions for discussion. Through a post-event survey, residents, attendees, and assessors expressed an average score of 4.2 out of 5 satisfaction with how the research night went, citing time management, convenience, and communication as clear strengths.

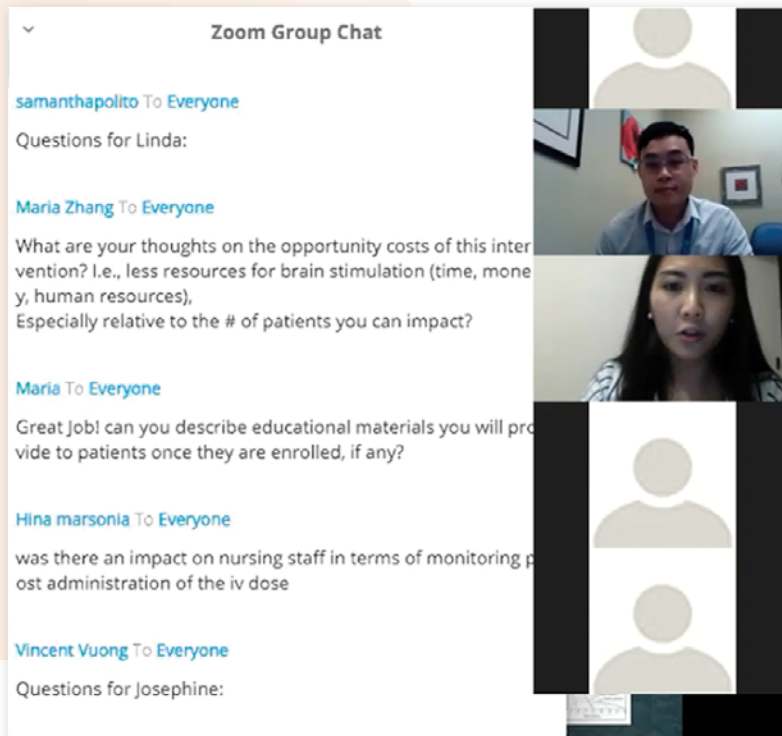
What could be improved for future years?

From the 19 people that completed our feedback survey, results indicated that 63% of attendees would prefer an

in-person format, while 26% prefer a virtual format. With this event being virtual, more people who otherwise would not have been able to travel to Toronto, were now able to attend. One suggestion for future virtual events included sharing slides in advance as it may have been difficult to see the slides well via Zoom. Another suggestion was advising all residents to share presentations on PowerPoint slides rather than a poster, which required zooming into various sections as they presented and may have been difficult for the audience to follow. Being able to see the timer may have been an issue for some participants as well, with one respondent suggesting to have a virtual timer on the screen to track time. For future virtual events, we will ensure that all residents have their cameras on at the beginning of

their presentation, as this minor mishap had occurred several times. More time for questions and discussion can also be considered, as the two minute Q&A period was not always sufficient for the resident to respond to all the questions. Since the event was over 2.5 hours long, we did lose some participants towards the end. To prevent this in the future, we could look at breaking up the event into two or more shorter sessions on different days, or entertaining the possibility of having multiple concurrent streams. Respondents also suggested having brief breaks or additional activities in between sections. Lastly, because many residents had their projects paused due to the COVID-19 pandemic, some residents would have preferred more lenient abstract and poster deadlines closer to the actual event day.

BEHIND THE SCENES FOR THE METRO TORONTO AND LAKE ONTARIO WEST PHARMACY RESIDENTS' VIRTUAL RESEARCH NIGHT continued



To sum it all up...

All in all, the 2020 Metro Toronto and Lake Ontario West Pharmacy Residents' Research Night went as planned, allowing this year's hospital resident cohort to showcase all of their hard work despite these uncertain times. We would like to express our appreciation for everyone involved

in the planning and implementation of this event, including all of our presenters, volunteer assessors, and attendees, as well as our sponsor Fresenius Kabi. We hope this event was a unique and memorable experience for everyone involved. We look forward to seeing everyone next year for the 2021 Pharmacy Residents' Research Night, no matter what the format may be!

UHN Exploration of patients' perspectives on enablers and barriers to medication adherence in the treatment of depression
Christopher Chiu, PharmD^{1,2}, Shelly-Anne Li, MSc, PhD(c)², Debbie Kwan, BScPhm, MSc², Patricia Marr, BScPhm, PharmD^{1,3}, Catherine Li, MD, CCPP^{1,3}, Kati Lehtinen, BScPhm, ACPC, PharmD^{1,3}, Sarah Reed, MD, CCPP^{1,3}, Christine Ploosche, PharmD^{1,3}
¹University Health Network, Toronto, ²Uttara Division Faculty of Pharmacy, University of Toronto, ³Department of Family and Community Medicine, University of Toronto

Background

- One-third of patients discontinue antidepressants within one month of therapy¹
- Pharmacist interventions of antidepressants is associated with relapse and recurrence of depression, and greater healthcare costs²
- Few studies have explored patients' perspectives regarding their needs and expectations around antidepressants³
- Understanding these factors is crucial to develop educational strategies that improve medication adherence and treatment outcomes⁴

Objective

- Primary:** To identify and describe patients' enablers and barriers to adherence to antidepressants
- Secondary:** To explore the educational needs of patients around initiating or continuing antidepressants

Methods

- Design:** Qualitative description using semi-structured interviews (phone and video)
- Population:** Outpatients at the TWHFT diagnosis of depression, new antidepressant prescribed within the last 3 months
- Excluded:** Non-English speakers, co-morbid psychiatric diagnosis, cognitive impairment
- Data Collection:** Interviews were audio-recorded and transcribed verbatim. Four transcripts were coded using an inductive content analysis by two independent coders

Findings

Table 1: Patient characteristics (n=64)

Mean Age (range)	38 (22-64)
Female (%)	72 (55)
Primary Completed Education (%)	2 (3)
University or College	2 (3)
Graduate	1 (2)
Master's	1 (2)
Other	1 (2)

Table 2: Patient Characteristics

Duration of depression (years)	3.3 (1-10)
Duration of current illness (months)	13.8 (1-24)
No. of total medications	13.8 (1-24)
Prescription of SSRI (%)	4 (6)
Previously taking ADA (%)	1 (2)
Comorbidity (%)	3 (5)
Alcohol Use	1 (2)
Current Age	1 (2)

Table 3: Enablers and Barriers to Medication Adherence

Reliable improvement	Fear of relapse	Subtle therapeutic effects	Uncertainty about benefits
Positive experience with healthcare provider	Engagement of information	Process of filling prescriptions	Four patient provide adherence or continuation
Ease of administration	Daily routines	Adverse effects	Forgiveness
Positive support system?	Visual reminders	Impact on relationships	Social support

Conclusions

- Medication adherence is a complex and dynamic process influenced by many factors
- Interventions to improve medication adherence should be tailored to address patients' individual barriers and use a multifaceted approach
- This can be achieved by identifying personalized treatment goals, ensuring regular patient-provider follow-up, and incorporating shared decision-making



[2019-2020 RESIDENCY RESEARCH PROJECTS]

SUBMITTED BY: ONELLA PEREIRA, OPRA LIAISON



Onella Pereira

The Ottawa Hospital

The Safety and Efficacy of Trazodone for Sleep (Part 2) : A Survey of Prescriber's Knowledge, Perceptions and Experiences



Joanna Leake

St. Joseph's Healthcare Hamilton

Antipsychotic Medication Use in Pregnancy: A Survey of Patient and Physician Perspectives



Sama El Refaei

Trillium Health Partners

Assessment of a standardized discharge prescription implemented to prevent excess opioid use post-surgery: An Opioid Stewardship strategy



Riley (Min Ji) Kim

St. Joseph's Healthcare Hamilton

Characterization of Neutropenia Management in the Renal Transplant Population at St. Joseph's Healthcare Hamilton: A Retrospective Chart Review



[2019-2020 RESIDENCY RESEARCH PROJECTS continued]



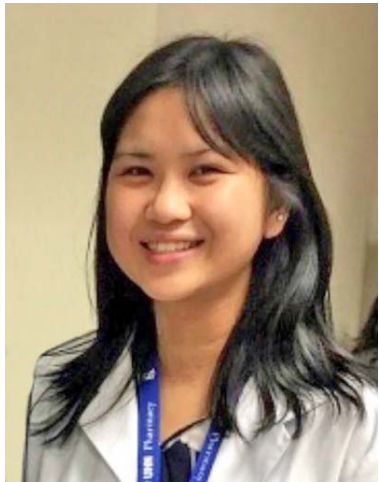
Superna Ramesh
Sunnybrook Health Sciences Centre
Optimizing the Management of Patients with Acute Coronary Syndrome



Christopher Chiu
University Health Network
Exploration of the patient’s perspective on enablers and barriers to medication adherence in the treatment of depression



Syeda Anika Imam
William Osler Health System
Assessing the impact of a standardized warfarin dosing nomogram in hemodialysis patients



Grace Tang
University Health Network
Medication Management Education in Chronic Kidney Disease: Development of a Digital Media Framework



[2019-2020 RESIDENCY RESEARCH PROJECTS continued]



Samuel Dubinsky

The Ottawa Hospital

Pre-Medication Protocols for the Prophylaxis of Infusion Related Reactions to Paclitaxel: A Systematic Review and Meta-Analysis



Deep Patel

The Ottawa Hospital

Pre-medication Protocols for the Prophylaxis of Infusion Related Reactions to Paclitaxel: A systematic Review and Meta Analysis



Samantha Perez

The Ottawa Hospital

The Safety and Efficacy of Trazodone for Sleep (Part I) : A Systematic Review and Meta-Analysis



[2019-2020 RESIDENCY RESEARCH PROJECTS continued]



Caylie Poirier

University Health Network

Adherence to combination Antithrombotic therapy in Atrial fibrillation patients post-PCI (TRIPLE-A)



Daniel Grant

Kingston Health Sciences Centre

Assessment of the impact of patient-completed medication questionnaires on best possible medication history completion times in admitted emergency department patients



Josephine Ho

University Health Network

Descriptive patient survey on cannabis use, experiences, and perspectives in a hemodialysis population



[2019-2020 RESIDENCY RESEARCH PROJECTS continued]



Marie-Claire Savoie

Montfort Hospital

Incidence and potential harm of medication discrepancies upon inter-facility patient transfer



Emily Hammond

Trillium Health Partners

A Drug Use Evaluation of Appropriateness of Empiric Ertapenem Use at Credit Valley Hospital



Fulbert Fu

Trillium Health Partners

The Impact of Real-World Dosing Variations of Palbociclib on Progression-Free Survival in Patients with Metastatic Breast Cancer



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