



IN REVIEW

Canadian Society of Hospital Pharmacists



Société canadienne des pharmaciens d'hôpitaux

HOSPITAL PHARMACY IN ONTARIO

SUMMER ISSUE 2020

- 1 President's Address
- 3 Chapter Corner - CSHP - Ontario Branch - Golden Horseshoe
- 7 Chapter Corner - CSHP - Ontario Branch - Lake Ontario East
- 9 Perspectives of Undergraduate Pharmacy University of Toronto and Waterloo Students on the Impact of the COVID-19 Pandemic
- 14 OPRA Update | Pharmacy Residency - A Year Worth Remembering
- 15 Save the Date - November AGM

TABLE OF CONTENTS

[PRESIDENT'S ADDRESS]

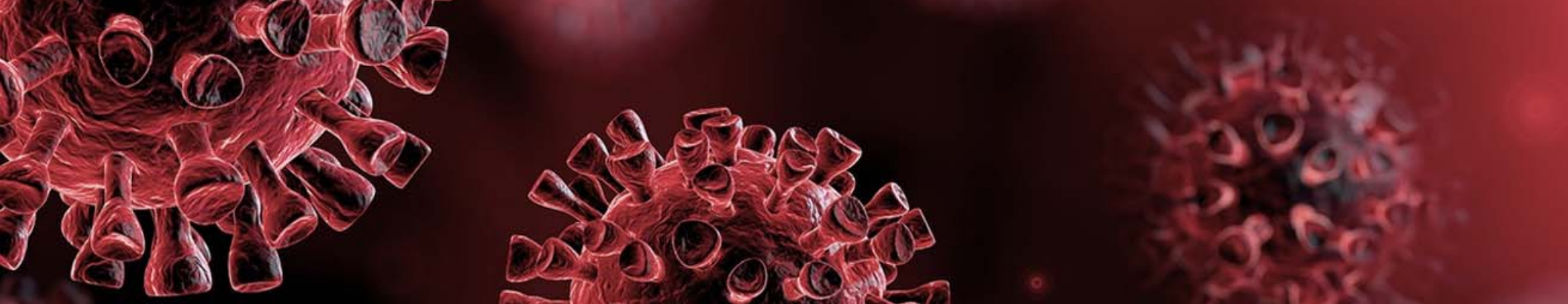
Together we have worked tirelessly in the face of the pandemic to do our very best to ensure our patient's medication needs are safely met. I want to recognize the pharmacy community for your tremendous commitment and continued efforts on behalf of our patients! As the COVID-19 situation evolves, supporting our members continues to be our top priority.

In the past months, CSHP OB has been active in a variety of ways advocating on behalf of pharmacy professionals. Following the Premier's press release on April 25, regarding pandemic pay, CSHP OB has sent two letters to Premier Doug Ford and the Deputy Premier Christine Elliott advocating for the inclusion of pharmacists and pharmacy technicians working in hospitals to the list of eligible healthcare workers for the pandemic pay

supports, in addition to joining other associations in an open letter requesting all health care workers be recognized. CSHP OB has also had the opportunity to share the role of pharmacists and pharmacy technicians in hospitals on CBC radio. It is disappointing and disheartening to see that the contributions' of pharmacy professionals are not recognized.



Samantha Yau



[PRESIDENT'S ADDRESS continued]

In May, CSHP OB responded to the Ontario College of Pharmacists' (OCP) open consultation on the proposed draft regulations under Regulation 202/94 of the Pharmacy Act enabling the expanded scope of practice for pharmacists to prescribe for minor ailments, requesting for expansion of the AHFS medication categories for specific conditions and will continue to advocate for changes to the Public Hospitals Act, removing the administrative 'red tape' preventing Hospital Pharmacists from practicing at full scope. These advocacy and collaborative efforts will be further enhanced through the signed memorandum of understanding (MOU) between CSHP OB and the Ontario Pharmacists Association (OPA), as we look towards a unified voice for the pharmacy profession.

The OB Branch Council members have also been busy planning residency nights, continuing educational webinars and also proud to have contributed to ISMP Canada's recent Safety Bulletin on 'Virtual Medication History Interviews and Discharge', which recommends that medication history interviews and discharge patient

education be conducted by telephone, video communication, or email with the goals of reducing the associated risk of viral transmission/ exposure and conserving personal protective equipment (PPE) to support our members during this pandemic. In addition to collaborating with ISMP

Canada on the development of a patient education Cannabinoid Hyperemesis Syndrome (CHS) infographic, OB members have also had the opportunity to share their experiences and challenges facing hospital pharmacists during this challenging time in the recent ISMP Medication Safety Exchange and second episode of the OPA Podcast Pharmacists' Matters.

In the upcoming months, the OB Council will be reviewing our strategic plan to ensure sustainability, developing creative ways to offer educational programs via virtual platforms, as well as continuing our advocacy efforts for the pharmacy profession consistent with the CSHP mission, vision and values.

Again, I am deeply appreciative of your dedication and commitment to patient care. In these challenging times, your work is nothing short of heroic!

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

Samantha Yau
President, CSHP-OB

CHAPTER CORNER

CSPH - ONTARIO BRANCH - GOLDEN HORSESHOE

Iqaluit panorama

FIVE THINGS TO LOVE ABOUT REMOTE HOSPITAL PRACTICE

On a cold winter morning in January 2020 I boarded a plane at Toronto Pearson airport and landed in Iqaluit in the northern territory of Nunavut. It was completely dark and the air was so cold I choked on my first breath as I stepped off the plane. Qikiqtani General Hospital in Iqaluit has a partnership with St. Joseph's Healthcare Hamilton and asked for a pharmacist to temporarily cover a vacancy before a permanent candidate started. At home in Hamilton, my primary role is supporting the hospital outpatient nephrology clinics. At Qikiqtani General Hospital I would be the only clinical pharmacist on-site. The decision to leave my husband and son for 5 weeks was not an easy one but it is one I will never forget, and months later I am still reflecting on my experience. Put simply, it was challenging but enjoyable, there was a learning curve but it was

rewarding. But most of all I really felt that one person could make a huge impact. I would suggest to anyone who has the opportunity to try remote or rural hospital practice to embrace it. These are my reasons why.

Recognition and Appreciation

Every time I turned a corner or walked into a new room, I was welcomed by all the hospital staff in Iqaluit and greeted with enthusiasm. Some of the physicians even shared their phone number with me immediately so I could easily contact them when needed; and when I eventually did contact them every pharmacy intervention was recognized with a heartfelt thank you. I had easy access to the entire team. It may have been a small place, but I felt enormously supported by the medical and clinical staff at the hospital.

There is a great need for all healthcare providers in the north. In Nunavut life expectancy is 71.6 years compared to the national average of 81.1 years. Death due to respiratory diseases such as pneumonia, influenza and bronchitis is a staggering 182.9/100,000 compared to the national average of 45/100,000. Tuberculosis, something that most of us would consider is very uncommon is a public health emergency in the north. Suicide is a recognized crisis in Nunavut, with the territory's suicide rate being one of the highest in the world, ranging from 5-40 times the Canadian average depending on the age and gender group. Although these statistics are shocking, it is clear that there is a great opportunity for every pharmacist in the north to make an incredible difference with such a vulnerable population.



Alison Shipley

FIVE THINGS TO LOVE ABOUT REMOTE HOSPITAL PRACTICE continued

Patients Craved Counseling

Nunavut is a territory with a very small population spread over an enormous area and includes three time zones. The Qikiqtaaluk region which includes Baffin Island is comprised of 12 communities including the capital city of Iqaluit. A single hospital services this population of 19,000 spread over nearly one million square kilometers. There are two community pharmacies, both located in Iqaluit, serving this entire region. Since there are no roads that connect any of the communities, all medications are transported by plane to residents in the 11 other communities. The northernmost community is Grise Fiord, which is over 1,500 km away from Iqaluit as the crow flies and takes two days to travel by plane. To put things into perspective, imagine you live in Regina and your pharmacy is in Montreal and the Twin Otter prop plane delivering your

medications takes 2 days, in ideal weather conditions, to make the trip. For many of the patients that I met in hospital, this was their very first face-to-face interaction with a pharmacist. The majority of my patients wanted to learn more about their medications and appreciated the ways I helped to simplify their medication regimen and smooth their transition of care on discharge. For example, we switched one patient from warfarin to a Direct Oral Anticoagulant (DOAC) and he appreciated not having to do INR monitoring at his community nursing station anymore. These small interventions made a huge impact to the lives of these patients. In addition to their higher burden of disease, the patients I cared for still struggle with the trauma of settlement and colonialism, yet their gratitude for pharmacy services surpassed what I have ever experienced while working in the city.



Whale ribs in Apex.

Photo: Kylie Goodyear

FIVE THINGS TO LOVE ABOUT REMOTE HOSPITAL PRACTICE continued

Explore Every Dimension of Pharmacy Practice

As the only hospital pharmacist, I was immediately tasked with being the pediatric, surgical, and psychiatric pharmacist and within a week I had added on the roles of antimicrobial stewardship, anticoagulation, drug information, and outpatient clinic pharmacist. Other opportunities also arose that involved teaching, quality assurance projects and inventory management. It was incredibly rewarding to explore all these aspects of pharmacy practice. Where else can you develop skills in all these areas concurrently?

Opportunity to Think Creatively

Clinicians in Nunavut have developed creative solutions to address the unique

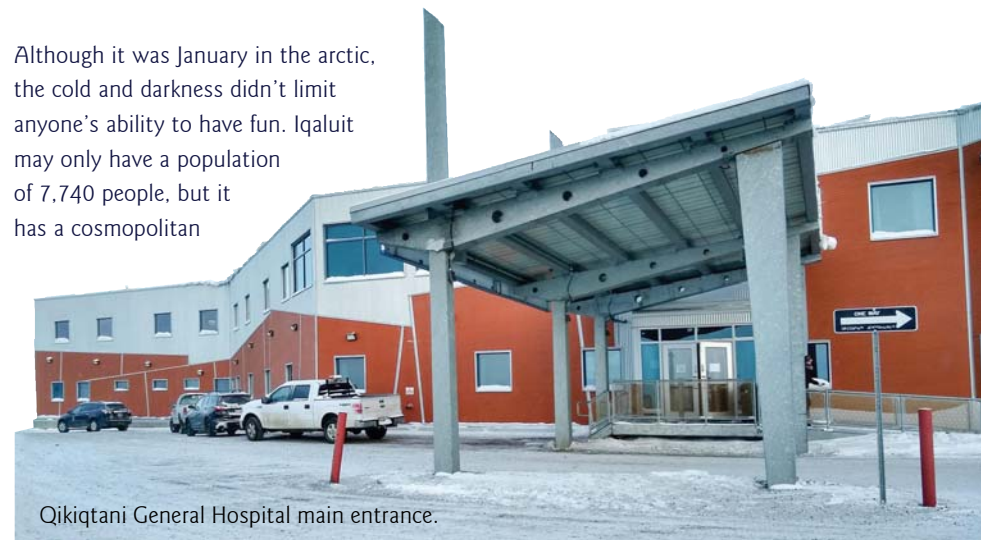
health needs of a population spread over an enormous area. For example, as part of a strategy to eliminate tuberculosis, they implemented a once weekly directly observed therapy regimen of rifapentine and isoniazid for latent tuberculosis infection for a treatment duration of 12 weeks. This is much easier to implement when compared to the usual 9 months of daily isoniazid. However, rifapentine is not yet approved by Health Canada for general use, but it was made available for the urgent public health need through Health Canada's *Access to Drugs in Exceptional Circumstances Program*. Another creative solution to avoid unnecessary hospital admission for patients requiring multiple daily doses of intravenous cefazolin for treatment of cellulitis was the once daily administration of probenecid plus cefazolin. This allowed the patient to receive therapy once daily in the

hospital outpatient department instead of occupying a hospital bed. Overall, I was amazed by the innovative nature of the clinical staff. During my time at the hospital, everyone was easy to engage and hospital leadership was accessible and supportive of new ideas.

Adventure

Although it was January in the arctic, the cold and darkness didn't limit anyone's ability to have fun. Iqaluit may only have a population of 7,740 people, but it has a cosmopolitan

feel. There is ethnic diversity, a surprising amount of international cuisine, an assortment of indoor and outdoor recreation activities, weekly film screenings, and annual festivals. There are 5 hotels, 3 Tim Hortons, 3 banks, a new international airport, a new recreation centre and a microbrewery. Did I mention that the hospital is newly renovated too?



Qikiqtani General Hospital main entrance.

CHAPTER CORNER

CSHP - ONTARIO BRANCH - GOLDEN HORSESHOE

FIVE THINGS TO LOVE ABOUT REMOTE HOSPITAL PRACTICE continued

Nunavut is the only province or territory in Canada that has a dominant language that is neither English or French. Inuktitut and other Inuit languages are most common, used by 77% of people. I loved learning about Inuit culture and their connection with the land having thrived in the arctic for 6000 years. They are incredibly strong-willed, compassionate, generous people who value relationships and have a culture deeply rooted in storytelling. I learned that there is no real word for 'hello' in Inuktitut; instead, when you greet someone, you simply smile. This is something that I have taken home with me and try to do every day.

In my journey I met pharmacists, physicians and nurses who went to Nunavut for a month and ended up staying for years. If you ever have the opportunity to try remote or rural hospital pharmacy practice, I encourage you to do it. You may find that you love it too.



Hospital and community nursing, medical and pharmacy colleagues.

Photo Kylie Goodyear

Alison Shipley RPh, BScPhm, ACPR
Clinical Pharmacist | St. Joseph's Healthcare
Hamilton

CONSERVING DRUG SUPPLY DURING COVID-19: HOW STERILE COMPOUNDING CAN HELP

During the COVID-19 pandemic, hospitals across Canada are proactively preparing for or responding to drug shortages, particularly of pharmaceuticals used in intensive care, palliative care and infectious diseases. One approach to conserve medication supply is sterile compounding done by trained, competent and tested personnel in a facility compliant with sterile non-hazardous compounding standards established by the National Association of Pharmacy Regulatory Authorities (NAPRA) and the U.S. Pharmacopoeia (USP). This article will discuss four general compounding approaches that may be considered.

1) Repackaging

Aliquoting

In this approach, a commercial product is being repackaged into smaller aliquots of compounded sterile products (CSPs).

Aliquoting is helpful when a typical dose used in clinical practice is significantly smaller than what is provided in the commercial form.

Pooling

In this approach, multiple units of the same commercial product are combined in a desired larger container. This can help conserve supply of the same product that is commercially available in that larger volume.

Repackaging is generally the simplest compounding approach because it does not alter the chemistry and hence stability of the original product. Compatibility of the repackaged drug with the material of its new container however must be established by consulting appropriate stability resources such as Extended Stability for Parenteral Drugs, Trissel's IV Compatibility, Stabilis and the American Hospital Formulary Service (AHFS).

2) Dilution

When supply of a medication at a certain concentration becomes short, one may produce more units of that desired concentration by diluting a more concentrated commercial product. The compounder has one of three approaches to dilution: add the medication directly to a bag of diluent, remove an amount of diluent from the diluent bag prior to addition of the medication, or add specific amounts of drug and diluent to an empty container to achieve an exact concentration. These approaches are further discussed in a guidance document published by the *Institute for Safe Medication Practices (ISMP) Canada* on the management of overfill in diluent bags.

Dilution is more complex than repackaging because stability must be established for the drug in the chosen diluent, concentration as well as in its final container.



Vivian KT Lee

3) Formulating a new CSP

When therapies of choice in a particular patient care area begin to dwindle, institutions must prepare to use second or third line options in order to continue to provide care. When these alternate options are not commercially available or attainable, one may consider formulating a CSP from a commercial product. An example is compounding hydromorphone continuous infusions as a second line

CONSERVING DRUG SUPPLY DURING COVID-19: HOW STERILE COMPOUNDING CAN HELP continued

option to fentanyl infusions used for analgesia and sedation in mechanically-ventilated patients. Formulating a new CSP can involve one or a combination of the compounding methods discussed above.

All of the above methods involve batching of multiple doses. Therefore, from the perspective of product sterility, they are categorized as Medium Risk Level compounding according to NAPRA standards. Medium Risk CSPs are permitted to have storage periods not exceeding 9 days in refrigeration and 30 hours at room temperature. The final Beyond Use Date (BUD) assigned to the CSP must be the shorter of the period during which the CSP is chemically stable and the storage period specific to the risk category.

4) Compounding from raw API

When commercial product is in short

supply, institutions may consider compounding from raw active pharmaceutical ingredient (API) which is not typically sterile, also known as High Risk Level compounding according to NAPRA. This type of compounding must consider the addition of any necessary excipients to stabilize the final product such as solvents, pH buffers and preservatives, as well as implement terminal sterilization of the final CSP before it is appropriate for administration to the patient.

Other conservation strategies

Sterile drug delivery systems for nursing point-of-use in patient care areas can support use of longer BUDs, which in turn minimizes drug wastage before the BUD is reached. An example of such a system is Baxter Canada's Mini-Bag Plus® docking system. Anticipated increasing demand of certain drugs administered as intermittent infusions may

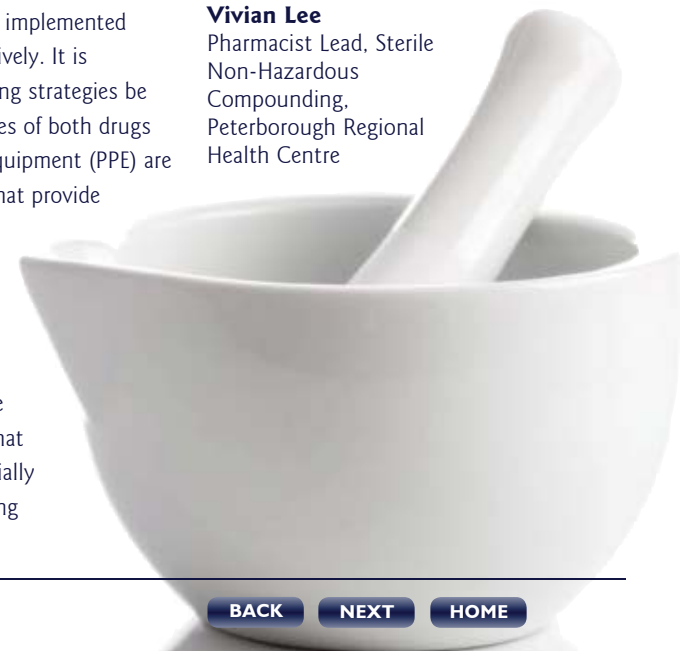
be suited for such a system, such as anti-infectives used to treat bacterial pneumonias and possibly COVID-19 infections.

Other considerations

Pandemic-related drug conservation through sterile compounding is most likely to be effective when implemented proactively and collaboratively. It is advisable that compounding strategies be considered before shortages of both drugs and personal protective equipment (PPE) are realized, to review CSPs that provide care across different service areas that rely on a single commercial pharmaceutical form, and to engage prescribers early in discussions to use alternate drug therapies that can be procured commercially or compounded. Consulting

expertise from compounding personnel, medication safety and systems, nurses and nurse educators, pharmacy informatics and risk management will help ensure successful implementation of compounding-related conservation efforts during this unprecedented time.

Vivian Lee
Pharmacist Lead, Sterile Non-Hazardous Compounding,
Peterborough Regional Health Centre



PERSPECTIVES OF UNDERGRADUATE PHARMACY UNIVERSITY OF TORONTO AND WATERLOO STUDENTS ON THE IMPACTS OF THE COVID-19 PANDEMIC

In March 2020, under the increasing threat of the COVID-19 pandemic to public health, the Ontario government declared a state of emergency. Many educational institutions in Ontario took measures in response to ensure the well-being of their students. The Leslie Dan Faculty of Pharmacy at University of Toronto and the School of Pharmacy at University of Waterloo enacted changes to the structure and delivery of their programs, which affected pharmacy students in various years in different ways. The CSHP Communications Representatives at the University of Toronto and University of Waterloo asked peer students for their thoughts on the impacts of the pandemic on their learning, performance, and practical confidence.

University of Toronto

At the Leslie Dan Faculty of Pharmacy, the first-, second-, and third-year students are enrolled in full-time courses on campus. For fourth-year students, full-time Advanced Pharmacy Practice Experience (APPE) rotations begin in the summer after Year 3 until the completion of requirements and graduation from the program in the following April. Effective March 16, 2020, it was announced that classes at the Faculty were to be given alternative to in-person delivery, predominantly online, with a few being cancelled altogether.

Changes to Classes

Students in Year 1, 2, and 3 were

interviewed on the impact of the online delivery of lectures on their ability to learn and perform. It was found that most positive impacts are of a physical nature, whereas the negative impacts are mainly psychological. The elimination of the need to travel to campus, for example, saved commuting students time which they could spend on school work, and the cancellation of some lab courses, such as Medication Therapy Management (MTM), also decreased the workload and allowed students to focus on other courses or on self-care. Lectures given online were recorded and accessible any time, permitting pausing and allowing students to learn at their own pace and replay difficult parts. The biggest positive psychological impact, however, is likely



Wei Wei

the Faculty's decision to administer open-book exams for most courses, alleviating the stress students would otherwise likely face during a time of uncertainty; one interviewee also stated that this allowed her to focus more on recognizing what's important for her future practice instead of simply memorizing and regurgitating

THE IMPACTS OF THE COVID-19 PANDEMIC continued

examinable materials. On the other hand, the lack of social interactions with classmates, which would take place on campus, as well as the isolated nature of staying and learning at home, made it hard for many students to maintain organization and discipline. The loss of the sense of being in an academic environment and in a student community proved mentally difficult for several interviewees to stay engaged and motivated to keep learning.

Changes to EPE-1 & 2

Early Practice Experience (EPE) is a month-long full-time practical placement in the summer following the regular school terms required for Year 1 & 2 PharmD students at the Leslie Dan Faculty of Pharmacy. The first-year EPE-1 is to take place, with few exceptions, at community or outpatient pharmacies, and the second-year EPE-2

in an institutional or community setting. With EPE-1 & 2 both cancelled this summer, the Faculty are confident that they can “integrate the requirements at a future time”. The loss of early practical opportunities certainly impacted the confidence of many students interviewed. Some first-year interviewees, especially those who haven’t had prior exposure to pharmacy practice, hoped to have an initial and rigorous practical experience through EPE-1, to practice the skills learned in class, especially counselling patients and performing MedsCheck, and to obtain experiential records on their resumes. Likewise, second-year students who wished to reinforce their practical skills also mourned at the loss of opportunities this summer. A few students who were able to obtain Faculty-sanctioned EPE/employment combinations at hospitals were able to proceed with placements, while other interviewees expressed that

they would still have many experiential opportunities in the remainder of the rigorous four-year program.

Changes to APPE

APPE rotations, which start in the third summer, are 10x five-week “blocks” in total throughout the fourth year. Each student is required to complete a direct patient care (DPC) placements in community and at institutions, as well as additional DPC or non-direct patient care (NDPC) electives. The fourth-years’ APPE was first put on hold in March, mid-Block 9, and ultimately Blocks 9 and 10 were formally cancelled after a declaration of academic disruption. All students who were in good academic standing were eligible to graduate, while the few who were not were given NDPC opportunities to make up. In May, the incoming fourth-year students’ Block 1 and 2 DPC

placements were cancelled. Some affected students were able to undertake non-direct patient care (NPDC) placements, and some third-years with NDPC placements or with breaks (Vacation blocks) scheduled during Blocks 1 and 2 were not affected. However, generally among the seven interviewees, most indicated that the cancellations did not impact their confidence in their future pharmacy practice; the third-years interviewed indicated that they would still have many opportunities to make up—as DPC rotations are resuming in Block 3—and the fourth-years cited the ample of experience they had already had by this time.

Impacts on Job Prospects

Postponement of the second, practical part of the PEBC exam, to resume in November, causes University of Toronto graduates’ licensure time to coincide with the



THE IMPACTS OF THE COVID-19 PANDEMIC continued

conventional time of the year University of Waterloo pharmacy’s graduating class takes the exam and obtains license, which may make the job market in Ontario a bit tighter than usual. Another graduating student raised the concern that the pandemic’s impact on the economy might limit public-sector positions, such as those at institutional pharmacies. However, most agreed that the pharmacy job prospect is highly variable by region and susceptible to impacts by supply and demand, and it may therefore be difficult to comprehensively predict the long-term impacts of the pandemic. It remains to be seen how the field will respond to the various challenges imposed by this year’s circumstances.

Interests in Hospital Practice

Many students voiced concern on the lack of opportunity to gain the transferable

skills and practical familiarity, as well as whether the Faculty would be able to reschedule the missed placements for both EPE-1 and 2, as well as the APPE rotations. It is hoped that whichever opportunity was lost this year would be made up by the Faculty at a future time.

At the Leslie Dan Faculty of Pharmacy, it is insightful to see that the years most affected by the changes are the first- and second-year students. It may be argued that they still have a long path in the four-year professional programs and a number of opportunities to make up for what was lost. We believe that the staff, faculty, and administrative team at the Faculty will adapt to the challenges and address the issues to ensure a rigorous and professional program for the future pharmacists they are nurturing, and that we as the students will likewise put in extra efforts to ensure our own future

aptitude to practice in the field that we aspire to be a part of.

Wei Wei, BSc

PharmD 2023 Candidate
University of Toronto
CSHP OB Communications Committee
Student Representative



THE IMPACTS OF THE COVID-19 PANDEMIC continued

University of Waterloo

At the University of Waterloo, the traditional school year and co-op rotations looked quite different, but staff had adapted quickly and have shown their students their support and reassurance that every student will graduate a confident and capable pharmacist. Students had very different impacts based on where they were in their curriculum. First years had many labs postponed; second years are heading off to their first co-op with extra precautions, shorter terms in some cases or even by splitting their time amongst two different settings; third years have had a taste of online classes and front-line co-ops; and our fourth year students are on clinical rotations with direct patient care. The rotations did see some additional time off while the world adapted, but for the most

part, our students are doing their part in delivering essential care.

Every student has been dealing with the effects of the pandemic unique to their situation. Some appreciate the time to learn at their own pace and focus their studying while some find the lack of structure counter-intuitive. Many in class labs have also been postponed/cancelled and students feel they are missing out on core content applications. On the other hand, the fact that our co-op programs are still running, allow for critical lessons in pandemic care and the increasing importance of interprofessional cooperation and following-up with vulnerable patients.

In order to further reflect on the state of pharmacy education in Ontario, 2 students volunteered to share their perspectives. Our 1st year student is currently on an

academic term and our 3rd year did 1 month of online schooling and has begun a co-op placement.

Year 1 - Student Quote

My transition to online learning has been a smooth one. From the start of the term, each course set out a clearly defined schedule that has prevented me from feeling overwhelmed. One of my biggest concerns with the online transition was missing out on face-to-face learning and feedback regarding my understanding of course concepts. However, most professors are delivering the content through recorded lectures with follow-up interactive activities. For example, after listening to a recorded lecture there is a follow-up assignment or quiz to ensure that I have understood the content. Additionally, the professors hold weekly office hours



Shawna Fougere

and check-ins through video chatting applications that give me real-time answers to my questions and clarify specific concepts. One project that I particularly enjoyed working on required us to film ourselves counselling a patient based on a mock scenario. This allowed me to further develop my communication skills and counselling abilities from home. However,



THE IMPACTS OF THE COVID-19 PANDEMIC continued

a drawback to online learning is that the anatomy lab is delivered through videos rather than learning by completing the lab on my own. Overall, I have enjoyed being able to work at my own pace while having the opportunity to video chat with my professors when I need face-to-face feedback.

Year 3 - Student Quote

In a lot of ways it was really amazing to be a UWaterloo Pharmacy student in the midst of the COVID-19 pandemic. To watch our professors and colleagues work so hard and show such innovation and initiative to help us

continue with our studies as we moved to online classes was both inspiring and moving and I'm so grateful to everyone who helped us finish our semester. I'm now on a co-op term and it's been equally exhilarating to watch pharmacists band together to continue to provide exceptional care to their patients in a safe way, from finding new ways to access PPE and creating new roles for students both on and off the front lines. Pharmacists have once again proved themselves to be creative, compassionate

and adaptable, and I have never been more proud of my colleagues and the profession than I have been during the pandemic. Although it's been a strange and often challenging season, it's done nothing but strengthen my resolve to continue working to be the best pharmacist possible as I head out onto rotations next year, and beyond graduation as well.

Overall, the students of Waterloo have been working harder than ever to adapt to the

circumstances of this pandemic and I expect driven and determined pharmacists in the graduating classes to come.

Shawna Fougere
PharmD 2021 Candidate
University of Waterloo
CSHP OB Communications Committee
Student Representative





OPRA UPDATE

PHARMACY RESIDENCY – A YEAR WORTH REMEMBERING

The Ontario Pharmacy Residents Association is a community of 44 hospital and 22 industry residents across the province who are dedicated to enhancing patient care, while aiming to grow both professionally and personally through post-graduate training. OPRA aims to support its residents through various advocacy, educational and networking initiatives.

This past year has been quite unprecedented with unique opportunities and learning experiences. Given the recent events of the global pandemic, residents have had to rapidly adapt to new ways of learning (ie. virtual rotations), to alternative methods of providing pharmacy services (ie. phone or telehealth consultations) and also be redeployed to support patient care as well. Needless to say, the diverse exposure to several clinical areas coupled with development of clinical and interpersonal skills will certainly equip us for a strong and innovative pharmacy practice. We would like to thank all OPRA members for their



countless contributions and tremendous efforts during this time – this is certainly an accomplishment to be proud of!

OPRA's strategic planning for this year was to work closely with CSHP, PRFO and residency coordinators to increase advocacy efforts and maximize the resident experience. We are continuously brainstorming novel ways to connect OPRA members, one of which has been exploring the use of

virtual platforms. In particular, OPRA aims to promote delivery of virtual continuing educational sessions to increase resident engagement across the province. Our hope in the near future to make learning more seamless among institutions, supporting virtual journal clubs or presentations and increase opportunities for knowledge development through virtual learning.

Although our year of networking activities



Onella Pereira

was cut short, OPRA was able to organize two networking and two continuing education events. Highlights included, learning about Fluzone® vaccine in older patients and networking with pharmacy students at Hospital Residency Night and CSHP UofT First Year Mixer.

For more information on OPRA, visit <https://myopra.wordpress.com> or contact the OPRA President at opracouncil@gmail.com.

Onella Pereira

OPRA President 2019-2020

On behalf of the
CSHP Ontario Branch Education Committee

[SAVE THE DATE!]

FOR THE CSHP ONTARIO BRANCH ANNUAL GENERAL MEETING AND EDUCATION CONFERENCE

November 2020

Due to the ongoing changes with COVID-19, the 72nd Annual CSHP Ontario Branch Education Conference will take place virtually for the first time. The educational sessions will be held November 2020.

Once again the Education Committee members are striving to bring you exciting educational sessions and adapt to these ever changing times. Please save the date and be on the lookout for our program, which will be coming out soon.

Rana Khafagy
Chair, Education Committee
Ontario Branch CSHP

NOW
more than ever



We're here to
connect +
support you.

Canadian Society of
Hospital Pharmacists



Société canadienne des
pharmaciens d'hôpitaux

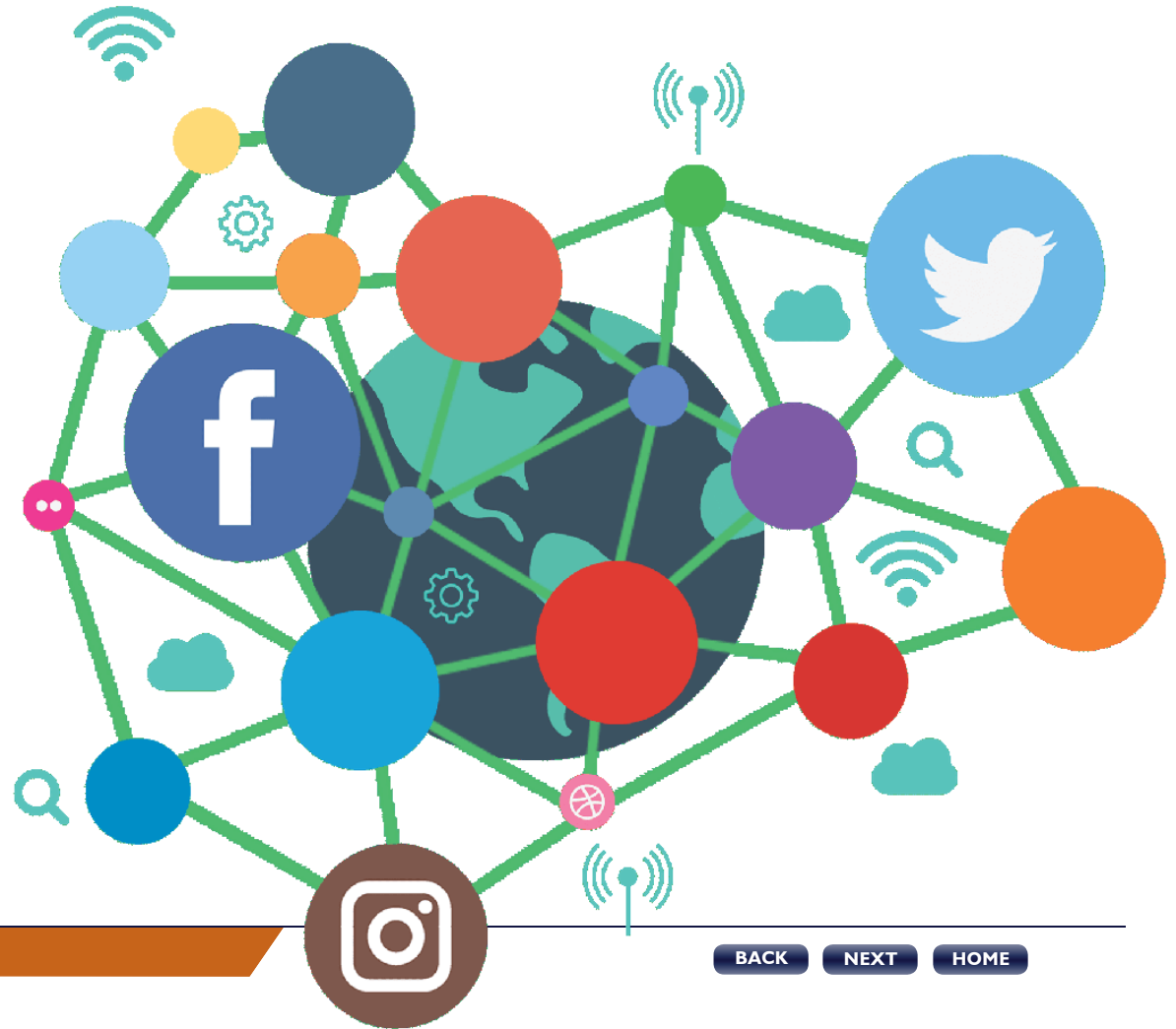
Renew/Join Now



[CSHP ONTARIO BRANCH ON SOCIAL MEDIA]

Follow CSHP Ontario Branch on social media to stay up to date on CSHP news and educational opportunities:

Facebook: CSHP OB
Twitter: @CSHP_OB
Instagram: @cshp_ob





STERIMAX INC.

The HPO Newsletter is supported by TEVA and STERIMAX and published on behalf of the Ontario Branch, Canadian Society of Hospital Pharmacists. All published articles including editorials and letters reflect the opinions of its contributors and not necessarily representative of TEVA or STERIMAX, the editor, nor CSHP.



[BACK](#) [HOME](#)

HOSPITAL PHARMACY IN ONTARIO

EDITOR

Andrea Beaman,
Trillium Health Partners, Mississauga, On.
andrea.beaman@thp.ca

COMMUNICATIONS COMMITTEE

Lindsay Dryden - Co-Chair
Andrea Beaman - Co-Chair
Wei Wei
- U of Toronto rep
Shawna Fougere
- U of Waterloo Senior Liaison

Victor Lam
Shreeya Thakrar
Melika Bozorgi

Design Rework & Layout
Brian Graves
BriKen Graphic Design