



**CSHP
SCPH**

The **PostScript**



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Summer

Editors Note:

- Past issues of the PostScript, upcoming events and CSHP news is available on the Branch website. If you have any ideas for improvement to the Branch website, send your suggestions to webmaster@cshp-sk.org.

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President's Message

Greetings from your Saskatchewan Branch as you look forward to the summer months.

The Branch continues to be served by capable volunteers. Thank you to Janet Harding for taking the Saskatchewan College of Pharmacists Liaison position vacated by Melanie McLeod. We wish Melanie well in her studies. Also thank you to Murray Wolfe who has accepted the Professional Practice Committee Chair and Bill Semchuk, who has stepped into the Advisory Committee on Institutional Pharmacy Practice of the Saskatchewan Drug Plan. These positions became available on the retirement of Susan Poulin.

Finally, congratulations to Narges Shaterian for her election as Student Representative.

Thank you to the Education Committee for organizing our first Spring Education event. The workshop was well received using the Tele-Health capabilities now available in the province. Hopefully this event can be expanded to the regions outside of Regina and Saskatoon. The committee is working on the AGM scheduled for October 21.

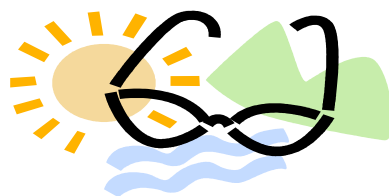
President-Elect Ellen Kachur recently represented the Branch at two events. The College of Pharmacy's first ever "White Coat Ceremony" was held February 20

welcoming the new Pharmacy students. Ellen also attended the Graduation Ceremonies on behalf of the Branch.

Watch for the new look on our website. Bonnie Rasmussen and the Communications committee are working with a web designer to upgrade the look and feel of our website.

Finally, I would like to invite you to consider becoming involved in your profession through the CSHP Sask Branch. Become a member of CSHP if you haven't as yet and talk to some one on council. There is a place for you.

President
Paul Berg



Congratulation to the Bonnie Rasmussen, Darcy Lamb and Tara Markowski for completing their hospital residency. Please find included their hospital pharmacy residency 2004-2005 project abstracts.

An Evaluation of a Multidisciplinary Approach to the Treatment of Osteoporosis in Patients Following a Low Trauma Hip Fracture

Tara Markowski, BSP, ACPR, Jane Richardson, BSP, PhD, FCSHP

Background: Osteoporosis is a skeletal disorder that compromises bone strength and increases fracture risk. Despite strong evidence supporting treatment, most patients do not receive osteoporosis therapy following a fragility fracture.

Objectives: To determine osteoporosis treatment rates following low-trauma hip fractures under usual care; to develop an education package for fracture patients and an information letter for their family physicians; and to assess treatment rates following these interventions.

Methods: Treatment rates under usual care were determined for discharged low-trauma hip fracture patients. New fracture patients were provided with information regarding osteoporosis and fall prevention, and letters were sent to their family physicians suggesting osteoporosis evaluation and treatment. Treatment rates were assessed following hospital discharge.

Results: Under usual care, 5% of patients began osteoporosis therapy within 3-6 months of their low-trauma fracture. Following education and a letter to their family physician, 61% of patients began osteoporosis therapy within 4-6 weeks of hospital discharge, and 5.6% had a BMD test scheduled.

Conclusion: Providing patients with information on osteoporosis and fall prevention in conjunction with sending a letter to their family physician resulted in an improved osteoporosis treatment rate following low-trauma hip fracture.

Acknowledgements: We would like to express our gratitude to the following people, as it was with their help and support that this project was possible: Barb Evans, Patrick Robertson, Brenda Thiessen, Janet Harding, Linda Gartner, Cindy Graham, Carol Melymick.

Key words: osteoporosis, low-trauma fracture, bisphosphonates, calcium, vitamin D, education

Abstracts Cont'd

Assessing Practitioners' and Patients' Perception and Awareness of Cardiovascular Risk and Treatment in Type 2 Diabetes Mellitus

Bonnie Rasmussen, BSP, ACPR, Susan Poulin, BScPharm, Wm. Semchuk, BSP, MSc, PharmD, FCSHP, Regina Qu'Appelle Health Region, Regina, Saskatchewan

Rationale: The study purpose was to identify perceptions and awareness of CVD risk held by both patients with type 2 DM and practitioners who care for them.

Objectives: To determine: (i) perceptions and awareness of CVD risk associated with DM from the practitioner and (ii) patient perspective; (iii) sources of information patients utilize to learn about the relationship between DM and CVD; and (iv) if differences exist between patients' and practitioners' awareness and perceptions of this link.

Study Design and Methods: Qualitative study utilizing an unsupervised, self-administered survey. Practitioner and patient surveys were modified from previously validated surveys. Though the utilized surveys were not validated, the surveys were pre-tested.

Results of the Study: Thirty-six practitioners and 128 patients completed the surveys. Practitioners were aware of the link and the majority (89%) felt their patients were "extremely" or "very" likely to have a CV event. Patients perceived a high personal risk for CVD (53.6% heart condition/myocardial infarction, 64.6% hypertension). Both groups maintained a glucocentric focus when considering treatment modalities to reduce CV risk. Most (70-80%) patients reported learning about the link between DM and CVD from their physician, a DM information centre, or via the internet. Overall, practitioners' and patients' views regarding the link were similar.

Conclusion of the Study: Practitioners and patients are generally aware of the link between DM and increased risk of CVD; however, BG control was identified as the primary modality to reduce this risk.

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Resident Project Abstracts Cont'd.

Evaluation of a Warfarin Dosing Nomogram for Thromboprophylaxis in Orthopedic Surgery Patients

Investigator: Darcy Lamb, BSP RQHR

Supervisors: Linda Sulz, BSP PharmD, Susan Poulin, BScPharm, Janis Johnson, BSP

Introduction:

Venous thromboembolism (VTE) remains a major complication of orthopedic surgery despite all of the advances in modern surgical techniques and the utilization of early patient mobilization. Pharmacologic prophylaxis with warfarin or a LMWH is the current standard of practice in North America^{1,3,9}. Many centers use a combination of a LMWH and warfarin to facilitate extended prophylaxis post discharge. Dosing of warfarin to obtain a therapeutic INR as soon as possible, while minimizing the potential for overcoagulation and bleeding is not a simple task. Since warfarin requires careful monitoring and dose adjustment, protocols and nomograms have been developed to more effectively manage warfarin in a safe manner.

Purpose:

The purpose of this study was to implement and evaluate the use of a warfarin dosing nomogram in orthopedic patients undergoing surgery who require oral anticoagulation with warfarin and compare this to usual practice.

Objectives:

The objectives were to:

- 1) Implement and evaluate a warfarin dosing nomogram in orthopedic surgery patients on Unit 4C at the Pasqua Hospital.
- 2) Compare the use of this warfarin dosing nomogram to usual practice determined using a prospective DUE on Unit 4C at the Pasqua Hospital.

Methods:

All consecutive patients on unit 4C, Pasqua Hospital scheduled for orthopedic surgery between November 19th to December 17th, 2004 and initiated on warfarin were eligible for project inclusion. A warfarin dosing nomogram used in orthopedic surgery patients was adapted and pre-tested from a nomogram found in the literature. This adapted nomogram was incorporated into a pre-printed order form and placed on the patient's chart. The charge nurse on the unit ordered the daily warfarin dose for each patient as per the nomogram, which was based on INR results to obtain a target INR between 1.8-2.5.

Results:

During the 4 week study period, a total of 27 patients met the eligibility criteria for inclusion into the study. One of the 27 patients was transferred out of hospital 3 days after surgery leaving only 26 of 27 patients with evaluable data, of which 13 (50%) were started on the nomogram. A statistically significant difference between the nomogram group and the usual care group was seen in the average age of the patients (67.6 vs 73 years; $p=0.02$), number of patients with an INR >3 (2 vs 25; $p=0.03$) and in length of hospital stay (7.9 vs 10.6 days; $p=0.04$).

Conclusions:

Although the nomogram group was comparable to usual care, half the patients were not fully anticoagulated at discharge. This is of great concern, and alternative methods of prophylaxis may be warranted to prevent VTE. One alternative would be the development of an anticoagulation clinic that employs properly trained individuals to manage warfarin in these patients. Another alternative could be the sole use of a LMWH for a minimum of 10 days. This would ensure effective anticoagulation and would negate the need for warfarin and INR testing.

Educational Committee Report

CSHP's Quality Improvement workshop was held this past April. Speakers at this interactive half-day workshop included Catherine Delaney and Derek Jorgenson from Health Quality Council and Don Kuntz from Wascana Rehabilitation Centre. This year, we choose to utilize TeleHealth technology to link the groups in both Saskatoon and Regina.

Those in attendance were able to learn the basics of quality improvement processes, including developing aim statements, Plan-Do-Study-Act cycles and process mapping. Enthusiastic discussion followed, as participants applied these concepts the real life example of allergy documentation for in-patients. They were also eager to maintain a forum for future discussions and to continue exploring other quality improvement initiatives following the workshop.

CSHP's education committee is hard at work organizing this year's AGM and education sessions to be held in Regina (October 20-21, 2006). Our goal is to build upon the theme of "putting knowledge into practice" and provide you with the knowledge and ability to improve your own individual practices. We look forward to seeing you this October!

Jennifer Dyck
Education Committee Chair
CSHP SK Branch

Banff Committee Report

The Canadian Society of Hospital Pharmacists Western Branches held the 32nd Annual Banff Seminar March 10-12th, 2006 at the Banff Centre. This event strives to bring high quality educational sessions to the members of the western branches of CSHP, as well as an opportunity for members to reconnect with friends and former colleagues and enjoy the beautiful surroundings of Banff National Park. This year's theme, "Spanning the Spectrum", allowed for a wide variety of topics from Drug Dosing Dilemmas in Pediatric Patients, to Generational Diversity in the Workplace and Pain Management in the Elderly. The social events were as always a hit, with Mardi Gras Madness at the Friday night social, and comedic hypnotist Terrance B along with Hypnodog entertaining the crowd at the Saturday evening banquet. It was great to see a large Saskatchewan presence at the conference. I'd like to take this opportunity to say a special thank you to Barb Evans for taking the time to be the Saskatchewan judge for the poster competition.

It's been a great experience serving the members on the Banff Seminar Planning committee for the last two years. Thank you for the opportunity and good luck to next year's incumbent.

Respectfully submitted

Alexandra Slopek

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