M.J. Huston Pharmacist of the Year

Noreen Vanderburgh
Home Care Pharmacist
Northeast Home Care Office, Edmonton
Alberta Health Services

The M.J. Huston Pharmacist of the Year award is presented to a college registrant who has demonstrated outstanding professional excellence in pharmacist practice.
It’s hard to imagine Noreen Vanderburgh ever being down about pharmacy. Her face lights up as she talks about her work. Over her 30 years as a pharmacist, Noreen has been a positive, progressive role model for everyone around her. She is a lifelong learner and selflessly shares her knowledge with others. In her roles as employee, manager, colleague, instructor and health care provider, Noreen’s passion and skills shine through. Noreen enjoyed the challenges of community pharmacy for the first 10 years of her career, but found it was not her niche. However, one of the things she has always appreciated about pharmacy is the choice of job opportunities it offers. “Pharmacists need to be clear about what they want to do. There’s lots of flexibility, but not everyone can do or needs to do everything.” With this in mind, Noreen set out to find her place in the profession. One of her previous jobs had given her an idea. She remembered making up the blister packs for seniors’ facilities and always wondering what happened with them at the other end. She never got to interact with those patients or their care providers and always found that frustrating. This was the beginning of her interest in geriatrics and providing comprehensive pharmaceutical care and it led to the path she has followed ever since. Noreen has been a powerful advocate for seniors, an often overlooked and stereotyped group. Not only has she consistently provided outstanding patient care herself, she has taught and motivated others to do the same. She has shared her expertise with pharmacy students and residents, pharmacist colleagues, hospital staff, and, in 2008, with seniors and their instructors as the Pharmacist-in-Residence for the U of A Faculty of Extension/Edmonton Lifelong Learners Association (ELLA) courses. Noreen has also worked on multi-disciplinary committees to enhance patient safety in institutional and home environments whenever possible. “I started teaching because it was just expected as part of the job. But then I got some positive feedback and kept going. Some of the most rewarding times I’ve had in my career are when students say to me, ‘Someday I want a job just like yours.’ When you receive a comment like that, you know you must be doing something right!” Noreen designed and popularized systems for safer, more comprehensible seniors’ medication management. She created a tremendous legacy in her 20-plus years with the Northern Alberta Regional Geriatric Program (NARG) at the Edmonton General and Glenrose Rehabilitation Hospitals in Edmonton. Over a dozen years ago, she and Dr. H. Kammerer initiated the medication review process still in use in the geriatric units today. “Both Dr. Kammerer and I advocated for and demonstrated the benefit of these weekly structured collaborative meetings over the years. Regular reviews are an essential service for the elderly. It is about being proactive and preventing drug-related problems before they happen.” Dr. Kammerer agrees. “Throughout the years, Noreen’s expertise and pharmacy suggestions have improved the well being and care of many patients at the Glenrose. She has in all probability saved more than a few lives. Regular medication reviews with pharmacist and physician can and do result in improved patient care and quality of life.” Noreen also worked tirelessly with Pharmacy and Information Services staff to develop the “autotext” format (minimizes typos and provides consistency) for Glenrose Pharmacy staff to use on medication labels and summaries. She found ways to improve medication order entry and verification. In her empowering way, she worked with all staff to agree on procedures related to electronic profile reviewing, addressing medication administration times, and clear computer documentation by pharmacists to provide continuity of care for patients. The process resulted in the Pharmaceutical Care Binder which is still used in the Glenrose dispensary. Through this work, Noreen modeled her conviction that when you’re a pharmacist, providing patient-focused pharmaceutical care is your responsibility no matter where in the hospital (or community) you are. “Yes, it is challenging, but it is about doing the right things right, enhancing the roles of pharmacy technicians so the pharmacists can be freed up to provide the care that only they can provide.” Spending time with patients and collecting all the information needed at admission and discharge is a passion for Noreen. She practiced an early version of Medication Reconciliation before it became the recognized safety initiative it is today and then shared her procedures with her pharmacist colleagues. “I always tried to imagine the community pharmacist on the receiving end of the discharge prescriptions and the patient trying to figure out what to do with the medications once they were at home.” And now that she has a new view of what actually happens in the home, Noreen is even more passionate about helping clients sort out their medication-related issues. Noreen’s new view came about last year, when she left the Glenrose to become one of four pharmacists working in Alberta Health Services’ Home Care Program. Now known affectionately by co-workers as the “World Famous Home Care Pharmacists,” this dynamic team is breaking ground for a whole new type of pharmacist care. As it has throughout her career, Noreen’s passion is guiding her steps. She seizes every opportunity to provide exemplary patient care and treat the whole person. And she continues to share that enthusiasm and skill throughout the community – one home visit at a time.
The W.L. Boddy Pharmacy of the Year award is presented to an Alberta pharmacy whose health professionals, by virtue of their practice, have had a positive impact on the health of their community.
Those words tumbled off manager Jordan Allen’s tongue as if this concept had just occurred to her, but it quickly becomes clear through her actions, the attitude of her staff, and the whole feel of the pharmacy that this philosophy is at the very core of Hawkstone Home Health Care Pharmacy.

Opened in west Edmonton in November 2005, Hawkstone has been busy carving out a unique niche for itself. Concentrating solely on the health needs of their customers, they offer nothing but pharmacy services and health care products. “My dad is a pharmacist and my mom is a retired physician with her MBA, so I grew up around health care. My mom and I co-own the store and she had the vision of a location that offered more holistic care. We wanted somewhere where people got health information and education along with their medication.”

They are well on their way to realizing that vision. In addition to all the regular pharmacy services, Hawkstone provides extensive diabetes care, specialty compounding, and are an authorized Alberta Aids to Daily Living supplier. While all of these offerings come with their own set of challenges, Jordan and her staff feel those are outweighed by the reward of better patient care.

This “health care only” focus is now one of the things their customers love most about them, but Jordan admits it was a bit confusing to people at first. “They came in looking for the convenience store stuff and didn’t quite know what to make of us.” As word spreads however, Hawkstone is becoming the “go to” location for patients looking for superb clinical care.

The two full-time and one-part time pharmacists working there have helped Hawkstone garner a reputation as a pharmacy where relationships are key and staff take the time to treat the whole patient. This reputation has lead to loyal patients and collaborations with nearby physiotherapy, massage, dental and veterinary clinics, and a neighbouring assisted living facility.

“It’s hard to describe the effort, compassion and the extent to which customer service is epitomized but the Hawkstone Home Health Care Pharmacy is all those things and more,” says Rachel Humphrey of Hawkstone Physical Therapy. “We joined the group of businesses in our complex two years ago and have since been witness to the [pharmacy’s] dedication to providing exceptional support to home health care…”

The drive to offer the best for their patients also motivates the staff to make time to improve their practice. Two pharmacists have received their authorization to administer drugs by injection and one, Erin Meier (you can read more about her in the Winter 2009 acpnews), was recently certified as a diabetes educator.

“It’s karma: treat others with respect and be good to them and they’ll help you as well.”
The Future of Pharmacy is presented to pharmacists who exude enthusiasm and passion for the future of pharmacy, are visionary, and offer extraordinary promise to the profession. Nominees must have been in practice for at least one year and not more than five years.
Although it’s early in her life and career, this philosophy is already serving Naila Lalani well.

Naila is the first health care professional in her family. She has always thrived on interacting with people and had a passion for health care. When she saw members of her family go through illness, she wanted to be able to do more to help. In pharmacy, she found she could meld all her interests and strengths. “I also like that you can always expand your knowledge. There are always ways to think outside the box, find new challenges, and re-ignite that passion.”

Initially, Naila worked in a community retail setting. “This was a really good experience and quite an eye-opener after coming out of school. I had to take some time to understand how things worked. The days of having an hour to interview a patient were gone! I really had to learn to try and balance the patients’ sense of urgency with making sure the prescription was appropriate. Finding that balance is still one of the biggest challenges I see in my days.”

Eventually though, she settled into a routine. In fact, it got a little too settled for her liking. At about that time, the outreach pharmacist position at Myros-Rexall came up. Now her days are anything but settled!

Naila works two days a week in Edmonton’s inner city, checking in at a seven shelters and low-income housing facilities. She spends two more days per week providing care for residents at over 40 group homes. Finally, she spends one day per week in the pharmacy. “Yes, it’s busy, but I really love it. You can really see patients grow. You also see them fall, but you’re there to help them up. Now, you’re right there. The relationships aren’t forced. At my other job, I was often chasing people down for follow up, or it would be months between visits. Now, I see these patients more than I see some of my friends! I really get to know them. That makes the losses and challenges harder, but it is still worth it.

“A lot of these patients have mental health issues and not a lot of support. Their visit to the pharmacy is often their only human interaction of the day. At first, I didn’t know how to develop a comfortable relationship with the patients. But I watched other staff and saw how they just “noticed” these people. They noticed that they made the effort. I noticed the smallest compliments on their hair or their clothes made the patients’ day. With these patients, you have an extra purpose in life with them; you know why you’re there.”

In addition to her endless enthusiasm for pharmacy, Naila also seems to have an endless supply of energy. As if her work as a pharmacist doesn’t keep her busy enough, she also manages an extraordinary volunteer workload.

For the past four years, Naila has been the Chairperson of the Aga Khan Youth and Sports Board in Edmonton. “We run six hockey leagues for ages 5 to 45+, host tournaments, organize a summer camp for 6-14 year olds, have a Girl Guide troop, and run a number of youth development activities. We also have one program for youth who have gone astray. We use mentorship and make a contract with goals to help move them out of the cycle of trouble and poverty.”

One recent initiative Naila is particularly proud of is the CIVIC (Challenging Ismaili Volunteers in the Community) program work that the group organized with Habitat for Humanity. The CIVIC program instills the spirit of service and provides hands-on opportunities for youth to enhance the quality of life in local communities. This year, the CIVIC group raised money and built sheds for all the Habitat builds in Edmonton. “In one day, 300 youth got together and built 21 sheds. It was wild, but wonderful! Kids want to help, and it seems to mean even more when they can create something tangible. It really instills a sense of pride in them.”

In her role as Chairperson, Naila mentors many youth and helps them develop skills to succeed in future pursuits. “It’s nice to see youth involved in healthy things.” It’s even nicer to see that these youth get to work with such a superb role model.

Whether it is with her patients in the inner city, the other health professionals she works with, or the youth she volunteers with, Naila uses her passion and energy to understand their world and then change it for the better. As for the future of pharmacy, Naila offers reassurance that it will indeed be a bright one.

“First, work to understand; then, work to change.”
The Wyeth Consumer Healthcare Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community service which, apart from the recipient’s specific identification as a pharmacist, reflects well on the profession.
These words are from a Marianne Williamson poem that Rita uses as a personal touchstone. It is the same poem that begins, “Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure.” Well, if one can judge by actions, it seems Rita Lyster is not afraid of much.

Over her lifetime, she has made lasting contributions to her family, profession, and community through her countless volunteer efforts. “I believe that we are here on earth to touch other people’s lives. I believe we are called to be of service to our community. I learned this at home and both of my parents modeled this for me. Giving is a part of who I am, my personality.”

Now, Rita models the spirit of giving for her three daughters. She began when they were young by becoming involved in their sports, school, and Girl Guide activities. “It’s fun! You get to be with your kids. They’re with you such a short time and they teach you so much, why wouldn’t you want to spend all the time you can with them?”

Rita’s strong leadership and organizational skills soon moved her from the sidelines of the activities to the front and centre. She also attributes her promotion to one key attitude: “I’m not afraid to learn. I knew nothing about Girl Guides, but had three girls who wanted to be part of the program. So, I learned right along side them. I knew nothing about church stewardship and raising funds, so I learned. I attended seminars or read books and talked to mentors.”

Rita also credits her parents for instilling her love of learning. “My mother always told me, ‘What you learn, no one can take away.’ I think this was a powerful message for her. Both my parents were immigrants who lived through wars and my mother had lost everything she owned twice.” Rita recently paid tribute to her parents by having a book written about their lives so that their stories and example would live on.

All of Rita’s learning came in handy when she founded the Barrhead recycling depot; chaired the committee and fundraising efforts for the Cecile Martin Memorial Park; served as a church school teacher, board member, stewardship campaign leader, and building committee finance chair for the Barrhead United Church; led at the Unit, District, Division and Area levels for Girl Guides of Canada; was a school band “booster” for nine years; coached, managed, and drove for the Barrhead Minor Ball Association for 18 years; organized community Christmas dinners for the less fortunate; and, most recently, organized Barrhead’s first Habitat for Humanity effort.

It’s easy to forget that she also held down the roles of mother, wife, caregiver of aging parents, and pharmacist at the same time! So what drives her to consistently make the effort?

“At one course I attended, our facilitator cited the law of physics that says every action has an equal and opposite reaction. He suggested we keep a notebook and record everything we give at the front and everything we get at the back. He said it would be even and that our pages would meet in the centre. I haven’t actually done the exercise, but I believe this to be true.

“I get a great deal of personal satisfaction as well, knowing that I have made a difference. When I take the Girl Guides traveling, there are many girls whose only trip might be the one I helped them do. By teaching them to save money bit by bit and then fundraising the rest, we are able to do it. One memorable trip was backpacking to Mt. Robson, BC. We stopped to take pictures at the BC sign, which was new for some girls as they had never been out of Alberta. Can you imagine their joy when they also experienced England, Scotland, Paris, Switzerland, or Germany? Or when they went sea kayaking and dog sledding? And remember, I get to do all those things too!”

Rita doesn’t just “get to do” those things – she makes them happen. Whether she knows it or not, Rita is a living demonstration of one other line from Williamson’s poem. It says, “We are all meant to shine.” Rita definitely shines, and the lives of those around her are better for it.
WestView Primary Care Network

Dr. Stan Kroeker, physician lead
Dr. Greg Boughen, physician lead
Tara Grimstead, pharmacist lead
Dawn Petit, nurse lead
Spruce Grove

The Partners in Practice award is presented annually to recognize a collaborative effort between a pharmacist and one or more other health professionals to optimize patient care and/or safety.
The “lottery winning” feeling seems to be a common one for both patients and staff who are part of the WestView Primary Care Network.

Over the past five years, Dr. Kroeker, supported by Dr. Boughen and Dr. Allan Bailey, pioneered the development and the implementation of the Primary Care Clinical Associate (PCCA) Collaborative Model and the Pharmacist Integration (PI) Model for WestView Primary Care Network (WPCN). The PCCA and PI models create a local clinical environment and provide opportunities for family physicians, pharmacists, nurses, and other health care providers governed by the Health Professions Act to engage in collaborative, integrative practice in the primary care setting. Interdisciplinary primary care teams, which include physicians, nurses and pharmacists, have been created across various family practices within the network. There is also a Chronic Pain Clinic which counts a psychologist, physiotherapist, and pain medical specialist as part of their team.

In the past two years, pharmacists have engaged with physicians and nurses to create an important role as resources and educators to the primary care teams. Tara Grimstead is the pharmacist lead for the network. “When I first came, no one – including me – was really sure what I would do here,” says Tara. “Initially, I did a lot of medication reviews. But I also saw opportunities where I could offer more to the patients and approached my colleagues about this. As they got to know my skills, and as I got to know theirs, we found lots of ways we can complement each other.

“I used a lot of the IMPACT1 materials to ‘advertise’ what pharmacists could do. The other thing I found really helpful was shadowing everyone for my first two days in each clinic. That way, I got to understand more about how each professional worked and what their style was.” During this shadowing, Tara also offered input on patients and helped the other professionals learn what a pharmacist could bring to the team. Now, staff actively seek out the pharmacists for advice and information.

Network pharmacists offer in-service education sessions to the PCN nurses and are planning to provide educational newsletters to member physicians. They also offer in-depth counselling for diabetes, anti-coagulation, and now, thanks to some recently acquired authorizations, can administer drugs by injection and perform initial access prescribing.

Tara recently received injecting and additional prescribing authorizations. While it may seem like there wouldn’t be a lot of need for them in a setting where she works closely with so many nurses and physicians, she is already finding them very useful. “I initially pursued additional prescribing authorization because of the anti-coagulation work I do. Now I can go ahead and refill Warfarin. But, I’m using it for other reasons too.

For example, I was in an appointment the other day and the doctor was running behind. We discussed what the patient needed, then the doctor left and I wrote the prescription. It helped keep us and the patient on schedule.” It was a win-win situation.

In fact, the whole concept of the network seems to be a win-win situation. The PCCA model is designed to increase local network’s capacity, efficiency and effectiveness by utilizing the full scope of nurse and pharmacist expertise to attend to patient care needs across the entire continuum of care.

A patient’s typical first visit is booked for 60 minutes. For the first 30 minutes, a nurse will take the patient’s history, conduct an initial assessment, and discuss lifestyle issues. Over the next 15 to 20 minutes, a pharmacist will join the nurse and the patient to discuss medication issues. In the final 10 to 15 minutes, a physician will join in the conversation to discuss the results of the initial assessment and medication review and establish overall goals and follow up.

“Patients love this concept,” Tara notes. “They feel very well taken care of because they have three health professionals in the same room talking to them. They really feel they are being heard and that everyone is on the same page.” It’s also very efficient for the health professionals. “There’s no second guessing. Everyone is there hearing the same thing. It adds credibility to the decisions too, when everyone is there discussing possibilities and we come to an agreement. For follow-up appointments, you can look at the charts and notes ahead of time and be prepared.”

Practitioners are equally enthusiastic about the PCCA model. Using the health professionals collaboratively,
family physicians are able to see an average of 10 to 15 additional patients each day. Team nurses are visiting with 8 to 15 patients a day, and team pharmacists are able to consult with approximately 5 or 6 chronic disease patients per day. Tara notes that, “this type of coordination is hard to do in another setting. The time that passes between when a patient comes in, and then a doctor in another clinic reads the referral notes, and then you get lab work done, and then…, well, there are just so many obstacles in the way.”

The PCCA program facilitates more interaction and communication between practitioners, which contributes to increased perspective and awareness across disciplines. “I learn something new every day!” exudes Tara. “This environment really teaches you that you can’t make assumptions about other practitioners’ knowledge or working style. I have gained such an appreciation for what other professions have to offer. When I came in, I thought I had an idea of what nurses and doctors did. You think you know, but you don’t. Now, I really appreciate the broadness of thought needed for good diagnosis and what a broad knowledge base nurses have. Nurses, physicians, and pharmacists look at patient issues from quite different perspectives. I feel very privileged to work in this environment.”

No matter which perspective they come from, the health professionals’ focus at the WestView PCN is always the same: the patient. While it may not be the lottery, there is no doubt that, for patients and practitioners, this mix of accessibility, expertise, and care is a winning combination.

1 Integrating family Medicine and Pharmacy to Advance Primary Care
Therapeutics, a large-scale demonstration project supported by the Ontario Primary Health Care Transition Fund (2004-2006). www.impactteam.info
The Friend of Pharmacy Award is presented to a non-pharmacist who has provided distinguished service to the profession of pharmacy.
She has the accolades, high profile position, and advanced degrees, but it is Gail Hufty’s fervent belief in doing what is best for patients that has won her the respect and admiration of her peers, regulators, academia, and, most especially, the patients who have benefitted from the strategies and programs she has helped put in place.

While she is the first to say she didn’t accomplish anything alone – “I’m only as good as the people I work with” – it has become clear throughout her career that she has both a talent for choosing people who will rise to meet the occasion and a team building style that encourages excellence and innovation.

Gail began her career in Nuclear Medicine and Diagnostic Imaging. She became the Business Leader for the Craniofacial Osseointegration and Maxillofacial Prosthetic Rehabilitation Unit (COMPRU) at the Misericordia Hospital in 1994, where a major focus of her role was on Quality. While working at COMPRU she also completed her MBA. In 2002, Gail moved to the University of Alberta as the Senior Research Facilitator for the Faculty of Medicine and Dentistry.

The opportunity for a leadership role in Pharmacy at Alberta Health Services – Edmonton (formerly Capital Health) arose from discussions with Michele Lahey (former Capital Health Executive VP). “I have tremendous respect for Michele, who is, without a doubt, one of the best leaders I have ever known. Michele was recruiting for leadership of the Regional Pharmacy program and inquired about my interest. Initially, I was not sure about my fit, given that I was not a pharmacist. However, after discussions with clinical colleagues and several interviews, I was offered and decided to accept the position [as Capital Health’s Director of Regional Pharmacy Services in 2004]. I was impressed with the people I met in Pharmacy and felt I could add value for the program through my leadership experience and skills. My plan was to spend two to three years in this role - that was five years ago.”

What Gail didn’t count on was the deep connection she would feel with the pharmacy community. “Pharmacists have an almost old-fashioned professionalism about them. They don’t judge until they get to know someone. They are highly ethical and their values, in terms of relationships, collaboration, respect and dignity, fit completely with mine.

“As I began this new role, many staff wanted to know what I was going to do to address issues in the program. My response was that the best way to resolve issues was to work together. It was not about me; it was about creating an effective we.” Gail worked to understand the role of the pharmacist in the health care setting.

She gained the respect of the pharmacy community by developing strong relationships with key stakeholders and listening to the ideas of those around her. “One of my first objectives was to build a leadership team. There were a number of talented people in the system, who, given the opportunity, could (and did) do great things for Pharmacy. My job was simply to create those opportunities. I believe that most people want the same things in a career: to be supported to do their work, to be heard in terms of how to improve that work, and to be recognized for their achievements.” One of Gail’s greatest sources of satisfaction is the people she works with and the opportunity to support their growth and development.

She also finds it deeply satisfying to see initiatives come to fruition and improve patient care. Gail’s understanding of and belief in the pharmacy profession allowed her to effectively communicate key strategic issues facing the pharmacy program to senior leadership and led to the addition of much needed new staffing. Gail also successfully advocated for funding for the COLLABORATE study. This controlled clinical trial examined the impact of integrating clinical pharmacists into the patient care team and led to the implementation of front-line multidisciplinary team pharmacists. Under Gail’s lead, Alberta Health Services – Edmonton was the first to formally support the enhanced scope of pharmacist practice by changing hospital policies to enable pharmacist prescribing. Gail’s commitment to quality health care has led to key outcomes such as improved pharmacy information and distribution systems, and a systematic approach to dealing with and preventing medication errors. All of these efforts receive a resounding “Yes” when judged according to Gail’s rating system: Did it make a difference to the people we serve, the people who provide the service, and the profession?

Just as Gail is committed to quality pharmacist practice and empowering leadership from within, she has a strong commitment to nurturing those just starting out in the profession. Under Gail’s leadership, the number of experiential training sites within Capital Health increased from 28 in 2004 to 78 in 2008. Applications for summer student positions and hospital residency...
programs swelled, post-doctoral pharmacy fellowships have been created and the number of new graduate recruits to hospital positions increased.

Word has spread about the achievements being realized by Pharmacy in Edmonton. “I’m really proud of the growth of our reputation, locally, within the province and across the country. This is the result of the work of an exceptional group of dedicated and highly innovative staff.”

At her first diagnostic imaging workplace, ironically in the basement of the U of A Dentistry/Pharmacy building, Gail never imagined how her career would evolve. And she certainly never imagined that she would move from that very early role working with radiopharmaceuticals to one of the province’s most influential pharmacy positions. That, however, is exactly what has happened. Pharmacy’s gain is definitely Nuclear Medicine’s loss.

Under her leadership, providing the highest possible quality of patient care has become the guiding principle for developing work plans and programs to support pharmacists and technicians. It is understood and agreed that every service provided by pharmacy needs to improve patient outcomes and facilitate the delivery of quality care. Her contributions to the pharmacy profession in the form of strategic planning, advocacy and leadership have resulted in more patients receiving better pharmaceutical care.

And at the end of the day, that’s what being a Friend of Pharmacy is all about.