2021 CSHP NATIONAL AWARDS PROGRAM WINNERS
PROGRAMME NATIONAL DES PRIX 2021 DE LA SCPH : LAURÉATS ET LAURÉATES

The winner of the **Distinguished Service Award** (sponsored by Pharmascience Inc.) is **Margaret Gray** (Edmonton, AB).

The winner of the **Hospital Pharmacy Student Award** (co-sponsored by the Canadian Society of Hospital Pharmacists [CSHP] and the Canadian Association of Pharmacy Students and Interns [CAPSI]) is **Megha Kaushal** (Winnipeg, MB).

Excellence in Pharmacy Practice — Interprofessional Collaboration Award
Sponsored by **Teva Canada Limited**
Addressing Medication Appropriateness and Polypharmacy in Frail Older Adults in Primary Care (completed at Misericordia Hospital Geriatric Outpatient Clinic and Edmonton Oliver Primary Care Network, Edmonton, AB)
Cheryl A Sadowski

Excellence in Pharmacy Practice — Leadership Award
Sponsored by **HealthPRO Procurement Services Inc.**
Leadership During a Crisis (completed at Horizon Health Network, New Brunswick)
Douglas Doucette

Excellence in Pharmacy Practice — Patient Care Award
Sponsored by **Steri*Max* Inc.**
Improving Decision-Making in Empiric Antibiotic Selection (IDEAS) (completed at Sunnybrook Health Sciences Centre, Toronto, ON)
Marion Elligsen

The award-winning abstracts are published exactly as submitted by the authors and have not undergone any copyediting by the Canadian Journal of Hospital Pharmacy. *Le* Journal canadien de la pharmacie hospitalière *n'a pas soumis les résumés primés à une révision linguistique et les publie ici tels que remis par les auteurs.*

Addressing Medication Appropriateness and Polypharmacy in Frail Older Adults in Primary Care

Excellence in Pharmacy Practice — Inteprofessional Collaboration Award
Sponsored by Teva Canada Limited

Sadowski CA[1], Khera S[1], Yua H[2], Abbasi M[1], Dabravolskai J[2], Lau A[2], Parker K[2], Burns G[2]
[1]University of Alberta, Edmonton, AB
[2]Edmonton Oliver Primary Care Network, Edmonton, AB

Background: Older adults have the greatest complexity for care and are at risk for polypharmacy and medication safety concerns. Most medications for seniors are started in primary care, yet there are few pharmacists providing care in this setting.

Objectives: The purpose of our research was to develop an interprofessional seniors-focused clinical service within a Primary Care Network (PCN) in Edmonton, Alberta. The objectives were to determine if a pharmacist-led team assessment could result in reduced medication burden, reduced potentially inappropriate medications (PIM), and improved medication safety.

Methods: The Geriatric Outpatient Clinic (GOC) team from the Misericordia Community Hospital worked with the Edmonton Oliver PCN to develop process of care pathways for referral, assessment, and documentation. Pharmacists with interest in geriatrics through the PCN completed training at the GOC. Patients in the PCN were identified based on the Edmonton Frail Scale for referral to the Seniors Hub and underwent a geriatric assessment.

Results: The initial analysis included 54 patients (61% female, mean age 82 years), with a mean of 5 chronic conditions, enrolled over a 1 year period. Hyperpolypharmacy (10 or more medications) was identified in 67% of patients. The reasons for assessment were falls/mobility (33%), cognition (30%), and polypharmacy/medication review (15%). The pharmacists identified that 61% of patients had untreated conditions, 57% had PIM, and 41% had unnecessary medications. The total number of medications showed a non-significant decline, from 12.1 to 11.7, but the number of PIMs decreased from 1.15 to 0.9 (p=0.006).

Conclusions: The PCN staff rarely found medications as a reason for referral, yet the majority of frail seniors have medication related problems. The implementation of a pharmacist-led assessment for frail community dwelling seniors reduced the number of PIMs and addressed medication undertreatment.

Keywords: geriatrics, primary care, potentially inappropriate medications, interprofessional team, frailty, medication review

Leadership During a Crisis

Excellence in Pharmacy Practice — Leadership Award
Sponsored by HealthPRO Procurement Services Inc.

Doucette D[1]
[1]Pharmacy Services, Horizon Health Network, New Brunswick

Background: Leadership during a crisis requires looking out for the needs of others. Leaders need to act decisively while considering input from followers, stakeholders and clients/patients. A disaster or pandemic plan can help guide the preparation, initial response and recovery phases however leaders also need flexibility to adjust to rapidly changing conditions and to be open to opportunities when others will see barriers.

Objective(s): To describe strategies and tactics used to manage a regional multi-site pharmacy service in the early months of the COVID-19 pandemic.

Methods: Various approaches were used during the pandemic of which several will be described as successes and lessons learned in leading teams with communication, visioning, setting expectations for staff, attending to relationships and maintaining positive staff morale.

Results: Examples to be shared of leveraging communications to build trust and inspire staff, pivoting staff to ensure redundancy in priority roles, managing inventory of essential medications and COVID vaccines, and building new bridges with other internal departments and external partners.

Conclusions: Effective leadership in a crisis demands the leader communicate clearly, concisely and with purpose. Varied methods are often needed to keep staff informed and inspired, to maintain trust and focus on delivering essential services even when conditions may be changing and beyond one's control.

Keywords: leadership, COVID-19, pandemic, communication

Improving Decision-Making in Empiric Antibiotic Selection (IDEAS)

Excellence in Pharmacy Practice — Patient Care Award
*Sponsored by Steri*Max *Inc.*

Elligsen M[1,2], Pinto R[3], Leis JA[4,5,6], Walker SAN[1,2], MacFadden DR[7], Daneman N[4,6]**
[1]Department of Pharmacy, Sunnybrook Health Sciences Centre, Toronto, ON
[2]Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, ON
[3]Department of Critical Care and Population Health, Sunnybrook Health Sciences Centre, Toronto, ON
[4]Division of Infectious Diseases, University of Toronto, Toronto, ON
[5]Centre of Quality Improvement and Patient Safety, Sunnybrook Health Sciences Centre, Toronto, ON
[6]Sunnybrook Research Institute, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON
[7]Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, ON
**Co-Principal Investigators*

Background: Timely initiation of adequate antibiotics has been associated improved patient outcomes. However, selecting adequate empiric antibiotics is difficult due to rising resistance rates and the competing desire to apply antimicrobial stewardship principles.

Objectives: The objective of this project was to develop, implement and evaluated two interventions to optimize empiric antibiotics using prospective audit and feedback.

Methods: The interventions included providing suggestions to prescribers at two points in the empiric period: (1) prior to availability of any culture results, empiric therapy was altered to ensure concordance with prior cultures that have predictive relevance for future infection; and (2) when Gram-negative bacteremia was identified, previously derived and validated multivariable models were used to recommend the most narrow-spectrum adequate antibiotic. The interventions were evaluated simultaneously using a quasi-experimental design comparing two 9-month periods (pre and post-intervention) at Sunnybrook Health Sciences Centre, Toronto, Ontario.

Results: The first intervention increased the proportion of patients that received concordant therapy from 73% (72/99) in the control group to 88% (76/86) in the intervention group (p=0.01). The median time to concordant therapy was significantly shorter in the intervention group (25 vs 55 hrs; p<0.001). The median duration of unnecessary vancomycin therapy was reduced by 1.1 days (95% CI 0.5 – 1.6 days, p<0.001). The second intervention increased the proportion of patients who were on the most narrow-spectrum adequate therapy at the time of culture finalization from 44% (88/201) in the control group to 55% (100/182) in the intervention group (p=0.04). Time to adequate therapy was similar in the intervention and control groups (5 vs 4 hours; p=0.95).

Conclusions: Together, these interventions demonstrated that systematic decision support interventions can simultaneously improve the adequacy of empiric antibiotic coverage while decreasing overall use of broad-spectrum empiric agents.

Keywords: antimicrobial stewardship, clinical decision-making, antibiotic resistance, anti-bacterial agent