2024 CSHP NATIONAL AWARDS PROGRAM WINNERS / PROGRAMME NATIONAL DES PRIX 2024 DE LA SCPH : LAURÉATS ET LAURÉATES

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The winner of the **Distinguished Service Award** (sponsored by Pfizer Canada) is **Olavo Fernandes** (Toronto, ON).

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 **Emma Fedusiak** (Foam Lake, SK).

Excellence in Pharmacy Practice — Interprofessional Collaboration Award
Sponsored by **JAMP Pharma Group**
The Critical Air Project: An Interdisciplinary Approach to Drive Down Medication-Associated Carbon Emissions
(completed at Island Health, Victoria, BC)
Celia L Culley

Excellence in Pharmacy Practice — Leadership Award
Sponsored by **HealthPRO Procurement Services Inc.**
Leading the Way: Revolutionizing Pain Management and Opioid Stewardship with a Novel Mobile App
(completed at Lower Mainland Pharmacy Services – Fraser Health, Surrey, BC)
Karen Ng

Excellence in Pharmacy Practice — Patient Care Award
Medication Optimization Stream (Med-OpS): A Multidisciplinary Approach to Guideline-Directed Medical Therapy Optimization (GDMT) in Heart Failure with Reduced Ejection Fraction (HFrEF)
(completed at Mazankowski Alberta Heart Institute, Edmonton, AB)
Sheri L Koshman

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.*

The Critical Air Project: An Interdisciplinary Approach to Drive Down Medication-Associated Carbon Emissions

Excellence in Pharmacy Practice — Interprofessional Collaboration Award

Sponsored by JAMP Pharma Group

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Background: Climate change is negatively impacting the health of Canadians, yet providing healthcare can be a carbon-intensive endeavour. The Canadian healthcare system accounts for 4.6% of Canada's total greenhouse gas (GHG) emissions. Medications are healthcare's single largest carbon expenditure category. Metered-dose inhalers (MDIs) deserve specific mention. MDIs contain a hydrofluoroalkane propellants, which are potent GHGs. Each MDI contains the GHG equivalent of driving up to 170 km in a gasoline-powered car.

Objectives: To assess inhaler-related GHG emissions in our health authority, to identify opportunities for reducing these emissions, to create a Roadmap of change ideas that can be adapted to other contexts.

Methods: A multidisciplinary quality improvement project, called the Critical Air Project, co-led by a pharmacist and specialist physician was initiated. A three-pronged approach of targeting operational changes, policy changes and an education campaign was employed.

Results: Within our Health Authority, 2,930 inhalers are dispensed monthly. This is equivalent to driving 179,000 km by car, or 4.5 times around the earth circumference each month. A process map of inpatient inhaler use revealed frequent inhaler loss, duplicate dispensing, and inappropriate disposal practices that contribute disproportionately to carbon emissions. Change ideas contributed to yearly carbon savings of at least 1850 tonnes CO2e, or the equivalent of driving 6.4 million kilometers. A playbook of change ideas was published in collaboration with CASCADES Canada and Environment and Climate Change Canada.

Conclusions: The dynamic of a pharmacist and specialist physician achieved greater impact to reduce inhaler-related GHG emissions than either could achieve alone by leveraging their respective expertise and networks.

Keywords: Climate Change, Inhalers, Pharmaceutical Waste, Interprofessional Collaboration

Leading the Way: Revolutionizing Pain Management and Opioid Stewardship with a Novel Mobile App

Excellence in Pharmacy Practice — Leadership Award

Sponsored by HealthPRO Procurement Services Inc.

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Background: Pain is a major clinical, social and economic problem in Canada. Effective knowledge translation is crucial to empowering frontline healthcare providers with evidence-based information to optimize patient care.

Objective(s): To develop a pain and opioid stewardship mobile application as an accessible, practical and enduring resource for providers to effectively share evidence-based knowledge.

Methods: We collaborated with Firstline, a Canadian health technology company, to develop a comprehensive pain and opioid stewardship mobile app. By presenting a compelling business case to the Fraser Health Overdose Response and Vulnerable Populations Committee, we secured funding for the project via a subscription to the mobile application platform. To engage and secure commitment from clinical experts, we successfully applied for Medical Staff Association Facility Engagement funding at Royal Columbian and Surrey Memorial Hospitals. We reviewed available guidelines and evidence to succinctly summarize practical content for the app, and supervised pharmacy learners to assist. We gathered a multidisciplinary team of physicians, nurse practitioners, and pharmacists from various specialties to review drafted content and achieve consensus where guidelines differed or were outdated. An existing multidisciplinary committee co-chaired by the opioid stewardship pharmacists – the Opioid Stewardship Advisory Committee, reviewed content and layout for final approval.

Results: In May 2023, we launched the novel, open-access mobile app customized to deliver opioid stewardship-focused pain management guidance and decision-support tools. Via a series of grand rounds, onsite and online education sessions, newsletters, email notifications and presentations at local conferences, we widely promoted the app to clinicians across our health authority. Modifications to the app content have been made based on feedback from users, and the app is updated on an ongoing basis.

Conclusions: From the rapid uptake and overwhelming positive feedback from users, this app has the potential of being utilized by other health care organizations across our province and Canada.

Keywords or terms: Opioid Stewardship, Pain, mobile application, knowledge translation

Medication Optimization Stream (Med-OpS): A Multidisciplinary Approach to Guideline-Directed Medical Therapy Optimization (GDMT) in Heart Failure with Reduced Ejection Fraction (HFrEF)

Excellence in Pharmacy Practice — Patient Care Award

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Background: Optimization of HfrEF GDMT should occur within 3 – 6 months of diagnosis. We sought to determine the impact of a novel approach to optimization with a prescribing pharmacist / nurse compared to specialty heart failure clinic (HFC) care.

Methods: Med-OpS, a quality improvement initiative, aimed to create a structured approach to optimization including frequent follow-up and self-care teaching. The pharmacist supported the nurse with case review and prescribing. Med-OpS was embedded within the HFC and was physician referral based. Clinics occurred weekly via telephone and Med-OpS discharge occurred at ≥ 3 months once optimized. A retrospective chart review was conducted including all patients in Med-OpS (n = 52) and 148 new patients from the HFC (3:1). The primary objective was to compare the proportion of patients optimized on GDMT within 6 months. We also compared utilization, the Heart Failure Collaboratory Score (HFC-Score), and the number of clinical encounters.

Results: The groups were similar at baseline, with a median age of 63 years and 23% female. At 6 months, Med-OpS optimized 80.8% compared to 37.2% of patients in usual care ($p = 0.0043$). More patients in Med-OpS were on quadruple therapy (67.3% vs 39.6%; $p = 0.00056$), and increased their HFC-Score (2.42 vs 1.68 points; $p = 0.0366$), but required more frequent encounters (9.73 vs 2.99).

Conclusions: A focused prescribing pharmacist / nurse approach was associated with greater optimization of GDMT in patients with HFrEF within a specialty clinic and should be considered as a strategy for medication optimization.

Keywords: heart failure, guideline directed medical therapy, multidisciplinary, pharmacist prescribing