

# HEALTH CARE PROVIDERS WEEK

## Pharmacists' role expanding during pandemic

BY WENDY LIVINGSTONE

Many goods and services became unavailable early this year due to the COVID-19 shutdown, but it was vital that crucial health care remain accessible. Pharmacies moved quickly to ensure that they were able to provide their patients with medications, counselling and other services in a safe manner.

"Like every other health care provider out there, they shifted and pivoted as safely and as consistently as possible," said Dawn Martin, CEO of the Pharmacy Association of Saskatchewan (PAS). "They worked very quickly to get protective equipment and barriers in place, and they provided services such as deliveries of some medications for patients who couldn't get in, were afraid, or had health risks."

Adding to pharmacists' determination was their standing in many locations throughout the province. "Often, in rural and remote communities, pharmacists might be your only health care provider in that area," said Martin.

Patients in remote areas are not the only ones who benefit from the unique role that pharmacies—partially due to their ease of accessibility—play in the health care system. Patients visit pharmacies to have prescriptions filled, to purchase over-

the-counter medications, and to access many other services provided, so they may see their pharmacists up to 10 times more often than they see other health care providers.

Saskatchewan pharmacists' expanding authority allows them to administer injections for the contraceptive Depo-Provera and many vaccinations, including certain types of pneumonia and influenza, and for travel health. More than 50 per cent of the province's flu shots are now administered by pharmacists. They are also trained to prescribe medications for certain minor conditions such as bladder infections, diaper dermatitis, oral thrush and canker sores.

"That is certainly not a role they take lightly," said Martin. "They can identify when it's not minor and get that patient into an appropriate care pathway. These are highly, highly trained professionals, and they are available for longer hours—often your bladder infections are not happening between 9 and 4."

Providing counselling is also a key component of the pharmacist's role. In addition to their long-standing access to patients' medication history, pharmacists can now access recent lab results to assess and then discuss outcomes. This is particularly important for some patients, especially many seniors, who may have been



Dawn Martin, CEO of the Pharmacy Association of Saskatchewan

PHOTO: SUPPLIED

on multiple medications for many years. Counselling can now be done by telephone or virtually for those who are unable or reluctant to visit the pharmacy.

"Pharmacists go through all their medications, checking dosages, making sure they are all working the way they should be and that patients are taking what they should. Pharmacists understand 20,000+ medications. If patients have any questions or concerns, they are all addressed as well," said Martin. "Virtual appointments have been really important in order to continue that service, particularly for vulnerable seniors who may not be getting out and about right now because of the pandemic or, as winter approaches, even less so."

PAS's recommendations for the upcoming winter months include continu-



The Pharmacy Association of Saskatchewan urges residents of our province to continue to follow public health guidelines such as wearing a mask in public and having a flu shot.

PHOTO: SUPPLIED

ing to follow public health guidelines such as wearing a mask in public and having a flu shot (due to the pandemic, be sure to make an appointment first).

Martin stressed the importance of addressing mental health concerns. "We are all struggling during this time, and I think the really important thing is for all of us to reach out to family, friends, or to health providers—pharmacists, physicians, nurses, public health folks—anybody available to make sure you get the help

and support you need during this time. We are in a perfect storm with advancing flu season and all of the usual things that that brings, and then layer in a pretty scary pandemic situation... Don't suffer in silence," she said.

To help ease the burden on other sectors of the health care system, as many as 100 pharmacies are prepared to administer COVID-19 tests if this is deemed to be a benefit to the health system. Depending on the location, this could require modifications or additions to their exist-

ing facilities so that those being tested could be physically distanced from other patients, similar to when flu vaccines are administered in malls or other store fronts.

"If we are asked to do that, we would need to stand up and do it, because it's important for the system and important for our patients, and certainly patients want it," said Martin. "I think the COVID challenges have highlighted pharmacists' role—what they can do already and what they could do more of."

## BridgePoint Center adds new digital services and re-introduces residential programs

BY TOM EREMONDI

Like so many other services this year, the BridgePoint Center for Eating Disorders coped with delivering services in the midst of a pandemic and ensuing public lockdown.

Located in Mildred, 110 km southwest of Saskatoon, BridgePoint offers a variety of services for eating disorders and disordered eating. "BridgePoint is a residential eating disorder recovery centre, the first and only of its kind in Saskatchewan. We were actually the first of its kind in Canada when we opened in 1997," explains executive director Carla Chabot.

A non-profit, provincially-approved facility that works in partnership with the Saskatchewan Health Authority (SHA), she says "BridgePoint participants come from all across the province and access our programs free of charge. The center will also occasionally see paying participants from out of province."

Operating in Mildred's former hospital, Chabot says "BridgePoint is centrally located, so it's easy for people to access and find tranquility in a confidential, remote site."

At the core of its philosophy is a community-based, face-to-face recovery model, Chabot notes. "Eating disorders thrive with isolation and secrecy, so it's important for this demographic to find connection in community. Essentially, they take a break from their regular lives and obligations to come here and focus solely on their recovery programming."

Participants initially spend four days in retreat at BridgePoint and then can select recovery modules that vary in length from seven to 30-day stays.

That model was necessarily altered due to COVID-19 but not suspended, Chabot reports. "The pandemic



Residential stays and face-to-face programming are at the heart of BridgePoint's recovery model.

forced us to look at how to provide our programming virtually. We had to pause all of our residential programming but, because of our contract with the Health Authority, we had to pivot and dive into offering virtual care."

Chabot says staff at the center worked hard to mobilize programs that could be offered online. "Initially, when we were working on our backend to establish an electronic mental health

platform, we provided publicly accessible Facebook live groups as a way to bridge the gap."

Following that, she says "BridgePoint worked in partnership with other similar groups from across Canada to launch an e-learning platform. BridgePoint was able to provide videos and other resources in a self-guided format but we supplemented that by creating a virtual group room. It allowed us to welcome participants to

a virtual retreat where they could come and spend two days online with us."

The interest in this was huge from the moment it was available. "We started the virtual retreats in June and were pleased to find that we could replicate that connection in community online," Chabot says, noting another advantage to the virtual programming. "It 'opened up our doors' to participants who had not been able to attend our program in the past because of issues such as work commitments, lack of access to child care, or lack of mobil-

ity. Even people who were medically unstable were able to jump online and access our programs."

BridgePoint offered that virtual programming through the summer and early fall. Its re-open plan was approved by the SHA on October 1 and residential programming was re-launched on October 15.

"We're fully operational," Chabot says, "but, instead of having 15 participants on site, we're limited to eight. That allows us to provide social distancing with participants in their own rooms. So, we're hoping to have the

funding to offer the online programming as well. We were able to do that before because, by not opening for a few months, we had the capacity and rechannelled funding. As a non-profit and a charity, we would now need to find the funding to continue to offer virtual programming. We would love to be keep these options going."

Seeing about a hundred participants every year, Chabot adds that the virtual programming also would help BridgePoint with its growing wait list.

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