



Pharmacist on the Front Lines of a Pandemic - Q&A with Leslie Leontowich

Leslie Leontowich is a clinical pharmacist at the Pharmasave-Centre, Silvern Medical Clinic, and Stonegate Medical Clinic in Airdrie. She has been in community practice for 34 years and enjoys advocating for the patient, working collaboratively as part of an interdisciplinary team with patients and families, physicians and other health care professionals to support patients with medication management, health education and/or health coaching.

Q: How did you find yourself needing to prepare for an unexpected pandemic?

A: The COVID-19 Pandemic has been filled with uncertainty and newness. Staying current with continually changing recommendations, the initial lack of PPE for pharmacies and for all those who see the public, the changing of communications styles to provide clinical pharmacy services from in-person to tele/virtual while meeting the standards for privacy of health information and making a physical distinction between dispensing services versus clinical services represent a few of the challenges.

Q: How are you addressing the safety of your staff and patients during this time?

A: Most of the information that I use to guide my safe practices include daily updates with Dr. Deena Hinshaw, updates from RxA, tips from Text4Hope and the updates from Diabetes Canada as well as other medical references and common sense.

Q: In what ways are you finding barriers to patient care with physical distancing?

A: The initial hurdle of keeping patients, teammates and yourself safe before PPE was available and the variance amongst interpretation between individuals with how and when to use PPE, how often to wash hands, clean surfaces and so on was challenging. Public health guidance with 'using masks when physical distancing can not be maintained' has been very helpful.

Q: How are you finding ways to overcome communication and patient care barriers?

A: The times when it is in the best interest of the patient to be seen in person, I communicate ahead of time with the patient to ensure we are both aware and following the guidelines put in place by Alberta's Medical Health Officer. Initially screening for travel and symptoms of COVID-19 and second, discussing what kind of PPE will be used by both the patient and I during the encounter and the cleaning that will be done before and after the patient encounter. I feel this provides confidence that all steps to keep them safe will be in place and it reminds us of our new 'normal' habits. If the patient enters without a mask, a new mask will be provided for them to put on once they have washed their hands. PPE for myself during a patient visit includes washing hands before applying a mask, wearing glasses, lab coat and depending on the situation, disposable gloves. The chair is wiped down when the patient leaves.

My practice is only clinical, to minimize contact and spread of infection, I have been working mostly from home. From a patient perspective, it has provided care in a safe environment and eliminated commuting time. From my perspective, seeing someone in person is a valuable tool to build a relationship, to provide insight into a patient's wellbeing by observing the way a person walks, talks, looks, ability to make eye contact as well as their level of engagement, participation and



understanding. Using virtual connections has reduced this barrier somewhat. Telephone consults have also been also successful. Being able to log into Kroll remotely enables me to document patient care in real-time. All printing goes to the pharmacy printer, which enables new prescriptions, handouts, all faxes to physicians or other health care professionals for collaboration of care, and so on to be located in the pharmacy only. Therefore, all patient information is at the pharmacy and no patient care information is located off-site. Without this ability, there would have to have been further research to see if and how to store patient information at a different location to meet HIA and FOIP and quite possibly not an option.

The direction from RxA regarding patient consent for virtual health during the pandemic was very timely and necessary to provide good patient care while meeting FOIP/HIA. This enables the patient to feel safe and has an opportunity to share their information. Hopefully, virtual care will always have a role in patient care. This may be an area that we, as pharmacists, can look into different virtual options that meet privacy and information standards to be implemented across the pharmacies in Alberta.

Q: How are you managing the extra cleaning practices?

A: In the pharmacy, besides cleaning/sterilizing almost everything entering the store, countertops after patients leave, plexiglass, the owner also separated dispensing services from clinical services. To minimize contact amongst the pharmacy team, pharmacists were moved into offices to provide clinical services and answering phone calls leaving one pharmacist in the dispensary itself.

Q: Similarly, how is your pharmacy team finding ways to stay healthy and relieve stress?

A: The mantra of 'flattening the curve' versus 'eliminating the virus' set the stage for my next steps as a clinical pharmacist. I began contacting my patients with diabetes to address both their immediate concerns and plans to keep them safe during the pandemic. Some of our talking points included:

- How this pandemic has affected them;
- Any changes in their activity levels, eating patterns, stress levels, which may affect the control of diabetes. This provided an excellent opportunity to review current blood glucose control and discuss options to adjust if needed for both medication and lifestyle interventions;
- Reviewing sick day management;
- Symptoms and treatment of hypoglycemia if they are on sulfonylureas, repaglinide, insulin;
- The importance of staying well hydrated and potentially hold certain medications such as SGLT2 inhibitors if dehydrated as well as symptoms of DKA and when to seek ER attention;
- Asking about tobacco use;
- Developing a plan unique for each individual;
- Providing handouts from Diabetes Canada on Diabetes and COVID-19 or a local provided permission to distribute (DrSue.ca);



- Providing resources such as Text4Hope, accessing mental health support; and
- Relieving their anxiety with picking up prescriptions monthly and the delivery service or parking lot service available from the pharmacy.

Patients have been very appreciative of the proactive approach.