

Committee: Central NY Society of Health-system Pharmacists

Topic: Charitable Prescription Drug Recycling Program

Sponsored: Andrew Burgdorf, Lisa Phillips

Whereas, patients who take high cost medications chronically for a wide variety of medical conditions, including cancer, often suffer adverse economic consequences (Financial Toxicity), and,

Whereas, High out-of-pocket costs of medications contribute to non-adherence to prescribed medication regimens, reduced quality of life and increased morbidity and mortality for patients, and,

Whereas, Due to the natural course of medication usage, patients can be left with unused and sometimes unopened medications that they are unable to utilize, and,

Whereas, Safe disposal of unused pharmaceutical products into our environment is a significant public health challenge, and,

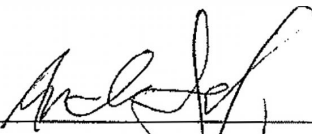
Whereas, Several other states have legislation that addresses this issue including Oklahoma, California, Oregon, Colorado and Ohio,

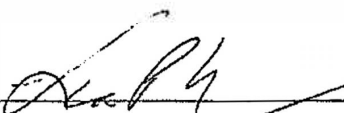
Whereas, New York State has passed legislation (S5903A/A099053) that directs the commissioner of health to make regulations for the donation and redispensing of unused prescription drugs, the legislative language defining who the "Donor Entity" can be as "a manufacturer, wholesaler, or distributor of prescription drugs; a pharmacy; or a hospital authorized under article twenty-eight of this chapter", does not address the role of "the patient" as a potential donor.

*Resolved* That:

The New York State Council of Health-System Pharmacists supports regulations related to the prescription recycling bill that sufficiently address the role of the patient as a donating entity.

Date: February 21, 2017

  
\_\_\_\_\_  
Andrew Burgdorf

  
\_\_\_\_\_  
Lisa Phillips

Resolution

Sponsored: Kori Hamman, Shaydul Hassan, Nicole Davis, Daryl Nnani

Topic: Computerized physician order entry (CPOE) incorporation of age defining pediatric laboratory and monitoring reference values

Whereas, CPOE's are an important component of patient safety, quality improvement, and transformation of medical practice, and,

Whereas, CPOE's share the common features of systematizing the medication ordering process and ensuring standardized, legible, and complete orders, and,

Whereas, CPOE's provide reliable and standard laboratory and monitoring reference ranges; however, age specific pediatric reference ranges are often times different than adult laboratory reference ranges, and,

Whereas, Current CPOE systems do not require age specific reference ranges, which could lead to potential misinterpretation of laboratory values and create space for inaccurate assessment and medication errors, and,

Whereas, Laboratory value monitoring is a crucial step in inpatient disease and medication management, and, implementation of age specific laboratory reference ranges would provide standardized values and decrease the risk of misinterpretation and medication error in and outside of pharmacy practice, therefore , be it

*Be It Resolved That:*

The New York State Council of Health-system Pharmacists supports the recommendation to request of all CPOE systems to provide age specific pediatric laboratory value and monitoring reference ranges.

Date: 1/23/17

By:  

Kori Hamman

Shaydul Hassan





Nicole Davis

Daryl Nnani

RESOLUTION REGARDING STANDARDIZATION OF PHARMACY SCHOOL GRADING SYSTEMS

COMMITTEE: Royal Counties Society of Health-System Pharmacists

TOPIC: Recommendation for standardizing pharmacy school grading policies to encourage the objective evaluation of academic achievement during residency application review

SPONSORED BY: Ashley Galla

Whereas, Performance in pharmacy school courses and practice experiences is currently evaluated utilizing a variety of methods, including pass/ fail or on inconsistent 4 point GPA scales;

Whereas, This inconsistency in grading policies can lead to subjective grades, lack of extrinsic motivation for students, and inequitable comparisons of residency program applicants, and

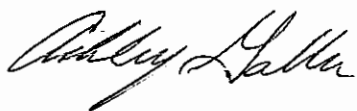
Whereas, A standard 4 point GPA scale or a higher pass point in pass/ fail systems can serve to motivate students and improve objectivity when evaluating residency applications; therefore, be it

*Resolved, That:*

The New York State Council of Health-System Pharmacists petitions ACPE to standardize pharmacy school grading policies.

Date: January 18, 2017

By: *Ashley Galla*



*Jaclyn Scott*



**RESOLUTION REGARDING THE STORAGE REQUIREMENTS OF HAZARDOUS DRUGS AS REQUIRED BY USP <800>**

SUBJECT: Recommendation for storage requirements related to hazardous drugs as defined in USP <800>.

SPONSORED BY: Fred Cassera

COMMITTEE: Royal Counties Society of Health-System Pharmacists

Whereas, the Pharmacy Department is ultimately responsible for developing and ensuring safe practices regarding compliance with USP <800> requirements for the storage of Hazardous Drugs [HDs];

Whereas, the proposed USP <800> storage requirements state "...the storage of HDs must be stored in a room that is separate from non-HD storage. The restricted-access room must be **under negative pressure, externally vented and have at least 12 air changes per hour.**" If refrigerated antineoplastics are stocked, a refrigerator dedicated to storage of HDs is required in the HD storage area";

Whereas, the intent of such wording is to protect healthcare workers and the environment;

Whereas, the wording does not address potential contamination concerns related to shipping and transportation of such products or means to ensure the containment of the HD that may break during transport or handling;

Whereas, published studies have demonstrated surface contamination exists on containers and packaging products for hazardous drugs<sup>i, ii, iii</sup>;

Whereas, health care personnel, non-health care personnel and environmental factors involved in the transport of hazardous drugs are not protected from surface contamination;

Whereas, the storage of HDs in a room that is **under negative pressure** is not an efficient or effective method to protect personnel and the environment when handling (HDs);

Whereas, hospitals are facing several financial hardships, and this requirement places all the financial responsibility on hospitals without any financial burden on the pharmaceutical industry;

Whereas, placing financial strains on hospitals to construct and maintain such "restricted access rooms under negative pressure" could pose a serious negative financial burden to such hospitals, without any clear safety benefit to the healthcare worker or the environment;


Whereas, appropriate decontamination of the exterior of containers and packaging of (HDs) and proper storage in a device that isolates the (HD) will negate the need for a hospital to construct and maintain a negative pressure room for the purpose of storing hazardous drugs;

*Resolved, That:*

**THE NEW YORK STATE COUNCIL OF HEALTH-SYSTEM PHARMACISTS PETITIONS ASHP AND THE FDA TO REQUIRE THAT MANUFACTURERS ADOPT A PRACTICE OF APPROPRIATELY DECONTAMINATING THE EXTERIOR OF CONTAINERS AND PACKAGING MATERIALS FOR HAZARDOUS DRUGS PRIOR TO TRANSPORT. FURTHERMORE, SUCH PRODUCTS SHOULD BE TRANSPORTED AND STORED IN A DEVICE THAT ISOLATES THE HAZARDOUS DRUG AND PREVENTS CONTAMINATION SHOULD A PRODUCT BECOME, BROKEN, DAMAGED OR DESTROYED.**

Dated: November 30, 2016

By:



Fredrick Cassera  
*RCSHP Active Member Signature*



Jaclyn Scott  
*RCSHP Active Member Signature*

---

<sup>i</sup> Connor T, Anderson R, Sessink PJM et al. Surface contamination with antineoplastic agents in six cancer centers in Canada and the United States. *Am J Health-System Pharm.* 1999; 56: 1427-1432.

<sup>ii</sup> Sessink PJM, Anzion RBM et al. Detection of contamination with antineoplastic agents in a hospital pharmacy department. *Pharmaceutisch Weekblad Scientific Edition.* 1992; 14: 16-22.

<sup>iii</sup> Sessink PJM, Boer KA, Scheefhals APH et al. Occupational exposure to antineoplastic agents at several departments in a hospital. *Int Arch Occup Environ Health.* 1992; 64: 105-112.

Committee: Western New York Society of Health-system Pharmacists

**Topic: Philosophical Exemption from School Immunization Requirements in New York State**

Sponsored: William Allan Prescott, Jr., PharmD; Karl Fiebelkorn, BS, MBA

Whereas, vaccines have significantly decreased the prevalence of and mortality associated with vaccine-preventable disease in the U.S. and around the world.

Whereas, most vaccine-preventable diseases continue to circulate in the U.S. and/or around the world, thereby placing un-/under-vaccinated persons (including persons having medical vaccine exemptions) at heightened risk.

Whereas, high vaccination rates are important to maintain herd immunity.

Whereas, vaccine-preventable disease outbreaks continue to occur in the U.S. (e.g., measles, pertussis), particularly within clusters of un-/under-vaccinated persons.

Whereas, misperceptions regarding the relevance and severity of vaccine-preventable diseases and concerns regarding vaccine safety and efficacy negatively impact vaccination rates, potentially contributing to the occurrence of vaccine-preventable disease outbreaks.

Whereas, U.S. states offer nonmedical vaccine exemptions (religious [n=47 states] and/or philosophical [n=18 states]) for school-age children to enter/attend school at rates ranging from 0.5-6.2%, median 1.5% (2014-15 data).

Whereas, New York State, which allows a religious but not a philosophical exemption option, had a nonmedical vaccine exemption rate of 0.7% in 2014-15, tied for third lowest among U.S. states.

Whereas, less stringent vaccine exemption requirements have been associated with higher exemption rates and a higher incidence of vaccine-preventable diseases.

Whereas, several U.S. states with high rates of nonmedical exemptions have strengthened their policies (e.g., Colorado), are considering eliminating their philosophical exemption option (e.g., Washington), or have repealed their philosophical and/or religious exemptions (e.g. California and Vermont), to bolster immunization rates and prevent/mitigate future vaccine-preventable disease outbreaks.

Whereas on August 29, 2016, the AAP recommended that all states and the District of Columbia use their public health authority to eliminate NMEs from immunization requirements.

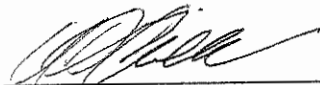
Whereas, New York state is considering establishing a philosophical exemption (in addition to the currently allowed religious exemption option) to state law ([http://assembly.state.ny.us/leg/?default\\_fld=&bn=S01536&term=2015&Summary=Y&Text=Y](http://assembly.state.ny.us/leg/?default_fld=&bn=S01536&term=2015&Summary=Y&Text=Y)).

*Resolved that:*

The New York State Council of Health-system Pharmacists opposes the establishment of a philosophical exemption from school immunization requirements in New York State.

Date: July 17, 2016

By:   
William Allan Prescott, Jr., PharmD

  
Karl D. Fiebelkorn, BS, MBA

Committee: New York City Society of Health-system Pharmacists

**Topic: Research on Antibiotic Dosing in Continuous Renal Replacement Therapy**

Sponsored: Yi Guo, Pharm.D.; Maabo Kludze, Pharm.D., MBA, CDE, BCPS

Whereas, underdosing of antimicrobials can cause resistance and clinical failure, while overdosing antimicrobials is associated with increased toxicity and drug acquisition cost. Continuous renal replacement therapy (CRRT) is frequently used to treat critically ill patients with acute or chronic renal failure since it's better tolerated by hemodynamically unstable patients compared to conventional hemodialysis. However, there are no clear dosing guidelines for antimicrobials to provide antibiotic dosing recommendations in patients receiving CRRT.

Whereas, the pharmacokinetics for patients on CRRT are considerably different from the antimicrobial dosing recommendations for conventional hemodialysis in medication specific package inserts, applying these dosing recommendations to patients on CRRT does not take into consideration the specific pharmacokinetic parameters. Hence, pharmacokinetic data and appropriate dosing are needed for patients receiving CRRT.

Whereas, to encourage drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research on patients receiving CRRT to facilitate safe and effective antimicrobial dosing, especially for antimicrobials most likely to be affected by renal clearance.

Whereas, to encourage manufacturers to include detailed information on the characteristics of individuals who are on CRRT in drug dosing studies.

Whereas, to advocate for increased enrollment and outcomes reporting of patients on CRRT in clinical trials of antibiotics.

Whereas, to encourage independent research and publication on antimicrobial dosing in CRRT patients, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms.

*Resolved that:*

The New York State Council of Health-system Pharmacists encourages manufacturers to conduct more research on pharmacokinetics and pharmacodynamics in patients receiving continuous renal replacement therapy (CRRT) to ensure appropriate antimicrobial dosing. The Council also encourages manufacturers to include detailed information on the characteristics of individuals who are on CRRT in drug dosing studies.

Date: December 6, 2016

By: 

Yi Guo, Pharm.D.

Signature of NYSCHP Active Member 1



Maabo Kludze, Pharm.D., M.B.A, CDE, BCPS

Signature of NYSCHP Active Member 2

New York City Society of Health-system Pharmacists

**Topic: Access to Healthcare**

Sponsors: Monica Mehta, Pharm.D., MPH, BCPS; Pavel Goriacko, Pharm.D., MPH

Whereas, Healthcare in the United States is expensive and was estimated to cost \$9,500 per capita in 2014.<sup>i</sup> This is largely cost-prohibitive for the majority of Americans to pay out-of-pocket in the absence of insurance coverage.

Whereas, approximately 20 million Americans have gained insurance coverage between 2010 and 2016 through Medicaid expansion, health insurance marketplace coverage, and changes in the provisions of private insurance (including removal of discrimination of people with pre-existing conditions).<sup>ii</sup>

Whereas, transitions in the U.S. governmental leadership may result in cuts to public and private insurance coverage, as well as removal of regulations such as minimum coverage standards and prohibition of discrimination based on pre-existing conditions, which may affect our patients' ability to obtain affordable high-quality health coverage.

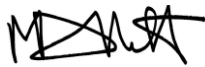
Whereas, as healthcare professionals we are committed to providing treatment to the patients who need it, not just for those who can pay for it.

*Resolved that:*

The New York State Council of Health-system Pharmacists believes that all Americans should have the option to have health insurance and thereby supports access to affordable, equitable, and quality healthcare for all.

Date: December 9, 2016

By:



Monica Mehta, Pharm.D., MPH, BCPS



Pavel Goriacko, Pharm.D., MPH

---

<sup>i</sup> Centers for Disease Control <http://www.cdc.gov/nchs/fastats/health-expenditures.htm> Accessed November 15, 2016

<sup>ii</sup> US Department of Health & Human Services. [www.hhs.gov](http://www.hhs.gov) Accessed November 15, 2016



Committee: New York City Society of Health-system Pharmacists

**Topic: Research on Drug Use in Obese Patients**

Sponsored: Yi Guo, Pharm.D.; Maabo Kludze, Pharm.D., M.B.A, CDE, BCPS

Whereas, despite the rising prevalence of obesity, there is paucity of information describing how medication dosing (i.e. antimicrobials, chemotherapies, etc.) should be adjusted for obese patients in clinical practice. According to the Centers for Disease Control, obesity is defined as BMI  $\geq 30$  kg/m<sup>2</sup>. The National Center for Health Statistics states that obesity has reached epidemic proportions with 30% of the U.S. population estimated to be obese and 5% is estimated to be morbidly obese. This rise in obesity poses a significant challenge to pharmacists when dosing medications. Although many potential pharmacokinetic consequences of obesity may exist, the actual effect of obesity on pharmacokinetics and clinical efficacy of medications is unknown. There is a need for pharmacokinetic data to support dosing of medications in the obese populations.

Whereas, to encourage drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in obese patients to facilitate safe and effective dosing of medications, especially for medications whose pharmacokinetics are most likely affected by obesity.

Whereas, to advocate for increased enrollment and outcomes reporting of obese patients in clinical trials of medications.

Whereas, to encourage independent research on the clinical significance of obesity on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms.

*Resolved that:*

The New York State Council of Health-system Pharmacists encourages manufacturers to conduct more research on the pharmacokinetics and clinical efficacy of medications in obese population (BMI  $\geq 30$  kg/m<sup>2</sup>), especially for medication that are most likely to be affected by obesity. The Council also encourages manufacturers to include detailed information on the characteristics of obese individuals in drug dosing studies.

Date: December 6, 2016

By:



Yi Guo, Pharm.D.

Signature of NYSCHP Active Member 1



Maabo Kludze, Pharm.D., M.B.A, CDE, BCPS

Signature of NYSCHP Active Member 2

Committee: New York City Society of Health-system Pharmacists

**Topic: Interprofessional Education and Training**

Sponsored: Nidhi Saraiya, Pharm.D.; Yi Guo, Pharm.D.

Whereas, as the World Health Organization noted in 2010, "Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength."

Whereas, the Hospital Care Collaborative (HCC) stated that healthcare provider collaboration can improve systems to provide efficient, comprehensive care and better patient outcomes while reducing total healthcare costs. However, the HCC also noted that current undergraduate and postgraduate professional education is inadequate to promote true team functions.

Whereas, the Accreditation Council for Pharmacy Education endorses interprofessional education within didactic and experiential curricula as a core accreditation standard, but there are inconsistencies in the interprofessional education offered by pharmacy schools. While experiential rotations typically require interactions with other healthcare providers, only some colleges of pharmacy include interprofessional didactic courses with medical, nursing, and other health professional students as part of their curriculum. Current challenges include differences in teaching philosophies or a lack of access to other health professional schools.

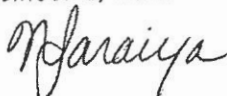
Whereas, interprofessional education is important not only for pharmacy students, but also for pharmacy technicians and pharmacists to promote collaboration and synergistic professional relationships.

*Resolved that:*

The New York State Council of Health-system Pharmacists supports interprofessional education and training as a component of didactic and experiential pharmacy education. The council also supports continued interprofessional education, mentorship, and professional development for pharmacy students, pharmacy technicians, and pharmacists.

Date: *December 6, 2016*

By:



Nidhi Saraiya, Pharm.D.

Signature of NYSCHP Active Member 1



Yi Guo, Pharm.D.

Signature of NYSCHP Active Member 2

Committee: New York City Society of Health-system Pharmacists

**Topic: Include Medications in New York State's Price Gouging Laws**

Sponsors: Pavel Goriacko, Pharm.D., MPH; Monica Mehta, Pharm.D., MPH, BCPS

Whereas, recent price increases, notably in epinephrine autoinjector (EpiPen), pyrimethamine (Daraprim), and vasopressin have left many patients and healthcare facilities unable to obtain these medications

Whereas, these price increases followed a market disruption in which manufacturing of certain generic, out-of-patent medications became limited to a single pharmaceutical company

Whereas, these price increases, sometimes by as much as 1000%, grossly exceed the price at which these medications were sold for by the manufacturers prior to the onset of the market consolidation

And whereas, pharmacists are committed to improving all aspects of pharmaceutical care of our patients, which includes protecting our patients' access to essential medicines

*Resolved that:*

That the New York State Council of Health-system Pharmacists opposes unreasonable and grossly excessive drug price increases that make access to life-saving medications cost-prohibitive to patients and the healthcare system, and therefore, support the inclusion of medications as "essential consumer goods"<sup>1</sup> in New York State's price gouging laws (General Business Law § 396-r).

Date: December 9, 2016

By:



Pavel Goriacko, Pharm.D., MPH



Monica Mehta, Pharm.D., MPH, BCPS

<sup>1</sup>From the website of the Attorney General: "Consumer goods" are defined by the statute as "those used, bought or rendered primarily for personal, family or household purposes." For example, gasoline, which is vital to the health, safety and welfare of consumers, is a "consumer good" under the terms of the statute. Therefore, retailers may not charge unconscionably excessive prices for gasoline during an abnormal disruption of the market. [<https://ag.ny.gov/price-gouging>]

Committee: New York City Society of Health-system Pharmacists

**Topic: Pharmacy Hours Registration**

Sponsored: Pavel Goriacko, Pharm.D., MPH and Harshal Shukla, Pharm.D., BCPS

Whereas, to ensure the continuity of care and to facilitate better transitions of care for discharged patients from hospital into the community, healthcare providers need to be aware of the hours in which community pharmacies operate to enable the filling of prescriptions given to patients at discharge, as there is currently no system that prevents the sending electronic prescriptions to a closed pharmacy establishment.

Whereas, in order to search for open pharmacies, patients and healthcare professionals must rely on third party directories to view voluntarily self-listed business hours, which are often inaccurate, outdated, and incomplete.

Whereas, no current New York State law requires a submission of pharmacy business hours during which the pharmacy is required to be open, and pharmacies are not required to notify the public of unscheduled closings or a change in regular business hours

Whereas, other states such as New Jersey and Connecticut require registration of community pharmacy business hours and advanced notification of unscheduled closings, which helps ensure that the public has access to pharmaceutical care during the listed hours

*Resolved that,*

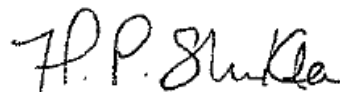
The New York State Council of Health-system Pharmacists supports registration of community pharmacy business hours with the board of pharmacy, to be made publicly available on the Office of the Professions website along with pharmacy registration information, for access by the public and healthcare professionals.

Date: December 9, 2016

By:



Pavel Goriacko, PharmD, MPH



Harshal Shukla, PharmD, BCPS

Committee: New York City Society of Health-system Pharmacists

**Topic: Role of Pharmacist in Outpatient Parenteral Antimicrobial Therapy Program**

Sponsored: Yi Guo, Pharm.D.; Nidhi Saraiya, Pharm.D.

Whereas, outpatient parental antimicrobial therapy (OPAT) has been used increasingly to facilitate early discharge and prevent readmissions in patients receiving long-term antimicrobial therapy. The practice guideline for OPAT from the Infectious Diseases Society of America and numerous studies have confirmed the efficacy and safety of OPAT by optimizing appropriate antimicrobial selection and monitoring while reducing the complications of long-term antimicrobial therapy.

Whereas, the key elements of a successful OPAT program depends on a structured and multidisciplinary team including infectious diseases physicians, nurses, case managers and pharmacy as outlined in the practice guidelines for OPAT. Furthermore, the practice guideline recommends the OPAT team to review antibiotic care plans at hospital discharge to improve hospital bed management, patient safety, clinical efficacy, resource utilization and health care expenditures.

Whereas, with knowledge and training in antimicrobial pharmacokinetics/pharmacodynamics, clinical pharmacists serve as experts in the selection and dosing of antimicrobial therapy to ensure outpatient parenteral antimicrobial regimens are safe, practical and effective. Therefore, clinical pharmacists should participate in OPAT service. This also ensures the continuation of the appropriate outpatient antimicrobial therapy which aligns with the fundamental goals of antimicrobial stewardship as recommended by the Centers for Disease Control.

*Resolved that:*

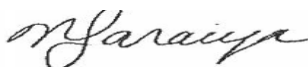
The New York State Council of Health-system Pharmacists supports the inclusion of infectious diseases pharmacist to serve as part of the multidisciplinary decision-making process with outpatient parenteral antimicrobial therapy (OPAT) service from the initiation of long term parenteral antimicrobials upon discharge to the continuity of outpatient care. The New York State Council of Health-system Pharmacists supports the role of infectious diseases pharmacist in OPAT program to improve patient safety, clinical efficacy, optimize resource utilization, and decrease health care expenditures which align with the fundamental goals of antimicrobial stewardship as recommended by the Centers for Disease Control.

Date: December 6, 2016

By: 

Yi Guo, Pharm.D.

Signature of NYSCHP Active Member 1



Nidhi Saraiya, Pharm.D.

Signature of NYSCHP Active Member 2

Committee: New York City Society of Health-system Pharmacists

**Topic: Optimization of the Pharmacy Intern Role in the Institutional Setting**

Sponsored by: Karen Berger, Pharm.D., BCPS, BCCCP; Liz Cobb, Pharm.D.

Whereas, pharmacy interns are an important part of the healthcare system pharmacy team, and,

Whereas, pharmacists and pharmacy technicians have defined roles to allow pharmacy practitioners to practice at the top of their respective licenses, and,

Whereas, there is no standardized, structured role for employed pharmacy interns in the healthcare setting which often leads to under-utilization of their concurrent pharmacy training, and,

Whereas, pharmacy intern job descriptions are often more in line with a pharmacy technician role rather than that of an in-training pharmacist, and,

Whereas, institutions have varying levels of resources available to dedicate to developing the appropriate training and role for pharmacy interns as members of the healthcare team, therefore, be it.

*Resolved That:*

The New York State Council of Health-system Pharmacists supports the development of a suggested structured pharmacy intern role within the healthcare system setting to optimize their concurrent training and unique skillset within the pharmacy team. Moreover, the New York State Council of Health-system Pharmacists supports guidance by the Board of Pharmacy on the unique activities deemed appropriate for employed pharmacy interns based on their year of training.

Date: December 12, 2016

By:



*Karen Berger, Pharm.D., BCPS, BCCCP*

Signature of NYSCHP Active Member 1



*Liz Cobb, Pharm.D.*

Signature of NYSCHP Active Member 2

Committee: New York City Society of Health-system Pharmacists

**Topic: Standardized Adult Intravenous Medication Concentrations**

Sponsored: Maabo Kludze, Pharm.D., MBA, BCPS, CDE; Yi Guo, Pharm.D.

Whereas, varying concentrations of the same intravenous medication are prescribed and prepared daily for adults in the hospital setting. The availability of multiple concentrations of a single agent poses a safety risk by creating the opportunity to inadvertently dispense the incorrect concentration. Standard concentrations limit the number of available concentrations required for patient use and reduce medication errors.

Whereas, in an effort to reduce the risk of medication errors, the Food and Drug Administration (FDA), the American Society of Health-system Pharmacists (ASHP), and the Institute for Safe Medication Practices (ISMP) through the Safe Use Initiative aim to develop and implement national standardized concentrations for intravenous medications.<sup>1</sup> Together these as well as other patient safety organizations are crafting, conducting trials and supporting the adoption of national standardized medication concentrations.

Whereas, draft standardized IV concentrations to be used in hospitals and health systems have been put forth by ASHP. The draft guidelines include drug name, suggested dosing range, upper and lower limits, and standardized concentrations with dosing units.

*Resolved that:*

The New York State Council of Health-system Pharmacists supports ASHP efforts in the development of standardized adult medication concentrations and to minimize the number of available concentrations in order to reduce medication errors. Furthermore, New York State Council of Health-system Pharmacists supports manufacturer production of standardized concentrations as listed in the aforementioned ASHP reference.

Date: December 12, 2016

By: 

Maabo Kludze, Pharm.D., MBA, BCPS, CDE  
Signature of NYSCHP Active Member 1



Yi Guo, Pharm.D.  
Signature of NYSCHP Active Member 2

1. American Society of Health-system Pharmacists. Standardize 4 Safety. Available at: <http://www.ashp.org/menu/PracticePolicy/Standardize-4-Safety>. Accessed February 15, 2017.

Committee: New York City Society of Health-system Pharmacists

**Topic: Standard Annual Competencies for Pharmacists**

Sponsored: Yanina Edelshteyn, Pharm.D.; Maabo Kludze, Pharm.D., MBA, BCPS, CDE

Whereas, competence is defined as being capable of possessing essential knowledge and skills to perform one's job function. Evaluating competence through assessment programs ensures the likelihood that pharmacists can deliver safe, effective, and accurate patient care.

Whereas, each institution in New York State develops institution specific annual competency programs, the skills assessed can vary from institution to institution without standard or universal competency criteria. Uniform assessment guidelines will eliminate gaps in knowledge when comparing one institution to another.

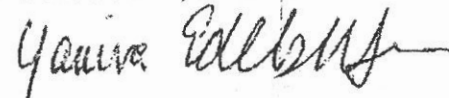
Whereas, the American Society of Health-system Pharmacists (ASHP) has put forth a book entitled *Competence Assessment Tools for Health-system Pharmacies* to assist pharmacists in meeting current guidelines and standards of practice. This competency assessment tool incorporates education topics from a variety of areas that could serve as a basic competency tool for pharmacists in New York State.

*Resolved that:*

The New York State Council of Health-system Pharmacists supports the use ASHP competency tool as a basic standardized annual competency across institutions in New York State in order to establish uniformity.

Date: December 12, 2016

By:



Yanina Edelshteyn, Pharm.D.  
Signature of NYSCHP Active Member 1



Maabo Kludze, Pharm.D., M.B.A, CDE, BCPS  
Signature of NYSCHP Active Member 2



Resolution Committee: Westchester County Society of Health-System Pharmacists

Topic: 340B

Submitted by: Steven Tuckman and Peter Grassi

Background:

Whereas the purpose of the 340B program is to enable covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services;

Whereas changes to the 340B rules may adversely impact the ability of covered entities to obtain savings that can be used to provide more comprehensive services; and

Whereas proposed changes to the 340B regulations are currently under review; now, therefore, be it *Resolved*, that the New York State Council of Health-System Pharmacists supports the continued ability of covered entities to participate in the 340B program to allow covered entities "to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services," as indicated in the Federal Register 82.3 (2017)<sup>1</sup>.

January 28, 2017

By:



Steven Tuckman, MBA, BPharm



Peter Grassi, BPharm

---

<sup>1</sup> 340B Drug Pricing Program Ceiling Price and Manufacturer Civil Monetary Penalties Regulation." Federal Register 82.3 (2017): 1210-1230. [www.gpo.gov](http://www.gpo.gov). National Archives and Records Administration (NARA). Web.

Resolution Committee: Westchester County Society of Health-System Pharmacists

Topic: Ambulatory (Retail) Pharmacy

Submitted By: Steven Tuckman and Peter Grassi

Background:

Whereas health-system owned and/or operated ambulatory pharmacies have become more common;

Whereas health-system ambulatory pharmacies provide the opportunity to contribute revenue; and

Whereas health-system ambulatory pharmacies utilizing pharmacy prescription management systems that integrate with electronic health systems offer the benefit of understand what happens between discharges and doctors' appointments; therefore, be it


*Resolved*, that the New York State Society of Health-System Pharmacists advocates for and encourages the development of health-system ambulatory retail pharmacy practice.

January 28, 2017

By:



Steven Tuckman, MBA, BPharm



Peter Grassi, BPharm

Resolution Committee: Westchester County Society of Health-System Pharmacists

Topic: Specialty Pharmaceuticals

Submitted by: Steven Tuckman and Peter Grassi

Background:

Whereas the growth in the number of medications referred to as specialty medications continues;

Whereas specialty medications require special handling and/or patient monitoring;

Whereas specialty medications may have manufacturer implemented restricted distribution;

Whereas specialty medications may be expensive;

Whereas health-system pharmacies have the resources to store, prepare and distribute most medications; and

Whereas health-system pharmacies employ pharmacists who have the education and experience to deal with the requirements necessary to utilize specialty pharmaceuticals; now therefore, be it

*Resolved*, that the New York State Society of Health-System Pharmacists petition the NYS Board of Pharmacy to require that pharmaceutical manufacturers allow hospitals in the State of New York to have unrestricted access to specialty pharmaceuticals.

January 28, 2017

By:



Steven Tuckman, MBA, BPharm



Peter Grassi, BPharm

Committee: Audit Sub-Committee of the NYSCHP Executive Finance Committee  
Topic: Fair Audit Standards  
Sponsored by: Christopher Jadoch, Monica Mehta

Development of Fair Standards for Auditing Pharmacies

Whereas, Pharmacies in health-systems settings are involved in various programs with federal and state administrative agencies and private vendors to minimize costs and maximize positive patient outcomes, and,

Whereas, Pharmacies in health-systems settings are contracted with governmental, administrative, pharmacy benefit managers, and private third party payers for payment, reimbursement, rebates and the provision of pharmaceutical care, and,

Whereas, Pharmacies in health-systems settings are accredited by various federal, state, administrative and private third party payers to provide and maintain quality health care, and,

Whereas, That as a result of involvement in such programs, pharmacies in health-systems are increasingly being subject to auditing by federal, state, regulatory agencies, private third party vendors and accrediting bodies for compliance, and,


Whereas, Entities which audit health-system pharmacies employ various techniques, formats, calculations, timeframes, notification periods, and extrapolation formulas as part of the auditing process, and,


Whereas, the standards employed by any auditor or vendor should be fair and consistent to pharmacies in health-systems settings; therefore, be it

*Resolved That:*

The New York State Council of Health-system Pharmacists supports the development of fair and consistent standards and guidelines for auditing health-system pharmacies

Date: February 9, 2017

By:   
\_\_\_\_\_  
Christopher Jadoch

  
\_\_\_\_\_  
Monica Mehta