

# Newsbriefs

New York State Council of Health-system Pharmacists



sponsored by the  
American Society of  
Health-System Pharmacists

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## Announcements

### ***NYSCHP 2010 Annual Assembly***

Exhibits and educational programming are as follows:

Legislative Update  
Leadership Track  
Toxicology Update  
Pharmaceutical Waste  
Oncologic Emergencies  
Pulseless Emergencies  
Board of Pharmacy Update  
Medication Safety Presentation  
Bureau of Narcotic Enforcement  
Medication Reconciliation in the ED  
Hypertensive Urgency & Emergencies  
Controversies in the Use of Factor VII  
Director of Pharmacy Round Table Discussion  
Understanding the Treatment Spectrum of BOTOX  
The Evolving Role of the Pharmacist in Emergency Medicine  
Pain Management Certificate Program, pre-registration required

[web link](#)

## Headlines

### **NYSCHP News**

- NYSCHP Anticoagulation Practice Based Certificate Program
- House of Delegate Timeline 2010
- ACCP Volunteer Recognition
- Networking
- NYS Board of Pharmacy Implements, Part III Waiver for NYS Practice Residencies

### **ASHP News**

- Tell Congress to Keep Pharmacy Provisions in Health Care Reform Legislation
- Get Connected!

### **Pharmacy News**

- Web-Based Technology Is Tidal Wave, Carrying Hospital Pharmacy's Future
- Pharmacy Program Will Train More Pharmacists in Kansas
- Aggressive Infection Control Protects Cancer Patients From H1N1 Influenza
- New Strain of Drug-Resistant Bacteria Emerging in US Hospitals
- Pharmacists Can Improve Diabetes Care
- Prestigious Beal Award Honors Dr. Thomas Foster for Dedication to

## January 2010



### **New York State Council of Health-system Pharmacists**

Pine West Plaza, Bldg #2  
Washington Ave Extension  
Albany, NY 12205  
(518) 456-8819

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### **About ASHP**

ASHP is a 35,000-member national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care systems. ASHP is the only national organization of hospital and health-system pharmacists and has a long history of improving medication use and enhancing patient safety.

### **American Society of Health-System Pharmacists**

7272 Wisconsin Avenue  
Bethesda, MD 20814  
301-657-3000

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### **NYSCHP Calendar of Events**

## Public Health

- The Patient Protection and Affordable Care Act
- Spoon Size Leads to Medicine Dosage Errors
- Holding Doctors Accountable for Medical Errors
- Prescription Test Project Targets State Employees

**NYSCHP News*****NYSCHP Anticoagulation Practice Based Certificate Program***

March 12, 2010 (12:30 – 6:30 PM) and March 13, 2010 (7:00 AM – 1:00 PM).

St. John Fisher College  
3690 East Avenue  
Rochester, NY 14618  
585-385-8000

**GOALS:**

With expanded use of anticoagulant agents, the number of patients receiving these drugs has increased dramatically. Safe and effective anticoagulation must include a number of key components to avoid complications. These include careful patient assessment, an understanding of the clotting cascade and mechanisms of action of anticoagulant drugs, a detailed focus on factors which influence therapy and knowledge of current guidelines. This certificate program is a comprehensive program designed to provide pharmacists with the basic knowledge and skills necessary to care for patients taking anticoagulation therapies. By completing this course, pharmacists can earn 21 ½ hours of continuing education credit while becoming certified in anticoagulation management. Join the growing number of pharmacists who are providing anticoagulation services.

**Anticoagulation Practice Based Continuing Education:**

The Anticoagulation Practice Based Certificate Program is conducted in two parts: the didactic home study and the live workshop. To earn a Certificate of Achievement for the entire certificate training program, participants must successfully meet the following requirements:

1. Read the Home/Self Study Materials in their entirety and successfully complete the Self Study Assessment. A score of 70% or better is required.
2. Attend Conference: On Site Training and successfully complete the open book Final Exam. A score of 70% or better is required.

A Certificate of Achievement is awarded to participants who successfully complete all program requirements.

[Click here to learn more and register.](#)

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[web link](#) | [return to headlines](#)

***House of Delegate Timeline 2010***

February 15, 2010 Resolutions Deadline  
February 15, 2010 1st House mailing (reach delegates by March 1)  
March 8, 2010 BOD House reports due  
March 17, 2010 2nd House mailing (reach delegates by March 31)  
April 22, 2010 12 Noon Open Hearing Conference Call  
May 5, 2010 9 PM Resolutions Committee  
May 5, 2010 8 AM Nominations Committee  
May 6, 2010 8:30 AM Open Hearing  
May 6, 2010 10:00AM House of Delegates

**Membership Reminder**

*1/01/10 - 2/28/10*

It is that time again to RENEW YOUR MEMBERSHIP IF YOUR MEMBERSHIP EXPIRES February 28! Don't forget to renew your membership with NYSCHP. Logon to [www.nyschp.org](http://www.nyschp.org) to renew, rejoin or to become a first time member! Log in the membership login section: FirstnameLastname, no space and 1st letter of first name in upper case and 1st letter of last name in upper case. Password: NYSCHP (case sensitive). Please review and update your information and change your password. Thank you for helping us to maintain the accuracy of our records.

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**Anticoagulation Program**

*3/12/10 - 3/13/10*

NYSCHP 2010 Anticoagulation Program Will be held at St. John Fisher College in Rochester, New York on March 12th - 13th, 2010. Register for the CE program at:  
<http://m360.nyschp.org/event.aspx?eventID=12957> Our goal is to bring the Anticoagulation Program downstate in the summer/fall of 2010, this depends on how well the Rochester program does.

[web link](#)

**NYSCHP 2010 Annual Assembly**

*5/07/10 - 5/09/10*

NYSCHP 2010 Annual Assembly Will be held at the Saratoga Hilton in Saratoga Springs, New York on May 7th - 9th, 2010. Register for the CE program at <http://guest.cvent.com/i.aspx?5S%2cM3%2cac95f219-7cad-4e73-8cd3-52d619dcad14>

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**ASHP Summer Meeting and House of Delegates [ASHP]**

*6/06/10 - 6/09/10*

Tampa, FL

Annual Assembly Timeline May 7-9, 2010

January 28, 2010 Submission of Names for Nominations  
 January 28, 2010 RPh of the Year/ RPh Achievement Deadline  
 January 28, 2010 REF Awards Deadline Submission  
 January 28, 2010 Poster submission

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**ASHP Midyear Clinical Meeting [ASHP]**  
 12/05/10 - 12/09/10  
 Anaheim, CA

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[web link](#) | [return to headlines](#)

### ***ACCP Volunteer Recognition***

John Noviasky and Kim Zammit have made significant contributions to ACCP during the last 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their significant contributions to the organization. February 2010

New York State Chapter

The New York State Chapter recognizes John Noviasky, PharmD; and Kim Zammit, PharmD, BCPS, FASHP.

This group of individuals were instrumental in making the Annual Fall Clinical Meeting a success. Drs. Phillips, Avery, Ahmed and John Noviasky were on the planning committee and created an agenda with excellent speakers. Drs. Avery, Ahmed, Phillips, John Noviasky, Rudd, Kim Zammitt and Nelsen all gave excellent presentations at the Meeting and volunteered their time to do so. With their help and expertise, the meeting had higher attendance than in past years.

John Noviasky, BS Pharm, PharmD, BCPS is the Associate Director of Pharmacy Clinical Services at Upstate Medical University in Syracuse, NY. Kimberly Zammit, PharmD, BCPS, FASHP is a Clinical Coordinator at Kaleida Health – Buffalo General Hospital in Buffalo, NY. She is also a Clinical Assistant Professor at the University at Buffalo School of Pharmacy.

[web link](#) | [return to headlines](#)

### ***Networking***

Networking is a focused way of developing and building a group of professional contacts who can serve as resources and as friends throughout your career.

There are several benefits to networking that are not always obvious.

Networking can include advice, recommendations, or being hired for a new job. Each person you have contact with may actually bring you one step closer to achieving your career goal or dream job.

Pharmacy, in particular, is a small world and networking is especially important for pharmacists. Interestingly, most pharmacy positions are filled by word of mouth, not by job postings. Networking is one of the best avenues for exploring this 'hidden' job market. Even for those who are not looking for a new job, the contacts you make can help you develop and grow professionally. Regardless of what our circumstances are, we all need to network. Networking brings us together as healthcare professionals to support each other with information, resources, and services. Strong networks give you what you need when you need it and will often save you precious time. Strong networks also give you the opportunity to pass on to others what they need. Networks provide you with an abundance of resources, information and people.

The New York State Council of Health System Pharmacists appreciates the value of networking and offers several opportunities throughout the year for pharmacists to meet face to face and strengthen their existing networking circles, while also creating new ones.

[web link](#) | [return to headlines](#)

***NYS Board of Pharmacy Implements, Part III Waiver for NYS Practice***

## **Residencies**

Several years ago key NYSCHP members began discussions with the NYS Board of Pharmacy on the difficulties associated with out of state residents obtaining licensure in NYS in time for their residency in NYS. NYSCHP asked the NYS Board of Pharmacy if they would consider a waiver of Part III of the pharmacy boards for those residents who are in an aggressive practice residency. The NYS Board of Pharmacy passed the waiver and this was subsequently approved by the NYS Board of Regents in August 2009.

Application for waiver of the Part III is now available at <http://www.op.nysed.gov/pharmforms.htm>.

Just another example of what your organization, New York State Council of Health-system Pharmacists is doing for you and the pharmacy profession.

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[web link](#) | [return to headlines](#)

## **ASHP News**

### ***Tell Congress to Keep Pharmacy Provisions in Health Care Reform Legislation***

House and Senate leaders are working to merge the two health care reform bills into a final proposal that will be approved by Congress later this month.

ASHP members are urged to contact their congressional representatives to ask them to retain provisions that would allow pharmacists a greater role in improving medication use. Sample versions of e-mails to legislators in the House and the Senate are available at the [ASHP Grassroots Advocacy Center](#).

### ***Get Connected!***

[ASHP Connect](#) is the Society's new online community where members connect with each other and share ideas through our discussion board, blogs, social networking tools, RSS feeds, and more. Get started now and [get connected!](#)

## **Pharmacy News**

### **Web-Based Technology Is Tidal Wave, Carrying Hospital Pharmacy's Future**

*Drug Formulary Review (01/10)*

Hospital pharmacies are increasingly looking toward information technology capabilities and Web-based functions to communicate with other pharmacists and better educate patients. For example, John Poikonen, PharmD and clinical informatics director of the UMass Memorial Medical Center in Worcester, Mass., points out a recent study that indicates 60 percent of hospitals with 100 or more beds now employ a pharmacy informatics specialist. According to Poikonen, many hospitals are looking for the correct model to best utilize the capabilities these specialists offer. At UMass, Poikonen reports that they have developed a model that involves using Web-based technology to connect with patients, as well as to expedite the time it takes to schedule an appointment with a pharmacist and to answer patient questions about their medications. Another emerging model uses social networking sites to enhance professional and education development, and to improve pharmacy research. There are a number of social networking Web sites and functions that can help achieve this

goal including Twitter, Facebook, teleconferencing, podcasting, and blogging. Jerry Fahrni, PharmD and IT pharmacist at Kaweah Delta health care system in Visalia, Calif., describes a recent case where he was able to use teleconferencing to conduct an online consult with a pharmacist from the United Kingdom and a physician from Australia. Over the course of their conversation, Fahrni and his colleagues discussed open source systems in regard to allergies, which he says resulted in unique ideas for the Kaweah Delta system. "The boundaries for communication are gone because of the Web," Fahrni comments. "It has provided us with unprecedented access."

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[return to headlines](#)

### **Pharmacy Program Will Train More Pharmacists in Kansas**

*US Fed News (12/28/09)*

Rep. Jerry Moran (R-Kan.) recently reported that Salina Regional Health Center (SRHC) in Kansas plans to implement a post-graduate pharmacy residency program, with the hope that pharmacists who participate in the residency will continue to practice in the state. The one-year residency will be open to graduates of an accredited pharmacy program. All residents must also be certified by the Pharmacy Technician Certification Board. Participants in the residency will receive the same extensive training offered to all SRHC pharmacists in order to improve patient safety throughout the hospital.

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[return to headlines](#)

### **Aggressive Infection Control Protects Cancer Patients From H1N1 Influenza**

*Infection Control Today (12/16/09)*

Although H1N1 influenza cases increased by 100-fold in the Seattle area during spring 2009, aggressive infection control can protect immunocompromised cancer patients. In a paper published in the journal *Blood*, researchers at Fred Hutchinson Cancer Research Center and the Seattle Cancer Care Alliance (SCCA) describe how patients with blood cancers are screened, diagnosed, and treated for H1N1. The paper also described how the SCCA's infection control program successfully suppressed a potentially serious pandemic at the clinic by following recommendations established by the Centers for Disease Control and Prevention. The program runs from October to April of each year, and primarily involves identifying individuals with potential influenza. Each person entering an SCCA outpatient clinic comes into contact with hand-hygiene stations and information about respiratory infections and respiratory etiquette. Everyone who enters a clinical area receives an 11-point symptom survey from licensed practical nurses or volunteers, and they must complete the survey before admission to a clinical area. Staff members who have any symptoms of respiratory infection are furloughed until free of the symptoms, with respiratory virus testing offered to staff with minimal residual symptoms but who feel well enough to work. Staff members are also required to receive a seasonal flu vaccine each year.

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[return to headlines](#)

### **New Strain of Drug-Resistant Bacteria Emerging in US Hospitals**

*Medical News Today (12/24/09) Paddock, Catharine*

New research shows a spike in drug-resistant strains of a deadly type of bacteria in U.S. health centers. *Acinetobacter* attacks patients in Intensive Care Units (ICUs) and others and frequently causes severe pneumonias or infections of the bloodstream, a number of which now no longer respond to imipenem, an antibiotic that is reserved as a last line of defense. The study, led by Dr. Ramanan Laxminarayan of the Washington, D.C.-based think tank Resources for the Future and a team of researchers at the Extending the Cure project, appears in the Dec. 23 edition of the *Infection Control and Hospital*

Epidemiology journal. In addition to ICU patients, Acinetobacter infections are on the rise among soldiers returning from the field in Iraq.

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[return to headlines](#)

### **Pharmacists Can Improve Diabetes Care**

*United Press International (12/30/09)*

U.S. researchers say that treatment of diabetes could be improved through collaborative physician-pharmacist relationships that augment access to care. University of Buffalo professor Erin Slazak notes that a study of 50 type 2 diabetes patients indicated that clinical pharmacists collaborating with primary care providers achieved a substantial reduction in patients' blood glucose levels in just six months. Pharmacists held an initial 60-minute session with each patient, producing detailed health records that included dietary data and all medications and disease conditions. Following that, patients could call or set up appointments with pharmacists when they wanted to. "We did extensive education with patients about how to manage their conditions," says Slazak. "We were instrumental in getting some to start insulin." The researchers concluded that the clinical enhancements led to a roughly \$212 decline in monthly costs per patient, even while minimal boosts in the cost of medications prescribed were recorded.

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[return to headlines](#)

### **Prestigious Beal Award Honors Dr. Thomas Foster for Dedication to Public Health**

*USP (12/15/2009)*

The U.S. Pharmacopeial Convention (USP) has selected University of Kentucky Colleges of Pharmacy, Medicine, and Public Health Prof. Thomas S. Foster, Pharm.D. to receive the 2010 Beal Award for Distinguished Volunteer Service. The award will be presented to Dr. Foster at the USP Convention Membership Meeting in April 2010. This award is given once every five years to honor a person who has made outstanding contributions while serving as a USP volunteer. Dr. Foster's involvement with USP includes numerous contributions over nearly 20 years. He has been an integral part of the development and revision of many USP General Chapters on topics including bioequivalence, dissolution, and drug dosage forms. He has also supported the science and public standards-setting processes related to in-vitro and in-vivo drug performance, and was instrumental in developing a compendial taxonomy for pharmaceutical dosage forms.

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[return to headlines](#)

### **The Patient Protection and Affordable Care Act**

*U.S. Senate (12/30/09)*

The U.S. Senate has officially passed the Patient Protection and Affordable Care Act in an effort to reform healthcare in the United States. The 2,000-plus page bill has two major areas of interest that, if included in the final legislation, would impact drug and patient safety. The first is Section 3507, "Presentation of Prescription Drug Benefit and Risk Information." This part of the bill grants the FDA Commissioner the power to determine whether standardized summaries of the risks and benefits of prescription drugs should be added to the promotional labeling and print advertising for these products. In order to make this decision, the bill mandates that the FDA will review all available clinical data on healthcare decision-making and will consult with pharmaceutical manufacturers, clinicians, patients, and other stakeholders. The FDA is then required to submit a report on their findings no later than one year after the final passage of the healthcare reform bill. If the FDA determines that the addition of quantitative summaries would indeed be beneficial, the agency will be required to propose regulations designed to implement such summaries

no more than three years after the submission of the report. The second section of interest in the bill is Section 3508, "Demonstration Program to Integrate Quality Improvement and Patient Safety Training Into Clinical Education of Health Professionals." This section allows the Department of Health and Human Services (HHS) to award grants designed to develop academic curricula that integrate quality improvement and patient safety into the education of healthcare professionals. No later than two years after this section of the bill is enacted, HHS will be required to begin submission of annual reports to Congress that describe the specific projects supported under the section and contain recommendations for Congress based on evaluations conducted as part of the grants.

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[return to headlines](#)

### **Spoon Size Leads to Medicine Dosage Errors**

*WebMD (01/04/10) Warner, Jennifer*

A recent study published in the *Annals of Internal Medicine* found that using standard kitchen spoons to dispense liquid medications can make it difficult to measure the accurate dose. According to study author Dr. Brian Wansink of Cornell University, "Participants underdosed by 8.4 percent when using medium-sized spoons and overdosed by 11.6 percent when using larger spoons." The study also found that "participants had above-average confidence that the doses they poured into both spoons would be equally effective." Although the FDA already recommends against the use of kitchen utensils to dose medications, Wansink and colleagues found that this practice is still common. Based on these findings, the researchers advise that pharmacists and other healthcare professionals encourage patients to use measuring caps, dosing spoons, medicine droppers, or dosing syringes to dispense liquid medications.

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[return to headlines](#)

### **Holding Doctors Accountable for Medical Errors**

*New York Times (12/17/09) Chen, Pauline W.*

Dr. Robert M. Wachter of the University of California, San Francisco, recently published two critiques of the national patient safety movement, one in *Health Affairs* and the other in the *New England Journal of Medicine*. Wachter and colleagues concluded that physicians and other healthcare professionals must start considering patient safety as their individual responsibility. In a recent interview with *The New York Times*, Wachter acknowledged that the patient safety movement has come a long way in the past decade; however, in order to continue safety improvement, we can no longer view medical errors, infection control, and other adverse event-prevention measures as a "systems problem." Wachter also noted that while the patient safety movement may have eroded the trust between patients and healthcare professionals, the transparency and individual accountability that has come with the movement remains necessary. "Patient safety can't happen if physicians aren't smack in the middle of it," Wachter said. He added, "[Physicians] have a huge role in creating the kind of environment where people will feel comfortable questioning anything that seems strange or out-of-place and where doctors are open to different opinions."

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[return to headlines](#)

### **Prescription Test Project Targets State Employees**

*Chicago Tribune (12/09/09)*

Medco Health Solutions is beginning a new pilot project to provide medication help to Illinois state employees with diabetes, heart disease, lung problems, or nerve disorders. The study will monitor prescriptions to make sure the patients follow their doctors' orders, noting when recommended drugs have not been

prescribed and sending an electronic alert to pharmacists. Research shows that more than 25,000 state employees and relatives may not be taking needed medications or following doctors' orders. The goal of this new, 26-week study is to deliver better care at a lower cost.

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[return to headlines](#)



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