

Newsbriefs

New York State Council of Health-system Pharmacists



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June 2009



New York State Council of Health-system Pharmacists
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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

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NYSCHP News

NYSCHP: An innovative rotation for St. John's University Students

enhancing patient safety.

American Society of Health-System Pharmacists

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NYSCHP Calendar of Events

Membership Reminder

5/20/09 - 8/20/09

It is that time again to RENEW YOUR MEMBERSHIP IF YOUR MEMBERSHIP EXPIRES JUNE 30! Don't forget to renew your membership with NYSCHP. Logon to 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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NYSCHP Midyear Clinicals

9/25/09 - 10/20/09

Critical Care Pharmacotherapy: 9/25/09 (LaGuardia Crowne Plaza, East Elmhurst, NY) and 10/20/09 (Turning Stone, Verona, NY)

2009 Annual Leaders

Conference [ASHP]

10/19/09 - 10/20/09

The Westin O'Hare
Chicago, IL

NYSCHP offers Advanced Pharmacy Practice Experiential Rotations throughout the course of the year. The executive director, Debra Feinberg welcomes students from various institutions, including St. John's University. June 2009 was the first month that NYSCHP had representatives from St. John's University sign up for this rotation. For Nadia Mozawalla (Long Island, NY) and Mona Ng (Brooklyn, NY), it is quite a travel up to Albany, NY. However, the students claim the rotation has been a very rewarding and informative experience and it's been worth the journey. This elective, titled "Association Management" has allowed the students to practice pharmacy beyond the normal realms of typical ambulatory and institutional settings. The 6th year pharmacy students have learned leadership skills and been involved in networking, marketing, statistical analysis and ensuring that the organization is compliant with legislation. In addition, the girls have brought a fresh perspective and youthful enthusiasm into our organization.

Medication Error Credits

Register by June 30th to get the Early Bird Special for your med error reduction CE! The ½ day program will help you meet your NYS licensure requirement! NYSCHP Summer Technology Program will be held on July 14th at the Great Escape Lodge and Indoor Water park in Queensbury, NY. The program will focus on the ever changing role of technology in the pharmacy profession. Utilizing Technology to Mitigate Medication Error Risk; John Manzo PharmD, FASHP CPOE; Jon Nolin, BS Bar Code Technology; Joseph Pinto MS, RPh, Technology in a Hospital Setting; Jennifer Symon BS, MBA, RPh. Please check www.nyschp.org for more information and to register.

NYSCHP 2009 Midyear Clinical Meeting

The 2009 Midyear Clinical Meeting will be held Downstate at LaGuardia Crowne Plaza Hotel (East Elmhurst) on September 25th, 2009 and Upstate at Turning Stone Casino Hotel (Verona) on October 20th, 2009. The topics will focus on Critical Care Pharmacotherapy. Speakers include Alla Kotylanskya PharmD, Bishoy Luka PharmD, Henry Cohen PharmD, Greg Kerr MD, Amy Dzierba PharmD, Phil Barie, MD (Upstate only) and William Darko (Upstate only). Topics to be announced. Attention Students: There will be a leadership forum at both locations! Please check www.nyschp.org for more information and to register.

Pharmacy-Based Immunization Programs

NYSCHP is offering several Pharmacy-Based Immunization Delivery Programs in conjunction with St. John's University in 2009. June 20 in Oakdale, Long Island; July 14/Aug 31/Sep 12 at St. Johns University, Queens Campus; August 8 at St. Johns University, Manhattan Campus. Applications are available on www.nyschp.org.

2010 Official NYSCHP Ballot

Be sure to participate in the 2010 NYSCHP Elections! Members will receive an email instructing them on how to log-in through www.nyschp.org to access the e-ballot. Only active members who are

ASHP Midyear Clinical Meeting [ASHP]

12/06/09 - 12/10/09

The 44th ASHP Midyear Clinical Meeting & Exhibition will be held in the sumptuous Venetian Resort and Sands Expo Center in exciting Las Vegas.

ASHP's Midyear Clinical Meeting is the largest gathering of pharmacists in the world. With its focus on improving patient care, the meeting is attended by more than 20,000 pharmacy professionals from 86 countries. For decades, the ASHP Midyear Clinical Meeting has provided health-system pharmacy practitioners with a venue for updating their knowledge, networking with colleagues, enhancing their skills, and learning about the latest products and technologies.

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pharmacists are allowed to vote. Voting ends on Friday, July 3rd, 2009 and each member can only vote once. The four open positions and candidates are:

President Elect: Henry Cohen; Education and Workforce Development: Pamela Weislo; Industry Affairs: Joseph Mislowack; Pharmacy Practice: Nicole Lodise

ASHP News

Obama Lauds Pharmacists' Place on Patient Care Teams

During a speech to the American Medical Association's (AMA) House of Delegates in Chicago today, President Barack Obama pointed to pharmacists' participation on "multidisciplinary rounds" as an "island of excellence" that should become the "standard of care in our health care system." ASHP has worked to educate the Obama administration on the important role that pharmacists play in medication-related patient care services. The Society continues to reach out to lawmakers as they develop health care reform proposals.

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Society Speaks Out on Strategies to Prevent Opioid Abuse

ASHP called on the Food and Drug Administration (FDA) to exempt hospitals from a proposed risk evaluation and mitigation requirement for opioid drugs during testimony last week at a public meeting of an agency advisory group.

Nathan Thompson, R.Ph., MBA, director, outpatient pharmacy, Johns Hopkins Home Care Group, who spoke on behalf of the Society, noted that hospitals have built-in checks to mitigate the risks associated with the use of these medications.

Thompson also urged FDA to clarify whether its intent in applying risk evaluation and mitigation strategies to these medications is to prevent abuse or address the risks associated with legitimate medical prescribing and use of opioids.

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ASHP Urges FDA to Ensure Compliance with Consumer Drug Info Guidelines

The Food and Drug Administration (FDA) should involve private-sector publishers of consumer medication information to develop style and content guidelines to make sure that the information patients receive is easy to understand and to guard against the use of unapproved content and formats, ASHP recently told an agency advisory group.

The Society also recommended that FDA work with the National

information provided at retail pharmacies complies with agency guidelines.

The Society offered the recommendations in a critique of an FDA report on evaluations of consumer medication information.

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ASHP Seeks Significant Changes to Draft NQF Med Management Standards

ASHP recommended that the National Quality Forum (NQF) make considerable revisions to the draft of its National Voluntary Consensus Standards for Medication Management to ensure that the proposed measures address critical functions performed by pharmacists.

The Society called on NQF to develop more robust and inclusive measures, especially those that measure outcomes, and to create a process to pursue an ongoing and broader request of candidate measures for medication management.

The standards contain recommendations to endorse 19 measures related to medication management. The measures will have a major impact on the way pharmacists are able to practice, how the hospitals in which they work are accredited, and how hospitals and pharmacists are reimbursed for patient care services.

ASHP past president Jannet M. Carmichael, Pharm.D., FCCP, BCPS, Pharmacy Executive at the Veterans Health Administration's Sierra Pacific Network, is a member of the project steering committee. ASHP nominated Dr. Carmichael to serve on the committee.

After revisions are made the document will be sent to NQF members for voting.

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Don't Miss Your Chance to Speak Up about Health Care Reform

Been waiting for an opportunity to get involved in ASHP's advocacy efforts on health care reform? Here's your chance!

Use the online Grassroots Advocacy Center to contact your congressional representatives and offer your thoughts on health care reform legislation that is being developed in Congress.

ASHP has been working diligently to influence the debate on health care reform and has met with White House staff, officials of the Department of Health and Human Services, and key congressional staff.

To contact your representative, log onto the Grassroots Advocacy Center using your member id number and password and follow the instructions on the page. You can adapt the sample letter provided to include examples from your practice.

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Pharmacy News

Pharmacy Schools: To Build or Not To Build?

Modern Medicine (06/01/09) Scott, Alaina

From 1975 to 2005 the number of pharmacy schools nationwide has increased steadily, with school growth accelerating at a particularly rapid pace since 2000. Current statistics indicate that by the fall of 2010 there will be 110 pharmacy schools scheduled to open across the United States, representing a gain of 18 new schools in five years. This rapid growth has led to some speculation as to whether so many new pharmacy schools are necessary. However, according to U.S. Department of Health and Human Services figures, the schools will be needed as the department's current statistics indicate that by 2030 there will be an estimated countrywide shortfall of 38,000 pharmacists. As Dr. Katherine Knapp, dean of the College of Pharmacy at Touro University points out, "Pharmacists have become more involved in clinical activities in hospitals ... where diabetes and asthma programs have become quite common. These trends require [the skills of] pharmacists and are important drivers of demand." However, the number of pharmacy schools is not the only factor needed to help supply the nation's increasing demand for well-qualified pharmacists. These pharmacy schools will need to be staffed by competent staff and instructors and will need to form partnerships with local hospitals and other facilities to ensure students are able to perform experiential learning rotations required by the Accreditation Council for Pharmacy Education (ACPE). Another prominent concern for new and existing pharmacy schools is maintaining a consistent level of program quality as the number of schools increases. One measure of quality is scores from the North American Pharmacists Licensure Examination (NAPLEX). Every state board of pharmacy lists each school's NAPLEX scores every year, but the scores for many of the newest schools are not yet available. The ACPE also provides a standardized alumni survey to be completed by students who graduate from approved programs to evaluate program quality. Thus far, the ACPE indicates it has not detected any significant difference between graduates of new and old schools.

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Acid-Suppressive Medication Use and the Risk for Hospital-Acquired Pneumonia

Journal of the American Medical Association (05/27/09) Vol. 301, No. 20, P. 2120; Herzig, Shoshana J.; Howell, Michael D.; Ngo, Long H.

The use of acid-suppressive medication such as proton-pump inhibitors

and histamine2-receptor antagonists is associated with a 30 percent increased risk of a patient contracting hospital-acquired pneumonia, researchers suggest. A team of researchers examined a final cohort of 63,878 admissions at a medical center in Boston, Mass., between January 2004 and December 2007. The researchers reported that 52 percent of admissions received acid-suppressive medication (the majority of which were ordered within 48 hours of hospital admission), and 2,219 admissions (3.5 percent) contracted hospital-acquired pneumonia. The association of hospital-acquired pneumonia with acid-suppressive medication was stronger for aspiration pneumonia than for nonaspiration pneumonia. A subset analysis showed that only proton-pump inhibitor use demonstrated a statistically significant risk of hospital-acquired pneumonia. The study, however, did not examine the potential benefits of acid-suppressive medication, and the study authors suggest that the benefits may outweigh the risks. It is thought that acid-suppressive medications may increase the risk of pneumonia by modifying upper gastrointestinal bacteria, and as result, bacteria in the respiratory tract.

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The National Association of Boards of Pharmacy (NABP) Moves to Next Phase of Technician Recognition and Regulation

Medical News Today (06/01/09)

The Pharmacy Technician Certification Board (PTCB) recently announced a new recommendation, issued by a National Association of Boards of Pharmacy (NABP) taskforce, that is designed to encourage state-level pharmacy boards to support PTCB certification. Specifically, the taskforce recommended that all boards of pharmacy require pharmacy technicians to be certified by 2015. According to the PTCB the task force's recommendation was based on an increasing demand for nationwide standards of technician competency. A 2007 survey, commissioned by the PTCB, found that 91 percent of respondents support strong regulations across the country that would require pharmacy technicians to be trained and certified.

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Next Generation of Health Care Workers Train Through Medical Simulation

MU News Bureau (05/19/09)

University of Missouri-Kansas City's (UMKC) pharmacy program, taking a cue from the military and flight training schools, has started employing simulators to train pharmacy students to work with nursing students and other medical students at UMKC and the University of Missouri (MU) to identify safety risks, share risks effectively, and work cohesively to ensure quality of care. Carla Dyer of the MU School of Medicine says students must receive solid training on medication and infection risks and other health safety issues before entering the work force. The assistant professor says UMKC pharmacy students work with MU's medical and nursing students, respiratory therapy students, health

management and IT students as part of interdisciplinary simulations that mirror an emergency room. In a typical scenario, students are asked to identify and alleviate a number of risks while dealing with crying babies and distressed patients. The simulation is structured to bolster such 2009 national patient safety goals as verifying patients' names and birth dates; improving staff communication through better reporting and documentation; and identifying at-risk patients who are more likely to fall.

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George MacKinnon III Appointed to Develop College of Pharmacy
Roosevelt University (06/01/2009)

Roosevelt University has announced that it will create a College of Pharmacy, based at its campus in Schaumburg, Illinois. According to University President Chuck Middleton, the college will have an initial class size of 65 when it enrolls its first students in fall 2011. That class size is then expected to increase to 195 within three years. The college, which will offer a Doctor of Pharmacy, will be headed by Dr. George E. MacKinnon III. MacKinnon was formerly an associate dean, founding chairman, and professor at the Department of Pharmacy Practice and Pharmacy Administration at Midwestern University as well as an assistant dean for Experiential and Post Graduate Education at the Chicago College of Pharmacy. Roosevelt officials say the creation of the new college comes at an important time because of Illinois rising demand for qualified pharmacists. A recent study by the Illinois Department of Employment Security found that the state will have more than 500 openings for pharmacists annually through 2014. On the National Level, the U.S. Department of Labor expects employment of pharmacists to increase 22 percent between 2006 and 2016. In order to meet this need, the Roosevelt program is designed to prepare pharmacists for work in a variety of organizations, including nursing homes, hospitals, mental health institutions, and neighborhood health clinics. The college's Doctorate of Pharmacy Degree will be designed to be earned in a three-year, year-round program. Additionally, college officials say they will make an attempt to recruit candidates from underrepresented populations. According to a 2007 survey of Illinois Hospital Pharmacist Workforce trends only 14 percent of hospital pharmacists belong to underrepresented groups such as minorities or individuals from rural populations.

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FDA Group Recommends Acetaminophen Liver Warnings
Associated Press (05/27/09)

The FDA released a report recommending stronger warnings and dose limits on any medications containing acetaminophen regarding an increased risk of liver injury associated with the drug. The recommendation covers both prescription doses and over-the-counter medications. According to the FDA working group that developed the report, "There is extensive evidence that hepatotoxicity caused by

acetaminophen may result from lack of consumer awareness that acetaminophen can cause severe liver injury." The working group is scheduled to meet in June to further discuss the report's findings. Recommendations included in the report limit the maximum adult daily dose of the drug to no more than 3,250 mg. The current recommendation limit for adults is 4,000 mg per day. Other recommendations include limiting tablet strength for immediate release formulations and limiting options in liquid formulations for children.

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St. Luke's Decentralizes Pharmacy Department

Woodlands Villager (TX) (06/11/09)

In order to improve communication and patient safety, St. Luke's hospital recently elected to rotate all positioned clinical pharmacists among its intensive care unit (ICU). According to hospital officials, this "decentralization" process has allowed pharmacists to work more closely with patients as well as attending physicians and nurses, making them "an integral part of the ICU." As Kay Rathmann, Pharmacy Manager for the hospital points out, "This has been rewarding to make a productive impact by serving in the ICU floor. The pharmacists are actually participating in emergency codes and responding to emergencies with the team. Here, we can immediately identify patient concerns regarding medication needs and answer questions that a physician or nurse may have. Our accessibility allows us to quickly resolve any issues, which in turn enhances our patient safety goals and also increases our response time to get medications to the patient."

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Consistent Team Approach Necessary to Reduce Hospital-Associated Pediatric Infections

Pediatric Supersite (05/04/2009) Blazek, Nicole

At the recent Pediatric Academic Societies Annual Meeting in Baltimore, Md., Billie Lou Short, MD, professor of pediatrics and chief of the neonatology division at Children's National Medical Center, said rates of catheter-related bloodstream infections can be lowered with multidisciplinary clinic bundles dependent upon reinforcement of evidence-based practices to boost care quality and patient outcomes. By teaming up with the infectious disease epidemiology branch, bedside nursing representatives, RNs, pharmacy, nurse practitioners, and others, the hospital lowered catheter-related bloodstream infections in the neonatal ICU by 57 percent, with only one case reported in 2008. The team decided to boost compliance with hand-hygiene standards, implement maximum barrier precautions, encourage the use of the subclavian vein for nontunneled catheters, inspect lines daily, and immediately remove those deemed unnecessary. "Many of these components have been around for a long time but combining them significantly changes outcomes by tying practical treatments together," says Short.

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Infection Reduction Protocols Decrease MRSA Rates

Nurse.com (05/18/09) Frellick, Marcia

Contrary to the perception that methicillin-resistant *Staphylococcus aureus* (MRSA) has been spreading out of control, a recent study by the Centers for Disease Control and Prevention (CDC) found that MRSA central line-associated bloodstream infections declined by 50 percent between 1997 and 2007. The study, reported in the *Journal of the American Medical Association*, involved more than 1,600 facilities that showed declines in all intensive care unit types except pediatric units, where the rates remained relatively stable. Study author Dr. Deron Burton said the researchers are not sure of the specific reason for the decline in MRSA rates, but it may be due to the improvement of central-line insertion and care practices as well as greater adherence to infection prevention guidelines. Specific protocols for the insertion, maintenance, and access of catheters can help prevent MRSA infections, as can prepackaged kits and the use of chlorhexidine antiseptic skin prep, as recommended by the CDC. Other methods of driving down hospital-acquired infections include the use of checklists, reporting infection rates, hand hygiene adherence, and "secret shoppers" who patrol for procedure violation.

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Association Between Tamsulosin and Serious Ophthalmic Adverse Events in Older Men Following Cataract Surgery

Journal of the American Medical Association (05/19/09) Vol. 301, No. 19, P. 1991; Bell, Chaim M.; Hatch, Wendy V.; Fischer, Hadas D.

Men who take tamsulosin HCl (Flomax) within 14 days of cataract surgery are at higher risk of serious eye complications that include a detached retina or lost lens, according to a research team led by Chaim M. Bell, MD, PhD, of St. Michael's Hospital in Toronto. The team examined medical records of 96,128 men, age 66 and older, who had cataract surgery between 2002 and 2007. They found that 284 men had a complication in the 14 days following cataract surgery, and that those who took tamsulosin two weeks before the procedure were 2.3 times more likely to have a serious complication. The researchers still do not know; however, if stopping tamsulosin before cataract surgery reduces this risk. Tamsulosin relieves the symptoms of benign prostatic hyperplasia by targeting receptors that relax smooth muscles along the urinary tract, but these receptors are also located in the smooth muscle of the iris.

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Ohio Bill Would Criminalize Non-Reporting of Serious Pharmacy Mistakes

MedCity News (06/03/2009) Seper, Chris

Ohio state senators recently proposed a bill that would require pharmacists, pharmacy interns, and pharmacy technicians to report

medication errors to the state Board of Pharmacy within two weeks. If passed, the law would make not reporting mistakes a fourth-degree misdemeanor. The bill, sponsored by State Sen. Tim Grendell, is currently being reviewed by the Senate's Health, Human Services and Aging Committee. Grendell says that he created the legislation in order to give the Ohio Board of Pharmacy better oversight of medication errors. Supporters of the bill are also hopeful that it would allow the board to become a central repository for the documentation of medication errors in the state. Critics of the bill say that pharmacists should not face criminal consequences for accidental errors. They maintain an alternative model, such as the one used by the Federal Aviation Administration, which offers immunity for mistakes, would be far more likely to improve error reporting. Grendell has responded that he will consider the immunity approach, saying, "I'm open to any proposal that will create an environment where the pharmacy board will have the information necessary."

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Few Pharmacies Can Translate Prescription Labels Into Spanish

EurekAlert (05/28/09) Paul, Marla

There are few U.S. pharmacies capable of translating prescription medication instructions into Spanish, says a new study from Northwestern University's Feinberg School of Medicine. "If you don't know how to take your medications correctly, it is going to be difficult for you to manage your medical condition," notes lead study author Stacy Cooper Bailey, director of the Feinberg School's Health Literacy and Learning Program. The study found that more than 50 percent of pharmacies could not translate any labels or could only perform a limited number of translations, and the states likely to have the highest demand and capability for translation are those with large existing Latino populations and rapidly growing Latino populations. Nearly 35 percent of pharmacies studied were unable to offer any translation services, almost 22 percent only provided limited translation services, and 43.3 percent offered translated instructions. The data also determined that 44 percent of pharmacies located in counties where more than 25 percent of the population is Latino could not provide comprehensive Spanish medication instructions. Bailey says that some pharmacists were afraid of using translations because they do not know the translations' meaning, and are concerned about their liability in case they provide an incorrect instruction. "We have to be able to provide medication instructions in multiple languages, even beyond Spanish," Bailey stresses. "We need to come up with innovative ways of helping pharmacies provide these services."

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