

# Newsbriefs

New York State Council of Health-system Pharmacists



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### NYSCHP News

#### **NYSCHP Summer CE Program Ended Successfully**

July 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 enhancing patient safety.

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

7272 Wisconsin Avenue  
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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

The NYSCHP summer CE program was held on July 14, 2009 at Great Escape Lodge in Queensbury, NY. The program started with registration and breakfast at 7am, and four contact hours of CE credits (0.4 CEU's) were given for the half-day program. The topic for the program was 'Medication Error Reduction Using Technology,' and the presentations were given by John Manzo PharmD, Jennifer Symon RPh MBA, Joe Pinto BS, and Jon Nolin PharmD. The speakers gave presentations about current technology implemented in the health care process from admission to discharge, and how it reduces medication errors in each step. Mr. Pinto gave a specific example of the current bar-coding system at New York Presbyterian hospital, and its implementation process and assessment. Mr. Nolin also spoke about detailed processes of CPOE system and its function in reducing medication errors. The program concluded with Mr. Nolin's saying that our best interest as pharmacists is patient safety, and we should care for them. Total of 47 pharmacists and pharmacy technicians registered for the program, and many questions were answered even after the program had ended. The program ended successfully with a number of positive evaluations from the participants.

#### **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 Kotlyanskaya PharmD, Bishoy Luka PharmD, Henry Cohen PharmD, Greg Kerr MD (Downstate only), Amy Dzierba PharmD, David Berlin MD (Downstate only), Michael Kraft PharmD (Downstate only), Phil Barie MD (Upstate only) and William Darko (Upstate only). Topics from each speaker are available at the NYSCHP website. Attention Students: There will be a leadership development program at both locations! Please check [www.nyschp.org](http://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](http://www.nyschp.org).

#### **2010 Elected NYSCHP Officers/Directors**

YOUR MEMBERSHIP EXPIRES JUNE 30! 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. Username: 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 your information and update your information and change your password if necessary. 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

#### **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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Congratulations to the 2010 elected NYSCHP officers and directors!

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

ASHP News

### **Survey Reveals Public's Concerns About Prescription Medication Overdose Risks Following Death of Michael Jackson**

Survey results released by The American Society of Health-System Pharmacists (ASHP) revealed the effects of publicity around Michael Jackson's alleged prescription drug misuse. More than 200 pharmacists who work in home, ambulatory, and chronic care practices responded to the survey conducted on July 1, 2009.

[Learn more including recommendations](#)

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### **ASHP Urges House to Include Pharmacist Workforce, MTM Provisions in Reform Bill**

ASHP recently called on members of the House of Representatives to include pharmacists in health care reform proposals. In a statement for a House Energy and Commerce committee hearing, ASHP called on representatives to:

- \* Include pharmacists' medication management services in public health programs, including Medicare,
- \* Restore Medicare Graduate Medical Education funding for postgraduate year-two pharmacy residency programs, and
- \* Make pharmacists eligible for loan forgiveness programs under the National Health Service Corps.

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### **ASHP Supports Legislation to Repay Pharmacy Grad Loans**

ASHP recently expressed its support for the Access to Frontline Health Care Act of 2009, a bill that would provide for loan repayment for pharmacy graduates' in exchange for a commitment to practice in underserved areas.

The legislation is an important first step forward in

noted in a letter to the bill's sponsor, Rep. Bruce Braley, (D-Iowa).

[Support Letter: Access to Frontline Health Care Act](#)

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### **ASHP Priorities Included in Reports on Comparative Effectiveness Research**

ASHP's push for priority funding for the dissemination and translation of the findings of comparative effectiveness research (CER) was embraced by the committee charged by the federal government with coordinating research efforts.

The report of the Federal Coordinating Council for Comparative Effectiveness included several of ASHP's [recommendations](#), including the use of information technology and other decision-support technologies to make CER findings available at the point of care. Evaluations of models of care, such as medication therapy management by pharmacists that have the potential to improve the quality and efficiency of patient care, were also recommended.

The Society's recommendations were also influential in CER recommendations issued this week by the Institute of Medicine (IOM). The IOM, which issued more than 100 priority areas for CER, recommended that the U.S. Department of Health and Human Services compare the effectiveness of dissemination and translation techniques to facilitate the use of CER by patients, clinicians, payers, and others. Nearly one half of the IOM's CER recommendations are concerned with drug therapy, which could positively impact pharmacists' ability to provide patient care.

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Pharmacy News

Where the Jobs Are: Pharmacist

*Forbes (06/25/09) Weiss, Tara*

The number of pharmacy jobs in the United States is expected to grow by 22 percent between 2006 and 2016, according to the Bureau of Labor Statistics (BLS). The mean pay for all pharmacists, according to the BLS is \$104,260. For hospital pharmacists it's \$103,480. These figures make pharmacy an attractive field for workers looking for better job security, particularly in the recession. Fortunately, there are now approximately 112 pharmacy degree programs throughout the United States ready to provide prospective pharmacists with the education they need. The estimated

average for pharmacy degree programs is between three and four years for students who have already taken necessary core classes in math and science. Those core classes can add an additional two years to any program. However, many degree programs are now offering accelerated courses of study, condensing a four year program into 36 months. Many schools are also offering flexible schedules and classes online to better accommodate students who already have jobs and families. For example Creighton University offers Internet-based courses that include video recorded lectures and coordinate exam times for both distance and local students. Distance students are then also allowed to travel to campus for several weeks each summer to complete lab work needed for their course load. Such flexible programs will be necessary in coming years as several factors continue to contribute to the rising demand for pharmacists. The most commonly-cited of these factors is the aging population that is expected to require more prescription drugs. However, experts predict President Obama's healthcare reform initiative will also expand the role of pharmacists. Under the administration's proposed reforms, healthcare will become more team-based in hospitals, long-term care facilities, and nursing homes. As part of that team, pharmacists may fulfill a number of roles, such as providing immunizations and performing blood monitoring for patients taking blood thinners.

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Panel Recommends Ban on Two Popular Painkillers

*New York Times (07/01/09) Harris, Gardiner*

An FDA advisory panel has voted to recommend that the agency ban acetaminophen/oxycodone (Percocet) and acetaminophen/hydrocodone (Vicodin) because of the risk of liver damage. The panel noted that many patients who take Percocet and Vicodin often develop tolerance after taking the drugs for an extended length of time, but the acetaminophen present in both drugs has been known to cause liver damage. To reduce accidents from overdosing on acetaminophen, the committee also voted to recommend that the FDA reduce the highest allowed dose of acetaminophen in over-the-counter (OTC) medications, to 325 mg from 500 mg. Additionally, the committee voted against limiting the number of pills allowed in each bottle, which panel members said could hurt rural and poorer patients. However, most panel members agreed that consumers needed to be better educated about the risks of popular medications.

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## The Global Pharmacy Workforce: A Systematic Review of the Literature

*7thSpace (06/19/09) Hawthorne, Nicole; Anderson, Claire*

A recent review of the expansion of the global pharmacy workforce, designed to aid the efforts of the International Pharmaceutical Federation working group, included an analysis of 48 peer and 21 non-peer reviewed articles published between January 1998 and February 2008. Following the review, researchers Nicola Hawthorne and Claire Anderson of the division of Social Research in Medicines and Health for the University of Nottingham School of Pharmacy found that the global pharmacy workforce was composed of increasing numbers of females working fewer hours. They also found that distribution of pharmacists tended to be uneven between urban and rural areas as well as in more-developed and less-developed countries and the private and public sectors. Pharmacy graduates demonstrated a preference for completing necessary training near where they studied as undergraduates, which researchers concluded may be an important factor in recruiting pharmacists to rural areas. International awareness and support for certification, registration, and regulation in the pharmacy sector has increased, as has support for the accreditation of training courses. The most common contributing factors for increased demand and awareness of pharmacy programs included increased feminization, clinical governance measures, complexity of medication therapy, and increased prescriptions. Despite these gains, the researchers found that continued increases in recruitment and retention remain necessary. They also cautioned; however, that these efforts must be undertaken in a coordinated way. Additionally, they concluded that further research is necessary to investigate such possible trends as decreasing demand for postgraduate training; job satisfaction; and the impact of pharmacy technicians.

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## Hospital Hopes

*Chemist and Druggist (06/13/2009) Smeaton, Zoe*

Experienced pharmacists or recently-graduated pharmacy students who are looking to become hospital pharmacists need to develop several key skill sets, says Prof. Ray Fitzpatrick, clinical director of Pharmacy at Wolverhampton Hospital. According to Fitzpatrick, hospital pharmacists are spending more and more time out of the dispensary, working as part of a clinical team. This change allows them to review

and check prescriptions clinically as well as providing important insight to a variety of patient care scenarios. For this reason, Fitzpatrick recommends hospital pharmacists actively pursue additional clinical training as they develop their careers. By doing so, hospital pharmacists gain invaluable knowledge in therapeutics and prescriptions. In fact, Fitzpatrick maintains, pharmacists often provide access to clinical information not available to many junior doctors, particularly those pharmacists who are able to specialize within their facility. In addition to developing clinical skills, hospital pharmacists must also be excellent communicators. It is this ability that will allow them to deal with patients who are extremely sick as well as working with a range of healthcare professionals effectively to improve patient care and reduce adverse events.

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#### Avoiding Errors With Lamictal Starter Kits

*FDA Patient Safety News (07/09)*

The FDA has received reports of adverse events associated with patients receiving the incorrect starter kits for lamotrigine (Lamictal) or with patients administering the product incorrectly. Reported adverse events included sensations of fuzziness and buzzing in the head and Stevens-Johnson Syndrome. In order to prevent adverse events associated with lamotrigine medication errors, the FDA has made several recommendations for pharmacists. First, pharmacists should ask patients which medications they are taking to ensure the correct lamotrigine starter kit is administered. Second, pharmacists who receive a prescription that only specifies a color for the lamotrigine kit should verify that the prescriber has selected the correct dosage. Third, pharmacists should ensure patients know how to take pills in their starter pack correctly. Patients should be advised specifically that their dosage will increase from week to week. Finally, patients should be warned that they should contact their prescriber immediately if a rash appears, because this could be a sign of a serious adverse reaction.

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#### Identifying Opportunities for Quality Improvement in Surgical Site Infection Prevention

*American Journal of Infection Control (06/01/2009) Vol. 37, No. 5, P. 398; Gagliardi, Anna R.; Eskicioglu, Cagla; McKenzie, Margaret*

Hospitals that want to reduce surgical site infections (SSIs) should consider a combination of education and performance data, along with accountability, to promote SSI prevention,

Canadian researchers say. Their analysis included interviews with seven surgical division heads and 11 quality improvement or infection prevention managers at seven hospitals. The professionals were asked about awareness and accountability of SSI prevention and recommendations to promote compliance with current strategies. Although most sites were aware of guidelines and had organized SSI-prevention measures, few had reviewed or implemented their own strategies. Some barriers to following SSI prevention recommendations included passive educational strategies, lack of clinician accountability, and a lack of performance data. Standard orders and organizational support of teamwork may help improve SSI infection control adherence, the researchers conclude.

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Accreditation Group Gives Union's Pharmacy School 'Candidate Status'

*Jackson Sun (TN) (07/01/09)*

The Accreditation Council of Pharmacy Education has awarded "candidate status" to Union University's School of Pharmacy. As such, all students graduating from the school, which is located in West Tennessee, will be afforded "the same rights and privileges as graduates of an accredited program," says founding dean Sheila Mitchell. The program is expected to become fully accredited when the first class graduates. Union's first class in the School of Pharmacy finished its first year of studies in May 2009 and a second class in the four-year program is scheduled to begin coursework in the fall.

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Effective Medication Administration

*Advance for Health Information Executives (06/09) Vol. 13, No. 6, P. 21; Ganguly, Indranil (Neal)*

The 2006 Institute of Medicine report that cited 1.5 million people are harmed annually by medication errors takes into account not only the incorrect administration of medication, but also the failure to prescribe or administer medication.

Technology can solve a majority of the problems linked to medication errors by reducing variation and ensuring compliance. Some of the main reasons errors occur include nurse and pharmacy staffing shortages, high patient acuity, illegible handwriting and medication distribution process problems. Barcodes and radio-frequency identification are the mainstays of medication administration improvements among hospitals, but these solutions are vulnerable to error as well, especially if wireless networks go down or laptop

batteries fail. To ensure problems are caught early, hospitals must examine room size and the weight of computer devices, ensure metrics are defined beforehand, staff is trained and continues to train throughout implementation, compliance is policed and medication administration begins at order entry and ends at the bedside.

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#### McKesson Unveils Anesthesia Cart

*Health Data Management (06/09) Goedert, Joseph*

A new anesthesia cart from San Francisco-based McKesson Corp. dispenses medications entirely via touch screen, enabling users to find drugs with only two touches and without having to search by drug names. Anesthesia-Rx also tracks patient charges and inventory, offers enough capacity so the average pharmacy only needs to restock once a day, and includes an optional syringe label printer. Clarion Hospital in Clarion, Pa., and Shore Memorial Hospital in Somers Point, N.J., underwent beta testing of Anesthesia-Rx.

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#### SSRI Link to Bleeding After Heart Surgery Analyzed

*Modern Medicine (06/15/09)*

Selective serotonin reuptake inhibitor (SSRI) antidepressants do not pose a greater risk of bleeding than non-SSRI antidepressants following coronary artery bypass graft (CABG) surgery, according to a recent study led by Beth Israel Deaconess Medical Center Dr. Dae Hyun Kim. The study, published in the American Journal of Cardiology, included 1,076 CABG patients who took an SSRI antidepressant and 304 who took a non-SSRI antidepressant. Of patients who took SSRI antidepressants, 6.4 percent experienced a bleeding event compared to 7.2 percent of those in the non-SSRI group. Researchers also observed similar levels of in-hospital mortality: 3.1 percent in the SSRI group and 2.3 percent in the non-SSRI group.

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