

Newsbriefs

New York State Council of Health-system Pharmacists



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American Society of
Health-System Pharmacists

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Announcements

In Loving Memory of Sid Schneps

In Loving Memory of Sid Schneps: NYSCHP is greatly saddened by the passing of Sid Schneps. Sid was very involved with NYSCHP. He served as both a representative of a number of different pharmaceutical companies, the last being Pfizer, and as a member of the NYSCHP REF. He received the NYSCHP Corporate Achievement Award at the 50th anniversary of the NYSCHP. Sid was a long time friend of pharmacy and NYSCHP. He will truly be missed. Donations in honor of Sid can be made to: The American Cancer Society or The American Heart Association Pfizer will be setting up a tribute in Sid Schneps memory though Memorial Sloane-Kettering Cancer Center. It is very important to write or mention that the gift is "In Memory of Sidney Schneps" because this is the only way that it is guaranteed the gift is placed into his tribute account. You, your friends and family can make donations in one of three ways: 1. Call Elise Cooke at (646) 227-2743 with credit card information 2. E-mail Elise Cooke at cookee@mskcc.org with credit card information 3. Mail a check & the completed matching gift form he Attention of: MSKCC, Attn: Elise Cooke 633 3rd Avenue, 28th Floor New York, NY 10017

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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

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NYSCHP Calendar of Events

Prescription Drug and Biological Products: Determining Established Pharmacologic Class

- Pharmacy Tech Program Now Taking Applications
- Hospira Brand Propofol and Liposyn Products May Contain Particulate Matter
- H1N1 Flu 'Pushing Hospitals to Their Limit'
- Relenza (Zanamivir) Inhalation Powder Must Not Be Reconstituted in Liquid Formulation or Used in Any Nebulizer or Mechanical Ventilator
- New Diabetes Research Reported From M.S. McFarland and Co-Authors
- More Than Half Million Kids Get Bad Drug Reactions

NYSCHP News

NYSCHP 2010 Winter Jan Keltz Memorial CE Program

The 2010 Winter Jan Keltz Memorial CE Program will be held at the High Peaks Resort in Lake Placid, New York on January 15th – 18th, 2010. Speakers and topics include: Debra B. Feinberg, RPh, JD, "Pharmacy Law Update 2010: Change & Challenges," Jeffrey Kennicutt, PharmD, "C. difficile Infectious Colitis Treatment," Liz Shlom, PharmD, "New Drugs Update 2010," Danielle Longo, PhD., "The Health Care Practitioner's Guide to Herbal Preparations and Dietary Supplements," Leah Crow, PharmD(PGY-2), and Karina Muzykovsky, PharmD(PGY-2), "Pharmacotherapy for Stress Ulcer Prophylaxis and NSAID-Induced Gastropathy Prevention." Please check www.nyschp.org for more information and to register.

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National Health Care Reform

How will your institution or health system keep up with changes brought about by National Health Care Reform? When high quality, effective care is the driver of payment, Pharmacists will again find themselves playing a key role in the multi-disciplinary team. Optimizing medication safety, reducing "never" events and improving coordination of patient care will continue to be focus points for our profession. The New York State Council of Health-system Pharmacists is committed to keeping its members up to date with innovative continuing education opportunities. Our programs that highlight best practices and review the latest in technological advances will place you at the leading edge of the changing health care landscape. In addition, our organization's dedication to leadership development at the local and state level will assist you in achieving the professional advancement you yearn for. As health care challenges continue to present themselves, the New York State Council of Health-system Pharmacists will be right by your side.

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NYS Board of Pharmacy Implements, Part III Waiver for NYS PracticeResidencies

NYS Board of Pharmacy Implements Part III Waiver for NYS PracticeResidencies

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

Membership Reminder

11/01/09 - 12/31/09

It is that time again to RENEW YOUR MEMBERSHIP IF YOUR MEMBERSHIP EXPIRES December 31! 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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ASHP Midyear Clinical Meeting [ASHP]

12/06/09 - 12/10/09

Venetian Resort and Sands Expo Center
Las Vegas, Nevada

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NYSCHP 2010 Winter Jan Keltz Memorial CE Program

1/15/10 - 1/18/10

NYSCHP 2010 Winter Jan Keltz Memorial CE Program Will be held at the High Peaks Resort in Lake Placid, New York on January 15th – 18th, 2010. 6 Hours of Live CE. Register for the CE program at www.nyschp.org.

[web link](#)

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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Oath of a Pharmacist

As pharmacy budgets tighten and staff members are expected to do more with less during these trying times, we must not neglect our professional responsibility to train the next generation of pharmacists. All of us can recall at some point receiving guidance and training from someone who went above and beyond to teach us. Providing that spark to our profession's youth is essential to our future success. Each pharmacist is able to share their own methods, pearls, and unique insight that can contribute to this effort. In 2007, a conglomerate of pharmacy organizations joined forces and revised the Oath of a Pharmacist to highlight this endeavor. The following statement was added, "I will utilize my knowledge, skills, experiences and values to fulfill my obligation to educate and train the next generation of pharmacists." The Accreditation Council for Pharmacy Education has revised its standards for PharmD student experiences. These new standards expose students to the workplace sooner and more often. Schools of Pharmacy have many new opportunities available for potential preceptors. Perhaps it is time to consider renewing your commitment to the training of our future colleagues.

OATH OF A PHARMACIST revised in 2007

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow: • I will consider the welfare of humanity and relief of suffering my primary concerns. • I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients. • I will respect and protect all personal and health information entrusted to me. • I accept the lifelong obligation to improve my professional knowledge and competence. • I will hold myself and my colleagues to the highest principles of moral, ethical and legal conduct. • I will embrace and advocate changes that improve patient care. • I will utilize my knowledge, skills, experiences, and values to fulfill my obligation to educate and train the next generation of pharmacists. I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

A new study conducted by IPRO, "The Safety and Quality of Prescribing"

A new study entitled The Safety and Quality of Prescribing by Medical Residents conducted by IPRO is investigating the most common prescription-related problems encountered in retail pharmacies throughout New York State. IPRO members are visiting independent pharmacies and district managers of chain pharmacies that are near the 6 largest teaching hospitals, with the hopes of getting two or three pharmacies per area involved. Data collectors come to the pharmacy for a few business days, reviewing prescriptions that require further assistance from a physician or the office, before being dispensed. A goal of this study is to determine if electronic prescribing is at all useful in preventing these "problems". A panel of physicians, medical residents, pharmacy association representatives, e-prescribing system specialists and others rank the data based on the following: occurrence, clinical relevance, and the likelihood of e-prescribing correcting the issue. This research project is part

of a state-wide Pharmacy Safety Systems Initiative which was initiated in May 2009 and will continue through July 2010. Grants for this study were given by Health Research, Inc and is funded through New York State Attorney General's Office and Cardinal Health, Inc. For more information on participation, visit www.jeny.ipro.org.

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ASHP News

Pharmacist-Friendly MTM, Workforce Provisions Included in House Reform Bill

Health care reform legislation passed by the House of Representatives this month includes several measures championed by ASHP.

The Affordable Health Care for America Act (H.R. 3962) creates a medication therapy management (MTM) grant program managed by the Agency for Healthcare Research and Quality that would enable pharmacists to provide MTM services to chronically ill patients, as part of a coordinated care plan among the patient's caregivers. The bill also expands eligibility for loan forgiveness to pharmacy graduates who make a commitment to practice in underserved areas.

ASHP actively lobbied for the inclusion of the provisions and educated House members and staffers on the important contributions that pharmacists provide as part of the health care team. ASHP also took a lead role in the work of the coalition, Leadership for Medication Management, which lobbied lawmakers to include the medication therapy management grant provision in the bill.

Promoting Influenza Prevention: Pharmacists As Immunization Advocates

The ASHP Foundation is offering support for demonstration projects that focus on the pharmacist's role in promoting vaccination against seasonal influenza. These demonstration projects should address implementation of programs that advance seasonal influenza immunization in healthcare workers during the 2010/2011 influenza season and should incorporate resources from ASHP's [Stop the Flu – It Starts with You](#) resource center.

[Read more](#)

Joint Commission Updates National Patient Safety Goals for 2010

No new items have been added to the Joint Commission's list of National Patient Safety Goals (NPSGs) for 2010, but the list has been refined and shortened, and more changes are expected in the future.

Joint Commission Surveyor Darryl Rich said one of the most noticeable changes for 2010 is the absence of NPSG 8, which deals with medication reconciliation. In response to feedback from hospitals, NPSG 8 is not now being scored by surveyors and is on hold until 2011.

[Read more](#)

Pharmacy News

Health System Pharm Tech Roles Expand

Modern Medicine (10/08/09) Gebhart, Fred

Many hospitals and health systems are looking to expand the roles of pharmacy technicians. For many technicians these new duties may include nuclear pharmacy, medication reconciliation, inventory management, scheduling, investigational drug trials, refill triage, quality assurance, and pharmacy automation. In order to fulfill these new roles, many pharmacy technicians are now receiving expanded education and training. A growing number of health systems now require both certification and training in a program accredited by ASHP. As Janet Teeters, RPh, MS, ASHP director of accreditation services reports, "Hospitals in particular are becoming more demanding in terms of technician education, just as they took the lead in PharmD and residency programs. We expect the development of new practice models to ramp up our accreditation activities."

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FDA Unveils Safe Use Initiative That Targets Preventable Harm From Medication Use

FDA.gov (11/04/09)

The FDA has launched the Safe Use Initiative, a program designed to reduce the risk of preventable harm associated with medication use. FDA officials report that millions of individuals are harmed every year from inappropriate medication use due to incomplete access to information about a drug, a patient, or the patient's condition as well as unintentional misuse of medications, medication abuse, and attempts at self harm. To prevent these occurrences, the Safe Use Initiative will encourage collaboration between the FDA, healthcare professionals, and other stakeholders to identify drugs and drug classes that may be associated with an increased risk of preventable harm. A list of specific concerns, cross-sector interventions for reducing harm from these problems, and the metrics for success will also be developed. Several risk-reduction projects that may benefit from Safe Use collaborations have already been identified, including evaluating consumer medication information, communicating about the risk of inadvertent acetaminophen overdose, implementing safeguards against surgery fires associated with alcohol-based surgical preps, and avoiding contamination of multiple use medication vials.

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National Pharmacy Technician Day: Pharmacy Technician Certification Board (PTCB) Recognizes Pharmacy Technicians

Reuters (10/27/09)

National Pharmacy Technician Day was held on Oct. 27 to acknowledge the contributions of pharmacy technicians to the pharmacy team. Celebrations of the day were held in pharmacies across the country. In order to assist in the recognition of the nation's CPhTs, the Pharmacy Technician Certification Board (PTCB) launched an e-card that could be sent by anyone wanting to show their appreciation. When asked to comment on the day's celebrations, Melissa Murer Corrigan, RPh, Executive Director and CEO of PTCB said, "On National Pharmacy Technician Day, PTCB applauds CPhTs who have passed the rigorous Pharmacy Technician Certification Examination (PTCE) and maintained their certification. Thank you for the positive impact you make on the pharmacy team and the safety of patients."

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Guidance for Industry and Review Staff Labeling for Human Prescription Drug and Biological Products: Determining Established Pharmacologic Class

FDA.gov (10/17/09)

The FDA has issued guidance to provide applicants and FDA review staff with a definition of established pharmacologic class and to help identify the most appropriate term or phrase that describes the established pharmacologic class for a drug or biological product for inclusion in the Indications and Usage section of the product's approved Prescribing Information. The pharmacologic class of a product may also appear in other sections of its approved labeling; however, it is not required. Drugs that do not have an established pharmacologic class as determined through the structured product labeling (SPL) process, should omit the statement of the drug's class from the Indications and Usage section of its labeling. The FDA instituted the SPL process to make it easier for healthcare professionals to access and read drug information and to make prescribing decisions. Knowing the established pharmacologic class of a drug provides healthcare professionals with important information about what to expect from the product and how it relates to other therapeutic options. Such information also reduces the risk of duplicative therapy and drug interactions as well as providing important treatment information in cases of drug overdose.

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Pharmacy Tech Program Now Taking Applications

Daily Inter Lake (MT) (10/21/09)

Flathead Valley Community College is now accepting applications for the fall 2010 Pharmacy Technology Certificate program, which was launched in partnership with Kalispell Regional Medical Center in Montana to address the shortage of certified pharmacy technicians in the region. The program includes coursework taught by pharmacists at the hospital as well as approximately 12 weeks receiving 20 hours a week of on-the-job training while rotating through a variety of settings including long-term care facilities and hospital pharmacies. Upon successful completion of the 17-credit program, students qualify to take the Certified Pharmacy Technician Exam.

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Hospira Brand Propofol and Liposyn Products May Contain Particulate Matter

Medwatch (11/09/2009)

Hospira Inc. and the FDA have issued a notification of the recall of 85 lots of Liposyn II 10 percent, Liposyn II 20 percent, Liposyn III 10 percent, and Liposyn III 20 percent as well as 73 lots of Propofol Injectable Emulsion 1 percent because some containers of these products may contain particulate matter. The source of the matter has been identified as stainless steel equipment used in the manufacturing process. Affected lots of these products were distributed between July 2009 and October 2009. Since these particulate contaminants do not dissolve in the blood they have the potential to act as emboli and impede blood flow. Particulates may also cause mechanical damage to the body and may escalate damage through the Systemic Inflammatory Response Syndrome. Restriction in blood supply to tissues could also lead to stroke, respiratory failure, kidney failure, liver failure, heart attack, and/or death.

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H1N1 Flu 'Pushing Hospitals to Their Limit'

USA Today (10/26/09) Sternberg, Steve

Across the country, waves of flu patients have stressed hospital resources,

sometimes doubling emergency room volume and causing doctors to open annexes in other parts of the hospital. The Centers for Disease Control and Prevention reported on October 23 that the H1N1 swine flu virus has been responsible for more than 1,000 U.S. deaths and 20,000 hospitalizations. The most serious H1N1 cases and hospitalizations have developed in patients with previous conditions, such as asthma and cystic fibrosis. If the infection rate reaches 35 percent, many states may run out of hospital beds, according to the non-profit Trust for America's Health. Connie Price, chief of infectious diseases at Denver Health, says: "In a typical flu season, we may hospitalize 15 patients. With H1N1, we've hospitalized 10 times that many" already this year. Sara Cosgrove, a member of the infectious-disease team at Johns Hopkins, notes that doctors have stopped her in the hallways to ask for vaccines, even when they are not on the priority list. So far, Johns Hopkins has received only one-fifth of the vaccines it ordered, with the next shipment not due until November. As a result, one quarter of the shipment was given to high-risk patients, while the remainder was divided amongst front-line health personnel and three sister hospitals that had not yet received any vaccine.

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Relenza (Zanamivir) Inhalation Powder Must Not Be Reconstituted in Liquid Formulation or Used in Any Nebulizer or Mechanical Ventilator *FDA MedWatch (10/09/09)*

GlaxoSmithKline (GSK) and the FDA have reported the death of a patient with influenza who received zanamivir (Relenza) inhalation powder which was solubilized and administered by mechanical ventilation. Zanamivir inhalation powder is not meant to be reconstituted in any liquid formulation and is not recommended for use in any nebulizer or mechanical ventilator because GSK has been unable to determine the safety, efficacy, and stability of the drug when used for nebulization. For this reason, the FDA and GSK recommend that zanamivir inhalation powder be used only as directed and not be administered by nebulization at this time.

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New Diabetes Research Reported From M.S. McFarland and Co-Authors *Biotech Law Weekly (11/06/09)*

New research indicates that initial and maintenance sitagliptin dosing should be at 100 mg daily. For patients with moderate or severe renal insufficiency, researchers recommend downward dose adjustment. The authors conducted a retrospective cohort analysis, using information from an electronic medical record database of a private clinic that included a pharmacist-managed diabetes program. This study is published in the Journal of Managed Care Pharmacy.

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More Than Half Million Kids Get Bad Drug Reactions *Associated Press (09/27/09) Tanner, Lindsey*

A recent study published in the journal Pediatrics found that between 1995 and 2005, an average of 585,922 children were treated each year at emergency rooms and clinics for first-time adverse reactions to medications. Lead author of the study, Dr. Florence Bourgeois of the Children's Hospital in Boston, said that there were no deaths recorded in the data she studied, but 5 percent of the children required hospitalization. Of the children who visited clinics and emergency rooms due to reactions, 43 percent were under the age of five years, while 23 percent were between the ages of 15 and 18 years old. The most common medications associated with adverse reactions were penicillin and other prescription antibiotics. Common reactions that required medical treatment included rashes and gastrointestinal problems. Recent government

research shows similar findings. One study indicated that approximately 540,000 of hospitalized children experience adverse events due to medication reactions, errors, and accidental overdoses. Michael Cohen, president of the Institute for Safe Medication Practices, said that a common reason for adverse reactions in children is parental confusion about dosage levels in liquid medications. Such medications are prescribed in drops, teaspoons, or milliliters and parents may mistakenly believe these amounts are interchangeable. To avoid such errors, Cohen recommends that prescribers are clear about dosages with parents and that pharmacists ensure that parents know how to administer medications before they leave the pharmacy.

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