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South Dakota Pharmacist

In This Issue:

- Director's Comments
- 2014 Legislative Days
- USP's Role in Patient Safety

SOUTH DAKOTA
PHARMACIST

Volume 28 Number 1

South Dakota Pharmacists Association
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www.sdpha.org

"The mission of the South Dakota Pharmacists Association is to promote, serve and protect the pharmacy profession."

South Dakota Board of Pharmacy
4305 South Louise Avenue
Suite 104
Sioux Falls, SD 57106
(605)362-2737
www.pharmacy.sd.gov

SDPhA CALENDAR

Please note: If you are not on our mass e-mail system check our website periodically for district meetings and other upcoming events. They will always be posted at: *http://www.sdpha.org*.

JANUARY

1 New Year's Day
14 Legislative Session Begins
20 Martin Luther King, Jr. Day
28-29 **SDPhA Legislative Days, Pierre, SD**

FEBRUARY

17 Presidents' Day

MARCH

District Meetings
9 Daylight Savings Time Begins
28-31 American Pharmacists Association (APhA) Annual Meeting
Orlando, FL
31 Last Day of Legislative Session

APRIL

District Meetings
11-12 SD Society of Health-Systems Pharmacists (SDSHP)
Annual Conference, Sioux Falls, SD
20 Easter Sunday

Cover Photo by Sue Schaefer, Pierre, SD

SOUTH DAKOTA PHARMACIST
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FIRST QUARTER 2014
Volume 28
Number 1

CONTENTS

FEATURES

PHARMACY TOPICS

CONTINUING EDUCATION

ADVERTISERS

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DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director

2014 – Ready or not, here we come!

Our 2014 legislative session is shaping up to be a busy one. Although the South Dakota Pharmacists Association doesn't have plans to introduce legislation this year, we anticipate a fairly lively Session. It's too early to know exactly how many bills will be introduced that may impact pharmacy, but we'll do our best to keep you apprised via our weekly legislative update. We'll update you via email, and the update will also be available on our NEW AND IMPROVED website at www.sdpha.org.

Recently we attended the Governor's Budget address and were encouraged to hear of the proposed 3% increase to the base for pharmacy. This was promoted as "ongoing" and not "one time" monies, so we're very encouraged. Stay tuned and we'll bring you additional information as the Session unfolds.

Legislative Days is schedule for January 28th and 29th this year! An important change this year! We've moved our Tuesday evening legislative update to the ClubHouse Hotel & Suites/ RedRossa Restaurant in Pierre. We're really hoping to have a good number of pharmacists and technicians in attendance and hope we can count on you to attend this important event. Once again a "large and in charge" group of student pharmacists will again be joining us to learn about the Legislative process and provide a superior health screening for folks at the Capitol Building. It's critical that pharmacy maintains a strong presence at the Capitol. To register for Legislative Days, just send me an email at sue@sdpha.org or give us a call at 605-224-2338. We've also included a registration form located within the pages of this issue for your convenience. We hope to see you in Pierre as we work to share information on pharmacy! **We're also encouraging you to remember to support your Commercial & Legislative Branch (C&L) so Bob Riter and I can continue to keep you safe, protected and well-represented during Legislative Session.**

Work continues on provider status and MTM initiatives on the state/national levels. A recent "stand" was made by the states to have pharmacy included in amendments to the Sustainable Growth Rate (SGR) in the Senate Finance Committee. Unfortunately, there were over 140 amendments to be considered, so many of the amendments had to be withdrawn, or weren't introduced when the final vote was taken. HOWEVER, just the fact that pharmacists became a part of the amendment record may lead to future discussions with our congressional folks. SO, let's enter 2014 with a hope to position pharmacists in an even BETTER position to care of for their patients!

The Workgroup to review the Pharmacy Practice Act has been established. The following individuals have graciously accepted the challenge: Bill Ladwig, Michael Gulseth, Shannon Gutzmer, Linda Pierson, Dean Dennis Hedge, Cole Davidson, Dana Darger, Eric Grocott, Kelley Oehlke, Diane Dady and Dave Helgeland. Randy Jones and I will serve as consultant/resource folks. The first meeting will be held during Legislative Days on January 28th in Pierre.

AND, the agenda is currently being finalized by the Executive Board for our Annual Convention, September 19th and 20th at the Cedar Shore Resort in Chamberlain/Oacoma. After last fall's successful convention, we're again attempting to create a powerful, compact, and smart lineup for you and hope you ***plan now to attend***. Rooms have been secured at the Cedar Shore Resort at a discounted rate. More information will be forthcoming as we continue to plan our fall 2014 event in Chamberlain/Oacoma.

As always, our door is always open and we look forward to hearing from you.

Warm and Healthy Regards in the New Year,

Sue

PRESIDENT'S PERSPECTIVE

Shannon Gutzmer | SDPhA President

The beginning of a new year is a time to reflect on the past and plan for the future. There is just one problem with this. If you are reflecting on the past and planning for the future, are you enjoying the present?

I have tried to resist planning and be spontaneous, but out of necessity I have become one of those long-range planners. I have found it especially necessary this year as SDPhA president. I want to do everything, be involved, and not let anyone down. I have a busy year ahead of me. However, I am looking forward to many things.

Legislative Days will be January 28th and 29th in Pierre. The social gathering and legislative update will be Tuesday night. We have changed the location to the Clubhouse in Pierre. The students will do health screenings on Wednesday morning for the legislators. This is a great time to showcase what pharmacists have to offer to a group that can help us advance our profession.

In March, APhA will be having their annual meeting in Orlando. I have really enjoyed the national meetings I have been able to attend and know that APhA will have a great meeting. There is so much happening within the pharmacy profession and it is an exciting time to be involved!

Soon after the APhA meeting, it will be time for SDPhA spring district meetings, SDSHP's annual meeting, and the graduation of our newest pharmacists. Before we know it, fall will be here and we will all be meeting again in Chamberlain for the annual South Dakota Pharmacists Association meeting.

There are other pharmacy meetings between now and September including local meetings like the Board of Pharmacy and other national meetings. I encourage you to plan ahead and get involved. There are so many changes and challenges in our profession and your input is needed.

One reason to look back on the past is to review what worked and what did not. As I think about representing all the pharmacists of South Dakota and the current issues we are facing, I find myself thinking about winning. The challenges we face as pharmacists are fierce. I want to win because I know we have a good team and good people. Teamwork is how we will push the profession forward and lead our fellow healthcare colleagues. We are the thinkers, planners, and doers in the healthcare system. As pharmacists in South Dakota we must work together to improve healthcare in our state and respond to all the changes that are happening.

As pharmacists it is hard to keep up with all areas of pharmacy. Once we start working we specialize in our area and forget things we once knew. There are so many areas of pharmacy expertise, from infectious disease to pharmacists specializing in informatics. Everyone working in the pharmacy profession has his or her important place. Pharmacy worlds that were once far apart are now going to have to work together to help patients transition through their care. Maybe we did this before, but I think the extent of teamwork is going to be more than it has ever been. One pharmacist cannot know and do it all. We are going to have to work together as a team to help patients overcome life-threatening conditions and situations and get them back home on a regimen of medications that will keep them out of the hospital, decrease future events, and be manageable for them. What a task, but with teamwork I think we can do it.

This brings me to the present, trying to be more present in the present. I am trying to do a better job of appreciating the present including the people and opportunities I currently have in my life, because things change. As the New Year begins I challenge you to reflect on the past, plan for the future, and work on enjoying the present.

SOUTH DAKOTA BOARD OF PHARMACY

Randy Jones | Executive Director

NEW REGISTERED PHARMACISTS

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Evanne Adam; Kory Hunter; Kristen Tate; Rhonda Wine; Joel Engle; Guobin Jiange; Mary Judith Moore; Brittany Crawford; Wasihun Nicodimos; Amena Khan; Garret Poulos; Shannon Steele; Suzette Collison; Katie Smith; James Mennen; Sarah Knippling; John Lane; Nicole Schauer; Victoria Benjamin; Mark Flanary.

BOARD STAFF NEWS

Ronald D. Johnson, R.Ph. Inspector, and most recent employee to the board staff, passed away unexpectedly at his home on October 25th. Ron began his employment with the board staff on September 24th. Ron's primary responsibilities were to administer inspections that cover the Northeast part of the state. Ron came to the board with 30 years of pharmacy experience including both retail and hospital pharmacy. Prior to joining the board staff, Ron had retired as the Pharmacy Director of Queen of Peace Hospital and Campus Pharmacy located in Mitchell, SD. Ron's was an excellent addition to the Board and staff, and his presence will truly be missed.

TECHNICIAN REGISTRATION PROCEDURES

As a reminder, technician national certification will become mandatory on July 1, 2014, for any technician newly registered with the board after July 1, 2011, and has not achieved national certification. Technicians registered with the board prior to July 1, 2011, may continue to renew their registrations provided that pharmacy technician maintains technician registration or national certification on an uninterrupted basis. Any technician newly registered with the board after July 1, 2014, will be registered as a technician –in-training and will have a maximum of 2 years to achieve national certification.

National certification does not supplant the need for a licensed pharmacist to exercise control over the performance of a delegated function nor does national certification exempt the pharmacy technician from annual registration by the board.

HIPAA CHANGES

The Department of Health and Human Serves (HHS) has delivered changes to HIPAA requirements with effective dates of September 23, 2013. Some of the changes your pharmacies will need to comply with are:

- Customized Polices and Procedure update for the Omnibus Rules
- Updates Notice of Privacy Practice (NOPP)
- New Business Associate Agreements (BAA)
- Risk Analysis and Management
- Disaster Recovery Plan (in the case of the breach of PHI)
- Employee Training
- Notification of Breaches

HHS has completed pilot inspections and has begun hiring additional inspectors. Upon inspection, even minor violations can cost the pharmacies $100 per occurrence. More severe violations can reach 50K. For more information, visit the HHS website at www.hhs.gov

PHARMACY TRIVIA

Did you know there are:

- 289 pharmacies located in South Dakota?
  - o 241 full time, and
  - o 48 part time
- 543 Non-Resident pharmacies licensed in South Dakota?
- 1876 Pharmacists licensed in South Dakota?
  - o 1106 with SD addresses
    - Avg. age of SD Pharmacist = 44 y/o
  - o 770 with addresses other than SD
- 1533 pharmacy technicians currently registered in South Dakota?
- 1097 Wholesalers licensed in South Dakota?
  - o 49 located in SD
  - o 1048 located outside of SD
- Overall population of South Dakota is approximately 815,000. (non-pharmacy trivia)

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

The PDMP staff began sending out Education Letters (unsolicited reports) to practitioners and pharmacists in October and will be sending them quarterly in January, April, July and October in 2014. The SDPDMP Advisory Council set a threshold which necessitates the Letters be sent to all prescribers and pharmacies used when a patient sees 6 or more prescribers and uses 6 or more pharmacies in a 90 day period of time. We sent letters to 44 pharmacies and 111 prescribers. The responses to these letters have been positive for the most part. One of the items that became clear during the process is that pharmacies occasionally choose the incorrect physician when there are like

(continued on page 7)

ACADEMY OF STUDENT PHARMACISTS

Ashley Potter | APhA-ASP SDSU Chapter President

The APhA-ASP Region 5 Midyear Regional Meeting

In November, thirteen of our members took a road trip to Iowa City for the 2013 APhA-ASP Region 5 Midyear Regional Meeting (MRM) hosted by the University of Iowa. The meeting was filled with professional development activities, policy development, social events, and networking opportunities dedicated to student pharmacists. The highlight for us was walking away with the 2012-2013 Region 5 Operation Diabetes Award! We were recognized for our cultural diabetes presentation and interprofessional event involving nurses from the Winnebago Indian Reservation held last spring. Additionally, Brittany Williams (P2) and Colleen O'Connell (P3) were recognized with APhA-ASP MRM Student Recognition Certificates for their continuing dedication to APhA-ASP and our chapter here at SDSU.

We were also honored to have APhA staff invite Kirre Wold (P3) and Amanda Nelson (P2) to present about the APhA-ASP Health-Systems Mentor-Mentee Program which they lead at our chapter. This program was key for our Health-Systems Committee to gain recognition as a Student Society for Health-System Pharmacy (SSHP) through ASHP. Finally, Colleen O'Connell and I led a short informational presentation about the International Pharmaceutical Students' Federation (IPSF) as a part of our national standing committee positions.

Patient Care Efforts

During the fall semester, we continued to commit our efforts to patient care events through screenings and educational booths offered to the community and underserved populations. We have completed large screenings at the Banquet of Sioux Falls, the Brookings Wesleyan Church, The Gathering Meal service located at Madison's United Methodist Church, and at the Sanford Pentagon in Sioux Falls. We have had smaller scale screenings and booths at locations including Hy-Vee, Lewis Drug, and the SDSU Campus. Our screenings and education materials cover hypertension, diabetes mellitus, dyslipidemia, immunizations, tobacco cessation, and OTC medication use.

Our immunization efforts have grown over the last semester. Together with SDSU Student Health Clinic nurses, the SDSU College of Pharmacy and the SDSU College of Nursing, we immunized and completed TB screenings for over 50 student pharmacists. Our Operation Immunization Committee has

(continued on page 10)

APhA-ASP Members with the 2012-2013 Region 5 Operation Diabetes Award at the 2013 zAPhA-ASP Region 5 Midyear Regional Meeting in Iowa City

SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 6)

names. Please ensure the correct physician is reflected in your prescription database. Continue to diligently use the PDMP and keep up the great work identifying diversion issues!

BOARD MEETING DATES

Please check our website for the time, location and agenda for future Board meetings.

BOARD OF PHARMACY STAFF DIRECTORY

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Melanie Houg, Secretary ..... melanie.houg@state.sd.us
Jony Bruns, PDMP Assistant ..... jony.bruns@state.sd.us
Board of Pharmacy Website..... www.pharmacy.sd.gov

Dennis Hedge | Dean

Greetings from the South Dakota State University College of Pharmacy!

As we move into the new calendar year, I would like to share with you a couple of important initiatives that will be impactful to the work of the College through 2014 and beyond.

Coinciding with the launch of South Dakota State University's new strategic plan, Impact 2018, University Administration announced the formation of a task force to develop a set of recommendations regarding the future of Health Sciences at South Dakota State University. Along with Dean of Nursing Dr. Nancy Fahrenwald, I am co-chairing the task force. Our 15 member group is considering interprofessional education opportunities, exploring new and emerging academic health programs, evaluating strategies for student recruitment into the health science disciplines, and seeking opportunities for collaboration. In addition, the task force is reviewing interdisciplinary health and wellness research possibilities and studying ways to increase our overall operating efficiency. The overarching goal of our work is to heighten interdisciplinary collaboration with recommendations forwarded to the President and Provost by the midpoint of the Spring Semester. This is truly exciting work that will facilitate achievement of goals outlined in our Strategic Plan, Impact 2018.

The College's faculty has also initiated a review of our Pharm.D. curriculum outcomes. The stimulus for this work was the recent release of new curriculum outcome statements by the Center for the Advancement of Pharmacy Education (CAPE). The 16 member panel that prepared CAPE Educational Outcomes 2013 was composed of equal representation between the American Association of Colleges of Pharmacy and the Joint Commission of Pharmacy Practitioners whose membership includes organizations such as the American Pharmacists Association and the American Society of Health-System Pharmacists. CAPE's Educational Outcomes 2013 are constructed around four broad domains to guide pharmacy schools in educating pharmacists who possess: 1) foundational knowledge that is integrated throughout pharmacy curricula, 2) essentials for practicing pharmacy and delivering patient-centered care, 3) effective approaches to practice and care, and 4) the ability to develop personally and professionally These four domains are further divided into 15 subdomains that are designed to describe what students should be capable of upon graduation from a Pharm.D. program. The domains and subdomains are:

Domain 1 – Foundational Knowledge

1.1. Learner (Learner)

Domain 2 – Essentials for Practice and Care

2.1. Patient-centered care (Caregiver)
2.2. Medication use systems management (Manager)
2.3. Health and wellness (Promoter)
2.4. Population-based care (Provider)

Domain 3 – Approach to Practice and Care

3.1. Problem Solving (Problem Solver)
3.2. Educator (Educator)
3.3. Patient Advocacy (Advocate)
3.4. Interprofessional collaboration (Collaborator)
3.5. Cultural sensitivity (Includer)
3.6. Communication (Communicator)

Domain 4 – Personal and Professional Development

4.1. Self-awareness (Self-aware)
4.2. Leadership (Leader)
4.3. Innovation and Entrepreneurship (Innovator)
4.4. Professionalism (Professional)

This recently initiated curriculum review is being conducted to assure adequacy of our current curriculum with respect to the 2013 CAPE outcomes. The review process includes construction of a "crosswalk" of our current outcomes to the CAPE outcomes and will continue with a workshop to facilitate outcome revision in January. Following revision of outcomes, the curriculum will be mapped to content areas and our curriculum assessment plan will be updated.

Both initiatives described above will certainly shape the work we do at the College of Pharmacy and we look forward sharing our progress with you in the days to come.

(continued on page 9)

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Kelley Oehlke, Pharm.D., BCACP | SDSHP President

Happy New Year from the South Dakota Society of Health-System Pharmacists!

We hope you had a wonderful 2013 and we have some exciting continuing education opportunities to start your 2014 off right. The South Dakota pharmacy residents will be presenting on January 25th, 2014 at the Sanford USD Medical Center Schroeder Auditorium in Sioux Falls. On February 22, a program will be held in Rapid City. Please visit our website at www.sdshp.com for more information and registration details.

The 38th annual SDSHP Annual Conference will be held on April 11-12th, 2014 at the Ramkota Hotel and Convention Center in Sioux Falls. The annual conference committee has been working diligently to provide excellent programming. A variety of topics will be presented including: electrophysiologic procedures in atrial fibrillation, role of newer anticoagulants in DVT/PE, patient safety, immunization update, review of the new cholesterol guidelines, transplant medications, sepsis, COPD controversies, clinical pearls, and an ASHP update. The poster presentations and exhibit theatre are scheduled to take place on Friday. Again, please visit www.sdshp.com for further details and registration.

Elections were recently held for our South Dakota representatives to the ASHP House of Delegates. Tadd Hellwig (Sanford Health) and Katie Hayes (Rapid City Regional) will represent South Dakota at the ASHP Summer Meeting and Exhibition in Las Vegas, Nevada on May 31-June 4. Our senior alternate is Tadd Hellwig and junior alternate is Erin Christensen (Sioux Falls VA). Congratulations to our delegates and thank you for representing our state and being at the forefront to review policy proposals on important issues related to health-system pharmacy practice and medication use.

Have a wonderful 2014!

SDSU COLLEGE OF PHARMACY

(continued from page 8)

In closing, on behalf of all of us at the SDSU College of Pharmacy, we extend our best wishes for a New Year filled with peace, joy, and success!

Warm regards,
Dennis D. Hedge, Dean of Pharmacy

Reference:
Median MS, Plaza CM, Stowe CD et al. Center for the advancement of pharmacy education 2013 educational outcomes. American Journal of Pharmaceutical Education 2013;77(8)Article 162.

SD ASSOCIATION OF PHARMACY TECHNICIANS

Bonnie Small | President

Hope you all had happy holidays! We have a new SDAPT Treasurer as of this year – many thanks to Diane Feiner for the great job she did the past two years. And a big welcome to Deb Mensing.

Pharmacy technicians, please join the South Dakota Association of Pharmacy Technicians, and encourage your fellow technicians – we would love to have you join us. Just go to our webpage, www.SDAPT.org, and click 'Membership Registration and Renewal'. From there, you can print the registration form and mail it with your payment according to directions on the form. By becoming a member, you become part of the South Dakota Pharmacists Association, receive the Pharmacist Journal and receive a discount to attend the SDPHA meetings in addition free attendance at the SDAPT Annual Meeting and CE Day. We offer 5-6 hours of continuing education plus lunch, breaks, and door prizes. One of our 2013 new attendees remarked on how much fun we had! The Fall 2014 date has not yet been set but we are hoping to meet at SDSU in Brookings. For further updates, don't forget to join us on Facebook.

One hour of Medication Safety continuing education will be required for PTCB recertification in 2014, and our 2014 CE Day will include a presentation by Sandy Jacobson, RPh on the topic. This is only one of the changes coming down the line for all pharmacy technicians – you may want to check with member Ann Oberg, who gave an excellent presentation at the 2013 CE Day on certification and recertification. Thanks again Ann. Other sources for updated information are PTCB.org and nhanow.com/pharmacy-technician.aspx .

SDAPT Scholarship Applications were due December 20 (applications are available at sdapt.org). The Association plans to award three $100 scholarships in mid-January.

ACADEMY OF STUDENT PHARMACISTS

(continued from page 7)

taken their efforts further by recruiting P2 students to assist with paperwork during residence hall immunizations put on by the Student Health Clinic across campus.

Patient care training has also taken on a new face. This year, not only did we provide refreshers on how to complete screenings, we invited pharmacy practice faculty to teach students how to interpret results and direct patients. Our goal is to increase the quality of our programming, and this is a step in the right direction!

Other Events

Our Pre-Pharmacy Committee has been busy helping pre-pharmacy students prepare for the application and interview process for admission to pharmacy school. They have also been working with our Social Committee to host activities like 'Game Night' where pre-pharmacy students and professional students came together to participate in recreational games. Pre-pharmacy students are also able to participate in a Big and Little Sibling Program where they are partnered with professional students who act as mentors. Pre-pharmacy students are our future! It is important for us to invest in activities that suit them.

Our Medication Education Committee has been hard at work educating the public about medication safety. Geared up in the Katy the Kangaroo Costume, they visited Sioux Valley Elementary School and Flandreau Public School to educate elementary school children. The committee also distributed Halloween safety information to parents at local pharmacies in October. We are also proud of our IPSF Committee who arranged an international pharmacy practice panel in which international students from the SDSU Pharmaceutical Sciences Department discussed pharmacy practice and education in their home countries. Additionally, they arranged pharmaceutical laboratory tours for professional and pre-pharmacy students who are interested in research.

Last, but not least, our Health-Systems Committee and P3 Committee have brought a lot of valuable programming to Sioux Falls members through the Residency Showcase and by inviting speakers on community pharmacy and counterfeit medications to the P3 class.

As a chapter, we are excited about what is behind us, but more excited about what is ahead of us. Thank you, SDPhA, for your continued support and collaboration. We look forward to seeing you at Legislative Days at the end of January!

SDPhA Legislative Days
January 28-29, 2014

Legislative Days provides you with an opportunity to visit face-to-face with your state legislators, express your opinions, and observe the legislative process.

Tuesday, January 28

- Networking Social and BBQ at 6 p.m. at the ClubHouse Hotel & Suites/RedRossa Italian Grille in Pierre for student pharmacists, pharmacists, and pharmacy technicians
- Legislative Update

Wednesday, January 29

- SDSU College of Pharmacy student pharmacists will provide healthcare screenings in the President's and Speaker's lobbies (third floor of the Capitol) starting at 7 a.m.
- Pharmacists may visit with legislators.
- A light breakfast will be provided.

Registration Deadline: January 20, 2014

Hotel Reservations:
ClubHouse Hotel & Suites
808 W. Sioux Ave. Ste. 100
Pierre, SD 57501
605-494-2582 or 1-800-CLUB-INN

Capitol Photo Courtesy of SD Department of Tourism

Legislative Days 2014 Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Pharmacy/Organization: _____

Registration Deadline: January 20, 2014

Please send registration form to: SDPhA, PO Box 518, Pierre, SD 57501 OR Phone: (605) 224-2338, Fax: (605) 224-1280, Email: sdpha@sdpha.org

We hope to see you in Pierre as we address important pharmacy issues!

USP Joins *Fight the Fakes* Campaign

Others Urged to Help Raise Awareness of the Dangers of Fake Medicines

Counterfeit and substandard medicines have reached global health crisis proportions, and present a real danger to all of us. In a concerted effort to help protect people from fake medicines, the United States Pharmacopeial Convention (USP) is joining other global health organizations, including two USP Member organizations (International Council of Nurses and International Federation of Pharmaceutical Manufacturers and Associations), in a campaign to raise awareness and mobilize strategic partners to address this growing problem.

Fight the Fakes encourages organizations and individuals around the world to help spread the word about this vital public health issue. Fake medicines put patients and the public at risk, offering potentially dangerous products that can increase resistance to real treatments or cause further illness, disability or even death. Everyone is encouraged to join the campaign and help spread the word about the dangers of fake medicines.

As a leader in the fight against counterfeit and substandard medicines, USP is actively involved in a series of ongoing initiatives to help ensure the quality of medicines. Since 1992, USP has worked to implement programs in more than 35 countries. For example:

- The Promoting the Quality of Medicines (PQM) program, implemented by USP and funded by U.S. Agency for International Development (USAID), has been instrumental in building capacity in developing countries to fight counterfeits and substandard drugs.

- The Center for Pharmaceutical Advancement and Training (CePAT) in Accra, Ghana is a USP-funded effort to increase the number of experts and available tools to combat falsified, substandard and counterfeit medicines in countries in Sub-Saharan Africa. For more information, view this video.

USP is pleased to join the international Fight the Fakes campaign, and encourages anyone concerned about this global issue to join us.

Pharmacy Time Capsules

Dennis B. Worthen, PhD, Cincinnati, OH

1989 TWENTY-FIVE YEARS AGO

The second Pharmacy in the 21st Century (P21) conference held in Williamsburg. The concept of pharmaceutical care was formally introduced by Hepler and Strand and enthusiastically accepted.

1964 FIFTY YEARS AGO

The survey, *Mirror to Hospital Pharmacy*, published. Data included that less than 40% of all hospitals employed approximately 2,000 full-time pharmacists

1939 SEVENTY-FIVE YEARS AGO

Western Massachusetts School of Pharmacy opened in Willimansett, MA although never accredited.

1914 ONE HUNDRED YEARS AGO

The federal Harrison Narcotic Act passed to regulate and tax the importation, production, and distribution of narcotics.

One of a series contributed by the American Institute of the History of Pharmacy, a unique non-profit society dedicated to assuring that the contributions of your profession endure as a part of America's history. Membership offers the satisfaction of helping continue this work on behalf of pharmacy, and brings five or more historical publications to your door each year. To learn more, check out: www.aihp.org

SD Society of Health-System Pharmacists
38th Annual Conference

REGISTRATION FORM
April 11th & 12th, 2014

Best Western Ramkota Hotel Sioux Falls

3200 West Maple Street
Sioux Falls, SD

Name:_____

Address:_____

_____

City State Zip

E-Mail Address:_____

Practice Site:_____

Home Phone:_____

Business Phone:_____

eProfile ID:_____

Circle your choice(s)	Pharmacist Member	Technician/Associate Member	Pharmacy/Technician Student	Pharmacist Non-Member	Technician Non-Member	Spouse/Guest (Meals)	PharmD Resident Member	PharmD Resident Non-Member
Full Registration**								
Before March 20th	$150	$50	$25	$200*	$65*	$50	$100	$150*
After March 20th	$175	$60	$30	$225*	$75*	$55	$125	$175*
One Day Registration***								
Friday-April 11th	$110	$40	$15	$110	$40	$30	$75	$75
Saturday-April 12th	$90	$35	$15	$90	$35	$30	$50	$50

Make Check Payable to: SDSHP

Total Enclosed $_____

HOTEL RESERVATIONS

To receive the special rate, you ***must*** call the Ramkota directly and specify that you are with the **SD Society of Health-System Pharmacists Conference.**

Note: *Only reservations made prior to March 11th receive these rates.*

605-336-0650

SDSHP CONFERENCE CANCELLATION POLICY

Cancellations will be accepted in writing or via e-mail to the SDSHP office prior to April 1, 2014. No cancellations will be accepted after that time. A $15 cancellation fee will be applied to all cancellations. Refund checks will be issued after April 30, 2014.

***Registration Fee includes membership for 2014.**
****Full Registration includes all educational sessions, exhibits, meals.**
*****One-Day Registration includes educational sessions, exhibits and meals for that day only.**

PAYMENT MUST ACCOMPANY REGISTRATION FORM

If your practice site is paying for your registration, please have someone from your Business Office contact SDSHP (telephone: 605-627-5363) or (e-mail: sdshp@mchsi.com) ASAP for information on how to proceed with the registration and payment procedure.

Registration will also be accepted at the door for an additional $50.00 fee.

Check or Money Order Payment must be received by April 7: SDSHP, PO Box 393, Bruce, SD 57220-0393

Credit Card Payment: www.sdshp.com
(Note: On-Line Credit Card Option closes at midnight on Friday, April 4, 2014)

___*CHECK HERE IF YOU HAVE SPECIAL NEEDS OR REQUIRE SPECIAL ACCOMMODATIONS*

Tax ID#: 46-0339056

2013 Recipients of the "Bowl of Hygeia" Award

The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to awards@naspa.us. The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.

Boehringer Ingelheim is proud to be the Premier Supporter of the Bowl of Hygeia program.

**husband and wife co-recipients*

MIDWEST PHARMACY EXPO

8 STATE PHARMACY EXPO!

Attend the Same Great Expo - This year joined by colleagues from Illinois, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin!

MIDWEST PHARMACY expo

FEBRUARY 7-9, 2014

FRIDAY, FEB. 7, 2014

8:30am – 4:45pm

TOGETHER. PROVIDING QUALITY CARE TO PATIENTS IN PAIN

A DAY IN THE LIFE OF A PAIN PATIENT: Join your colleagues and peers as we work through the most difficult pain management issues, together. As identified by clinicians throughout the Midwest, we will be discussing the challenging scenarios you face every day, including:

- Appropriate opioid prescribing, including adverse effect management
- Use of non-opioids and adjunctive therapy to treat non-malignant pain
- Patient engagement and the health care team's responsibility in pain management
- Identifying and taking action when a patient is misusing pain medication
- Pain management at the end-of-life

This interactive, interprofessional conference will present evidence-based data, best practices, and innovative solutions to help you, as a primary care provider, safely and effectively manage your patients who live with acute or chronic pain.

5:00 – 7:30p

OPENING RECEPTION AND EXHIBIT

WELCOME TO THE MIDWEST PHARMACY EXPO! Network with your colleagues, peruse the exhibit hall, and enjoy dinner and a beverage before a weekend filled with best practice examples, clinical pearls, and professional engagement. We'll see you there!

SATURDAY, FEB. 8, 2014

7:00-8:15a Annual Pharmacy Political Leadership Breakfast

For 15 years, pharmacists have embraced the opportunity to participate in an annual fundraiser for their state association's Political Action Education Fund through participation in this educational breakfast. This year's discussion is especially important as we discuss the most current updates on the Affordable Care Act and pharmacist's provider status. You won't want to miss this informative annual favorite!

8:30-8:45a Welcome

8:45-9:30a 1st General Session: Personalized Medicine

9:30-10:30a 2nd General Session: The Lacks Family: An Onstage Interview

The Lacks Family has enthralled audiences across the country talking about their mother, grandmother and great-grandmother, Henrietta Lacks and her important contribution to science. The international success of Rebecca Skloot's New York Times bestseller, ***The Immortal Life of Henrietta Lacks***, has left people keenly interested in the Lacks Family and Henrietta's legacy. The family will share what it meant to find out—decades after the fact—that Henrietta's cells were being used in laboratories around the world, bought and sold by the billions. They will provide us with a sincere first-person perspective on the collision between ethics, race and the commercialization of human tissue, and how the experience changed the Lacks family from generation to generation. Their discussion serves to honor Henrietta's unparalleled contributions to science, and above all—celebrates Henrietta's life and legacy.

Books are available for purchase on the registration form and the Family will be available for book signings during the morning break.

10:45-11:45a Breakout Sessions:

- Update in Anticoagulation
- Update in Autoimmune Diseases
- Update in Psychiatry
- Update in Cholesterol (Technician Activity)
- In-no-va-tion (Student Activity)

11:45-12:45p Lunch

12:45-1:45p Breakout Sessions:

- Difficult to Treat Diabetes
- Difficult to Treat Asthma
- Difficult to Treat Delirium
- Management of Hypo and Hyperglycemia (Technician Activity)
- State Pharmacy Law Exam: Plan to Pass! (Student Activity)

2:00-3:00p Breakout Sessions:

- Drug-Induced Kidney Injury
- Appropriate use of Medications in Pregnancy
- Balancing the Risks & Benefits of Pharmacotheraphy for Insomnia
- Medications in the Aged (Technician Activity)
- Oh, The Places You'll Go! (Student Activity)

3:15-4:15p Breakout Sessions:

- The Case for Nutritional Supplements
- Electrolite Management in Adult Parenteral Nutrition
- Integrating Natural Medicine in your Pharmacy Practice
- Nutrition's Impact on Medications (Technician Activity)
- Ask Not What Pharmacy Can Do For You... (Student Activity)

4:30-5:30p Breakout Sessions:

- Managing Change in Turbulent Times
- Managing The Patient Experience
- Managing Death and Dying
- The Art of Managing Up (Technician Activity)
- Managing NAPLEX – How to Start and What to Expect (Student Activity)

7:00p Leadership Pharmacy Conference Reunion

7:30p Exhibit Theaters

Theater times and topics to be announced

This year we are excited to offer Presentation Theaters! Each Presentation Theater session provides attendees with an opportunity to ask product-specific questions of key experts and industry representatives, find out information on new pharmaceutical products and services, and learn the latest in data and research findings.

SUNDAY, FEB. 9, 2014

General Sessions:

8:00 – 9:00a Rooting out Errors in Your Pharmacy

9:00 – 10:30a New Drug Update

10:45a – 12:45p Gamechangers in Pharmacy 2013

12:45 – 1:00p Box Lunch Pick Up

1:00 – 2:00p State Law Outreach Sessions

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Hear it from participants

"I really appreciate how knowledgeable the presenters always are. The material is often complex and I always know more when I leave each year. Thank you for bringing these quality programs close to me!"

"The Expo is very well organized and I have been impressed by the importance, scope, and practicality of the topics included. The presentations, as well as the hallway discussions, are a positive learning experience."

"I've been attending Expo for almost 15 years. I can think of no other forum that offers as much timely, high-quality continuing education as Expo does and that includes many national pharmacy organization meetings."

"I highly enjoyed this session. It was technician based and I learned a lot from it. I felt like I could use the material in everyday cases and work." - Technician participant

Continuing Education for Pharmacists

USP's Role in Patient Safety

This continuing education monograph is adapted from the United States Pharmacopeial Convention (USP) series of white papers prepared by the Council of the Convention (CoC) titled "Focus On: Future Directions for USP." The learning objectives and assessment questions were developed by National Alliance of State Pharmacy Association's (NASPA) Continuing Education Advisory Panel. No financial support was received for this activity. This activity may appear in other state pharmacy association journals.

Faculty:

Council of the Convention Section on the Quality of Patient Care

Rita Munley Gallagher, Ph.D., R.N., Section Chair (American Nurses Association)

Thomas R. Clark, R.Ph., M.H.S. (American Society of Consultant Pharmacists)

Charles W. Maas, M.D., M.P.H. (California Medical Association)

Stephen P. Spielberg, M.D. (Association of American Medical Colleges)

Goals:

The goals of this lesson are to review and be aware the current methods used by various organizations to increase patient safety and those future potential opportunities for USP to be involved in patient safety.

Learning Objectives:

At the conclusion of this lesson, successful participants should be able to:

1. Describe current methods to increase patient safety
2. Describe future patient safety opportunities for USP

Introduction

For the last four decades, the United States Pharmacopeial Convention (USP) has relied on spontaneous reporting information to support creation of safe medication use and quality of care standards in the *United States Pharmacopeia (USP)* and allied reports. For the most part, these are standards and supporting information that speak to how practitioners within healthcare systems should adjust their processes and practices to promote safe medication use. At times, USP product standards call for the adjustment of labels and labeling to reduce the likelihood of error.

As a volunteer-driven, practitioner-based, standards-setting organization, USP provides an important and unique pathway for practitioners to set standards they use in daily life. USP is not itself a regulatory body and does not enforce its standards; however, conformity assessment bodies may recognize USP standards in ways that enhance their value, impact, and at times make them mandatory. Irrespective of their voluntary or mandatory character, standards provide a safe harbor for practitioners and support optimum health care outcomes.

While beyond the scope of this white paper, USP acknowledges - and has always supported - the remarkable work of academia, the Institute of Medicine (IOM), highly involved standards and conformity assessment organizations (many of whom are Convention members), and many others who have worked tirelessly to develop information and provide evidence-based approaches to promote patient safety, safe medication use, and optimal quality care. Much of this effort culminated in the seminal reports of the IOM beginning in 1999 and follow-on activities in the IOM and elsewhere.

The Council of the Convention Section on the Quality of Patient Care presents this white paper as a means of reviewing USP's prior efforts in this area and to encourage the Convention to consider future patient safety opportunities for USP.

For the most part, USP does not provide clinical practice standards, which are the responsibility of practitioner associations, state practice boards, and other certifying bodies.

USP's Labeling and Nomenclature Responsibilities in Law

In the United States, under the Federal Food, Drug, and Cosmetic Act (FDCA), the *United States Pharmacopeia* (*USP*) and *National Formulary* (*NF*) are recognized as official compendia. A drug with a name recognized in *USP-NF* must comply with compendial identity standards or risk being

deemed adulterated, misbranded, or both. Drugs must also comply with compendial standards for strength, quality, and purity, unless they are labeled to show all respects in which the drug differs. These Federal requirements arise under the adulterated drugs provision of the FDCA at §501(b) as well as the misbranding provisions at §502. The role of nomenclature is particularly important, since the link to drugs "recognized in an official compendium" at §501(b) arises in the statutory provision that addresses the designation of drugs by "established names" at §502(e).

As explained in 21 CFR §299.4, the Food and Drug Administration (FDA) has statutory authority to designate "official" or "established names," yet it rarely does so. Instead, while continuing to review *proprietary* (brand) names as part of the drug approval process, FDA defers to USP's Nomenclature Expert Committee in the Council of Experts and to the U.S. Adopted Names (USAN) Council, in which USP plays a key role, to provide *established/nonproprietary* drug product and drug substance names. Accordingly, the term "established name" means an article recognized in *USP-NF* (see FDCA §502(e)(3)), and drugs with such names must meet *USP-NF* standards for identity as well as (unless labeled otherwise) strength, quality, and purity.

The FDA has extensive authority regarding the labeling of drugs, ranging from the package insert, dispensing, and containers, to advertising and promotional materials. The FDCA provides that a drug with a name recognized in an official compendium—including *USP* or *NF*—will be considered misbranded unless it is packaged and labeled as prescribed therein (FDCA §502(g)). Monograph requirements for packaging and labeling are noted in the *USP-NF* General Notices at 4.10 and are reflected in various monographs and General Chapters.

The USP Nomenclature Expert Committee

USP's Nomenclature Expert Committee establishes nonproprietary names for drug substances, drug products, excipients, biologics, dietary supplements, and medical devices for humans and animals. It also promotes uniformity and consistency among the official titles in the *USP* and *NF*.

The Committee is concerned with nomenclature for dosage form monographs and other aspects of the language used in the prescription, dispensing, sale, or manufacture of drugs. The Committee works in a collaborative fashion with the USAN Council, and USP has committed to using the USAN as the title of a drug monograph for that substance.

The Committee's authority to develop official nonproprietary names is identified in section 502(e) of the FDCA. The section indicates that a drug is misbranded if its label does not include the "established name" of the drug and each ingredient. It further specifies that the established name of a drug or ingredient is the official title used for the drug or ingredient in an official compendium such as *USP* or *NF*, as long as the FDA has not designated an official name in accordance with section 508 of the FDCA.

In early 2006, a federal appeals court decision confirmed that the nonproprietary names assigned by the USP Nomenclature Expert Committee take precedence over the names informally approved by the FDA during regulatory review. Taken together, the public-private partnerships created through Congressional authority have provided U.S. practitioners with coherent non-propriety drug substance and product names, and these good naming conventions promote safe medication use and quality of care.

Safe Medication Use Expert Committee

The Safe Medication Use Expert Committee (SMU EC) began its work in the 2000-2005 cycle and continued in the 2005-2010 cycle. The nineteen members of the 2005-2010 SMU EC were drawn from the professions of medicine, nursing, and pharmacy, and include representatives from academia, research, government, and consumer interest.

In this cycle, the SMU EC has reviewed and analyzed medication error reports submitted to USP, and from those, the Committee established recommendations for revision and development of standards in *USP–NF* and made recommendations to the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) discussed later in this white paper. It also developed guidelines, recommendations, a General Chapter, and publications related to safe medication practices and patient safety.

The SMU EC's members provided support to USP's two reporting programs-MEDMARX® and the Medication Error Reporting (MER) Program. The SMU EC's focus has been on policy-level priorities for the safe use of medications and patient safety initiatives. Examples of initiatives appear below:

Total Dose per Total Volume — The SMU EC developed crosscutting support for a requirement to change labeling to indicate total dose per total volume for parenteral packages of 100mL or less. The recommendation was based on errors in which health professionals mistakenly administered the entire vial content in error—published in *Pharmacopeial Forum (PF)* 31(4) [July-Aug 2005]: Strength and Total Volume for Single –and Multiple-Dose Injectable Drug Products.

Neuromuscular Blocking Agents - An

article, "Improving the safety of neuromuscular blocking agents: A statement from the USP Safe Medication Use Expert Committee" was published in the *American Journal of Health-System Pharmacists*, Vol 63, Jan 15, 2006. The work stimulated a new policy statement from the American Society of Health-System Pharmacists (ASHP) on the use of neuromuscular blocking agents. The publication of this article followed the standard instituted by USP that required the warning, "Warning – Paralyzing Agent," on the closures of neuromuscular blocking agents.

Patient Safety Stakeholder Forum — A cross-disciplinary Patient Safety Stakeholder Forum was convened on October 11, 2006 to discern the need for the creation of a new USP publication: "Safe Medication Practices Compendium." This forum was followed by a USP white paper, "Exploring a Strategic Proposal for the Concept of a Compendium of Safe Medication Practices." It was eventually concluded that additional exploration was needed to develop such a compendium.

"Error Avoidance Recommendations for Tubing Misconnections When Using a Luer-Tip Connector: A Statement by the USP Safe Medication Use Expert Committee" was published in the *Joint Commission Journal on Quality and Patient Safety*. May 2008. Volume 34, Number 5: pp. 293-296.

Physical Environments that Promote Safe Medication Use — General Chapter <1066> *Physical Environments that Promote Safe Medication Use* was created to provide safe medication use standards for all health care settings..

Guidelines or Standards for Computerized Prescription Order Entry and Other Technologies — The SMU EC is working with Dr. Andrew C. Seger and Dr. Gordon Schiff from Brigham and Women's Hospital on an analysis of computerized prescription order entry (CPOE) errors from the MEDMARX® database to develop guidelines/standards.

"High Alert Drugs by Location" is being drafted by the Medication Error Data Analysis Advisory Panel of the SMU EC.

Health Literacy and Prescription Container Labeling — The Health Literacy and Prescription Container Labeling Advisory Panel of the SMU EC is working on recommendations for the development of standards regarding simplifying language; using explicit text to describe dosage/intervals, including purpose for use; organizing the label in a patient centered manner; improving readability; and including supplemental information.

Standardized Intravenous Concentrations — The SMU EC completed analysis of a Standard Intravenous (IV) Concentrations survey of health system pharmacy directors in order to determine the standard drip and flush concentrations being used in their respective facilities for the treatment of neonates, pediatrics, and adults. The goal is to standardize product concentrations to help decrease medication errors.

The SMU EC will recommend standard concentrations for ten High Alert Drugs as a follow-up to an IV SMU survey (and an IV Summit held at USP) and publish an article identifying standard IV concentrations for ten High Alert Drugs by patient type.

Tall-Man Lettering — The SMU EC will publish an article based, in part, on a research survey titled "Tall Man"/ Enhanced Lettering for Medication Name Differentiation. The survey on Tall Man Lettering was conducted in an effort to better understand the current landscape regarding use of and experience with enhanced lettering as a safety tool. Based on the survey results, the USP Nomenclature Expert Committee will consider the advisability of developing standards. A significant number of responses (1,788) were received from pharmacists (60%), nurses (16%), and physicians (16%), with the remainder coming from pharmacy technicians, nurse practitioners, and other healthcare providers. Cooperation in disseminating the survey was obtained primarily from the American Society of Consultant Pharmacists, the ASHP, the Institute for Safe Medication Practices (ISMP), the Joint Commission, and the National Alliance of State Pharmacy Associations.

Harmonization with WHO Label Standards for Vincristine and Other Vinca Alkaloids — Three component changes were recommended to reduce the chance of vincristine (and other vinca alkaloids) being administered by the intrathecal route (which is universally fatal). Through a reworded cautionary statement, the recommendation would change to overwrap alert labeling and add a cautionary statement on the cap and ferrule of the vial. (This proposal is currently under consideration by the Nomenclature Expert Committee.)

The National Coordinating Council for Medication Error Reporting and Prevention

USP serves as the Secretariat for the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP/The Council), an independent body comprised of numerous national organizations. The Council was formed in 1995 through the efforts of its member associations and agencies to focus on ways to enhance patient safety through a coordinated approach and a systems-based perspective.

An interdisciplinary group of 15 organizations and agencies held its first meeting in July 1995. In the past 14 years, the Council has grown to 26 member organizations and two individual members. The five goals that continue to direct the Council's activities are:

Stimulate the development and use of reporting and evaluation systems by individual health care organizations;

Stimulate reporting to a national system for review, analysis, and development of recommendations to reduce and ultimately prevent medication errors;

Examine and evaluate the causes of medication errors;

Increase awareness of medication errors and methods of prevention throughout the health care system; and

Recommend strategies for system modifications, practice standards and guidelines, and changes in packaging and labeling.

Council Accomplishments—1995 to Present:

Defined a "medication error" and encouraged all stakeholders to use this definition to provide a uniform basis for medication error reporting and analysis.

Developed a medication error taxonomy, index and algorithm for categorizing medication errors

Issued a statement on calculating medication error rates

Promulgated recommendations for:

Prescribing

Labeling and packaging

Dispensing

Administration

Verbal medication orders

Standard bar codes on medication packages and containers

Reducing medication errors in non-health care settings

Reducing at-risk behaviors

Bar coding to reduce medication errors

Promoting safe use of drug suffixes

Avoiding medication errors with drug samples

The Council has had national and international impact through its multidisciplinary conferences on bar coding, drug nomenclature, and suffix use. Continuing activities and other accomplishments include:

Developing and disseminating standardized definitions for terms such as *adverse drug event, adverse drug reaction, harm, preventable event*;

Establishing a dedicated Web site for organizations, government, and practitioners to reference The Council's recommendations and other information;

Developing a solid oral dosage forms article for broad dissemination;

Endorsing the ISMP *Safety Self-Assessment for Community/ Ambulatory Pharmacy*;

Establishing consumer information links to The Council's Web site;

Developing and disseminating a white paper on the use of bar codes;

Signing on to a set of *General Principles* supporting legislation to uphold, as privileged, information submitted to error reporting programs (These *General Principles* were incorporated into the Patient Safety and Quality Improvement Act of 2005 that was signed into law on July 29, 2005.);

Recognition with the 2007 American Pharmacists Association Foundation Pinnacle Award; and

Receipt of the 2008 Eisenberg Award.

In the coming years, The Council will continue to focus on key issues impacting the safe use of medications. With the help of new and enthusiastic member associations and agencies, The Council will address medication reconciliation as well as geriatric and long-term care issues. The members of The Council are recognized at www.nccmerp.org.

Prior Activities : USP's Reporting Programs to Support Standards:

1. Drug Product Problem Reporting Program

Because of concern with the quality of drug products on the market, in 1971, the USP and the FDA co-founded the Drug Product Problem Reporting Program (DPPR). This was a national program in which health professionals voluntarily reported problems and defects experienced with drug products marketed in the United States. Often, product problems or defects had to do with inadequate packaging or labeling that could lead to errors or confusion on the part of health professionals. Other problems such as inclusion of foreign matter, suspected contamination, questionable potency, and "bioinequivalence" based on observed therapeutic response were also reported among the more than 100,000 observations gathered in DPPR. USP terminated the DPPR contract with the FDA in 1987, but continued a USP Drug Reporting Program until August 2000.

2. Medical Device and Laboratory Product Problem Reporting Program

Together with the DPPR Program, USP operated the Medical Device and Laboratory Product Problem Reporting Program (PRP) under contract with the FDA Center for Devices and Radiological Health (CDRH). In this program, USP collected reports on defective medical devices and shared that information with both CDRH and the manufacturers involved in incidents. This program had a major impact on the use of breast implants, dental implants, and marijuana testing kits. It was the precursor to the FDA's MedWatch program. This contract with the FDA was terminated in September 1995.

3. Veterinary Reporting Program

In 1994, USP established a Veterinary Reporting Program (VRP) to assist the FDA's Center for Veterinary Medicine (CVM), the Environmental Protection Agency, and the Department of Agriculture in obtaining information about adverse events with veterinary products. Reports were shared with the appropriate government agency and with the manufacturers of the products involved in the reports. The program was terminated in April 2003.

4. Medication Error Reporting Program

In 1991, USP established its first Medication Error Reporting Program (MER) in conjunction with the ISMP. MER was designed to obtain spontaneous reports both for the medicine itself and the system in which the medicine was prescribed, dispensed, administered, and used. Between 1991 and 2008, MER received more than 6,000 voluntary reports of actual and potential medication errors. MER identified errors in various health care delivery environments, including hospitals, nursing homes, physicians' offices, pharmacies, emergency response vehicles, and home care. The reports documented that errors are multi-disciplinary and multifactorial and that they may be made by experienced as well as inexperienced health professionals, support personnel, interns, students, and even patients and their caregivers. Medication errors can and regularly do occur anywhere along the continuum from prescribing to transcribing to dispensing and administration. The causes of errors may be attributed to human error, to product names or designs, and to the medication handling and delivery systems in which the products are used and in which individuals operate and interact. USP submitted MER reports to the FDA as a MedWatch partner, including adverse drug reactions that came to MER but were not evaluated. MER reports were also shared with the relevant manufacturers.

Examples of important changes USP made to its standards as a result of MER reports appear below:

Potassium Chloride — Reported deaths due to the accidental misadministration of concentrated Potassium Chloride Injection led to: 1) changing the official USP name to Potassium Chloride for Injection Concentrate to give more prominence to the need to dilute the product prior to use; 2) requiring that labels bear a boxed warning with the words "Concentrate: Must be Diluted Before Use;" 3) requiring that the cap must be black in color (the use of black caps is restricted to this drug product only); and 4) requiring that the cap must be imprinted in a contrasting color with the words "Must be Diluted."

Vincristine Sulfate — Reported deaths due to confusion and the resultant injection of the anticancer drug, Vincristine Sulfate for Injection, directly into the spine instead of the vein resulted in changes in the requirements for packaging by pharmacies and manufacturers preparing ready-to-use doses. Each dose, whether prepared by the manufacturer or the pharmacist, must now be wrapped in a covering labeled "FOR INTRAVENOUS USE ONLY – FATAL IF GIVEN BY OTHER ROUTES" and that covering may not be removed until the moment of injection.

Amrinone/Amiodarone — Reported deaths due to the confusion of similar names Amrinone and Amiodarone led USP and the USAN Council to change the nonproprietary name and official title of Amrinone to Inamrinone.

Neuromuscular Blocking Agents — Reported deaths due to the inadvertent mix-up of neuromuscular blocking agents (which paralyze the respiratory system) with other drugs led to recommended changes in standards for labeling and packaging of the therapeutic class of neuromuscular blocking agent products.

5. MEDMARX®

MEDMARX® was developed by USP in 1998 as an Internet-accessible, anonymous reporting program that enables hospitals to voluntarily report, track, and trend data, incorporating nationally standardized data elements (i.e., definitions and taxonomy). These standardized elements were drawn from the work of the MER Program, the FDA, NCC MERP, and the ASHP. MEDMARX® is structured to support an interdisciplinary, systems-approach to medication error reduction and fosters a non-punitive environment for reporting. USP created MEDMARX® with the intent to broaden the model to include other health care settings, e.g. long-term and ambulatory care settings, and to include other types of reporting such as medical error and adverse drug reactions.

Hospitals are encouraged to use MEDMARX® as part of their internal quality improvement processes, thereby extending their "peer-review" to other hospitals in the program. Hospitals can review errors entered by other institutions in "real time" and also see any reported action taken by another institution in response to an error in an effort to avoid similar errors in the future.

This feature affords institutions the opportunity to examine errors in a proactive manner. For example, the institution can review the error profile of a drug or class of drugs to determine if certain risk prevention measures or training programs should be established within the institution before a product is added to the institution's formulary. If the error profile is significantly serious, a determination may be made not to stock the drug. MEDMARX® supports the performance improvement standards of the Joint Commission, which requires institutions to look outward at the experiences of others in order to reduce risk.

USP transferred its reporting programs, MEDMARX® and MER, to Quantros and ISMP, respectively, in 2008.

USP will continue to use data from

these and other programs to enhance its standards-setting activities to promote patient safety and safe medication use. In the interest of public health and to assist practitioners and patients, USP has posted eight annual reports on its Web site free of charge, ensuring full access to this clinically important information.

Future Opportunities

1.NOMENCLATURE, SAFETY, AND LABELING EXPERT COMMITTEE FOR THE 2010-2015 CYCLE

In the next cycle, a new expert committee—Nomenclature, Safety, and Labeling Expert Committee— will combine the work of the Nomenclature and Safe Medication Use Expert Committees from the 2005-2010 cycle. This new Expert Committee will build on the work of its predecessors by continuing to develop guidelines, recommendations, General Chapters, and publications related to safe medication practices and patient safety, as well as by linking these efforts to drug naming and the labeling of medications. Via Expert Panels, specific standards-setting activities can be addressed on a broad range of safe medication use and quality of care standards.

2.INSTITUTE OF MEDICINE

In 2007, the IOM published *Preventing Medication Errors*, a report by its Committee on Identifying and Preventing Medication Errors. The report called on USP to work with the FDA and others in several areas related to drug naming, labeling, and packaging. The IOM posited that there are many ways that basic information about a specific drug is communicated to providers and patients and identified some of the more obvious problems:

Brand names and generic names that look or sound alike

Different formulations of the same brand or generic drug

Multiple abbreviations to represent the same concept

Confusing word derivatives, abbreviations, and symbols

Unclear dose concentration/strength designations

Cluttered labeling—small fonts, poor typefaces, no background contrast, overemphasis on company logos

Inadequate prominence of warnings and reminders

Lack of standardized terminology

The proposed IOM action plan focused on two overarching principles: 1) product naming, labeling, and packaging should be designed for the end user—the provider in the clinical environment and/or the consumer; and 2) safety should always take precedence over commercial interests. In addition, Recommendation #4 of the IOM report included USP in a list of organizations that should work together to address labeling, packaging, and the distribution of free samples.

Conclusion

Based on its nomenclature and labeling recognition in the FDCA and exhortations from the community, the need for USP's involvement in standards to promote safe medication use and quality care is as strong as ever—and may increase in an era of health care crisis and reform. One of USP's greatest strengths lies in its ability to convene a broad and diverse group of stakeholders around issues common to all, and USP can leverage this role by helping to advance standards related to medication safety that are beyond the scope of a single health profession or professional organization. For many years, USP has devoted substantial resources and energy to its safe medication use and quality of care standards-setting activities, but has struggled to find a sustainable financial and public health model for these activities. Convention Delegates must now ask: What is the appropriate role for USP in setting standards related to medication/patient safety, and how will this role be financially supported? The Council of the Convention Section on the Quality of Patient Care calls on the Convention membership to articulate ways in which a standards-setting body such as USP can continue its work based on USP's historical contributions, unique capabilities, and current and possible future positions in law.

ABOUT USP and NASPA

The United States Pharmacopeia (USP) is an official public standards-setting authority for all prescription and over-the-counter medicines and other health care products manufactured or sold in the United States. USP also sets widely recognized standards for food ingredients and dietary supplements. USP sets standards for the quality, purity, strength, and consistency of these products-critical to the public health. USP's standards are recognized and used in more than 130 countries around the globe. These standards have helped to ensure public health throughout the world for close to 200 years. More information can be found at www.USP.org

The National Alliance of State Pharmacy Associations (NASPA) promotes leadership, sharing, learning, and policy exchange among state pharmacy associations and pharmacy leaders nationwide, and provides education and advocacy to support pharmacists, patients, and communities working together to improve public health. NASPA was founded in 1927 as the National Council of State Pharmacy Association Executives (NCSPAE). More information can be found at www.naspa.us

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References furnished upon request.

ASSESSMENT QUESTIONS

Directions: Select the best answer for each of the 12 questions below—and submit on attached form.

1. An article with an "established name" must meet USP-NF standards for which of the following:
   A) Identity B) Strength C) Quality D) All three (A, B, C)

2. Which of the following works in collaboration with the USAN Council?
   A. USP Nomenclature Expert Committee
   B) Safe Medication Expert Committee
   C) National Coordinating Council for Medication Error Reporting and Prevention
   D) None of the above

3. Which of the following does USP serve as the Secretariat for?
   A) USP Nomenclature Expert Committee
   B) Safe Medication Use Expert Committee
   C) National Coordinating Council for Medication Error Reporting and Prevention
   D) None of the above

4. Which of the following developed guidelines, recommendations, a General Chapter, and publications related to safe medication practices and patient safety?
   A) USP Nomenclature Expert Committee
   B) Safe Medication Use Expert Committee
   C) National Coordinating Council for Medication Error Reporting and Prevention
   D) None of the above

5. How many members does the 2005-2010 Safe Medication Use Expert Committee have?
   A) 16 B) 17 C) 18 D) 19

6) Studies on which of the following were conducted in an effort to better understand the current landscape regarding use of an experience with enhanced lettering as a safety tool? A) True (B False
   A) Tall Man Lettering C) Health Literacy and Prescription Container Labeling
   B) Harmonization D) Standardization Intravenous Concentrations

7. Changes were recommended to reduce the chance of vincristine and other vinca alkaloids from being administered incorrectly. he correct route of administration is: A) Intravenous B) Intrathecal C) Intramuscular D) Intracranial

8. Which of the following is true regarding the National Coordinating Council for Medication Error Reporting and Prevention (NCC MMERP/The Council)?
   A) They defined a "medication error" and encouraged all stakeholders to use the definition
   B) The first group had 26 member organizations and 2 individual members
   C) The council examines medication errors but does not evaluate causes of those errors
   D) All of the above are true

9. Which program operated under the contract with the FDA Center for Devices and Radiological Health (CDRH)?
   A) Drug Product Problem Reporting Program C) Veterinary Reporting Program
   B) Medical Device and Laboratory Product D) Medication Error Reporting Program

10. Between 1991 and 2008, Medication Error Reporting Program (MER) received how many volu8ntary reports of actual and potential medication errors? A) Over 3,000 B) Over 4,000 C) Over 5,000 D) Over 6,000

11. Which is NOT true regarding MEDMARXa?
   A) It was developed by USP in 1998 as an internet-accessible reporting program
   B) Standardized elements were drawn from the MER program, FDA, NCC MERP, and ASHP
   C) It enables community pharmacies to voluntarily report, track and trend data incorporating nationally stand ardized data elements
   D) USP transferred its reporting programs,MEDMARXa and MER to Quantros and ISMP, respectively in 2008

12. The proposed IOM action plan focused on which of the following principles?
   A) Product naming B) Product labeling C) Safety D) All three (A, B, C)

"USP's Role in Patient Safety" *(Knowledge-based CPE)*

To receive **1.5 Contact Hours** (0.15 CEUs) of continuing education credit, read the attached article and answer the 12-question test by circling the appropriate letter on the answer form below, and completing the evaluation. A test score of 75% (9/12) or better is required to earn **1.5 Contact Hours** of continuing education credit. If a score of at least 75% is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge. Credit will be uploaded to a participant's e-Profile account within 14 days of successful completion of this course.

The South Dakota State University College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Program Identification number for this program is: #0063-9999-13-025-H05-P, #0-063-9999-13-025-H05-T.

***Goal and Learning Objectives - Pharmacists and Pharmacy Technicians**: The goals of this lesson are to review and be aware the current methods used by various organizations to increase patient safety and those future potential opportunities for USP to be involved in patient safety. **Learning Objectives:** 1. Describe current methods to increase patient safety; 2. Describe future patient safety opportunities for USP.*

Circle the correct answer:

1. A B C D	**5. A B C D**	**9. A B C D**
2. A B C D	**6. A B**	**10. A B C D**
3. A B C D	**7. A B C D**	**11. A B C D**
4. A B C D	**8. A B C D**	**12. A B C D**

***Course Evaluation** – must be completed for credit.*

	Disagree						Agree
Material was effectively organized for learning:	1	2	3	4	5	6	7
Content was applicable for re-licensing :	1	2	3	4	5	6	7
Each of the stated learning objectives was satisfied:	1	2	3	4	5	6	7

List any learning objectives above not met in this course: _____

List any important points that you believe remain unanswered: _____

Course material was balanced, noncommercial:	1	2	3	4	5	6	7
Learning assessment questions appropriately measured comprehension	1	2	3	4	5	6	7
Length of time to complete course was reasonable for credit assigned	1	2	3	4	5	6	7

(Approximate amount of time to preview, study, complete and review this 1.5 hour CE course: _____)

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Course release date: 6-10-13 / Expiration date: 6-10-16 / Target audience: Pharmacists , Technicians

*Please mail this **completed answer sheet** with your check of **$8.50** to:* ***SDSU College of Pharmacy – C.E. Coordinator***
Office Ph: 605-688-4242 ***Box 2202C, Brookings, SD 57007***

IN MEMORIAM

Ronald D. Johnson

Ronald Dean Johnson, 65, of Mitchell, SD, passed away October 25, 2013. He was born June 6, 1948 in Willow Lake, SD, to Henry and Minnie Johnson. His family farmed near Willow Lake, where he attended both grade and high school. He attended Jamestown College in ND where he ran track and earned his Bachelor of Science degree in Biology. He married his High School sweetheart Sharon (Jameson) Johnson on December 27, 1969 in Willow Lake. He then taught biology in De Smet, SD, for 5 years before being drafted into the Army during the Vietnam War on June 22, 1971. He was stationed in Anchorage, Alaska for two years and then he and Sharon returned to De Smet where they both taught. Ron furthered his education at SDSU where he earned his pharmacy degree. Their two children were born in De Smet; Jeffrey in 1976 and Stacia in 1978. Ron worked at Huron Regional Hospital for nine years. In 1989, Ron was hired as Director of Pharmacy at Avera Queen of Peace Hospital in Mitchell, SD, and had recently retired from Avera Queen of Peace on July 2, 2013. Ron was hired as a part-time pharmacy inspector for the State Board of Pharmacy in September 2013 and worked until his death.

Ron was an active part of his communities and served in many ways. He was awarded the Cub Scout leader of the year, was president of the First Lutheran Church, school board member in De Smet for 4 years, was a life-long member of the South Dakota Society of Hospital Pharmacists where he served as president in 1995, he was a Legislative Committee member, and was awarded Hospital Pharmacist of the year in 1999. Ron was very active in the SDSU College of Pharmacy serving on the Advisory Council, assisting with College of Pharmacy admission interviews, and as a preceptor for students. He was an active member of the American Lutheran Church where he taught confirmation and was a choir member. He was also a member of the Mitchell Stampede Rodeo, and Mitchell Rotary.

Ron always enjoyed life to the fullest, especially with his family and his many friends. Ron loved to golf, fish, fly fish, waterski, snow ski, play cards, play basketball, board games, hunt, put together puzzles, and play games with his grandkids.

He is survived by his wife Sharon Johnson, two children Jeff (Rachael) Johnson and Stacia (Shawn) Ericsson. He has four grandchildren: Ethan Ericsson, Wyatt Johnson, Olivia Ericsson and Juliet Johnson all from Sioux Falls, SD. Six siblings: Illdena (Cork) Poppen, Willow Lake, Henry (Cathy) Johnson, Willow Lake, Dorothy Haug, Willow Lake, Darleen (Kenny) Pierson, Burnsville, MN, Arba (Margeret) Johnson, Marshalltown, IA, Terry (Sandy) Johnson of Anchorage, Alaska; Ramona (Arlan) Warwick from Watertown, and Sherri (Ron) Meyers from Sioux Falls, and many more nieces, nephews and friends.
He was preceded in death by his parents, and two sisters.

John Robert (Bob) Vander Aarde

John Robert (Bob), 88, of Apple Valley, MN, and Naples, FL., passed away peacefully on November 19, 2013, after having been surrounded by family members. Bob was born in Canova, South Dakota on June 18th, 1925. He proudly served his Country in the South Pacific in World War II and then reenlisted in the Korean War and served as a Medic. Bob was a successful entrepreneur having founded, owned and operated a chain of Robert Drug Stores and Ardelle's Hallmark Gift Stores located throughout the Twin Cities Area. He was a devoted husband, father and grandfather and will be greatly missed by all. Bob is preceded in death by his wife Ardelle Vander Aarde and parents John and Grace Vander Aarde. He is survived by his children; Bill (Myla), Susan (Lonnie) Bryan, Thomas (Coni), Nancy (Michael) Hodson, Jane (Gerard) Berenz, Julie O'Donnell, John (Elizabeth) and James Vander Aarde; 19 grandchildren, Charles, Sarah, Mychal, Peter, Taylor, Luke, Mark, Bobby, Claire, Joseph, Katy, Laura, Eric, Scott, Molly, Abbey, Jack, Sam, and Max; 6 great grandchildren, Calvin, Billy, Edward, Thomas, Bailey, and Penelope.

IN MEMORIAM

Dr. Joye Ann Billow

Dr. Joye Ann Billow, 70, of Brookings died Friday, December 6, 2013, at Dougherty Hospice House in Sioux Falls after a brief battle with cancer, which she faced in a straightforward manner and with much grace.

Joye was born July 28, 1943, in Middletown, PA, to Mary D. (Pierce) and Schuyler E. Billow. She graduated from Middletown High School in 1961. She received a BS in pharmacy and a PHD in medicinal chemistry from Temple University in 1967 and 1972. She practiced pharmacy during her college years and joined the SDSU College of Pharmacy faculty in 1972. She was a professor of pharmaceutical sciences and a licensed pharmacist throughout her career.

During her 30 years as a professor, she trained scores of students to take their place in the professional field. These pharmacists work across South Dakota and throughout the nation and the world. Some have joined the faculty of pharmacy schools across the region.

She was a valued mentor to many young women as a teacher and faculty adviser to Kappa Epsilon Fraternity for women—Chi Chapter. During her 29-year tenure in that position she won the Outstanding Advisor Award, the Unicorn Award, and the Career Achievement Award. She also guided the fraternity to become Outstanding Collegian KE Chapter for 2002-2003.

Mentoring female students became an important part of her career as more women entered the field. These students sought her out for advice and information about women's role in the profession.

She was a volunteer on many pharmacy college committees and helped organize the annual phonathon to raise money for the college. She helped preserve the college's history by co-authoring a booklet to commemorate its 100th anniversary in 1988.

Working with the SDSU academic vice president, Joye wrote the self-study that earned reaccreditation for the institution by the North Central Association in 1990. The document was named best of the year and became a model for those at other institutions.

She was also chair and vice chair of the SDSU Academic Senate.

She was recognized for her career accomplishments by being named an SDSU Woman of Distinction in 2002. She retired from the university that year.

Her work with women also extended into the Brookings community. Joye was a founding member of the Brookings Women's Center and served on its board until it closed. She helped established the Brookings Domestic Abuse Shelter. She and her students continued to volunteer time there.

Joye also helped establish the Brookings Hospice organization and was board president for several years.

She was an active member of the Brookings Altrusa and was chair of the board for several years. She and other volunteers organized the popular annual game dinners that were fundraisers for Altrusa charities. She also volunteered for the local chapter of the American Association of University Women. She helped organize the annual book drive and helped plan luncheons to raise money for reading programs.

The SDSU Foundation called upon her to join its women and giving program, a group that provides opportunities for women on and off campus. She has also endowed a Women's Leadership Award for Kappa Epsilon fraternity members that bears her name.

Joye was an artist who focused primarily on painting and drawing throughout her life. After retiring from teaching, she became an art student and produced pieces that have been featured in local shows. She was a board member of the Brookings Arts Council.

Joye traveled the country and the world after retirement. She spent time in India, Iceland, Europe and Australia. She developed a love for photography during these trips and also took photos locally when she was in Brookings.

Joye is survived by several cousins in Pennsylvania. Other survivors include many friends who will miss her warm smile, can do attitude, and generosity. She was preceded in death by her parents, grandparents, aunts and uncles.

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Pictured Above: Governor Dennis Daugaard, SDPhA Board Members, and SDSU College of Pharmacy Faculty and Students on the Capitol Stairs During 2013 Legislative Days