



North Dakota Society of Health-System Pharmacists

Newsletter: February 2016, Volume 3, Issue 3

Events

Calendar

March Networking Meeting –

Investigational Medications & Research Pharmacy Best Practices

March 8, 2016 12:00 PM (CST)

ND BTWAN system, conference call

Facilitators:

Maari Loy, PharmD, BCPS, MBA,
Sanford Medical Center Fargo

Joan Galbraith, RPh,

CHI St. Alexius Medical Center Bismarck

April Education Meeting-

SGLT2 inhibitors – Moving Beyond Targets

April 12, 2016 12:00 PM (CST)

Presenter: Nicholas (Cole) Helbling, PharmD, BCPS

Who: Pharmacists

Where: Webinar/ND BTWAN Units

Handout: Will be available 24 hours in advance

Objectives:

1. Describe how the presented topic impacts patient outcomes
2. Review evidence based guidelines and best practices described.
3. Identify two clinical endpoints of the presented topic.
4. Recommend therapeutic means to achieve clinical endpoints.

Fees: \$10/CEU if CE credit is desired, fee is non-refundable. If no CE credit desired, registrants can choose the “No CE credit needed” option.

This program is sponsored by the North Dakota Society of Health-System Pharmacists and was initially released August 11, 2015. Attendance at the session and completion of the evaluation form will be required to receive CE credit. Universal activity number: 0047-9999-15-047-L01-P



North Dakota State University College of Pharmacy, Nursing, and Allied Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Attendance at the session and completion of the evaluation form will be required to receive CE credit.

Pharmacy professionals can now obtain CE statements of credit on the CPE Monitor website.

Non-pharmacists will receive a noncredit transcript within 4-6 weeks of receipt of all evaluation materials.



The Expo portion will be held from 8am to 12pm and the Health-System Summit will be held from 1pm to 5pm on Thursday, March 3, 2016 at the Cambria Inn and Suites in Fargo, North Dakota. Breakfast, lunch and snacks will be provided. Register at <http://www.ndshp.org/event-2096082>

Summit

The Health-System Summit portion will provide you with information about the practice of pharmacy from across the state of North Dakota. It will feature:

1. Findings from the Board of Pharmacy compliance officer;
2. The North Dakota results of the Pharmacy Practice Model Initiative Hospital Self-Assessment;
3. Town hall discussion:
 - a. Residency program training
 - b. Clinical ambulatory pharmacy practice
 - c. Pharmacy technician education
 - d. USP 797 compliance
 - e. Other topics pertinent to best practices and expansion of pharmacy services in the state.

Expo

The concept of the Expo provides an opportunity for you to consolidate meetings with many of the suppliers and industry sponsors you would meet with during the year to one convenient time. It also provides an opportunity for a limited number of exhibitor representatives to visit with you and other pharmacy colleagues. During the Expo, the exhibitor representatives will rotate through the room, approximately every 10-15 minutes, where they will describe their company/products/services and provide you with materials.

We have had fantastic response to this event from pharmacists across the state. Currently, we have 20 pharmacy leaders contributing their time to the Expo, and 17 vendors eager to meet with them. An additional 15 pharmacy leaders are joining us for the Summit, bringing our Summit total to 35. This number is changing daily. This truly is an unprecedented meeting of the minds in all things health-system pharmacy in our great state!

TOGETHER WE CAN

ND Annual Pharmacy Convention



Presentations

FRIDAY, APRIL 29, 2016

- | | |
|------------------|--|
| 8:30 am-9:30 am | Hospital Health
Care's Changing
Landscape |
| 9:30 am-10:30 am | APhA Federal
Legislative/Regulatory
Update |

SATURDAY, APRIL 30, 2016

- | | |
|------------------|--|
| 8:00 am-9:00 am | Sepsis: The Role of
Clinical Pharmacists
and Non-microbial
Biomarkers |
| 9:00 am-10:00 am | Family HealthCare –
A Vibrant Community,
One healthy Person at
a Time |
| 12:00 pm-1:00 pm | Giving Feedback to
Pharmacy Students/
Residents |
| 1:00 pm-2:30 pm | Updates in
Critical Care
Pharmacotherapy:
Nutrition, Platelet
Inhibition, and ESBL
Ammunition |
| 2:00 pm-3:00 pm | Medication
Misadventures |

SUNDAY, MAY 1, 2016

- | | |
|-------------------|---|
| 10:00 am-11:00 am | Board Of Pharmacy
Recent Law Changes |
| 11:00 am-12:00 pm | Pearls Round Table |

* Not all presentations are listed.

APRIL 29, 30 & MAY 1, 2016

Radisson Hotel, 605 E Broadway Ave
Bismarck, ND

Awards

**NAPT Distinguished
Young Pharmacy
Technician**

**NDSHP Pharmacist
of the Year**

**Al Doerr Service
Award**

**APhA/NASPA Bowl
of Hygeia Award**

Scholarship Auction

Friday Highlights:
NDSU P3 Student Public Health Posters
PGY1 Residency Presentations
Opening Banquet/Awards

Exhibitors Expo!

Saturday Highlights:
Preceptor Training
Additional CE Presentations
Pharmacist's Mutual Phun Run
President's Awards Banquet

**Bison & Wildcat
DAY!**

Friday, April 29, 2016
All Day!

NDSU Social
Friday, April 29, 2016
6:00 pm

131st Annual North Dakota Pharmacy Convention
Sponsored by NDSHP, NDPhA, and NAPT

April 28-May 1, 2016
Radisson Hotel
605 E Broadway Ave Bismarck, ND

Tentative event schedule, online registration, and printable registration forms are available at <http://nodakpharmacy.net/wordpress1/convention/>

Please call 701-255-6000 for room reservations (a block of rooms has been reserved under ND Pharmacy Convention).

Note that as an NDSHP member, you receive the member registration price. The convention committee worked hard to represent health-system topics for the convention. Please join us!

Some Health-System Highlights of the upcoming convention:

"Hospital: Health Care's Changing Landscape"

Hans G. Wilk, FACHE, MPH, MHA, R.Ph.

NDSHP Business Meeting

Resident Presentations

1. "Quantifying Provider Behavior in Response to CYP2C19 Genotyping Results Through Best Practice Advisories"

- Breanna Curtis, PharmD PGY1 Sanford Health, Fargo.

2. "Ketamine Infusion for Patients with Rib Fracture: A Case series"

- Ashley Losing, PharmD PGY1 Sanford Health, Fargo

3. "Comparing Time to Readmission or Mortality in Inpatients with Dementia Antipsychotic Use vs No Antipsychotic Use for Behavioral Disturbances"

- Carly Trowbridge, PharmD PGY1 Sanford Health, Fargo.

"Potential Role of the Brain-axis/Gut Microbiome on Neuropsychiatric Disorders"

Amy Werremeyer, PharmD

Sepsis: The Role of Clinical Pharmacists and Non-microbial Biomarkers

Mike Boyles, BSPHarm, RPh, PharmD -Director of Pharmacy , Five Rivers Medical Center

"Updates in Critical Care Pharmacotherapy: Nutrition, Platelet Inhibition, and ESBL Ammunition"

Jodi DeGrote, PharmD BCCCP, Justin Jones, PharmD BCPS, and Breanna Schmidt, Pharm D BCPS, Sanford Health, Fargo, Critical Care Pharmacists

Medication Misadventures

Jeanne Frenzel, PharmD and Becky Focken, PharmD

Health-System Pediatric Presentation

Deb McPherson, PharmD CHI St. Alexius Health

BOP Recent Law Changes

Mark Hardy, PharmD

Pearls Round Table Topics: USP 800, Collaborative Practice, About the Patient

Awards



From the NDSHP Awards Nomination Committee:

It's hard to believe, but we are quickly approaching this year's Annual ND Pharmacists Convention! NDSHP will again be issuing four awards, recognizing the incredible people and health-systems in North Dakota. Please see the below criteria for the awards, and submit your nominations by **Friday, March 18th, 2016**. Fax to: (701) 234-7137 or email to: amber.olek@gmail.com

Awards Nominations Criteria

North Dakota Health-System Pharmacist of the Year

- Established in 1998, this award is given annually to an individual of high moral character, good citizenship, and elevated professional ideals. The recipient has made significant contributions to health-system pharmacy, including sustained exemplary service, an outstanding single achievement, or a combination of accomplishments benefiting the profession and public health. These may include achievements or outstanding performance that relates to health-system pharmacy: Practice, education, or administration; Research or development; Organizational activities; Scientific or professional writing; Journalism; Public and/or inter-professional relations activities; or Law, legislation, regulation, or standards of professional conduct.

Nominee: _____ Submitted by: _____

NDSHP Best Practices Award

- This award has recognized outstanding practitioners in health-system pharmacy who have successfully implemented innovative systems that demonstrate best practices in health-system pharmacy. Eligibility: Applicants must be practicing in a health-system setting, such as an ambulatory care clinic, chronic care, home health care, inpatient care, or outpatient pharmacy. More than one successful program from a health system may be submitted for consideration. Applicants will be judged based on the following criteria: Originality and innovative nature of the program, Significance of the program to the health system, Demonstration of improvements, Significance of the program to pharmacy practice advancement, and Quality of the descriptive report.

Nominee: _____ Submitted by: _____

Award of Excellence in Medication Use Safety

- May be conferred annually to an individual or group of individuals in recognition of a specific recent contribution or achievement that has advanced the ability of hospital and health-system pharmacists in North Dakota to serve the needs of patients through improved medication safety processes. Pharmacists and non-pharmacists are eligible. The award is intended to recognize an individual or group of individuals for a recent singular, significant achievement or contribution rather than for career-long contributions. Include the following information when submitting your nomination: Professional position of the nominee (or individuals in a group) at the time of the contribution or achievement; Current professional position of the nominee or individuals in a group; Summary of the contribution or achievement; Brief statement about how the contribution or achievement advanced the ability of hospital and health-system pharmacists to serve the needs of patients, and Brief statement about why the contribution or achievement is of significance.

Nominee: _____ Submitted by: _____

Pharmacy Practice Literature Award

- The Pharmacy Practice Literature Award recognizes an outstanding original contribution to the peer-reviewed biomedical literature related to pharmacy practice in hospitals and health-systems. The award is given annually to the author(s) of an important contribution of original research relevant to health-system pharmacy practice published during the calendar year preceding the state convention. Eligibility: The article submitted for the Pharmacy Practice Literature Award must have been published in a PubMed-indexed, peer-reviewed biomedical journal in the last calendar year. This article will be included in the nomination. For this award, the applicant must be a pharmacist. The applicant must be either the first or second author listed on the nominated article. To be eligible for this award, the applicant must have participated in each of the following: Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; Drafting the article or revising it critically for important intellectual content; and Final approval of the version to be published.

Nominee: _____ Submitted by: _____

Practice Spotlight

Heart of America Medical Center, Rugby, ND
Erik Christenson, PharmD
Director of Pharmacy Services

Type of service: Critical Access Hospital and Outpatient Retail Pharmacy

Years of service existence: Four years in the current model

Number of pharmacy staff involved in service: Eight

Snapshot of daily operation - how would you describe the service?

What we have done at Heart of America Medical Center is take a small inpatient hospital department with two employees and turned it into a full service community pharmacy with eight employees that coordinates with our inpatient services to provide smart medicine.

Services we have added over the past few years include:

- Inpatient Coumadin Management
- Treatment room medication coordination (following labs and assuring drug appropriateness)
- Pharmacy rounding on new medications in the inpatient setting
- Outpatient vaccination program
- Diabetic shoe program
- Technician medication reconciliation program
- Antibiotic stewardship program
- Real time pharmacist consultation with providers for outpatient pharmacy services.

How is patient care improved through this practice?

The pharmacy programs have been extremely well received by our patients and the hospital staff. Many of our pharmacy programs have been shown to improve patient care and patient satisfaction. Having inpatient pharmacist rotate into the retail setting and work side by side with the primary care providers has greatly improved our patient's pharmaceutical care.

What outcomes are you measuring? What results are you seeing?

Our Star Ratings are improving on a quarterly basis.

We have been tracking our programs through CQI review, outpatient surveys and HCAHPS.

We are starting to move our medication education HCAHPS upward. We are seeing very few severely elevated INRs. Our outpatient surveys are performing very well.

What lessons have you learned?

Pharmacy managed inpatient Coumadin is a must for hospitals. It provides consistency and frees up valuable time for the provider.

Pharmacy technician management of the medication reconciliation process is absolutely wonderful.

What technology do you use?

Dr. First databases for medication reconciliation.

How can other pharmacists in our state/region support you in your practice?

Good communication between regional pharmacy leaders is a must. Developing regular regional meetings provide valuable support.

Is there anything else you would like to share about your practice?

Small critical access hospitals are great practice opportunities for progressive pharmacists. Pharmacists are able to work side by side with providers to develop and manage care.

Many other opportunities also exist for pharmacists in these settings, including:

1. 340B program development
2. Medication Therapy Management
3. Indigent care services

JOIN US

Membership Renewal

All current NDSHP members should have received an email regarding membership renewal. Membership expires March 1st, 2016. If you have not yet renewed or updated your membership, please log in to your profile at <http://www.ndshp.org/Sys/Profile> and renew today!

Nominations for Officers

Look for an email in the next weeks calling for nominations for new officers. Elections will follow three weeks later and installation of officers will occur at the NDSHP business meeting on Saturday, April 30th, at the state convention.

Our Current Officers



Maari Loy, PharmD, BCPS, MBA
Past-President



Cole Helbling, PharmD, BCPS
President



Carolyn Seehafer, PharmD
President-Elect



Amber Olek, PharmD
Secretary/Treasurer

Now Hiring...

Hospital Pharmacist In Dickinson, ND



CHI St. Joseph's Health, located in Dickinson, North Dakota, is a 25-bed, Critical Access Hospital with a Level IV Trauma Center accredited by the American College of Surgeons and The Joint Commission. Our new state-of-the-art hospital and clinic facility opened in December 2014. We carry the vision of our founding Sisters by building healthier communities through a healing ministry. We are currently seeking another pharmacist for our team.

For full job description and to apply online, go to: www.CHISTJosephsHealth.org/careers

If you are interested in providing exceptional patient care in Western North Dakota, we want to hear from you!



Midyear in the Big Easy: A Student's Perspective

I attended the American Society Health-System Pharmacists Midyear conference last December, in New Orleans, LA. It was my first time attending this conference. My first impression was the convention center was enormous and the number of pharmacy related professionals was impressive and stunning.

While attending Midyear, I was able to present on a poster that was completed by a classmate, a preceptor, and myself about Pharmacy Practice Model Initiative (Practice Advancement Initiative) Hospital Self-Assessment. The poster highlighted the achievements of our research to increase responses of North Dakota hospitals. We also attempted to analyze some of the data about the hospitals to see where the hospitals in North Dakota are ahead of the nation or behind. It was a tremendously rewarding experience. I was able to gain presentation skills and learned how to summarize the main points so the people passing by could move on quickly. It is something that if I have to do a poster presentation for a residency in the future I will already know the process and am confident I could do it again.

At the meeting, I was able to learn about some of the residencies in the region to which I am interested in applying. Having all of the residency directors and residents there was one of my favorite parts of this experience. Learning from them and hearing what brought them to their residency was encouraging to me. I was able to learn and narrow down my residency search.

I was also able to attend a professional poster presentation, which was actually not very different from the student presentations I participated in earlier. I found one poster that talked about a tobacco cessation program put on by a hospital in Ohio. They analyzed the impact of different interventions to determine what effect on relapse prevention they could have. This was particularly interesting to me, due to the fact I was in the middle of my ambulatory care rotation and at the site I saw many patients for smoking cessation counseling.

Furthermore, I attended some of the learning sessions during the conference. Some of the sessions I attended focused their content towards students, others were for those looking to develop new avenues of practice in their respective facilities, and some were for those looking to renew their board certification. I attended a meeting to learn about interviewing tips and ways to improve my ability to interview well. I found this to be informative, and it will be useful as I prepare for residency interviews this month. Another meeting discussed how to start an antimicrobial stewardship pharmacist position in your workplace. If I find a job in the future in a hospital that does not have an antimicrobial stewardship team, I will be equipped to develop one. The sessions were highly informative and if someone were to go next year, I would recommend downloading the ASHP live application to know when and where the meetings are that interest them the most.

It was a good experience overall and I would recommend going to anyone who is interested in getting a residency in the future, or is a practicing pharmacist looking for some more information to increase their scope of practice. I hope that I can see you all next year in Las Vegas, NV.

James Kallander
PharmD Candidate 2016

Career Center

We are excited to announce that NDSHP has a new page on our website - a [Career Center](#)! We have heard this need from our members, and are pleased to provide this service.

There are a few options:

1. Employers can purchase ads to place on this careers page. Contact admin@ndshp.org for further details and fees.
2. Employers and employees can post on the forum topics on the Careers page, at no cost. You can also subscribe to the forum if you are interested in career postings. You will receive an automatic email message about a new post, if you are subscribed.
3. Our newsletter is also an excellent place to post careers. If you are interested in this option, please email admin@ndshp.org for further details. Our next newsletter will be sent out in May.

Please let us know if you have questions!

Clinical Pearl

CHEST 10 Guidelines: Key Recommendations

Brendan Salo, NDSU PharmD Candidate 2016

Chest 10 is coming out in stages, rather than all at once. The first chapter is "Antithrombotic Therapy for VTE Disease."

VTE Events and Associated Recommendations

Situation	Recommendation
Outpatient management of low-risk PE patients	Outpatient treatment or early discharge rather than hospitalization
Choosing an anticoagulant drug to treat DVT of the leg or PE (no cancer)*	Use one of the direct oral anticoagulants (apixaban, dabigatran, edoxaban, or rivaroxaban) rather than warfarin
Subsegmental PE with no involvement of more proximal pulmonary arteries and no proximal DVT (in patients at HIGH RISK for VTE recurrence [active cancer, reduced mobility, hospitalized, unprovoked subsegmental PE, low pulmonary reserve, or marked respiratory symptoms not attributable to another cause])	Anticoagulation therapy
Subsegmental PE with no involvement of more proximal pulmonary arteries and no proximal DVT (in patients at LOW RISK for VTE recurrence [transient risk factor])	Clinical surveillance
VTE in cancer patient	Use low-molecular-weight heparin rather than a direct oral anticoagulant
Patient with unprovoked VTE who discontinues anticoagulation therapy	Aspirin therapy
VTE (proximal DVT or PE) provoked by surgery or nonsurgical transient risk factor (e.g. estrogen therapy, pregnancy, leg injury, flight of >8 hours)	3 months of anticoagulation therapy
Idiopathic VTE (proximal DVT or PE)	Long-term anticoagulation therapy
Distal DVT (severely symptomatic)	3 months of anticoagulation therapy
Distal DVT (not severely symptomatic)	No anticoagulation therapy; Follow-up ultrasound

*Clinically this may be controversial since many providers have more experience and a higher level of comfort using warfarin in this situation; warfarin was an acceptable first line option prior to the release of CHEST 10.

Sources

1. Klive C, Akl E, Ornelas J, et al. "Antithrombotic Therapy for VTE Disease: CHEST Guideline." CHEST Journal. 7 Jan. 2016. Doi:10.1016/j.chest.2015.11.026. Web. 19 Jan. 2016.
2. Key Recommendations compiled by: Moll S. "Healthcare Professionals Blog | Clot Connect." Clot Connect, 8 Jan. 2016. Web. 19 Jan. 2016.