

SUMMER EDITION 2008

VOL. 22 NO. 3

S O U T H D A K O T A P H A R M A C I S T

In this issue:

Meet SDPhA's New President

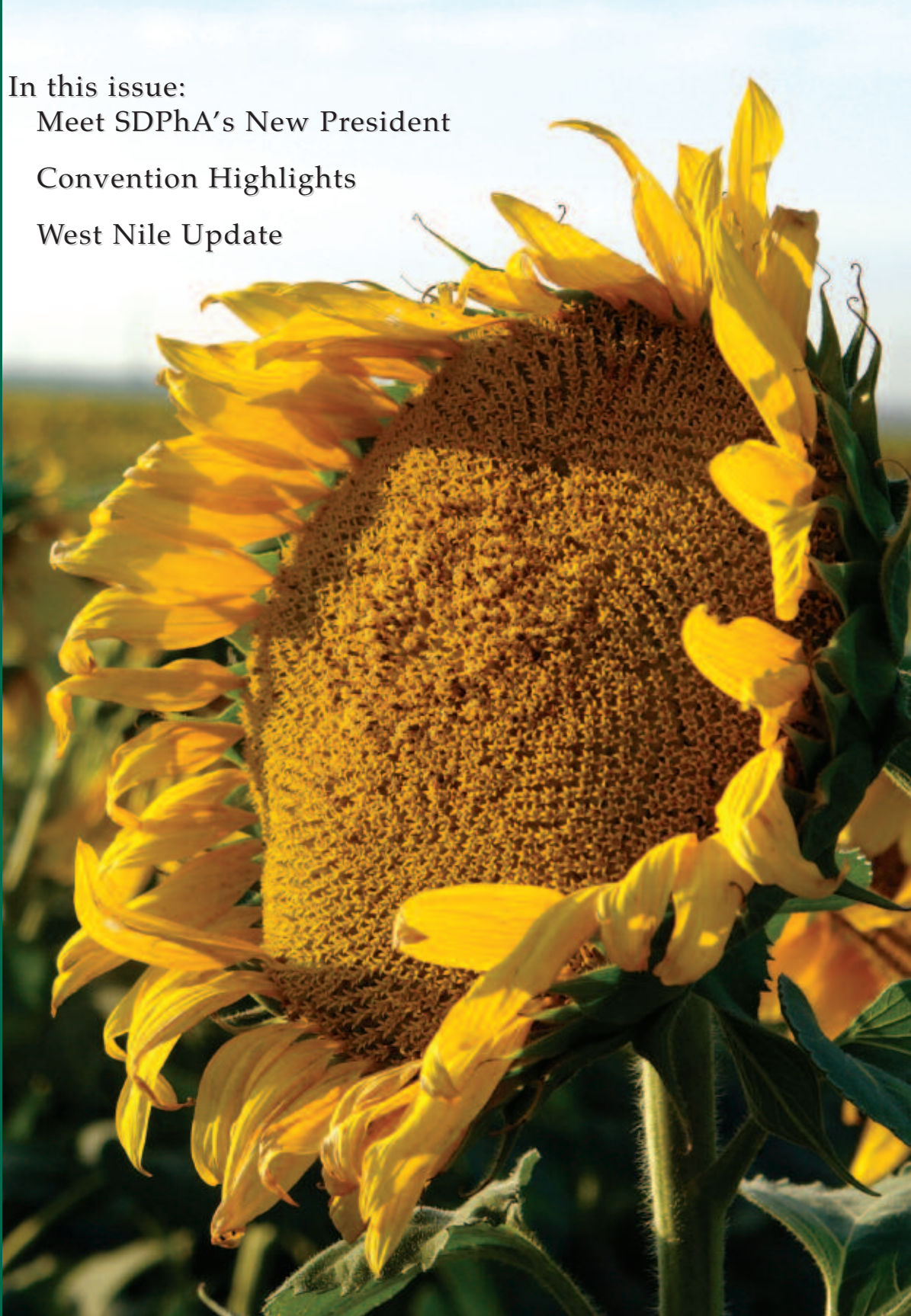
Convention Highlights

West Nile Update

South Dakota Pharmacists Association
PO Box 518
Pierre, SD 57501-0518

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South Dakota Pharmacists Association
320 East Capitol
Pierre, SD 57501
(605)224-2338 phone
(605)224-1280 fax
www.sdpha.org

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

President
Cole Davidson

President-Elect
Chris Sonnenschein

Vice President
Earl Hinricher

Secretary/ Treasurer
Lenny Petrik

Board Member
Else Umbreit

Board Member
Karetha Bittorf

Executive Director/Editor
Sue Schaefer
sue@sdpha.org

Designer
Vicky Falk
viccy@sdpha.org

Administrative Assistant
Jenny Schwarting
assistant@sdpha.org

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

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Duncan Murdy

Vice President
Jeff Nielson

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SDPhA CALENDAR

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

July

- 18-20 SDPhA Board Retreat
Chamberlain, SD
- 25 PTCB Exam Application Deadline
Visit www.ptcb.org for more information

August

- 1 District Dues and C&L Collection Begins!
- 7-9 National Association of Boards of Pharmacy (NABP)
District V Meeting, Fargo, ND
- 18 PTCB Testing Window Opens
Visit www.ptcb.org for more information

September

- 1 Labor Day
- 13 SDAPT Fall CE & Business Meeting
Chamberlain/ Oacoma, SD
- 26 PTCB Testing Window Closes
Visit www.ptcb.org for more information

October *American Pharmacists Month*

- TBD Fall District Meetings
- 1 License Renewals Due to Board of Pharmacy
- 11-15 National Community Pharmacists Association (NCPA)
110th Annual Convention & Trade Exposition, Tampa, FL
- 17 PTCB Exam Application Deadline
Visit www.ptcb.org for more information
- 13 Native American Day
- 19-25 National Hospital and Health-System Pharmacy Week
- 21 National Pharmacy Technician Day

* Cover photo courtesy of Ann Hirsch

SOUTH DAKOTA PHARMACIST

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PRESIDENT'S PERSPECTIVE



Cole Davidson
SDPhA President

Hello,

Hope you all are having a great summer so far. The annual pharmacists convention was very successful with lots of great CE and networking opportunities. It was also a great time to catch up with old friends and to meet new colleagues. I hope everyone who attended had an chance to drive up Spearfish Canyon or enjoy some of the Black Hills beautiful scenery. Save the date for next year's convention in Watertown on June 5th, 6th and 7th, 2009.


How is the pharmacy routine going? Are you stuck behind that computer screen peeking out at your customers? It is time to get out and talk with your patients, not just counseling on new prescriptions but

in the OTC section also. We need to make ourselves more available for teaching, be it MTM, over-the-counter products or brown bag seminars. An educated customer is a safe and healthier customer. Continue to show why pharmacy is one of the most respected professions.


This year, the association will be busy working on a process for collecting district dues. We should have an online capability on our website by license renewal time. There are also many legislative issues we will be watching and we will need your help in educating our senators and representatives on what is best for pharmacy.

Enjoy the rest of the summer.


Cole





INDEPENDENTS
Building the future now!
NCPA 11th Annual Convention
and Trade Exposition
October 11-15, 2008
Tampa Convention Center



Tampa



OCTOBER 2008						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
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19	20	21	22	23	24	25



BUILDING THE FUTURE NOW!


KEYNOTE SPEAKERS

- ABC-TV journalist and author Bob Woodruff (left)
- Pulitzer prize-winning humor columnist and author Dave Barry (right)

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All this for only ~~\$950~~ **\$795** for pharmacist ownermanager members or ~~\$880~~ **\$660** for staff pharmacist members.

Register now at www.ncpanet.org or call 866.575.4134.

NCPA 

DIRECTOR'S COMMENTS



Sue Schaefer
Executive Director

Summer! I like the way it's shaping up!

Thanks to all who made our 2008 Convention in Spearfish a success! We had a nice crowd and raised over \$5,000 for the Make-A-Wish Foundation of South Dakota. Stay tuned for more information on just where your kindness will land...I'm sure it will make a huge difference in a child's life.

Office News

The Medicare Improvements for Patients and Providers Act (H.R.6331) is now law. This important piece of pharmacy legislation contains provisions that will delay Medicaid cuts to pharmacy reimbursements, ensure prompt payment of Medicare pharmacy claims, encourage e-prescribing, and protect patient access to diabetic supplies. This is the single most important victory for pharmacy in a very long while! Thanks to all of you who reached out to our Congressional Delegation to express your concerns. Please also take a moment to thank Representative Herseth Sandlin and Senator Tim Johnson for their support. They have really been pharmacy champions through the years.

There have been a few changes in your Association office...Vicky Falk, who has been our part-time Administrative Assistant for the past 18 months will be leaving in September to work "down under" in Australia. She has been an excellent team member and we wish her tremendous success with her adventure. Jenny Schwarting has been hired to replace Vicky and we are looking forward to welcoming her to the SDPhA Office Team!

During the 2008 Convention, a resolution requesting that the SDPhA Office collect the District Dues was passed by the membership. We will be sending information along with the SD Board of Pharmacy's license renewal packet. *Please look for the new*

instructions on how to pay your district dues. We will offer online payment capabilities for both C&L and district dues. You will also be able to remit the funds manually. A link may be placed on the Board of Pharmacy's online renewal webpage which will send you directly to our website, if you choose the online option. The details are still being finalized for this, so stay tuned.

I know it's hard to believe, but fall is just around the corner...and it's not too early to start planning for American Pharmacist's Month in October. Our new president, Cole Davidson has some great ideas on how to bring pharmacists to the front and center on matters of patient care...it's going to be a busy and exciting year.

Lastly, I just want to thank Bob Reiswig for his excellent leadership this past year. He worked hard to make pharmacy stronger and even more respected! Your SDPhA Board works hard for you. Please don't hesitate to contact any of the Board Members or your association office with any issues or concerns. We're here for you!

Take care and enjoy your summer.

Sue

"Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere"

- President T. Roosevelt, 1908

SOUTH DAKOTA BOARD OF PHARMACY

Ron Huether

Executive Secretary

PHARMACY WORKFORCE FACTS

As of July 1, 2008 there were 228 pharmacies in South Dakota operating with full-time permits. Counties with the most full-time pharmacies are: Minnehaha (57) and Pennington (23). Currently 922 pharmacists are employed in South Dakota. Cities where the most pharmacists work: Sioux Falls (377); Rapid City (100); Watertown (39); Aberdeen (35); Mitchell (28); Brookings (24) and Huron (16). There are 1,164 pharmacy technicians registered with the Board: Sioux Falls (452); Rapid City (190).

CHANGE OF EMPLOYMENT

Board staff continues to find examples of pharmacists, technicians and interns who do not have correct contact addresses or employment information updated with the Board of Pharmacy. Notification of these changes is required for all individuals licensed or registered with the Board of Pharmacy. Both the employee and the employer are required to notify the South Dakota Board of Pharmacy of any change in employment status.

VALID HARD COPY PRESCRIPTIONS

Compliance Note: Prescriptions (controlled or non-controlled) must have a manually signed signature of the prescriber on the prescription for it to be valid. If a patient arrives in your pharmacy with a rubber-stamped signature, it is not valid and must be verified prior to dispensing.

PHARMACISTS - BANK CONTINUING EDUCATION HOURS

Pharmacist license renewal time will be here sooner than you think. To avoid a last-minute panic finding continuing education certificates, you can accumulate and enter the hours on the board's renewal site.

To log in use the same method as renewing your license:

1. Access the Board web site at www.pharmacy.sd.gov (new web address)
2. Click on the "Pharmacists" button on the right
3. Click on - On-line Renewal/Bank CE
4. The log-in name is letters "nspharm" plus your

4-digit license number. (Do not use the "R" if you have one in your license number).

5. The password is the letters "nspharm" and the last four digits of your SSN.
6. You will have the option of changing your password if you wish.
7. You can update any personal or employment information. The phone number requires you to use dashes. The dates should be in MM/DD/YYYY format. If a required field is left blank you will get an error message to complete that field.
8. Click the continue button to go to the CE page.
9. Enter each CE program, the date, and the year that you want it used and then click "apply". (For the upcoming renewal you would use 2008.) The program will automatically add them for you. If you have surplus hours you can enter them and use anything earned between 9/30/07 and 10/1/09 for the 2009-2010 licensing year.

The SD Pharmacists Association also offers a CE Bank on their web site www.sdpha.org as a means of managing your hours (these hours would need to be re-entered on the board site at renewal time).

REMINDER TO PRECEPTORS

One of the very important services that many pharmacists provide is serving as preceptors to pharmacy interns and externs. Make sure that you take the time and effort to provide a good learning experience to your interns/externs. Please assist them by making sure that the required forms are completed and submitted to the Board. The Practical Experience Application/Affidavit is to be sent at the beginning and the Progress Report of Internship to be sent promptly at the end of the period. Encourage your interns/externs to keep copies for their own records.

PROPER DISPOSAL OF PRESCRIPTION DRUGS

All of us are becoming more aware of diversion and

Continued next page

SOUTH DAKOTA BOARD OF PHARMACY CON'T

environmental issues related to the disposal of prescription drugs. The following guidelines were issued by the Office of National Drug Control Policy, the US Department of Health and Human Services and the US Environmental Protection Agency. These are useful suggestions to provide to your patients.

- * Take unused, unneeded or expired prescription drugs out of their original containers.
- * Mix the prescription drugs with an undesirable substance, like used coffee grounds or kitty litter, and put them in impermeable, nondescript containers, such as empty cans or sealable bags, further insuring that the drugs are not diverted or accidentally ingested by children or pets.
- * Dispose of these containers in the trash.
- * Flush prescription drugs down the toilet only if the accompanying patient information specifically instructs that it is safe to do so.

BE READY FOR YOUR INSPECTION

We know that pharmacists are extremely busy trying to keep up with the day-to-day demands of serving the medication needs of your customers. Spending time with the Board of Pharmacy Inspector during the annual inspection can be a good use of your time if you are prepared for the inspection visit. Often inspectors arrive at a pharmacy to conduct an inspection and find that the pharmacy (Pharmacist-in-Charge) is simply unprepared. Your pharmacy will receive pre-inspection instructions prior to the inspection. The PIC is responsible to have the appropriate paperwork completed and be ready to produce all of the documents and records necessary to demonstrate compliance. Some of the common problems are: lack of policies and procedures for use of technicians and documentation of technician training (see ARSD 20:51:29:16) and poorly organized controlled drug records.



Is a continuous quality improvement program missing from your checklist?

Are you concerned about how you will meet the challenge of the growing demand for assuring the quality of the pharmacy services that you provide? Are you searching for a practical tool to use to collect and analyze information regarding quality-related events, such as errors and omissions in prescription dispensing, that occur at your pharmacy?

Pharmacy Quality Commitment® (PQC) is what you need!

PQC is a continuous quality improvement program that supports you in responding to issues with provider network contracts, Medicare Part D requirements under federal law and mandates for CQI programs under state law. When PQC is implemented in your pharmacy, you will immediately improve your ability to assure quality and increase patient safety.

Pharmacy Quality[®]
COMMITMENT

**Call toll free (866) 365-7472 or go to
www.pqc.net for more information.**

PQC is brought to you by your state pharmacy association.

SDPhA 2008 CONVENTION HIGHLIGHTS



Phun Runners - "On Your Mark, Get Set"



New Drug Update Guru



Vendor Time



No Golfing today!



Technology Time

SDPhA CONVENTION HIGHLIGHTS CON'T



New Slate of SDPhA Officers



Biker Babes!



Ep Seiler - 50 Years!



John Askew shares his knowledge on
Lewis & Clark



Thank You Vendors!



Preparation is Key



Is that President Bob?



Gary Mule Deer & Bob's Pharmacy Crew



Great Minds!



And the Winners Are...



"A Trio of Sages"



SERV SD Statewide Emergency Registry of Volunteers in South Dakota

Recent catastrophic events in the U.S. have demonstrated the need for a "surge" of additional health care workers and other volunteers to assist public health agencies, emergency management organizations, first responders, and health care facilities with disaster response and recovery efforts. The federal program that was created from this need is titled ESAR-VHP, the Emergency System for the Advanced Registration of Volunteer Health Professionals. This is a state owned system however, and South Dakota has titled their system SERV SD, Statewide Emergency Registry of Volunteers in South Dakota.

The goal of the SERV SD program is to create a database that will enable health professionals to be mobilized immediately in response to a mass casualty. When disaster strikes, health care facilities near to the event often experience an influx of health professional volunteers willing to help; however, at such a time these facilities are not able to maximize the potential of the volunteers due to the inability to

verify identities, credentialing, and competencies of the volunteers. SERV SD is a pre-registration "system that allows for advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet increased patient/victim care needs during a declared emergency." SERV SD collects information regarding the volunteer's identity, licensing, credentialing, accreditation, and privileging in hospitals or other medical facilities. By collecting this information prior to the occurrence of the next large scale emergency, volunteers can be used more effectively and more lives can be saved.

If you are interested in volunteering or have any questions, please go to <https://sdhan.sd.gov/volunteermobilizer/> or you may contact Sue Schaefer at sue@sdpha.org, Rick Labrie at rick.labrie@state.sd.us or Courtney Leonard at courtney.leonard@state.sd.us Please consider volunteering! Your expertise and skills will be invaluable in our efforts to manage the aftermath of a large scale disaster.

WEST NILE UPDATE

Dr. Lon Kightlinger, South Dakota's State Epidemiologist, recently provided an update in regard to South Dakota West Nile Virus statistics:

- * Currently (as of 10 July 2008) one individual from Corson County has been diagnosed with West Nile this season.
- * An owl from Codington County has tested positive, and two test pool mosquitoes from Pierre and one from Mitchell have been found to harbor the virus

Of special note to pharmacists, diabetics seem particularly vulnerable to the virus and have been heavily affected when a positive test results.

Also of note, researchers are discovering that the

affects from West Nile may stretch from the originally indicated weeks and months, to possibly years of negative impact to an individual's health.

At this time, there are no vaccines, and no approved drugs for this virus....and just so you know, we are just now heading into the height of the season which really fires up from July 15 - September 15.

Questions, comments or concerns can be directed to South Dakota State Public Health Lab at 1-605-773-3368 or 1-800-738-2301.

Thanks to Dr. Lon Kightlinger for the update!

THE AUDIT ADVISOR

Courtesy of PAAS National

AS DIRECTED AUDIT CHALLENGES

Q: In a recent audit, my pharmacy received a lot of discrepancies for prescriptions written “As Directed.” Is this a fair audit practice?

A: Fairness in this situation is a question of opinion. Prescriptions written, “AS DIRECTED,” can increase a pharmacy’s risk in audit situations. Whether you believe it is fair is immaterial; third parties are citing these claims and taking money away from pharmacies unless they provide documentation to support the quantities dispensed.

Third parties are interested in controlling plan maximums in terms of days supply and quantity of medication dispensed. “As directed” prescriptions create ambiguity and challenges for third parties in policing these parameters.

The Safest procedure for the patient and third-party billings is to contact the prescribing physician for a clearer definition. If it isn’t convenient to contact the physician, ask the patient how often they take their medication. Don’t forget to DOCUMENT this

information on the hard copy prescription. Make sure dispensing quantities stay within therapeutic guidelines.

If “as directed” is used to skirt plan limitations, you are creating a ticking time bomb. PBMs are becoming more clever at flagging excessive and illogical quantities and in some cases contacting physicians to verify dosages. Resist patients who place unfair pressure upon you to boost dispensing limits. In an audit the U.D. designation may be translated by the PBM into much lower quantities than you are dispensing. Pay particular care on expensive brand name medications. PBMs are also going after insulin, syringe, inhalers, and glaucoma drop quantities on “as directed” prescriptions.

By H. Edward Heckman, RPh, and David Heckman, RPh, PAAS National, the Pharmacy Audit Assistance Service. For more information call toll free to 888-870-7227

DIABETES

The South Dakota Department of Health Diabetes Prevention & Control Program, the South Dakota Foundation for Medical Care, and numerous providers have collaborated to produce the Recommendations for Management of Diabetes in South Dakota. These recommendations utilize current research and evidence-based practices and are meant to serve as a guide to providing appropriate care and treatment to people with diabetes and those at risk for diabetes.

Providers are encouraged to adapt the recommendations to provide individualized, culturally sensitive care to all patients for optimal health outcomes and to provide consistency in the treatment and prevention of the long-term complications of diabetes.

The Recommendations were developed as part of a statewide initiative to improve the health care of people with diabetes and are consistent with the South Dakota Diabetes State Plan 2007-2009. The Recommendations and the Plan are available at <http://diabetes.sd.gov>. To request a hard copy of the Recommendations, send your contact information to colette.hesla@state.sd.us.

If you have any questions, please feel free to contact the South Dakota Diabetes Prevention and Control Program at 1-800-738-2301 or the South Dakota Foundation for Medical Care at 1-800-658-2285.

ACADEMY OF STUDENT PHARMACISTS

Dustin Schrader

APhA-ASP President

Greetings from APhA-ASP,

I find it difficult to believe the spring semester of classes have been concluded for over two months. I hope everyone had a fun, relaxing 4th of July. I would like to start by thanking everyone who participated in the Annual APhA-ASP Auction held in Sioux Falls on April 8th. We raised over \$5,000 for our chapter thanks to your help. Our chapter will use that money to defer costs for regional and national meetings attended by our student pharmacists and also help fund the Mid-Year Regional Meeting our chapter will be hosting in November. I would like to especially thank the Fundraising Co-Chairs; Kate Rochleau, Molly Branaugh, and Kathy Glanzer. These individuals are responsible for organizing the auction and making it the great success it was.

Before the spring semester ended, our chapter hosted a speaker about the pharmacy residency application process. Our speaker was Katie Orton who has accepted a pharmacy residency at Avera McKennan in Sioux Falls. Student pharmacists at SDSU had the opportunity to hear about the pharmacy residency application process firsthand. The information provided was very helpful for anyone wanting to pursue a pharmacy residency after completing their PharmD. Also towards the end of the spring semester was the incoming 1st year professional pharmacy student (P1) ice cream social. The event gives incoming P1's the chance to meet future classmates and interact with pharmacy students already in the professional program.

As the fall semester draws closer, our chapter is busy planning for the upcoming year. This summer two of our chapter representatives will be attending the Student Leadership Institute (SLI) in Washington D.C. They will learn about new ideas and be responsible for bringing those ideas back to our chapter so we can implement them. We also have to begin planning a theme and design for the College of Pharmacy Hobo Day Float. In November, our chapter will be hosting the Mid-Year Regional Meeting for Region V, so we have been preparing for that large event. However, our first challenge of the fall semester is the membership drive which is where students sign-up or renew their memberships to APhA-ASP. The

centerpiece to the membership drive is the Welcome Back Picnic. Students enjoy a great meal while learning about the benefits of joining APhA-ASP. The Welcome Back Picnic has been sponsored by the South Dakota Pharmacists' Association the past several years, and we greatly appreciate the support. I would like to conclude by wishing everyone an enjoyable summer.

Sincerely,

Dustin Schrader

APhA-ASP President

CAN'T FIND THAT NPI? - HCIDEA™ PRESCRIBER LOOKUP 50% OFF FOR MEMBERS

As you know Pharmacists are now required to provide the Doctor's National Provider ID (NPI) on all pharmacy claims. In an effort to assist our members with this mandate, NCPDP and SDPhA are offering the Prescriber Look Up Tool, HCIDEA™, at a 50% discount (\$250) for all 2008 SDPhA Members (www.hcidealookup.org).

Pharmacists may search for a prescriber in the HCIDEA™ database simply by entering a valid DEA number. In addition, pharmacists can perform a geographic search based upon name, city or state. Pharmacy friendly search criteria save pharmacists time filling prescriptions and updating prescriber files. The flexible search capability demonstrates how the HCIDEA™ Prescriber Look-up is easier to navigate compared to other NPI look-up tools.

In addition to NPIs, the prescriber records show multiple addresses and phone/fax information, DEA status, information on licensing and prescriber specialties.

To order HCIDEA you must be a SDPhA Member. Contact the SDPhA office to place your order at (605) 224-2338.

2008 CONVENTION AWARDS

Distinguished Young Pharmacist Joe Strain



The 2008 *Distinguished Young Pharmacist Award*, sponsored by Pharmacist Mutual Insurance Company, was awarded to Joe Strain.

Joe graduated from the SDSU College of Pharmacy in 2002. He is a member of the South Dakota Pharmacists Association, American Society of Health-System Pharmacists, American College of Clinical Pharmacy, Rho Chi Honor Society, Golden Key National Honor Society, Rapid City Regional Hospital ICU Committee, SDSU Faculty Development committee, and past president of the South Dakota Society of Health-System

Bowl of Hygeia Award Julie Meintsma



The *Bowl of Hygeia Award*, sponsored by Wyeth Pharmaceuticals, recognizes pharmacists for outstanding service in the community. This year's recipient was Julie Meintsma.

Julie graduated from SDSU's College of Pharmacy in 1988. She is currently employed at the Wal-Mart Pharmacy.

She has done consulting for the South Dakota Department of Social Services' RX Access Program and is currently a member of the SDSU College of Pharmacy Advisory Council.

Hustead Award Dennis Jones



The *Hustead Award* recognizes contributions or service during a career or for significant accomplishments during a short period of time that impact the profession in a positive manner. Dennis Jones demonstrated the dedication, resourcefulness, service and caring that has made pharmacy one of the most respected professions in our country. This award also stresses the significance of Dennis's professional career as well as the impact he has made on the profession, and his dedication to community service.

Distinguished Service Award Sue Schaefer



The *Distinguished Service Award* is reserved for outstanding individuals who offer significant contributions to the profession of pharmacy.

Sue Schaefer is actively involved in her community and the pharmacy profession. Her contribution to SDPhA has given a renewed sense of energy and enthusiasm to the profession and the association. She continually has new ideas and ways to promote the profession of pharmacy. She has worked with legislators on legislation important to pharmacists. She supports local pharmacists' independent practice and gives great moral support to individual pharmacists in every practice setting. She has been the Executive Director of the SDPhA since December of 2004.

CONVENTION AWARDS CONTINUED

Honorary Presidents Award

Brian Lounsbery



The *Honorary Presidents Award* recognizes a career pharmacist who has not been the President of the Association. Brian Lounsbery was this year's recipient.

Brian grew up in Beresford, SD. After graduating in 1994 from SDSU College of Pharmacy, he moved to Phoenix, Arizona, then to Denver Colorado. He has been back in South Dakota since 1999.

This pharmacist has been actively involved in the Association, and was president of the Sioux Falls District in 2006. He is married with two children, and enjoys fishing, boating, and coaching his son's soccer team.

Excellence in Pharmacy Award

Brian Kaatz



The South Dakota Pharmacist Association presented Dr. Brian Kaatz with a special Excellence in Pharmacy Award to thank him for his hard work and dedication to the profession of pharmacy.

The SDSU College of Pharmacy Advisory Committee submitted a resolution this convention to honor Dr. Kaatz and his many accomplishments. Look on page 17 for the resolution to recognize his accomplishments

Thank you Brian for your years of service to the profession of Pharmacy! Please stay in touch!

Innovative Pharmacy Award

Dennis Hedge



Dennis Hedge was the recipient of the 2008 *Innovative Pharmacy Practice Award* on behalf of NASPA. Dennis was selected by demonstrating innovative pharmacy practices resulting in improved patient care.

Dennis received his degree from the University of Kansas in 1991. He has quickly risen through the ranks as Assistant, Associate, and Full Professor, and then Department Head, the first-ever Associate Dean within the College of Pharmacy, and is now the Acting Dean. He has been name Teacher of the Year two times at SDSU.

He has an impressively diverse array of outstanding contributions within many areas of pharmacy. He has served on several South Dakota Committees including

District Salespersons of the Year

Robb Harrington	Black Hills District
James Speirs	Huron District
Renee Clemensen	Sioux Falls District
Ian Ross	Watertown District
Connie Scholten	Yankton District

District Technicians of the Year

Kristin Helsdon	Black Hills District
Kelly Heintz	Black Hills District
Megan Crago	Black Hills District
Lisa Johnson	Huron District
Cathy Johnson	Mobridge District
Barb DeSersa	Rosebud District
Gail Weringa	Sioux Falls District
Dulcy Byer	Watertown District
Carol Guenther	Yankton District

PRESTIGIOUS GROUP 50-Year Pharmacists

Ephriam Sieler



Ep was the first "bundle of joy" born to Rosa and August Sieler on November 20, 1931. The first of six siblings. He was left to be the "man of the home" when his father suddenly passed away when Ep was 12 years old. After finishing 8th grade in a rural school, he started high school in

Java, South Dakota, carrying milk and cream with him for his board and room expense, as he crossed the prairie to a neighbor to catch a ride to Java, staying in Java from Monday thru Friday. During that following summer his grandparents moved to Eureka, where Ep stayed with his grandparents during the school year.

He graduated from Eureka High School in 1949, enlisted in the US Air Force on September 7, 1949 and graduated from Aircraft and Engine School in August 1950. Ep was sent to Korea on September 7, 1950, where he worked on F51 Fighter Bomber planes. While stationed at five different bases in Korea including K24 - North Korean Capital from November 20, 1950 until December 2, 1950 - forced out by North Korean and Chinese troops - to South Korea until February 7, 1952. He returned to the States in March 1952 and was stationed at Fort Ethan Allen in Burlington, Vermont until February 1953 at which time he was discharged.

Ep started Pharmacy School at SDSU on December 1, 1953 and graduated in June of 1957. While in College, he married Virginia Knaus in October 1955. To this union two children were born, Sherman Daniel now living in Arizona, and Connie Lynn living in Sturgis. Ep and Virginia divorced in 1978. He is also the proud grandfather of four grandsons ranging from ages eleven through twenty, and one six year old granddaughter.

Ep started his business career by working for Blue Drug in Spearfish, South Dakota in June 1957. He left there in November in 1960 to become a partner in Jones Drug in Gettysburg, South Dakota. Ep bought out his partner in 1977 and sold the store in 1995. He then married Jan Goldhahn on November 24, 1979 and has one daughter from this marriage, Beth, born on June 26, 1982. Ep and Jan had many wonderful years in Gettysburg not only working to develop a happy home for Beth, but also having a successful business at Jones Drug and contributing many hours for the betterment of the community. They sold Jones Drug in February 1995 in hopes of spending more time with family and

vacationing. Ep worked doing relief work for a number of Drug Stores in mid-South Dakota and at his old store in Gettysburg. Jan passed away on August 26, 1997.

Ep's daughter Beth is an SDSU Dr. of Pharmacy graduate, graduating in 2005 and is presently working in Dad's old store in Gettysburg and in Pierre.

Ep married Hilda (Bender) Goehring on December 25, 2002 in Rapid City, South Dakota where they reside at the present time. They spend time visiting family and traveling - Germany and Ukraine in 2002, and Korea and China in 2005.

Congratulations, Ep!

Ronald G. Jones



Ron was born in 1936 and raised in Britton, SD. He graduated from the SDSU School of Pharmacy with a BS degree in 1958. He was employed as a pharmacist in Yankton and Aberdeen from 1958 to 1964.

In 1964, Ron entered Dental School at the University of Missouri at Kansas City. He worked as a pharmacist in the Kansas City area while attending Dental School. He graduated with a doctorate in Dentistry in 1968, and had a private dental practice in Britton for about 20 years.

Ron is currently utilizing both degrees as a Pharmacist in Yankton and as a Dentist at the State Prison in Springfield (formerly Southern State Teachers College.)

Ron has two daughters. One resides with her family in Buffalo, NY, and the other resides with her family in Raleigh, North Carolina. He has three grandchildren (15, 17, and 20 years old).

Presently, Ron is establishing a Pharmacy scholarship from the past Pharmacy graduates from Britton for future Pharmacy students from Britton as a memorial to three Pharmacists who graduated and expired at a very young age. He has nothing but positive memories of Pharmacy school at SDSU and the Pharmacists he has helped in Britton, Yankton, Aberdeen, Eagle Butte, Gregory, Burke, Platte, and Tyndall. Ron has blessed with good health and still enjoys an active role in both Pharmacy and Dentistry.

Congratulations, Ron!

2008 RESOLUTIONS

Title of Resolution: Dr. Brian Kaatz Recognition
Do Pass

Purpose/ Objective of Resolution: To honor Dr. Brian Kaatz for his years of service to the SDSU College of Pharmacy and to the pharmacy profession.

Whereas: Dr. Brian Kaatz has served the SDSU College of Pharmacy for 20 years serving on the faculty, acting as the head of the Department of Clinical Pharmacy, and appointed as the Dean of the last five years; and

Whereas: Dr. Kaatz has served the pharmacy profession in South Dakota as the president of the South Dakota Society of Health System Pharmacists, member of the pharmacy practice revision task force, and in many other positions; and

Whereas: As the Senior Health Care Policy Fellow for Senator Tim Johnson in 2000, Dr. Kaatz gained national attention for his efforts to advance the recognition of pharmacists as vital members of the health care team;

Therefore be it Resolved, That: The South Dakota Pharmacists Association thank Dr. Brain Kaatz for his years of service to the College of Pharmacy and to the profession and wish him the same degree of success as he continues to serve South Dakota as the Dean of the USD School of Health Sciences.

Submitted by: SDSU College of Pharmacy Advisory Committee, June 7, 2008, SDPhA First Business Meeting

Title of Resolution: Untitled
Do Pass

Whereas: immunization has been proven to be a safe and effective method of protecting against disease; and

Whereas: hundreds of South Dakota pharmacists are registered to provide vaccines; and

Whereas: pharmacists are the most accessible health care providers; and

Whereas: South Dakota pharmacists may currently deliver only two adult vaccinations: influenza and Zostavax; and

Whereas: other vaccinations would also be appropriately delivered by pharmacists, including but not limited to pneumococcal vaccine, Tdap, human papillomavirus (HPV), hepatitis A, and hepatitis B;

Therefore be it Resolved, That: The South Dakota Pharmacists Association supports efforts to allow South Dakota Pharmacists to deliver any immunization to adult patients with a prescription authorization.

Submitted by: Naomi Graves, June 7, 2008, SDPhA First Business Meeting

Title of Resolution: Centralization of Billing and Collection of dues for all South Dakota Pharmacy Districts
Do Pass

Whereas: The South Dakota Board of Pharmacy is no longer allowed to collect district dues with license registration; and

Whereas: Collection of dues is creating confusion among the individual districts and making it difficult to collect dues in a timely and convenient fashion; and

Whereas: The South Dakota Pharmacists Association has the capability to process credit card transactions online;

Therefore be it Resolved, That: Billing for district dues will originate from the SD Pharmacists Association. SDPhA will then distribute district dues to the respective districts, and for these services will be paid a percentage of each district's dues.

Submitted by: 2008 Convention Resolution Committee, June 7, 2008, SDPhA Second Business Meeting

Title of Resolution: A Resolution to Centralize Billing and Collection of District Dues and C&L Memberships
Tabled

WHEREAS, collection of district dues and C&L membership fees by the SD Board of Pharmacy is no longer allowed, and

Continued on page 21

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Eric Kutscher

SDSHP President

Hello to all the pharmacists, students and technicians of our great state:

My name is Eric Kutscher and I am the new president of SDSHP. I am honored and privileged that the pharmacists of our state have entrusted me to serve in this role for the next year. I have many goals to accomplish this year, but one major priority is to help all pharmacy professionals in our state improve the outcomes of the patients we serve. Our Board of Directors will be having a retreat in July to discuss a variety of membership, educational, and community service initiatives that will help improve patient outcomes. We look forward to working with all the pharmacy professionals in our state on these initiatives. Below are a few items we have done so far this year...

We hosted our Annual Conference in Sioux Falls April 11 and 12th. Although we had "blizzard conditions", our attendance was at record numbers (well over 100), thank you to all who attended and helped make the conference a success. Next year the conference will be in Sioux Falls, at the Holiday Inn City Center tentatively scheduled for April 17-18, 2009. We look forward to a record number of attendees as well as excellent programming. More information will be available in the upcoming months regarding the theme and speakers for the annual meeting.

On July 18th, SDSHP will be holding the Seventh Annual Gary Van Riper Open Golf Classic and Scholarship Dinner at Bakker Crossing golf course in Sioux Falls. This is an Open tournament so everyone is welcome to play and catch up with colleagues and help support scholarship funding for our SDSU pharmacy students.

As I write this letter the South Dakota State University Foundation is finalizing the details of SDSHP's new Endowed Pharmacy Scholarship. This scholarship will provide at least \$500 in scholarship monies for many years to come. Although we have established this scholarship, we are continually raising funds to establish additional scholarships for the pharmacy

students of our state and your continuous support is greatly appreciated.

To continue our support of the SDSU College of Pharmacy, the membership of SDSHP voted at our Annual Meeting to support the new building project. We have pledged to give the college \$5,000 to help fund art work which will provide unique beauty to the new building. This building is going to be a major focal point on the SDSU campus and our members wanted to ensure the building was properly decorated.

Tom Johnson and Kelley Oehlke have just returned from the ASHP Annual Meeting in Seattle, Washington where they served as our state delegates. A variety of important issues were discussed including the following: pharmacy services in the emergency department, standards of practice for health-system and hospital pharmacists, bar coding standards, and an intermediate drug class. These and other policy statements can be found at the following webpage: http://www.ashp.org/s_ashp/cat2cn.asp?CID=510&DID=552

Finally, I would like to welcome our new and continuing board members: Jodi Hurd, President Elect; Joe Strain, Past President; Kelley Oehlke, Treasurer; Gary Van Riper, Secretary; April Schultz, Member At Large; Anne Morstad, Member At Large; Jolene Kujawa, Technician Member; Nicole Hepper, Student Member; and Elizabeth Sinclair, Student Member.

Thank you all for your continued support of SDSHP as we work towards another successful year. As a reminder please check our webpage often for practice updates and CE opportunities.

Eric C. Kutscher, PharmD, BCPP
President

South Dakota Society of Health System Pharmacists
www.sdsph.com

SD ASSOCIATION OF PHARMACY TECHNICIANS

Ann Oberg

SDAPT President

"In the Good Old Summertime..."

Summertime in South Dakota is when you look forward to the warm weather of August, grilling outdoors and the completion of many road construction projects! All joking aside, I hope you are all enjoying your summer!

As we come to the end of another membership year, I would like to take this opportunity to thank the officers for their hard work and dedication to SDAPT. I also want to thank the members of the two state pharmacist associations, SDPhA and SDSHP, for their hospitality in allowing us to display at each of their conventions this year. Ann Oberg and Phyllis Sour represented SDAPT at both meetings this year. Last, but not least, I want to thank the membership for their support of SDAPT and for continuing to make it all possible. When I reflect on the past year, it is evident that we did not accomplish all that we set out to do. But the fact remains that this was a great year and we are all still working together to make the profession stronger. So, it is with a renewed spirit that I look forward with great hopes for the 2008-2009 membership year!

Membership update

For all current members, your membership will be expiring at the end of August. Our dues will remain at \$35 for the year and a membership renewal form will be on the website (www.sdapt.org) in August. We will be mailing or emailing out renewal notices to remind you. I encourage you to continue your SDAPT membership so that you can network with other technicians and actively participate at our annual fall meeting. As you recall, free registration for the SDAPT Fall Continuing Education and Business meeting is a membership benefit! Some other membership benefits are: SD Pharmacist Journal subscription (a \$25.00 value), reduced registration fees for the SDPhA annual meeting (savings of \$50), and the opportunity to impact the profession of pharmacy technicians by participating in the annual state meetings.

SDAPT Fall Business meeting and Continuing Education

The date for the fall meeting has been set for Saturday, September 13, 2008 at Cedar Shore Resort in beautiful Chamberlain, South Dakota. The meeting will start with

registration and check in at 9:30am, with the CE's to start at 10:00 a.m. The line up of speakers is great and I know you will enjoy all of them. There will be one hour on law for those who need that for recertification.

Other presentations are: *"Weight Loss Tricks and Traps"*, *"Nutrition-Smart Choices for Good Health"*, and *"Professionalism and Communication Skills for Healthcare Workers"*.

Information is included in this issue of the journal along with a registration blank.

SDAPT Honorary Member Award

I would like to start this process earlier this year and will start accepting nominations for the honorary member award at the annual fall meeting. All nominations should be submitted by April 2009, prior to the SDSHP convention in Sioux Falls. Criteria for nominating honorary members: Honorary members are individuals who are or have been especially interested in the support of pharmacy technicians or who have made outstanding contributions to the pharmacy profession. Past winners of this award typically have been pharmacists.

Pharmacy Technician Certification Exam (PTCE) reminders:

Application deadline for the next PTCE is July 25th for the testing window of August 18th -September 26th.

Applications will be accepted for the next session starting September 2nd -October 17th for the testing window of November 10th -December 19th. Information is available on the website, www.ptcb.org, or please feel free to contact me if you have any questions.

We always welcome your comments and ideas on how to make SDAPT stronger. If you wish to volunteer for a committee or have questions on becoming a member, please feel free to contact me or any of the officers of SDAPT. Stay involved in SDAPT and all of the activities of our state pharmacy associations.

Ann, Phyllis, Sue, Nadine and Judy

Ann Oberg, President (akoberg@sio.midco.net)

Phyllis Sour, President-Elect

(pep12009@rap.midco.net)

Sue De Jong, Secretary (sdejong99@hotmail.com)

Nadine Peters, Treasurer (nadine@pie.midco.net)

Judy Rennich, Past-president (jrennich@itctel.com)

South Dakota Association of Pharmacy Technicians

2008 Fall CE and Business Meeting

September 13, 2008 at Cedar Shore Resort in Chamberlain, SD

9:30 a.m-4:30 p.m.

We would like to invite all pharmacy technicians to our annual fall CE. Registration begins at 9:30. All attendees must pre register by Saturday, September 6, 2008. There will be 4 hours of CE available with 1 meeting the law requirement for certified technicians. Lunch will be provided for all pre-registered attendees. We will also conduct our fall SDAPT business meeting. Please submit the following registration form to Ann Oberg by September 6, 2008.

SDAPT Fall CE 2008

Topics and guest speakers are as follows:

"Pharmacy Inspections: The Technician's Role"

10:00a.m. - 11:00a.m. - Randy Jones, RPh; Inspector, SD Board of Pharmacy

"Weight Loss Tricks and Traps"

11:00a.m. - 12:00p.m. - Melissa Magstadt, CNP, Sanford Clinic - Watertown

12:00p.m.-2:00p.m. - Lunch and First Business meeting

"Nutrition-Smart Choices for Good Health"

2:00- 3:00p.m. - Tony Horan, BS, Nutrition, Pharmacy Support Specialist,
Avera McKennan Hospital & University Health Center, Sioux Falls

"Professionalism and Communication Skills for Healthcare Workers"

3:00 - 4:00p.m. - Darcy Sherman Justice, MS, RN, CNA, BC; Director Nursing Integration,
Avera McKennan Hospital & University Health Center, Sioux Falls

4:00 pm - 4:30 pm --Second Business meeting and wrap-up for day

2008 SDAPT Fall CE and BUSINESS MEETING REGISTRATION FORM

Registration Deadline: Saturday, September 6, 2008

All attendees MUST pre register

Name _____

Address _____

Phone: _____

Email: _____

☐ SDAPT Member (No Charge)

☐ Non-Member Fee: \$20.00
(make check payable to SDAPT)

Mail registration form along with the required fee to:

SDAPT, Ann Oberg

5104 W 40th St.

Sioux Falls, SD 57106

Questions: Contact Ann Oberg at 605-336-4686 or



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2008 RESOLUTIONS, CON'T

WHEREAS, collection of these funds could be accomplished through the SD Pharmacists Association, and

WHEREAS, the South Dakota Pharmacists Association has online credit card capability

THEREFORE BE IT RESOLVED, that billing for district dues and C&L membership will originate from the SD Pharmacists Association, and paid funds will be collected by same distributed.

Submitted by: Mitchell District, Spring Meeting, 2008

Title of Resolution: Centralization of Billing and Collection of fees for all South Dakota Pharmacy district and C&L Membership Tabled

WHEREAS, it is not allowed to have the Board of Pharmacy collect the district dues and C&L membership fees, and

WHEREAS, the collection of these funds could be accomplished through the SD Pharmacists Association, and

WHEREAS, the South Dakota Pharmacists Association has the capability to process credit cards online,

THEREFORE BE IT RESOLVED, that the SDPhA will create a superbill for billing and collecting each individual pharmacists' district dues and C&L dues. The SDPhA will then distribute district dues to the respective districts. For these services, the SDPhA will be paid a percentage of each districts' dues.

Submitted by: Huron District, Spring Meeting, 2008

Title of Resolution: District Dues Tabled

WHEREAS, the districts are a vital part of the functions of the Association, and

WHEREAS, the change in dues collection for the Association has created confusion for the membership and made it difficult for the districts to collect dues in timely and convenient fashion,

THEREFORE BE IT RESOLVED, that the SD Pharmacists Association investigate means to assist the districts with dues collection including electronic submission of dues to a central location.

Submitted by: Sioux Falls District, Spring Meeting, 2008

Pharmacy Quality Commitment (PQC) Module Developed for Compounding Pharmacies

The National Alliance of State Pharmacy Associations (NASPA) and the South Dakota Pharmacist Association are proud to announce the launch of the Pharmacy Quality Commitment (PQC) Compounding Module. PQC and the new PQC Compounding Module provides pharmacies with a continuous quality improvement program aimed at reducing medication errors. Rather than viewing the delivery of pharmacy product and services as merely a series of isolated events, the program encourages pharmacists to take a systems-based approach to addressing quality improvement and medication safety. The program enables a pharmacy to identify, document, and analyze workflow through a secure, simple, web-based data entry system and provides feedback with graphs and charts, allowing pharmacists and technicians to continuously develop the safest way to fill prescriptions and serve their patients.

The newly developed PQC compounding module is a result of months of work with the International Academy Compounding Pharmacy (IACP) and various compounding focus groups to develop a unit tailored to the specific needs of compounding pharmacies.

For more information contact the PQC toll free at 866-365-7472 or info@pqc.net or go to www.pqc.net.

HEDGE NAMED ACTING DEAN



BROOKINGS, S.D. -- Professor and Associate Dean Dennis Hedge has been appointed acting dean of the College of Pharmacy at South Dakota State University until a permanent dean is found.

Hedge will move into the position when Dean Brian Kaatz resigns effective June 30 for his new job as dean of the School of Health Sciences based in Sioux Falls.

"I'm flattered and will certainly work hard to reward their trust and confidence," says Hedge. "I've learned a lot and grown professionally every time I've taken on a new assignment at the College of Pharmacy."

When Hedge takes over as acting dean, he looks to continue the primary goals of the College:

- o maintain high educational standards.
- o have a successful accreditation site visit in September.
- o seeing to conclusion a successful transition to the Intramural Building (the Barn) as pharmacy's temporary home until the Avera Health and Science Center is built on the SDSU campus.

"We have a wonderful story to tell regarding the great things happening at the College of Pharmacy," relates Hedge. "I anticipate many challenges in the next few months, but these exciting times will provide a great sense of motivation to continue the College on its positive course."

Hedge grew up on a farm near Hoxie, Kansas. He earned his pharmacy doctorate from the University of Kansas in 1991, followed by a one-year residency in clinical pharmacy at Barnes Hospital in St. Louis. He arrived at SDSU in 1992 in the dual role of assistant professor of clinical pharmacy and as a clinical

pharmacist at Avera McKennan Hospital in Sioux Falls.

"I'm looking forward to serving the College of Pharmacy as acting dean," says Hedge. "I look at the assignment as an exciting opportunity."

"I'm sure I will learn many things and grow as a result of the experience," he adds. "Faculty and staff members are outstanding and that gives me a strong sense of confidence."

IMPORTANT NOTICE!!

We will begin collecting 2008-2009 District Dues and Commercial and Legislative Fund contributions beginning August 1, 2008.

Look for more information in your License Renewal Packet from the Board of Pharmacy.

To support pharmacy, visit our website at www.sdpha.org



South Dakota State University

College of Pharmacy



Brian Kaatz

Pharmacy and the Future

As a pharmacist for over 30 years, I've watched with great interest as new trends and discoveries and philosophies within pharmacy and medicine have "hit the streets". Some of these had legs, others didn't - some were critically important and represented a true advance in patient care and others didn't.

For the most part, though, there has been continuing progress that has moved us all in the right direction. Many things contributed to this progress, including computers which gave us the ability to evaluate, record, and review vast amounts of information. The reports that came from the Institute of Medicine are also inexorably influencing medicine and pharmacy as they point out the critical need for not only different ways of doing things, but the fact that interdisciplinary teamwork and the recognition of every profession's contribution is very important for optimal outcomes. Among the most important things I've witnessed, though, in my now somewhat lengthy career has been the concept of what has been popularly called pharmaceutical care. Whether it is called that, or "pharmacy care", or whatever....the idea that pharmacists have absolutely unique and unduplicated skills that must be used for the wellbeing of individual patients was at the same time simple and revolutionary.

What that straightforward concept meant was that if we, as pharmacists, didn't concern ourselves with whether or not the medication use that we could influence for every patient was the absolute best that could be offered, then we weren't doing our part. We are letting down the system, our profession, and most importantly, the patient, if our skills don't work to optimize drug therapy.

The previous sentence would not be true if what pharmacists do isn't important. But, as each of us has seen so many times, medications (or medication changes, or taking a medication away) can be transformational, can lead to a dramatic improvement in a patient's life, and even occasionally be lifesaving.

Without being overly dramatic, I am convinced that when pharmacists do what they can do, the health and wellbeing of millions of people improves. When they don't, there is an increasingly real risk of pharmacy and pharmacists becoming irrelevant and regarded as "too expensive" by policymakers. I stand on the belief that the best days are yet to come and that pharmacy will be universally recognized as an absolutely critical link in the chain of optimal health care.

Since graduating from SDSU in 1974, I've worked in my career to try to always increase my knowledge about pharmacy and healthcare, to try to teach and inspire pharmacy students so that they will carry the torch into the next generation, and to try to work toward a general public understanding of pharmacy's potential. It has been a great journey, and "the cause" remains as important as ever, but in the last few years of my career I've decided to hand the baton to others. Pharmacy will always remain my professional home but I am moving on to the School of Health Sciences at the University of South Dakota. I do so with every expectation that pharmacy will continue to progress. I look forward to great things - I'll be watching, and I wish you the best.

Brian Kaatz



AND THE LAW

By Don R. McGuire Jr., R.Ph., J.D.

This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

NEGLIGENCE 101

In the past, this series has examined a number of legal and claims issues. Think back to your pharmacy law class in college. How much do you remember about the elements of negligence? What does a plaintiff have to prove in order to win a negligence case? Time for Negligence 101 class to begin.

The more common types of claims involving pharmacists are negligence claims. Negligence is one category of cases in the area of the law known as Torts. Negligence is defined as "the failure to exercise that degree of care which a person of ordinary prudence would exercise under the same circumstances." As you might have guessed, negligence and neglect derive from the same root word. Negligence does not include reckless behavior or intentional behavior.

To win a negligence case, the plaintiff must prove four elements. They are; duty, breach of that duty, proximate cause, and harm. We will examine each of these elements in turn as they apply to pharmacy practice.

Duty is the requirement to behave in a certain manner for the benefit of another. Pharmacists do have certain duties to their patients. There is a long line of cases that indicate that a pharmacist has a duty to fill a patient's prescription correctly. Previous to changes in pharmacy practice, this was the pharmacist's only duty to their patients. Today, we have additional duties, such as patient counseling and drug regimen reviews. The courts in the various states have been slow to recognize these additions to the pharmacists' duties. This results in differing case law from state to state. However, the pharmacist's duties to their patients are not unlimited. The pharmacist has to take only reasonable steps to prevent foreseeable harm. Therefore, it is not required to prevent all harm. If the plaintiff's case involves a situation where the pharmacist did not have a duty to the plaintiff, then the case will fail.

The second element of a negligence case is whether a breach of the pharmacist's duty to the patient has occurred. A duty can be breached in one of two ways. The required duty is not performed (nonfeasance) or the activity is performed, but it is incomplete or incorrectly done (malfeasance). This element most likely will require some proof of the standard of care. This involves the testimony of expert witnesses. The expert witness will draw on their own experience, laws and regulations, codes of ethics, and other such items to determine if the pharmacist performed their required duties adequately. In cases where a prescription has been misfilled, this element is not hard to prove. Case law is full of cases that state that a pharmacist must fill prescriptions correctly. If you don't, that is a breach of duty. However, in cases where it is alleged that the pharmacist failed to perform DUR or provide patient counsel-

ing, it can be more difficult. Many times you will have opposing testimony from experts, as well as from opposing testimony from parties. It is usually not clear-cut what the judge or the jury will decide when they are given conflicting testimony.

The third element that the patient must prove in order to prevail is that they were injured or harmed. In many cases, this is not too difficult. The patient became dizzy and fell, their blood sugar dropped precipitously, their blood pressure increases or decreases, or they suffered an allergic reaction. Many states require a physical injury in order to make a claim for emotional injuries. The theory here is that claims for anxiety, stress, sleeplessness, etc. are more credible if they result from a bodily injury. Sometimes it is difficult to separate the symptoms complained of from the patient's underlying pre-existing conditions. This leads us to the fourth element.

The injury that the patient suffered must have been proximately caused by the breach of duty. That is, if a prescription is misfilled, the injury suffered must be due to the misfill and not some other cause or underlying condition. For example, a person who experiences high blood pressure after taking an overdose of an antihypertensive drug would cause you to question if the misfill actually caused those symptoms. This element becomes very important in cases where it is not clear if the patient actually took the drug in question, or that the symptoms could be caused by some other factor. Again, this is an area where the use of expert witnesses is very important. There is also another concept under this element. It is called superceding or interceding cause. Suppose that a patient had been taking the wrong medication for a couple of days when she is involved in a car accident. The impact breaks her leg and requires surgery to repair the bone. Obviously, this injury is not the result of the misfill and would not be proximately caused by it. This injury would not be compensable under the misfill claim.

In summary, for a patient to prevail in a negligence claim against a pharmacist, the patient must prove the four elements of negligence. They are duty, breach of that duty, proximate cause, and harm. If they fail to prove even one of the elements, then there will be no monetary damages awarded to them. However, in cases involving the misfilling of potent medications, such as methotrexate or warfarin, this burden of proof is not a huge obstacle to overcome.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies.

DISTINGUISHED SDSU PHARMACY GRAD



BROOKINGS, S.D. - DeAnna Visser got a late start in her pharmacy education, but that didn't prevent her from having a fantastic finish.

Visser, a Waterloo, Iowa, native, was named the 2008 Distinguished Graduate for the College of Pharmacy at South Dakota State University. But when DeAnna Lang graduated from West High School in Waterloo in 1995, she wasn't ready for college. So she took a job at a Sioux Falls bank.

She was still in that field seven years later when her sister suggested that she consider a career in health care.

"I'd always been interested in medicine," said Visser, who decided to pursue pharmacy. The Sioux Falls resident enrolled at State in 2002 and took classes at University Center in Sioux Falls. For the next three years, the daughter of John and Charlene Lang of Waterloo commuted to Brookings for classes.

Most of her last year of pharmacy training took place at health-care facilities in Sioux Falls.

But it wasn't Visser's odometer log that made her the distinguished graduate from the class of 60 students.

"She excels in so many categories, which is what we look for in our distinguished graduate," said Associate Dean Dennis Hedge. "She is suburb academically. She is looked at by her classmates and the faculty as a leader. And she is active in student organizations. She's a very well-rounded student."

Her academics were near perfect. One B and the rest A's during six years at State.

That made her a shoo-in for membership in Rho Chi Honor Society, which admits only the top 20 percent of each class after students have completed two years of pharmacy education. She showed her leadership ability by serving as president of Rho Chi, which organizes the fall research convocation for the College attended by almost all of the College's

students and faculty members.

From summer 2004 through 2007, Visser served as a student member to the 10-member South Dakota Society of Health System Pharmacists board.

From 2005 to 2007, Visser was student member of the College's assessment committee, a faculty group that analyzes whether students are learning what they're supposed to be learning. "I really enjoyed being able to give a student viewpoint on how students are assessed," Visser said.

Hedge noted, "She did a great job of representing the student point of view. When you get the student perspective you know you're on the right path. She was also very balanced. She certainly wasn't looking for the easy way out for the student. She was looking for what was best programmatically for the student."

Earning top marks in the classroom in a demanding subject like pharmacy would be an adequate challenge for most.

But Visser said, "I felt it was important to not just show up to class and be a student. I felt it was important to be involved as well." Hence, her resume also notes membership in the Academy of Student Pharmacists and Kappa Epsilon, a professional pharmacy fraternity, as well as making nine research presentations last year.

Part of the credit for her success, she said, goes to her husband, Jim, who "has been very supportive, encouraged me to be involved and helped with housework."

Her current challenge is working as a general pharmacy practice resident at Avera McKennan Hospital in Sioux Falls. The one-year, paid program allows Visser to gain extra exposure and hands-on training prior to going into actual practice, she explained.

Afterwards, she would like to work with infectious diseases in a hospital.

Challenges in Pharmacy Practice:

Interventions to Minimize Medication/Dispensing Errors and Maximize Patient Safety

Thomas A. Gossel, R.Ph., Ph.D., Professor Emeritus, Ohio Northern University, Ada, Ohio and

J. Richard Wuest, R.Ph., PharmD, Professor Emeritus, University of Cincinnati, Cincinnati, Ohio

Goal. The goal of this lesson is to discuss specific interventions to minimize medication and dispensing errors and maximize patient safety.

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

1. recognize the health and economic impact of medical errors to Americans;
2. identify specific interventions that are designed to reduce medication and dispensing errors in pharmacy practice; and
3. recognize specific strategies for pharmacists and patients to promote an error-free pharmacy practice and thus maximize patient safety.

Background

The Institute of Medicine (IOM) released a book-length report in 1999, which estimated that 44,000 to 98,000 deaths in the United States each year were due to medical errors. The report noted that because of the high rate of medical errors, Americans may be burdened with annual expenditures totaling \$17 billion to \$29 billion annually.

Medical Errors

Medical errors may involve the diagnosis, management, ordering, and carrying out of orders; prescriptions and other medical care



Gossel



Wuest

by physicians, nurses, pharmacists, and other staff; or mistakes by patients or caregivers. It is estimated that from 3 to 12 percent of all prescriptions filled in community pharmacies involve dispensing errors by pharmacy staff. One study estimated that of the three billion prescriptions filled each year nationwide, 51.5 million dispensing errors occur. Drug-related errors in hospitals occur in 3 to nearly 7 percent of inpatients, with a rate reported to be between 3.23 percent and 16.9 percent for inpatient drug orders.

Communication Factors

Efforts are underway to improve communications between prescribers and pharmacists in order to reduce the potential for dispensing errors. Electronic prescribing (e-prescribing) involves electronic transmission of prescription information using computers and handheld PDAs (personal digital assistants). With a PDA, a prescriber can transmit a prescription

from any location to a patient's pharmacy via a wireless Internet connection. This technology could potentially replace handwritten prescriptions, thus reducing dispensing errors due to illegible handwriting. E-prescribing can also aid the prescriber's selection of appropriate drug therapy by checking the patient's medical record for allergies, interactions, contraindications, duplicate therapy, as well as the drugs covered in the patient's insurance plan. Chart documentation can also be generated concomitantly, with appropriate information printed on an adhesive-backed label that can be affixed to the patient's medical record.

It is thought that e-prescribing can potentially reduce the error rate by more than half, and save the federal government \$26 billion in health care outlays over the next 10 years. Eliminating sources of error that are responsible for adverse events, along with checking patient eligibility, would assure the cost savings. The Pharmaceutical Care Management Association, which represents pharmacy benefits managers, has called for all prescribers and pharmacists to gear up for full use of e-prescribing by 2010.

New technology comes, however, with obstacles that must be overcome before e-prescribing will be universally accepted. Prescribers and pharmacists must familiarize themselves with the technology and be comfortable using it.

Hardware/software to support the system is costly. Health professionals need to commit the time to learn a new system. Regulations at state and national levels must be enacted to accommodate the new system universally and permit exchange of medical information that will ensure patient confidentiality. E-prescribing can also create new types of errors when the physician selects the wrong drug, dosage regimen, etc., on the PDA.

It is reported that, at present, fewer than 20 percent of prescribers use e-prescribing.

Product/Drug Names

Pharmaceutical manufacturers often design product packaging and labeling ("trade dress") to be recognized across their product line. However, this similarity in appearance of packages can contribute to serious, and occasionally fatal, drug errors.

Look-alike/Sound-alike Drug Names. Similarity between the spelling or pronunciation of drug names is responsible for approximately 7 to 15 percent of medication errors reported to the U.S.P. (United States Pharmacopeia). In the past, drug manufacturers have changed the brand names of their products to help prevent mix-ups from names that looked or sounded alike. For example, Levoxine became Levoxyl (levothyroxine) to help guard against confusion with Lanoxin (digoxin). Confusion between Lasix (furosemide) and Losec (omeprazole) prompted a name change so that Losec became Prilosec. The generic name of the positive inotropic agent, amrinone, was changed to inamrinone to help prevent confusion with amiodarone.

New procedures are now in place for choosing brand names, and manufacturers must demonstrate that there are no safety concerns with selected brand names before they are approved. As a result, some proposed product names have been changed before new drugs were released to the market.

The brand name Celebra, originally assigned to the COX-2 inhibitor celecoxib, was changed to Celebrex; and the name Zeldox for the atypical antipsychotic ziprasidone was changed to Geodon. FDA discourages assignment of new brand names for extensions of existing products (e.g., Sarafem and Prozac – both containing fluoxetine, Zyban and Wellbutrin SR – both containing bupropion) because patients could receive the same active ingredient from multiple prescribed drugs. Pharmacists can visit www.ismp.org/Tools/confuseddrugnames.pdf for a comprehensive list of confused drug names for look-alike and sound-alike name pairs.

Tall-man and Distinctive Lettering. Some manufacturers are now using "tall man" lettering to reduce confusion between products bearing similar names. Tall-man lettering capitalizes certain letters in a name for clarification (e.g., glipiZIDE and glyBURIDE). The manufacturer of the antiepileptic drug Lamictal (lamotrigine) now prints LAMICTAL on the product label with ICTAL italicized and printed in contrasting colors to those of LAM. Also, the patient information label clearly states, "Always check that you receive Lamictal."

The following recommendations have been suggested to aid pharmacists in reducing look-alike packaging errors:

- Alert all pharmacy staff about the potential for mix-up between products;
- Double-check the pharmacy inventory to confirm that the right products are in their correct storage locations; and
- Consider purchasing a different brand of one of the items of a pair of look-alike products to reduce the potential for a mix-up.

In addition, manufacturers can be encouraged to take steps to ensure that packaging, labeling, and product appearance are distinct and clearly identify different products.

Standardized Bar Coding

Bar coding technology is a promising strategy that can help prevent medication errors. A linear bar code consists of a cluster of symbols representing data that can be read electronically using scanning equipment. It is already widely used and well accepted by industries within and outside of health care because of its ease of use and high degree of reliability. Bar code information is associated with an error rate of one in 10,000 characters, versus keyboard data entry that has an error rate of one in 100 characters.

Many drug products contain a bar code for their respective National Drug Code (NDC) number. FDA guidelines now require manufacturers to implement uniform bar codes on human prescription drug products, biological products, and over-the-counter drug products that are dispensed pursuant to an order and commonly used in hospitals. The code includes the NDC number, as well as the product's lot number and expiration date, to help prevent outdated or recalled drugs from being dispensed or administered to a patient.

Patients in acute-care settings may derive the greatest benefit from bar coding. A nurse can scan his/her identification badge, the patient's identification wristband, and the drug product's bar code at the bedside. This information is then processed via computer to ensure that the medication is correct and in its prescribed dose and formulation, and that it is being administered properly to the right patient. The computer can also check for alerts or reminders about the drug.

Work Environment Considerations

Evidence suggests that high prescription volume is an important factor associated with dispensing errors. In fact, pharmacists' workload is reported to be the most significant cause of dispensing errors

in both community and institutional settings. One report notes a linear relationship between pharmacists' error rate and corresponding daily prescription load. In this report, information was analyzed from 672 pharmacies in 18 metropolitan areas across the nation. The typical pharmacist was shown to fill approximately 14 prescriptions per hour. With each additional prescription, the risk of making a potentially harmful dispensing error increased by 3 percent. At some high-volume pharmacies, almost 10 percent of prescriptions filled were potentially problematic. Another study corroborated this by noting an increase in the risk of overlooking a potential drug-drug interaction with increased pharmacist workloads.

Even with the increasing number of pharmacists graduating each year in the United States, there still remains a shortage – with reported vacancy rates of 7 percent in retail pharmacies, 9 percent in hospitals, and almost 18 percent in the military. These deficiencies will likely increase along with workloads as professional roles for pharmacists continue to increase. As the U.S. population – especially elderly Americans – enlarges, prescription drug use increases. A large number of pharmacy graduates delay entering the workforce while they seek residencies or fellowships that require additional formal training.

At the beginning of each month, the government distributes payments to the elderly, the sick and the poor. As these populations receive their checks, they tend to fill and refill their prescriptions, thereby causing an increase in pharmacy workload. Pharmacists, therefore, may be more prone to error at these times in the filling and labeling of prescriptions and may have less time to counsel patients on proper medication usage.

The pharmacy work environment can also contribute to dispensing errors. Considerations include lighting, distractions, noise and interruptions. Appropriate

lighting of the work space, for example, is important with dispensing errors increasing as the amount of available light decreases. In one study, three different pharmacy illumination levels were evaluated (450 lux, 1,100 lux, and 1,500 lux). The medication-dispensing error rates were significantly lower (2.6 percent) at an illumination level of 1,500 lux (highest level), compared to an error rate of 3.8 percent at 450 lux. This outcome is consistent with findings from other settings that demonstrate task performance improves with increased light levels.

Interruptions in work can also increase the chance for pharmacist error. It may be helpful to assign a technician, for example, to answer the telephone; meet and greet patients; perform routine tasks such as data entry, counting, and labeling prescription containers; and handling insurance claims. Work areas should provide an uncluttered workspace with comfortable lighting and temperature, that are as free from interruptions as possible.

There are other considerations as well. Error rate is increased as time spent in management activities increases. Considerations known to decrease the dispensing error rate include professional satisfaction, number of years from the pharmacist's initial licensure (i.e., the more experience, the fewer errors), and membership in professional organizations. In this latter instance, perhaps such membership indicates more professionally-committed pharmacists who may be more involved in patient care. Or, perhaps professional pharmacy organizations educate their members on dispensing errors as well as the means to reduce them.

Patient Guidelines

Actively engaging patients in their therapy is another means in helping prevent medication errors. An active patient counseling program plays a significant role as a final check in error prevention, with

Table 1
Steps to Help Eliminate
Dispensing Errors

- Design an efficient dispensing environment that optimizes work flow and reduces distractions
- Utilize labels and computer alerts to help prevent mix-ups with drugs and drug products having look-alike/sound-alike names
- Keep the original prescription, label, and medication container together throughout the dispensing process
- Use a second, trusted, individual to check all completed prescriptions, whenever possible
- Check the contents of the prescription container against the original prescription, rather than prescription label, in case the label was generated incorrectly
- Employ bar coding when possible
- Provide pharmacist-patient counseling with emphasis on stimulating the patient to repeat back information and to ask if information is not clear

more than 80 percent of mistakes being discovered during counseling sessions. Pharmacists can create an appropriate environment, then communicate, educate, and listen to patients effectively. In this manner, detected errors can be corrected before an adverse event can occur. The steps listed in Table 1 can help improve the accuracy of prescription dispensing and eliminate errors.

Handling Errors That Occur

When an error has been identified after dispensing the prescription to the patient, it is important to act quickly and professionally. Emotions can modify the outcome greatly. Pharmacists can experience feelings of panic, disappointment, defensiveness or self-protection, while patients may be scared, anxious, frustrated, or angry. These and other emotions must be

Table 2
Selected Internet Resources for Information on Medical Errors*

Internet Site	Organization
www.ahrq.gov	Agency for Healthcare Research and Quality
www.ashp.org	American Society of Health-System Pharmacists
www.fda.gov/cder/drug/MedErrors/nameDiff.htm	FDA Center for Drug Evaluation and Research
www.ihl.org	Institute for Healthcare Improvement
www.iom.edu	Institute of Medicine
www.ismp.org	Institute for Safe Medication Practices
www.jointcommission.org	The Joint Commission
www.medpathways.info/medpathways/index.jsp	Pathways for Medication Safety
www.nccmerp.org	National Coordinating Council for Medication Error Reporting and Prevention
www.npsf.org	National Patient Safety Foundation
www.patientsafety.gov/rca.html	U.S. Department of Veterans Affairs
www.usp.org	United States Pharmacopeial Convention

*This list can be used as a starting point for information on medical errors.

controlled in order to resolve the problem effectively. It is important for pharmacists to offer their full attention to the patient in a quiet environment, away from other patients if possible, and avoid using phrases such as “calm down,” or “these things happen.” A patient’s concern over the error should be acknowledged early on.

The physician should be contacted immediately to be informed of the error so that both pharmacist and physician can discuss the best course of action. A physician who has been told exactly what has happened can often squelch undue patient concern and action against the pharmacist.

The mistake should then be communicated to the patient and corrected, retrieving the incorrect prescription medication and container, if possible. The patient needs to understand the potential effects of the error.

Patients are more likely to be forgiving if they feel the pharmacist is speaking honestly and not trying to cover up or de-emphasize the error, and if the patients are being treated with respect and concern.

The patient should be offered a sincere apology for any inconvenience. Apologizing for incon-

venience does not admit liability. Both the error and how it was resolved should be documented completely, and appropriate individuals, such as upper management and the insurance liability carrier, should be notified according to company policy.

Documenting Errors. Regardless of how insignificant a mistake seems, all errors should be documented. The focus should be upon improving the system, rather than incriminating and/or punishing an individual. Noting how an error occurred can help others learn from the mistake and help prevent the same problem from recurring. The Medication Errors Reporting Program (MERP) operated by the U.S. Pharmacopeia (U.S.P.), in cooperation with the Institute for Safe Medication Practices (ISMP), is a confidential national voluntary reporting program that provides expert analysis of the system causes of medication errors, and suggests recommendations for prevention of their recurrence. Regulatory agencies and manufacturers are notified when changes in products are needed to assure safety. Without reporting, such events may go unrecognized and thus important epidemiological and preventive information would

be unavailable. Case studies are published to alert health care professionals and others about recommendations to prevent further errors.

Overview and Summary

The literature on medical errors is vast, complex, and growing rapidly. Medication Errors: Causes, Prevention, and Risk Management (Sudbury MA; James and Bartlett; Cohen MR, ed.) is a good comprehensive reference on dispensing error risks for pharmacists. ISMP’s Medication Safety Alert! Newsletter (www.ISMP.org) and FDA’s Med-Watch E-List (www.fda.gov/med-watch) are also excellent resources. Table 2 contains a list of additional resources on avoiding medical errors to improve patient care.

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Continuing Education Quiz

"Challenges in Pharmacy Practice: Interventions to Minimize Medication/ Dispensing Errors and Maximize Patient Safety"



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To receive 1.5 Contact Hours (0.15 CEUs) of continuing education credit, read the attached article and answer the 10 questions by circling the appropriate letter on the answer form below.

A test score of 70% or better will earn a Statement of Credit for 1.5 Contact Hours (0.15 CEUs) of continuing pharmaceutical education credit. If a score of 70% is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge.

Learning Objectives - Pharmacists: 1. Recognize the health and economic impact of medical errors to Americans; 2. Identify specific interventions that are designed to reduce medication and dispensing errors in pharmacy practice; 3. Recognize specific strategies for pharmacists and patients to promote an error-free pharmacy practice and thus maximize patient safety.

Learning Objectives - Technicians: 1. Define the "tall man" concept for lettering on product labels; 2. Identify the most significant cause of dispensing errors in both community and institutional settings; 3. Evaluate the significance of patient counseling events in discovering medication errors.

"Challenges in Pharmacy Practice: Interventions to Minimize Medication/Dispensing Errors and Maximize Patient Safety"

Circle the correct answer below:

- | | |
|------------|-------------|
| 1. A B C D | 6. A B C D |
| 2. A B C D | 7. A B C D |
| 3. A B C D | 8. A B C D |
| 4. A B C D | 9. A B C D |
| 5. A B C D | 10. A B C D |

Course Evaluation - must be completed for credit.

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South Dakota Pharmacist

1. It is estimated that of all prescriptions filled in community pharmacies, the following percentage involve dispensing errors by pharmacy staff.

- | | |
|---------------------|---------------------|
| a. 3 to 12 percent | c. 23 to 32 percent |
| b. 13 to 22 percent | d. 43 to 52 percent |

2. Which of the following best describes the electronic equipment used to transmit prescription information from prescriber to pharmacy through e-prescribing systems?

- a. iPod
- b. Dedicated cell phone
- c. Intercom network
- d. Personal digital assistant (PDA)

3. According to the U.S.P., the similarity between the spelling or pronunciation of drug names is responsible for approximately what percentage of medication errors?

- | | |
|--------------------|---------------------|
| a. 1 to 6 percent | c. 16 to 21 percent |
| b. 7 to 15 percent | d. 22 to 31 percent |

4. The "tall man" concept for lettering on product labels to reduce confusion among products with similar names involves which of the following methods?

- a. Placing the product name high on the label
- b. Using a font size larger than 10-point
- c. Capitalizing certain letters in the product name

5. FDA guidelines now require manufacturers to implement uniform barcodes on human prescription drug products that include all of the following EXCEPT:

- | | |
|---------------------|------------------|
| a. NDC number. | c. generic name. |
| b. expiration date. | d. lot number. |

6. The most significant cause of dispensing errors in both community and institutional settings is reported to be:

- | | |
|-------------------|-------------------|
| a. poor lighting. | c. distractions. |
| b. workload. | d. interruptions. |

7. In the medication error study noted in this lesson, which of the following increased the error rate?

- a. Increased time spent in management activities
- b. The number of years from the pharmacist's initial licensure
- c. Membership in professional organizations

8. What percentage of medication errors are discovered during active patient counseling?

- | | |
|---------------|---------------|
| a. 20 percent | c. 60 percent |
| b. 40 percent | d. 80 percent |

9. The Medication Errors Reporting Program is operated by:

- | | |
|----------|-----------|
| a. APhA. | c. FDA. |
| b. CDC. | d. U.S.P. |

10. The Medication Safety Alert! News is published by:

- | | |
|----------|----------|
| a. ASHP. | c. ISMP. |
| b. FDA. | d. NPSF. |

Course Expires on: April 8, 2011.

Target audience: Pharmacists and Technicians

OBITUARIES

Thomas Niles Bischke

Platte - Thomas Niles Bischke, 75, of Platte died Friday, June 6, 2008 at the Platte Care Center in Platte as a result of complications due to Parkinson's disease.

Thomas was born on June 22, 1932 to Ernest and Bertha (Ackerman) Bischke in Eureka. He gave his life to the Lord as a young boy. He grew up in the Artas/Herreid area, attending school in Artas through 8th grade, Eureka through 10th grade and then graduating from Herreid High School in 1950.

He went on to attend South Dakota State University graduating with a Bachelor of Science degree in Pharmacy in 1954.

After graduation, Tom went to work for Daniels Drug in Aberdeen, SD. In October of 1954 he was drafted into the Army where he served in a Medical Clearing Company in Germany for two years. After serving in the Army, Tom went to work for Eureka Drug, in Eureka, for two years. He then bought and operated Ashley Drug in Ashley, N.D. from 1960-1972.

In 1972, he went to Helena, Mont., and worked for Western Drug. It was in Helena where Tom met Maxine (Bentley) Meyers and the couple were married on July 19, 1974. They moved to Platte in August of 1974 and began operating Bischke Drug (formerly Slate Drug) which they purchased from Richard and Mary Ellen Fieok.

Tom was a member of the First Reformed church in Platte and served on the Consistory. He also served on the School Board for the Platte Public Schools.

On July 1, 1994 he retired and sold the store to Jim and Lois Hoffman. Tom enjoyed hunting and fishing with his Dad and friends as well as riding bicycle for several years for the South Dakota Lung Association Bike Trek in Western.

Tom is survived by his wife, Maxine and her four children: Peggy and her husband Don Reese of Norman, Okla.; Brian and his wife Debbie Meyers of Helena, Mont.; Angie Pranger of Burbank; and Kevin and his wife Twila Meyers of Rapid City; three grandchildren and two great-grandchildren.

From his first marriage to Donna Schmidt, survives his daughter Barbara Berger of Washington and two

grandchildren.

In addition he is survived by two sisters: Colleen and her husband Ken Drenkhahn of Portland, Ore.; Miriam and her husband Ray Quenzer of Mobridge; and several nieces and nephews.

He is preceded in death by his parents and one son, Paul from his first marriage.

Memorials may be directed to the Platte Hospital and Care Center, Gideons International, First Reformed Church, South Dakota Parkinsons Association.

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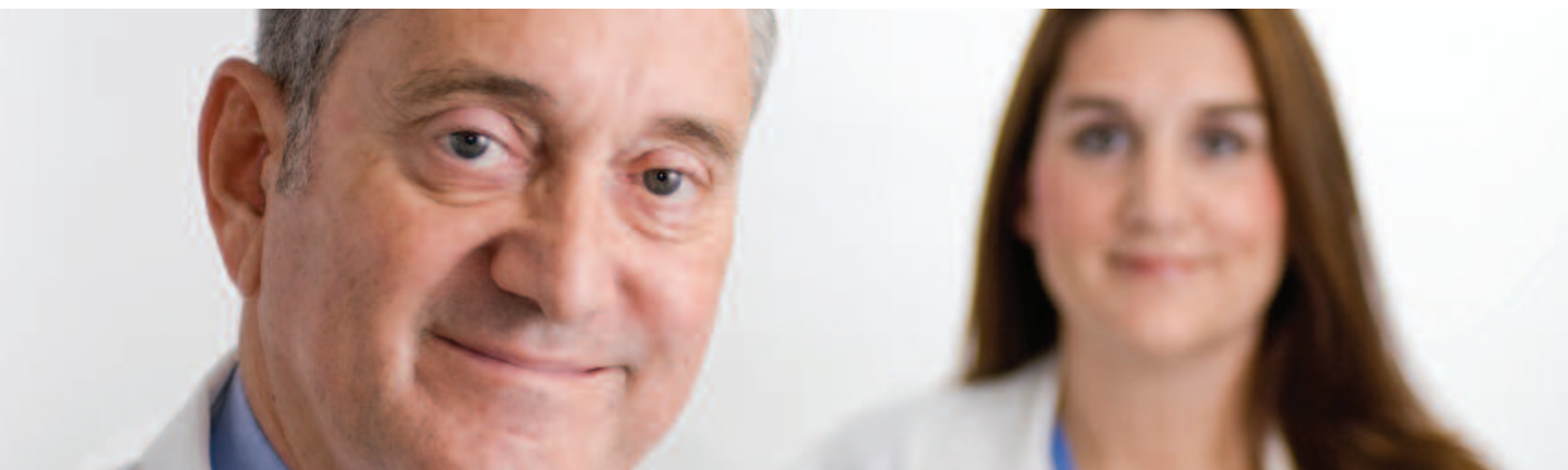
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