

# S O U T H D A K O T A PHARMACIST



## In This Issue:

- Director's Comments
- Convention Highlights
- American Pharmacists Month

**South Dakota Pharmacists Association**

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

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# SDPhA CALENDAR

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

## OCTOBER American Pharmacists Month

- 13 Native American Day
- 16 Sioux Falls District Meeting - 5:30 p.m.  
Hilton Garden Inn South, 5300 S. Grand Circle, Sioux Falls
- 18-22 NCPA Annual Convention and Trade Exposition  
Austin Convention Center, Austin, TX
- 20-22 SDSU Pharmacy Days
- 19-25 National Hospital and Health-System Pharmacy Week
- 28 National Pharmacy Technician Day
- 30 Black Hills District Meeting - 6:30 p.m.  
Minerva's, Rapid City
- 31 APhA-ASP Region 5 Midyear Regional Meeting  
Omaha, NE (thru November 2)

## NOVEMBER

- 2 Daylight Savings Time Ends
- 11 Veterans Day
- 27 Thanksgiving

## DECEMBER

- 8 ASHP Midyear Clinical Meeting - Dakota Night Reception - 5:30 p.m.  
Anaheim Marriott, Anaheim, CA
- 25 Christmas

## JANUARY

- 1 New Years Day
- 13 Legislative Session Begins
- 19 Martin Luther King, Jr. Day
- 27-28 SDPhA Legislative Days, Pierre, SD

Cover: 125th Statehood Anniversary Wagon Train, Photo by Deb Eich, Pierre, SD

### SOUTH DAKOTA PHARMACIST

The SD PHARMACIST is published quarterly (Jan, April, July & Oct). Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association.

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# DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director



## Happy American Pharmacists Month!

It's time to celebrate your profession! We've added some ideas for you in this Journal and hope you take the time to commemorate as well as celebrate the importance of your pharmacy's team.

We encourage you to showcase your skills by offering the valuable services that patients are looking for, whether it's a blood pressure check, vaccination or MTM counseling opportunity...all of these show your patients just what you're capable of!

The SDSU College of Pharmacy students came up with another wonderful billboard project to celebrate American Pharmacists Month. We're so proud to collaborate with them on this initiative. Beginning the first week in October, you'll see billboards in both the Rapid City and Sioux Falls areas which showcase the importance of pharmacy. We hope you'll keep a keen eye peeled for them. We've also placed a photo of their design in this issue of the *South Dakota Pharmacist*. Our thanks to our APhA-ASP Chapter of Student Pharmacists for coming up with another valuable way to showcase the profession. We're so proud of our student pharmacists!

Well, the annual convention is in the books for another year. We had around 200 register for the meeting, with another strong showing of students, techs and pharmacists. We had 25 vendors registered to share information with our attendees, which is always greatly appreciated. We also had attendees from Minnesota, Nebraska, Illinois and Arkansas. Deadwood still holds the record for number of registered pharmacists in attendance, and guess where we'll be next year...**DEADWOOD.** **Mark your calendars now for September 18-19, 2015 for Convention at the Lodge at Deadwood.** We've already begun to scheme and plan for an unforgettable event in the beautiful Black Hills in fall. What could be more perfect?

I just have to take a moment to thank our wonderful student pharmacists for not only giving us a hand with registration, minutes, running, scooping SDSU ice cream, etc., but also for presenting! They did an amazing job and I've heard excellent comments about their professionalism. It's so much fun to have

them in attendance and they truly bring their A game when it comes to enthusiasm and involvement. A big thank you to our sponsors and vendors too. We wouldn't be able to put on a nice convention if it wasn't for their support.

Starting our convention off with the Attorney General was very special and started our meeting out perfectly! Marty provided some very interesting statistics that your profession doesn't usually see, so many thought his presentation was excellent. We're also appreciative for the valuable relationship we have with his office. They are extremely attentive when pharmacists have issues with pseudoephedrine, doctor shoppers, etc.

Thanks to all our great presenters and congratulations on a job well done! Many fine comments were shared about the variety of topics and valuable continuing education.

The convention attendees passed one resolution during our meeting: Encourage Member Engagement to Inspire South Dakota's Congressional Delegation to support H.R. 4190, which recognizes pharmacists as health care providers.

The Executive Board of SDPhA brought this resolution forward. At the time, we were working hard to encourage Representative Kristi Noem to co-sponsor the bill, and weren't meeting with a great deal of success. Many pharmacists wrote in to Kristi's office and called, and finally the tide turned and we received an email indicating she would be signing on. We are mightier when we band together for an important common goal! Thanks to all of our fine pharmacists who sent that email or made that call. The convention attendees decided to pass the resolution anyway, to encourage others to get engaged and STAY engaged in pharmacy business on the federal level. You can find the resolution in its entirety printed within this journal.

Another item of business before the attendees was a cleanup of language in the bylaws. Regarding membership, the law was changed in 2005 changing a "shall" to a "may". This suggested language change was something I stumbled upon and felt should be changed to mirror the law. We have been complying with the law since 2005, but wanted our bylaws to reflect the correct language. The pharmacists unanimously approved its passage.

The Fall District Meetings are currently being scheduled, with Sioux Falls leading off with an informal meeting on October 16th, followed by the Black Hills District, which is scheduled for October 30th. We've offered the District Officers flexibility

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# PRESIDENT'S PERSPECTIVE

Lynn Greff | SDPhA President



We just finished our 128th annual SDPhA Annual Convention. It was good to see so many friends attend. The staff at Cedar Shores Resort in Oacoma worked hard to make sure we had everything we needed. The meeting rooms were large and comfortable and the food was tasty and plentiful. We had some great entertainment and my hats off to those brave folks who were hypnotized so we could have

fun along with them. Our Executive Director, Sue Schaefer, had everything planned so well. Congratulations to our Past President, Shannon Gutzmer, on a successful meeting and thank you for your commitment to pharmacy. You are a tough act to follow!

The continuing education was top notch. We were able to receive 11.5 CE hours on a diverse line up of topics. Thank you to all our presenters. I heard so many favorable comments from so many people, it was clear you did your job very well!

Congratulations to our award winners. They were:

Paul Rystrom - Outstanding Industry Salesperson of the Year  
Lorlen Husman - Technician of the Year  
Dan Hansen - Distinguished Young Pharmacist  
Earl Hinricher - Bowl of Hygeia recipient  
Earl McKinstry - Hustead Award recipient

When you see these award winners, be sure to congratulate them. They represent pharmacy well!

We welcomed two new SDPhA board members for the coming year. They are Eric Grocott from Salem and Erica Bukovich from Sioux Falls. I am so proud of our board members and I am lucky to be part of the team. This board uses the "What's best for Pharmacy" filter when considering all ideas, always putting what is best for our pharmacists as the sole goal.

Just as two new board members come on, two are leaving. I am thankful to have gotten to know and work with Else Umbreit and Dave Mentele. I'll miss your wisdom at our board meetings and I wish you the best.

We did have one resolution that we will continue to act upon. It was a resolution to work toward obtaining provider status for pharmacists. I am pleased to report that eight days before the convention, Kristi Noem signed on as a sponsor of HR4190. Thanks to the hard work of Sue and the many pharmacists who contacted Representative Kristi Noem's offices, this piece of legislation is gaining ground. We will continue to work toward passage of this important, milestone legislation that will have a profound impact on the practice of pharmacy.

Something you may not have heard yet is SD has been ranked as highest in the nation for flu vaccination rate. Pharmacists have played a pivotal role in achieving this position. I doubt very much if this could have been accomplished without pharmacists being involved. Pharmacists are highly trained and the most accessible of all healthcare professionals. Certainly you are the Providers that moved SD into the #1 spot! Congratulations are in order!

There are some important events coming up.

October is National Pharmacy Month and I hope you get a chance to show the caring face of pharmacy. Pharmacy students have again taken the challenge and have designed billboards to showcase pharmacy. One will be posted in Rapid City and another in Sioux Falls. Thanks to our students for helping to get the positive word out about pharmacy.

Some districts will be having a fall meeting coming up. Plan to attend, provide input, and enjoy the company of your fellow pharmacy professionals.

Our annual Legislative Days will be January 27th and 28th, 2015. We will have a strong student contingent present and if you can make it, please come. Our legislators enjoy their contact with pharmacy and this is a chance we have to advance pharmacy in the minds of our law makers.

Thank you for the honor of being selected as President of our association for this coming year. This is a responsibility I do not take lightly and will do my best to uphold the trust placed in me to advance pharmacy.

# SOUTH DAKOTA BOARD OF PHARMACY

Randy Jones | Executive Director



## NEW REGISTERED PHARMACISTS

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Niraj Gandhi, John Daniel, Jillian Helseth, Stephanie Jungemann, Elizabeth Koenig, Kelsey Muhl, Jennifer Doom, Marshall Julius, Kylee Bitner, Carol Elston, Ellie Hendricks, Thomas Kruse, Nicholas Goodhope, Amanda Gustafson, Jessica Harris,

Amanda Johnson, Amanda Meier, Ryan Rassmussen, Megan Tycz, Kimberly Wurtz, Chelsey Risse, Martin Anderson, Megan Buysee, Stephan Fagerland, Jessica Fridley, Eric Grocott, Jane Vipond, Kelcey Correll, Kimberly Crissey, Anna Delzer, Victoria Fleischhacker, Alyssa Howard, Evan Robb, Drew Ruhlman, Kendra Whalen, Ross Tellinghuisen, Kristina Peterson, Chelsea Clem, Grant Middendorff, Jonathan Beeler, Rachel Hansen, Amy Loftesness, Kimberly Magers, Ashley Martin, Dana Merkel, Donald Bladt, Elizabeth Koehler, Sarah Ross, Melissa Houdek, Amber Schmidt, Jeremy Danile, Igor Kleyner, Stephanie Weidert, Megan Bechen, Ellen Jung, Roger Liu, Rachel Pavelko, Alex VanOverschelde, Caitlin Bills, Patti Cottrell, Cheryl Cowen, Mikala Henzlik, Tricia Snyder, Alyssa Bauer, Jessica Brandel, Salma Javadi, Amy Lane, Andrew Straw, Kelsey Aker, Ryan Robinson.

## NABP / AACP DISTRICT V ANNUAL MEETING – RECAP

The NABP / AACP District V Annual Meeting was hosted by the South Dakota Board of Pharmacy and the SDSU College of Pharmacy in Deadwood, SD on August 14th through 16th. The meetings were held at the Lodge of Deadwood. Near record attendance was noted. 74 representatives from the various Board and Colleges attended with a total of 96 registered to include family and guests. District V consists of colleges and boards from SD, ND, MN, IA, NE, and Canadian Associate Members from the provinces of Manitoba and Saskatchewan. Educational sessions included the topics of Drug Diversion, Biosimilars, FDA Drug Quality & Security Act, Rapid Diagnostic Testing (CLIA) Opportunities, NABP Governmental / Regulatory Affairs, Interdisciplinary Networking, and 3 reports from District V Study Grants. Friday Night entertainment included a tour of the Days of 76 Museum as well as a program provided by Cowboy Culture which was also at the Museum. The excellent food for the evening was catered by Cheyenne Crossing. It is the opinion of this author that the meeting was a great success given the

post-op comments received by this agency. (No apologies for editorializing). Next year's District V meeting will be held in Bismarck, North Dakota.

## SCHEDULE CHANGES & INVENTORY REQUIREMENTS

With the rescheduling of all tramadol containing products (Ultram & Ultracet) from non-controlled to a Schedule IV effective August 18th, and the rescheduling of all hydrocodone containing products (HCPs) from Schedule III to Schedule II effective October 6th, be advised that base-line inventory counts need to be recorded on or before the aforementioned dates; time, date, and signature of person(s) conducting the inventory must be on the document. Make these changes to your current biennial inventory report and have available for review by our inspectors. Also be aware that any prescriptions for HCPs that are issued before October 6, 2014, and authorized for refilling, may be dispensed in accordance with [21 CFR 1306.22-1306.23](#), 1306.25, and 1306.27, if such dispensing occurs before April 8, 2015. If you have any questions regarding these requirements, feel free to contact your inspector or the board office.

## PHARMACY TECHNICIAN REMINDER

As a reminder, pharmacy technician certification requirements became mandatory as of July 1st 2014. Any technician hired after July 1st 2011 that has not achieved National Certification will have 2 years from July 1st 2014 to attain these credentials. If you have any questions, please contact the board office.

## USP CHAPTER <800> HAZARDOUS DRUGS

Please be aware that the proposed General Chapter <800> is currently available free of charge at <http://www.usp.org/usp-nf/notices/compounding-notice>. In terms of publication of the finalized chapter, there is not yet a date determined. The Compounding Expert Committee and the Hazardous Drug Expert Panel are currently reviewing all the public comments that were submitted and revising the chapter based on stakeholder input. Based on the nature and significance of the public comments received, the chapter may be revised and may be proposed again in the Pharmacopeial Forum for public comments. The timeline and next steps for General Chapter <800> is also described briefly in the previously recorded open microphone web meeting which can be found at: <http://www.usp.org/usp-nf/notices/general-chapter-hazardous-drugs>.

## BOARD MEETING DATES

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

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# SOUTH DAKOTA BOARD OF PHARMACY

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## BOARD OF PHARMACY STAFF DIRECTORY

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## SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Andrea Aylward, Pharm.D., BCPS | SDSHP President



Fall greetings from the South Dakota Society of Health-System Pharmacists!

### Gary Van Riper Society Open Golf Classic

The 13th Annual GVR Open was held at Bakker Crossing Golf Course in Sioux Falls on July 25th, 2014. A total of 42 players participated in the tournament which raised \$1,914.21 to support our student

pharmacists with scholarships and funding for the Clinical Skills Competition. We would like to thank our Platinum Sponsors: Gary and Sharon Van Riper, Tyler and Kristin Turek, and Avera McKennan, as well as our Gold Sponsors: Becky Baer, Bakker Crossing Golf Course, and Pharmacists Mutual. A special thank you to Tyler Turek for organizing the event and to Bakker Crossing Golf Course for hosting.

### SDSHP Statewide Residency Conference

On August 8th, 2014, pharmacy residents, program directors, and preceptors from around the state of South Dakota gathered at Cedar Shore Resort in Chamberlain for the 2nd Annual SDSHP Statewide Residency Conference. Currently seven residency programs exist in South Dakota, and the intent of the conference was to allow residents to network and gain valuable knowledge on various topics such as: statistics, research design, financial planning, and professional organization involvement. The feedback from the conference was very positive. We would like to thank Andrew Zwack, SDSHP Resident Liaison, as he organized the conference and did a fantastic job.

### Resident Liaison

Congratulations to Rachel Pavelko, PGY1 Pharmacy Practice Resident at Avera McKennan Hospital and University Health System, on being selected as the SDSHP resident liaison to the SDSHP Board of Directors. As we welcome Rachel to the Board, we want to thank Andrew Zwack, outgoing SDSHP resident liaison, for all his time, talents and efforts.

### Upcoming Events:

#### Continuing Education

SDSHP has several upcoming continuing education programs offered by our South Dakota pharmacy residents. Please visit our website at [www.sdshp.com](http://www.sdshp.com) for more information and registration details.

November 15, 2014	Brookings
February 21, 2015	Rapid City

### ASHP Midyear Clinical Meeting – Dakota Night Reception

Mark your calendars for the ASHP Midyear Clinical Meeting Dakota Night which will be held on Monday, December 8th at the Anaheim Marriott in Anaheim, California from 5:30-7:30 PM. Pharmacists, students, and technicians are welcome to partake in refreshments and networking opportunities.

### 39th Annual SDSHP Conference

The SDSHP Annual Conference will be held on April 17-18th, 2015 at the Ramkota Hotel and Convention Center in Sioux Falls. More information will be posted on our website as details are finalized.





# SOUTH DAKOTA STATE UNIVERSITY

## College of Pharmacy



Dennis Hedge | Dean



Greetings from the South Dakota State University College of Pharmacy! During the latter part of October, an on-site evaluation team representing the Accreditation Council for Pharmacy Education (ACPE) will be invited guests on our campus to review the SDSU Doctor of Pharmacy program. In this column, I would like to provide additional details regarding the work of ACPE and the review that will be conducted during the visit.

ACPE is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education, with a stated mission "to assure and advance quality in pharmacy education." The ACPE Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Council on Education. Of special note, in order to be eligible to sit for the North American Pharmacist Licensure Examination (NAPLEX), licensure applicants from the United States must have graduated from an accredited pharmacy degree program.

The on-site evaluation is a very important part of the accreditation process that is designed to provide validation of a required self-study report submitted to ACPE by the college/school seeking accreditation. At the conclusion of the visit, an Evaluation Team Report is created and used by the ACPE Board of Directors to make an accreditation decision. The on-site evaluation follows a structured schedule that includes interviews with administrators, faculty, staff, students, and other key stakeholders that explore thirty accreditation standards that are grouped into six sections. These sections, along with the description of the purpose of the standards within each section as stated by ACPE, are listed below.

- Standards for Mission, Planning, and Evaluation

*The purpose of the standards in this section is to ensure that the college or school's professional degree program has a clearly articulated mission, desired goals, and values, and that a strategic planning process is used to achieve the mission and goals. The college or school must have an evaluation plan, based on assessment measures, that allows for a determination of the degree to which the mission and goals have been*

*achieved. The mission and goals must be related to the vision and needs of the profession of pharmacy to better serve society.*

- Standards for Organization and Administration

*The purpose of the standards in this section is to ensure that the college or school's organization and support within the university structure, its relationships with other university and external practice and research entities, and its internal organization, leadership, and governance are developed and functioning in a manner that fosters the college or school's mission and goals.*

- Standards for Curriculum

*The purpose of the standards in this section is to ensure that the college or school's curriculum provides a thorough foundation in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences and prepares graduates with the competencies needed to enter and contribute to the profession of pharmacy throughout their career. Desired curricular content, organization, sequencing, and outcomes, and the type and character of practice experiences needed, are described. In addition, the methods of promoting student learning and development of lifelong learning skills and the need to use assessments to measure, evaluate, and improve student learning and effectiveness are stated. As recommended by the Institute of Medicine for all health care professionals, pharmacists must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.*

- Standards for Students

*The purpose of the standards in this section is to ensure that the college or school has adequate resources, fair and equitable policies and procedures, and capabilities to support student admission, progression, personal and professional development, and input into programmatic quality improvement.*

- Standards for Faculty and Staff

*The purpose of the standards in this section is to ensure that the college or school has fair and equitable policies and procedures and capabilities to attract, develop, and retain an adequate and appropriate number of qualified faculty and staff to contribute to and achieve the mission and goals.*

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# ACADEMY OF STUDENT PHARMACISTS

Leah Eckstein | APhA-ASP SDSU Chapter President



As APhA-ASP President, I am excited to share our chapter's fall updates with you. We wrapped up our summer activities and have begun our planning and activities for the year.

In August, we hosted two international students through the International Pharmaceutical Students Federation's Student Exchange Program. Jessica, from Malaysia, and Alex, from the United

Kingdom, spent three weeks in Sioux Falls experiencing various sites to learn about pharmacy in South Dakota and the United States. The sites included Avera, Sanford, Veteran's Affairs Hospital, Walgreens, Walmart, MedVantex, and Pharmacy Specialties. The international students enjoyed their time in South Dakota and appreciated the different types of experiences. Our chapter members were able to learn more about pharmacy in the exchange students' countries and showed Alex and Jessica about life in South Dakota. Thank you to everyone who helped coordinate this program.

As we head into fall, our year is off to a great start. Our theme is focusing on delivering patient care to underserved patients and those that do not have regular access to health care. Before our screenings begin, our chapter hosts Patient Care Training for all student pharmacists participating in screenings. Faculty members have volunteered their time to present on blood pressure, glucose, and cholesterol screenings to prepare students to be out in the community conducting screenings. We are looking

forward to reaching out to patients in our communities.

Our Generation Rx Committee, which focuses on raising awareness about the dangers of prescription drug abuse, hosted Maria Eining from the South Dakota Health Professionals Assistance Program to speak about the dangers of prescription drug abuse in health care professionals. She spoke about the services that are available to impaired health care professionals through this program. Students appreciated the opportunity to ask questions about the signs of a coworker with a potential drug dependency issue and what to do if an issue is recognized.

We also had a site visit from APhA-ASP National Member-at-Large, Maggie Oser. Maggie toured our campus and visited with students about APhA-ASP at the national level, leadership opportunities, and the importance of staying involved. She also was able to learn more about our chapter and take what we have been doing as a chapter back to the APhA-ASP National Executive Committee.

In honor of American Pharmacists Month in October, we have collaborated with SDPhA to again have two billboards demonstrating the impact pharmacists have on patient care. There will be one in Rapid City and one in Sioux Falls so please check them out.

As a chapter, we want to extend a sincere thank you to SDPhA for all of the support provided to our APhA-ASP Chapter and to student pharmacists. We are very grateful for the support provided for the Welcome Back Picnic, SDPhA Convention, and American Pharmacists' Month billboards!

## OCTOBER IS AMERICAN PHARMACISTS MONTH

### Improving medication use & advancing patient care





# SD ASSOCIATION OF PHARMACY TECHNICIANS

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Bonnie Small | President



The SDAPT conference was held at SDSU on October 4th. We are so pleased at the numbers signed up. We have almost tripled our registrations. As always, we presented the Pharmacy Law. This year, we added the Patient Safety continuing education that is required for Technicians. That information was presented this year by Randy Jones and Sandy Jacobson. The other speakers were Dana Darger, Charity Hoffelt, and Scot Hawks from DCI. I will share a more detailed conference recap in the next issue of the *South Dakota Pharmacist* journal. I hope to hear from you and see more techs next year!

If you have questions or would like more information about happenings within the SDAPT, log on to our website ([sdapt.org](http://sdapt.org)) or visit us on Facebook.

## DIRECTOR'S COMMENTS

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for scheduling the fall meetings, since most of the business items have moved to the Spring meetings.

**One important reminder for you – please don't forget to support your district and donate to our Commercial & Legislative Fund.** We won't be sending you a reminder letter this year, but have placed a form within this journal for you to fill out and return if you're not comfortable with the online payment on our website (it's quick and easy!!). We need to keep our Lobbyist Bob Riter engaged, so your help is very much appreciated.

I'm happy to announce and welcome two new pharmacists to your Executive Board team! Eric Grocott of Salem has agreed to serve as the Association's Secretary/Treasurer and Erica Bukovich of Sioux Falls was elected to an at-large position. Both Eric and Erica have experience in a variety of practice settings, which is so helpful. We need to keep a broad representation on our board, so we really appreciate it when pharmacists step forward and agree to share their expertise and enthusiasm for the profession! I'm certainly fortunate to have such a wonderful membership and board to serve. Your Executive Board of SDPhA work extremely hard for all of you and do their best to represent all practice settings equally. I hope you take the time to thank one of them sometime.

I'd like to welcome our new President, Lynn Greff from Rapid City as he begins his year as our leader. Lynn had some valuable

insight for all of our convention attendees, which I'm sure he'll share with you in this issue of the *South Dakota Pharmacist*. I'm certainly looking forward to working alongside to further the goals set forth by our Board. Like his predecessors, Lynn cares deeply about the profession of pharmacy. It's what we always hope to find in our leaders.

It's difficult to say farewell to our Immediate Past President Shannon Gutzmer, but we're happy she'll still remain engaged. Shannon, thank you very much for sharing your enthusiasm and positive attitude! Dave Mentele will also be departing. Thanks so much for your service, Dave! We'll miss you.

We hope you find this journal content valuable and informative. Now that we've gone digital, we're excited to be able to bring you MORE color, MORE photos, and MORE content to assist you in your day-to-day activities. With the inclusion of social media and a busy website, we hope we're bringing more helpful information to you. We want to continue to do our best to help and support you in your profession. Always remember, we're only a phone call, text message, Facebook post, an email note away, so don't hesitate to contact us if you need assistance. We're always here for you!

Warmest Regards,

*Sue*

# Faith in Pharmacy - A Bounty of Care Received by One Harvester

Sue Schaefer | Executive Director

Pharmacists and Technicians care about their patients. That's a fact. But what happens in South Dakota when a total stranger graces your doorstep and asks for help when you're just beginning your day?

Here's the answer.

A small town tele-pharmacy was just being opened by its technician when she was approached by a young man in obvious distress. "May I talk to you," he asked. "Of course!" replied the technician.

"I want to kill myself." Horrifying words for anyone to hear, but this kind technician knew just what to do. She invited the young person into the pharmacy and said "let's get my pharmacist on the line and we'll visit with him." The young man nodded okay and they called up the pharmacist through the tele-pharmacy monitor. The individual explained he was traveling with a harvesting crew, and was currently on a great deal of medication, but lately was having trouble suppressing the feeling of wanting to end his life. The compassionate and caring pharmacist acted quickly, suggesting the technician get the young man something to eat and drink while they visited.

The pharmacist asked the young person to sit tight while he consulted with a pharmacy colleague in a larger community. The pharmacist quickly picked up the phone and called his community pharmacy friend who was in a meeting, but immediately excused himself and took the call.

The community pharmacist jumped right in and offered to call his pharmacist colleague, who worked in the local regional hospital. That hospital pharmacist dropped everything he was doing and put the wheels in motion for the young man to enter the emergency room for immediate assistance.

Not only did these pharmacists and technician work together to get the young man help, they even offered to arrange transportation to get him where he needed to be ... 200 miles away.

I love this story, and I'm so thankful it was shared with me. This is the embodiment of who you all are, and why I love working for you.

And this is why this story needs to be shared in honor of American Pharmacists Month. Teamwork is critical to the

success of any working environment, but especially throughout the pharmacy community.

***Celebrate your profession this month. Pat yourself on the back for once for all the kindness and compassion you show each day for YOUR patients who were once strangers in need.***

I'm sure each of you has many stories you could share. I'm so thankful pharmacists and technicians of such exceptional character have chosen South Dakota as their home.

**Thank you** all for all you do **every day**.



## Celebrating South Dakota

Jerry "Hutch" Hutchison, a Burke pharmacist, rode for six days with the 125th wagon train. Pictured above are Hutch and his friend Faith on mules Red and Dolly.



# Celebrate Your Profession!

**October is American Pharmacists Month!** It's time to celebrate your profession, recognize your staff, and reach out to your patients. SDPhA has compiled some creative ways for you and your colleagues to celebrate American Pharmacists Month!

## in the community pharmacy setting

- Use a special answering message promoting American Pharmacists Month when you answer your phone, "Thank you for calling. We are celebrating American Pharmacists Month. How can I help you?"
- Conduct an Immunization Day (flu clinic), blood pressure clinic or osteoporosis screening. Create a patient care center in your pharmacy.
- Hold a week long event of brown bag medication reviews in your pharmacy.
- Decorate your pharmacy for the month of October with banners and posters highlighting American Pharmacists Month.
- Hold an educational session with snacks at a convenient time, call it "Snacks & Facts" and invite the public.
- Hold an "open house" at your pharmacy and hand out goody bags with an informational brochure inside.
- Give an OTC tour to your patients on how to select the best OTC products for their individual condition.
- Invite local students to visit your pharmacy for a class trip and give them a tour of the pharmacy.
- Reach out to local media.
- Host a visit for your senator or representative and provide him/her with a view of the role of the pharmacist.

## hospitals, institutions, managed care & long-term care settings

- Place information in your facility's newsletter about American Pharmacists Month.
- Decorate the hospital or institution lobby with posters or displays. Create a lunch tray tent card explaining the goals of the pharmacy and services you offer.
- Hold an "open house" for all employees to visit the pharmacy.
- Host a visit for your senator or representative and provide him/her with a view of the role of the pharmacist.
- Reach out to local media.

## student pharmacists and Colleges of Pharmacy

- Create a plan and be prepared to help your employer or rotation site hold activities and events for the month of October.
- Create a banner and ask your school to display the banner to promote American Pharmacists Month.
- Hold a t-shirt fundraiser at your school in honor of American Pharmacists Month.
- Talk to high school students about pharmacy careers.

Please send SDPhA information on what you are doing this year to celebrate American Pharmacists Month. Send us an email at [sdpha@sdpha.org](mailto:sdpha@sdpha.org) or fax at 605-224-1280 telling us your plans. Make sure to include names of those who participated and photos, if available. Visit our website at [www.sdpha.org](http://www.sdpha.org) and click on "October is American Pharmacists Month" for more ideas on how to celebrate. This is a celebration of pharmacists and pharmacy-so make sure to share your story!

# American Pharmacists Month

**October 2014**

Make sure to recognize your pharmacy staff during American Pharmacists Month!  
October is the perfect time for managers and supervisors to show their appreciation for the great work the pharmacy staff does throughout the year.

## go out into your community

- Senior Citizen Centers are always looking for new, exciting educational events. Set up a brown bag medication review event at a local Senior Citizen Center.
- Hold a healthcare event in your community or get involved in your local health fair.
- Present information on pharmacy to people in the community. Promote the event in advance and invite the public.
- Speak with the local school nurse on educating high school teachers about pharmacy. Ask the guidance counselor if you can set up a presentation on careers in pharmacy for Career Day.
- Contact the media in your area, write a news release and talk with the media about American Pharmacists Month.



## don't forget to celebrate!

**October 19-25, 2014**  
**National Hospital and Health-Systems  
Pharmacy Week**

**October 28, 2014**  
**National Pharmacy Technician Day**

Make sure to show your appreciation for your pharmacy technicians on this day by acknowledging their significant contributions in the pharmacy!

## resources

For more information on how to celebrate,  
visit the APhA website at:

<http://www.pharmacist.com>

Follow the Newsroom tab to the American Pharmacists Month tab for a web page full of promotional items and gifts available to you for American Pharmacists Month.

**Spread the Word**  
**Pharmacists improve patient health!**



**Pharmacy Technician of the Year**  
Lorlen Husman (with President-Elect Lynn Greff)



**Salesperson of the Year**  
Paul Rystrom of Janssen receives the Salesperson of the Year Award from President Shannon Gutzmer



**Incoming President Award**  
Lynn Greff



**President's Gavel Award**  
Shannon Gutzmer receives the President's Gavel Award from Incoming President Lynn Greff



**Distinguished Young Pharmacist**  
Dan Hansen and family, Brookings, receiving the Distinguished Young Pharmacist Award from LeeAnn Sonnenschein of Pharmacists Mutual Insurance.



**Bowl of Hygeia Award**  
Earl Hinricher (with President Shannon Gutzmer)





### Hustead Award

Earl McKinstry (with President-Elect Lynn Greff)

### 50-Year Pharmacists

Four pharmacists, originally licensed in South Dakota, reached their 50-year mark in 2014.

Delano Delzer, Colorado Springs, CO

Larry Harrington, Sioux Falls, SD

Mavis McFarlane, Redfield, SD

Marcia Weber, Medford, OR

### A Note from Marcia Weber



*Dear Fellow Pharmacists – Thank you for your gracious invitation. I have enjoyed my many years in Pharmacy.*

*I worked two years at Ray Cash Drug in Vermillion, then about one and a half years for Kare Drug with National T groceries in Denver, Colorado. Our family moved every year to year and a half while four children arrived. My husband was with Chrysler in management.*

*After about 17 years off during this time, I went back to pharmacy and retired March 1, 2014 from Safeway, Inc. in Washington and Oregon, after being with them nearly 25 years.*

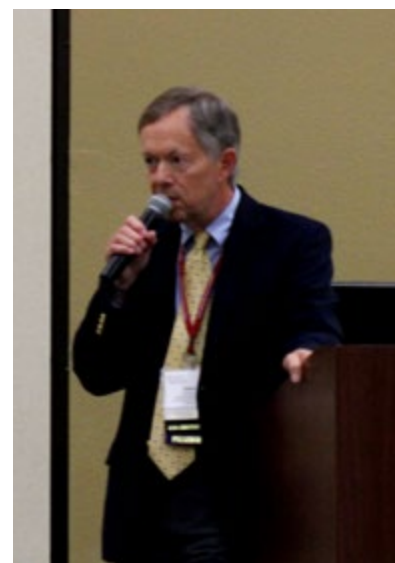
*I am throwing my energy into electing some good state candidates.*

*Best to all,*

*Marcia Weber, 50-Year Pharmacist (pictured above with her family)*



# 2014 SDPhA CONVENTION





# 2014 SDPhA CONVENTION







## CONVENTION RESOLUTION

**Title of Resolution:** Support of H.R. 4190 of the 113th Congress which provides for the recognition of pharmacists as health care providers for billing and health related purposes.

**Objective of Resolution:** Encourage Member Engagement to Inspire South Dakota's Congressional Delegation to support H.R. 4190, which recognizes pharmacists as health care providers.

WHEREAS, numerous studies have demonstrated better health outcomes through the clinical care provided by pharmacists, resulting in improved patient care; and,

WHEREAS, these same studies have shown reduced costs of care through the clinical care provided by pharmacists; and,

WHEREAS, these outcomes and savings can be realized in the Medicare and Medicaid programs by allowing pharmacists to use standard codes for billing purposes;

THEREFORE BE IT RESOLVED, that the South Dakota Pharmacists Association continue its work to urge South Dakota's Congressional Delegation to support legislation that recognizes pharmacists as providers, and encourage member pharmacists to continue to reach out to South Dakota's Delegation.

Submitted by: The South Dakota Pharmacists Association's Executive Board

**2014/2015**  
**COMMERCIAL AND LEGISLATIVE (C&L) FUND & DISTRICT DUES CONTRIBUTIONS**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Employer/Company \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Do you wish to receive SDPhA email alerts regarding important pharmacy issues? ☐ YES ☐ NO

**2014 - 2015 Commercial & Legislative (C&L) Fund**  
(Memberships set by SDPhA C & L Executive Committee, 2007)

**Pharmacy or Business Membership (\$100.00)**  
(Includes One Individual Membership)

Name of Pharmacy/Business \_\_\_\_\_  
Name of Individual Included \_\_\_\_\_

**Corporate Membership (\$200.00)**  
(Two or more stores of the same corporation)

Name of Corporation \_\_\_\_\_  
Name of Individual Included \_\_\_\_\_

**Individual Membership**

☐ \$50 Level ☐ \$75 Level ☐ Other \$ \_\_\_\_\_

**District Dues**  
(Circle your District)

<b>Aberdeen</b> -\$10.00	<b>Black Hills</b> -\$20.00	<b>Huron</b> -\$10.00	<b>Mitchell</b> -\$10.00	<b>Mobridge</b> -\$10.00
<b>Rosebud</b> -\$10.00	<b>Sioux Falls</b> -\$20.00	<b>Watertown</b> -\$10.00	<b>Yankton</b> -\$10.00	

**TOTAL ENCLOSED** \$ \_\_\_\_\_

*Return completed form and payment to SDPhA, P.O. Box 518, Pierre, SD 57501.  
If you wish to pay with a credit card, please visit [www.sdpha.org](http://www.sdpha.org). Thank you for your continued support of SDPhA's  
Commercial and Legislative Branch (C&L) efforts and your District!*



# SDPHA LEGISLATIVE DAYS JANUARY 27-28, 2015

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

## **Tuesday, January 27**

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

## **Wednesday, January 28**

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

**Registration Deadline: January 20, 2015**

### **Hotel Reservations:**

ClubHouse Hotel & Suites  
808 W. Sioux Ave.  
Pierre, SD 57501  
605-494-2582

*Capitol Photo Courtesy of SD Department of Tourism*

## LEGISLATIVE DAYS 2015 REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Pharmacy/Organization: \_\_\_\_\_

**Registration Deadline: January 20, 2015**

Please send registration form to:

SDPhA  
PO Box 518  
Pierre, SD 57501

OR Phone: (605) 224-2338  
Fax: (605) 224-1280  
Email: [sdpha@sdpha.org](mailto:sdpha@sdpha.org)

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



# JOIN YOUR COLLEAGUES

## FEBRUARY 13-15, 2015

### IN DES MOINES, IOWA

# MIDWEST PHARMACY

# expo



## Schedule At A Glance

[www.midwestpharmacyexpo.com](http://www.midwestpharmacyexpo.com)

### FRIDAY, FEBRUARY 13, 2015

7:00 AM	Registration
9:00 AM	Palliative Care Conference - Interprofessional Education

### SATURDAY, FEBRUARY 14, 2015

6:30-8:30 AM	Registration
7:00-8:15 AM	Pharmacy Political Leadership Breakfast (ticketed event)
7:00-8:00 AM	Product Theater Breakfasts
9:00-10:00 AM	Keynote: A Never Event: Exposing the Largest Outbreak of Hepatitis C in American Healthcare History
10:15 AM-12:30 PM	CPE Programming for Pharmacists, Pharmacy Technicians & Student Pharmacists
12:30-2:00 PM	Lunch & Exhibits Program
2:00-5:30 PM	CPE Programming for Pharmacists, Pharmacy Technicians & Student Pharmacists

### SUNDAY, FEBRUARY 15, 2015

7:00-7:30 AM	Registration
7:30-8:30 AM	Federal Law-From the Lens of ASHP's CEO
8:45-10:15 AM	New Drugs
10:30 AM-12:30 PM	Gamechangers in Pharmacy: 2014
12:30 PM-2:00 PM	State Law Outreach Session

## Partners



# Summary of DEA Final Rule on Disposal of Controlled Substances

Beginning October 9, 2014, recently released Drug Enforcement Administration (DEA) final rules governing the disposal of controlled substances will take effect. The rules allow for—but do not require—the take-back of controlled substances at pharmacies and authorize mail-back programs for controlled substances. This summary sheet explains the impact on pharmacists and patients.

## More Patient Options

Previously, “ultimate users” (patients) had limited disposal options for controlled substances: either destroy them themselves or bring them to law enforcement at a collection site or DEA take-back event. The new DEA rules now provide ultimate users with more options:

### 1. Law enforcement take-back events.

Law enforcement will continue to be able to host permanent collection receptacles and take-back events.

### 2. Mail-back programs.

Ultimate users can mail controlled substances to authorized collectors in mail-back envelopes that meet the criteria of the DEA rules (e.g., nondescript, tamper-evident, tear-resistant, pre-addressed, etc.).

### 3. Collection receptacles at authorized locations.

Entities including pharmacies, hospitals with pharmacies, and long-term care facilities may host collection receptacles (i.e., collection bins) where end users may dispose of controlled substances.

## Pharmacy-Hosted Collection Receptacles

The rules allow pharmacies to offer take-back programs for controlled substances by maintaining a collection receptacle in a pharmacy where an ultimate user may dispose of Schedule II, III, IV, or V controlled substances.

## Key Points for Pharmacies:

- Maintaining a collection receptacle and/or hosting a take-back program is voluntary for pharmacies and other DEA registrants under the rules.
- In order to maintain a collection receptacle, a pharmacy must first modify its DEA registration to obtain authorization to be a “collector.”
- Controlled substances and non-controlled substances can be comingled, but comingling is not required.
- The rules only apply to controlled substances. If a pharmacy only collects non-controlled substances, it is not necessary to follow the DEA rules. However, the DEA rules must be followed if controlled substances and non-controlled substances are comingled.
- Pharmacies may not collect Schedule I controlled substances in collection receptacles.
- Collected substances may not be counted, sorted, inventoried, or individually handled. Collection receptacles must be on the site of the pharmacy and within “immediate proximity” of where controlled substances are stored and where an employee is present (i.e., can be seen from the pharmacy counter).
- Collection receptacles must be securely fastened to a permanent structure, locked, and securely constructed.
- The removable “inner liner” of a collection receptacle must be tamper-evident, tear-resistant, sealable, and be marked with a unique identification number for tracking purposes.
- Collection receptacles located at long-term care facilities must be installed, supervised, and maintained by a pharmacy and must be located in a secured area monitored by facility employees.

*This is only a summary of the DEA rules. Please refer to the DEA’s website for more detailed information.*

## Did You Know?

As pharmacists, you can submit immunization information to the South Dakota Department of Health’s Immunization Registry?

Contact Tammy LeBeau to get registered! Tammy is the Coordinator for South Dakota’s Immunization Information System (SDIIS) and can be reached at her direct extension, 605-773-4783.

# Pharmacists as a Critical Member of the Integrated Care Team

Samuel Stolpe, PharmD | PQA Director, Quality Strategies  
Maria Scarlatos, PharmD | PQA Executive Fellow

The future of quality patient care relies on learning from the success stories and best practices of today in order to shape the health care system of tomorrow. Six Medicare plans were recently acknowledged by the Pharmacy Quality Alliance (PQA) for excellence in medication safety, based on the Centers for Medicare & Medicaid Services' (CMS) Star Ratings. The Chinese Community Health Plan of California, Humana's Medicare plan in Illinois, and four Kaiser Permanente regions (California, Colorado, Hawaii and the Mid-Atlantic region) were recognized for their achievement of a 5-star rating on the PQA measures of medication safety and appropriate use that are included in the CMS Star Rating Program for Medicare plans, as well as achievement of at least a 4.5-star summary plan rating. The six awardees spoke to the best practices that contribute to their outstanding medication management, and ultimately ensure optimal medication outcomes.

With the advent of new quality incentive structures put in place through federal government programs, health plans and PBMs are becoming increasingly focused on medication use quality. Pharmacists can contribute meaningfully to the quality goals of these organizations as a member of a virtual integrated care team. Of the fifteen quality measures used by CMS to evaluate Medicare Part D plans in 2014, five relate to medication safety and adherence. These measures account for nearly 50% of a given Part D sponsor's star rating, and represent a potential impact area for pharmacist intervention. In fact, in a systematic review of interventions to improve adherence to medications for cardiovascular disease and diabetes, Cutrona et al. found that interventions in a pharmacy conducted by a pharmacist improved medication adherence more than any other professional in any other setting.

This represents a tremendous opportunity for pharmacies. But to take advantage of this opportunity, pharmacists must transition their approach from a mindset of quality measurement resistance, to quality measurement engagement. To facilitate this transition to becoming an engaged partner, many community pharmacies are using EQulPP, the Electronic Quality Improvement Platform for Plans & Pharmacies. EQulPP is a performance information management platform that provides unbiased, benchmarked data on the quality of medication use to both health plans and community pharmacies. It allows pharmacists at an individual store or corporate level, to see exactly how individual pharmacies are performing on the medication use quality measures that matter to payors.

The unique position of pharmacists in the community setting grants enhanced patient access and excellent opportunities for

medication management. Pharmacists are increasingly viewed as a key collaborative partner. Managing the quality of medication use is now a recognized component of ensuring optimal care. Collaboration on shared quality targets and goals connects pharmacies to other partners along the care continuum.

Pharmacies are not exempt from quality measurement. Health plans and PBMs are already moving forward with incentive and penalty programs for pharmacies based on quality performance. Pharmacists are an integral part of the solutions to meet payors' quality needs. Being proactive in this new quality environment is a must. Moving forward, pharmacists should look to initiate dialogue, establish and nurture relationships, and seek opportunities to deliver point-of-care interventions that drive quality. Payors are not the only health care organizations with quality goals. Other health care organizations have performance measures that they are accountable for that can be directly influenced by pharmacists. In addition to making contributions to health plan quality goals, pharmacists can reach out to local Accountable Care Organizations (ACOs), and Patient Centered Medical Homes (PCMHs) to look for collaboration points. Examples of areas that pharmacists can impact include ACO measures of medication reconciliation and influenza immunization, or helping them reach quality measure goals related to cholesterol, A1Cs, and blood pressure through appropriate medication management. Of the 33 quality measures a federal Medicare Shared Savings Program ACO has to meet, at least 11 of them can be influenced by community pharmacists. Focus should be centralized on interventions that drive specific goals; communicating ways in which pharmacists influence the safe and effective use of medications and reach these goals will lay the foundation for the pharmacist's role in integrated care teams.

## References:

1. Pharmacy Quality Alliance. *PQA Recognizes Six Medicare Plans for Excellence in Medication Use and Safety Based on CMS' Star Ratings* [Press release]. [http://pqaalliance.org/images/uploads/files/Press%20Release%202014\\_QualityAward.pdf](http://pqaalliance.org/images/uploads/files/Press%20Release%202014_QualityAward.pdf). Accessed June 30, 2014.
2. Cutrona S, Choudhry N, Shrank W, et al. *Modes of delivery for interventions to improve cardiovascular medication adherence. The American Journal Of Managed Care* [serial online]. 2010;16(12):929-942. Available from: MEDLINE, Ipswich, MA. Accessed June 30, 2014.
3. Center for Medicare and Medicaid Services. *ACO Quality Measures*. <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Shared-Savings-Program-Quality-Measures.pdf>. Accessed June 30, 2014.



# DEA Final Rule Rescheduling Hydrocodone Combination Products

National Community Pharmacists Association | [www.ncpanet.org](http://www.ncpanet.org)

Recently, the Drug Enforcement Administration (DEA) issued a final rule **rescheduling hydrocodone combination products (HCPs) into Controlled Substance Schedule II, effective October 6, 2014.**

The DEA clarified key points impacting implementation that are of interest to health care providers and patients:

- Prescriptions for HCPs that are issued **on or after October 6, 2014**, must comply with requirements for Schedule II prescriptions; refills of these prescriptions will be prohibited.
- Prescriptions for HCPs that are issued **before October 6, 2014**, that have authorized refills may be dispensed in accordance with DEA rules for refilling, partial filling, transferring, and central filling Schedule III-V controlled substances until April 8, 2015. However, state law, insurance limitations, and some pharmacy quality and safety operations and processes may not allow for these prescriptions to be refilled.
- **On or after October 6, 2014**, pharmacies with HCPs in commercial containers labeled as Schedule III controlled substances are authorized to continue dispensing these products, but the DEA requires all other commercial containers of HCP to be labeled as Schedule II controlled substances.

## Impact of State Law:

- State law, if more stringent, will govern how HCPs are handled with respect to refills. Several states have published notices that they intend to treat HCP refills for prescriptions written prior to October 6, 2014 like the federal rule. **However, most states have not provided clarity. Thus, prescribers should be prepared to provide new hard copy or electronic prescriptions for patients beginning on October 6, 2014 rather than have patients use what would have been existing refills.**

## Impact on Prescribers Starting on October 6, 2014:

- Prescriptions for HCPs must be written on a hard copy, original prescription or electronically transmitted where e-prescribing of C-IIIs is allowed by state law, the prescriber is certified to e-prescribe C-IIIs, and the pharmacy is certified to accept electronically prescribed controlled substances. Fax transmission is not allowed.
- Prescriptions for HCPs cannot be called into a pharmacy.<sup>i</sup>
- Prescriptions for HCPs cannot be refilled (unless the prescription was issued before October 6, 2014). Note that many health insurers will not honor these refills and that many

pharmacies will not be able to refill prescriptions issued prior to October 6, 2014 due to state law limitations and some pharmacy safety and quality systems and processes.

## Impact on Pharmacists Starting on October 6, 2014:

- Pharmacies cannot accept prescriptions for HCPs by telephone.<sup>i</sup>
- Prescriptions for HCPs cannot be refilled.
- Prescriptions for HCPs may be written on a hard copy, original prescription, or received by electronic transmission, where allowed. Receipt by fax will not be allowed. HCPs as Schedule II will require additional recordkeeping and security requirements.
- The changeover from Schedule III to Schedule II may bring short term inventory challenges.

## Impact on Patients Starting on October 6, 2014:

- In many cases, prescriptions for HCPs issued prior to October 6, 2014 will not be refillable due to state law restrictions or feasibility pursuant to some pharmacy's safety and quality systems and processes. Please check with your pharmacy. Also note that your health plan may not honor such refills; patients should check with their health insurer.
- New prescriptions for HCPs will not have refills.

## How Prescribers Should Prepare for October 6, 2014:

- Be prepared to issue new written or electronic prescriptions for patients beginning on October 6. Some prescriptions may be refillable, but many will not.
- Notify patients with HCP prescriptions of the new steps required to obtain prescriptions issued after October 6, 2014.
- Ascertain possible state-based restrictions applicable to allied health professionals with prescriptive authority and determine whether modifications to collaborative practice agreements between physicians and allied health professionals with prescriptive authority are needed.
- Determine, based on sound medical judgment and consistent with established medical standards and federal **and state laws**, the appropriateness of issuing multiple prescriptions. The DEA permits multiple prescriptions authorizing a patient to receive a total of up to a 90-day supply of HCP where a prescriber has determined it is appropriate to see the patient only once every 90 days. Each prescription must "be dated as of, and signed on, the day issued" and include written instructions

(continued on page 26)



# 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.*

## Marijuana – Medical or ??

Marijuana, medical and otherwise, has certainly been in the news for the last several months. As more states legalize marijuana, for medical or recreational use, pharmacists are presented with a unique legal challenge to balance patient needs and legal requirements. It is beyond the scope of this article to examine the literature and clinical research that would support or refute a medical use for marijuana. We will assume there is a legitimate medical use for marijuana, or its components, while we look at the legal question.

Some states have passed various laws to address the use of marijuana within their borders. There is not a universal approach. In many states, pharmacists are not involved in the dispensing of medical marijuana. If you were presented with the opportunity to do so, what should you consider? The main question is; how legal is legal?

Marijuana remains a Schedule I drug under Federal law. Schedule I drugs are deemed to have no legitimate medical use and have a high potential for abuse. A state has no power to lower this classification. The United States Constitution provides that Federal law is supreme to state law.<sup>1</sup> Generally, states may enact laws that are more stringent than Federal laws, but not more lenient. For example, a state can move a Schedule III up to a Schedule II or move a non-controlled drug into Schedule IV within their borders. But a state is unable to move a Schedule II down to Schedule III. This is a basic tenet in the relationship between Federal and state laws. If this is so, how are the states legalizing marijuana?

The answer is a concept called enforcement discretion. This occurs when an agency responsible for the enforcement of a law decides to not enforce that law. An earlier example of this concept was the importation of prescription drugs from Canada. The Food & Drug Administration (FDA) stated that all importation was illegal, but they exercised their discretion and would not prosecute those bringing in these drugs for their own

use. In essence, the activity is still illegal, but we choose to do nothing about it. The caveat here is that the agencies always have the ability to change their minds.

The Drug Enforcement Administration (DEA) current position is that they have enforcement priorities for marijuana. They are; 1) prevent distribution to minors, 2) prevent revenue from the sale from going to criminal enterprises, 3) prevent diversion from states where it is legal under state law to those states where it is not legal, 4) prevent state-authorized marijuana activity from being used as a pretext for trafficking other illegal drugs or other illegal activity, 5) prevent violence and the use of firearms in the cultivation and distribution, 6) prevent drugged driving and the exacerbation of other adverse public health effects, 7) prevent the growth on public lands, and 8) prevent possession or use on Federal property.

The DEA will not take any action in states that have legalized marijuana if the states agree to help with these priorities. Therefore, individuals who possess marijuana for personal use on private property in those states will not face DEA prosecution at this time. Because they do not possess it for personal use, a pharmacist dispensing marijuana is not covered by this exception. A pharmacist would also have to be diligent to make sure their dispensing did not violate one of these enforcement priorities. The DEA has made it clear that it will change its stance if they believe a state is too lax in assisting with their enforcement priorities.

So how legal is legal? It is definitely not a rock solid legal foundation. Depending on your point of view, it could be seen as temporarily solid or merely illusory. The uncertainty of this foundation may keep a number of pharmacists from engaging in the dispensing of marijuana. For those who decide to proceed, one would hope that the medical benefit for their patients would

*(continued on page 26)*

# SDSU COLLEGE OF PHARMACY

(continued from page 8)

- Standards for Facilities and Resources

*The purpose of the standards in this section is to ensure that the college or school has adequate and appropriate physical, library, educational, practice site, and financial resources to offer a high-quality professional degree program in pharmacy and meet its mission and goals and the accreditation standards.*

As you can see above, the accreditation standards are quite comprehensive with an orientation that ensures program quality. If you have any questions regarding ACPE accreditation or the

upcoming visit of the on-site evaluation team, please feel free to contact me at any time.

Warm regards,  
Dennis D. Hedge, Dean of Pharmacy

## Reference

*Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. Effective July 1, 2007. Accreditation Council for Pharmacy Education; Chicago, Illinois.*

## DEA Final Rule Rescheduling Hydrocodone Combination Products

(continued from page 24)

on each prescription indicating the earliest date on which that prescription may be filled.

### How Pharmacists Should Prepare for October 6, 2014:

- Educate local prescribers about the new rule by sharing this document.
- Educate patients suffering chronic pain about the new rule.
- Advise patients and prescribers whether refills for prescriptions issued prior to October 6, 2014 will be refillable after October 6, 2014.
- Contact your wholesale distributor to make sure the distributor will have enough of the correctly labeled products to meet demand. Manufacturers and wholesalers will need some time to make necessary changes from Schedule III to Schedule II product.

<sup>i</sup> Except for limited quantities in emergency situations. In emergency situations, a pharmacist may dispense a Schedule II controlled substance upon oral authorization of a prescribing individual practitioner, provided that the quantity is limited to the amount needed to treat the patient during the emergency period, the prescription is immediately reduced to writing and delivered to the pharmacy within seven days, and the pharmacist makes a reasonable effort to determine that the oral authorization came from a registered individual practitioner. If the hard copy prescription is not received by the pharmacy in seven days, the pharmacist should notify the DEA.

## Rx and the Law: Marijuana or ??

(continued from page 25)

far outweigh the risk to the patient and the legal risks for the pharmacist. The actual outcome remains to be seen.

*1. Article 6 - This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary notwithstanding.*

.....  
© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance 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, and act accordingly.*



# FINANCIAL FORUM

*This series, Financial Forum, is presented by PRISM Wealth Advisors, LLC and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.*

## What constitutes a “successful” retirement? *Sustained affluence? Personal growth? A feeling of contentment?*

**How do you know if your retirement is living up to its potential?** There isn't a standard definition of a successful retirement. (Maybe there should be, but there isn't.) It is interesting to see how different people define it.

**Maybe income is the yardstick.** Make that income replacement. A recent article in *Financial Advisor Magazine* put it this way: “Successful retirement is defined as the ability to replace current income in retirement.” The Employee Benefit Research Institute, which tracks workplace retirement savings trends in America, defines retirement success in similar, if narrower, terms. To EBRI, “success” equals a combination of Social Security income and 401(k) savings that replace 80% of preretirement income after adjusting for inflation.<sup>1,2</sup>

**Maybe health matters most.** Perhaps a successful retirement equates to successful aging – staving off mental and physical decline. In a poll of 768 non-retired investors conducted for the John Hancock Financial Network, 49% of respondents said being healthy best signifies retirement success. (Just 27% said having enough income represented success.) While we'd all like to feel like we are 30 when we reach 80, MarketWatch's Elizabeth O'Brien notes that physical and mental independence shouldn't be the only definition of successful aging: “We lionize the person living alone at 95, and while that's certainly laudatory, we could also celebrate those who remain connected to their communities despite their infirmities, or those who have saved enough to afford whatever care is needed.”<sup>3,4</sup>

**Or maybe our capacity to make a difference or grow matters most.** We can make the most of the “second act” in many ways – through service, through adventure, through learning, via some blend of personal growth and leaving a legacy. Many baby boomers expect nothing less.

**A successful retirement is ultimately one meeting your expectations.** Within months or years after you retire, you will

probably consider how things are proceeding – and if your retirement looks something like the life you had in mind or the life you planned for, then you can call it a success.

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- 2 - [kiplinger.com/article/retirement/T001-C022-S001-automatic-401k-saving-features-no-fail-safe-to-ret.html](http://kiplinger.com/article/retirement/T001-C022-S001-automatic-401k-saving-features-no-fail-safe-to-ret.html) [5/14/13]
- 3 - [johnhancockfinancialnetwork.com/blog-entry/survey-non-retired-investors](http://johnhancockfinancialnetwork.com/blog-entry/survey-non-retired-investors) [1/11/13]
- 4 - [marketwatch.com/story/successful-aging-protects-health-and-wealth-2013-05-31](http://marketwatch.com/story/successful-aging-protects-health-and-wealth-2013-05-31) [5/31/13]

# Continuing Education for Pharmacists

## “Medication Safety: Preventing Medication Errors in Community Pharmacies”

—Knowledge-based CPE

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**Goal:** To enhance pharmacists’ knowledge of medication safety and to facilitate implementation of appropriate preventative procedures to minimize the occurrence of medication errors in community pharmacies.

### Pharmacist Learning Objectives:

1. Explain the importance of recognizing and minimizing medication errors;
2. Recognize points in the dispensing process where medication errors can occur;
3. Identify error prevention strategies;
4. Facilitate understanding of the role and the importance of pharmacy technicians in preventing medication errors;
5. Differentiate between “blame and shame culture” and “just culture” models;
6. Define the key components in the process for reporting medication errors.

### Pharmacy Technician Learning Objectives

1. Explain the importance of recognizing and minimizing medication errors;
2. Recognize points in the dispensing process where medication errors can occur;
3. Identify error prevention strategies;
4. Evaluate the critical role pharmacy technicians play in preventing medication errors;
5. Differentiate between “blame and shame culture” and “just culture” models;
6. Define the key components in the process for reporting medication errors.

### Introduction

In 1999, Americans began to realize that health care was not as safe as it could be. The Institute of Medicine’s article “To Err is Human: Building a Safer Health Care System” reported that 44,000 to 98,000 patient deaths occurred in hospitals due to preventable medical errors. The highest error rates were most often found in emergency departments, intensive care units, and operating rooms.<sup>1</sup>

A recent review article published in the Journal of Patient Safety showed that the IOM’s reported statistics were much lower than the number of deaths that actually occurred. The review used a weighted average of four studies and found that a range of 210,000 to 400,000 deaths per year due to preventable harm was more accurate.<sup>2</sup> Error prevention is crucial, because “[e]rrors...are costly in terms of loss of trust in the health care system by patients and diminished satisfaction by both patients and health care professionals.”<sup>1</sup> While efforts are continuously being made to educate health care professionals on good practice measures that can

decrease error, the process of increasing patient safety and decreasing the number of medical errors has been gradual. Additionally, education on error prevention is predominately geared towards health care professionals in the hospital setting. While this is important due to the severity of patient illness and the possible seriousness of the error committed, errors that have the potential to be harmful also happen in the community setting.

In this continuing education course, we will define medication errors and identify the points at which an error can occur through the medication dispensing process in a community pharmacy setting. We will discuss prevention strategies and how to train your pharmacy technician to aid in increasing patient safety.

### Medication Errors and How They Occur

As defined by the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP), “[a] medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.”<sup>3</sup> When a prescription is filled incorrectly, a medication error has occurred. If a patient had potential to be harmed due to a medication-related event but was not harmed, it is called a near-miss. Near-misses must be recognized, because a repeat of the same event may result in patient harm in future instances.<sup>4</sup> A 2007 study conducted among 40 community pharmacies in Denmark reported an error rate for near-misses as 2/10,000 prescriptions and for errors dispensed the error rate was 1/10,000 prescriptions.<sup>5</sup> Reviewing the causes of both near-misses and actual errors dispensed provides insight into how medication errors can be prevented.

For pharmacists, medication errors can result from both internal and external stressors (Table 1). In the community/retail pharmacy setting, good customer service is generally dependent upon the customer receiving his/her medication in a timely man-

ner. Inadequate staffing is a prominent concern as it creates many opportunities for a medication error to occur if the workflow is compromised. When there is a staff shortage, increased workload results in more shortcuts taken, which often bypasses double checking one’s work, and a decrease in the quality of work due to the need to increase the work speed in order get a prescription to the waiting customer quickly. Staff shortages often mean that pharmacists have less time to assist customers and to answer questions. Additionally, the same pharmacist that entered a prescription order may be the one that does the final verification of the prescription, resulting in the loss of a fresh set of eyes reviewing the medication.<sup>6</sup>

**Table 1: Stressors that Lead to Medication Errors in Pharmacies<sup>6</sup>**

Internal Stressors
Excess number of telephone calls Not enough time to counsel
External Stressors
Unusually busy day due to an overload of prescriptions or too many customers Staff shortage Increased workload Shortcuts taken to save time No one available to double check Lack of concentration Look-alike/sound-alike drug names Illegible or misinterpreted prescriptions

### Points of Error in the Medication Dispensing Process

Every task associated with the practice of pharmacy is a part of a process of standard operating procedures. Following a process allows for consistency in the product produced when the process is performed in the same manner every time. The medication dispensing process is not effective when deviations from the process occur. Regardless of the



stressors influencing the dispensing process, care must be taken to ensure that consistency and attention to detail are a top priority.<sup>6</sup>

As indicated in Table 2, errors can occur at every step of the medication dispensing process. During **prescription drop-off**, obtaining insufficient or inaccurate information from the patient is linked to errors. The more knowledge obtained (especially about known drug allergies and special disease states), the less likely the patient is to experience a medication error.

When prescriptions are phoned in, an incorrect transcription of a verbal order can cause problems. Errors during **order entry** exist due to the use of incorrect drug names, illegible or vaguely written orders, misunderstood abbreviations, and “alert fatigue.”

Most computerized entry systems have built-in safety features like drug alerts. An alert is intended to help flag a potential problem with the prescription, including allergies, drug-drug interactions, age-related problems, disease states, etc. A prescription for a single patient could result in multiple alerts. It is not uncommon for a person entering to override an alert without paying much attention to it. The majority of errors found during the **filling and dispensing** process can be contributed to the incorrect selection of the medication from stock.

The individual filling the medication may assume he/she recognizes the drug based off of shape or size, label appearance, or location on the shelf. The person may pull the drug from the shelf without actually taking time to read the label. Look-alike/sound-alike medication names also make the filling and dispensing process difficult.<sup>7</sup>

**Table 2: Points of Error in the Medication Dispensing Process<sup>7</sup>**

Prescription Drop-off
Order Entry
Filling and Dispensing
Accuracy Check
Point of Sale

During busy times of the day or when there is a staff shortage, the pharmacist may need to assist with filling prescriptions. It is possible that the pharmacist that fills a prescription may be the same person who performs the **accuracy check**. The exactness and correctness of the filling process is supposed to be evaluated at this step, so by having the pharmacist who filled the prescription verify the information, a double check is not completed.

When a patient picks up his/her medication at the **point of sale**, a prescription may be given to a patient that was not intended to receive that medication. Similar sounding names and common names are often the culprit, but problems can also occur when the person dispensing the medication assumes they can always match a patient’s name with his/her face.

A large number of medication errors occur during the final step of the medication dispensing process, **patient education**. Often hurried or preoccupied, many patients do not want to wait to be counseled before they are allowed to leave. Patients often respond that they do not have any questions when asked in a yes/no manner by a pharmacy employee.<sup>7</sup>

### Pharmacy Technicians and Their Importance

Like pharmacists, the ultimate goal of the pharmacy technician is to protect a patient’s health, welfare, and safety.<sup>6</sup> A technician’s tasks may include interpreting written prescriptions and inputting information into the computer, performing calculations and compounding medications, managing inventory, filling and labeling prescription vials, and resolving issues with insurance companies.<sup>7</sup> A well-trained technician can free up a pharmacist’s time, allowing the pharmacist to have more time to interact with patients and to have a sharper focus on the task at hand.

A pharmacy technician provides an extra layer of safety in the medication dispensing process.<sup>8</sup> The next section details strategies pharmacists can share with their technicians in an effort to eliminate errors.

## Strategies for Medication Error Prevention

Just as there is potential for error at every step of the medication dispensing process, there is also potential for error prevention at each point in the process. Below are suggestions associated with each step.

### *Prescription Drop-Off*

When a patient drops off a prescription, have a detailed checklist that the technician should work through with the patient to obtain critical information (Table 3). To assist the pharmacist performing the accuracy check, the technician should ensure that the patient's date of birth is written on every hard copy prescription. This will allow the pharmacist to have a second identifier readily available.<sup>8</sup>

**Table 3: Checklist of Critical Patient Information to be Obtained at Prescription Drop-off<sup>8</sup>**

Correct spelling of patient's name
Patient's date of birth
Patient's current address
Patient's phone number
Known drug allergies
Known medical conditions (e.g. pregnancy)

### *Order Entry*

The pharmacist or technician inputting the prescription information into the computer should always check to see if a patient has multiple profiles, especially in chain pharmacies. This ensures that all of the medications a patient is taking will be in the same location, making it easier to identify potential problems. Once the correct patient profile is selected, the rest of the prescription can be entered into the computer.

Technicians who are familiar with medical technology and drug names enhance medication safety. Pharmacists should consider providing technicians with opportunities to learn such information by quizzing staff members on trade and generic names

for medications and by having educational information, such as continuing education publications, readily available. To keep current, pharmacies should keep a list of new medications that will be coming to the market, along with the medication's release date, conspicuously posted.

To combat misunderstood abbreviations, pharmacists can ask prescribers to spell out a high-risk abbreviation during telephone verbal order transcription. Additionally, practicing read-backs of the order will allow for confirmation and clarification. Pharmacists should keep the Institute of Safe Medication Practices (ISMP)'s List of Error-Prone Abbreviations, Symbols, and Dose Designations near computers used for order entry and by phones where verbal order transcription occurs.<sup>9</sup> This list provides information about common misinterpretations of abbreviations and how they should be corrected. ISMP's List of Confused Drug Names should also be made available for reference.<sup>10</sup> Knowledge of commonly confused medications allows pharmacists and technicians involved in order entry to have a keen awareness of when a prescription has a higher likelihood of error potential.

Pharmacists should inform technicians of the safety features of the computer system used at their pharmacy. Technicians should be encouraged to relay alerts involving drug-drug interactions, allergies, or therapeutic class duplications to the pharmacist.<sup>7, 8</sup> Pharmacists should create an atmosphere in which technicians are not hesitant to ask questions regarding prescriptions. If questions arise during the transcription process, technicians should notify the pharmacist and the pharmacist should contact the prescriber if necessary to verify the order. The person who enters the prescription order should review the printed prescription label for accuracy before allowing the prescription to be filled.<sup>6</sup>

### *Filling/Dispensing*

Confirmation bias can be avoided by separating products that have similar packaging and labels.

Technicians should be trained to triple check the National Drug Code (NDC). The NDC on the prescription label should match the one on the stock bottle. The NDC should be checked when the product is first chosen, when the medication is prepared, and when the stock container is returned to its position on the shelf.<sup>7</sup> In addition to verifying the NDC, technicians should review the name and strength of the product.

One prescription fill should be completed before another task is started.<sup>6</sup> Scratch paper should be located at the fill station. In the event that a technician would need to step away from a prescription before completion, he/she can quickly jot down any necessary notes or reminders to assist his/her memory upon returning to the prescription. The technician should again match the NDC, name, and strength of the medication with the prescription label when he/she returns to processing the prescription.

### ***Accuracy Check***

For a pharmacist to be most effective at verifying the correctness of a prescription, he/she needs to have minimal distractions and a sharp focus. To alleviate distractions, technicians should replace a pharmacist that is ringing up a customer. Technicians should also attempt to answer most phone calls and funnel appropriate calls to the pharmacist as needed.

### ***Point of Sale***

When a prescription is picked up, the customer should be asked to provide the patient's birthdate and/or the patient's address.<sup>8</sup> Collecting this information not only provides a second identifier verifying the correct patient, but it also gives the pharmacy a means to keep up-to-date patient information records. The information obtained from the person picking up the prescription should be compared to the prescription receipt and to the medication vial.

Pharmacists should encourage technicians and clerks to use open-ended questions such as, "What

is your current address?" - rather than yes/no questions when identifying patients. For controlled prescriptions, an identification card should be obtained from the person picking up the prescription. If this person is not the patient, the patient should be called to ensure that his/her prescription can be given to the individual at the pharmacy.

On all new medications, the pharmacist should be notified that patient consultation is needed. For any medication that the pharmacist wants to relay a certain message to the patient, notations should be written on the prescription receipt. These notations should be universally used and taught to all pharmacy staff members. Technicians and clerks should ask patients picking up refill medications if they have any questions for the pharmacist.

### ***Patient Education***

While patients are often rushed or preoccupied, pharmacists need to make a reasonable effort to explain and confirm that the patient knows certain details about his/her medication. This includes knowledge of what the medication is being used for, how the medication is expected to work, how frequently the medication should be taken, and how the medication should be taken.

The patient should be informed of the brand and generic names of the medication, the dosage strength, any drug interactions, and the side effects that may occur while taking the medication.<sup>7</sup>

Throughout the entire medication dispensing process, all pharmacy employees should strive to use open-ended questions. A good workflow that is consistently followed should be maintained, especially when staff shortages happen.

Pharmacists should encourage good habits and positive attitudes in their employees<sup>6</sup>. Each employee should take responsibility for his/her own work. Lastly, during the entire process, pharmacists and technicians should review the "Eight Rights of Medication Administration" to minimize the number of errors that occur (Table 4).<sup>7</sup>



**Table 4: Eight “Rights” of Medication Administration<sup>7</sup>**

<p><b>Right Drug</b> Watch for changes in shape, size, or color of medications. Notify patients of these changes.</p> <p><b>Right Patient</b> Use two sources to confirm the patient’s identity (i.e. name, birthdate, address).</p> <p><b>Right Dose</b> Review the dose and verify that it is suitable for the drug, disease state/condition, and patient.</p> <p><b>Right Time</b> Confirm the dosing frequency is appropriate. Inform the patient of the correct time of day to take the medication.</p>	<p><b>Right Route</b> Make sure the route by which the medication is to be given has been documented by the prescriber. Confirm that it is a proper route for the patient.</p> <p><b>Right Reason</b> Confirm the medication prescribed is appropriate and effective for treating the patient’s disease state/condition.</p> <p><b>Right Response</b> Follow up with the patient if possible to monitor his/her response to the medication.</p> <p><b>Right Documentation</b> Write it down or it did not happen. Record any relevant information. Was patient education provided? Document it.</p>
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### **Who’s to Blame for Errors? Error Reporting**

Previously in health care, a person who committed a medication error was negatively affected by admitting fault in the error. A “blame and shame” culture existed where the person who was responsible for the medication error was deemed incompetent and was punished for the action. While this mentality may still exist, it is important to promote an atmosphere in which error reporting can be done voluntarily without the fear of negative repercussions.

In a “just culture” model, an environment of trust is fostered and providing safety-related information is encouraged. This model details that human error is inevitable but strives for prevention systems that minimize the frequency of errors. If an honest mistake is made, an individual would not be punished according to this model. However, if a mistake happens as a result of recklessness or carelessness, appropriate disciplinary actions would be taken.<sup>4</sup>

In the event that an error does occur, every pharmacy should have policies and procedures in place that detail appropriate measures for handling a medication error.

The manner in which the staff is expected to respond to a patient’s questions and concerns should be documented. Protocol should be established concerning how management will respond to and investigate errors.

Technicians and clerks should be taught to assume that any report of a possible error should be considered of high importance and priority; a pharmacist should be informed of the patient’s concerns immediately. Pharmacists should communicate with staff members proper statements to use and the need for truth and honesty in the situation.<sup>11</sup>

Often times, patients are most upset because of an inadequate response provided by the pharmacy. Contacting the patient about an error that has occurred should happen within 24 hours of discovering the error. In addition to receiving an apology for the occurrence of the error, the patient should get an explanation of how the error is intended to be remediated and of how similar errors are expected to be prevented in the future.<sup>7</sup>

After an error has happened, pharmacists should make efforts to determine the root cause of the error. Knowledge of why the error occurred and the factors

and system failures that allowed for it to happen allow pharmacists to teach staff members actions and procedures that should be taken in the future.<sup>7</sup> Procedural changes should be conspicuously posted. Pharmacists could practice role-playing scenarios with pharmacy staff to reinforce the correct measures to be taken for error prevention and for actual error cases.<sup>11</sup>

To help prevent errors beyond a single pharmacy, health care professionals can anonymously report medication errors through the Institute for Safe Medication Practices' Medication Error Reporting Program (ISMP MERP) operated by the United States Pharmacopeial Convention. This program can be found online at <https://www.ismp.org/orderforms/reporterrortoism.asp> or errors can be reported by phone by calling 1-800-23-ERROR. Reports can also be mailed or faxed to USP, who

will then review the information and will inform the FDA or manufacturers of any findings.<sup>7</sup>

## Conclusion

Medication errors are an inevitable but preventable part of the medication dispensing process even in the community pharmacy setting. Pharmacists should invest in training their technicians to be highly-skilled and consistent when completing every task. Additionally, pharmacists should create a work environment founded on trust so that employees will feel comfortable admitting any mistake. Error prevention is not a one-time effort that must be made, but rather it is a continuous process of education, training, and communication.

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*The authors and planners of this CPE activity have had no financial relationship over the past 12 months with any party having a commercial interest in the content of this article.*

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**“Medication Safety: Preventing Medication Errors in Community Pharmacies”**  
**Continuing Education Post-test**

1. According to NCC MERP, a medication error is
  - a. A preventable error that leads to patient harm.
  - b. An unpreventable error that leads to patient harm.
  - c. Any preventable error that may cause or lead to inappropriate medication use or patient harm.
  - d. A preventable error that leads only to inappropriate medication use.
2. Which of the following is not a problem associated with being short-staffed?
  - a. Increased workload
  - b. More shortcuts taken in attempts to save time
  - c. No one available to double check
  - d. All of the above choices are problems associated with staff shortages
3. Errors in the medication dispensing process
  - a. Only occur during order entry and at the point of sale.
  - b. Have the potential to occur at every step of the process.
  - c. Occur because of both internal and external stressors.
  - d. Both b and c
4. The majority of errors found during the filling/dispensing portion of the medication dispensing process are due to \_\_\_\_\_.
  - a. Incorrect selection of the medication from stock
  - b. Poor lighting in the pharmacy work area
  - c. Look-alike/sound-alike medication names
  - d. All of the above
5. The ultimate goal of a pharmacy technician is
  - a. The same as that of a pharmacist. They both attempt to dispense medications quickly.
  - b. Different than that of a pharmacist. Technicians focus on selecting the correct medication from the shelf.
  - c. The same as that of the pharmacist. They both strive to protect a patient's health, welfare and safety.
  - d. Different than that of a pharmacist. The pharmacist wants to protect the patient, whereas the technician is not responsible for patient safety.
6. Having a well-trained pharmacy technician is beneficial because
  - a. A technician with knowledge of drug names and medical technology can help decrease errors.
  - b. A technician can aid in order entry, lessening the pharmacist's workload.
  - c. A technician can add an extra layer of patient safety.
  - d. All of the above
7. Critical patient information that should be obtained when a prescription is dropped off includes:
  - a. Patient's height
  - b. Patient's known drug allergies
  - c. Patient's date of birth
  - d. Both b and c



## Continuing Education Post-test - *continued*

8. A patient drops off a prescription at the pharmacy and is in a hurry to get the medication filled. This patient is new to your pharmacy and you have acquired the necessary information. Should you check to see if the patient already has a profile in your computer system?
  - a. No, checking for multiple patient profiles for the same patient is unnecessary and wastes time. It is unnecessary to know if the patient is on any other medications.
  - b. No, patients are always able to recall all of the medication that they are currently taking and if they have filled at a pharmacy that belongs to the same chain before.
  - c. Yes, it is good practice to check for multiple patient profiles for a patient. Having a list of all the medications the patient has filled with your pharmacy chain will allow you to determine if any drug-drug interactions exist.
  - d. Yes, checking for multiple profiles could add time to the patient's wait. The patient was very rude when they dropped the prescription off and you are content to make them wait a little longer than usual.
9. When should the National Drug Code (NDC) on a prescription label be checked?
  - a. Only when the stock bottle is pulled from the shelf
  - b. When the product is selected from the shelf and when the stock container is returned to the shelf
  - c. When the product is selected, when the medication is prepared, and when the product is returned to the shelf
  - d. The NDC does not need to be checked because only the drug name, strength and dosage form are important.
10. Which of the following would be most appropriate to ask a person picking up a prescription?
  - a. "Is your address still 1901 Cucumber Avenue?"
  - b. "Do you live on Cucumber Avenue?"
  - c. "What is your current address?"
  - d. It is unnecessary to ask for the person's address. Asking for the patient's name is sufficient enough.
11. Which of the following models represents the idea that a person who makes an honest mistake should not be punished, but an individual that makes a careless or reckless mistake should be disciplined?
  - a. "Blame and shame" model
  - b. "To Err is Human" model
  - c. "Just culture" model
  - d. "Just cause" model
12. To report errors anonymously to the Institute for Safe Medication Practice's Medication Error Reporting Program, health care professionals can
  - a. Visit the ISMP website and report the error through an online form
  - b. Call 1-800-23-ERROR
  - c. Fax or mail an error report to the United State Pharmacopeia (USP)
  - d. All of the above

# “Medication Safety: Preventing Medication Errors in Community Pharmacies”

—Knowledge-based CPE (Knowledge-based CPE)

To receive 1.5 Contact Hours (0.15 CEUs of continuing education credit, read the attached article and answer the 12- question post-test by circling the appropriate letter on the answer form below and completing the evaluation. A test score of 70% or better is required to earn credit for this course. If a score of 75% (9/12) is not achieved on the first attempt, another answer sheet will be sent for one retest at no additional charge. Credit will be uploaded to a participant's e-Profile Account within 2 weeks of successful completion of this CPE.



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**Learning Objectives - Pharmacists:** 1. Explain the importance of recognizing and minimizing medication errors; 2. Recognize points in the dispensing process where medication errors can occur; 3. Identify error prevention strategies. 4. Facilitate understanding of the role and the importance of pharmacy technicians in preventing medication errors; 5. Differentiate between “blame and shame culture” and “just culture” models; 6. Define the key components in the process for reporting medication errors.

**Pharmacy Technician Learning Objectives:** 1. Explain the importance of recognizing and minimizing medication errors; 2. Recognize points in the dispensing process where medication errors can occur; 3. Identify error prevention strategies; 4. Evaluate the critical role pharmacy technicians play in preventing medication errors; 5. Differentiate between “blame and shame culture” and “just culture” models; 6. Define the key components in the process for reporting medication errors.

**Circle the correct answer:**

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

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

	<u>Disagree</u>					<u>Agree</u>	
Material was effectively organized for learning:	1	2	3	4	5	6	7
Content was applicable for professional pharmacy practice	1	2	3	4	5	6	7
Each of the stated learning objectives was satisfied:	1	2	3	4	5	6	7

List any learning objectives above not met in this course: \_\_\_\_\_

List any important points that you believe remain unanswered: \_\_\_\_\_

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

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

Comments:

List any future CE topics of interest (and related skill needs):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Email address: \_\_\_\_\_ Interest in additional CE courses? Y / N

eProfile ID number (ePID): \_\_\_\_\_ Date of Birth (MMDD): \_\_\_\_\_

Course release date: 4-28-14 / Expiration date: 4-28-17 / Target audience: Pharmacists, Technicians  
Please mail this **completed answer sheet** with your check of \$8.50 to: **SDSU College of Pharmacy – C.E. Coord.**  
Office Ph: 605-688-4242 / **Bernie.Hendricks@sdstate.edu** **Box 2202C, Brookings, SD 57007**

# IN MEMORIAM

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## Mark R. Doescher



Mark R. Doescher, 35, passed away Wednesday, July 2, 2014.

Mark Robert Doescher, son of Robert and Margaret (Williams) Doescher, was born November 22, 1978 at Sioux Falls, SD. Mark grew up just East of Sioux Falls and attended Brandon Valley Schools. He was very active in sports and played football. He graduated from Brandon Valley High School in 1997. He continued his education graduating in May of 2006 from South Dakota State University with a Doctor of Pharmacy degree. Mark worked in retail pharmacy.

Mark was united in marriage with Jennifer Kucera on January 8, 2000 at First Lutheran Church in Sioux Falls. From this union they were blessed with three beautiful children, Andrew, Carter, and Ellie.

Mark was an avid sports enthusiast. He enjoyed playing recreational sports, as well as coaching his own children and helping others. Mark was a big fan of the St. Louis Cardinals Baseball, St. Louis Blues Hockey and Duke University Basketball. Another passion was hunting with his family members and friends.

## Barry Jungwirth

Barry Francis Jungwirth, age 64, died peacefully at his home, Wednesday, July 9, 2014.

Barry Francis Jungwirth was born September 12, 1949 in Ipswich, South Dakota, to Edward Joseph and Marie Laurretta (Puetz) Jungwirth. Barry was baptized and confirmed in Faulkton, South Dakota, graduating from Faulkton High School in 1967. A lifelong Jackrabbbbit fan, Barry graduated from South Dakota State University with a degree in pharmacy in 1972 and earned his pharmacy doctorate in 2007. On November 18, 1972, Barry married his college sweetheart, Mary Kathleen Larson. Barry and Mary were blessed with over 41 years of marriage and four children. Barry served in the United States Army Medical Service Corp from 1973 to 1977 at Fort Sam Houston in San Antonio, Texas, and Fort Bragg in North Carolina. In 1977, Barry and his family moved to Brookings, South Dakota, where he was a hospital staff pharmacist. In 1978, Barry and Mary purchased Clark's Rexall Drug, where he served the community for almost 36 years. He was also a staff pharmacist at

The biggest love of his life was his family; his wife and children. He had a way of always making each and every family member feel special and important.

Honored and blessed for having shared his life are his wife, Jennifer; their three children, Andrew, Carter, and Ellie Doescher, Sioux Falls, SD; his parents, Robert and Margaret Doescher, Sioux Falls, SD; three sisters, Robin Burke and her husband, Mike, Sparta, IL, LeAnne Klemme and her husband, Kevin, Sioux Falls, SD, Sarah Swan, Sioux Falls, SD; an uncle, Philip Doescher and his wife, Kathleen, Holman, WI; father and mother-in-law, Tom and Shirley Kucera, Sioux Falls, SD; a brother-in-law, David Kucera and his wife, Janette, Sioux Falls, SD; a sister-in-law, Stephanie Kucera, Sioux Falls, SD; several nieces and nephews, Christopher and Elizabeth Theobald, Rob and Matt Burke, Karla Baker, Sadie and Drew Klemme, Isaac Hewitt, Maxwell Swan, Dustin Kucera, Dylan Gullickson, Shayla, Gavin and Jack Kucera; and a host of other relatives and friends.

In his passing, Mark will join all the saints including his grandparents Orville and Sadie Doescher, James and Evelyn Williams; and uncles, Earl and Leon Doescher.

both the Benson and Morris hospitals. Barry enjoyed golf, gardening, reading, bird watching, theater, and most of all, spending time with his family and friends. Barry passed away peacefully at home, surrounded by his family, on Wednesday, July 9, 2014. He attained the age of 64 years, 9 months, and 27 days.

Barry is survived by his wife, Mary Jungwirth of Benson; children: Emily Jungwirth of San Jose, CA, Aaron Jungwirth of San Francisco, CA, and Matthew (Erika) Jungwirth of St. Paul, MN; siblings: Chuck (Veretta) Jungwirth of Providence, RI, Caroyle (Larry) O'Laughlin of Las Vegas, NV, Doris Halvorson of El Dorado Hills, CA, and Gordon (Betty) Jungwirth of Carson City, NV; 23 nieces and nephews, 41 great-nieces and great-nephews; and his many other relatives and friends. He is preceded in death by daughter, Merrill Jungwirth; parents, Ed and Marie Jungwirth; sister, Lone Brown; brothers, Tom Jungwirth and Ken Jungwirth; nephews, Lance Jungwirth and Steven Peterson; and brothers-in-law, Greg Miller, Jarvis Brown, and Don Halvorson.

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