

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

In This Issue:

- Director's Farewell
- 2017 Convention Information and Registration



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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Prescription Drug Monitoring
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Melanie Houg

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>.

APRIL

- 2 **Huron District Meeting** – The Scoreboard, 6:00 p.m.
Dinner & Association Update CE & Business Meeting to follow.
RSVP to Ann at acruse@lewisdrug.com
- 2 **Mobridge District Meeting** – Bob’s Steakhouse, Gettysburg
6:00 p.m. Dinner and Association Update & Business Meeting to follow.
RSVP to Ashley at ashleystampe@gmail.com
- 9 **Mitchell District Meeting** – The Depot, Mitchell
6:15 p.m. Dinner & Association Update CE & Business Meeting to follow
RSVP to Danielle at daniellelee52@hotmail.com
- 10 **Yankton District Meeting** – Minerva’s, Yankton
6:00 p.m. Program followed by Association Update & Meeting
(2 hrs. of CE available)
RSVP to Carmen at chutchison@yanktonmedicalclinic.com
- 11 **Aberdeen Spring District Meeting** – The Flame Restaurant
6:30 p.m. Social/Dinner/Meeting, CEs (2 credit hrs. anticipated)
RSVP to Aly at Alyssa.Howard@redfieldcmh.org
- 16 Easter Sunday
- 19 **Sioux Falls District Meeting** – Sioux Falls Ramkota, Lincoln Room
5:15 p.m. Display & Social; 6:15 p.m. Dinner/Meeting
RSVP John at jwweitgenant@hotmail.com
- 26-27 **NCPA Congressional Fly-In** – Washington, D.C.
- 27 **Watertown District Meeting** – Minerva’s/Ramkota
6:00 p.m. Social followed by dinner, meeting, program.
RSVP to Jess at jstrobl@lewisdrug.com
- 29 DEA Drug Take-Back Day
https://www.deadiversion.usdoj.gov/drug_disposal/takeback/

MAY

- 4 **Black Hills District Meeting** – Ramkota Hotel/Minerva’s, Rapid City
5:30 p.m. Social/Dinner/Meeting, CEs begin at 6:15 p.m.
(2-3 credit hrs. anticipated)

JUNE

- 3-7 ASHP Summer Meeting, Minneapolis, MN

AUGUST

- 19-23 NACDS Total Store Expo, San Diego, CA

Cover Photo Credit: Lance Bertram, 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



Saying Farewell

Happy Spring everyone! It's been a good number of years that I've been able to share that statement with all of you as we move into a very beautiful season in South Dakota, and my favorite. This article is a little bit more difficult to write as I offer my sincere thanks and farewell to all of you this spring.

June 30th, I'll be stepping down as your association's Executive Director. It's been an incredible honor and privilege to serve all of you for the past twelve + years. I've been blessed to have made not only wonderful friendships, but many of you I consider my FAMILY. Not many execs can say that.

My tenure with you seems, on paper, to be a fairly long time, however, most days it seems like it passed in the blink of an eye. To work for such a dignified, smart and passionate group of professionals has to be the dream of most execs. You truly are amazing and I'm so proud of all the hard work you do and how compassionate you are about your patients and your profession.

DIGNITY, Dale Lamphere's beautiful creation that sits at Chamberlain's overlook rest area, seemed very appropriate to grace our journal cover. I chose that in honor of all of you, my friends.

With only one person, board members often worry about the "What if Sue gets hit by a bus" scenario, leaving the board members to scurry and try to make some semblance of the work that goes with an association office. I don't want to leave any of you to worry about that, and the board has graciously agreed to have me stay on as a "Transitional Advisor" for a bit to get your new exec up and running, so we promise it will be a seamless transition, and we'll continue to do our very best to represent you and take care of your needs.

The board will be advertising my position this week, will hold interviews in early May, and hopefully have someone on board and ready to take the reins in mid-to-late June as we move into a new fiscal year.

Thank you from the bottom of my heart for your friendship and support throughout my tenure. I couldn't be more proud to have worked for all of you, and feel like I've done everything I could do to keep your association running in a professional and positive manner. It feels good to leave on that note!

Please continue your good work to keep pharmacy such a noble and dignified profession, and PLEASE support YOUR association! You have such a strong voice when you hang together!

Warm and Healthy Regards,

Sue

PRESIDENT'S PERSPECTIVE

Trisha Hadrick | SDPhA President



It's already time for the Spring Journal! While I'm ready for spring and the warmer weather, it's hard to believe how fast time flies.

Legislative session has come to a close. Please review our lobbyist, Robert Riter's, final legislative report in this journal. Executive Director Sue Schaefer and Robert Riter have done a great job representing pharmacists for

years and this year was no different. Thank you to both of you! I feel Robert did a nice job of summarizing the situation our Association was put in when the Board of Pharmacy presented the practice act revisions to us just a few weeks before the Legislative session was to begin. Our Board feels it is important to be transparent with our members regarding this situation and if you have any further questions please ask.

We hope to see you at the upcoming District meetings. The District officers have done a great job lining up the meetings. Thank you to all who are willing to serve as an officer! Please be thinking about who you or your District could nominate for the Awards we present at our annual convention coming up at The Lodge in Deadwood on September 22-23. There are many deserving pharmacists in our state and we appreciate your help in identifying them. Please be sure to include a note of recommendation or personal stories with your nominations. Thank you in advance!

"Making an Impact in Patient Care" was the theme for the American Pharmacists Association's Annual meeting held in March. I was pleased to be able to attend the meeting which included various educational sessions. Opioid misuse, abuse, and addiction were a big focus and the speaker for the general session, Dr. Elliot Krane, spoke on the topic as well. I don't

believe he was trying to down play the importance of the issues associated with opioids. However, he did point out that cigarette smoking, alcohol abuse, and the issues associated with their use still cause a larger number of deaths each year than opioid overdoses do. We all know there are lots of areas where we can "Make an Impact in Patient Care" and those are just a few to keep in mind. A highlight of the weekend definitely was taking the SDSU students and one of their advisors out for supper. It was great to visit with all of you!

As you may have already read in Sue's article, she is going to be transitioning out of her role as Executive Director of our organization. I believe all of our Board members would agree that we couldn't do what we do without Sue's guidance and endless support of all the endeavors of the association. We are grateful for her years of service to our organization, and thankful she is willing to transition out of the position over the course of a year. While we hate to see her leave, this is probably our best case scenario for a smooth transition. Please encourage anyone you feel would do a great job for our association and each of our members to apply. Applications are being taken at this time, interviews will be held in May, and we hope to have our new hire present at our Association Board retreat the beginning of June. Thank you again, Sue, for all you do!

We have had several issues arise that could be looked at as setbacks this year. I'm optimistic that we as an organization, representing all pharmacists of the state, will prevail and hopefully be stronger than ever. Please continue to stay involved and encourage a colleague or two to join you. Thank you for reading the journal, as it is an important way for us to keep you informed as to what is happening.

SOUTH DAKOTA BOARD OF PHARMACY

Kari Shanard-Koenders | Executive Director



Board Welcomes New Registered Pharmacists/ Pharmacies

The following ten candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Lisa Allard, Edward Kazynskaya, Andrew Kim, Gedeon LaPlante, Sophia Le, Robert Pienkos, Hugh Rim, Rajwinder Sodhi, Patrick Southall, and Adam Zimmerman.

There were no new South Dakota

pharmacy permits issued over the same time period.

DEA Reminder

Please update your DEA address from Room 937 to Room 509 in the Des Moines Office.

DEA Alert: Faxed-Based Phishing Scam Targeting Pharmacies.

The Drug Enforcement Administration (DEA) has received notification of a faxed-based phishing scam. The DEA urges registered Pharmacies to be on guard against a fax asking for licensing information. The DEA is continuously identifying safeguards against suspicious activity, but cybercriminals are ever evolving with identity theft scams.

For example, [attached is a sample fax](#) requesting Pharmacies to provide a copy of the current DEA certificate and State license. If anyone has already provided this information, the DEA urges the registrant to contact their local field office.

Registrants who receive information that seems suspicious should forward them to DEA. Validation@usdoj.gov. Also, the DEA does not send unsolicited faxes or emails requesting sensitive data.

2017 Legislative Session

SB 1 passed both houses and at this writing is awaiting signature by the Governor. It amends 34-20E with a requirement for all individuals who hold a Controlled Substance Registration through the Department of Health to register with the South Dakota PDMP. It further requires pharmacies to submit dispensing data every 24 hours. This was a Bill submitted by the Legislative Drug Abuse Summer Study group with Health Department and Board of Pharmacy support. The SDCL 36-11 was up for governor's cleanup and red tape repeal/ review in the 2017 legislature. We added a couple of items into **HB 1043** which would be good for pharmacy but unfortunately, we ended up tabling the bill due to a negative response from some

outside our profession. House Bill 1044 was a clean-up bill for the Wholesale Drug Distributor chapter 36-11A. We further amended the chapter to comply with the DQSA. This entailed adding a new category of licensure, the 503B Outsourcing Facilities as per the Compounding Quality Act and modeled the statute for the other drug distributors to match the federal law in the DSCSA. We also eliminated our licensure of Third Party Logistics Providers (3PLs). We followed the DSCSA and removed reference to pedigree and changed it to Transaction History, Transaction Information and Transaction Statement. **HB 1044** has passed both houses and been signed by the Governor.

DSCSA Guidance On Transactions Between Pharmacies

Pharmacy to pharmacy DSCSA Product Tracing Requirements questions often come to the office. Do the Drug Supply Chain Security Act (DSCSA) product tracing requirements related to transaction history, transaction information, and transaction statements apply when pharmacies transfer/sell product to another pharmacy? Section 582(d)(1)(A)(ii) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) states the following (emphasis added). A dispenser . . . prior to, or at the time of, each transaction in which the dispenser transfers ownership of a product (but not including dispensing to a patient or returns) shall provide the subsequent owner with transaction history, transaction information, and a transaction statement for the product, except that the requirements of this clause shall not apply to sales by a dispenser to another dispenser to fulfill a specific patient need. Section 581(19) of the FD&C Act defines "specific patient need" as the transfer of a product from one pharmacy to another to fill a prescription for an identified patient. Section 581(19) further states that this term does not include the transfer of a product from one pharmacy to another for the purpose of increasing or replenishing stock in anticipation of a potential need.

FDA Issues Guidance on Transactions with First Responders

This question has arisen numerous times in since the DSCSA was passed by Congress relative to the product tracing information required in transactions with first responders. The FDA states it does not intend to take action against a dispenser who transfers ownership of a product directly to a first responder without providing product tracing information to the first responder as required by sections 582(c)(1)(A)(ii)-(iv) and (d)(1)(A)(ii) of the FD&C Act, provided that the conditions enumerated in Section IV. FDA also does not intend to take action against trading partners who conduct business with a first responder that is not

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SOUTH DAKOTA BOARD OF PHARMACY

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“authorized” as a dispenser within the meaning of section 581(2) (D) of the FD&C Act. In addition, FDA does not intend to take action against a first responder who: (1) accepts ownership of product without first receiving the product tracing information as required by section 582(d)(1)(A)(i) of the FD&C Act and does not capture and maintain product tracing information as required by section 582(d)(1)(A)(iii) of the FD&C Act; or (2) does not comply with the dispenser requirements for verification of suspect or illegitimate product described in section 582(d)(4) of the FD&C Act. This compliance policy is in effect until further notice by FDA.

PDMP Update

by Melissa DeNoon, R.Ph., PDMP Director

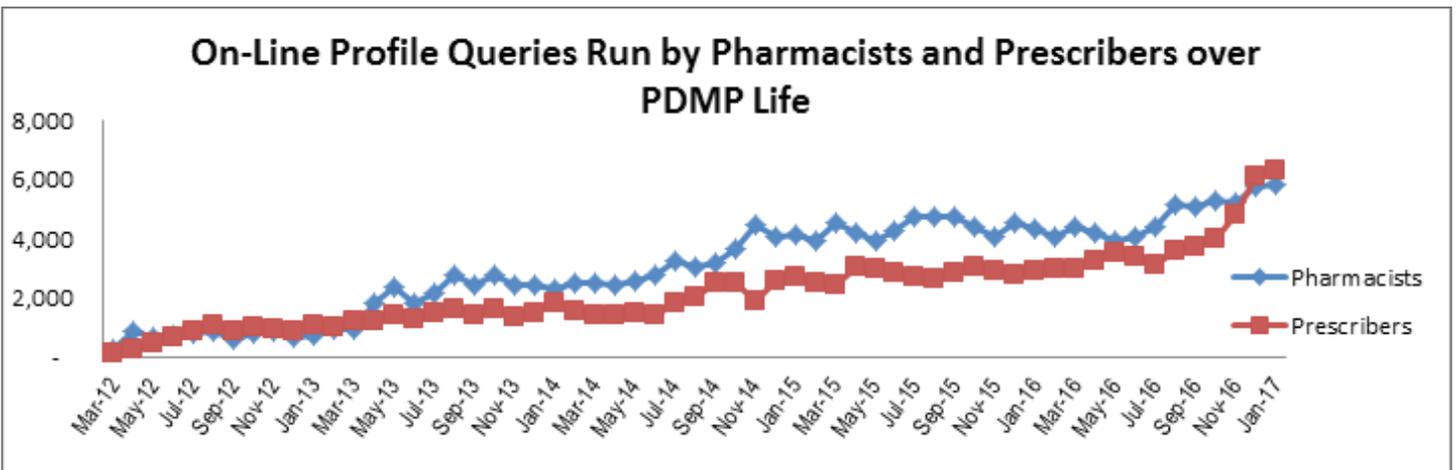
The CDC states, “Prescription Drug Monitoring Programs continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.” South Dakota health care practitioners’ trending utilization of the South Dakota Prescription Drug Monitoring Program (SD PDMP) demonstrates their alignment with this statement. The SD PDMP hit record numbers of online queries performed by both pharmacists and prescribers in December 2016 and January 2017 and in those same two months, for the first time, prescriber queries outpaced pharmacist queries – exciting news for sure!

The number of approved users for the SD PDMP continues to increase as many health systems are “promoting” registration. Avera Health System’s integration of Meditech and the SD PDMP has increased our prescriber users substantially.

“Best Practices” For Pharmacy To Assist With PDMP Accuracy

- Ensure pharmacy profile patient name matches prescriber patient name; use legal name
- E-prescribed prescription – make sure name matches your profile, correct yours if not
- Do not use middle names as first names and do not use only part of hyphenated name
- Do not use nicknames instead of legal first names, i.e. use Elizabeth not Betty
- Verify spelling of names with possible variations
- Ensure Prescriber DEA numbers are accurate to ensure accurate prescriber attributions
- Is or was the prescriber a medical resident? Check DEA – hospital is ok until completion of residency; if resident is moonlighting or has graduated, must have own DEA

(continued on page 21)



SD PDMP Combined User Stats AWARe Acct Users PLUS Avera Integration Users	As of November 30, 2016	Percentage of	As of February 15, 2017	Percentage of
Pharmacists	1147	92%	1156	92%
Prescribers*	2528	60%	2723	64%

*MD, DO, DPM, CNP, CNM, PA



SOUTH DAKOTA STATE UNIVERSITY

College of Pharmacy and Allied Health Professions



Jane Mort | Acting Dean



Greetings from the College of Pharmacy and Allied Health Professions! I'm very pleased to share a few of the recent highlights from the College.

Our PharmD graduates continue to distinguish themselves among their national peers. Specifically, the 2016 PharmD graduates achieved a first-time pass rate on the NAPLEX of 98.7% (75 of 76 passing) which was second highest in the country.

Last year NABP revised the NAPLEX blueprint and modified the passing standard. Additional changes have been made for 2017 related to the number of questions and testing duration.

The Masters of Public Health degree program continues to grow rapidly. While the program was started only recently (spring 2015), 63 students are currently enrolled which includes 22 SDSU students. This spring the MPH program received approval from the Council on Education for Public Health to begin the accreditation process.

Dennis Hedge was named Provost at South Dakota State University. We congratulate Dr. Hedge on this accomplishment and look forward to working with him in his new role. The University will conduct a national search to fill the Dean position for the College with recruitment beginning this summer and interviews in the fall. Also, in faculty news Dr. Dave Helgeland

and Dr. Deb Farver are retiring at the end of this academic year. We wish to express our deep appreciation for their years of service. Their skills and wisdom will be truly missed.

Three faculty were recognized at the spring South Dakota State University Celebration of Faculty Excellence event. Dr. Surachat Ngorsuraches received the College of Pharmacy and Allied Health Professions Outstanding Scholar Award. Dr. Debra Farver was awarded the Edward Patrick Hogan Award for Teaching Excellence, and Dr. Xiangming Guan received the F.O. Butler Award for Excellence in Research. In addition, Dan Hansen was awarded the 2017 Excellence in Faculty Engagement Award from the Honors College. Other outstanding achievements included Dr. Hemachand Tummala being selected to present "Pathogen Mimicking Vaccine Delivery System" at the Sewrey Colloquium.

One of our missions at the College is to advance knowledge through research. The year has started off well for our researchers. In the first two quarters of FY17 faculty have received over \$640,000 in grant awards which is a 40% increase over the first two quarters of FY16. This does not include Drs. Surachat Ngorsuraches and Chamika Hawkins-Taylor two-year grant for the PCORI Engagement Award in the amount of \$246,422. This is the first PCORI awarded to a researcher in South Dakota.

Thank you for your continued interest and support in the College of Pharmacy and Allied Health Professions.

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.

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Rhonda Hammerquist, Pharm.D., BCPS | SDSHP President



Spring Greetings from SDSHP!

Hopefully you all have had an opportunity to register for the 41st Annual SDSHP Conference to be held on April 7th & 8th at the Holiday Inn City Centre in Sioux Falls. The event will provide 9 hours of ACPE accredited continuing education and will also offer a technician track on Saturday morning. At the awards

presentation, we will be honoring Debra Farver as the recipient of this year's Gary W. Karel Lecture Award as well as the pharmacist of the year and the technician of the year. The board would like to thank the annual meeting committee, chaired by Deidra VanGilder and Nicole Hepper, for all their hard work in setting up what should be another great meeting.

We look forward to hosting the 16th Annual Gary Van Riper Society Open Golf Classic on July 28th. This will be at the Central Valley Golf Course in Hartford, SD. We will also be hosting the 5th Annual SDSHP Pharmacy Resident's Conference in Chamberlain, SD this July. Exact dates for the Resident's Conference have not been finalized quite yet, please check out the SDSHP website for updates on dates.

We are excited about the new education programming, Statewide Pharmacotherapy Forum (SPF). This session allows members to connect via teleconference or webinar to participate in topic reviews and journal clubs that have been led by residents thus far. If you have not had a chance to participate, the next SPF session will be April 3rd. Please see your SDSHP member emails or contact us at sdshp.sd@gmail.com if you would like more information.

The 2016-2017 Board of Directors has been a wonderful group to work with and I want to sincerely express my gratitude for their dedication to our profession and the society. We have been able to accomplish many things this year, but this is only because of their hard work and dedication. Special thanks to our outgoing board members: Tadd Hellwig, Brittney Meyer, and Kendra Ernste. They have been responsible for a ton of work relating to health-systems pharmacy and the society couldn't have succeeded without them.

Finally, I would like to thank the members of SDSHP for giving me the opportunity to serve as your president. It has been an honor to work with many pharmacists across South Dakota. In the upcoming year, we will continue our tradition of serving health-system pharmacists and technicians under the excellent leadership of Jessica Harris.

Respectfully submitted,
Rhonda Hammerquist, PharmD, BCPS
SDSHP President

ACADEMY OF STUDENT PHARMACISTS

Nicole Stenzel | APhA-ASP SDSU Chapter President



Hello SDPhA!

We are back into the swing of things with a new semester here at SDSU. In January, we began classes and started working on the transition into a new semester with APhA-ASP. Usually at this time, we would be working hard to prepare our trip to the capital for Legislative Days. Unfortunately we were unable to go this year, but

have been working hard in planning a replacement event for students. The Service Committee put together a great event in January where members made fleece tie blankets for babies in the Brookings community.

In February, the Operation Self-Care Committee started the Script Your Future campaign. This is a yearly campaign in which medication adherence is promoted through out the community. Additionally, at the beginning of February, the Operation Tobacco Cessation Committee was successful in its attempt to pass the smoking ban on the SDSU campus. SDSU was the last college in the Board of Regents to be a smoking campus. Through the efforts of the Student's Association and the Operation Tobacco Cessation Committee, SDSU will be a smoke-free campus in July of 2017.

In March, we held elections for next year's Executive Board. We are fortunate to have a great group of students coming in to leadership, and it is hard to imagine that my time with our APhA-ASP chapter is coming to a close! Additionally, in March, we sent a group of 7 students to APhA Annual Meeting in San Francisco, California. Jade Kutzke, a P3 member, competed in the National Patient Counseling Competition. We had a wonderful weekend complete with invaluable professional development and networking opportunities.



Pictured below from left to right: Analisa Buysse (President-elect), Jade Kutzke (National Patient Counseling Competition competitor), Kassie Friese (Chapter Delegate), Lauren Metzger (Webmaster), Hannah Poppen (Patient Care Coordinator), Nicole Stenzel (President), Brooke Schwasinger (Communications Vice President).

SAVE
the
DATE

SDPhA ANNUAL MEETING

SEPTEMBER 22-23, 2017

THE LODGE *at* DEADWOOD

SD ASSOCIATION OF PHARMACY TECHNICIANS

Sue DeJong | President



Happy Spring!

Time is flying by so quickly as your SDAPT board is planning and preparing for our Fall Conference on October 7 at Avera in Sioux Falls.

Continuing education seminars will include Jessica Strobl, Herbals; Jeremy Daniel,

Trends in Substance Abuse; and the Board of Pharmacy will offer our Law CE. A great slate of presenters will be making for an interesting day.

Our Fall meeting will include election of officers. A full slate of nominees has been completed. Thank you to those willing to serve during the next biennium.

SDAPT will be represented at the SDSHP convention on April 7th. We look forward to answering questions about our technician organization and inviting new technicians to SDAPT.

A structure committee is reviewing our SDAPT by-laws and will be suggesting some minor updates to our by-laws. Thank you to the structure committee.

Our scholarship committee has chosen Elizabeth Drabek, Western Dakota Technical institute as our 2016 recipient. She received a \$150.00 scholarship from SDAPT.

We offer a yearly scholarship to a student in a pharmacy technician course in South Dakota.

Gary Karel was selected as our Honorary Member at our 2016 conference. Thank you Gary for your support of SDAPT.

There are SDAPT tote bags for \$10.00 are still available if you are interested. Need a gift for your favorite technician? Please contact Deb Mensing at damens55@hotmail.com.

Please feel free to contact your SDAPT officers anytime with any questions or suggestions.

Sue DeJong - President - sdejong99@hotmail.com
Jerrie Vedvei - President Elect - jvedvei@nvc.net
Deb Mensing - Treasurer - damens55@hotmail.com
Diane Feiner – Secretary - diane.feiner@gmail.com

Seize Spring!
Sue DeJong
SDAPT President

**SDPhA Convention Line-up
Lodge at Deadwood
September 22-23, 2017**

Thursday Evening – Welcome/Reception/Registration 5-7 p.m.

Friday, September 22nd

7:30 a.m. – 8:30 a.m.

“Board of Pharmacy/PDMP Update”

Kari Shanard-Koenders & Melissa DeNoon

8:30 a.m. – 10:00 a.m.

“Pharmacy Law”

Dave Helgeland

Business Meeting

10:00 a.m. – 11:30 a.m.

11:30 a.m. until 1:30 p.m.

Vendor Time/Luncheon/Awards Presentations

1:30 p.m. - 3:00 p.m.

“New Drug Update”

Dr. Joe Strain

3:00 p.m. – 3:30 p.m.

SDSU Ice Cream Social

3:30 p.m. – 5:00 p.m.

“Infectious Diseases – Fighting the Resistance”

Dr. John Kappes

5:00 p.m. – 6:00 p.m.

“History/Case Studies”

Bernie Hendricks/SDSU Student Pharmacists

DEADWOOD – On Your Own

Saturday, September 23rd

8:00 a.m. – 9:30 a.m.

Light Breakfast/Second Business Meeting

9:30 a.m. – 11:00 a.m.

“Diabetes – New Testing & Treatment Options”

Dr. Deidra VanGilder

11:00 – 1:00 p.m.

“Immunizations – What’s New?”

Dr. Wendy Jensen Bender

Dr. Alex Middendorf

2017 AWARD NOMINATIONS

The SDPhA is accepting nominations for awards to be presented at the 2017 Convention in Deadwood. Nominations should be submitted along with biographical and contact information. The following awards will be presented:

Bowl of Hygeia

The recipient must be a pharmacist licensed in South Dakota; be living (not presented posthumously); not be a previous recipient of the award and not served as an SDPhA officer for the past two years. The recipient has compiled an outstanding record of community service, which apart from his/her specific identification as a pharmacist reflects well on the profession.

Nominee: _____

Distinguished Young Pharmacist

The nominee must hold an entry degree in pharmacy received less than ten years ago, licensed in South Dakota, member of SDPhA, practiced pharmacy in the year selected, involvement in a national pharmacy association, professional programs, state association activities and/ or community service.

Nominee: _____

Hustead Award

Nominee must be a pharmacist licensed in South Dakota, who has not previously received the award. The nominee shall have made a significant contribution or contributions to the profession, and should have demonstrated dedication, resourcefulness, service, and caring.

Nominee: _____

Distinguished Service Award

The nominee must be a non-pharmacist who has contributed significantly to the profession. The award is not routinely given each year, but reserved for outstanding individuals. Persons making the nomination should complete the form providing reasons why the nominee should be selected. The nomination should clearly outline why the nominee is worthy of the award. If a recipient is selected, the Association will then contact the individual to notify them of the selection and obtain biographical data.

Nominee: _____

Salesperson of the Year Award

Nominee must have made an outstanding contribution to the profession of pharmacy through outside support of the profession.

Nominee: _____

District Technician of the Year Award

Nominee has demonstrated an excellent work ethic, is reliable, consistent, and works well with other. Technician provides a valuable service to the pharmacy profession.

Nominee: _____

Fax nominations by **May 5, 2017** to (605) 224-1280 or e-mail to sue@sdpha.org. Using the criteria for each award listed, please describe in detail the reason for the SDPhA Board of Directors to consider your nominee. Include specific examples and/or details.

Name of Individual Nominating: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Pharmacy/Organization: _____

2016 Recipients of the “Bowl of Hygeia” Award



Buddy Bunch
Alabama



John Cotten
Alaska



Carl Labbe
Arizona



Jon Wolfe
Arkansas



Fred Mayer
California



Randy Knutsen
Colorado



Ernie Mrazik
Connecticut



Pat Carroll-Grant
Delaware



Armando Bardisa
Florida



Hugh Chancy
Georgia



Marcella Chock
Hawaii



Joyce Foglerman
Illinois



H. Christian Johnson
Indiana



Ken Anderson
Iowa



David Schoech
Kansas



Ron Poole
Kentucky



Marty McKay
Louisiana



Roberta Brush
Maine



Ellen Yankellow
Maryland



Diane Martin
Massachusetts



Geri B. Smith
Michigan



Linnea Forsell
Minnesota



Robert Salmon
Mississippi



David Eden
Missouri



Tobey Schule
Montana



Adam Porath
Nevada



John V. Mini, Jr.
New Hampshire



Stephen Brickman
New Jersey



Jack Volpato
New Mexico



Mike Duteau
New York



Joseph Moose
North Carolina



James Carlson
North Dakota



Marialice Bennett
Ohio



Greg Huenergardt
Oklahoma



Ann Murray
Oregon



Gayle Cotchen
Pennsylvania



Francisco Javier Jimenez
Puerto Rico



Heather Larch
Rhode Island



Dan Bushardt
South Carolina



Curt Rising
South Dakota



Ronnie Felts
Tennessee



Nathan Pope
Texas



Gerald Petersen
Utah



Alex Wiatt
Virginia



Nanci Murphy
Washington



Patricia Noumedem
Washington DC



Robert Stanton
West Virginia



James Olson
Wisconsin



Jaime Hornecker
Wyoming



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

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

Pharmacists provide Influenza Immunizations at the 2017 Legislative Session Opening

Pharmacist Rob Loe took care of unvaccinated lawmakers on Thursday, January 12th when he provided immunization protection for legislators and interns who had yet to receive a seasonal flu shot.

Seventeen individuals were vaccinated in a flu shot clinic provided by pharmacists at the State Capitol Building in Pierre.

Executive Director Sue Schaefer received a wonderful thank you from legislative leadership following last year's first ever clinic, as was asked if the pharmacists could repeat the successful event in 2017. Rob stepped in again and offered to provide this special example of excellent patient care.

Loe and SDPhA's Executive Sue Schaefer also made sure to verify that each immunization would be recorded with the lawmaker's primary care provider and also to the SDIIS (South Dakota Immunization Information System).

Schaefer offered, "We hoped that everyone had already received their flu shot earlier in the season at home, but for those who ran out of time, this offered them some protection and support as they face a sometimes-stressful and tiring legislative session."

According to the State Epidemiologist Lon Kightlinger, South Dakota flu cases have just spiked, and are predominantly H3N2, so the flu clinic will hopefully prove valuable in keeping our legislators healthy.

According to Loe, this was once again, a wonderful opportunity to educate patients and let lawmakers know that pharmacists are trained to do so much more. Let's keep the momentum going!

Pictured (top to bottom):

- 1. Representative John Mills smiles after receiving his flu shot at the SDPhA 2nd Annual Flu Clinic for legislators in Pierre.*
- 2. Representative Tim Rounds fills out the required paperwork before receiving his vaccination for influenza.*
- 3. Senator John Wiik of District 4 relaxes after receiving his vaccination.*
- 4. Rob Loe ready to provide flu shots in SDPhA's second annual vaccination clinic.*



2017 LEGISLATIVE REPORT

Robert C. Riter & Margo D. Northrup | SDPhA Lobbyists

DATE: March 29, 2017

The legislature adjourned sine die on March 27, 2017. There were a number of measures introduced of consequence to this profession. Ultimately, through the important involvement of the members of your Board and other pharmacists across the state, good results were obtained.

Several weeks prior to session, your Board learned that the Board of Pharmacy was going to be introducing several bills of significant impact to your profession. Included was a measure seeking to modify your Practice Act and as part thereof, gradually strip the Association's funding by eliminating its activities benefitting the profession. It became readily apparent that these substantial modifications had not received thorough vetting by your profession prior to preparation of the draft bill. At the behest of your leadership, your Executive and lobbyist met prior to session with the leadership of the Department of Health. Individual contacts were also made with the Department and with representatives of the Board of Pharmacy regarding the broad nature of the draft bill.

Ultimately, significant modifications were made in the draft bill, including striking that portion which would have eliminated the relationship between the Department of Health and the Association. Thereafter, additional modifications suggested by your Association were considered and HB 1043 was introduced in a much better form. The bill was presented to the House Health & Human Services Committee early in the session by representatives of the Board of Pharmacy but soon thereafter, the Board indicated to the legislature the need to examine some additional modifications. Hence, the bill was tabled. It appears likely a work group will be formed to consider proposed modifications to the Practice Act, just as has been done from time to time in prior years. It is anticipated that representatives of your Association will be participants therein.

The Board of Pharmacy did, however, successfully obtain passage of HB 1044, which had been introduced at its request. That measure revises provisions impacting wholesale drug distributors and outsourcing facilities. It also requires a fee for licensure of outsourcing facilities and creates certain additional rules for the transfer of products between certain trading partners.

The annual bill placing additional substances on the controlled substance schedule was approved in HB 1041. We would encourage you to review that bill and its particulars, but Thiafentanyl was added to Schedule II controlled substances and Brivaracetam was added to Schedule IV. With the emergency clause, the bill once approved by the Governor was immediately effective.

Several bills were introduced at the request of the Interim Substance Abuse Prevention Committee. That committee began considering

issues relative to methamphetamines and opioids in prescription drugs. The proposals introduced by the committee, however, were limited to controlled substances. Ultimately, of the four bills introduced, two passed. SB 1 allows linking of the central repository into the electronic health records to allow health systems, pharmacies or health information exchanges to access data. It increases the requirements on dispensers to submit the information to the repository every twenty-four hours rather than once a week. SB 4 requires the Board of Pharmacy to report to the legislature regarding monitoring and use of opioids in the state.

SB 2, which would have required prescribers to access a prescription drug monitoring program data base prior to issuing a prescription for certain controlled substances, and SB 3, which would have made an appropriation to the Department of Health for the administration of a program regarding substance abuse, were both tabled by the first committee considering the bills at the request of the sponsors.

SB 43 also passed. That measure substantially expands the funds available within the Department of Social Services for intensive methamphetamine treatment services and is effective immediately.

The legislature also passed and the Governor approved SB 95. That measure resulted from prior discussions by advocates for broader access to cannabidiol, particularly in treating long term illnesses. The bill as passed and effective July 1, 2017, now includes cannabidiol as a Schedule IV drug, but excludes it from the definition of marijuana if it is approved by the US Food and Drug Administration. It appears that the bill's passage will not likely impact existing law but advocates may argue that CBD can be prescribed and thereafter dispensed by pharmacies. We suspect we will hear more from the Department of Health, which had been neutral on the bill, or the Attorney General's office regarding the ultimate impact of the bill's passage.

Late in the session the legislature also approved a 0.3% reimbursement increase for certain Medicaid providers. While that seems of little significance, with the budgetary constraints faced by the legislature this year, it was expected that no increases would be adopted.

It was a busy legislative session to include the several weeks leading up to the commencement thereof. We much appreciated the Board and other members across the state who took an active role in considering the issues on short notice and contacting legislators to ensure adequate information was available. Of course, your Executive, Sue Schaefer, not only coordinates these issues but leads the discussion and well represents the Association. It is a pleasure for my partner, Margo Northrup, and me to work with the Commercial and Legislative Branch of your Association to promote the issues important to your profession.

Thank you again.

**COMMERCIAL AND LEGISLATIVE (C&L) & DISTRICT DUES
CONTRIBUTIONS
2016/2017**

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 Home Phone _____ Mobile Phone _____
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 Work Address _____
 Work City _____ State _____ Zip Code _____
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2016 - 2017 Commercial & Legislative (C&L) Fund
 (Memberships set by SDPhA C & L Executive Committee, 2007)

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(Includes One Individual Membership)

Name of Pharmacy/Business _____
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Corporate Membership (\$200.00)
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\$50 Level \$75 Level Other \$ _____

District Dues
 (Circle your District)

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FINANCIAL FORUM

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Retirees Should Have Spending Plans

Without such strategies, they can risk going through their savings too fast

Every day, articles appear urging people to save for retirement. These articles are so prevalent that it may seem like retirement planning is entirely about getting people to save. Actually, retirement planning concerns much more than that. It has another aspect well worth discussing: the eventual spending of all of that money that has been accumulated.

Too few Americans coordinate their retirement spending. Earlier this year, Ameriprise asked more than 1,300 savers aged 55-75 if they had a drawdown strategy in mind for the future. Nearly two-thirds of the pre-retirees surveyed did not. A third of the retired respondents to the survey also lacked spending plans.¹

In retirement, inattention to household spending can have serious consequences. A newly retired couple can travel too much, eat out too frequently, and live it up to such a degree that its savings can be drawn down abruptly. That danger is heightened if a couple's investments start to perform poorly. A spending plan may help retirees guard against this kind of crisis. Another case occurs when a retiree household becomes overconfident in its decently performing portfolio and its middling level of savings. A decade or so into retirement without a spending plan, that household finds its investment and bank accounts dwindling mysteriously fast. Sunday brunches give way to \$3.99 bacon-and-egg specials, and the golf clubs stay in the garage all year. A plan for drawing down retirement savings in moderation when retirement starts might help such a couple maintain its quality of life longer.

There is no standardized retirement drawdown strategy. Each retired household (and its retirement planner) must arrive at one specific to its savings, investment mix, income requirements, and age. There are some basic principles, however, that may help in configuring the spending plan. It makes sense for many retirees to tap their taxable brokerage accounts as a first step in a drawdown strategy. This allows assets held within tax-advantaged retirement accounts (such as IRAs) more time to grow and compound. By doing this, a retiree can effectively realize a tax break – money coming out of a traditional IRA is taxed as regular income, whereas long-term capital gains

are taxed between zero and 20%.^{1,2} Of course, Roth IRA withdrawals are never taxed, provided you have followed IRS rules. That brings up another factor in planning retirement spending – what can be done with regard to asset location and tax efficiency before retirement.² A retiree with a larger traditional IRA may want to consider a Roth conversion of some or all of those IRA assets before age 70. In the fifties or sixties, an IRA owner may be at or near peak earnings, so handling the tax bite that comes with such a conversion may be comparatively easier than it would be during retirement. Another tactic is to take earlier, voluntary withdrawals from accounts that would demand Required Minimum Withdrawals (RMDs) beginning at age 70½. These voluntary withdrawals, which would occur before the start of RMDs, would leave an IRA owner with lower RMDs (and less taxable income) in the future.

Retirement spending should never be treated casually. A spending strategy may play a crucial role in preserving a retired household's quality of life.

Citations.

1 - cnbc.com/2016/03/02/spending-in-retirement-is-a-balancing-act.html [3/2/16]

2 - investopedia.com/ask/answers/102714/how-are-ira-withdrawals-taxed.asp [10/17/16]

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Financial Forum

(continued from page 20)

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SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 7)

Highlights of Top 10 year over year 2015-2016 PDMP statistics analysis show:

Change from 2015 to 2016	# Rx Change	% Change	Qty Change	% Change
Hydrocodone/APAP	Decrease	5.9%	Decrease	7.3%
Tramadol	Decrease	1.1%	Decrease	2.6%
Zolpidem	Decrease	1.7%	Increase	5.3%
Lorazepam	Increase	1.6%	Increase	0.8%
Clonazepam	Increase	5.4%	Increase	8.8%
Dextroamphet/Amphetamine	Increase	28.9%	Increase	63.9%
Alprazolam	Increase	5.9%	Increase	13.6%
Methylphenidate	Increase	18.9%	Increase	41.4%
Oxycodone	Increase	5.1%	Increase	6.5%
Oxy/APAP	Decrease	4%	Decrease	0.7%

Nebraska Prescription Drug Monitoring Program Update:

- Became operational January 1, 2017
- Requires NE pharmacies to submit data daily
- Interstate data sharing is currently not allowed legislatively
- Out-of-state prescribers and pharmacists can request access to the NE PDMP via forms on their website, www.dhhs.ne.gov/PDMP

BOARD MEETING DATES

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

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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.

Indemnification

John from Anytown Pharmacy is negotiating to become the supplier of prescriptions and other pharmacy services to the county jail. As a possible vendor to the county, John is presented with a contract covering this relationship. One of the paragraphs is entitled, "Indemnification". John reads through the paragraph, but he doesn't really understand it. In his eagerness to win the contract, John signs it and returns it to the county. What is Indemnification and was it wise for John to agree to it before he understood it?

Indemnification is ". . . the obligation [or duty] resting on one person to make good any loss or damage another has incurred or may incur by acting at his request or for his benefit." It is also known as a Hold Harmless agreement. What it boils down to is if the county gets sued for something Anytown Pharmacy has done wrong; Anytown Pharmacy will defend the county. This can account for significantly higher defense costs, such as attorney fees, to be incurred by Anytown Pharmacy. The pharmacy may also be paying the county's portion of any judgment in the case.

Indemnity agreements can be one-sided or mutual. A mutual indemnity agreement provides for each party to protect the other. However, a one-sided agreement requires only one party has to protect the other. This is a very important distinction and could result in significant costs for the indemnifying party. Anytown Pharmacy should review the agreement to ascertain what it provides. Many vendor agreements as presented do not provide for mutual indemnity.

Another important part of the review is to know what acts qualify for indemnification. Most commonly, indemnification is provided for breach of contract. Other actions that can be covered by indemnification include negligent acts, grossly negligent acts, wanton & reckless acts, intentional acts, and criminal acts. These are listed in an ascending order of seriousness under the law. Part of the pharmacy's negotiations should be the types of acts that are covered by the indemnification agreement. This is important because many parties entering into such agreements assume that their insurance will take care of this indemnification. However, this is not always true as most insurance policies will likely not provide any coverage for breach of contract, intentional acts or criminal acts. The insurance policy is a contract between

the pharmacy and the insurance company and it is unaffected by any contract between Anytown Pharmacy and the county. Any promises to indemnify made by the pharmacy that are not covered by insurance will have to be paid by the pharmacy.

The acts are not the only key element in the Indemnification agreement. The types of indemnity payments provided can also be listed. Examples of these payments include: any and all losses, claims, expenses, fines, penalties, damages, judgments or liabilities. Again, there may be payments promised within the Indemnification agreement that are not covered by insurance, such as fines and penalties.

The Indemnification agreement may also provide the procedure that the party requesting indemnification has to follow in order to qualify contractually. This usually involves promptly notifying the other party and providing relevant documents to them. The party asking for indemnification has to cooperate in the defense of the claim with the other party and may have input into the choice of the lawyer who will defend the case. The choice of lawyer can be critical to the success of your case, but this language has the potential to create a disagreement when it comes time to make the choice.

Depending on the language contained in the county's contract, John may have made an expensive promise because he didn't fully understand what he was agreeing to in promising to indemnify the county. Obviously, if nothing goes wrong, the issue is moot. But hope is not the best risk management strategy. Careful review of the content of the entire contract, including indemnification requirements, before signing it is a more reliable strategy.

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© 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.

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Continuing Education for Pharmacists

“Improving Patient Safety Using Root Cause Analysis (RCA)”

Course author:

Mindy S. Stewart, Pharm.D., Community Pharmacist, Dell Rapids, SD

Goal: To enhance pharmacists’ knowledge of the Root Cause Analysis (RCA) system for improving patient safety in the institutional pharmacy setting.

Pharmacist Learning Objectives

1. Define the terms: hazard, safety, quality, risk, system, close call, adverse event;
 2. Explain the Root Cause Analysis (RCA) system and its purpose;
 3. Define a blameworthy event;
 4. Identify adverse events or hazards which would be appropriate for RCA review by using the Safety Assessment Code (SAC) Matrix;
 5. Explain the RCA review process.
-

Overview

Medication-related errors lead to thousands of cases of patient injury and death each year in the U.S. and add billions of dollars in extra costs to our health care system.

The Institute of Medicine (IOM) study, “To Err is Human” (1999), reported that patient deaths due to medical error in hospitals each year ranged from 44,000 - 98,000. An estimated 7,000 of those deaths were attributed to medication errors.

A later study (IOM 2007) concluded that “every hospital patient is subject to at least one medication error per day.”

A New England Health Institute study (2012) found that over “7 million serious, potentially avoidable medication errors occur annually.”

One study involving injectable drug administration / inpatient setting (Lahue 2012) reported that costs resulting from “injectable medication errors” ranged from \$2.8 - \$5.2 billion annually in the U.S..

Medication-related errors are a critical problem in our health care system and deserve the highest priority for corrective action.

Root Cause Analysis

Root Cause Analysis (RCA) is a system which is utilized to find the root causes of adverse events or potential hazards at an institution. This information can then be used to address system-level processes for patient care and prevent future harm. The goal of RCA is to find what happened, why it happened, and what needs to be done to correct the problem and prevent it from happening again.

The RCA review process is analyzed in this course, along with recommended strategies to prioritize events or hazards which should be properly addressed at the earliest stage.²

Reporting

RCA is dependent on the timely reporting of adverse events, hazards, and potential hazards. Reporting is the most important aspect of the RCA process for improving patient safety. If adverse events, hazards, close calls, and system vulnerabilities are not reported, the probability of a similar event occurring will be poorly estimated. This can lead to ineffective analysis and impaired prevention strategies.

Therefore, each institution needs to have a non-punitive policy for reporting adverse events and have reporting be easily accessible to all staff.

When a report is received, it is imperative to give timely feedback to the individuals involved, take visible action as a result of the report, and educate staff of policy or process changes. Blameworthy events may occur at a given institution, which are not the result of a system failure or other root cause.

Blameworthy events do not require RCA review and should be appropriately defined by each organization. A common definition of a

blameworthy event is an event that is a result of criminal activity, patient abuse, alcohol or substance abuse by the provider, or acts defined by the organization as being intentionally unsafe.

Blameworthy events should be referred to local authority, rather than handled within the institution, to keep a non-punitive nature.²

Prioritization

Prioritization of events is critical for properly assessing which events are the most serious, and therefore require action to be taken at the earliest possible stage.

Risk-based prioritization of events is recommended over harm-based prioritization in determining precedence for action.

Harm-based prioritization ranks events or hazards based upon harm or injury which have already been experienced by a patient.

Risk-based prioritization, on the other hand, takes into account the events and hazards that have the potential to cause patient harm, and thereby have the advantage of potentially preventing events before they occur.

The safety assessment code (SAC) matrix should be used to make a determination on risk-based prioritization and then need for RCA review² (See Table 1 below).

Table 1. SAC Matrix used to determine risk-levels of events.

Severity and Probability	Catastrophic	Major	Moderate	Mild
Frequent	3	3	2	1
Occasional	3	2	1	1
Uncommon	3	2	1	1
Remote	3	2	1	1

The SAC categorizes events according to severity and probability. Both categories are applied to actual and probable events. Table 1 shows the levels of severity and probability and how to assign each event a risk level (1-3).

If an event is categorized as high-risk (3), RCA review is needed. Risk levels below “3” do not necessitate RCA review.

Catastrophic events or hazards for patients are defined as causing death or major permanent loss of function (sensory, motor, physiologic, or intellectual) not related to the natural course of the patient’s illness or underlying condition.

Major events or hazards are those which cause a permanent lessening of function not related to the patient’s illness, or those which lead to an increased length of stay for three or more patients, or which result in an increased level of care for three or more patients.

Moderate events or hazards for patients are those which result in an increase in the length of stay or an increase in the level of care required for one or two patients.

Minor events or hazards, the lowest classification, are those events which cause neither injury nor increased length of stay for patients, nor increased level of care. Probability ranking ranges from remote (may happen sometime within a five to thirty year period), to frequent (may happen several times in one year).²

It is important that the risk-based prioritization system and actions to be taken are made known to all stakeholders. Use of an explicit, risk-based prioritization methodology gives credibility and objectivity to the process, reduces misconception of stakeholders, and

shows that the process is driven by an overriding concern for patient comfort and safety.²

RCA Review Procedure

An RCA review should begin as soon as possible after identifying a given event or hazard, preferably within the first 72 hours. The initial interviews should include patient(s), family, and any staff members involved.

Any individual directly involved in the event should not be on the review team for that event. Figure 1 (next page) shows the RCA review process that should be used for all appropriate events categorized by the SAC Matrix as “risk-level three.”²

An assessment should be initiated immediately after an event has been identified to determine any potential impact on patient or staff safety. The SAC Matrix should be utilized to determine whether or not a full RCA review might be warranted.

Everyone involved in the event or hazard should be identified and interviewed to ascertain all relevant information related to the event.

The five rules of causation should be applied when developing causal statements for the event or hazard. The five rules of causation include:

1. Clearly establish the “cause and effect” relationship;
2. Use specific and accurate descriptors for what occurred. Avoid negative descriptors such as poor, inadequate, wrong, failed, careless;
3. Human errors are not root causes and must have a preceding cause;

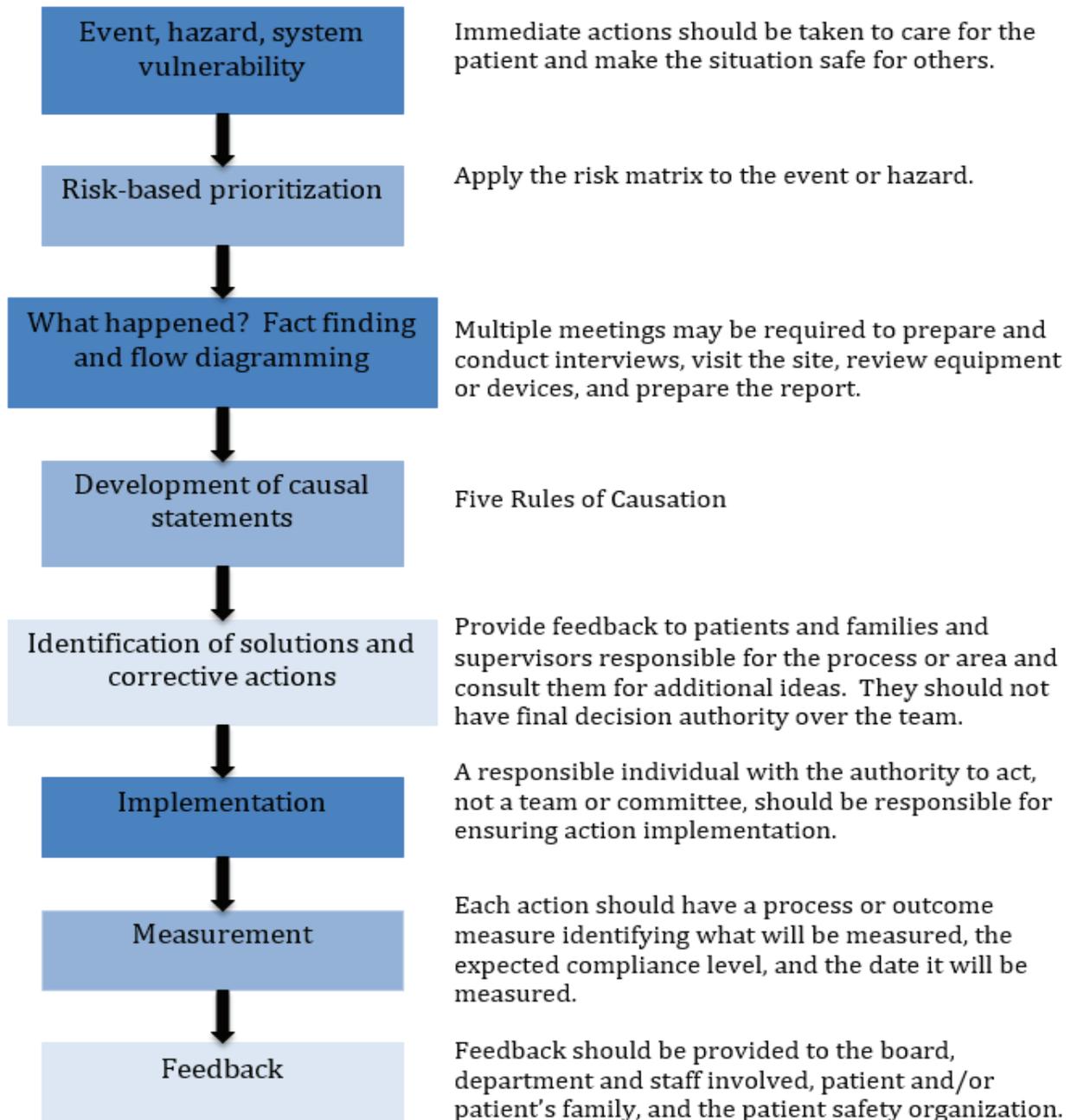
4. Violations of procedure must have a preceding cause;
5. Failure to act is only causal when there is a pre-existing duty to act.

Next, identify solutions and corrective action to prevent the event from happening again.

One individual should be assigned responsibility for implementing the action and measuring its outcome.

Finally, timely feedback should be provided to all stakeholders and reporters, independent of risk-level.²

Figure 1. RCA Review Flow Diagram²



Glossary

- Hazard – potential for harm
- Safety – freedom from conditions or illnesses that can cause death or injury
- Quality – degree to which a set of inherent characteristics fulfills a set of requirements
- Risk – a measure of expected loss from a given hazard or group of hazards
- System – a set of interrelated or interacting elements in which, if any were changed, would impact overall outcome
- Close Call – event that could have caused an adverse event but did not
- Adverse event – occurrence of harm or potential harm directly associated with care or services provided^{1, 3, 4}

Summary

Proper RCA reviews should be implemented on the basis of a given event's risk-level or hazard status. SAC Matrix scoring should be utilized, and immediate feedback should be provided to all stakeholders.

It is important to identify solutions and take immediate action to prevent future events.

When applied correctly, an RCA review is a very useful tool for preventing future harm to patients and/or staff at an institution.

Course Development: This course was developed under the guidance and review protocols of the Office of Continuing Education, South Dakota State University College of Pharmacy.

Financial Disclaimer: The author and developer of this course have had no relevant financial relationships with any commercial entity having a vested interest in this material.

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Additional reading:

International Society for Pharmacoeconomics and Outcomes Research 2015
http://www.ispor.org/research_pdfs/49/pdf/PHP73.pdf

“Improving Patient Safety Through Root Cause Analysis (RCA)”

Continuing Education Post-test - Pharmacists

1. A hazard is a potential for harm, whereas, an adverse event has already occurred.
A. True B. False
2. A blameworthy event is an event that may **not** have another root cause.
A. True B. False
3. Who should be given feedback after report of an event or hazard is submitted and reviewed?
A. The patient and family.
B. The staff involved.
C. The board of directors of the institution.
D. A and B
E. All of the above.
4. What is the primary purpose for the use of root cause analysis (RCA)?
A. To rank the contributing factors by level of severity.
B. To review the need for action against the individual who caused the adverse event or hazard to improve patient safety.
C. To identify hazards at the system level to improve patient safety.
D. To assess the need for a patient safety committee in your institution.
E. To determine who to blame for an event occurrence.
5. A Root Cause Analysis (RCA) review is necessary with which of the following?
A. Risk-level 1 D. A and C
B. Risk-level 2 E. All of the above
C. Risk-level 3
6. A major severity level event always requires an RCA review. A. True B. False
7. An event of remote probability is never in need of an RCA review. A. True B. False
8. The staff members directly involved in the event or hazard should not be part of the RCA review team. A. True B. False
9. Who should be responsible for implementing the solutions and actions, decided upon by the RCA review team, in response to an event?
A. Patient safety committee.
B. The department management team.
C. The RCA review team.
D. An individual.
E. All of the above are options.

“Improving Patient Safety Through Root Cause Analysis (RCA)”

Continuing Education Post-test (*continued*)

10. Patients and their families should **not** be involved in the RCA review process.
A. True B. False
11. Which of the rules below is **not** one of the five rules of causation?
A. Clearly show the “cause and effect” relationship.
B. Avoid negative descriptors such as poor, inadequate, wrong, failed, careless.
C. Human errors are not root causes and must have a preceding cause.
D. Violations of procedure are considered a root cause.
E. None of the above are false.
12. Harm-based prioritization is potentially less effective than risk-based prioritization, because it **does not** assess the probability of events that have not yet occurred.
A. True B. False
-

Complete answer sheet/evaluation on next page and send in for credit.

IN MEMORIAM

Derald Hughes

Derald Ray Hughes, age 80, of Watertown, South Dakota passed away Tuesday, January 31, 2017 in Ridgecrest, California.

Derald was born on the family farm near Gettysburg, SD, on April 10, 1936. He attended Gettysburg High School and South Dakota State University, graduating with a degree in pharmacy in 1958. After graduating, Derald worked as an intern at Mt. Sinai Hospital in Minneapolis. He married Barbara Baxter on June 28, 1959, and went to work at Stout Drug in Aberdeen.

To fulfill his US draft obligation he chose a six month training and was assigned to Fort Leonard Wood in Missouri. After completing that duty he worked at Memorial Hospital in Watertown. Derald also worked at Haggard Drug before opening his own clinic pharmacy on 4th Street N.E. in Watertown in November 1967.

As part of the 4th Street Pharmacy he served Jenkins and Clear Lake Nursing homes with a daily unit dosage system. To fulfill the drug store duties he surrounded himself with loyal and hardworking employees. After selling the store in 1988, Derald enjoyed relief pharmacy in DeSmet, Madison, Parkston, and Faith.

Derald was a member and served as an elder of Mt. Olive Lutheran Church. He enjoyed the time he spent as a member of the Cosmopolitan Club of Watertown, and he especially enjoyed the companionship of hunting and fishing with family and friends, and the time that he spent at the cabin on Lake Kampeska.

Derald is survived by his wife, Barbara of Watertown, SD; three daughters, Mrs. Diane (Alan) Stoick of Kent, WA; Mrs. Nadine (Trent) Steichen of Ridgecrest, CA, and Mrs. Janet (Troy) Johnson of Lakeville, MN; seven grandchildren, Mrs. Laura Woodruff of Vancouver, WA; Mrs. Marisa Furney of Seattle, WA; Logan Stoick of Pullman, WA; Shannon Steichen of San Diego, CA; Joelle Steichen of Santa Cruz, CA; Gunnar Johnson of Fargo, ND; and Tanner Johnson of Lakeville, MN; one brother, Dr. Duane (Venoye) Hughes of Sioux Falls, SD; and two sisters, LaVere Huber of Aberdeen, SD, and Karen (Michael) Mullins of Madison, WI.

He is preceded in death by one infant brother, Milton Veryl; his father, Ray Milton Hughes; his mother, Alpha Elida Stockstad; brother-in-law, Harvey Huber; and niece, Sandy Schanzenbach.

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