



Connecticut Society of Health-System Pharmacists

Informing and Advocating for Pharmacy Professionals in Connecticut since 1948

NEWS BRIEF

Winter 2016

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Dear Michael,



I hope your New Year is off to a great start!

As we start the New Year with CSHP, I want to remind you that being a CSHP member is not a duty or a task, but an adventure and opportunity for discovery! CSHP helps you develop as a professional by providing opportunities to LEARN, SERVE, TEACH and GROW.

This is accomplished by speaking, publishing, presenting research, mentoring, networking, leading our committees and serving on our Board. These experiences are important benefits of membership in the Society. Volunteer activities help hone leadership skills and offer opportunities for learning that ultimately pay big rewards. As you grow, we all grow as a Society and profession.

We will continue to invest in the professional growth of our members, pharmacy technicians as well as pharmacists. These investments are necessary to accomplish the mission of our organization at the local-state level as well as to add our "voices" at the national level to support the mission of the American Society of Health-System Pharmacists (ASHP).

CSHP already has embarked on several major initiatives for 2016:

1. Hosted an interview practice session for the student members:

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CSHP Headquarters

888-506-3784

office@cshponline.org

We don't want to lose you. If
your home or work contact
information
has changed,
please let us know.



USEFUL LINKS

[CSHP Online Membership
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[CT Dept. of Public Health](#)

[Your Legislative Contacts](#)

2. Moving forward with an initiative to pass legislation for Connecticut Medicaid to fund pharmacist medication therapy management (read Tom Buckley's message below);
3. Collaborating with the Connecticut Pharmacist Association and the Connecticut Chapter of the American Society of Consultant Pharmacists to host a full day CE program on Sterile Compounding in May;
4. Signed a prestigious author as the special keynote speaker for the Catch the Wave Annual Meeting next fall.

As a member, you have a say in what the Society does, how it is done and how we represent the interests of your profession. As a CSHP family, we all LEARN, SERVE, TEACH and GROW together!

Please continue to engage in these activities so you can realize your full professional potential.

The CSHP Board of Directors looks forward to seeing you at our events throughout 2016!

Sincerely,

Eric M. Tichy, PharmD, BCPS, FCCP
2016 CSHP President

Inside CSHP

**A few words from CSHP's 2016 Membership Committee Co-chair:
Charlie Jones, PharmD, BCPS**

It's a New Year and that means it's time to show your support to CSHP by renewing your membership! By now, you have received a personal renewal notice in the mail, and perhaps even a reminder notice. Please remember that the renewal grace period ends on February 29th, so renew soon to retain your membership privileges.

As you renew, take a moment to reflect on the numerous benefits you gain by continuing to be a CSHP member. Do you enjoy the opportunity to attend some live CEs and network with colleagues? Perhaps you appreciate all the pharmacy lobbying efforts and advocacy initiatives that CSHP does at the state level? I am positive that being a member of CSHP has had some positive impact on our professional lives.

Renewing is easy and there are several options:

[CT Dept. of Consumer Protection](#)

[US Food and Drug Administration](#)

Feb. 25, 2016
Deadline for submissions to the next issue of
News Brief
E-mail to our editor,
[Michelle Vo](#)

News Brief is a service for and about CSHP and its current members. We invite you to send us information to share as well as your comments on the information contained in this issue.

CSHP is an association of individual members. Send us information to help celebrate **your professional and personal accomplishments and milestones.**

Examples: promotions, degrees or certificates, new jobs, awards, grants, presentations; marriage, birth, special anniversary, volunteer activity; book review, case study, new technique

We Welcome Our Newest Members

Active
Michelle Byram, RPh, CACP

Jason Langlais, RPh

Associate

1. Visit the CSHP website and renew using Mastercard, VISA or AMEX.
OR
2. Mail your personal renewal form with a check to the CSHP office. OR
3. Call the CSHP office's toll free number (888/506-3784) with credit card information and information updates.

CSHP thanks you for your continued support!

member # paid through

2016 Mock Interview Event
by Mabel Wai, PharmD, BCPS
2016 Resident Task Force Coordinator

The CSHP Resident Task Force (RTF) hosted its second annual Mock Interview Event at Hartford Hospital on January 14th. Students from The University of Connecticut and The University of Saint Joseph Schools of Pharmacy participated as interviewees. Member pharmacists, preceptors, and pharmacy directors comprised our interview panel.

Overall, the event was successful and we received wonderful feedback. The students found the event very helpful in preparing for future interviews and they greatly appreciated the advice from our pharmacists. Our interviewing panel also had a great deal of fun speaking to our students and sharing their experiences. We hope next year's session will be just as eventful!

Legislative and Advocacy



CSHP Legislative Committee Report
by Tom Buckley, RPh, MPH
CSHP Legislative Chair

The Connecticut legislative session will convene on February 3rd and adjourns on May 4th this year. One of the legislative activities CSHP will be pursuing for this session will be a continuation of the activity we started last session on Medicaid

Aaron Leonard
Resident/Fellow
Melissa Christine Striglio,
PharmD

and all our new student
members!



Congratulations to **Amanda R. Williams, RPh, CEE, CACP**, who works at St. Francis Hospital and Medical Center. She has earned her Board Certified Ambulatory Care Pharmacist credential.

We want to celebrate your successes. Send us your good news: promotions, awards, advanced degrees, speaking engagements, authorship, births, etc.

reimbursement for medication management services. Leadership from each of the three pharmacy organizations and two pharmacy schools in Connecticut are collaborating to spearhead the efforts to assist with the writing of the legislation, advocating for it to be raised in this legislative session as a bill, and then actively working with legislators, other policymakers, and you, our motivated pharmacist community, to promote passage of the bill through multiple committees until it arrives at the Governor's desk for signing into law.

Each of the pharmacy organizations and pharmacy schools are again contributing to employ the consulting services of Michael Starkowski, the former Commissioner of the Department of Social Services, to assist us with making the necessary connections with all interested parties, negotiating language of the bill and organizing our advocacy efforts. We made great strides in first introducing the idea and language of this bill in last year's legislative session, and we have learned through previous experiences with major pharmacy practice legislation that it may take multiple years to shepherd our efforts through to a successful legislative conclusion.

Over the past decade, we have been very successful in transforming our clinical practice environment by achieving such milestones as provider status, immunization administration, and collaborative drug therapy management. With our evolving models of care coming to fruition in Connecticut, now is the time to enhance our ability to provide optimal medication management services through various reimbursement mechanisms. Obtaining Medicaid reimbursement would be a key factor in opening the door for other payer modalities to realize the cost-effectiveness of this service. With federal Medicare legislation designating pharmacist provider status looming closer than ever to passage, Connecticut could take a giant leap in providing comprehensive medication management services.

We will keep you closely informed of our progress in these efforts, and we will be counting on you to directly to talk with your colleagues, patients and legislators to assist in our advocacy campaign. This is the next critical step in enhancing our profession, to be fully recognized as a provider of an essential service, not just a provider of an effective product. We look forward to working with you to make it happen.

CSHP represents you and your interests as a pharmacy professional. We work to create the best possible work environment for all. Throughout the year. CSHP's Committee. in concert with our lobbyist.

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identifies issues of special concern to health-system pharmacists, monitors the progress of legislation, submits written testimony and provides verbal testimony.

During the legislative session, we utilize a tracking service call "Bill Book". "Bill Book" contains information CSHP's Legislative Committee and paid lobbyist are monitoring on behalf of CT pharmacy staff. We post these reports on the CSHP web site's [Legislative Session](#) page.

Become part of this important work on behalf of all CT pharmacists. For more information on CSHP's legislative initiatives, please contact [Tom Buckley](#), Legislative Chair.

Continuing Education

CSHP's first CE program, *Controlled Substance Drug Diversion: What Keeps Us Up at Night and Closing the Gaps to Get a Full Night's Sleep*, presented by Christopher R. Fortier, PharmD, FASHP, Chief Pharmacy Officer, Massachusetts General Hospital, was hosted by the UConn Health Center in Farmington on January 21st. Exhibiting that evening during the networking portion of the meeting were representatives of AMAG Pharmaceuticals and Mallinckrodt Pharmaceuticals. We appreciate their participation.

This was such a valuable and well received program that we asked, and Dr. Fortier agreed, to allow us to [share his presentation](#) with the CSHP membership.

Our March CE program is tentatively scheduled for Tuesday, March 15th. More details will be announced.

Evening CE programs generally are presented on the third Tuesday evenings of January, March, May, June and September. The past few years, our June program has showcased our resident members. Current CSHP members and host hospital pharmacy staff attend at no charge (including a light supper).

If you would like to be part of this important work or if your hospital would like to host a CE program, please contact [Ginger Morris](#), CSHP's new Jr. Director.

SAVE THE DATES

Tri-State Health System Pharmacy Summit

Friday, September 30, 2016

*Jointly presented by CSHP, NJSHP, and NYSCHP
at the DoubleTree by Hilton Hotel, Tarrytown, NY*

More information to follow.

Catch the Wave

Friday, November 11, 2016

Radisson Hotel Cromwell
(formerly the Crowne Plaza)

Professional News of Note

Call to Complete the ASHP Ambulatory Care Self-Assessment (ACSA)

contributed by Molly Leber, PharmD, BCPS

This year ASHP has started the transition of the Pharmacy Practice Model Initiative (PPMI) to the Practice Advancement Initiative (PAI). The PAI "aspires to transform how pharmacists care for patients by empowering the pharmacy team to take responsibility for medication-use outcomes". As we look at the evolution of pharmacy practice and the expansion of practice types and sites, the PAI has specifically provided new tools and information as well as updated previous tools and information. An ambulatory care self-assessment (ACSA) tool has been added to the available resources as well as an enhanced hospital self-assessment tool.

Please take the time to complete the new ambulatory care self-assessment (ACSA) <http://www.amcareassessment.org/>. Upon completion of the ACSA, you will be able to develop a list of priorities individualized to your setting with tools and resources.

Note: CSHP's PAI Task Force is coordinated by [Kimber Boothe](#), PharmD, MHA, Associate Director, Clinical Pharmacy Services at Yale-New Haven Hospital. If you are interested in working on PAI initiatives, please contact Kimber by clicking on her name above.

Student News



Student News from USJ
by Meredith Gilbert, Chapter President

While the P1 and P2 students of University of Saint Joseph School of Pharmacy were finishing up their last exams before winter break, a confident group of P3 SSHP members attended the 50th annual American Society of Health-Systems Pharmacy Midyear Conference in New Orleans. Students met with residency directors, residents, and student peers, gathering information about the many opportunities available after graduation, and making invaluable connections.

At the Midyear Conference, students not only networked and participated in many workshops, but also worked together to represent our Chapter by presenting our Student Showcase poster. This year's poster highlighted our efforts for the Organ Donor Awareness Project, summarizing many of the events we held last year, including guest speaker events, our first Spike for Life volleyball tournament, and our participation in the Greater Hartford Kidney Walk. We requested feedback from our members to help those who would like to attend Midyear in the future, and to continue to better our SSHP Chapter. We received many great comments, which we shared with the rest of the Chapter members once classes resumed in January.

The Heart Health Awareness Committee has many events planned in February, which is Heart Month. The Committee is collecting donations for Go Red for Women on February 8th, promoting students to wear red to school in support. The Organ Donor Awareness Committee plans to continue its efforts by distributing coffee sleeves and bookmarks depicting the importance of becoming a donor. Guest speakers including transplant recipients and transplant pharmacists are planned to attend the School of Pharmacy to continue to educate the students as well.

Our Chapter will soon be hosting the annual CV Workshop, at which students will learn from a School of Pharmacy faculty member about formulating an effective curriculum vitae. Last year, we had a great turn out and students were given many tips on how to best highlight their work and achievements to start planning for career hunting and future success. Students look forward to this event each year, and we are eager to hold another successful and fun workshop.

As the New Year starts up, we are excited for the many new opportunities and experiences that lay ahead. We are very appreciative of the ongoing participation of our Chapter Members-in Journal Clubs, Case Study Competitions, guest speaker events, our committees, and more-which is the key to an enriching and fun student organization.



**Student News from UConn
by Anna Slupecki, Chapter President**

UConn CSHP members have been enjoying their winter break. During the spring semester, UConn CSHP will be hosting a series of educational and outreach events. On February 4th, we will be hosting a Clinical Specialist Panel. Topics of discussion will include education and experience required to become a clinical pharmacist, daily duties, and advice for students interested in specializing. This event will be lead by our chapter treasurer, Molly Schiffer.

The 4th annual Dodge for ALS Dodge ball tournament will be held on April 16th. Fundraising and signups will begin once the semester starts. All proceeds will go to the ALS foundation. This has been highly successful in the past and we hope this year will be no different.

Other events planned are a Residency Information Event, Poison Preventions, and a PAI event hopefully in collaboration with other New England Pharmacy Schools.

UConn students at the ASHP Fall 2015 Poison Prevention Event



Member News - 2015 Award Winners

James S. Sarigianis, BS Pharm - Paul G. Pierpaoli Award
Clinical Pharmacist, Yale-New Haven Hospital

The Paul G. Pierpaoli Award is given annually to a CSHP member of the highest integrity who best exemplifies the profession of pharmacy through significant contributions, of a long-term nature, to the practice of pharmacy in Connecticut and the development of high standards of pharmacy practice.

Jim is a 1982 graduate of the UConn School of Pharmacy and completed a general practice residency at Rhode Island Hospital in 1983. He then joined the pharmacy department at Yale-New Haven Hospital and has been there ever since.

Jim was instrumental in the planning and implementation of the institution's first formal chemotherapy ordering process and centralized chemotherapy preparation area. He has been an instructor in the cardiac rehabilitation program and a clinical instructor/lecturer for the Yale University School of Nursing. He oversees the pharmacotherapy of patients in the nephrology and hemodialysis units, as well as in general internal medicine units. He has adjunct faculty appointments for the UConn and URI Schools of Pharmacy. Jim also established and co-chairs the annual "Brian E. Miller Memorial Lecture", in memory of a former Yale-New Haven pharmacist colleague and friend.

Jim is a past recipient of the CSHP "Pharmacist of the Year" award, has been recognized by the UConn School of Pharmacy as "Preceptor of the Year", is the 2010 recipient of the Yale-New Haven Hospital "Nurses' Choice Award". Most recently, he was named "Master Preceptor" by the American Association of Colleges of Pharmacy. Jim is the first pharmacist in Connecticut to receive this award and he has had a major impact in pharmacy by precepting many of the current leaders of pharmacy in Connecticut.

His greatest achievement is that he always has time to mentor students and without fail, his students develop a passion for clinical pharmacy practice. He strikes the perfect balance between providing a rich learning opportunity without spoon feeding the information or solutions. This approach is consistent with the values described by Paul Pierpaoli himself.

Mojdeh Heavner, PharmD, BCPS - Pharmacist of the Year

Supervisor, Clinical Pharmacy Services; Director, Critical Care Pharmacy Residency Program; Yale-New Haven Hospital

The Pharmacist of the Year Award is given annually to a CSHP member of the highest integrity who best exemplifies the profession of pharmacy through their cooperation with the entire health care team, service to the profession of pharmacy and service to the community.

Mojdeh earned her BS in Physiology/Neurobiology from University of Maryland, College Park, in 2004. She completed her PharmD from University of Maryland, Baltimore, in 2008 then went on to do a PGY-1 Pharmacy Practice Residency at Yale New Haven (YNHH). Mojdeh also completed her PGY-2 Critical Care and Solid Organ Transplant Specialty Residency at YNHH.

She started her career as a MICU Clinical Pharmacy Specialist at YNHH after completing residency training, and became Board Certified in Pharmacotherapy in 2009. Her current role is Supervisor, Clinical Pharmacy Services at YNHH. Since 2013, she has served as Residency Program Director of the Critical Care Pharmacy specialty residency, and previously served as a Co-Director of that program at YNHH. She is involved in professional societies such as ACCP, SCCM, UHC/VHA, and CSHP. She has been a CSHP member since 2008, serving as Membership Committee Co-Chair in 2010, and Secretary for 2 terms following that. Mojdeh has been instrumental in pharmacist involvement in Code Blues and implementation of the Yale Alcohol Withdrawal Protocol (YAWP).

- Management of alcohol withdrawal in the ICU setting - MICU intubation and ICU related pneumonia were lower.
- Worked closely with nursing leadership and pharmacists at Bridgeport and Greenwich Hospital to ensure success at all hospitals within our network.
- Has been instrumental in getting pharmacists involved in Code Blues to improve documentation of ACLS activities. Her work on this project help increase documentation from 11% to 61%

She has been recognized as an award winner at the 2015 (JAZ) Joseph A. Zaccagnino Patient Safety and Clinical Quality Conference and is being invited to present at the ATS (American Thoracic Society) Conference. Her goals are "to keep exceptional patient care at the forefront, and impact the profession pharmacy in a meaningful way through implementation of innovative pharmacy practices. To follow in the footsteps of those who have provided me with mentorship over the years and have shaped who I am as a pharmacist".

Teresa Papstein, RPh, BCNSP - Meritorious Achievement Award
Medication Safety and Compliance Coordinator, Bridgeport Hospital
Department of Pharmacy

The Meritorious Achievement Award is given annually to a CSHP member who has played a significant role in either 1) an innovation which has contributed to the enhancement of patient care within the individual's practice setting, resulted in an original contribution to pharmacy administration, or expanded the role/impact of CSHP, 2) in an innovative educational program designed to improve the practice of pharmacy or 3) a significant publication in a peer-reviewed journal.

Teresa graduated from the UConn School of Pharmacy and became a Bboard Certified Nutrition Support Pharmacist in 1995. She has led the development of several major quality improvements related to anticoagulation management for the Yale-New Haven Health System, which led to national recognition at the annual Epic Expert Group Meeting in Verona, Wisconsin in March 2015. The cornerstone of these quality improvements included the development of an anticoagulation scoring tool that allows pharmacists to proactively score patients for bleeding risks before they can occur. She led a multi-disciplinary team of pharmacists, providers and information technology professionals. Teresa mentored a colleague who is enrolled in a Post Graduate Doctor of

Pharmacy program to establish a nurse managed warfarin protocol in a primary care clinic at Bridgeport Hospital. And because of her continued success with anticoagulation management, Teresa now leads a health system committee focused on standardization of ambulatory anticoagulation management across multiple community clinics.

Teresa's professional involvement includes:

- Yale-New Haven Health System: Safety, Anticoagulation, Decision Support, Nutrition Support, Pediatrics and Oncology
- Bridgeport Hospital - Nutrition, Pharmacy and Therapeutics, Diabetes, Nursing and Pharmacy Practice Council, Investigational Review Board, Hazardous Surveillance, and Multidisciplinary Integrated Quality Teams
- Adjunct Assistant Professor of Pharmacy Practice designations at University of Connecticut School of Pharmacy, Massachusetts College of Pharmacy, University of Saint Joseph, Philadelphia and Albany Colleges of Pharmacy, and the University of Colorado Skaggs School of Pharmacy.

Teresa previously has been an award recipient:

- 2013 Yale-New Haven Health System Culture of Safety and Data Driven Honorable Mention for Promoting Safety Through Increased Medication Error Reporting: A Shared Governance Council and Multidisciplinary Team Approach
- 2012 Yale-New Haven Health System Patient Safety and Clinical Quality Award for Reducing Medication Requests to Improve Nursing and Pharmacy Efficiency - Presented at Institute for Healthcare Improvement (IHI) 24th Annual National Forum on Quality Improvement in Health Care Orlando FL
- 2011 Implementation of a warfarin protocol to improve clinical outcomes while meeting a Joint Commission National Patient Safety Goal. Yale-New Haven Health System Joseph A. Zaccagnino Patient Safety and Clinical Quality Award
- 2006-2008 Bridgeport Hospital Awards for Model, Coaching, Leading, Teamwork and Process Improvements in Department of Pharmacy

Teresa's drive and constant efforts to make patient care safer is why she should be recognized with the CSHP Meritorious Achievement Award.

Special Feature

Enhance your resume by contributing a clinical pearl, case study, book review or other article that would be of interests to pharmacists in CT. For consideration for publication in the spring issue, send your article to [Michelle Vo](#) by May 5th.

The following are abstracts from posters presented by CSHP

members who were present at the 2016 *Catch the Wave* conference. If you have a question, click on the presenter's name to send an email.

"A comparison of the incidence of flushing with immediate release niacin in combination with various aspirin formulations "

Presented by [Alexander Levine](#), 2016 PharmD Candidate, USJ School of Pharmacy

Objectives

We hypothesized that taking niacin simultaneously with different forms of aspirin would prove to effectively reduce flush over niacin plus placebo. A traditional strategy has been to take enterally absorbed aspirin 30 minutes before niacin, which has been shown to reduce flushing by 30-50%. However, this administration is challenging for patients. Our objective was to study the efficacy of enterally absorbed and oral mucosa absorbed aspirin to reduce flush when taken at the same time as niacin.

Methods

In this prospective, double blinded, placebo controlled, cross-over, randomized control trial, aspirin or placebo was given in both chewed (orally absorbed) and swallowed (enterically absorbed) formulations with co-administration of 1000 mg of niacin. Subjects then evaluated the degree of flush symptoms on a validated scale.

Results

Administration of swallowed aspirin and niacin simultaneously reduced moderate to severe flushing events by 36.1% from 2.35 flushes per subject to 1.5 flushes per subject ($p=0.003$). Similarly, the formulations that had only oral mucosa absorbed aspirin, and also half oral/half enteral aspirin absorption reduced flush by 32.9% ($p=0.003$) and 32.9% ($p=0.003$) respectively. In the subset of subjects who experienced moderate to severe flushing symptoms despite taking a swallowed aspirin, there was a further decrease in flushing by 20.5% from 2.12 flushes per subject to 1.72 flushes per subject ($p=0.05$) with the oral mucosa aspirin formulation, and an 18.0% decrease for the half oral mucosa absorbed and half enteral formulation ($p=0.03$).

Conclusions

Given simultaneously, novel formulations of aspirin and niacin, which include oral mucosa absorbed aspirin, are effective in reducing flush, and represent a more tolerable alternative to the existing niacin formulations on the market. They have the potential to improve tolerability and compliance for the patient populations who would

benefit from high dose niacin therapy.

"Utilization of therapeutic interchange to improve access to medication in a low income uninsured population"

Presented by [Christine Toni](#), RPh, Hope Dispensary of Greater Bridgeport
Purpose

Literature reports in the general population show 21.6-28% prescriptions are not filled. 1,2 Cost of medication has been shown to decrease medication access in low income un-insured populations 2. This study was to evaluate the impact of a formulary system and therapeutic interchange in a non-profit charitable pharmacy to increase medication access for specific chronic disease medications.

Background

- Developed formulary based on formularies utilized by area hospitals and chronic diseases most served by the pharmacy.
- Established collaborative practice agreement with area clinic physicians allowing pharmacist to dispense from available stock using approved therapeutic interchanges.
- Contacted other providers (PAs, APRNs, NPs, non-collaborative physicians) for consent to interchanges.
- Adjusted pharmacy inventory based on availability of evidence-based medication at lowest cost to pharmacy.
- Distributed formulary and changes to clinics and key practices monthly

Methods

- Measured number and type of collaborative and therapeutic recorded in patient record over one month (July, 2015).
- Compared patient cost of prescribed medication from a local discount pharmacy to that of interchange medication from charitable pharmacy.
- Reviewed medication categories of interchanged meds.
- Examined sourcing of interchanged meds and impact on pharmacy budget of meds provided.

Results

- 7 collaborative interchanges resulted in medications being dispensed upon patient initial visit
- 54 therapeutic interchanges made resulting in patients being able to receive medication at no cost from the charitable pharmacy

- \$8,819.22 savings to patients related to changes made. Average savings of \$144.58/ prescription
- Statins, ARBs and PPIs were the most common interchanges that occurred at the charitable pharmacy.

"Adverse effects of incretin-based therapies on major cardiovascular and arrhythmia events: Meta-analysis of randomized trials"

Presented by [Fei Wang](#), RPh, MSc, PharmD, BCPS, FASHP; University of Connecticut

Aim

The cardiovascular safety of incretin based therapies (IBTs) in type 2 diabetes from recent cardiovascular outcome trials have not demonstrated either benefit or harm in major adverse cardiovascular events (MACE). Earlier meta-analyses showed conflicting results but were limited in methodology. We aimed to perform an updated meta-analysis of all available incretin therapies on the incidence of MACE plus arrhythmia and heart failure.

Materials and Methods

We identified studies published through November 2014 by searching electronic databases and reference lists. We included RCTs in which the intervention group received IBTs and the control group received placebo or standard treatment; enrolled >100 participants in each group; interventions lasted >24 weeks; and reported data on one or more primary MACE endpoints plus terms for arrhythmia and heart failure. We used the Peto method for each CV event for individual IBT treatment.

Results

In this meta-analysis of 100 RCTs involving 54,758 IBTs users and 48,175 controls, exenatide was associated with increased risk of arrhythmia (OR 2.83; 95% CI, 1.06-7.57); saxagliptin was associated with an increased risk of heart failure (OR 1.23; 95% CI, 1.03-1.46) and sitagliptin was associated with a significantly decreased risk of all cause death compared to active controls (OR 0.39, 95% CI 0.18-0.82).

Conclusions

In type 2 diabetes, exenatide may increase the risk of arrhythmia and sitagliptin may reduce the risk of all cause death, however, the subgroup of patients most likely to experience harm or benefit is unclear.

"Determining routine product checking benchmarks at an academic medical center"

Presented by [Ashley M. West](#), PharmD Candidate 2016 (Co-author: [Alyssa J. Boutin](#), PharmD Candidate 2016); UConn School of Pharmacy

Purpose

Due to the vast differences among pharmacy operations, administrators lack standardized benchmarks to guide improvement in operations, workflow and resource allocation. External benchmarks are standards set by outside institutions, while internal benchmarks are institution-specific and are often used as the starting point for performance improvements. A direct observation time study was conducted to determine internal benchmarks for the routine product checking tasks performed by pharmacists at an academic medical center.

Methods

Two Advanced Pharmacy Practice Experience (APPE) students alternated as independent observers in this direct observation time study. The following routine checking tasks were included: hourly runs, narcotic polls, barcoding, compounding, packaging, pediatric oral syringes, PakPlus, rapid sequence intubation kits, emergency medical service kits, and beyond use dating batches. All other pharmacist responsibilities were excluded from the study. Using a stopwatch, the total time to complete tasks was measured, pausing if the pharmacist stopped checking for an unrelated interruption. The primary aim was to determine the average percentage of time spent on checking tasks per day. Secondary aims were to assess the average percentage of time spent on individual checking tasks and identify the impact of checking tasks on the central pharmacist workflow by hour and by shift.

Results

Data were collected for 69.5 hours over 7 days. Routine checking tasks consumed an average of 27 percent of the central pharmacist day and evening shifts. Hourly runs comprised 9.4 percent of the day, representing approximately one third of total daily checking time. Following hourly runs are PakPlus, narcotic polls, pediatric oral syringes, packaging, barcoding and compounding at 5.5 percent, 4.7 percent, 4.1 percent, 1.8 percent, 0.6 percent and 0.5 percent of the day, respectively. The peak time to complete routine checking tasks was from 0800 to 1100 on the day shift and 1400 to 1500 on the evening shift. Furthermore, the evening shift had fewer interruptions compared to the day shift, which had an inconsistent workflow.

Conclusions

Benchmarks are central to designing a practice model and allocating resources for maximal efficiency. This direct observation time study defined time requirements for routine checking tasks, creating reference benchmarks as tasks are added or removed and workflows redesigned and evaluated. This study design provided APPE students

with unique insight into administrative and operational pharmacy while obtaining data without using pharmacy resources. This design and approach can be adapted at other institutions to determine internal benchmarks.

Abstracts for all posters presented at the 2015 Catch the Wave are posted on the CSHP web site.

Opportunities

Each week, new professional development and educational opportunities are posted on the Resources section of the [CSHP web site](#). Here is a sample of recent posts:

[Present a Pearl at 2016 NPPC](#)

Pass on your pearls of wisdom at ASHP's National Pharmacy Preceptors Conference. A Pearl is a short presentation-just five minutes-on one fact, concept, or idea that is not commonly known but is valuable in your everyday practice. If you find this concept advantageous, then others may too. Abstract submission opens Feb. 1 and closes April 1.

[Registration Open for Student Advocate Training and Legislative Day](#)

Student pharmacists don't need to wait to be licensed to become advocates for the profession. ASHP's Student Advocate Training and Legislative Day, February 1 and 2, in Washington, D.C., will give students in-depth, hands-on training in political advocacy.



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For questions about group subscriptions or to schedule a demonstration, contact Chris Jezowski at cjezowski@ashp.org.

CSHP is your professional organization

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For information, please visit our web site or contact our office at 888/506-3784 or office@chsponline.org

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