



The New York State Council of Health-system Pharmacists

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REPORT OF THE PHARMACY PRACTICE DIRECTOR

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Director of Pharmacy Practice

Saratoga Springs, New York

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This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved by the House of Delegates.

REPORT OF THE DIRECTOR OF PHARMACY PRACTICE

I. The Director of Pharmacy Practice

The Director of Pharmacy Practice shall be responsible for reviewing and developing recommendations for the growth of the Council along professional lines. The director's responsibilities include the development of new and maintenance of existing liaisons with other professional organizations involved in the delivery of health care; creating, developing, monitoring and refining the practice and scope of pharmaceutical services; and to provide guidance to the support personnel.

COMMITTEES

I. Committees of the Division

A. Professional Affairs

1. Purpose: To respond to the needs of the Council members in matters of Professional Practice and the assurance of quality in the performance of pharmacy services.

2. Committee Membership:

- a) Mary Choy, [Pharmacy Practice Director]
- b) Travis Dick, [Chair]
- c) Shaun Flynn, [Executive Director]
- d) Anthony Longo, [President]
- e) Lisa Voigt, [President-elect]
- f) Robert Berger [Pharmacy Management Director]
- g) Elizabeth Shlom, [Chair, House of Delegates]
- h) Amanda Engle
- i) Harshal Shukla
- j) Andrew DiLuca
- k) Hanlin Li
- l) Jaclyn Scott
- m) Michele B. Kaufman
- n) Winnie Wong
- o) Bernie Delello
- p) Joshua Soliman
- q) Nicole Stack Lodise
- r) Courtney Caimano
- s) Karen Vitacolonna Falk
- t) Kathleen Minlionica
- u) Sara Farghaly

3. Meeting Dates:

- a) September 26, 2018
- b) October 24, 2018
- c) November 28, 2018

4. Policies for Sunset Review (2019):

Number	Position Statement	Recommendation
(1-14)	The New York State Council of Health-system Pharmacists advocates that pharmacists should have access to patient profiles that state current and historic tobacco use status. This information should be viewed by the pharmacist as an opportunity to ensure safe pharmaceutical care and engage in evidence based tobacco cessation counseling.	Amended: The New York State Council of Health-system Pharmacists advocates that pharmacists should have access to the patient's medical record(s) that state current and historic tobacco use status. This information should be viewed by the pharmacist as an opportunity to ensure safe pharmaceutical care and engage in evidence based tobacco cessation counseling.
(2-14)	The New York State Council of Health-system Pharmacists supports the prohibition of the sale and/or distribution of tobacco or electronic cigarettes or any component thereof in any pharmacy or establishment that has a pharmacy department within.	Readopt
(3-14)	The New York State Council of Health-system Pharmacists supports expansion of pharmacists scope of practice under New York State Education Law Title VIII Article 137 §6801; definition of practice of pharmacy to include ordering and interpreting clinical laboratory tests to monitor patient therapy.	Amended: The New York State Council of Health-system Pharmacists supports expansion of pharmacists scope of practice under New York State Education Law Title VIII Article 137 §6801; definition of practice of pharmacy to include ordering and interpreting clinical laboratory tests to monitor patient therapy and initiate and modify medications to optimize therapy and improve patient outcomes.
(4-14)	The New York State Council of Health-system Pharmacists opposes the use of medical marijuana in New York State without reclassification of marijuana as a Schedule II controlled substance by the United States FDA and subsequent establishment of a system of oversight of production and prescribing, as well as dispensing under the regulations put forth by the New York State Controlled Substance Law.	Amended: The New York State Council of Health-system Pharmacists supports reclassification of marijuana to promote clinical trial development and improved oversight of production and prescribing, thus facilitating safe and consistent dispensing to allow therapy continuation under the regulations put forth by the New York State Controlled Substance Law.

(5-14)	The New York State Council of Health-system Pharmacists supports the inclusion of a pharmacist representative on consensus and expert panels that establish standards of care.	Readopt
(6-14)	The New York State Council of Health-system Pharmacists supports that it is within the pharmacist's professional role to collaborate with other health care providers to manage patients, which may include prescribing, defined as initiation and modification of the medication regimen.	Amended: The New York State Council of Health-system Pharmacists supports that it is within the pharmacist's professional role to collaborate with other health care providers. This includes ordering and interpreting clinical laboratory tests to monitor therapy; and initiating and modifying the medication regimen; all to optimize therapy and improve patient outcomes.
(14-14)	The New York State Council of Health-system Pharmacists recommends that pharmaceutical manufacturers provide all medications used in health-systems in unit dose package with readable scan code on each dose and that the Food and Drug Administration be urged to support this goal in the interest of public health and patient safety.	Amended: The New York State Council of Health-system Pharmacists recommends that pharmaceutical manufacturers provide all medications used in health-systems in unit dose packages with readable scan codes on each dose, and that the Food and Drug Administration be urged to support this goal in the interest of public health and patient safety.
(15-14)	The New York State Council of Health-system Pharmacists supports wider involvement of hospital pharmacists in medication reconciliation activities and patient counseling on all discharge prescriptions. Hospital pharmacists receive the most training in medication management, management of drug interactions, drug dosage forms, strengths and routes, and other drug therapy activities, and, medication errors, including those involving omissions, duplications, dosing errors, or drug interactions continue to endanger patients in the hospital setting, and, medication reconciliation continues to be a JCAHO recommended medication error prevention strategy, and, counseling patients on discharge prescriptions can provide education to minimize errors during out-patient prescription maintenance therapy. (3-08 was sunset at the 2014 house then re-introduced as new business at the 2014 house and approved)	Amended: The New York State Council of Health-system Pharmacists supports wider involvement of pharmacists in medication reconciliation activities during all care transitions and patient counseling on all discharge prescriptions. Pharmacists receive the most training in medication management, management of drug interactions, drug dosage forms, strengths and routes, and other drug therapy activities. Medication errors, including those involving omissions, duplications, dosing errors, or drug interactions continue to endanger patients in the hospital setting, and, medication reconciliation continues to be a TJC medication management standard. In addition, counseling patients on discharge prescriptions can provide education to minimize errors during out-patient prescription maintenance therapy.

(3-03)	<p>NYSCHP Recommends that pharmacists seek assurance that entries into all Computerized Prescriber Order Entry systems require pharmacist verification prior to medication administration in inpatient settings, except in those instances when review would cause a medically unacceptable delay. The New York State Council of Health-system Pharmacists anticipates increased implementation of Computerized Prescriber Order Entry (CPOE) systems in NYS. Some of the desired goals for implementation of this technology are improved patient safety and decreased medication errors. Past experience shows checks and balances provided by pharmacists are vital to safe medication use and this professional judgment cannot be programmed into a computer.</p>	<p>Readopt</p>
(1-00)	<p>Pharmacist Role in Fail Safe Medication Use. The New York State Council of Health-system Pharmacists will promote the establishment of a standardized system of reporting medication errors. The New York State Council of Health-system Pharmacists will promote and provide technical assistance required to analyze and to gain knowledge obtained from the reports. The New York State Council of Health-system Pharmacists will promote voluntary reporting of medication errors which is non-punitive, stressing quality improvement and future prevention. The New York State Council of Health-system Pharmacists will promote protection of health care workers who report medication errors and stress that the public interest will be served if liability protection is granted to those who report. The New York State Council of Health-system Pharmacists will promote patient and institution confidentiality. The New York State Council of Health-system Pharmacists will form a committee responsible for disseminating information to the membership regarding bills presented before the US Senate and the US Congress. The New York State Council of Health-system Pharmacists will encourage mandatory reporting of medication errors. The New York State Council of Health-system Pharmacists has a strong commitment to the study and improvement of medication use process.</p>	<p>Amended:</p> <p>Pharmacist Role in Fail Safe Medication Use. The New York State Council of Health-system Pharmacists supports and encourages the establishment of a standardized system of reporting medication errors. The New York State Council of Health-system Pharmacists promotes voluntary reporting of medication errors which is non-punitive, stressing quality improvement and future prevention.</p>

(2-00)	Supporting Tele-pharmacy. The New York State Council of Health-system Pharmacists supports the use of electronic devices and/or communication technology and opposes the use of technologies that discourage traditional relationships between prescriber and patient; that denies appropriate opportunities for pharmacist counseling; that provides patients with outdated, counterfeit or non-FDA approved drugs. The New York State Council of Health-system Pharmacists shall appoint a Task Force to keep the New York State Council of Health-system Pharmacists informed of issues in telecommunication that impact the practice of pharmacy.	Amended: Supporting Tele-pharmacy. The New York State Council of Health-system Pharmacists supports the use of electronic devices and/or communication technology and include the use of technologies that promote relationships between pharmacist and patient.
(3-00)	ASHP Guidelines for Preventing Medication Errors in Health-Systems. The role of the pharmacist is to ensure that patients make the best use of medication and to prevent, detect and resolve drug-related problems that can result in patient harm. Therefore, the New York State Council of Healthsystem Pharmacists supports and adopts ASHP's guidelines for preventing medication errors in health-systems.	Readopt
(1-99)	Standardization of New York State Non-traditional PharmD programs. The New York State Council of Health-system Pharmacists recommends that for all Colleges of Pharmacy in NYS, all non-traditional Doctor of Pharmacy degree programs fully adhere to all Accreditation Council for Pharmacy Education (ACPE) accreditation standards and guidelines; these programs undergo periodic self-study and program review; graduates of non-traditional programs have at least the same capabilities and outcomes as students enrolled in traditional programs; and curricula offerings allow flexibility in program structure delivery methodologies and credit for prior learning (experience).	Sunset
(2-95)	ASHP Standards of Practice. The New York State Council of Health-system Pharmacists accepts and promotes the use of ASHP Standards of Practice as written.	Readopt
(3-95)	Pharmacist's role in Antimicrobial Management. The New York State Council of Health-system Pharmacists believes and supports that the	Sunset

	pharmacist should take an active role in antimicrobial management to promote the appropriate use of antimicrobials and to minimize the development of resistant organisms.	
(4-95)	Pharmacist Reimbursement for Cognitive Services. The New York State Council of Health-system Pharmacists believes and supports pharmacists being compensated for cognitive services (e.g., medication review, drug monitoring). Cognitive services provided by pharmacists have been shown to improve patient outcomes.	Sunset
(6-95)	Recognition of Pharmacy Specialties and Certification. The New York State Council of Health-system Pharmacists does not support Pharmacy General Practice Certification.	Sunset
(7-95)	Drug Regimen Review. The New York State Council of Health-system Pharmacists supports the role of the pharmacist regarding the drug regimen review and OBRA '87 regulation by development of a position statement, grass roots letter writing campaign and legislative action.	Sunset
(1-86)	Clinical Investigations. The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary reason for exclusion in clinical trials for drugs for use in the elderly and non-elderly populations and the New York State Council of Health-system Pharmacists supports a systematic surveillance mechanism in clinical investigations to monitor for informed consent and to prevent potential harm.	Amended: Clinical Investigations. The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary reason for exclusion in clinical trials for drugs for use in the elderly and non-elderly populations.

5. Review Resolution from the HOD 2018:

- a) The New York State Council of Health-System Pharmacists supports national pharmacist standardization of therapeutic substitutions in times of crisis to provide an equal quality of care between healthcare systems.

(1) Not recommended for adoption

B. Support Personnel

1. Purpose: To act as a catalyst for issues regarding the use of support personnel in pharmacy practice. The Committee should function as a Council resource on duties and standards for the employment of support personnel.

2. Membership:

- a) Mary Choy, (Pharmacist) [Pharmacy Practice Director]
- b) Cynthia Stewart (Technician) [Chair]
- c) Shaun Flynn [Executive Director]
- d) Lisa Voigt (Pharmacist) [President-Elect]
- e) Ryan Burke (Pharmacist) [PTCB]
- f) Michele B. Kaufman (Pharmacist)
- g) Harshal Shukla (Pharmacist)
- h) Billy Sin (Pharmacist) [Education Committee Liaison]
- i) Jamie Chin (Pharmacist) [Education Committee Liaison]
- j) Saira Mohammad (Pharmacist)
- k) Marina Petratos (Technician)
- l) Thomas Frisco (Technician)
- m) Salma Moustafa (Technician)
- n) Alyssa Shangraw (Pharmacist)
- o) Kenny Ng (Pharmacist)

3. Meeting Dates:

- a) May 9, 2018
- b) September 11, 2018
- c) October 25, 2018
- d) November 13, 2018
- e) January 15, 2019
- f) February 12, 2019
- g) March 12, 2019
- h) April 9, 2019

4. Activity/Recommendations:

- a) Recruitment of new members
 - Improve committee membership to have representation from different chapters through recruitment efforts from committee members and chapter Presidents.
- b) Relationship with the Pharmacy Technician Certification Board (PTCB)
 - The committee welcomes new PTCB Liaison, Ryan Burke, Director of Professional Affairs.
- c) Education and Professional Development Committee Liaisons
 - The committee added a new role in efforts to provide additional professional development and continuing education for our technician members (Annual Assembly, webinars, networking)

- d) Pharmacy Technician Corner
 - The committee developed a new section for the NYSCHP News Brief, which will recognize pharmacy technicians for their vital contributions and elevate the technician profession in New York State.
 - The inaugural article highlights the initiatives of the Support Personnel Committee and also spotlights our Chair of the Committee, Cyndie Walton. The article is published in the February 2019 issue.
 - There will be an article on PTCB published in the April 2019 issue.
- e) Resolutions for HOD 2019
 - Medication reconciliation
 - Tech-check-tech
- f) Scheduled in-person committee meeting at the Annual Assembly

5. Review Resolution from the HOD 2018:

- a) NYSCHP supports legislation promoting “tech check tech” programs in institutional settings, which involve a highly trained and certified pharmacy technician performing the checking of another technician’s order-filling accuracy.

Amended: NYSCHP supports promoting "tech check tech" programs in institutional settings, which involve a validated pharmacy technician performing the checking of another technician's order-filling accuracy

(1) Amended resolution for adoption

C. Medication Safety

1. Purpose: To develop ways to address issues regarding medication and patient safety in pharmacy practice. The committee should function as a council resource on medication safety issues.
2. Membership: *Ad hoc*
3. N.B. Medication safety issues were the focus of the Support Personnel Committee and Professional Affairs Committee (see above)

Respectfully submitted,



Mary Choy, PharmD, BCGP, FASHP

Pharmacy Practice Director