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New York State Council of Health-system Pharmacists

REPORT OF PHARMACY PRACTICE

Robert DiGregorio, Director of Pharmacy Practice

April 24, 2015
Bolton's Landing, New York

*This report
Delegates*



*by the New York State Council of Health-system Ph
represent official policy until approved the House of E*



I. Responsibility of the Division

The charge of the Division of Professional Affairs, as defined in the Constitution and Bylaws of the NYSCHP, is to be responsible for:

1. Reviewing and developing recommendations for the growth of the Council along professional lines;
2. Development of new, and maintenance of existing liaisons with other professional organizations involved in the delivery of healthcare; and
3. Creating, developing, monitoring and refining the practice and scope of pharmaceutical services

II. 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) Robert DiGregorio, BOD
- b) Robert Berger, Chair
- c) Andrew DiLuca
- d) Amanda Engle
- e) Karen Falk
- f) Jessica Farrell
- g) Shaun Flynn
- h) Nicole Lodise
- i) Tim Mikhelashvili
- j) Kathleen Minlionica
- k) Robert Reiss
- l) Kimberly Sarosky
- m) Elizabeth Shlom
- n) Kelly Rudd (NYS-ACCP Liaison)

3. Meeting Dates:

- a) November 4, 2014
- b) January 6, 2015
- c) February 3, 2015

4. Policies for Sunset Review (2015):

- a) 1-10 Vaccine Documentation Requirements
1-10) The New York State Council of Health-system Pharmacists supports the permanent elimination of certain restrictions imposed upon certified pharmacists that are not required of other health care providers authorized to immunize for diagnosed medical conditions, including administering such vaccines at Points of Dispensing (PODs) pursuant to a non-patient specific order provided that they first receive the necessary training, and not requiring pharmacists who administer vaccinations at PODs to ensure that a record is maintained and retained for those

patients pursuant to regulations, as temporarily provided in the Governor's Executive Order 29 "Declaring a Disaster Emergency in the State of New York".

- (a) Executive Order 29 expired in 2011
 - (b) Policy to be sunset
 - (c) New policy statement proposed: The New York State Council of Health-system Pharmacists supports the utilization of pharmacists to the fullest extent of the scope of practice in public emergencies in accord with any executive order created during the public emergency. The scope of practice includes but is not limited to prescribing, dispensing, and administration of certain medications.
- b) 3-10 ACA Information
- (1) (3-10) The New York State Council of Health-system Pharmacists provides updated notification, education and resources to members regarding how new federal health-care legislation will affect health-system pharmacy practice in New York State.
 - (2) Joint responsibility for review with VP, Public Policy
 - (3) Committee recommends to the VP, Public Policy the sunseting of the policy statement.
 - (a) VP, Public Policy agrees with sunseting of policy statement.
- c) 6-10 Pediatric Med Safety
- (1) (6-10) Pediatric Medication Safety. The Position Statement of the New York State Council of Health-system Pharmacist's Pediatric Safety Committee. The intricate nature of pediatrics (neonates to adolescents) requires that there be a unified pharmacy voice, advocating a comprehensive approach to reducing medication errors as well as promoting preventative care. Consistent with our professional mission, NYSCHP strives to promote safety and well-being by heighten awareness of contributory factors to medication errors, encouraging multidisciplinary risk reduction-strategy dialog, as well as promoting strategies which foster safety and well-being within our pediatric community. Understanding the unique nature of pediatrics, NYSCHP will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence systems designs and decision support to address specific pediatric needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional organizations such as American Society of Health-System Pharmacists, health care regulatory entities, such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the Institute for Healthcare Improvement, whose missions' include promoting overall patient safety. NYSCHP will strive to positively influence laws and regulations independently, as well as in collaboration with other organizations and or regulatory authorities to promote safer medication practices as well as advocating for overall improvements in pediatric care.
 - (a) New position statement proposed: The intricate nature of high alert medications and high risk populations requires that there be a unified pharmacy voice, advocating a comprehensive approach to reducing medication errors as well as promoting preventative care. Consistent with our professional mission, NYSCHP strives to promote safety and well-being by heighten awareness of contributory factors to medication errors, encouraging multidisciplinary risk reduction-strategy dialog, as well as

promoting strategies which foster safety and well-being. Understanding the unique nature of these medications and populations, NYSCHP will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence systems designs and decision support to address specific needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional organizations such as American Society of Health-System Pharmacists, health care regulatory entities, such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the Institute for Healthcare Improvement, whose missions' include promoting overall patient safety. NYSCHP will strive to positively influence laws and regulations independently, as well as in collaboration with other organizations and or regulatory authorities to promote safer medication practices as well as advocating for overall improvements in patient care.

d) 7-10 Conscience Clause

(7-10) The New York State Council of Health-system Pharmacists supports ASHP's position statement on conscience clause: To recognize the right of pharmacists, as healthcare providers, and other pharmacy employees to decline to participate personally in therapies they consider to be morally, religiously, or ethically troubling therapies; further, To support the proactive establishment of timely and convenient systems by pharmacists and their employees that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating in a nonpunitive manner the right of conscience; further, To support the principle that a pharmacist exercising the right of conscience must be respectful and serve the legitimate health care needs and desires of the patient and shall provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.

(a) The committee recommends sunseting of policy statement 6-06.

(b) In agreement with VP, Public Policy, policy statement 6-06 sunsetted.

5. Recommendations

a) Statement on the "handling of hazardous drugs" to include potential new guidelines that will in the final USP Chapter 800 report 2014

(1) ASHP does not have a policy statement in regards to the handling of hazardous drugs. Additionally, the comment period has been extended to May 31, 2015 and the target date is to be determined. The committee recommends moving the statement to the 2016 House of Delegates.

b) Developing quality and performance metrics for pharmacy practice

c) Developing a recommendation for the appropriate hierarchy in a health-system for pharmacy reporting

(1) Chief Pharmacotherapy Officer definition and role

(2) Chief Operating Officer, Chief Medical Officer

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.

In 2013-2014, the Committee specifically focused on a review the current state of pharmacy technicians relative to NYS regulations and legislation, as well as the ASHP Pharmacy Practice Model Initiative (PPMI)

For 2014-2015, the Committee is focusing on Continuing Education for Pharmacy Technicians and seeks collaboration with the Division of Education and Workforce Development to design educational opportunities to meet the requirements of PS 12-14.

2. Membership

- a) Robert DiGregorio, BOD and Chair
- b) Adam Chesler (Technician)
- c) Maria Claudio (Pharmacist)
- d) Andrew Cordiale(Technician)
- e) Shaun Flynn (Council Office)
- f) Zach Green (Technician)
- g) Andrew Lam (Pharmacist)
- h) Jayson Myers (Technician)
- i) Hannah Peabody (Technician)
- j) Matthew Rewald(Technician) [Chair-elect]
- k) Victoria E. V. Earle-Reed(Technician)
- l) Courtney L. Tam (Pharmacist)

3. Meeting Dates:

- a) November 4, 2014
- b) December 2, 2014
- c) February 2, 2015

4. Recommendations:

- a) The Committee recommends that educational opportunities be developed throughout the state to satisfy PS 12-14
 - (1) Committee to work with CCC to develop programming for technicians, consistent with the new position statement and Strategic Plan.
 - (2) Educational programming should be technician specific
 - (3) A web-based and/or recorded live lecture format should be employed
 - (a) Requesting that the Council's BoD or Office further investigate the cost-effectiveness/ROI of options.
- b) The Committee recommends that the Constitution & By-Laws be amended to reflect the changing role of technicians in the organization.
 - (1) Membership categories
 - (a) The committee suggests increasing the membership rate for technicians. The committee supports a rate of \$75 to \$100 for an ACTIVE TECHNICIAN category. The value for this membership rate would be predicated on the availability of CE programs for technicians, representation for lobbying and legislative efforts and representation in the organization (see below). This proposed rate would place the technicians at about 50% of the pharmacist rate. The current rate is \$25 (after two entry steps)
 - (2) Voting privileges
 - (a) The committee proposes that there be a position among the Board of Directors for a technician. Such an elected position should come with voting rights on all Board matters.
 - (3) Delegation to AA

(a) There were concerns from local chapters regarding the determination of the delegation to the House of Delegates if technicians were granted active membership in NYSCHP. Currently, the constitution describes a formula for one delegate per 25 members, with some qualifications (min of two, max of 25, no more than 25% of membership). The committee discussed the appropriateness for technicians to be considered a part of the delegation if they are counted towards the number of delegates. The committee agreed to TABLE this discussion until the other issues of voting and membership are pursued.

5. **Position Statements: to be sunset in 2015**

(3-07) To Be SUNSET and replaced by

(x-15) The New York State Council of Health-system Pharmacists supports the pharmacist's active participation in the design, implementation and monitoring of the medication reconciliation process.

The following aspects should be considered the responsibility of the pharmacist:

- Participate and collaborate in interdisciplinary efforts to develop, implement, maintain, and monitor the effectiveness of the medication reconciliation process*
- To be part of the leadership in this interdisciplinary effort and in developing systems to ensure the accuracy and completeness of all medication lists taken at admission and for communication of a reconciled list of medications at any change in level of care and at discharge*
- Encourage community-based providers, hospitals, and health-systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care*
- Participate in the educational efforts directed toward patients and caregivers on their responsibility to retain an up-to-date and readily accessible list of medications*
- To collaborate with patients and caregivers in the provision of a personal medication list as part of patient education and counseling efforts*
- **To enlist and supervise pharmacy interns and certified technicians in all aspects of the medication reconciliation process.***

At the time of hospitalization, a complete and accurate medication history is necessary to provide optimal patient care. If this history is incorrectly documented the patient is put at risk for development of a serious medication error. Studies have demonstrated that these inadvertent changes to a medication regimen lead to a clinically important error up to 60% of the time. These errors are often continued throughout the patient's hospital stay and at discharge. The most frequently documented errors are unintentional deletion of previously prescribed medication, prescription of inappropriate dosages and addition of medications that duplicate prior therapy or create potentially dangerous drug interactions. Repeated hospitalizations, transfer to different levels of care, patients' ignorance of their medications and inadequate communication between caregivers are among the contributing factors to this problem. "Reconciling" the medication list during a patient's hospital stay can minimize the potential for an error to occur. Medication reconciliation is the process of comparing medication regimens throughout each point across the health care continuum, the purpose of which is to ensure the appropriate drug and dosage are prescribed from admission through discharge. In July 2004, the Joint Commission incorporated medication

reconciliation into its 2005 patient safety goals. As a result, health-systems are required to have a functional medication reconciliation process in place to prevent the occurrence of the aforementioned errors. The involvement of pharmacists in medication reconciliation has been demonstrated to produce positive outcomes. This involvement, however, does not necessitate a pharmacist personally conduct the process. Designing, implementing and monitoring the medication reconciliation program are equally as important.

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,

A handwritten signature in black ink that reads "Robert DiGregorio, PharmD". The signature is written in a cursive, flowing style.

Robert DiGregorio, PharmD, BCACP
Director
Division of Pharmacy Practice