



North Dakota Society of Health-System Pharmacists

Newsletter: August 2015, Volume 1, Issue 1

Events

Calendar

View details at <http://www.ndshp.org/events>

August 11, 2015 at Noon:

Surviving Sepsis: Recognition to Resolution (0.1 CEU)

Justin Jones, PharmD – Pharmacist

September 8, 2015 at Noon:

Ambulatory Care Practitioners Networking Meeting

October 13, 2015 at Noon:

Anticoagulation in Atrial Fibrillation: To Bridge or not to Bridge? (0.1 CEU)

Katie Johnke, PharmD - Pharmacist

November 10, 2015 at Noon:

Small & Rural Hospitals Networking Meeting

December 15, 2015 at Noon:

Vancomycin Therapy in Pediatric Patients: “Leveling Up” (0.1 CEU)

Carlina Grindelund, PharmD - Pharmacist

Objectives for application-based activities in NDSHP Drug Therapy Related CE series:

1. Describe how the presented topic impacts patient outcomes.
2. Review evidence based guidelines and best practices described.
3. Identify two clinical endpoints of the presented topic.
4. Recommend therapeutic means to achieve clinical endpoints.

Who: Pharmacists

Where: Webinar/ND BTWAN Units

Fees:

1. \$10/CEU if CE credit is desired, fee is non-refundable
2. If no CE credit desired, registrants can choose the “No CE credit needed” option

This program is sponsored by the North Dakota Society of Health-System Pharmacists and was initially released August 11, 2015. Attendance at the session and completion of the evaluation form will be required to receive CE credit. Universal activity number: 0047-9999-15-047-L01-P



North Dakota State University College of Pharmacy, Nursing, and Allied Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Attendance at the session and completion of the evaluation form will be required to receive CE credit.

Pharmacy professionals can now obtain CE statements of credit on the CPE Monitor website.

Non-pharmacists will receive a noncredit transcript within 4-6 weeks of receipt of all evaluation materials.



Membership

If you are not already a member of the North Dakota Society of Health-System Pharmacists (NDSHP), we ask that you consider taking advantage of the resources that both your national and state organizations provide: support legislative policies affecting health-system pharmacy; widen your professional horizons; network and expand your professional network; gain knowledge about issues going on in pharmacy in North Dakota; take advantage of continuing education opportunities; and more!



Please consider helping us strengthen health-system pharmacy practice on both the national and state level by joining NDSHP today. To learn more or to join, head over to [Our Website - Join Us](#).

We are happy to announce that you can now join or renew your membership online. Click on "Join us" and select your membership level and continue to fill out the required information. If you would prefer to print a membership form and send to us via the United States Postal Service, please click on the form "NDSHP Printable Membership Form.pdf" which is located towards the bottom of the page when you click "Join us." If you have any questions, please

contact us at admin@ndshp.org. We look forward to having you join us!

Natasha Petry, Membership Committee Chair

Our Officers



Maari Loy, PharmD, BCPS, MBA
Past-President



Cole Helbling, PharmD, BCPS
President



Carolyn Seehafer, PharmD
President-Elect



Amber Olek, PharmD
Secretary/Treasurer



NDSHP is excited to announce that we have mobilized the [Forums Section](#) of our website! The Forums are made up of the Sections and Groups that were approved at our last meeting. A section is a more formal designation of like members in NDSHP. Multiple groups make up a section, if applicable. An example:



A detailed list of the Section & Groups is found here: [Sections_Groups.pdf](#) Some groups may request a separate Forum on the NDSHP Website. For example, the Section: Informatics and Technology has a Forum. The Group: NDSHP Epic Users also has a forum.

These are the forum updates section, hot topics last week:

Recent forum updates

- ▶ [The many different career options as a "Health-System Pharmacist"](#)
03 Aug 2015 3:04 PM • Brianna Benson
- ▶ [50th Annual ASHP Midyear Clinical Meeting](#)
30 Jul 2015 3:13 PM • Lisa Richter
- ▶ [Area Residency Program Directors Roundtable](#)
30 Jul 2015 3:05 PM • Lisa Richter
- ▶ [Smart Lists](#)
30 Jul 2015 12:47 AM • Maari Loy
- ▶ [Pre-Hospital stabilization supplemental emergency department & Pharmacy support](#)
28 Jul 2015 8:27 AM • Brian Ament
- ▶ [Annual compliance visitation from NDBOP](#)
23 Jul 2015 11:36 AM • Brian Ament
- ▶ [Vancomycin-Associated Nephrotoxicity \(VAN\)](#)
13 Jul 2015 5:21 PM • Cole Helbling
- ▶ [BRIDGE Study](#)
13 Jul 2015 6:25 AM • Justin Jones
- ▶ [ASHP Midyear Residency Showcase](#)
09 Jul 2015 3:42 PM • Lisa Richter

For maximum involvement, members need to take two steps to become involved in this new functionality.

1. Update your member profile with group information

- This will allow NDSHP members to search the directory quickly and immediately locate a pharmacy practitioner that is an expert in a particular area
- Notifications to groups by Section/Group leads will also occur. With your profile updated, you will receive these notifications.
- Go to <http://www.ndshp.org/Sys/Login> - then update your profile. Instructions here: [Updating your Member Profile with Group Information](#)

2. Subscribe to Forums

- When a member posts a topic on the Forum, members who have subscribed to the Forum will receive notification of the topic. Each Forum will send a summary of activity daily and a weekly summary (if anything has been posted in that described timeframe).
- This is a huge networking opportunity and idea generator! This will be similar to how ASHP manages their forums – but it will be done locally!
- Go to <http://www.ndshp.org/forums> - you will need to be logged in to access this. Instructions here: [How to subscribe to a Forum and create a topic.pdf](#)

Please post topics, discussion, and questions. This doesn't need to be difficult! If you have lengthy topics to post or questions to pose, please do so! Short topics are also welcome. Some examples on a Forum such as sterile compounding, could read:

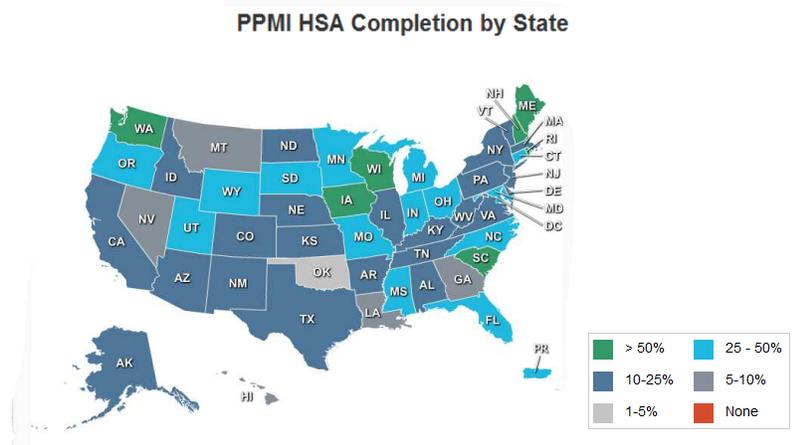
- a. "What types of pass-throughs do you use at your facility?"
- b. "How are you maintaining a training and competency log?"
- c. "Here's a new policy and procedure that we just completed!"

If you have an interest in being a Section/Group Lead, please let us know at admin@ndshp.org! Duties explanation shown here: [Section & Groups Lead - Duties](#)

Battle Cry for PPMI Hospital Self-Assessment Completions!

Jack Rabbits and Gophers Beating Bison in Marker of Pharmacy Practice Advancement

The North Dakota Society of Health-System Pharmacists (NDSHP) is actively increasing participation in the Pharmacy Practice Model Initiative (PPMI) self-assessment survey. We need one representative from each health-system pharmacy to fill out an official PPMI self-assessment. The data from this survey will help us to assess the pulse of pharmacy within North Dakota. The self-assessment also generates a personalized list of resources for pharmacies based on their responses.



As you can see in the map above, North Dakota has some ground to gain. The self-assessment is designed to advance pharmacy practice, and streamline initiative in health-system pharmacy. Unlike other markers of state and pharmacy success, in this case, our southern and eastern borders are doing better than North Dakota ... ahem, they're winning. However, with your help, we have the opportunity to change the numbers. For every hospital that completes the survey, our completion rate increases by nearly 2%. Every hospital counts!

Please devote the time it takes to fill out the survey. Get creative by asking a student pharmacist, resident pharmacist, staff pharmacist, or other staff member to complete the survey. We have been finding it is easier for some folks to sit down with us via phone or technology and quickly complete the survey. If you would like to set up an appointment with me to complete the survey, please E-mail me at Jacqueline.tellers@ndsu.edu.

We promise you will gain great ideas to increase efficiency and advance your pharmacy practice, and pull ahead of South Dakota and Minnesota. Ultimately, actions taken from this self-assessment will improve care for patients in North Dakota!

Below are links to the survey and a FAQ sheet. Please let me know if you have any questions.

<http://www.ppmiassessment.org/>

<http://www.ppmiassessment.org/faq.aspx>

We genuinely appreciate your participation! Thanks, Jackie Tellers, PharmD Candidate 2016.

Clinical Pearl

Normalizing Serum Creatinine in Calculation of Creatinine Clearance

by David R. Anderson, PharmD, BCPS
Sanford Health Medical Center Fargo
Nephrology, Dialysis, and Transplant Pharmacist

Drug dosing in renal impairment with the following caveat to calculating creatinine clearance should be considered

“The Serum Creatinine should not be “normalized” to 1 mg/dL due to any one factor (ie: Advanced Age, Underweight, Functional Status, etc). This practice is prone to significant bias and may lead to an underestimation of renal function and drug elimination.”

The concept of rounding is based less on literature and more on concept. While there is wide variation in the ways to calculate a GFR or a Creatinine Clearance, the one piece that does not change is that rounding serum creatinine should not be performed routinely, particularly in the elderly. No definitive data exists to support the practice of “rounding” the SCr to 0.8 or 1 mg/dL. SCr may be rounded in select circumstances based on pharmacist judgment (eg. patients with and ABW<IBW and creatinine < 0.8 mg/dl). Moreover, pharmacists should be trained to consider dose reductions AFTER a final calculation of Creatinine Clearance has been made if the patient condition warrants dose reduction and/or a potential for drug toxicity exists.

TABLE 2: AVERAGE MEASURED GFR BY AGE IN PEOPLE WITHOUT CKD ²	
AGE (Years)	AVERAGE MEASURED GFR (mL/min/1.73 m ²)
20-29	116
30-39	107
40-49	99
50-59	93
60-69	85
70+	75

(This chart only illustrates the average decline in kidney function with age as measured by GFR (which tends to underestimate renal function with GFR > 60))

Additional conditions that generate less creatinine include advanced cirrhosis (where you would expect a rapid decline in muscle mass), paraplegia or quadriplegia, ALS, muscular dystrophy, and severe malnutrition. Let's also consider that companies performing Pk studies for FDA approval would not have employed rounding, but rather utilized the CG formula as it is written.

Examples

1. Elderly female patient > 70 yoa with an ABW less than her IBW with a Scr 0.5 mg/dL with moderate urine output. Some rounding should probably occur here (just not to 1.0 mg/dL).
 - a. If this patient experienced an AKI, would you not also increase the serum creatinine adjustment to some degree based upon pre-existing body mass/creatinine generation??
2. Elderly female patient > 70 yoa with an ABW > 10% of IBW and Scr 0.7 mg/dL with moderate urine output. I don't believe a stronger argument exists to round (even to 0.8 mg/dL).

I don't think this drastically changes practice, but it does decrease the variability with which we estimate renal function.

http://www.kidney.org/professionals/kls/pdf/12-10-4004_KBB_FAQs_AboutGFR-1.pdf

<http://www.clinchem.org/content/38/10/1933.full.pdf>

http://download.springer.com/static/pdf/838/art%253A10.2165%252F00003088-199732010-00002.pdf?auth66=1398390218_d2af4f714799da1efcdc72336900a28d&ext=.pdf



NDSHP Best Practice Award



Jenny Metz receives award from Amber Olek

The Altru Telepharmacy Service out of Grand Forks, ND is the recipient of the NDSHP Best Practice Award. This award program has recognized outstanding practitioners in health-system pharmacy who have successfully implemented innovative systems that demonstrate best practices in health-system pharmacy. Applicants must be practicing in a health-system setting and are selected based on a number of criteria including originality and significance of the program to the health-system, as well as pharmacy practice advancement.

The Altru Telepharmacy Service serves seven Critical Access Hospitals (CAHs) with 24/7/365 basic pharmacy coverage and after hours/weekend coverage for one additional hospital in ND. These hospitals are in Park River, Langdon, Cavalier, Grafton, Cando, McVillage, Harvey and Rugby.

Coverage for First Order Pharmacy verification is 24 hours per day. During the higher order rate times of the day one pharmacist is devoted to maintaining order verification for telepharmacy. One full-time pharmacist was added to the current staff to provide coverage. The telepharmacy duty is shared by all pharmacists on a rotational basis. The majority of these CAHs have also converted their electronic medical record (eMAR) and ordering system to the EPIC® software platform. This allows the pharmacist verifying the medication orders access to other essential patient information (e.g. laboratory values, physician and nursing notes concerning the patient, etc.) This gives the pharmacist an accurate and timely assessment of the patient's current medical condition and results in safer patient care concerning medications.

Another benefit of this telepharmacy service is alignment of best practice protocols and best practice in clinical pharmacy service in these rural hospitals and granting access to additional pharmacy experts. In addition to first order review, the pharmacists will also aid nurses in clinical intervention activities which could include: dosage adjustments for renal failure, antibiotic dosing, anticoagulant dosing guidance and other clinician requests.



Dave Sandberg, RPh Director of Pharmacy Mercy Medical Center, Williston, ND

Where are you from (originally, and now)?
Tioga, ND and Williston, ND currently

What was your first pharmacy-related job?
1973 Intern at B&B Super Drug Williston, ND

What is your current practice setting, and how long have you been there?
Hospital Pharmacy Director 4 years

What are one or more of your go-to resources and why?
CHI Pharmacists because of the diverse knowledge available from peers

What keeps you occupied outside of work (hobbies, family, etc.)?

This service well-positions these hospitals for the Hospital First Dose Review by Pharmacy rule by the North Dakota Board of Pharmacy that is upcoming this summer in our state.

NDSHP Pharmacist of the Year



Lisa Richter receives award from Maari Loy

Lisa Richter is the recipient of the NDSHP Pharmacist of the Year Award. Established in 1998, this award is given annually to an individual of high moral character, good citizenship, and elevated professional ideals. The recipient has made significant contributions to health-system pharmacy, including sustained exemplary service, an outstanding single achievement, or a combination of accomplishments benefiting the profession and public health.

Lisa is a Minot native who graduated from NDSU in 2006 and completed a PGY1 Residency at the Nebraska Medical Center in Omaha, Nebraska. Following her residency she continued on as a clinical pharmacist in Internal Medicine and Neurology. In 2008 she transitioned to Walgreens Infusion and Respiratory Services, working in Home Infusion. In 2009 she obtained her Board Certification in Pharmacotherapy. She returned to North Dakota in 2010 and accepted a position in Internal Medicine at Sanford Health Medical Center Fargo and one year later took on the role of Residency Director. As an Internal Medicine pharmacist, she participates in patient rounds, co-precepts three pharmacy residents, and precepts an APPE acute care rotation for approximately sixteen NDSU P4 students per year.

Her contributions to the profession are many. She provides lectures for doctor of pharmacy students, has presented a number of posters at national meetings, and is published in AJHP and the Journal of Hospital Administration.

Her professional involvement includes membership in ASHP, NDSHP, and NDPhA. She has served on a number of committees, including the ASHP National Council on Education and Workforce Development from 2012-2013 and the 2014 ND Annual Pharmacy Convention Committee. At Sanford she has participated on the Pharmacy Practice Model Initiative (PPMI) Committee, Pharmacist Orientation Committee, Order-sets Team and is chair of the Residency Advisory Committee.

She is also involved in her community, and volunteers as a Bio Girls Mentor, a club for elementary school girls focusing on physical fitness and self-esteem.

In her position as Residency Director, Lisa impacts the future of pharmacy through the training and mentoring of residents. Taking this role a step further, she created a non-traditional pharmacy residency for current Sanford Health pharmacists. This innovative use of resources and opportunities has served to benefit the professional development of staff at Sanford, and in turn improves care for the patients they serve.

Pharmacy Practice Literature Award



Wendy Brown receives award from Cole Helbling

Wendy Brown is this year's recipient of the Pharmacy Practice Literature Award. This award recognizes an outstanding original contribution to the peer-reviewed biomedical literature related to pharmacy practice in hospitals and health systems. Articles submitted must have been published in a PubMed-indexed, peer-reviewed biomedical journal in the last calendar year. To be eligible for this award, the applicant must have participated in each of the following: substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; drafting the article or revising it critically for important intellectual content; and final approval of the version to be published.

Bicycling, fishing, hunting, hiking, sailing

What are you currently most excited about in our profession?
The talented young pharmacists that are expanding the profession of pharmacy

What frustrates you most?
Insurance companies

What is the best advice you've received regarding your career?
Never forget your past or the people that have helped you along the way.

What advice would you give to the rest of us?
Spend lots of time with your friends and family. Do not let your job get in the way of that.

Please share a memorable pharmacy-related story with us:
Receiving the ND Society of Health-System Pharmacist of the year award

Is there anything else you'd like to share?
Leaving Tioga ND in 1967 going to NDSU to enroll in engineering but the line was too long so I jumped into the pharmacy line, now 48 years later I am still a pharmacist and enjoyed every minute.



VA Medical Center Fargo:

Kyle LaPorte, PharmD -> completed a PGY1 residency at VA Medical Center in Fargo, and achieved a PGY2 Oncology program for 2015-2016.

CHI St. Alexis Health Bismarck:

Brooke Ewals, PharmD -> completed a PGY1 residency at CHI St. Alexis Health in Bismarck, and is currently working there until beginning a position at a VA hospital in West Haven, CT.

Ryne Hendrickson, PharmD -> completed a PGY1 residency at CHI St. Alexis Health in Bismarck, and is remaining there as a pharmacist.

Sanford Medical Center Fargo:



Carlina Grindeland, PharmD -> completed a PGY1 Residency at Sanford Medical Center Fargo and will be continuing on at Sanford as a member of the oncology team. In addition, Carlina presented her residency research project "Impact of updated palivizumab guideline adherence on respiratory syncytial virus on hospitalizations" at the national Pediatric Pharmacy Association meeting in Minneapolis, MN in April. (pictured above and below left)

Wendy has contributed greatly to the profession through her work and publications in the field of asthma. A graduate of NDSU, she has committed herself to providing quality care for her patients. She completed a Community Pharmacy Practice Residency in 2002, and received a Masters in Physician Assistant Studies in 2008. She currently works not only as a pharmacist, physician assistant, and an asthma educator, but also serves as a faculty member at NDSU.

Her works include primary authorship of Asthma Therapy Step-Down Approach, published in the Journal of the American Academy of Physician Assistants, The Use of telemedicine to improve asthma control, published in the American Academy of Allergy, Asthma, and Immunology, and contributions to National Standards for Asthma Self-Management Education, published in the Annals of Allergy Asthma and Immunology. Her efforts have resulted in the production of valuable resources for pharmacists and health care professionals in North Dakota and across the nation.



Quang Phan, PharmD -> completed a PGY1 Residency at Sanford Medical Center Fargo and will be continuing on at Sanford as a 340B pharmacist. (pictured above center)

Katie Johnke, PharmD -> completed a PGY1 Residency at Sanford Medical Center Fargo and will be continuing on at Sanford as a member of the dialysis/transplant team. (pictured above right)

NDSHP Award of Excellence in Medication Use Safety



Carolyn Seehafer receives award from John Savageau

The recipients of the Award of Excellence in Medication Use Safety are Laura Olson-Sinn, Rachel Schaan, and Lisa Loken of Trinity Health in Minot. Nominees of this award may be an individual or group of individuals in recognition of a specific, recent contribution or achievement that has advanced the ability of hospital and health-system pharmacists in North Dakota to serve the needs of patients through improved medication safety processes. The award is intended to recognize a recent singular, significant achievement or contribution rather than for career-long contributions.

This team of Minot pharmacists worked to implement smart pump technology within their practice site. One of the primary roles of the smart pump is to remember the large number of rules pertaining to intravenous infusions, whether dose- or rate-related, and apply those rules during the pump programming to warn users about potentially unsafe drug therapies. However, smart pumps are only as smart as the information programmed inside them.

These pharmacists were instrumental in the implementation of these pumps. Hours were spent building a smart pump drug library for over 1,000 formulary items. Each item is set-up with guardrails, hard and soft limits, which alert the user if a medication or fluid is programmed to infuse outside of safe parameters. The use of smart pumps for infusing IV medications is incredibly important in preventing medication errors and promoting medication safety standards for patient care.



Dave Leedahl, PharmD, BCPS -> Received the Pharmacy Resident Preceptor of the Year award at Sanford Medical Center Fargo

Todd Chapin, PharmD -> matched for the first PGY1 non-traditional resident position at Sanford Medical Center Fargo



Breanna Curtis, PharmD -> matched for a PGY1 resident position at Sanford Medical Center Fargo

Ashley Losing, PharmD -> matched for a PGY1 resident position at Sanford Medical Center Fargo



Carly Trowbridge, PharmD -> matched for a PGY1 resident position at Sanford Medical Center Fargo

Lake Region HealthCare Fergus Falls, MN:

Jenna Evenson, PharmD -> completed a PGY1 residency at Lake Region HealthCare in Fergus Falls, MN. She has accepted a position at Coborn's Pharmacy in Melrose, MN.

Margo Christopher, PharmD -> completed a PGY1 residency at Lake Region Healthcare in Fergus Falls. She has accepted a hospital practice position in Des Moines, IA.

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