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Washington Metropolitan Society of Health System Pharmacists Newsletter



Letter from the President

Dear Colleagues and Friends,

I wish to welcome you to the first 2016 edition of the WMSHP Newsletter. I thank each of you for your enthusiasm, dedication and support of WMSHP in its programs and offerings that is focused to member pharmacists, residents, technicians, and students. Our roles in many aspects as members of WMSHP are becoming increasingly important and at the same time being appreciated and recognized by other members of the healthcare team. WMSHP embodies a diverse membership that includes pharmacists and pharmacy personnel from federal agencies (DoD, FDA, NIH, VA, et al), university teaching and clinical health-systems and ambulatory care clinics, academia, community and healthcare systems pharmacy practices and, retired pharmacists. As a metropolitan society with members from DC, MD, and VA, WMSHP has over the years, and in 2016 continued

to develop programs that are designed to equip our future pharmacy colleagues with skills and confidence to work effectively in teams that are essential for the efficient management of any healthcare system or organization. The 2015 and 2016 years were significant as WMSHP collaborated and partnered with the University of Maryland (UMD) Student Society of Hospital Pharmacy (SSHPh) to organize pharmacy educational and student mentoring and tracking programs since November 2015 through May 2016. In addition, WMSHP also received new student members from the Howard University

Continued on top of page 2

WMSHP Upcoming

Educational and Networking Events

Vaiyapuri Subramaniam, PharmD

WMSHP activities and programs in the coming months include the following that are also accessible in the website:

www.wmsph.org

First, on July 28, 2016, at Holy Cross Hospital, in Silver Spring, at 6pm, WMSHP will host a two (2) ACPE-approved educational session on Medication Safety and HIV diseases. Non-members may attend this event free of charge.

Continued on page 2

Continued from page 1

Letter from the President.

College of Pharmacy. Since January 2016, WMSHP has successfully accomplished a variety of educational and leadership programs that focused in enhancing clinical skills in pharmacotherapeutics. This was materialized from the Spring educational program meeting in May 2016 that provided six (6) hours of ACPE-approved credit with speakers representing the pharmacy and medical professions that WMSHP organized with SSHP. Attendance at this educational meeting exceeded expectations that provided quality presentations, pharmaceutical vendor exhibits, a pharmacy residency showcase and networking with representative numbers of attendees among pharmacists, residents and students. WMSHP's continued collaboration with the National Institute of Health Clinical Center (NIH CC) Pharmacy Department resulted in the joint NIH – WMSHP “Pharmacotherapy Frontiers” program with four (4) ACPE-approved credits. The WMSHP Membership Committee accomplished a record membership recruitment effort with an excess of 54 members who either joined WMSHP or renewed their memberships. Both the May 2016 WMSHP-SSHP and April 2016 NIH-WMSHP pharmacy educational programs

resulted in membership growth from recruitment with renewed interest in WMSHP that positively led to WMSHP's growth in membership, resources, stability and outreach. As part of WMSHP's outreach with medical science liaisons from pharmaceutical company scientific disciplines, a total of four (4) non-CE disease state pharmacotherapeutic presentations were organized and presented to meet WMSHP member benefits that enhanced perspectives in drug information and knowledge.

Finally, please feel free to pass on this newsletter to your pharmacy colleagues and friends in case they may be interested to join WMSHP and being involved and participate in many of WMSHP activities, programs and opportunities. With kind regards.

Vaiyapuri Subramaniam,
PharmD, MS, FCP, FASHP,
FASCP.
President, WMSHP

Upcoming Events: *continued*

Second, WMSHP will hold its third Summer Picnic for members, family and friends on Saturday, August 6, 2016, at the Cabin John Regional Park, Potomac, MD.

Third, WMSHP will plan its Fall educational all-day seminar on Saturday, September 17, 2016, at the University of Maryland, Shady Grove Campus, Rockville, MD. The seminar will provide up to six (6) CE hours on Oncology, USP 797/800 and

continued on page 3

Upcoming Events

www.wmshp.org

Thursday July 28, 2016 Seminar

Holy Cross Hospital

1500 Forest Glen Road
Silver Spring MD 20910
6-9 pm, Auditorium B & D
2 hours of CE medication error and HIV seminar
No cost to either members or non-members

Saturday August 6, 2016 Family and Friends Picnic Cabin John Regional Park Shelter “J”

7400 Tuckerman Lane
Rockville MD 20852
No CE Hawaiian Theme
\$5 each for members and non-members free for children under 12 years old

Saturday, September 17, 2016

**All day seminar
University of Maryland
Shady Grove Campus
Rockville MD
Event name: *Enhancing
Pharmacotherapeutics and
Management Standards***

6 hours of CE see website for costs

Upcoming Events

From page 2

hazardous drug management, pharmacy law, medication safety and infectious diseases. Fourth, the WMSHP Nominations Committee will hold elections in the Fall of 2016 to seek new leaders for 2017 as part of its workforce and succession planning for the following positions: President-elect; Treasurer; Board Member; and ASHP Delegate. If anyone is interested, please contact WMSHP for information and duties on any of these positions through the WMSHP website. We look forward to your involvement and candidacy for these offices.

Thank you for your continued support of WMSHP!

Vaiyapuri Subramaniam, PharmD.
MS, FCP, FASHP, FASCP.

Delegate Report

By John Quinn R.Ph. M.S.

Ashok Ramaligan delegate
John Quinn delegate
Vaiyapuri Subramaniam alternate delegate
Laura Zendel alternative delegate

“Where there is no vision the people will perish”-- Proverbs

Each year local ASHP affiliates, like WMSHP, send delegates to the summer meeting to participate in the ASHP House of Delegates where they vote on the policy that is the basis for ASHP advocacy and lobbying. To prepare for the formal voting, the delegates review policy discussions on the ASHP connect website and attend a “regional delegate conference”

(RDC) a few weeks before the summer meeting. This year, WMSHP’s delegates attended the RDC that took place on May 2nd and 3rd 2016 in Baltimore and participated in the process to create policy, an important part of the ASHP mission. The policies that ASHP supports primarily come from the members. The members staff the councils, groups, sections and forums where ideas are first discussed. The ASHP board helps shape these ideas into an organized policy. The House of Delegates votes on each policy before it can be adopted.

The policy is not one simple idea that is voted on once. Policies include a multitude of health related topics that AHSP is trying to engage and influence. Policy makers try to create guidelines that lead the way for the profession and society to follow. They strive to “do the right thing” by both the patient and the profession of pharmacy, even if it challenges the status quo.

Delegates not only vote on the policy itself, they may ask for specific wording changes to the policy or may vote send the policy back to the councils for reworking. RDC’s allow for discussion and review of the policies in a smaller, more informal setting so that all ideas can be heard and be brought to consensus. If changes are recommended to any policy during the RDC, a delegate will present the proposals during the two formal House of Delegate sessions at the summer meeting where each policy and any proposed changes will be formally voted on by delegates from across the country.

At our RDC the following policies were discussed:

Stewardship of drugs with the potential for abuse
Appropriate use of anti-psychotic therapy
Safety of Epidural steroid injections
Support for greater standardization of drug dosing
Pharmacy technician certification
Career opportunity for Pharmacy technicians
Developing Leadership competencies
Inter-professional education and training
Controlled substance diversion
Surface contamination of hazardous drugs
Pharmaceutical distribution policy
Patient satisfaction
Provider status
ASHP Political Action Committee
Automated Sterile Production
Integrated Approach for the Pharmacy
Enterprise
Preventing exposure to Allergens
Accreditation of compounding facilities
Off label promotion by pharmaceutical manufacturer
State Board of Pharmacy licensing
Price gouging during drug shortages
Home Intravenous therapy
Direct to consumer advertising
The role of the Pharmacist in assisted suicide

At the actual summer meeting many topics were discussed either at the formal house meeting or Delegate Caucus’s these included:

Continued on page 4

Delegate report

continued

Rising Death toll from opioid addiction

The role of Artificial Intelligence

Technician and Resident accreditation

The role of steroid injections

Therapeutic issues of using methadone for pain relief because of low cost

How to further research into automated sterile preparation

Failure Mode and Effects Analysis (FEMA)

Preparing Medication for assisted suicide

Direct to consumer advertising

In addition to discussing these policies, the ASHP steering committee recommendations for Women in Pharmacy leadership were also discussed. The work of that committee can be found at

<http://www.ashp.org/menu/PracticePolicy/ResourceCenters/Leadership/Women-in-Pharmacy-Leadership>

As outlined in the attached in their paper, currently more than half of practicing pharmacists are women, women are graduating pharmacy school at a higher rate, and men are retiring from the profession at a faster rate, however, these trends are not being represented at the senior leadership level. The steering committee has generated several recommendations to encourage and support women as leaders such as building mentor-coach-

Continued on page 5



Students attend WMSHP presentation

ASHP officials David Chen and Steve Allen attended WMSHP seminar and spoke with WMSHP current and past presidents



Installation of WMSHP Board members

WMSHP and NIH jointly sponsored the Pharmacotherapy Frontiers 2016 seminar series

WMSHP President Subramaniam and Ann Biehl, Coordinator of the Drug Information Center at NIH



Delegate Report

Continued from page 4

sponsor programs, developing formalized programs for career development, and providing information on successful life-career integration. ASHP is interested in feedback regarding these recommendations from all ASHP members to include in the final recommendations that will be presented to the board of directors.

People may wonder why ASHP members and ASHP staff devote so much time and energy to policies that do not have the force of law. Professional societies that produce policy that simply advocate for their narrow group usually have very limited influence. When large institutions or government regulatory bodies create policies for their institutions or laws and regulations, they often look to professional bodies for advice. Well written policies from leading professional societies are often used as the template for groups that create binding policies. Effective, professional, balanced policy must anticipate the needs of society and give a careful, well thought out, specific language that can be easily adopted. This positive influence on pharmacy related issues is a core mission of ASHP and each affiliate.

If you attend a summer meeting think about stopping



Current ASHP President John Armitstead, WMSHP Delegate John Quinn, Former WMSHP President and current ASHP Vice President Douglas Schekelhoff and WMSHP Delegate and former WMSHP President Ashok Ramaligan at the Regional Delegate Conference in Baltimore

Delegate Report

Continued from right hand column

by one of the informal caucus discussions to hear your colleague's thoughts on controversial pharmacy topics. If you are not familiar with Roberts Rules of Order and Parliamentary Procedures stopping by one of the two formal house meetings for a few minutes and sitting in the back can be an interesting break from the standard continuing education lectures.



May 15th educational seminar at the Universities at Shady Grove
Dr. David Roffman with students and WMSHP President

May 15th educational seminar at the Universities at Shady Grove. WMSHP Board, committees and students.



**PHARMACOTHERAPEUTIC
PERSPECTIVES AND
MEDICATION
MANAGEMENT
STANDARDS.**

**An update by Vaiyapuri
Subramaniam, PharmD, MS.**

**HAZARDOUS DRUG
MANAGEMENT AND
PERSPECTIVES ON USP
CHAPTER 800
“HAZARDOUS DRUGS –
HANDLING IN
HEALTHCARE SETTINGS”**

The publishing of USP Chapter 800 (USP <800>) “Hazardous Drugs – Handling in Healthcare Settings” in February 2016 focuses on protecting health care workers, including pharmacists from residual exposure in health care settings. USP <800> as a mandatory USP chapter applies to every site that handles hazardous drugs (HDs) as defined by the National Institute for Occupational Safety and Health (NIOSH). It is intended to protect the health care worker, the healthcare environment and the patient. The chapter was written for all healthcare settings and all facilities that handle HDs that includes hospitals, community pharmacies, physician office practices and healthcare clinics. It therefore incumbent that all healthcare professionals and pharmacists should start becoming familiar with USP <800> provisions and with guidance from OSHA which has been in effect for years. It is expected that pharmacists compounding HDs will need to comply with existing chapters in USP which include USP <797> for



Sue Carr and other members enjoy breakfast May 15th at Shady Grove



Tim Ames showing off Raffle winnings



Michelle Eby and Sue Carr explain upcoming WMSHP events

compounded sterile preparations (CSPs) and USP <795> for compounded non-sterile preparations. Healthcare facilities updating their facilities to meet USP <800> standards will face challenges to meet the architectural, environmental and physical requirements. Facilities will require resources to achieve these standards. As such the time period to meet requirements of USP <800> in July 2018 is intended to allow healthcare facilities to achieve compliance. One segment of USP <800> is the assessment of risk that provides opportunities for pharmacies and healthcare settings to establish alternative containment strategies to protect their workers from the three groups of drug products in the NIOSH drug list (refer to NIOSH 2014 drug list). Assessment of risk may be described as criteria established by the pharmacy on how it is going to protect its staff from dispensing a HD based on handling procedures if it is used for indications other than for HD purposes. The first and foremost step for pharmacies to undertake is to identify which drug products are being stocked and being handled that correspond to the NIOSH 2014 drug list. The NIOSH drug list classifies HDs into three different tables; viz. antineoplastics, non-neoplastic agents, and reproductive HDs. In addition to the latter, an assessment of risk can be considered for anti-neoplastics that require only counting or packing. Specifically, assessment of risk must include consideration of the type of HD, the dosage form, risk of exposure, packing and manipulation. In addition, the assessment of risk must identify each entity-exempt dosage form that takes into consideration alternative containment strategies, alternative work practices and a review and documentation every at least each year. USP <800> has also established standards for handling bulk active pharmaceutical ingredients (APIs)

that are on the NIOSH drug list. As such an API has to be handled with all the containment strategies in USP <800> as well as any antineoplastics that need to be manipulated. An important provision of USP <800> is the use of personnel protective equipment (PPE) for appropriate handling of HDs. USP <800> outlines other requirements for handling HDs including those for training, storage, environmental monitoring and spill control. In the monitoring for compliance, while USP <797> describes required environmental monitoring for microbial contamination, USP <800> describes recommended environmental monitoring for unintended contamination by HDs that include wipe samples which provides validation of the decontamination process and identification strategies for education of personnel about safe handling. As such, an action plan to develop best practices in oversight of USP <800> compliance would include a development of a HD list, an assessment of risk, training approaches for pharmacy and healthcare personnel, assurance of appropriate facilities, how HD areas should be deactivated and a compliance monitoring strategy.

References:

1. The American Society of Health-System Pharmacists. Implementation of a safety program for handling hazardous

drugs in a community hospital.. *Am J Health-Syst Pharm* 2008; 65(9): 861-5.

2. NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2014.
3. The United States Pharmacopeia (USP) Compounding Compendium (current with USP 39-NF 34) In: The United States Pharmacopeia, 39 ed., and the National Formulary 34th ed. Rockville, MD. USP; 2016.



WMSHP membership recruiting booth at NIH Pharmacotherapy Frontiers seminar