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UPCOMING EVENTS

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3/15/2017

**Management of Severe Traumatic
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4/5/2017

**MSHP Sponsored Residency
Program Design and Conduct
(RPDC) Workshop »**

5/8/2017 - 5/9/2017

**MSHP 2017 Annual Meeting and
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From MSHP President Paul Arpino

Happy New Year, everyone! I hope you all enjoyed the holiday season and are well on your way to a great 2017.

This is our first Newsbriefs since this past summer and our first using this new and improved format. A huge thank you to our Communications Committee for their great work on this new format.

It has been a great six months and, by all accounts, MSHP is in full swing. The MSHP Board and committee chairs continue to prioritize the work surrounding our strategic plan. One area that we are focusing on this year is building a stronger foundation within our committee structures. This work will enable new members and chairs to more rapidly assimilate and continue the tremendous work of their predecessors as they transition year after year. Another major focus every year at this time is planning the Annual Meeting and Awards and Honors Banquet (AKA – the “2017 Spring Event”), which is well underway due to the extraordinary efforts of the entire Annual Meeting Committee. We are all looking forward to a great meeting at a new venue, so mark your calendars now for the Four Points Sheraton in Norwood, May 8th and 9th. MSHP is also continuing to represent our membership’s interests with local regulatory bodies, as much anticipated revisions to Massachusetts Board of Registration in Pharmacy CMR 247 Regulations are vetted, finalized, and implemented.

As always, please do not hesitate to reach out to any officer of the MSHP Board or committee chair with any comments, questions or concerns. We wish you all the best for a happy and healthy 2017!

Paul

Our New Look:

As Paul mentioned, with this edition we launch the new MSHP Newsbriefs, to be published quarterly. With the editorial assistance of our colleagues at McKenna Management, we will be able to present more information and will have expanded photo-publishing capability. Let us know what you think!

MSHP Member Hospital Receives Best Practices Award at ASHP Midyear Meeting

The Massachusetts General Hospital (MGH) Drug Diversion Program received the 18th Annual American Society of Health-System Pharmacists Best Practices Award. This awards program recognizes outstanding practitioners who have successfully implemented innovative systems that demonstrate best practices. MGH is one of six from the entire country recognized with this award. The award was received at a reception in honor of the winners this past December at the ASHP Midyear Meeting in Las Vegas. Representatives from the MGH Drug Diversion Task Force include: Christopher Fortier, PharmD, Erasmo Mitrano, RPh, Michelle McCrea, RPh, Dena Alioto, RPh, Kevin Whitney, RN, Theresa Capodilupo, RN, Colleen Snydeman, RN, Patricia Shanteler, RN, Claire Sequin, RN, John Belknap, Ann Schwartz, CRNA, Richard Pino, MD, Julianne Casieri, RN, Jennifer Goba, Daniel Coleman, Robert Patenaude, Bonnie Michelman, Matthew Monahan, Elizabeth Allen, RN, Judy Carr, RN.



Midyear Memories December 2016:



1

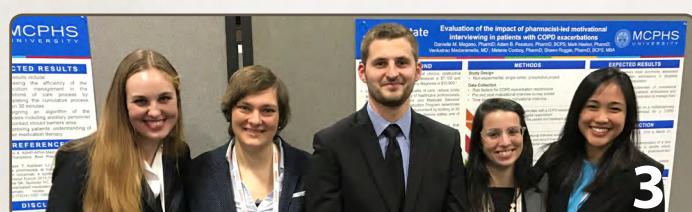
1. Caryn Belisle, MSHP Immediate Past-President, presented “Asking the Right Questions: Preventing Technology and Implementation Blunders”.
Caryn Belisle at 2016 Midyear Meeting



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2. Baystate Medical Center PGY1 Residency Program representatives participating in the ASHP Residency Showcase. From left: Kathleen Kopcza, PharmD, PGY1 Pharmacy Residency Program Director; Danielle Megano, PharmD, PGY1 Pharmacy Resident; James Kidd, PharmD, PGY2 Critical Care Pharmacy Resident; Nastja Rebrin, PharmD, PGY1 Pharmacy Resident; Tim Pchelka, PharmD, PGY1 Pharmacy Resident; Emilie Pires, PharmD, PGY1 Pharmacy Resident; Stefanie Clark, PharmD, PGY1 Pharmacy Resident; Jason Cross, PharmD, Associate Professor of Pharmacy Practice, MCPHS University, Assistant PGY1 Pharmacy Residency Program Director

3. Baystate Medical Center Pharmacy Residents



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Local Student Clinical Skills Competition Winners 2016

Congratulations to the following pharmacy students, who won their local ASHP Clinical Skills competitions last fall and competed at the national competitions at the Midyear:

Northeastern University: Cyrille Cornelio and Francesca Napolitano

MCPHS University-Boston: Christopher Fagbote and Yousef Hanna

MCPHS University-Worcester/Manchester: Mehrnaz Sadrolashrafi and Michael Hoang

Western New England University: Christina Andros and Christopher Krupa

Practice Changing News

Patients receiving U-500 regular insulin vials should be prescribed new U-500 syringe

Highly concentrated U-500 regular insulin (i.e., 500 units per mL) is available to control hyperglycemia in severely insulin-resistant patients. Due to its high concentration, regular U-500 insulin has an onset and duration of effect that is similar to NPH insulin and is suitable for twice-daily basal insulin use.

Until recently, there was no insulin syringe with calibration markings that corresponded with 500 units per mL. Patients receiving U-500 from a vial* were required to use either tuberculin syringes or U-100 syringes and to convert the dose in units to volume (in mLs) in order to determine the correct amount of volume to draw up. This conversion step was known to be error prone.

A dedicated U-500 syringe is now available which includes markings from 25 to 250 units in 5 unit increments (total volume 0.5 mL) that correctly displays the dose in units for U-500 insulin only. A critical point in educating providers and patients is that, when using the U-500 syringe, *the insulin dose must be drawn up in units, not in volume (mLs)*. Resources for educating providers and patients is available at the following links.

[U-500 Syringe Patient Education Brochure](#)

[First Insulin Syringe Designed for Use with Humulin R U-500 Available \(November, 2016\)](#)

*The U-500 insulin pen (U-500 Kwikpen) is correctly calibrated in units for U-500 and does NOT require any conversion of dose.

A patient-centered approach to prescription drug-labeling promotes medication use and adherence

Poor patient adherence to medication instructions is a common source of iatrogenic harm and hospital re-admissions. In developing programs in our institutions to improve patient and caregiver medication discharge education, there is an urgent need to improve written medication instructions and labeling.

A recent randomized trial of 845 patients demonstrated that a relatively simple intervention utilizing a patient-centered label and universal medication schedule (UMS) resulted in increased correct use of medication in low-literacy patients and for those with medications taken ≥ 2 per day. Although the overall impact on medication adherence was modest, the intervention in this study incorporates evidence-based strategies that are scalable to a real-world setting and may be well worth considering in developing our patient discharge instructions and labeling at our institutions.

[A Patient-Centered Prescription Drug Label to Promote Medication Use and Adherence](#)

Wolf MS, Davis TC, Curtis LM, Bailey SC et al J Gen Intern Medicine 2016 Dec 31 (12):1482-9.

The “6th Right:” Has the time come to press for indication-specific prescribing in Massachusetts health-systems?

Knowing the intended purpose (i.e., indication) for a medication at the time of order/prescription review is a proven method for decreasing medication errors by providing an independent check to detect potential drug selection errors, dosing errors, or wrong patient errors. The Institute for Safe Medication Practices (ISMP) has long advocated for including the indication with each prescription order and has begun emphasizing the fundamental importance of this safety measure as the “6th right,” i.e., following check for the “right” patient, drug, dose, time, and route. A recent paper in the New England Journal of Medicine provides a basis for advocating for indication-specific dosing in our health-systems, particularly for high-risk medications and those with multiple indications.

For further information on indication specific dosing and ideas for proposing protocol at your facility, refer to the following links:

[Incorporating Indications into Medication Ordering - Time to Enter the Age of Reason](#)
[PMID 27464201](#)

[Is An Indication-Based Prescribing System in Our Future \(ISMP November 17, 2016 open access\)](#)

News from ASHP:

January 15, 2017

[21st Century Cures Act Becomes Law](#)

[Medicare Part D Data Underscore Lack of Medication Management Superstars](#)

[Rucaparib \(Rubraca\) Approved as Targeted Monotherapy for Advanced Ovarian Cancer](#)

January 3, 2017

[Looking Back on 2016 in Pharmacy News](#)

January 1, 2017

[Pharmacists Help Critical Access Hospital Cut Readmissions](#)

December 15, 2016

[Hospital Pharmacists Take Time Out for Antimicrobial Stewardship](#)

[ASHP Antimicrobial Stewardship Resources Website \(recommended bookmark\)](#)

[CDC Chief Praises Pharmacists' Work on Hypertension Management](#)

Reminder that Department of Labor Overtime Rule Did Not Go into Effect on 12/1/16:

From ASHP Director of Affiliate Relations Beverly Black: We wanted to send you an update on the Department of Labor overtime rule, which may have an impact on residency programs in your state. This has already been sent to all residency program directors in your state as well. The US District Court issued an injunction against the overtime rule. So, at the moment, the rule did not take effect on Dec. 1st. We will continue to update you on this rule as information becomes available.

<http://www.reuters.com/article/us-usa-employment-overtime-idUSKBN13H2JY>

Communications Committee

Barbara Irby, MS, RPh, MSHP Communications Committee Co-Chair

Martin Goldberg, RPh, MBA, MSHP Board Advisor to Communications Committee

Jonathan Zand, PharmD, BCPS

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