From MSHP President Karl Gumpper:

It’s hard to believe that my year as your president is almost half over. We are all busy with family and work, so it makes sense that time flies by. I would like to remind the membership of a few things in these busy times. I wanted to remind everyone that the mission of MSHP is:

MSHP is the membership organization that works on behalf of pharmacists and pharmacy personnel who practice in hospitals and health systems in Massachusetts. We advocate for the improvement in medication use and enhancement of patient safety. Our advocacy efforts, publications, and educational offerings are designed to advance pharmaceutical practice in the Commonwealth, and as a result, improve patient care.

I reported in the last newsletter that MSHP will be working on coordinating efforts related to the COVID-19 Pandemic. Neil Gilchrist invited a group of pharmacists from across the state to discuss efforts. Please review the summary of the meeting MSHP Roundtable - Preparing for a COVID-19 Vaccine. With the impending need for pharmacists to provide immunizations, we worked with MCPHS University and the New Hampshire Society of Health-System Pharmacists (NHSHP) to provide a Pharmacist Immunization Certificate Program. If there are any other issues related to emergency preparedness, please do not hesitate to contact us and provide your feedback.

You may have participated in the delayed MSHP Annual Meeting as a series of webinars this Fall. We appreciate your support of attending these webinars and gaining valuable education. Unfortunately, we were not able to meet together and enjoy the networking and the conversations, but we had a great group of dynamic and knowledgeable presenters. We are working on the 2021 Annual Meeting. We will be offering this meeting on a virtual platform. With current COVID-19 limitations and uncertainty, the Board decided that a virtual meeting would be best. The Society’s programming committee is working extremely hard to choose a platform that will meet the quality of past live meetings. We are aiming for Spring of 2021 for a virtual meeting with opportunities for networking, education, meeting with exhibitors, and other fun activities similar to our previous live meetings. Hopefully, we will be able to meet in person again soon. I would also like to thank the membership that submitted many quality proposals for the programming committee to review.

I would like to encourage all ASHP members to complete the recent survey on the Draft Recommendations from the ASHP Task Force on Racial Diversity, Equity, and Inclusion. Melissa Ortega was selected to serve on this committee, so please feel free to reach out with any suggestions you may have. Please take the time to read her message in this newsletter issue. The deadline for this survey is December 10, 2020. Please be assured that your responses will be anonymous. The Task Force plans to review comments and prepare a final report and recommendations to the ASHP Board of Directors in January 2021.

I would like all members to consider volunteering on one of the Society’s committees. We are always looking...
President's Message Continued:

for help to further the mission of MSHP. You can review the committees on the Society's website: https://www.mashp.org/page/committee. We offer opportunities for Residents, Technicians, Students, and seasoned Pharmacists to get involved with a committee. There are needs on the Membership Committee, but we are always looking for enthusiastic volunteers for all our committees. Contact emails are available on the website for you to reach out directly to the chair and/or the co-chair of the committees. If you have other ideas or see an unmet need for the Society, please feel free to reach out to me at president@MASHP.org.

Annual Meeting Wrap-up

The MSHP Virtual Annual Meeting was held over several weeks in September and October and a total of 9 hours of CE was offered. The keynote speaker this year was Paul Sax, MD, who is an Infectious Disease provider at the Brigham and Women's Hospital. The meeting started with clinical pearls presentations by residents from the 2019-2020 class and continued with Law Presentations by Monica Mahoney and John Clark. Monica Mahoney discussed new regulations on antimicrobial stewardship in an outpatient setting and John Clark discussed the importance of pharmacy advocacy. Next, Sandy Bartlett presented a clinical track presentation on pain management in critical care. One of the Leadership track presentations was by Matthew Maughan; he discussed the next generation of telepharmacy. The second leadership track presentation was by Nicole Clark, Natalija Farrell, and Christine Ji, who presented a panel discussion on ways to create new roles for the residents. The meeting concluded with a two-hour presentation on Non-Sterile Compounding by Omar Allibhai. A total of 140 attendees participated in this year's Annual Meeting.
Technician Spotlight

As the topic of Pharmacy Technicians in advanced roles continues to be active, the career path of a pharmacy technician is continually evolving. This quarter, MSHP will spotlight someone who is new to this career path in an effort to get their perspective on their experiences thus far, where they see themselves going in this career path, and what insight they have for those thinking of becoming a pharmacy technician.

Samantha Gandolfo

Samantha Gandolfo is a Certified Pharmacy Technician at Beth Israel Deaconess Medical Center (BIDMC). After a career in the restaurant business, Samantha decided to pursue becoming a pharmacy technician because she wanted more of a challenge. Samantha attended Jewish Vocational Services in Boston to complete her pharmacy technician education and became a certified pharmacy technician in October 2018.

As a pharmacy technician III at BIDMC, Samantha’s current role spans many areas. As a central pharmacy technician, Samantha is responsible for medication preparation and delivery to patient floors. This includes maintaining automated dispensing machines, controlled substances, and preparing oral compounds using her USP <795> education/training.

As a Sterile Products technician, Samantha prepares all sterile compounds including TPNs, neonatal, hazardous medications, and chemotherapy in accordance with Federal USP <797> standards.

In addition to Central Pharmacy and Sterile Products, Samantha also staffs with the Inventory/Management team as a repackaging technician. In this role, Samantha receives and restocks medication from the wholesaler as well as repackaging bulk medications into unit of use size.

During her time at BIDMC, Samantha has been able to train/excel in a number of areas. Her dedication and excitement for her job has greatly led to her success thus far. Samantha has also become a primary trainer for all new pharmacy technicians. With the collaboration of other pharmacy technicians on the team, she recently began developing a standard training manual.

Although Samantha has only been a pharmacy technician for two years, she feels that her biggest accomplishments are her versatility and advancement in a short period of time. Staffing rotations through various areas allows for continued growth but also allows her to keep up her skills in a variety of areas. Samantha is proud that she can be called upon to work in a number of areas should the need arise.

As a "new-er" pharmacy technician, Samantha has learned to take advantage of the support that is offered to pharmacy technicians to assist with growth and development. Using resources such as MSHP, ASHP, PTCB and through her own department at BIDMC, Samantha has designed a plan to help her grow as a pharmacy technician. Samantha feels that the support she has received from other pharmacy technicians has been wonderful and is glad to be proud of a group of people who strive to lift each other up.

Samantha looks forward to expanding her pharmacy career and becoming more involved on both the State and National level. Currently studying for the PTCB Sterile Products Certification, Samantha also hopes to pursue additional certifications offered by PTCB and has a goal to become a CPhT-Adv in the future.

Samantha notes:

“My mission in life is not merely to survive, but to thrive, and to do so with some passion, some compassion, some humor, and some style”

– Maya Angelou
Pharmacy Week Activities

Despite COVID, Pharmacy Week was celebrated, with appropriate guidelines. See below for several examples of plans:

Beth Israel Deaconess Medical Center:
- Virtual “Heart Walk” to raise money for the American Heart Association
- “Step” contest
- CEs
- Games
- “Secret Pharmacist”: buys a small gift for a technician on National Pharmacy Technician Day (giftgiver is secret)
- Food!
  ▷ Baking contest based on “unit dose” desserts, e.g., cupcakes
  ▷ Bagel breakfast
  ▷ Pizza
  ▷ Ice Cream Sundae party

Brigham and Women’s Hospital:
- “Superlatives”
- Ice cream social
- “Pharmazing Race”
- Pharmacy Awareness Table

Boston Medical Center:
- Weeklong games and contests
  ▷ Daily pharmacy trivia
  ▷ Guess who? Co-worker edition- pharmacists, residents and technicians submitted 3 fun facts which were sent out for the department to guess who
- Mask Up Monday- pharmacists and techs wore their favorite masks on the way to work
- Twinning Tuesday- participants dressed up like a co-worker
- Relaxation Wednesday- coloring sheets and crayons were available for employees to take a quick break, and the BMC Healing Pups (therapy dogs) stopped by for a visit
- Funky Friday- pharmacists and techs wore fun socks

Practice Changing News

Editor: Jonathan Zand, PharmD BCPS
All views expressed are those of contributing members and sources listed, but are not views or policy statements of MSHP or ASHP.

COVID-19; Hospital Practice: Resources for management of COVID-19 associated hypercoagulability

Many institutions have established protocols for management of the hypercoagulable state associated with COVID-19 infection. The prevalence of venous thromboembolism (VTE) is increased, especially in critically ill individuals and often despite prophylactic doses of anticoagulant. The risk for arterial thrombotic events (e.g., stroke, AMI) may also be increased. Markedly elevated D-dimer levels have been correlated with poorer outcomes and may warrant more individualized approaches to prophylaxis and treatment. Some institutional protocols include more aggressive thromboprophylaxis dosing options. Resources are available to support clinical practice from the following professional societies; some of these resources are regularly updated:

- American Society of Hematology (September 2020)
- American College of Cardiology (April 2020)
- International Society on Thrombosis and Haemostasis (April 2020)

COVID-19; General Practice: FDA issues recommendations for health care providers to give specific and clear instructions to patients who self-collect a nasal sample for SARS-CoV-2 testing

Self-collected anterior nasal specimens are increasingly used in ambulatory settings (e.g., internal medicine clinic, urgent care, drive-through testing) for COVID-19 testing. The FDA has issued recommendations for health care providers to use written or video step-by-step instructions in addition to oral instructions for patients who are self-collecting specimens. Although the FDA recommendations are primarily for providers who directly dispense COVID-19 specimen collection kits, patients benefit when all frontline team members including pharmacists are kept informed and can help. The FDA reports that without appropriate guidance, patients may not be able to collect an appropriate testing sample; this can increase the chances of a false negative result. Examples of patient instructions and main points to incorporate are provided. Note that different instructions are
required for patients using at-home collection kits.

Source:

General Practice: ACIP updated guidance on influenza vaccination for 2020-2021

The 2020-2021 Advisory Committee on Immunization Practices (ACIP) guidance for influenza vaccination emphasizes the importance of vaccination for all persons without contraindications aged ≥6 months this season to reduce prevalence of symptoms that could be confused with those of COVID-19 and thereby alleviate stress on the health care system and decrease opportunity for COVID-19 co-infection. Table 1, on page 3 of the updated guidelines provides recommended vaccine dose and type according to age group. Two new inactivated influenza vaccines are licensed for persons aged ≥65 years: High dose egg based (Fluzone High-Dose Quadrivalent) and standard dose egg based adjuvanted (Fluad Quadrivalent). New contraindications for live attenuated influenza vaccine are provided.

Source:

Pediatrics; Ambulatory Care: Revised precautions against transmission of varicella following primary immunization with Varivax

CDC/ACIP recommends immunization against primary varicella infection with Varivax in children ≥12 months as two doses: first between 12 and 15 months and second 4 to 6 years of age. Adolescents and adults without evidence of immunity should receive two doses separated by 4 to 8 weeks. Vaccine recipients who develop a rash can transmit varicella and are therefore advised to refrain from contact with persons who are susceptible to varicella. Due to rare post-marketing reports of transmission by persons who did not develop rash after vaccination, in September 2020, the US prescribing information was revised to recommend that all vaccine recipients (with and without rash) avoid close contact for up to 6 weeks with persons who are susceptible to varicella and particularly those at increased risk (e.g., immunocompromised, pregnant, newborns of susceptible women).

Sources:

Ambulatory Care: Pharmacotherapy for smoking cessation: Updated ATS 2020 guidelines

Pharmacotherapy is an essential component of a smoking cessation program; 2020 guidelines from the American Thoracic Society (ATS) provide updated and detailed practical medication use recommendations for use in the clinic. For smokers ready to quit, including those with comorbid psychiatric conditions, varenicline is recommended first-line over bupropion. The updated guidelines conditionally recommend use of nicotine patch in conjunction with varenicline, although adverse effects may be increased. Initiating varenicline in patients who are not ready to quit is suggested rather than waiting until they are ready to quit. This may reduce cravings and tobacco use and facilitate quitting. Extended pharmacotherapy (>12 weeks) is now routinely recommended.

Source:

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