



Oklahoma Society of Health-System Pharmacists

QUARTERLY NEWSLETTER

AUGUST 2008

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Letter From The President

Lesley Maloney, Pharm.D.

The OSHP Board of Directors set three ambitious goals for the 2008-09 Leadership Agenda:

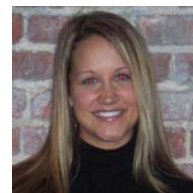
- 1) Establish a collaborative practice agreement between pharmacists and physicians practicing in Oklahoma
- 2) Increase OSHP membership to over 400 members
- 3) Improve the value of membership through the creation of resources to foster professional development in health-system pharmacy.

The Board took an immense step toward achieving its three goals when it decided to host the first-ever OSHP practice workshop focusing on National Patient Safety Goal 3E Anticoagulation. The networking concept stemmed from an idea by one OSHP member that was brought to the Board, and from there, the Board of Directors decided to take action. The workshop was a free benefit for OSHP members,

and several pharmacists and nurses became new members through a registration fee, taking OSHP a few paces closer to meeting its 400 member goal. Over sixty attendees participated in the afternoon workshop and shared ideas, current barriers, and plans for the future regarding meeting Goal 3E. Facilitators guided the lively small group discussions, which are now posted on OSHP's home page, www.oshp.net, for use by those unable to attend the workshop. The participants' dialogue generated many new ideas and methods for accomplishing Goal 3E such as generating daily reports of critical INR values, identifying a physician champion, utilizing dieticians in patient discharge counseling, and developing protocols regarding oral anticoagulation. Feedback about the workshop was overwhelmingly positive, and attendees requested a follow-up workshop once their current plans have been implemented. In

addition, members volunteered to share existing protocols and plans for the OSHP web site.

I am thrilled with the outcomes of this workshop initiative and want to extend a special thank you to Susan Fugate, Matthew Bird, and Gregg Clack for organizing the event as well as to our other great facilitators: Darin Smith, Yvette Morrison, Edna Patatanian, Kimi Vesta, and Chelsea Church. It was wonderful to see such a variety of organizations from around the state represented including large health systems, small and rural hospitals, long-term acute care facilities, and Indian Health Services, and it helped to make the discussions relevant and far-reaching. I hope this workshop is only the beginning spark to a firestorm of new ideas and opportunities to increase the value of OSHP membership while improving pharmacy practice across Oklahoma.



National Patient Safety Goal 3E Anticoagulation Workshop

Lisa Mayer, Pharm.D. and Jerri Cody, Pharm.D., Norman Regional Health System

OSHP held its first workshop on Wednesday, August 6, 2008 to discuss standards regarding the National Patient Safety Goal 3E concerning anticoagulation therapy. This was a small workshop where members of the healthcare team (pharmacists, nurses, students, etc) came together to brainstorm. Those

who had policies and procedures in place came to share their ideas while others came to learn where to begin. There were many ideas, concerns, and problems presented; including current guidelines, hospital standards to meet those guidelines, funding, and committee approval. The

highlights of the workshop will be posted on the OSHP website to share with all the members. In hopes that this meeting provided guidance for both development of protocols and improvement of existing plans, we anticipate a follow up on progress in six months.

ASHP Summer Meeting and Exhibition

OSHP Delegates: Darin Smith, Edna Patatanian, and Barbara Poe

OSHP was represented at the 60th Annual ASHP House of Delegates meeting by elected delegates Edna Patatanian (SVOSU), Barbara Poe (Norman Regional Health System) and Darin Smith (Norman Regional Health System). The ASHP House of Delegates meeting took place at the Washington State Convention and Trade Center in Seattle, WA on June 8th and 10th, 2008.

Prior to the each official session, Oklahoma delegates attended caucus sessions on policy proposals/changes which were facilitated by the Chair of the House of Delegates. At the first caucus on Sunday, June 8th, each ASHP Council report was covered briefly, offering an opportunity for delegates to discuss if any proposals could be improved through amendment. A second caucus was held on June 10th to review feedback from the ASHP Board of Directors regarding policy decisions from the first House session, and to finalize policy discussion prior to the Tuesday House of Delegates session.

The following policies/resolutions were presented by the council chairs/president for discussion and voting, then were either passed (with/without revision) or deleted pending Board approval:

Council on Education and Workforce Development

- Role of Pharmacy Interns *(passed)*
- Standardized Pharmacy Technician Training as a Prerequisite for Certification *(passed)*
- Collaboration Regarding Experiential Education *(passed)*
- Entry-Level Doctor of Pharmacy Degree *(passed)*



Council on Pharmacy Management

- ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive *(passed)*
- ASHP Statement on Standards-Based Pharmacy Practice in Hospitals and Health Systems *(passed)*
- Health-System Use of Medications and Administration Devices Supplied Directly to Patients *(passed)*
- Human Immunodeficiency Virus (HIV) Positive Employees *(deleted)*

Council on Pharmacy Practices

- ASHP Statement on Pharmacy Services to the Emergency Department *(passed)*
- ASHP Statement on the Pharmacy and Therapeutics Committee and the Formulary System *(passed)*
- Standardization of Intravenous Drug Concentrations *(passed)*
- Disclosure of Excipients in Drug Products *(passed)*
- Medications Derived from Biologic Sources *(passed)*

Council on Public Policy

- Education, Prevention, and Enforcement Concerning Workplace Violence *(passed)*
- Regulation of Dietary Supplements *(passed)*
- Appropriate Staffing Levels *(passed)*
- Medicare Prescription Drug Benefit *(passed)*
- Federal Review of Anticompetitive Practices by Drug Product Manufacturers *(passed)*
- Confidentiality of Patient Health Care Information *(passed)*

Council on Therapeutics

- ASHP Statement on Criteria for an Intermediate Category of Drug Products *(passed)*
- Pharmacist's Leadership Role in Anticoagulation Therapy Management *(passed)*
- Generic Substitution of Narrow Therapeutic Index Drugs *(passed)*
- Dietary Supplements Containing Ephedrine Alkaloids *(deleted)*

House Resolutions

- Alternative Drug Coding Systems *(passed)*
- Revision to ASHP Policy 0412 – Uniform State Laws and Regulations Regarding Pharmacy Technicians *(passed)*
- ASHP Green Initiative – Members ability to opt out of AJHP hard copy *(defeated)**
- Revision of ASHP Policy 0318 – Role of licensing, credentialing, and privileging in collaborative drug therapy management *(passed)*
- Change the term of the Chair of the House of Delegates to one 3 year term consistent with other ASHP Board positions *(defeated)*

Upcoming Meetings

OSHP Fall Meeting Oklahoma City, OK Sept 26, 2008	ASCP New Orleans, LA Nov 19-22, 2008
NCPA Tampa, FL Oct 11–15, 2008	ASHP Orlando, FL Dec 7-11, 2008
ACCP Louisville, KY Oct 19-22, 2008	OSHP Eastern and Western District meeting schedules are available at www.oshp.net

*the ASHP Board is to conduct a feasibility study; concerns were expressed about loss of advertising revenue and its financial impact on ASHP.

Learn more at: www.ashp.org/hod

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ASHP Summer Meeting and Exhibition, Continued

At the second meeting, the delegates elected Teresa Hudson (Arkansas) to continue as the chair of the ASHP House of Delegates. Additionally, new president Kevin Colgan (Illinois) and new ASHP Board of Director members John A. Armistead (Ohio) and Janet Mighty (Maryland) were sworn in.

As your delegates, we would like to take this opportunity to thank the membership of OSHP for the opportunity to represent Oklahoma Health System Pharmacists in policy decision making at the national level.

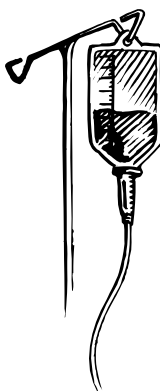
Please feel free to contact us or visit the ASHP website at www.ashp.org/hod for further information regarding the above policies.

Intravenous Immune Globulin (IVIG) for *Clostridium difficile*-Associated Disease

Julia Chiappe, Pharm.D., Clinical Pharmacy Specialist, Integris Baptist Medical Center

Due to the expense and limited supply of intravenous immune globulin (IVIG), it is important to be aware of the literature supporting each individual indication. A brief overview of the literature available on the use of IVIG for *Clostridium difficile*-associated disease (CDAD) follows.

The response rate for the treatment of CDAD with oral metronidazole or oral vancomycin is greater than 90%. The recurrence rate is estimated at 15-25%.¹ The pathogenesis of *C. difficile* is thought to result from the exotoxins A and B whose enterotoxic, cytotoxic, and proinflammatory properties lead to a wide spectrum of responses ranging from asymptomatic carriage to fulminant colitis with toxic megacolon. Recurrent and severe episodes may occur in patients with low *C. difficile* antitoxin antibody responses.² Patients who develop serum antitoxin A immunoglobulin G (IgG) titers in response to exposure tend to be 48 times less likely to develop diarrhea than are those who do not mount a response.³ Similarly, after colonization with *C. difficile*, an association between increased serum levels of IgG antibody against toxin A and asymptomatic carriage of *C. difficile* was found.⁴ IVIG contains *C. difficile* antitoxin and has been used in some patients with relapsing or severe *C. difficile* colitis as a form of passive immunization.² Salcedo et al investigated the anti-*C. difficile* toxin antibody levels in nine immunoglobulin preparations. All immunoglobulin preparations tested contained IgG against *C. difficile* toxins A and B at IgG concentrations of 0.4-1.6 mg/mL. Control serum from a healthy volunteer who lacked specific antibodies against *C. difficile* toxin A or toxin B failed to neutralise



the cytotoxicity of *C. difficile* culture filtrate in this assay.⁵

Reports of fourteen patients who received IVIG for treatment of CDAD were found in English-language journals as of June 20, 2008.⁵⁻¹⁰ Most reports involved patients with ages ranging from 53 – 77 years. One report included treatment of 5 children with 400 mg/kg of IVIG every 3 weeks. Regimens used in adult patients varied in dose (200 –

Hospitals cannot support the routine use of IVIG for even complicated *C. difficile* infections

400 mg/kg) and frequency (from one time to recurring doses). Results were all similarly positive with resolution of diarrhea occurring most commonly within one week. Some patients, however, did not respond for up to 26 days after start of IVIG therapy. Of three retrospective reviews^{2,11,12} on this subject, one¹² found no difference in clinical outcomes among IVIG-treated patients compared with 18 matched control cases. No randomized clinical studies have been published to date.

The limited literature available to support the use of IVIG for CDAD is similar to the amount of supporting literature available for many off-label IVIG indications. Other common findings for IVIG therapy include the variability of anti-*C. difficile* toxin antibody concentrations in commercially available IVIG preparations as well as the difficulty in determining whether a patient is deficient in anti-*C. difficile* IgG antibodies. Due to the increasing demand for IVIG for multiple indications, hospitals cannot support the routine use of IVIG for even complicated *C. difficile* infections. Its use

should be reserved for life-threatening cases that have failed conventional treatments.

References

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12. Juang P, Sledder SJ, Scheibe NK, et al. Clinical outcomes of intravenous immune globulin in severe *Clostridium difficile*-associated diarrhea. *Am J Infect Control* 2007; 35:131.

Welcome 2008 Oklahoma Residents

Name	Specialty	Affiliation	Graduated From	Grad Year	Prior Residency
Russell Benefield, Pharm.D.	PGY-1/Pharmacy Practice	OU College of Pharmacy/OU Medical Center	Washington State University	2007	
Emily Gish, Pharm.D.	PGY-1/Pharmacy Practice	OU College of Pharmacy/OU Medical Center	Washington State University	2008	
Rebecca Warren, Pharm.D.	PGY-1/Pharmacy Practice	OU College of Pharmacy/OU Medical Center	Texas Tech University	2008	
Michelle Lamb, Pharm.D.	PGY-1/Community Pharmacy Practice	USA Drug/OU College of Pharmacy	OU	2008	
Katherine O'Neal, Pharm.D., MBA	PGY-1/Community Pharmacy Practice	USA Drug/OU College of Pharmacy	OU	2008	
Caroline Johnson, Pharm.D.	PGY-1/Community Pharmacy Practice	OU College of Pharmacy/Family Medicine Center/OU Pharmacist Care Center	OU	2008	
Jerri Cody, Pharm.D.	PGY-1/Pharmacy Practice	Norman Regional Health System	OU	2008	
Lisa Mayer, Pharm.D.	PGY-1/Pharmacy Practice	Norman Regional Health System	OU	2008	
Greg Deering, Pharm.D.	PGY-1/Pharmacy Practice	VA Medical Center - Oklahoma City	OU	2008	
C. Mattea Tate, Pharm.D.	PGY-1/Pharmacy Practice	VA Medical Center - Oklahoma City	SWOSU	2008	
John Bousum, Pharm.D.	PGY-1/Pharmacy Practice	Claremore IHS	OU	2008	
Amanda Parker, Pharm.D.	PGY-1/Pharmacy Practice	Integris Baptist Medical Center	OU	2008	
Brooke Honey, Pharm.D.	PGY-2/Pediatric Pharmacotherapy	OU College of Pharmacy/The Children's Hospital at OUMC	SWOSU	2007	OU College of Pharmacy/OUMC
Tiffany Kessler, Pharm.D.	PGY-2/Internal Medicine	OU College of Pharmacy/OU Medical Center	SWOSU	2007	OU College of Pharmacy/OUMC
Teresa Nguyen, Pharm.D.	PGY2/Ambulatory Care	OU College of Pharmacy/Silver Clinic	OU	2007	VA Medical Center - Oklahoma City

Our Goals

Oklahoma Society of Health-System Pharmacists

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Webpage: <http://www.oshp.net>

To submit an article send an email to:
amy-williams@ouhsc.edu

Help OSHP grow—forward this newsletter to your coworkers and print copies for others to read.

— Thanks for your support

- Advance rational, patient-oriented drug therapy.
- Promote pharmacists as integral members of the health care team, fully utilizing their clinical and drug-use-control functions.
- Serve as a primary advocate for advancing professional practice, enhancing the cost-effectiveness of pharmaceutical services, and improving the quality of patient care.
- Promote the pharmacists' value to patients to insure that appropriate medication management is applied for their benefit.
- Encourage good health by fostering the optimal and responsible use of drugs, including prevention of improper or uncontrolled usage.
- Assure sufficient, competent manpower in the profession by offering education and training programs.
- Contribute to continuing education programs for pharmacy practitioners and support staff.
- Provide leadership in the identification, analysis and evaluation of health care trends and in the development of public policy, and address legislative and regulatory initiatives of concern to the pharmacy profession.

Not yet a member of OSHP? Join Today!

Benefits

- **Meetings and conferences** provide current information pertaining to all areas of the health-system pharmacy profession and related areas.
- **Monthly district meetings** are an excellent opportunity for continuing education.
- **Networking with pharmacy professionals**, sharing past work experiences, and generating new ideas.
- **Opportunity to participate** in the future planning of health-system pharmacy.

Membership Categories

- Active - Pharmacist: \$75.00/year
- Active - First Year Pharmacist Licensee: \$50.00/year

Associate Members:

- Supporting: \$50.00/year
- Technician: \$20.00/year
- Pharmacy Student: \$20.00/year

For full details about membership in OSHP visit <http://www.oshp.net>

Welcome New Members

Tina Baker

Neil Barrington

Jodi Graft

Nikki Hanson

Generosa Jones

Tami Krise

Pam Spanbauer

Shelly Wallace

Armando Zuniga

