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.
OSHP was represented at the 60th Annual ASHP House of Delegates meeting by elected delegates Edna Patatanian (SWOSU), 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 Delegate 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)

*the ASHP Board is to conduct a feasibility study; concerns were expressed about loss of advertising revenue and its financial impact on ASHP.
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%. 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 of CDAD are thought to occur in patients with low antitoxin antibody responses. Recurrent and severe episodes of CDAD have been found to be 48 times less likely to develop serum antitoxin A immunoglobulin G (IgG) titers in response to exposure in patients 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.

Reports of fourteen patients who received IVIG for treatment of CDAD were found in English-language journals as of June 20, 2008. 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 – 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.

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. 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.

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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.

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

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**References**

## Welcome 2008 Oklahoma Residents

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<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Affiliation</th>
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<td>Russell Benfield, Pharm.D.</td>
<td>PGY-1/Pharmacy Practice</td>
<td>OU College of Pharmacy/OU Medical Center</td>
<td>Washington State University</td>
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<td>Emily Gish, Pharm.D.</td>
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<td>2008</td>
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<td>Rebecca Warren, Pharm.D.</td>
<td>PGY-1/Pharmacy Practice</td>
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<td>Texas Tech University</td>
<td>2008</td>
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<td>Michelle Lamb, Pharm.D.</td>
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<td>USA Drug/OU College of Pharmacy</td>
<td>OU</td>
<td>2008</td>
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<td>Katherine O’Neal, Pharm.D., MBA</td>
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<td>Jerri Cody, Pharm.D.</td>
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<td>Lisa Mayer, Pharm.D.</td>
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<td>Greg Deering, Pharm.D.</td>
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<td>C. Mattea Tate, Pharm.D.</td>
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<td>SWOSU</td>
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<td>John Bousum, Pharm.D.</td>
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<td>Claremore IHS</td>
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<td>Amanda Parker, Pharm.D.</td>
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<td>Integris Baptist Medical Center</td>
<td>OU</td>
<td>2008</td>
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<td>Brooke Honey, Pharm.D.</td>
<td>PGY-2/Pediatric Pharmacotherapy</td>
<td>OU College of Pharmacy/The Children’s Hospital at OUMC</td>
<td>SWOSU</td>
<td>2007</td>
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<td>Tiffany Kessler, Pharm.D.</td>
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<td>OU College of Pharmacy/OU Medical Center</td>
<td>SWOSU</td>
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<td>OU College of Pharmacy/OUMC</td>
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<td>Teresa Nguyen, Pharm.D.</td>
<td>PGY2/Ambulatory Care</td>
<td>OU College of Pharmacy/Silver Clinic</td>
<td>OU</td>
<td>2007</td>
<td>VA Medical Center - Oklahoma City</td>
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Our Goals

- 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

Welcome New Members

Tina Baker
Neil Barrington
Jodi Graft
Nikki Hanson
Generosa Jones
Tami Krise
Pam Spanbauer
Shelly Wallace
Armando Zuniga

For full details about membership in OSHP visit [http://www.oshp.net](http://www.oshp.net)