



March 2008
Volume 2, Issue 1

NVSHHP NEWS

By the numbers

Current
Membership Total: 70

Pharmacists: 53

Technicians: 5

Students: 12

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We welcome your questions, comments or corrections!

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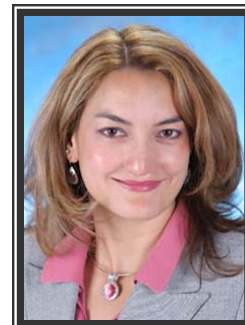
Mission: The mission of the Nevada Society of Health-System Pharmacists is to advance and support the practice of pharmacy in the health-systems and serve as a collective voice on issues related to medication use and public health.

Meet Your New President

Hello, I am thrilled to be the first officially elected president of NVSHHP. I want to take this opportunity to tell you a little about myself. I graduated from the University of New Mexico in 2001, completed a Pharmacy Practice Residency at the New Mexico VA Health Care System (NMVAHCS) in Albuquerque, New Mexico and then moved to Las Vegas, where I have been pursuing my career at the VA Southern Nevada Healthcare System (VASNHS). I started and ran the lipid clinic for 3 years and have recently transferred over to the department of geriatrics. I am also an Assistant

Professor of Pharmacy at the University of Southern Nevada and a member of ASHP, ACCP and the National Lipid Association.

When I first moved to Las Vegas, I was surprised to find that there was no ASHP affiliated state organization. I was a member of the New Mexico Society of Health Systems Pharmacists and found that the regular meetings helped me stay in touch with the pharmacy community. I am proud of the progress that has been made with the founding of the Nevada Society of Health Systems Pharmacists



and am excited about the future of this organization. Thanks to all of those who have worked tirelessly for the past year and a half to create NVSHHP. We need the support and energy of members for the growth and advancement of NVSHHP.

Sincerely,
Julie Rodgers

Nevada ASHP Delegates – Congratulations!

Responsibilities of state ASHP delegates include (1) developing an understanding of the issues on the ASHP House of Delegates agenda, (2) learning the perspectives of ASHP members in the state on those issues, (3) participating in a Regional Delegate Conference, (4) participating in the House of Delegates session, and (5) reporting back to ASHP members in the state on the outcome of the session.

The ASHP Delegate Election for Nevada occurred at the end of December. Many thanks to all who participated. The results of the elections were:

ASHP Delegates: Caryn Bing and Dennis Fuller
Alternate ASHP Delegates:
Tracie Balvanz and Gil Simon

Dennis K. Fuller, Pharm.D. graduated from the University

of Arizona College of Pharmacy in 1990. Currently he is the Clinical Pharmacy Specialist for HIV/AIDS at University Medical Center in Las Vegas, NV. He is the Director of Pharmacology and Pharmaceutical Research and Chief Operating Officer for Nevada AIDS Research and Education Society (NARES²), which allows him to facilitate research at the UMC Wellness Center.

Dr. Fuller is on the teaching faculty with University of Nevada School of Medicine, University of Arizona College of Pharmacy, and the University of Southern Nevada College of Pharmacy.

Caryn M. Bing, RPh, MS, FASHP, is Operations Performance Manager, Critical Care Systems (CCS.) Ms. Bing has served in her current

position with CCS, a national infusion and specialty pharmacy provider, since 2004. She is also Residency Program Manager and a Preceptor for the new CCS Pharmacy Residency program. She has been a member of ASHP since the beginning of her career, and is also a Charter Member and past Director-at-Large of the Home, Ambulatory and Chronic Care Section (HACCP). She is the Treasurer and a Charter Member of NVSHHP, and a past President of Illinois Council of Health System Pharmacists.

It's great news that Nevada finally has an ASHP affiliated organization to facilitate this process. Support and collaboration between the ASHP delegates and NVSHHP is one of the many benefits of the formation of NVSHHP!

NVSHS at ASHP Midyear Meeting in Las Vegas

Diana Quach, Pharm.D., NVSHS Secretary



The American Society of Health-Systems Pharmacists 37th Midyear Clinical Meeting was a very productive meeting for NVSHS. NVSHS held two events: a joint reception hosted with the University of Southern Nevada College of Pharmacy and the NVSHS Business Meeting. Both events were huge successes!

elected officers, but also to discuss the progress of NVSHS business thus far. A large portion of the meeting was devoted to discussing the direction and ideas that NVSHS members had for the organization in the next few years. Brainstorming sessions included topics such as membership, legislative issues, website, education, and finance.

NVSHS Board of Directors and members were present to answer questions about the Society. NVSHS would like to thank the University of Southern Nevada College of Pharmacy for co-sponsoring this very successful reception!

The NVSHS Business Meeting was held to not only conduct the formal induction ceremony of the newly

The reception was a highly attended event that allowed networking for Nevada's pharmacy community. The



New Officers sworn in, great networking, and lots of brainstorming at the NVSHS Business Meeting & USN Reception held during ASHP Mid-Year in Las Vegas – December 2nd & 3rd, 2007.



Top Left: Julie Rodgers (NVSHS President) & Janet Carmichael (ASHP Past President)
Top Right: Christina Madison & Jeff Rosenblatt.
Above Center: The swearing in of new NVSHS officers Katie Craven (President-Elect), Caryn Bing (Treasurer), Diana Quach (Secretary), Debbie Bieber (Legislative DOL), Tracie Balvanz (Education DOL), & Jeff Rosenblatt (Membership DOL).
Left: NVSHS Board, members, and ASHP staff brainstorming ideas for the coming year.

Strategic Planning Meeting Highlights

Diana Quach, Pharm.D., NVSHS Secretary

Annually, the NVSHS Board of Directors meets to discuss the goals for the next few years and ensures that they are all goals that are in conjunction with the NVSHS By-Laws and Mission of the organization. This December, the newly elected Board of Directors discussed goals for membership, educational programming, legislation, and other related topics.

A major goal was the formation of committees to assist in the further

development of NVSHS. The responsibilities of each committee (a.k.a. Committee Charges), Committee Chairs, and Members are highlighted in the article on page 4.

For more information on committee involvement, e-mail Katie Craven (KHC@att.net), Chair of the Awards and Nominations committee.

Get involved in NVSHS!!

- Recruit a new member – forms available at www.nvshp.org/memberform.html.
- **Attend the Annual Meeting in the Fall- more info to come in the next newsletter....**
- Join a Committee - see page 4!
- Contribute an article for the newsletter - contact the Newsletter Editor, Carrie Chalverus: cchalverus@gmail.com.
- Share your expertise: Give a CE Presentation - contact the Education Committee Chair, Christine Madison: cmadison@usn.edu.

Technician Corner – Board Certification

Joanie MacIntosh, CPhT, NVSHP Technician Representative

Since the Pharmacy Technician Certification Board's (PTCB) inception, PTCB has certified 288,082 pharmacy technicians through the examination and transfer process.

The primary work environments for those pharmacy technicians who sat for the PTCB certification examination include: community (independent); community (chain); hospital; home health care; long-term care; mail service facility; managed health care; pharmaceutical industry; and the military. The primary area of work was assisting in prescription dispensing, followed by assisting in in-patient medication dispensing.

Renewal of certification is required every two years. A total of twenty hours of continuing education in pharmacy-related topics are required within the two-year period. At least one hour shall be in the area of pharmacy law. Also, a maximum of ten hours may be carried out in the practice site (in-service projects) under the supervision of the pharmacist(s) for whom the certified pharmacy technician works. The PTCB website states, "CE's relating to functions outside of the scope of practice of pharmacy technicians will not be accepted."

The Pharmacy Technician Certification Board website

has an area called "My PTCB". This space allows for an easy location to track the CE credits you have earned. Remember to retain the original paper certificates for audit purposes at recertification time.

The State of Nevada had 102 candidates sit for the exam during the dates of 8/27/2007 to 9/28/2007. Of those 102, 85 candidates passed with an overall state passing rate of 83%. The national summary for this same time frame had a 72% passing rate. Nevada is above the national percentage!!!



For more information about Pharmacy Technician Board Certification be sure to visit: www.ptcb.org

"NVSHP provides its technician and student members with ways to promote professional, leadership, and career development, as well as a network of pharmacists."

Not a member yet? Join today! Visit www.nvshp.org

Student Pharmacist Corner

Wendy Nissen, Pharm.D. Candidate, USN; President, USN Student Alliance; NVSHP Student Representative

USN Student Alliance

The USN Student Alliance is the umbrella organization for the USN student chapters of APhA-ASP and ASHP. Our faculty advisors are Mark Decerbo, Pharm.D., BCPS, BCNSP, and Keith Hecht, Pharm.D., BCOP.

Preceptor Information Night

On January 23rd, 2008, twenty-one preceptors from Las Vegas, Reno, and California attended USN's first preceptor information night. In what will likely become a yearly event, students were able to hear first-hand what they'll be doing on specific rotations and were able to speak with the preceptors after the event for more information. It was

an excellent opportunity for students and preceptors to interact, and for students to get more information and help decide which rotations to choose. The event was spearheaded by USN's Advanced Experience Coordinator, Darla Zarley, Pharm.D.

Health Fair

The Student Alliance held a health fair at the Henderson Senior Center on February 2nd, 2008. Together with USN pharmacy faculty, Walgreens pharmacists, and USN nursing students, pharmacy students *Sandy Wright, Mikiko Yamada, Wendy Nissen, Galina Rollins, Tannaz Safavi Hemami, and Sally Waihenya* provided diabetes

screening and education, brown bag counseling, heartburn screening and education, blood pressure checks, and immunization education. The seniors that participated in the event were very excited to have these services available to them. Special thanks to Rite Aid for sponsoring the event, and to Jeff Rosenblatt, Pharm.D., BCPS, BCNSP, and the Walgreens pharmacists who participated.

Women's Fair

Student Alliance members *Anna Powell, Jerrica Shuster, Erica Zelickowski, Lucy Choi, Kelly Lee, and Wendy Nissen* participated in a University-sponsored booth at the 7th Annual Women's Fair at South Point Casino on Feb 2nd, 2008. Over five

thousand women attended. The Student Alliance focused on education about HPV and the new HPV vaccine Gardasil®. The student pharmacists personally educated and handed out written information to over one hundred women.



Special thanks to all NVSHP members that have volunteered to be on a Committee – we appreciate your time and energy!

Mark Your Calendar! Upcoming Meetings

April 5th-9th, 2008 ACCP BPS Pharmacotherapy Review Course in Pheonix, AZ.

May 1st-3rd, 2008 ASHP/ACCP BPS Oncology Review Course in Tampa, FL.

June 8th -11th, 2008 ASHP Summer Meeting in Seattle, WA.

August, 2008 (Date TBD) NVSHP Hot August Nights in Reno, NV.

Fall, 2008 (Dates TBD) NVSHP Annual Meeting Location TBD.

Legislative Committee

Legislative Committee Charges

- Have representation at every Nevada State Board of Pharmacy meeting.
- Keep NVSHP abreast of current legislative issues and compose formal policy statements as needed and in accordance to ASHP policies and direction.

- Coordinate an annual law CE in both Northern and Southern Nevada.

Director at Large:
Debbie Bieber
debbiebieber19@msn.com

Chair:
Shelly Spiro
shellyspiro@yahoo.com

Committee Members:

- Corrine Bailey
- Michael DeYoung
- Jason Glick
- Moriah Mutchler
- Karen Ortlipp
- Adam Porath
- Alex Rassuchine
- Gil Simon

Membership Committee

Membership Committee Charges

- Increase total yearly membership by at least 5% and retain at least 80% of current membership.
- Expand breadth and depth of marketing and communication among members. Develop standard flyers for interested parties.

- Develop individual recruitment plans for: pharmacists, technicians, students, and new practitioners.

Director at Large:
Jeff Rosenblatt
jrosenblatt@usn.edu

Chair:
Bart Coleman
bartcoleman22@yahoo.com

Committee Members:

- Mary Ann Gusakov-Mason
- Danielle Nakhle
- Angela Rosenblatt

Education Committee

Education Committee Charges

- Develop and promote educational programming on a bimonthly schedule for both Northern and Southern Nevada.
- Develop and promote NVSHP receptions.
- Pursue affiliation with directors of pharmacy and colleges of pharmacy.

- Provide educational tools for technician and student development.

- Develop plans for the educational component of the annual NVSHP meeting.

Director at Large:
Tracie Balvanz
Tracie.Balvanz2@va.gov

Chair:
Christina M. Madison
cmadison@usn.edu

Vice Chair:
Scott Mambourg
SCOTT.MAMBOURG@va.gov

Committee Members:

- Carrie Chalverus
- Claudia Dodge
- Megan Leahy
- Michael Stander
- Gretta Woodington

Awards & Nominations Committee

Awards and Nominations Committee Charges

- Initiate and develop scholarship program and awards for Nevada Society of Health-System Pharmacists.

- Conduct annual NVSHP elections & ASHP delegate elections.

- Facilitate the Nominations process for ASHP committees.

Chair:
Katie Craven
KHC@att.net

Committee Member:
▪ Jan Carmichael

Clinical Pearl: Community Acquired MRSA

Mike Stander, Pharm.D., Clinical Specialist
Renown Regional Medical Center in Reno, Nevada

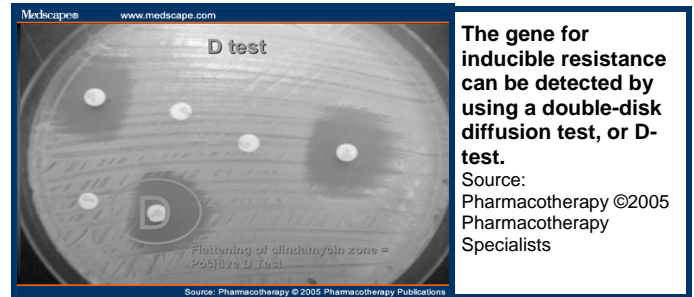
CDC definition: Diagnosis of Community Acquired MRSA (CA-MRSA) is made in an outpatient setting or the patient may have a positive culture for MRSA within 48 hours of admission to hospital. In addition, the patient may not have a history of hospitalization, dialysis, surgery, or admission to a nursing home, skilled nursing facility or hospice in the past year. This definition will likely be changed as CA-MRSA is now being seen more and more in the hospital setting.

Genetic disposition of MRSA: *Pharmacotherapy 2007;27(1):310*

- 5 *Staphylococcus aureus* chromosomal cassettes, SCCmec (I-V) and are distinguishable from each other on the basis of size and composition.
- The smallest is SCCmec type IV that is found in community-acquired MRSA. CA-MRSA grows faster than hospital acquired MRSA and is also associated with the Panton-Valentine Leukocidin (PVL) genes and toxins.
- The PVL toxin was considered the primary pathogenic toxin, however, a recent article questioned the role the PVL toxin plays in the pathogenicity of CA-MRSA (*JID 2006;194 (15 December) pp 1761-1770* (mice displayed same types of infections with or without the PVL toxin). Currently, studies are looking at phenol-soluble modulins (PSM) peptides previously described in *Staphylococcus epidermidis* and HA-MRSA, but its pathogenic role in CA-MRSA is not totally clear. *Nature Medicine. Nov 15 2007.*
- MecA gene codes for resistance to beta-lactams.
- CA-MRSA contains only the mecA gene and therefore is often sensitive to FQs, clindamycin, tetracyclines and TMP/SMX. However, if the strain is sensitive to clindamycin, but resistant to erythromycin, then an inducible resistance to clindamycin can occur. Therefore, the gene for inducible resistance can be detected by using a double-disk diffusion test, or D-test. *Pharmacotherapy 2005; 25(1):74-85.*
- Hospital acquired MRSA is associated with SCCmec types II and III. They are larger and not only carry the mecA gene, but also additional genes that provide resistance to heavy metals and other drugs and therefore, are also resistant to FQ and clindamycin. However, they may be sensitive to tetracyclines and TMP/SMX. HA-MRSA is sensitive to tetracycline at 93% and TPM/SMX at 99% in the Washoe County area. In Las Vegas, sensitivity patterns may differ. However, they are almost always sensitive to vancomycin, linezolid, daptomycin and tigecycline.

Presentation/Diagnosis:

- Most often associated with skin infections associates with and an abscess, boil and/or cellulitis. However, necrotizing soft-tissue infections and necrotizing pneumonia have occurred. Patients may complain that they have an infected spider bite (which never happened).
- It is often seen in younger people such as athletes and prisoners and also in HIV patients, where as HA-MRSA is usually seen in older people.
- CA-MRSA is moving into the hospital. In one study, 35% of hospital-associated MRSA contained the SCCmec type IV.



The gene for inducible resistance can be detected by using a double-disk diffusion test, or D-test.

Source:
Pharmacotherapy ©2005
Pharmacotherapy
Specialists

Because it grows faster than HA-MRSA, it is speculated that it may soon become the predominate MRSA seen in the hospital. The CDC definition will soon need to be changed. *Pharmacotherapy 2007;27(1):310.*

Treatment:

- Of number one importance is drainage of any abscess. Some CA-MRSA infections have responded with drainage only and no antibiotics. One retrospective chart review addressed 69 children with skin and soft tissue abscesses caused by culture-proved CA-MRSA. Treatment consisted of drainage and wound packing. All children received antibiotics; however, only 7% of patients were prescribed an antibiotic to which their CA-MRSA isolate was susceptible (treatment began before culture results were known). The investigators addressed the status of each infection at 2-6 months after presentation. They concluded that incision and drainage, without adjunctive antibiotic therapy, were effective for CA-MRSA skin and soft tissue abscesses with a diameter of less than 5 cm in immunocompetent children. *Pediatric Infectious Disease Journal, 2004 (Vol. 23) (No. 2) 123-127.*
- Clindamycin, TMP/SMX or doxycycline is indicated for outpatient antibiotic treatment. In the outpatient setting, cultures may not be done so the risk for inducible resistance to clindamycin exists. In the Washoe area there is about 5% resistance to clindamycin. If the patient has significant cellulitis, the concern for streptococcal cellulitis exists. The combination of clindamycin ± TPM/SMX or ampicillin + TMP/SMX offers excellent outpatient coverage. *CID 2007;44:777-84.*
- If the patient is admitted to hospital, vancomycin should be started. We load with 20mg/kg with a trough goal of 10-15mcg/ml at Renown Regional Medical Center; however higher troughs may be necessary. *CID 2007;44:1530-1542.* The addition of a better streptococcal agent (ampicillin or clindamycin) is warranted if the patient has an extensive cellulitis.

“CA-MRSA contains only the mecA gene and therefore is often sensitive to FQs, clindamycin, tetracyclines and TMP/SMX.”



c/o University of Southern Nevada
College of Pharmacy
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nvshpinfo@gmail.com

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(julie.rodgers@va.gov)

President-Elect: Kathryn Craven
(KHC@att.net)

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(diana.spiro@gmail.com)

Treasurer - Caryn Bing
(cbing@criticalcaresystems.com)

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Director-at-Large (Legislative): Debbie Bieber
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www.nvshp.org

Continuing Education offered at USN

Upcoming Law CE

The University of Southern Nevada, College of Pharmacy will be offering Nevada Pharmacy Law **March 19, 2008** and **April 16, 2008** at their Henderson, Nevada location. Registration and refreshments will begin promptly at 6:30 p.m.
Speaker: Ron Shockey, RPh., Inspector, Nevada Board of Pharmacy
These programs are always

free for faculty. If you would like to attend, please complete the on-line registration form along with your payment if needed at: <https://www.regonline.com/usnlawce>, or contact Katherine Smith.

Preceptor Development Seminar – Success!

On February 12, 2008 USN hosted a Preceptor Development Seminar CE with guest speaker James

Christopher Lynch, Pharm.D., Associate Professor, Southern Regional Coordinator, Southern Illinois University Edwardsville School of Pharmacy. It was a huge success and will likely be repeated sometime in the future.

Contact Information
Katherine Smith, Pharm.D., BCPS
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702-968-2010
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www.usn.edu/continuing-education

Stay connected

Look for frequent updates via e-mail regarding NVSHP current events and news! If you need to update your information, please send your most

current information to nvshpinfo@gmail.com. In addition, you can visit the NVSHP website for further information as well at www.nvshp.org.

→ *Reminder, be sure to vote...*

The NVSHP Board of Directors has proposed amended language of the NVSHP By-Laws to the current membership. This was emailed to the current membership on February 21st, 2008. Upon thorough review, the main amended language was suggested to reflect voting and elective privileges for

technician and student technician members.

Please be sure to review the amended language and cast an e-mail vote to nvshpinfo@gmail.com either accepting or rejecting the amended changes **no later than Saturday, March 22nd, 2008**.

We're on the Web!

Visit us at:

www.nvshp.org

A 2/3 vote from membership is required to amend the By-Laws.

Please contact Diana Quach (nvshpinfo@gmail.com) if you did not receive the original email with the proposed amended By-Laws or have any further questions.

Nevada Society of Health-System Pharmacists

c/o University of Southern Nevada
College of Pharmacy
Attn: Jeffrey Rosenblatt
1 Sunset Way
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