



California State Board of Pharmacy
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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Licensing Committee Report

And Report of the Meeting of December 11, 2007

Members:

Ruth Conroy, PharmD, Chairperson, Board Vice President
Robert Gaul, RPh
Hank Hough, Public Member
Susan L. Ravnar, PharmD

ITEM A: Report and Action on Items Discussed at the Licensing Committee Meeting of December 11, 2007.

1. Update of Emergency Preparedness to California Pharmacy

FOR INFORMATION:

Disaster or emergency preparedness continues to be an important initiative of the Schwarzenegger Administration and was the primary focus of the December 11, 2007 Licensing Committee Meeting. A copy of a presentation regarding California Medical Volunteers from the Emergency Medical Services Authority was provided. A copy of this presentation is included in **ATTACHMENT A-1**.

In addition, the committee heard presentations from the Department of Public Health, Orange County Health Care Agency and Los Angeles County Public Health. Below are some highlights.

Glen Tao, PharmD, Strategic National Stockpile Coordinator for the Emergency Preparedness Response Program in Los Angeles County, provided a presentation entitled "Strategic National Stockpile and Roles of Pharmacists."

Dr. Tao stated that the mission of the Strategic National Stockpile (SNS) is to deliver critical medical assets to supplement and re-supply quickly state and local public health agencies in the event of a national emergency within the U.S. or its territories. Dr. Tao stated that 12-hour Push Packages (caches of pharmaceuticals, antidotes and medical supplies) are strategically positioned in secure warehouses, ready for immediate deployment within 12 hours of the federal decision to deploy SNS assets.

Los Angeles County partners with various agencies in emergency response preparedness including the Centers for Disease Control (CDC) and the California

Department of Public Health, as well as security partnerships with the California Highway Patrol, U.S. Marshall, Los Angeles County Sheriff, LAPD and the FBI.

Dr. Tao provided specific procedures for deployment and provided an example of a real event where the patients were served at a point of dispensing and focused on the critical role pharmacists had in providing answers to questions posed.

Dr. Tao asked that the Licensing Committee consider modifying existing board renewal applications to allow pharmacists, interns and pharmacy technicians to “pre-designate” as Disaster Service Workers.

Ms. Herold advised that more information would be required before the committee could make a recommendation and requested that Dr. Tao provide an article for the board’s newsletter.

A copy of the presentation provided by Dr. Tao is provided in **ATTACHMENT A-1**.

Mark Chew, PharmD, Chief Pharmacist responsible for preparedness planning for Orange County Health Care Agency provided a presentation discussing how Orange County is preparing for different types of disasters.

Dr. Chew suggested that the board’s self-assessment for hospitals could help to identify whether the hospital had preparedness procedures in place.

Dr. Chew also referred to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) publication and discussed their ability to provide safe care during emergencies through the use of tent hospitals. These hospitals provide “sufficiency of care” verses “standard of care.” He detailed some of the limitations associated with such hospitals.

Dr. Chew provided further overview of Orange County’s model for deployment of care and provided some actual experiences when this model was used. Dr. Chew highlighted some of the problems that were identified after the most recent emergency event and that people did not remember to bring their medicines with them.

Dr. Chew identified some of the additional difficulties for health responders including the authority to enter a secured site. Dr. Chew recommended the following internet links to different organizations related to emergency and disasters preparedness and response.

- Orange County Medical Reserve Corp – www.ochealthinfo.com/mrc
- Emergency Medical Services Authority – http://www.emsa.ca.gov/dms2/medical_reserve_corps.asp
- California Medical Volunteers – www.medicalvolunteer.ca.gov
- Medical Reserve Corps – www.medicalreservecorps.gov
- Volunteer Center of Los Angeles – www.vcla.net
- Citizen Corp – www.citizencorps.gov

Dr. Chew is requesting assistance from the board to encourage pharmacists to volunteer to serve during emergencies by offering it during biennial license renewal and to pursue shelf-life extension for medications.

A copy of Dr. Chew's presentation is in **ATTACHMENT A-1**.

Thomas N. Ahrens, PharmD, Chief of Emergency Pharmaceutical Services for California Department of Public Health (CDPH) thanked the board for its proactive stance and persistence in trying to prepare for emergencies.

Dr. Ahrens provided a summary of a mass dispensing exercise four years ago and noted that no pharmacists were involved in dispensing or triage. He highlighted the problems he experienced, receiving the wrong medication and stated that this experience underscored the need to have a pharmacist present.

Dr. Ahrens presented ideas for how CDPH and the board could work together to recruit pharmacist volunteers into the California Medical Reserve, and also to improve pharmacist involvement in mass dispensing efforts. He supported the request made by Dr. Tao and Dr. Chew and suggested that CE credits for Incident Command System (ICS) courses would help.

Dr. Ahrens asked the committee for ideas on to allow for pediatric dosing and on-site compounding as well as for people who cannot swallow pills whole. Subsequent to this meeting UCSF has begun work with CDPH to address some of these issues.

Dr. Ahrens will also draft an article for inclusion in *The Script*.

Cathi Lord, CPhA Director of Communications and Carl Britto, CPhA's Chair of the Disaster Preparedness Committee shared the work that has been done by CPhA's committee and presented a working draft of a brochure called Emergency Preparedness for Pharmacists. A copy of this draft brochure is in **ATTACHMENT A-1**.

2. Competency Committee Report

The Licensing Committee was advised that the Competency Committee continues to work on exam development. Executive Officer Herold reported that the most recent quality assurance review ended on November 9, 2007 and that the Competency Committee is in good shape with respect to an item bank, providing the exam timely, and completing quality assurance reviews.

3. Other Items Discussed

The committee was advised that the Office of Administrative Law approved the rulemaking to increase the board's fee schedule. In addition, the committee was advised on the status of the implementation plan for the change.

The committee discussed actions taken by licensees during the recent California wildfires and received copies of various articles on the topic. Copies of these articles are provided in **ATTACHMENT A-3**.

The committee received a copy of the new Accreditation Standards for Continuing Pharmacy Education that will take effect on January 1, 2009. These standards are a result of a two-year revision process completed by the Accreditation Council for Pharmacy Education (ACPE). **ATTACHMENT A-3** also contains the new ACPE standards.

ITEM B: Meeting Summary of the December 11, 2007 Licensing Committee Meeting

FOR INFORMATION:

ATTACHMENT B contains the summary of this meeting.

ITEM C: LICENSING STATISTICS

FOR INFORMATION:

ATTACHMENT C contains licensing statistics describing the Licensing Unit's processing activities for the first quarter of the fiscal year.

ITEM D: FIRST QUARTERLY REPORT ON COMMITTEE GOALS FOR 2007/08

FOR INFORMATION:

ATTACHMENT D contains the first quarterly report on the committee's strategic goals for 2007/08.

Attachment A-1

- *California Medical Volunteers Presentation*
- *Presentation by Dr. Tao, Emergency Preparedness Response Program in Los Angeles County*
- *Presentation by Dr. Chew, Orange County Health Care Agency*
- *Disaster Preparedness for Pharmacists*

California Medical Volunteers



Jeffrey L. Rubin, Chief

Disaster Medical Services Division

What is California Medical Volunteers?

- California Medical Volunteers is California's Emergency System for Advance Registration of Volunteer Health Professionals
- Federally funded mandate for development of registries of volunteer health professionals.
- "Volunteer health professionals" – MDs, RNs, PharmD, social workers, veterinarians, etc.
- Volunteers help with surge response (fires, floods, disasters, pandemic) and mass prophylaxis staffing.
- Single-source volunteer registration for all health-related and "caring" professions in California

Development of California Medical Volunteers

- EMSA is now in the process of rolling out a full-fledged system, (following a proof of concept pilot).
- Successful pilot based on partnership with DCA, Board of Registered Nursing, Medical Board, Pharmaceutical Board
- Web-based state system will be county controlled and administered, and available to MRCs, hospital response teams, and other medical response entities.
- Very broad stakeholder involvement and support, including several boards and professional associations, in our program advisory committee for the last few years

System Components

- Powerful notification engine capable of calling up tens of thousands of volunteers per hour using two-way telephone, pager, text, or email notification.
 - Allows volunteers to accept/reject specific volunteer opportunities
- Mission management of each deployed volunteer – where were they deployed, mission parameters, etc.
- Extremely secure system with state-of-the-art privacy and confidentiality safeguards, as well as deep disaster recovery capabilities and high uptime guarantees.
- Two years' worth of stakeholder-based policy guidance, training and program development, and other support materials.

Credentialing: The Key to It All

- Automatic checking of clinical license status, coupled with verification of credentials
- Four tiers of credentialing, from “hospital ready” down to “unlicensed but received education”
- Credentialing – including license checking – needed to meet Federal guidelines and real-world requirements for a “full and unencumbered” license.
- License checking done at registration and routinely via automated interfaces to Department of Consumer Affairs, State EMS Authority, and the California Department of Public Health.

Critical Partnerships: Roles of the Licensing Boards and Bureaus

- Opportunity to:
 - Help recruit volunteers who make the difference during a disaster
 - Promote your profession's ability to help
- What we need from you: Boards and Bureaus are critical partners
 - Now: License checking and technical assistance, in collaboration with Department of Consumer Affairs
 - Technical contact who can help with understanding your database codes
 - Soon: Outreach and marketing
 - Partnership in marketing strategies and outreach tactics
 - Something to consider: recruitment opportunities at license renewal, partnerships to seek volunteers from new members of the profession
 - Later: Policy development
- You will continue to have the opportunity to help steer this system to meet the disaster response needs of California.

Detailed Timeline Through 8/31/08

- By the end of the first quarter 08:
 - Complete all credential-checking data interfaces, training, system configuration, and related system activities.
 - Begin rolling the system out to the first group of counties through a series of pilots. We're planning on bringing up counties in small batches every couple of months, based on each county's readiness and interest.
 - Initiate volunteer recruitment efforts.
 - Continue policy and procedure development efforts.

Detailed Timeline Through 8/31/08

- By the end of the third quarter, 2008:
 - Continue the roll-out.
 - Conduct test of CAL-MED Volunteer system, including activation and deployment management capabilities.
 - Hold a “best practices” summit to harvest lessons learned from counties using the system.
 - Continue development of policies and procedures.

Questions?

For more information, please contact:

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California Emergency Medical Services
Authority

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California Emergency Medical Services
Authority

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randy.linthicum@emsa.ca.gov

CAL-MED Homepage

Welcome to *California*

[Home](#)
[Register Now](#)
[Contact Us](#)
[FAQ](#)
[Terms of Service](#)
[Privacy Policy](#)

Username: **Password:**

[Forgot Username or Password?](#)
[Not Registered?](#)

 **GOVERNOR**
Click to Visit His Home Page

DIRECTOR
Visit the Director's Home Page

• [Job Announcements](#)
• [Paramedic Information](#)
• [Hospital Bioterrorism Preparedness Program](#)
• [EMS Publications](#)
• [EMS Personnel](#)
• [Vision Implementation](#)
• [Local EMS Agency/County Information](#)
• [EMSAAO](#)
• [EMOAC](#)
• [Trauma Centers](#)
• [Child Care Training Program Information](#)
• [CHHS](#)

Welcome to the California Medical Volunteer Site (training), the online registration system for medical and health responders for the State of California.

If you're a California nurse, doctor, pharmacist, or paramedic with an active license who would like to volunteer for disaster service, you've come to the right place! The California Medical Volunteer Site (training) is your secure, confidential site to register with the State of California for volunteer emergency/disaster service. (In the future, mental health and other allied health professionals will also be able to register here.) During the on-line registration process, you will be asked to enter information regarding your license, the best way to contact you, and other relevant background information. (If you have already completed the registration process or wish to return to a registration which you've started but not completed, you can log in and update your profile.)

Once you've registered, your credentials will be validated - before an emergency - so that you can be deployed quickly and efficiently. Your information will only be viewed by authorized system managers. During a State or national disaster, (e.g., an earthquake, severe weather event, or public health emergency), this system will be accessed by authorized medical/health officials at the State Emergency Operations. If a decision is made to request your service, you will be contacted using the information you enter on the site. If you agree to deploy, your information will be forwarded to the appropriate field operational officials. Thanks for volunteering!

REGISTER NOW

Welcome Page

The screenshot shows the 'State of California | MEDICAL VOLUNTEER SITE' header. Below the header is a navigation bar with buttons for HOME, PROFILE, MISSIONS, MESSAGES, RESPONDERS AND GROUPS, and SYSTEM ADMINISTRATION. A search bar is located to the right of the navigation bar, with 'Responders' selected in the dropdown menu. A 'HELP (?)' and 'LOG OUT' link are also present.

The main content area is titled 'Welcome - Irwin Davis'. Below the title, a message states: 'Your occupation(s) are Community and Social Services, Interpreter. Please be sure to keep your account information up-to-date and accurate.'

The 'Missions' section features a cross icon and the following text: '3 out of 7 Missions are in progress. 0 out of 10 Deployment Groups are awaiting deployment. 728 Responders have been requested for all missions. 0 Responders are currently rostered for all missions. 728 Responders are still needed for all missions.'

The 'Messages' section features an envelope icon and a warning icon with the text: 'You do not currently have any messages.'

The 'Profile' section features a person icon and the following text: 'Your Account Status: Active. Your Willingness to Travel for a Deployment: Locally / In State / Out of State. The Period of Time You are Willing to be Deployed: Up to 7 days. Your Willingness to Participate under the Authority of the Federal Government: No. Edit Account Status | Edit Deployment Preferences'.

Welcome page shows missions, messages, and profile information.

Profile and Identity

State of California | MEDICAL VOLUNTEER SITE

Search: Responders

HOME PROFILE MISSIONS MESSAGES RESPONDERS AND GROUPS SYSTEM ADMINISTRATION HELP (?) LOG OUT

Affiliation Deployment Preferences Contact Occupations Training Competencies Medical History Account Settings

Home > Profile > Identity > Edit Identity REQUIRED (*)

Edit Identity (?)

Name and Address

Please enter your name and current residence information.

Prefix:
Example: Dr., Col., Mr., Mrs.

* First Name:

Middle Name:

* Last Name:

Suffix:
Example: Jr., Sr., PhD, MD.

* Permanent Residence Line 1:

Permanent Residence Line 2:

* City:

* State:

* County:

* Zip Code:

Identifying Information

Enter information exactly as it appears on your state-issued identification card.

* Date of Birth:

View and edit profile information.

Comprehensive Data Collection

State of California | MEDICAL VOLUNTEER SITE

Search: Responders

HOME PROFILE MISSIONS MESSAGES RESPONDERS AND GROUPS SYSTEM ADMINISTRATION HELP (?) LOG OUT

Identity Affiliation Deployment Preferences Contact Occupations Training Competencies Medical History Account Settings

Home > Profile > Occupations > Credential Information > Ed& Credential Information REQUIRED (*)

Ed& Physician

Professional Status
Please select the status for your occupation. If you selected a medical occupation and are currently in cases please select the appropriate status.

* What is your current professional status for this occupation?

Place of Practice
If you are employed as either a student/intern, full time, or volunteer, please provide the following information. You can add additional by clicking the Add Additional Practice button.

Your place of practice is:

Board Certification
Do you possess a board certification? Yes No

Professional License
Please provide your license information. If you are licensed in the state in which you live, please enter that license first. You can add additional licenses by clicking the Add Additional License button.

Is the name on this license the same as the name you provided in your personal information? Yes No

License Type:

Standardized collection and verification of professional license information.

Managing Missions

State of California | MEDICAL VOLUNTEER SITE

Search:

HOME | PROFILE | **MISSIONS** | MESSAGES | RESPONDERS AND GROUPS | SYSTEM ADMINISTRATION | HELP (?) | LOG OUT

Responder View | Mission Reports

Home: Missions > All Missions

All Missions

3 out of 7 Missions are in progress.
 0 out of 10 Deployment Groups are awaiting deployment.
 There are 0 Messages for all Missions.

Overall Current Staffing Needs

726 Responders have been requested
 27 Responders are currently rostered
 701 Responders are still needed for all

Below is a list of all missions and their current responders needs. You can change which missions are shown by changing the Mission filter.

Display Mission Status: Filtered by:

Name	Staffing	Needed	Information	Status
Mission Name 101	<input type="text" value=""/>	=	Location: Not Defined	No Deployment Groups Created
Mission Name 102	15 Staffed	65	Location: Not Defined	All Deployments Complete
Mission Name 103	<input type="text" value=""/>	=	Location: Service Location 103	All Deployments Complete
Mission Name 104	<input type="text" value=""/>	=	Location: Not Defined	All Deployments Complete
Mission Name 105	12 Staffed	178	Location: Not Defined	Deployments In Progress
Mission Name 106	9 Staffed	255	Location: Service Location 106	Deployments In Progress
Mission Name 107	9 Staffed	203	Location: Not Defined	Deployments In Progress

1-7 of 7

Create and manage missions, deployments, and responder requests.

Messages

State of California | MEDICAL VOLUNTEER SITE

Search: [Responders]

HOME PROFILE MISSIONS **MESSAGES** RESPONDERS AND GROUPS SYSTEM ADMINISTRATION HELP (?) LOG OUT

Inbox Sent Drafts Trash Templates

Home > Messages > Inbox

Inbox

Internal Email Voice Notification

Compose Message

Method From

No Results Found.

Select an Action: [Select]

Compose Message

Select Template

Message Creation: Create New Message Select Existing Message

Message Details

Priority: [Normal]

* Delivery Method: Internal Email Voice Notification (Phone, Email, SMS/Text)

* To: 0 Selected [Add Recipients via Search](#)

Messages will not be sent to responders whose accounts are closed.

* Subject:

* Message:

1000 Characters Remaining

Save as Draft Send Message Cancel

Send, receive,
and store email
messages.

Search for Volunteers

State of California | MEDICAL VOLUNTEER SITE

Search: Responders

HOME PROFILE MISSIONS MESSAGES RESPONDERS AND GROUPS SYSTEM ADMINISTRATION HELP LOG OUT

Manage Groups Manage Unit Affiliation Invite Responder Register Responder

Home > Responders and Groups > Search

Search

Use the search form below to find responders according to the criteria that you specify. You can search for individual responders or responders. Click on the gray bars to toggle the display of the specified search field categories. Hiding a section will not prevent you from using that criteria.

Emergency Credential Level

ECL: Level 1 - Hospital Active
 Level 2 - Clinically Active
 Level 3 - Licensed or Equivalent
 Level 4 - Indeterminate Credentials

Competencies

Skills and Certifications:

Automated External Defibrillator	<input type="checkbox"/>	<input type="button" value="Add"/>
Cardio-pulmonary Resuscitation	<input type="checkbox"/>	<input type="button" value="Remove"/>
Clerical Work	<input type="checkbox"/>	
Computer Networking	<input type="checkbox"/>	
Data Entry	<input type="checkbox"/>	

I want to match Any All of the following skills:

Languages:

Aboriginal Languages of Australia	<input type="checkbox"/>	<input type="button" value="Add"/>
Afrikaans	<input type="checkbox"/>	<input type="button" value="Remove"/>
Albanian	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	
Amharic	<input type="checkbox"/>	

I want to match Any All of the following languages:

Trainings:

Advanced Cardiac Life Support	<input type="checkbox"/>	<input type="button" value="Add"/>
Advanced Disaster Life Support	<input type="checkbox"/>	<input type="button" value="Remove"/>
Advanced Trauma Life Support	<input type="checkbox"/>	
Basic Disaster Life Support	<input type="checkbox"/>	
Basic Trauma Life Support / Prehospital Trauma Life Support	<input type="checkbox"/>	

I want to match Any All of the following trainings:

Account Type:

Account Type: Responder, Call Center Responder, Local Administrator, Regional Administrator, System Coordinator

Locate volunteers according to over 150 different criteria.

Reports and Logs

State of California | MEDICAL VOLUNTEER SITE

Search: Responders

HOME | PROFILE | MISSIONS | MESSAGES | RESPONDERS AND GROUPS | **SYSTEM ADMINISTRATION** | HELP (?) | LOG OUT

Skills | Training | Credential Verification | Failed Verifications | Export

Home > System Administration > Reports and Logs

Reports and Logs

Reports consist of sorted information organized for specific administrative needs and purposes. Choose from the available reports below.

[View Reports and Logs](#)

There are 1001 active responders registered in this system.
There are 0 responders currently logged in.

EXPORT CSV EXPORT PDF

Site Statistics

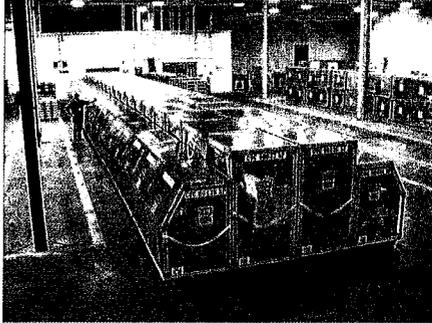
Type of Account	Number of Accounts	Percentage of Total Accounts
Responder	601	60.04%
Local Administrator	249	24.88%
System Coordinator	51	5.09%
Regional Administrator	50	5%
Call Center Representative	25	2.5%
ERC Administrator	25	2.5%
System Administrator	0	0%

Total Accounts: 1001

Results Per Page: 50

View, print, and export reports and logs.

Strategic National Stockpile and Roles of Pharmacists

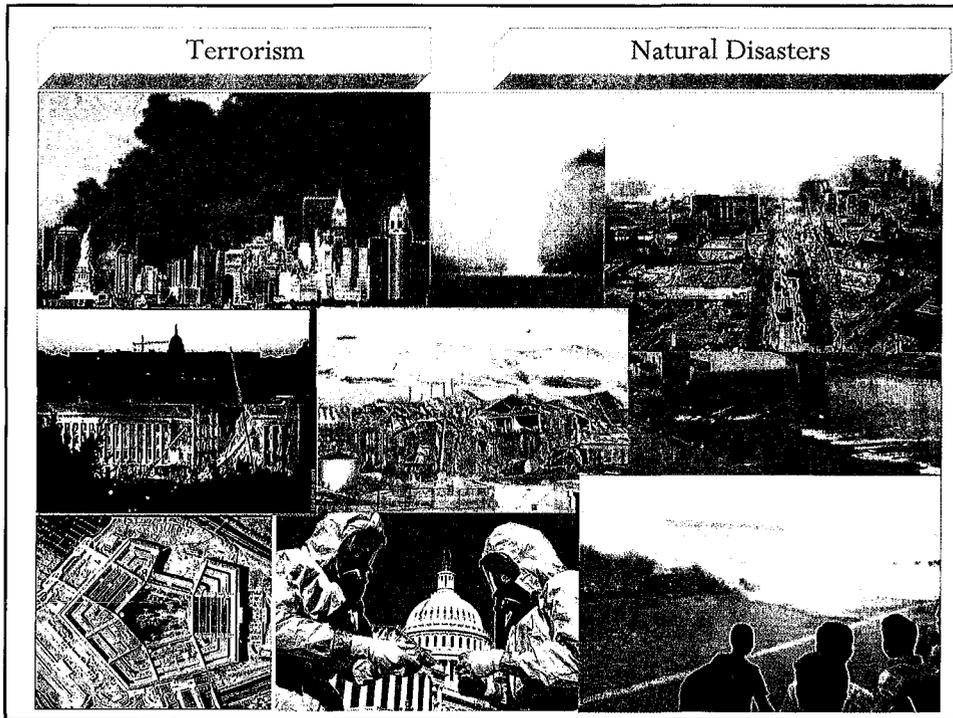


Glen Tao, Pharm. D.
**Strategic National Stockpile
Coordinator**
**Emergency Preparedness &
Response Program**
County of Los Angeles
Department of Public Health

PowerPoint Presentation for California
State Board of Pharmacy Licensing
Committee, December 11, 2007 -
updated 12/11/07

Objectives

- Describe the types of pharmaceuticals and medical supplies typically available from the Strategic National Stockpile
- Describe the preparedness activities of the County of Los Angeles (planning, exercises)
- Identify roles that pharmacists can play during disasters and public health emergencies
- How the Board of Pharmacy can assist in anticipation of needed services during times of disasters and public health emergencies under austere conditions.



Contingencies / Hazards / Incidents / Events
 Long list of possibilities, some will definitely happen

- Flood
- Earthquake
- Hurricane
- Tornado
- Typhoon
- Landslide
- Tsunami
- Ice Storm
- Drought
- Wildfire
- Epidemic
- Disease

Natural

- Chemical Spill
- Transportation Accident
- Industrial Accident
- Radiological Incident
- Nuclear Incident
- Explosion
- Utility Outage

Accidental

- Public Demonstration
- Protest
- Civil Disturbance
- Strike
- Mass Immigration
- War

**Civil/
Political**

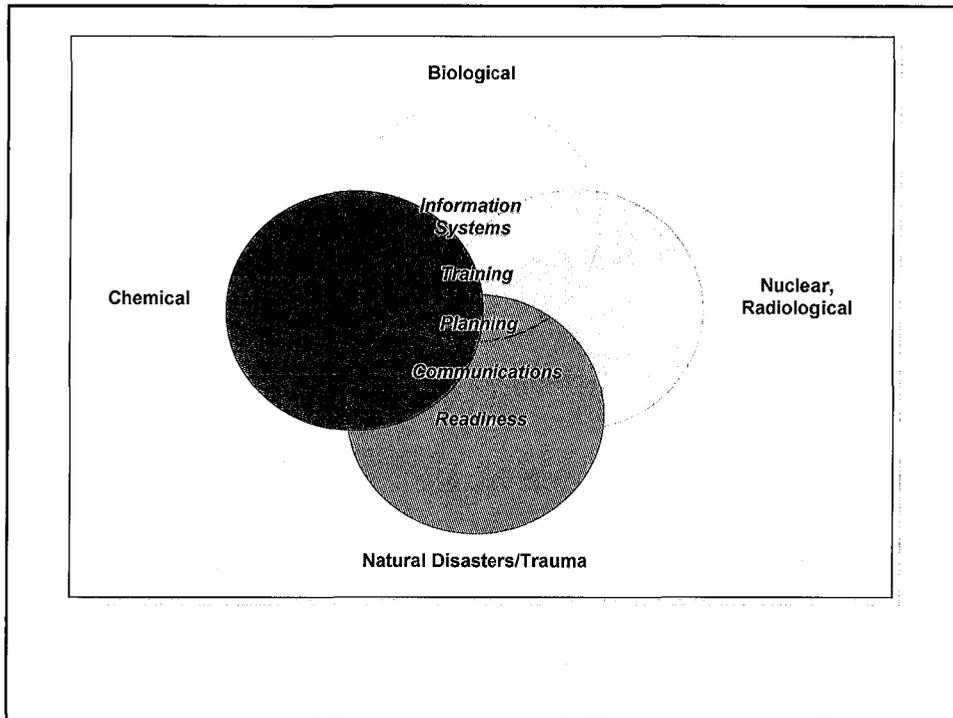
- CBRNE Attack
- Terrorist attack
- Cyber Attack

**Terrorist /
Criminal**

- Inaugural
- State of the Union
- Olympics
- Major Sporting Event
- Summit Conference

**Special Event /
Security Event**

Not all inclusive – but representing preponderance of events experienced and potentially experienced in U.S.

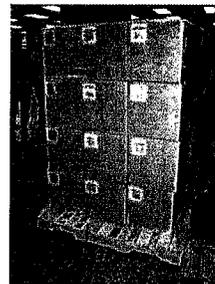
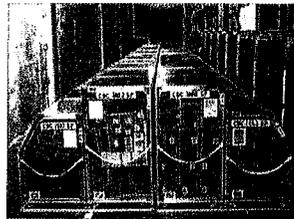


Division of Strategic National Stockpile Mission Statement

**To deliver critical medical
assets to the site of a
national emergency**

Strategic National Stockpile Assets

- 12-Hour Push Package
 - 50 tons of pharmaceuticals and medical supplies
 - 130 cargo containers
 - 12 locations nationwide
 - Owned by CDC
 - 3% of entire SNS
- Managed Inventory
 - Large quantities of specific items, such as antibiotics, vaccines, and ventilators
 - Vendor Managed Inventory (owned by private sector)
 - Stockpile Managed Inventory (owned by CDC)
 - 97% of entire SNS



Strategic National Stockpile

Partner Agencies:

- Centers for Disease Control and Prevention (CDC)
- State of California Department of Public Health Emergency Preparedness Office (DPH EPO)
- LAC Emergency Medical Services (EMS) Agency
- LAC Office of Emergency Management (OEM)
- Law Enforcement:
 - Federal Bureau of Investigation (FBI)
 - US Marshals Service (USMS)
 - California Highway Patrol (CHP)
 - LA County Sheriff's Department (LASD)
 - Los Angeles Police Department (LAPD)
 - Local City Law Enforcement Agencies

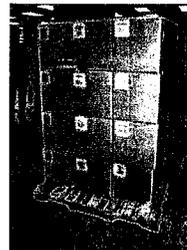
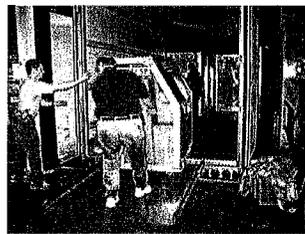
Strategic National Stockpile

Security Partnerships

- CHP for delivery of SNS to warehouse
- US Marshals to protect federal personnel accompanying SNS
- LA Sheriff, LAPD, city law enforcement agencies to protect warehouse, delivery vehicles, Mobilization Centers, Points of Dispensing (PODs)
- FBI for joint criminal and epidemiological investigations

SNS Arrival at the Receipt, Store, and Stage (RSS) Warehouse in a Bioterrorism Response

- Los Angeles County has identified its own RSS Warehouses (one primary and two secondary)
- 12-Hour Push Package:
Eight Tractor-Trailer Rigs
= 130 cargo containers
- Vendor Managed Inventory (VMI) for CRI Assets:
Five Tractor-Trailer Rigs
= 90 Pallets
= 10,000 cases
= 1 million unit-of-use vials

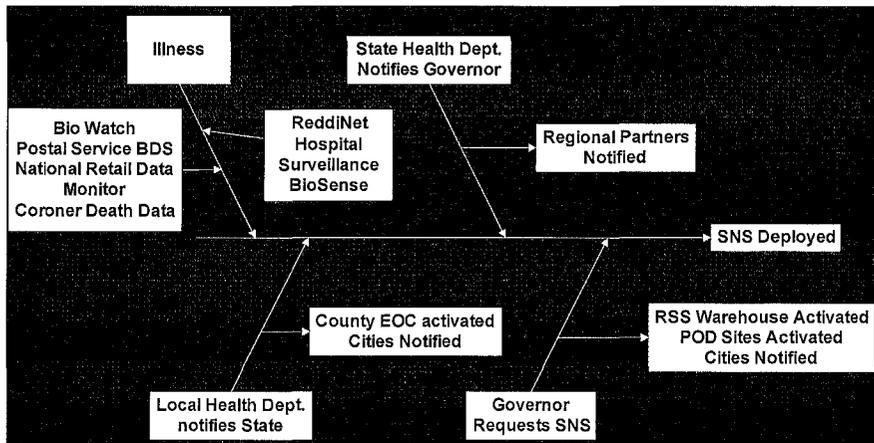


Formulary Composition of the SNS

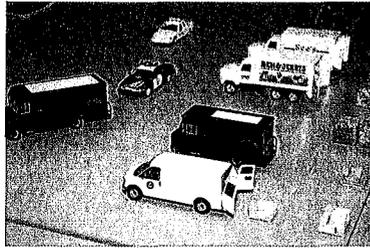
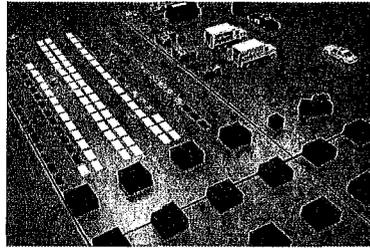
- Contents
 - Pharmaceuticals
 - Medical Supplies
 - Medical Equipment
 - Vaccines
 - Botulinum Antitoxin
- Based on Category A Threat Agents
 - Smallpox, anthrax, botulism, viral hemorrhagic fevers, plague & tularemia
 - Chemical nerve agents (pre-staged as Chempack)
- Recommended by Subject Matter Experts
 - Government and non-government representation
 - Experts in:
 - Biological, chemical, and radiological threats
 - Other medical specialties



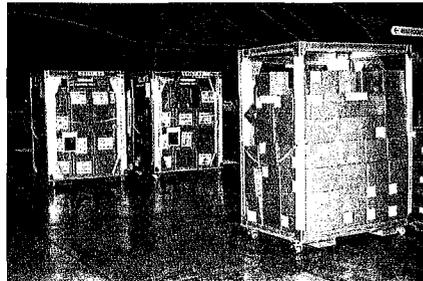
SNS Activation & Deployment



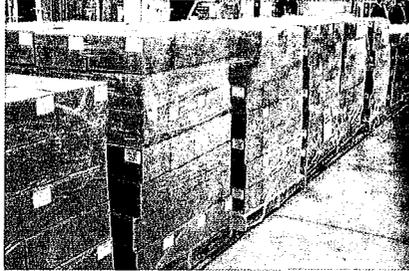
Receipt, Storage, Staging, & Delivery of SNS Assets at RSS Warehouse



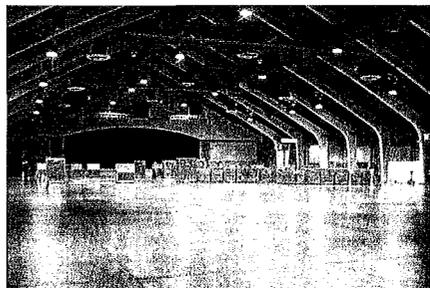
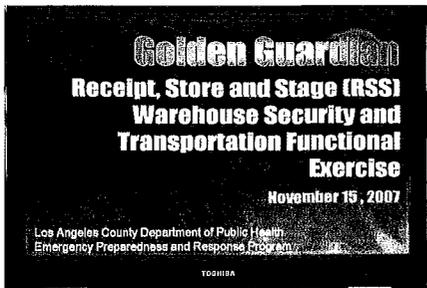
SNS 12 Hour Push Package



SNS Managed Inventory



CA Golden Guardian Exercise 2007



RSS Warehouse Customers in a Bioterrorism Response

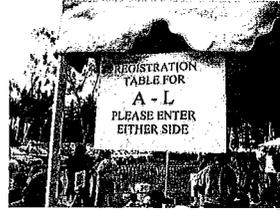
- Mobilization Centers - for staff & volunteers
- Points of Dispensing (PODs) – for public
- Hospitals and Treatment Centers – for public
- Fixed Facilities (Prisons, Military Installations, Skilled Nursing Facilities, Retirement Homes, Homeless Shelters, Large Facilities, etc.)
- First Responders (Fire Depts., Law Enforcement) – replenishment of pre-positioned antibiotics

Roles of Pharmacists at the RSS Warehouse

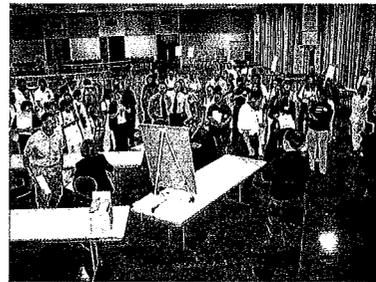
- Warehouse Manager – oversees entire operation, can sign for and take possession of controlled substances in the SNS delivery from CDC
- Inventory Control Officer – oversees inventory management process
- Quality Control – final check of filled orders at staging area prior to delivery

Mobilization Centers

- Gathering point for POD staff and volunteers
- Provide prophylaxis for staff, volunteers and their immediate families
- Verify credentials, issue badges
- Provide “Just in Time” training
- Issue assignments
- Provide transportation to and from PODs



Mobilization Centers



Point of Dispensing



PODs are large scale dispensing sites used to dispense prophylactic medications or administer vaccinations to the public

Sample POD Site Criteria

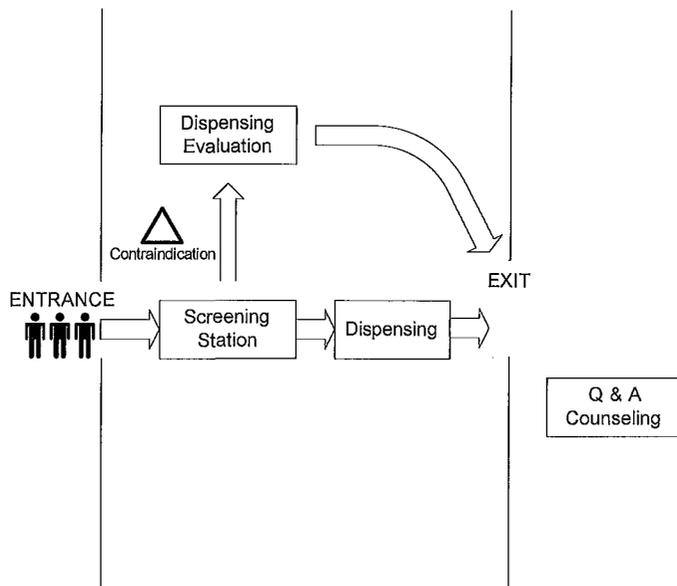
- Enclosed facility, easily secured
- One basketball court-sized open space is one “footprint” = high school gymnasium
- Multiple smaller rooms nearby
- Ample parking
- Handicapped accessibility
- Close to public transportation
- Electricity, phone/fax lines, internet connection



Point of Dispensing Operation

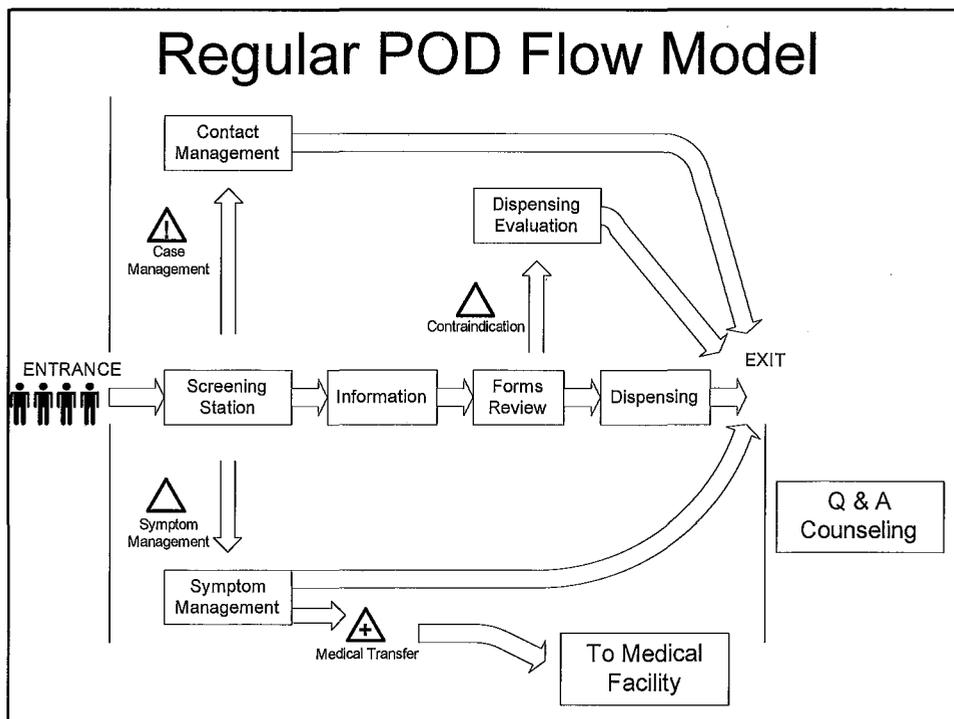


Rapid POD Flow Model



Rapid POD Size and Throughput Model

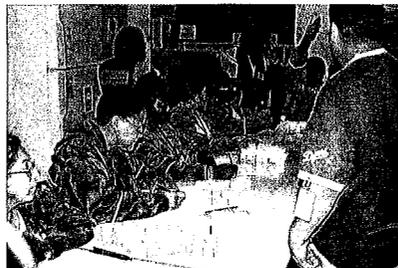
<u>Size</u>	<u># of "footprints"</u>	<u>Patients/ Hour</u>	<u>Patients/ Day</u>
Small	1	1,500	36,000
Medium	2	3,000	72,000
Large	3	4,500	108,000
Mega	4 or more	6,000 +	144,000 +



Regular POD Size and Throughput Model

<u>Size</u>	<u># of "footprints"</u>	<u>Patients/ Hour</u>	<u>Patients/ Day</u>
Small	1	500	12,000
Medium	2	1,000	24,000
Large	3	1,500	36,000
Mega	4 or more	2,000 +	48,000 +

Point of Dispensing Operation



Note: Public health nurses are performing the dispensing function and providing drug information on fact sheets.

Roles of Pharmacists at PODs

- Drug Information Resource for Medical Staff and Clientele
- Dispensing Unit Leader – oversees licensed volunteers, possibly non-licensed volunteers under austere conditions
- Vaccination Station – as vaccinators
- Evaluation Station – as clinical pharmacists along with MDs, nurses
- Inventory Control Station – monitoring and issuing pharmaceuticals, re-ordering

Role of Hospital Pharmacists

- Report to regular workplace
- Perform inventory management and tracking for the facility
- Place replenishment orders. Knowledge that the RSS Warehouse is activated.
- Manage the receipt, storage, and dispensing or distribution of assets
- No charge to the patients for SNS pharmaceuticals, medical supplies, and equipment = must be free

Request to the Board of Pharmacy Licensing Committee

- Pharmacists, intern pharmacists, and pharmacy technicians be pre-designated as Disaster Service Workers in anticipation of needed services during times of disasters and public health emergencies
- Pharmacists, intern pharmacists, and pharmacy technicians can assist in local, regional, or State responses without delay under austere emergency conditions

Request to the Board of Pharmacy Licensing Committee

- The California Disaster Service Worker (DSW) Volunteer Program provides workers compensation insurance coverage in the event a DSW volunteer is injured while performing assigned disaster duties
- Volunteers **MUST** become registered DSW workers **BEFORE** they volunteer to become eligible for this coverage

Request to the Board of Pharmacy Licensing Committee

- Consider Disaster Service Worker (DSW) status as a condition of licensure in CA
- Consider Volunteer status as a yes/no checkbox as a choice on license application or renewal application and POSTED ONLINE
- Bottleneck: If volunteers do not have DSW status on file, they must report to a staging area, sign the paperwork, and take the oath by a sworn official = UNNECESSARY DELAY

Request to the Board of Pharmacy Licensing Committee

- Bottleneck: Current method of recruitment involves doing presentations at pharmacy conferences, association meetings, workplace meetings, schools of pharmacy
= Time consuming, labor intensive
= Reaches only a fraction of the profession, the majority do not hear the message
- When streamlined, deployment of pharmacists, interns, and technicians will become fast and efficient during times of emergencies

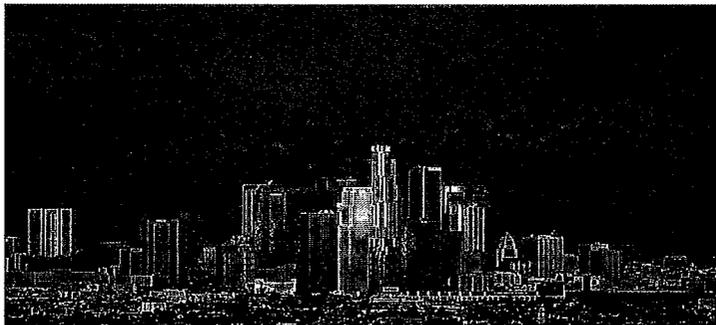
Questions / Comments



Thank You

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Pharmacy Services Chief I,
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should be trained in first aid, CPR, and the use of automatic external defibrillator (AED) device.

In California, emergencies are managed at the local level. Local police, the County Sheriff, fire, and the county Public Health Officer will all be key figures in the management and coordination of emergency services. To obtain information on the key players and processes for your county, go to www.oes.ca.gov and find the contact number for your local Office of Emergency Services.

It is important to know that pharmacists may be specifically called upon to assist public health officials during certain events such as a bioterrorism attack. For example, in the event of an anthrax attack, pharmacists may be needed to help distribute the assets of the US Centers for Disease Control and Prevention's Strategic National Stockpile at Mass Antibiotic Dispensing sites.

V. Pharmacist Volunteer Opportunities

Pharmacists can provide critical expertise, experience and knowledge that can greatly enhance response efforts during an emergency. In a mass dispensing situation as noted above, pharmacists can conduct patient interviews, screen medical histories and recommend drug regimens. Pharmacists can also supervise pools of non-medical personnel to assist in mass dispensing.

Pharmacists should consider joining emergency response organizations before the emergency occurs. These organizations will provide the means to become familiar with emergency services and protocols in the local area. They are also a venue for pharmacists to provide their expertise in the improvement of these plans. These organizations are familiar with local, state, and federal plans and provide a vital link between governmental organizations and the individual citizen. The organizations mentioned below offer emergency training and membership may provide legal protections when providing emergency services.

VI. Organizations

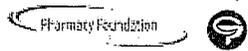
While there are many organizations seeking pharmacists, the Disaster Preparedness Pharmacy Coalition would like to bring your attention to the Medical Reserve Corps (MRC). The MRC is sponsored by the Office of the U.S. Surgeon General. The mission of the MRC is to establish teams of local volunteers, medical and other health professionals, who can contribute their skills to an emergency response. There are more than 25 MRC units in California. For more information on the MRC and to identify your local MRC contact, log onto www.emsa.ca.gov/dms2/medical_reserve_corps.asp.

Another valuable organization is the Disaster Medical Assistance Team (DMAT). These teams are part of the National Disaster Medical System and they are trained and organized to be deployed across the United States. More information can be found at www.dmat.org and www.oep-ndms.dhhs.gov. To obtain the contact information for your county's DMAT Commander, visit www.emsa.ca.gov/Dms2/dmatist.asp.

Other important organizations that assist in local emergencies include the American Red Cross (www.redcross.org) and the Salvation Army (www.salvationarmyusa.org).

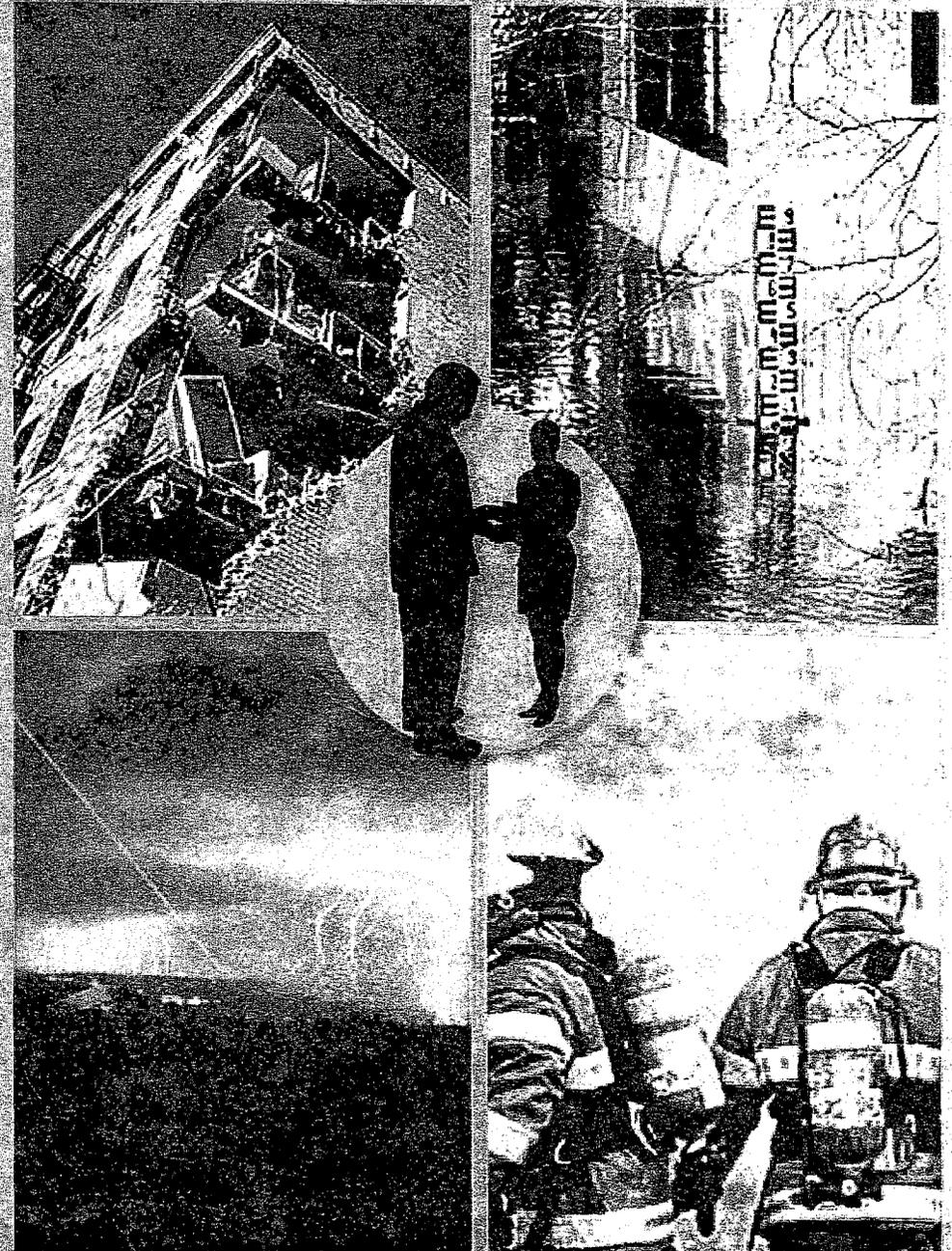
Acknowledgements: Many individuals and organizations contributed to development of these materials including the Thomas J. Long Foundation, the Pharmacy Foundation of California, the California Pharmacists Association, the California Society of Health System Pharmacists and the following individuals: Carl Britto, Michael Negrete, Candace Fong, Gary Solomon, Jason Kim, John Buffum, Lisa Johnson, Paul Drogichen, Rebecca Cupp, Robin Corelli, Roger Klotz, Sam Shimomura, Sanjay Patel, Susan Ravnian, Thomas Johnson, Andrew Lowe, Bruce Bennett, Dana Grau, David Breslow, Gerald Graf, Heien Park, James Carder, Jeffrey Goad, John Jessee, Ken Mailman, Larry Hunley, Pamela Perdue, Peter Weber, and S. John Johnson.

Brought to you by
California Pharmacists Association and the Pharmacy Foundation of California



With generous support from the Thomas J. Long Foundation

Disaster Preparedness For Pharmacists



The mission of the Disaster Preparedness Pharmacy Coalition is to deliver educational materials to California pharmacists, technicians and pharmacy students to assist in preparing and responding to emergency situations. This brochure is the first step in meeting our mission.



• **Dispensing laws:** Lessons learned in the hurricane Katrina disaster suggest that thousands of people will likely not have access to or be able to call their personal physician or pharmacist to obtain medications during a disaster. There could

be a need for pharmacists to dispense emergency medications without a prescription during a declared disaster. Current California law, Business and Professions Code section 4062, provides the board with broad waiver authority. Staff should review state board regulations for operations under declared emergencies, particularly Business & Professions Code 4062 which states:

“(a) Notwithstanding Section 4059 or any other provision of the law, a pharmacist may, in good faith, furnish a dangerous drug or dangerous device in reasonable quantities without a prescription during a federal, state, or local emergency, to further the health and safety of the public. A record containing the date, name and address of the person to whom the drug or device is furnished, and the name and strength, and quantity of the drug or device furnished shall be maintained. The pharmacist shall communicate this information to the patients attending physician as soon as possible. Notwithstanding section 4060 or any other provision of the law, a person may possess a dangerous drug or device furnished without a prescription pursuant to this section.

“(b) During a declared federal, state, or local emergency, the board may waive application of any provisions of this chapter or the regulations adopted pursuant to it if, in the board's opinion, the waiver will aid in the protection of public health or the provision of patient care.”

• **Business records:** Computer back up of business records should be made as frequently as possible and secured in an off site location.

• **Evacuation plans:** Review all emergency exits and learn the location of meeting places should there be a need to evacuate.

• **Staffing:** Plan ahead for use of professional staff from adjacent pharmacies or hospitals, in the event your staff is impacted.

• **Emergency supplies inventory:** Plan for additional healthcare needs, bottled water, first aid supplies, home care, batteries etc, especially when there are warnings of a possible emergency.

III. Patient preparedness

Lessons learned in the Katrina disaster showed that patients often times had to evacuate their homes and neighborhoods with little or no notice. Many patients left their homes without their needed medications or any record of what they were taking.

Pharmacists in all settings can help their patients be better prepared for a future emergency by doing some or all of the following:

1 Plan ahead. Occasionally obtain from your local Red Cross or local Salvation Army free emergency preparedness brochures to hand out to all your patients.

2 Wallet cards: When doing the above, also encourage your patients to “carry” with them (wallet or purse cards) that list all of their medications and physician name/s and phone number/s. List any OTC medications as well. Design your business card such that patients can use the “back” of your card to record key medication information. A free online tool for creating a personal medication record can be found at www.mymedlist.org.

3 Patient profiles: Whenever you provide a copy of a patient profile, encourage patients to keep a copy handy in their car or with their evacuation/personal papers for emergency use.

4 Children/Elders: Encourage your patients to also keep medication records for all their children and or elderly parents with them as well.

5 Emergency advertisements: From time to time, run an emergency preparation ad or provide handouts that address the above suggestions.

6 Pets: Advise patients who have pets to plan for their care, food, water and or evacuation plans.

IV. Community preparedness

When a disaster strikes your community will change in an instant. Loved ones and neighbors may be injured and emergency response may be delayed. At least one member of every household

Objectives:

- I. Family preparedness
- II. Business preparedness
- III. Patient preparedness
- IV. Community preparedness
- V. Volunteer your services
- VI. Organizations

I. Family preparedness

Pharmacists will not be able to take care of others, unless they have first taken care of their own family during an emergency incident. Planning ahead is the first step to a more controlled and effective disaster response. The following are some important basics, but you are encouraged to visit www.redcross.org/services/disaster for additional information.

1 Talk. Discuss with your family the disasters that can happen where you live. Establish responsibilities for each member of your household and plan to work together as a team. Designate alternates in case someone is absent.

2 Plan. Choose two places to meet after a disaster.

- Right outside your home, in case of a sudden emergency such as a fire.

Our location is: _____

• Outside your neighborhood; in case you cannot return home or are asked to evacuate your neighborhood.

Our location is: _____

3 Learn. Each adult in your household should learn how and when to turn off utilities such as electricity, water and gas. Obtain and learn how to use a home fire extinguisher.

4 Check Supplies. Review your disaster supplies and replace water and food every six months.

5 Tell. Let everyone in the household know where emergency contact information is kept. Make copies for everyone to carry with them. Be sure to include an out-of-town contact. It may be easier to call out of the area if local phone lines are over-loaded or out of service. Keep the information updated.

6 Practice. Practice a home evacuation drill twice a year. Drive your planned evacuation route and plot alternatives on a map in case main roads are impassable or gridlocked. Practice earthquake, flood and fire drills at home, school and work.

II. Business preparedness

A pharmacist's work place (community or hospital) should have a disaster plan in place as part of its “policy and procedures” guidelines. Some helpful tools for accomplishing this can be found at www.emsa.ca.gov/dms2/dms2.asp (for hospitals) and www.rpsgb.org.uk/pdfs/scrvcontplanguid.pdf (for community pharmacies). Pharmacists should encourage their managers to conduct reviews with the key staff members who would be needed in a disaster. Below are some examples of key considerations:

• **Communications:** Learn what communication tools are available at your workplace, and what the “chain of command” will be during an emergency; have emergency contact numbers readily retrievable so all employees can be reached during a disaster.

• **Drug inventory:** The pharmacy should maintain a reasonable inventory and anticipate needs on a daily basis during an emergency. It may be necessary to obtain inventory from secondary suppliers and establish contingency plans for the use of alternative vendors in the event of a disaster.

Attachment A-3

- *Articles on Emergency Response*
- *Articles on the California Wildfire Emergency*
- *Revised ACPE Accreditation Standards for Continuing Education*



U.S. Food and Drug Administration



CENTER FOR DRUG EVALUATION AND RESEARCH

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Safe Drug Use after a Natural Disaster

The Center for Drug Evaluation and Research (CDER) at the FDA offers the following information on the use of drugs that have been potentially affected by fire, flooding or unsafe water and the use of temperature-sensitive drug products when refrigeration is temporarily unavailable.

Drugs Exposed to Excessive Heat, such as Fire

The effectiveness of drugs can be destroyed by high temperatures associated with fires. You should consider replacing your medications if there's a possibility that your medication was exposed to excessive heat, such as fires.

Lifesaving drugs

In a disaster, it is especially important to assure the effectiveness of lifesaving drugs, and therefore these should be replaced as soon as possible. However, if the lifesaving medication in its container looks normal to you, the medication can be used until a replacement is available.

Drugs Exposed to Unsafe Water

Drugs (pills, oral liquids, drugs for injection, inhalers, skin medications) that are exposed to flood or unsafe municipal water may become contaminated. This contamination may lead to diseases that can cause serious health effects.

We recommend that drug products -- even those in their original containers -- should be discarded if they have come into contact with flood or contaminated water. In the ideal setting, capsules, tablets, and liquids in drug containers with screw-top caps, snap lids, or droppers, should be discarded if they are contaminated. In addition, medications that have been placed in any alternative storage containers should be discarded if they have come in contact with flood or contaminated water.

Lifesaving Drugs

In many situations, these drugs may be lifesaving and replacements may not be readily available. For these lifesaving drugs, if the container is contaminated but the contents appear unaffected -- if the pills are dry -- the pills may be used until a replacement can be obtained. However, if a pill is wet, it is contaminated and should be discarded.

Reconstituted Drugs

For children's drugs that have to be made into a liquid using water (reconstituted), the drug should only be reconstituted with purified or bottled water. Liquids other than water should not be used to reconstitute these products.

Drugs that Need Refrigeration

Some drugs require refrigeration (for example, insulin, somatropin, and drugs that have been reconstituted). If electrical power has been off for a long time, the drug should be discarded. However, if the drug is absolutely necessary to sustain life (insulin, for example), it may be used until a new supply is available. Because temperature sensitive drugs lose potency if not refrigerated, they should be replaced with a new supply as soon as possible. For example, insulin that is not refrigerated has a shorter shelf life than the labeled expiration date. (Please see [Information Regarding Insulin Storage](#) for more details.)

If a contaminated product is considered medically necessary and would be difficult to replace quickly, you should contact a healthcare provider (for example, Red Cross, poison control, health departments, etc.) for guidance.

If you are concerned about the efficacy or safety of a particular product, contact your pharmacist, healthcare provider or the manufacturer's customer service department.

[↑ Back to Top](#) [↩ Back to Natural Disaster Response](#)

Date created: August 30, 2005; Updated October 24, 2007

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FDA/Center for Drug Evaluation and Research

Community Practice

New federal, state reforms to ease disaster relief kinks

Kathryn Foxhall

As the emergency phase after Hurricane Katrina passed, there were many people who had worked diligently to get medications to those in need. “There were big pharmacies and little pharmacies,” said Chris Worrall, special assistant in the administrator’s office of the Centers for Medicare & Medicaid Services. CMS had worked with private industry, he said, and retailers and wholesalers were amazingly responsive and efficient. He cited instances when companies had massive shipments headed to shelters 30 minutes after a phone call about specific needs.

But after all that effort, many of the pharmacies and other industry people had no way of knowing who to bill, whether it was a local board for pharmacy, local government, or the Federal Emergency Management Agency (FEMA). Indeed, some of those payment problems are ongoing to this day, said Worrall, who spoke at the recent Fall Legislative Conference of the National Association of Boards of Pharmacy in Arlington, Va.

New program

That’s why the federal agencies have created the “Emergency Prescription Assistance Program” (EPAP), which was approved by FEMA last March, as a payer of last resort to cover medications and some durable medical equipment for people affected by major disasters who have no other coverage, Worrall said. The program has a predefined formulary. The system also includes provisions for communications between government and industry and for facilitation of product donation.

Eligible consumers—who must be from the disaster area—may bring a prescription or a refill to a retail pharmacy. Pharmacies may also deliver to a shelter.

Worrall noted that if evacuees went from Louisiana to Maine, the system could serve them. The pharmacy will check eligibility, adjudicate the claims, and dispense the medications with no co-pay.

The EPAP process will pay pharmacies for “eligible clean claims” through a claims processor that will have the contract for that purpose.

Worrall said the program will provide more than 50,000 locations to get necessary medications and equipment, while allowing pharmacists to be first responders without taking on excessive financial risk. It will leverage the efficiencies of the private drug distribution system and lower the costs of government, he asserted.

Crossing the line

In another example of post-Katrina reforms, a piece of proposed legislation will be before many state legislatures next spring to help healthcare practitioners, including pharmacists, cross state lines and practice, to provide aid in emergencies.

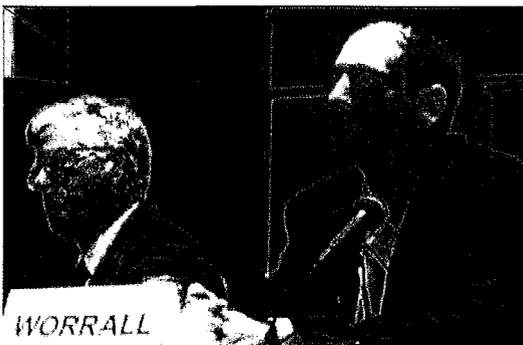
Raymond Pepe, an attorney who chaired the drafting committee for that proposal, told the NABP meeting there were widespread reports of problems and barriers for volunteer health practitioners eager to help after the 2005 hurricanes. In light of that, the National Conference of Commissioners on Uniform State Laws formed a study group to look at what changes in state law would make systems more workable. It approved a model state law in July of this year.

The proposal, which each state can adopt, reject, or adopt in an amended form, would have the state recognize the licenses of out-of-state practitioners in emergencies if the volunteers are registered under the systems established for that purpose. The registration systems will be those set up by governmental agencies, by private organizations that work with disaster relief, or by healthcare organizations that have demonstrated their ability to carry out this kind of effort. Systems will determine whether the volunteers are licensed and in good standing.

In cases in which practitioners are injured or killed, the proposal would provide workers’ compensation coverage by the host state as a source of last resort, if no other coverage is available.

The proposal has already been adopted or introduced in several states. Information on the act is provided at www.UEVHPA.org.

THE AUTHOR is a writer based in the Washington, D.C., area.



Raymond Pepe (left) and Chris Worrall spoke at the NABP session on emergency preparedness.

Pharmacy Organizations Create Guide To Prepare For Pandemics

APhA, ASHP and NACDS Foundation Detail Important Role of Pharmacists in Fighting Influenza

BETHESDA, Md.— A new guide designed to help pharmacists respond to pandemic influenza has been created through a collaborative effort of the American Pharmacists Association (APhA), American Society of Health-System Pharmacists (ASHP) and National Association of Chain Drug Stores (NACDS) Foundation. The document details how pharmacies can help raise awareness and educate the public in the fight against a pandemic and how planning by pharmacists and others can significantly reduce the impact of this disease.

With specific instructions, the document advises that pharmacists, who play an important role in responding to pandemics, should learn about government preparedness and response plans, understand resources available in their health systems, corporations, and community and actively participate in planning meetings dealing with pandemics. The guide also recommends that pharmacists take part in immunization training opportunities and establish a plan to maintain a week's supply of resources, such as prescription drugs and consumable supplies.

"Pharmacists serve as community health resources and will play a significant role in helping the public respond to a pandemic outbreak. This guide will not only share important information to pharmacists, but also help them educate and raise awareness with their patients," said NACDS President and CEO Steven C. Anderson, IOM, CAE.

The guide features a "Pandemic Flu Pharmacy Checklist" that lists supplies for immunizations, such as alcohol swabs and latex gloves; consumables such as bottled water and electrolyte solution; and drugs such as anti-nausea medications and opioids. In addition, the plan encourages pharmacists to have an action plan for their practice and home.

The document also lists top medications dispensed during Hurricane Katrina, including hydrochlorothiazide and albuterol, as reported by a major pharmacy chain, as an example of non-influenza medications that might be needed to meet the needs of patients.

"Pharmacists now have a clear-cut and organized resource to advise them on how to be thoroughly prepared in the event of a pandemic," said APhA Chief of Staff and Project Coordinator Mitchel Rothholz. "The knowledge gained from this document can help pharmacists become an invaluable resource for their patients and their community during a pandemic outbreak of influenza."

ASHP lauded the valuable partnership between APhA, ASHP and the NACDS Foundation that led to the generation of this document. "This is a great example of how

organizations representing pharmacists in different practice settings can contribute their distinct perspectives to address this serious health concern," said ASHP President Janet Silvester, M.B.A.

The guide to preparing for pandemics will be available at no cost on the Web sites of APhA, ASHP and NACDS Foundation.

APhA

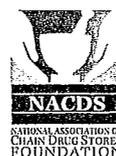
The American Pharmacists Association, founded in 1852 as the American Pharmaceutical Association, represents more than 60,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in advancing the profession. APhA, dedicated to helping all pharmacists improve medication use and advance patient care, is the first-established and largest association of pharmacists in the United States.

ASHP

For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient safety. The Society's 30,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term-care settings, as well as pharmacy students. For more information about the wide array of ASHP activities and the many ways in which pharmacists help people make the best use of medicines, visit ASHP's Web site, www.ashp.org, or its consumer Web site, www.SafeMedication.com.

NACDS Foundation

The NACDS Foundation is the education, research and charitable affiliate of the National Association of Chain Drug Stores. The NACDS Foundation supports programs that advance and strengthen the chain pharmacy industry for the benefit of the public it serves. Among its activities, the Foundation provides scholarships for pharmacy students and supports pharmacy education programs that address the needs of community pharmacy practice. Additionally, the Foundation supports research efforts which document community pharmacy's role and value in America's healthcare system. For more information about the NACDS Foundation, visit www.nacdsfoundation.org.



<http://www.latimes.com/news/local/la-me-flu17nov17,1.7324983.story?track=rss>
From the Los Angeles Times

Drive-through flu shots test ways to speedily deliver vaccines

Hundreds of motorists take advantage of clinics in Los Angeles and Ventura counties.

By Catherine Saillant
Los Angeles Times Staff Writer

November 17, 2007

Instead of fast food, it was fast flu shots Friday for hundreds of motorists converging on drive-through vaccination clinics at community colleges in Los Angeles and Ventura counties.

At Moorpark College, about 100 cars idled in the morning chill, snaking around orange traffic cones as drivers inched to the front of the line. Over the next four hours, nurses there administered more than 500 doses of flu vaccine. At College of the Canyons in Santa Clarita, 1,076 people were vaccinated, said Deborah Davenport, a director of community services for the Los Angeles County Department of Public Health.

"It's free and I get to stay in my car," said Summer Healthcote, her 7-year-old son, Andrew, strapped into a booster seat in the back of a green Suburban at the Moorpark campus. "I couldn't pass it up."

But public health officials said the one-day exercise wasn't designed to cater to Southern California's time-strapped, car-crazed culture. If the drive-through concept proves successful, they said, it could become the model for speedily inoculating entire cities in the event of a deadly pandemic or bioterrorism.

"This is how we would vaccinate the entire population of Ventura County in 48 to 72 hours if necessary," said Dan Wall, a spokesman for the Ventura County Public Health Department. "This is a good opportunity to test it out."

Vaccines at Friday's test run were free. Flu shots delivered car-side are not entirely new. Hospitals have offered them in the past at scattered clinics in order to inoculate older people and those with limited mobility.

But mass vaccinations have begun cropping up in recent years in response to 9/11 and heightened awareness about the potential for bioterrorism or a widespread viral outbreak, such as smallpox. Many of the clinics are funded by state and federal anti-terrorism grants because they are viewed as preparatory drills, officials said.

Los Angeles County's Public Health Department pioneered the model with a Santa Clarita clinic last year. Orange County health officials also gave it a try, with mixed results. Logistical problems can quickly throw a monkey wrench into plans, officials said.

Traffic control is crucial, said Howard Sutter, spokesman for the Orange County Health Care Agency. At Cal State Fullerton last year, several "walk-ups" weaved through the lines of cars to see if they could get shots, he said.

"You have the potential for an incident even though we've never had one," Sutter said.

With greater control of perimeters, large drive-through clinics earlier this month at Cypress College and Soka University in Aliso Viejo went smoothly, he said. Orange County officials set up a separate area just for walk-up patients, Sutter said.

In Los Angeles County, the biggest logistical challenge is traffic. Davenport, of the county Public Health Department, said traffic engineers are asked to identify sites that are convenient for motorists and to design a

traffic-flow plan for each clinic.

"If the line is built right, you can pull people out to fill out forms and then ease them back in once they're done," she said. "That alleviates backups. But you have to keep an eye out so people don't drift into each other's bumpers."

Also, after a couple of nurses almost got bitten, motorists with dogs now are asked to step out of their vehicles for their shots, Davenport said.

One issue health officials have tiptoed around is whether the pollution emitted by all the idling cars should be cause for concern. Davenport said most cars move through so quickly -- in three to five minutes -- that there isn't a lot of idling.

Orange County's Sutter said the exhaust is nothing out of the ordinary.

"I doubt that one exposure would be more than you get driving through a fast-food restaurant," he said.

At the Moorpark clinic, motorists just seemed grateful for the convenience.

Frederick Lehmkuhl, 58, a retired aerospace technician, was the first to roll through. As he moved through the line, he stopped at two checkpoints, the first to fill out a short form and the second to answer a few medical questions. When he pulled into the inoculation area, a white-coated student nurse walked up to the driver's side and asked him to pull up his sleeve.

Lehmkuhl complied, sticking his arm out the window for a shot. Within a minute, he was driving toward a final checkpoint, where workers made sure he was not having a bad reaction to the injection before sending him on his way. It was "pretty well organized," Lehmkuhl said.

"I hate to be pessimistic but it will just be some time before we have a dirty bomb or an outbreak of anthrax," he said. "The community needs to be prepared."

The cars moved a bit slowly at first, hampered by a traffic bottleneck that officials soon fixed. Once things got rolling, the student nurses and volunteers directing traffic were able to get most cars through in about 15 minutes.

The wait got even shorter, about eight minutes, once the morning rush had passed. David Lambert, 65, a retired LAPD officer, arrived mid-morning on his sparkling green-and-white Honda Shadow motorcycle. He pushed the bike through the line, waiting his turn.

"This is great," he said as the sun rose over golden hills and puffy white clouds skidded by. "You can go to Costco and get in line. Or you can come here and enjoy the beautiful day."

catherine.saillant@latimes.com

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Office of the Governor

ARNOLD SCHWARZENEGGER
THE PEOPLE'S GOVERNOR

PRESS RELEASE

10/27/2007 GAAS:869:07 FOR IMMEDIATE RELEASE

Governor Schwarzenegger Announces Additional Assistance for Fire Victims

Governor Arnold Schwarzenegger today announced cash grants of up to \$10,000 are available to help some individuals who have suffered losses in the southern California fires. The grants are administered by the California Department of Social Services as a supplemental program to FEMA-administered assistance. The grants help fire victims with expenses caused by a direct result of the disaster such as housing, replacing household items, medical costs and transportation.

"California stands ready to provide fire victims all the assistance they need to get their lives back on track. Even after the fires are extinguished, we will still be here to help fire victims in need," said Gov. Arnold Schwarzenegger.

Individuals must first apply for assistance through FEMA, which forwards applications to the California Department of Social Services. Only individuals who have received the maximum FEMA award are eligible for state supplemental grants. California Department of Social Services staff are at local assistance centers to help with information about the program. For more information, contact the California Department of Social Services, State Supplemental Grant Program at 1-800-759-6807 (TTY for hearing and speech impaired: 1-800-822-6268).

In addition to providing state cash assistance, departments throughout the California Health and Human Services Agency continue to help individuals affected by the fires by offering medical assistance at shelters, assisting residents in returning to skilled-nursing and residential care facilities and helping fire victims get disaster food stamps and replacement medication.

Specifically:

- In San Diego, Riverside and San Bernardino counties, California Medical Assistance Teams (CalMATs) continued to provide care and assess for unmet medical needs. CALMATs are teams of 35 physicians, nurses, pharmacists and other support personnel who are deployed during disasters and coordinated by the Emergency Medical Services Authority.
- Licensing staff from the Department of Public Health and Department of Health Care Services continued their efforts to help residents return to skilled nursing facilities and hospitals in Orange, San Diego, Riverside and San Bernardino counties. As of Friday afternoon, 22 of 26 facilities affected by the fires had been cleared by state licensing staff to reopen. Three evacuated facilities in Fallbrook remained under fire threat and an evacuated intermediate care facility in Ramona had no running water.
- The Department of Health Care Services expedited requests for approximately 20 Medi-Cal beneficiaries who lost their medicines in the fires.
- Staff members from the Department of Developmental Services evaluated regional centers in the areas affected by the fires to assess the impact of the fires on developmentally disabled consumers. In addition, staff helped arrange transportation, served as language interpreters and conducted functional assessments of people with disabilities arriving in shelters.



Office of the Governor

ARNOLD SCHWARZENEGGER
THE PEOPLE'S GOVERNOR

PRESS RELEASE

10/23/2007 GAAS:847:07 FOR IMMEDIATE RELEASE

Gov. Schwarzenegger Announces Additional Resources for Californians Displaced by Wildfires with Special Medical Needs

Governor Arnold Schwarzenegger announced the activation of a California Medical Assistance Team (CalMAT) and two federal Disaster Medical Assistance Teams (DMAT). The CalMAT is currently en route to San Diego and will be based at Qualcomm Stadium. DMATs are preparing to deploy and will arrive in southern California tomorrow from Washington and New Mexico.

"We will continue to coordinate the state's response with local officials as requests come in and are directing resources throughout the affected counties," said Governor Schwarzenegger. "Everyone is working together to make sure the appropriate personnel and equipment are in the right spots."

Each DMAT and CalMAT is composed of approximately 35 civilian volunteers from the medical, health and mental health care professions. The teams provide medical care in disaster areas or medical services at transfer points and reception sites associated with patient evacuation, and in this case the devastating southern California fires. These teams are scheduled to be deployed for approximately 10 days, after which time their need will be reevaluated.

Governor Schwarzenegger's Administration is working with the affected counties to identify sites where the DMATs need to be directed for maximum effectiveness.

In addition to activating the medical teams, the state has mobilized additional supplies and equipment for 2,000 medical beds known as "alternate care site beds" that can be deployed as needed to evacuation centers. Supplies are divided into caches, each of which provide enough supplies and equipment to care for 50 patients for 7 to 10 days. The California Department of Public Health (CDPH) will be sending a total of 20 trucks, each carrying two 50 patient caches, for a total of 2,000 alternate care site beds. The primary cache contents are packaged into nine categories providing all hazard medical care, including:

1. IV Fluids
2. Bandages and Wound Management
3. Airway Management
4. Immobilization
5. Patient Bedding, Gowns, Cots, Misc.
6. Personal Protective Equipment and Supplies
7. Exam Supplies
8. General Supplies
9. Defibrillators

CDPH Director Dr. Mark Horton and California Emergency Medical Services Director Dr. Cesar Aristeiguieta are in southern California to ensure the state's resources are being utilized to the fullest capacities. Additionally, in response to reports that displaced Californians with critical medical needs were evacuated to ill-equipped facilities, such as the San Diego High School, a team of CDPH facility licensing nurses have been on hand to assist patients in need of specialized skilled nursing care.



NEWSROOM

The latest news from Rx Response.

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PARTNERS ⊕
Effective emergency response is a team effort.

NEWSROOM ⊕
The latest news from Rx Response.

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Our mission is to get medication to patients in emergencies.

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Rx Response Monitoring Wildfire Emergency in California

As a result of the wildfire emergency in California, the Rx Response Pre-Emergency Planning phase has been activated -- monitoring medicine delivery and healthcare availability in Southern California, and working with our partners and government emergency officials to receive up-to-the-minute information.

After careful review among the partners of Rx Response, we have determined that normal business practices are currently able to handle the situation in California. At this time, the normal pharmaceutical supply system is operating effectively.

On the whole, pharmacies are open, very few hospital systems have been ordered to evacuate and our Rx Response members are not reporting product shortages. As a result of this discussion, Rx Response will not formally activate, but will continue to operate in alert mode and monitor the situation.

Individuals impacted by the wildfires and those ordered to evacuate their homes are strongly encouraged to pack their medicines. It's important that people always carry a list of their medications with the specific dosage, and if applicable, a list of medications for all the members of their family. [Click here for a wallet card](#) individuals may fill out and print.

For those evacuees who no longer have access to their prescription medicines and are in need of them, there are several options for refilling prescriptions. They may visit their local pharmacy or a pharmacy within their chain network. Additionally, community pharmacies can obtain and fill some patients' prescriptions through a secure network that has been activated due to this crisis, even when the prescription is at another pharmacy. As always, patients may contact their doctor to obtain a new prescription that may be filled at an open pharmacy. For more information go to www.ICERx.org or call 1-888.ICERX.50 (1-888-423-7950).

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GlaxoSmithKline aids California fire relief efforts

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Donations of more than \$1 million worth of prescription medicines and consumer products offered

Research Triangle Park, NC - October 26, 2007 -

GlaxoSmithKline (GSK) shares the nation's concern for residents and communities of California's San Diego region that are being ravaged by widespread fires. As a demonstration of support, GSK has offered to the people impacted more than \$1 million dollars worth of respiratory medicines and \$100,000 worth of consumer products, including *Aquafresh* products and *Tums*.

"GSK is committed to helping the relief effort by providing the State of California and its state-based, disaster-response organizations with medicines and other healthcare products that are needed by those whose lives have been turned upside down by this tragedy," said Christopher Viehbacher, President, US Pharmaceuticals, GlaxoSmithKline.

GSK has already shipped \$300,000 worth of asthma medicine to Direct Relief International, a Santa Barbara-based relief organization with expertise in fast delivery of medicines in times of disaster. Direct Relief's close proximity to the regions affected by the fires means they have been able to provide immediate emergency relief to those in need.

GSK has also reached out to other relief organizations - AmeriCares, MAP International, Project HOPE and Interchurch (IMA) - to assess the ongoing needs of residents and communities throughout San Diego county. If these organizations ask for additional medicines, GSK will seek to fulfill the requests.

GSK is also helping its employees and their families based in the San Diego region recover from the fires. A disaster relief fund is available to provide employees with up to \$5,000 grants to cover emergency needs, such as temporary housing, food and transportation.

GlaxoSmithKline - one of the world's leading research-based pharmaceutical and healthcare companies - is committed to improving the quality of human life by enabling people to do more, feel better and live longer.

Inquiries:

US Media inquiries: Robert Sutton (919) 483 2319

I am writing this e-mail to begin an information sharing process concerning the California Wildfire Crisis. The following table lists health care facilities that have been evacuated due to the crisis.

Facility Name	City	County	Status
Palomar Pomerado Hospital	Poway	San Diego	Will reopen Friday October, 26.
Manor Care Nursing Home	Poway	San Diego	Closed
Aurora Behavioral Health Center	Rancho Bernardo	San Diego	Closed
Casa De Las Companes (SNF)	Rancho Bernardo	San Diego	Closed
Villa Rancho Bernardo	Rancho Bernardo	San Diego	Closed
Fallbrook Hospital	Fallbrook	San Diego	Will Reopen Later this week.
Mountains Hospital	Lake Arrowhead	San Bernardino	Closed

We plan to send an updated list of these evacuated facilities and any other pertinent information that becomes available on a daily basis as this crisis continues. We are hopeful that you will use this information as you help to coordinate care and ensure coverage for affected Medicare beneficiaries.

We are also asking that you provide us with information concerning any significant developments affecting health care delivery in the area. Specifically, we are looking for information concerning any health care provider locations (e.g. hospitals, nursing homes, medical groups, physician offices) in your provider networks that have been evacuated or face capacity issues due to transfers from evacuated facilities. We will pass this information on to all Medicare health plans in the Southern California area through this information sharing process. Please e-mail this information to Greg Snyder in the CMS San Francisco Regional Office at Gregory.Snyder@cms.hhs.gov.

Thank you very much.

October 28, 2007

Virginia Herold, EO, California State Board of Pharmacy
Bill Powers, President, California State Board of Pharmacy

Dear Ginny and Bill

The following is a rundown of my observations from the recent fires in San Diego County and the response by the pharmacy community.

I know of 3 pharmacies that were evacuated during the fires; Ramona Health Mart Pharmacy, Fallbrook Pharmacy and Rancho Santa Fe Health Mart Pharmacy, there may have been more. I have not had the opportunity to speak with the owner/pharmacists of Ramona and Fallbrook pharmacies so I will limit my comments to my pharmacy.

We were evacuated from the pharmacy on Monday morning (10/22) at about 11AM. Dr. Jason Kim and I worked the pharmacy alone from about 7AM until we were told to leave by the Deputy Sheriffs at 11AM. During that time we were able to serve a number of patients who were being evacuated and needed meds. Due to significant power spikes that were occurring, I shut down the computers before leaving out of fear that even if the building survived my computers might be fried and I would not be able to operate after repopulation of the area. As a result of this action I was unable to access the data base remotely. Our telephone system continued to be operational and as a result I was able receive emergency calls and retrieve voice messages left on the pharmacy telephone system. Most of these calls were from evacuees who had left their meds behind or were running out of meds.

Monday and Tuesday were difficult because without database access I had to communicate with pharmacists in non-impacted areas to try and supply my patients with emergency supplies of needed meds without accurate knowledge of their prescription history. The vast majority of my patients either had old prescription bottles or knew what meds they were taking. In a few instances we were at a loss since the patient only knew that, for example, they were taking a beta-blocker but not which one or which strength. Physicians were hard to get hold of since many had also been evacuated. The pharmacists I worked with at both chain and independent pharmacies were very cooperative, but several expressed confusion as to exactly what their authority was under these emergency circumstances. Overall, we were very successful in obtaining emergency meds for the evacuees. On Wednesday morning I was able to get a police escort to the pharmacy and

restart the computers. From that point on I was able to transfer prescriptions via remote access from home.

I would like to thank Dieter who owns Coast Compounding Pharmacy in Oceanside. He immediately call me and offered to accommodate my patients needs. During the first 2 days we put a message on our telephone system directing patients to his store. Unfortunately most of our patients had evacuated to areas ranging from LA to Chula Vista, however Dieter did help a number of patients from Rancho Santa Fe.

We were repopulated on Thursday afternoon and have been operating normal hours since. Other than the ash surrounding the building which had to be cleaned up there was thankfully no damage to the pharmacy.

Dr Jason Kim, one of my business partners, and his fiancée Tiffany volunteered at the Del Mar evacuation center under the auspices of RxERT. They worked with the volunteer physicians and nurses to take histories, make rounds, advise on appropriate therapy and dispense meds that had been donated by local pharmacies, hospitals and brought in by CALMAT. Jason indicated that he treated a number of patients from the evacuated Rancho Santa Fe area. I have already communicated to both of you the great work that Dr. John Johnson (JJ) and the RxERT team did at 3 sites; Qualcomm, Del Mar and San Diego High. Your suggestion to honor the volunteers at our San Diego Board meeting in January is an excellent idea and should be implemented.

Both Jason and JJ commented on the issue of record keeping. During the initial hectic hours at the evacuation centers record keeping was probably less than optimal but was quickly rectified by JJ and Jason. I have suggested to JJ that he develop a document for the volunteer workers to use as a guide indicating what the procedures with respect to emergency service record keeping should be. In addition, I think that the BOP should develop a short (1 page) guide to the authority of pharmacists during emergencies. We could cite the laws and regs that apply and clarify just what powers they have and what their limitations are.

I also spoke with my wholesaler, McKesson, at the Senior Vice-President level. They asked what more they could do. They had already contacted their impacted pharmacies to offer financial aid to help with recovery of the businesses but they wanted to also help the community. We discussed a number of alternatives, such as their being prepared to supply needed meds on an emergency basis to the evacuation sites. While nothing has been finally approved our discussions continue. Some of the suggestions with respect to what McKesson can do may need staff attention to be implemented. For an immediate response they are providing non-prescription meds and supplies to the San Diego Health Mart Pharmacies. We are initially receiving cases of masks to give out to protect our patients from the poor air quality and especially from the dust generated during clean-up of their properties.

I am very proud of the pharmacy community in San Diego. My fellow pharmacists and owners conducted themselves in a professional manner while meeting the immediate

needs of the consumers of the County. I am also happy to hear that very few calls came into the Board. This would seem to indicate that things went very smoothly with respect to pharmacy response to the disaster.

Thank you both for your concern, assistance and prayers during this difficult time.

Sincerely,

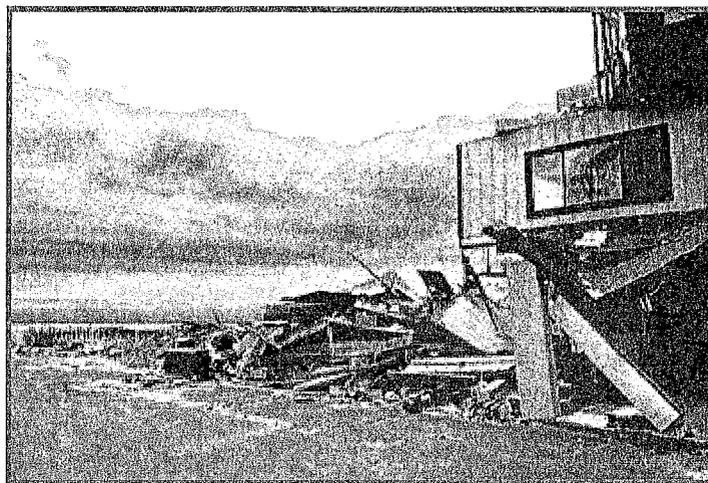
Bob Graul


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Overview



As a pharmacist, you have a critical need to be able to provide prescription drugs in correct dosages to evacuees in the event of a disaster. ICERx.org, a secure web site operated by private organizations and made possible with the assistance of federal, state and local governments, provides you with a secure portal to obtain this information.

Evacuee outpatient prescription history

- drug name and dosage
- quantity and day supply
- name of pharmacy that filled the script (if available)
- name of provider who wrote the script

Available patient clinical alerts

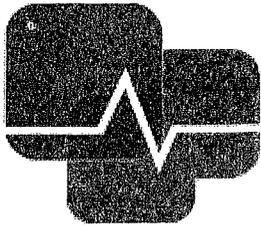
- drug interaction alerts
- therapeutic duplication alerts
- elderly alerts

Clinical Pharmacology® drug reference information

- drug monographs
- interaction reports
- drug identifier tool

The information provided through ICERx.org is meant to complement, not replace, complete information provided to you by your patient. Medication information pertaining to selected sensitive healthcare conditions is not available through ICERx.org.

Call 1.888.ICERX.50 for more information



ICERX.org

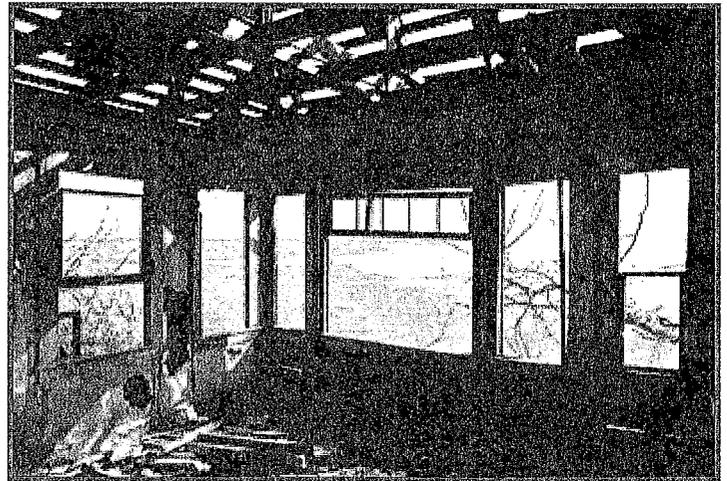
in case of emergency

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For Patients

[Security »](#)[Gaining Access »](#)

Overview



If you were forced to move from your home following a disaster, you may have run out of medications. Or you might not remember which prescription drugs you are taking or the proper dosage. Often, evacuees are unable to contact their regular doctor, clinic, or hospital. In many cases, paper medical records have been destroyed in the disaster.

It is because of this dilemma that ICERx.org was created.

ICERx.org is a secure, online service that allows licensed doctors and pharmacists anywhere in the United States to help you get information about your prescription medicines. It will help your doctors and pharmacists know which drugs you have been prescribed, the correct dosages, whether you have refills available, which doctor prescribed them, and which pharmacies have information about your prescription.

If you are an evacuee from an area affected by a disaster and you need to renew your prescriptions or get a new one, please let any doctor or pharmacist know that ICERx.org is available for their use.

ICERx.org was created by a unique collaborative of national charities, private businesses, the American Medical Association, and federal, state, and local governments to help people get vital medicines during times of disaster.



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As a physician, you have a critical need to be able to access evacuees' medication histories to provide continuity of care in the event of a disaster. ICERx.org, a secure web site operated by private organizations and made possible with the assistance of federal, state, and local governments, provides you with a secure portal to obtain this information.

Evacuee outpatient prescription history

- drug name and dosage
- quantity and day supply
- name of pharmacy that filled the script
- name of provider who wrote the script

Available patient clinical alerts

- drug interaction alerts
- therapeutic duplication alerts
- elderly alerts

Clinical Pharmacology® drug reference information

- drug monographs
- interaction reports
- drug identifier tool

The information provided through ICERx.org is meant to complement, not replace, complete information provided to you by your patient. Medication information pertaining to selected sensitive healthcare conditions is not available through ICERx.org.

Call 1.888.ICERX.50 for more information



NATIONAL ASSOCIATION OF CHAIN DRUG STORES

News Releases

State of Patient Care and Humanitarian Aid Amid the California Wild Fires

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October 24, 2007

Contact: Chrissy Shott; (703) 837-4266

Alexandria, VA - The National Association of Chain Drug Stores (NACDS) and community pharmacy join with our neighbors nationwide in sympathy, support, care and prayer for those affected by the tragic wild fires in California. We would like to provide information that might be helpful to those who are impacted by, or engaged with, this situation.

Most Pharmacies Open; ICERx Activated

We understand that most pharmacies are operational. Also, many NACDS member companies offer the capability for their patients to fill their prescriptions at any of the chain's locations. In addition, it is appropriate to mention the role of SureScripts, of which NACDS is a co-founder. SureScripts is a leader in the electronic exchange of prescription information between pharmacies and physicians. For chain pharmacies providing care to evacuees displaced by the fires in Southern California, SureScripts and the nation's pharmacies have activated access to Emergency Rx History. This will make it possible for pharmacies to obtain and fill some people's prescriptions through the use of a secure network, even when the prescription is at another pharmacy. For more information, go to www.ICERx.org or call 1-888.ICERX.50 (1-888-423-7950).

Of course, patients who find themselves unable to have their prescription filled at their pharmacy also may contact their doctors to obtain new prescriptions that may be filled at an open pharmacy.

NACDS would like to take this opportunity to remind the public that it always is a good idea to maintain a record of one's prescriptions, including the medications and dosages. The "Be Prepared" section of the www.RxResponse.org web site includes a feature that allows patients to customize and create a convenient card that lists this information.

RxResponse Alert, but Activation Not Currently Necessary

NACDS participates in RxResponse, a collaborative effort designed to help support the continued delivery of medicines during a severe public health emergency. Please see www.RxResponse.org to view a public statement on behalf of RxResponse, and for more information. In summary, with the pharmaceutical supply chain operating without disruption and most pharmacies able to serve their patients, RxResponse will not be formally activated at this time, but will continue to remain on alert to assess the situation and respond as needed. This is good news, in terms of the current state of prescription medication availability, as well as the fact that RxResponse is demonstrating its ability to facilitate communications and quickly assess situations.

Commending Humanitarian Efforts

NACDS would like to pay tribute to the firefighters and rescue workers, and to all those aiding the individuals who have been evacuated. From those who risk their own wellbeing to fight the fires, to neighbors helping neighbors, this time of need is bringing out the best in so many true heroes.

NACDS also would like to recognize and commend the response of its member companies. Their response includes continuing pharmacy operations, but also the contributions of financial resources, products and services to the people in the evacuated areas. Their humanitarian efforts are consistent with their day-to-day commitment to patient and customer care, as well as with their swift and vital responses to prior tragedies, including Hurricane Katrina.

Print

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Pharmacy Board
<pharmacy_subscriberlist@d
ca.ca.gov>

10/23/2007 12:50 PM

To pharmacy_subscriberlist@dca.ca.gov

cc

bcc

Subject California State Board of Pharmacy Subscriber Alert

The Board of Pharmacy is concerned about the well-being of Southern Californians and their challenges in responding to the multiple fires burning throughout this area. In this regard, the board's emergency response plan is ready to assist those with concerns or who need assistance.

Licensees who need to evacuate or relocate their facilities are encouraged to contact the board for assistance in maintaining care services to the public and the health community once the imminent danger is passed.

Please contact the board at (916) 574-7900 and at the prompt -- use "0" to reach a receptionist and ask for assistance with emergency response.

Thank you.



Pharmacy Board
<pharmacy_subscriberlist@d
ca.ca.gov>

10/26/2007 01:24 PM

To pharmacy_subscriberlist@dca.ca.gov

cc

bcc

Subject California State Board of Pharmacy Subscriber Alert

The Board of Pharmacy continues to strongly support the efforts of our licensees in caring for patients impacted by the Southern California wildfires. We have received stories of how pharmacies have been aiding patients, and in several weeks will actively seek such reports so that we can build a record.

We remind all licensees of the board's disaster response policy (http://www.pharmacy.ca.gov/publications/disaster_policy.pdf) and the existing (everyday) authority of pharmacists to provide emergency refills of medicine when the prescriber is not available (California Business and Professions Code section 4064).



Pharmacy Board
<pharmacy_subscriberlist@d
ca.ca.gov>

11/19/2007 06:56 AM

To pharmacy_subscriberlist@dca.ca.gov

cc

bcc

Subject California State Board of Pharmacy Subscriber Alert

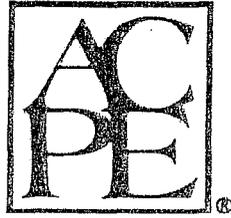
The California State Board of Pharmacy thanks its licensees and members of the pharmaceutical supply chain who provided assistance to Southern California during October's wildfire emergencies. The public was very well served by your efforts. Thank you.

The board is interested in receiving information about and recognizing those who assisted in this effort. If you or others you know of provided assistance in this regard, please email these reports to Virginia_Herold@dca.ca.gov.

Also, discussion of emergency response efforts generally in California will be a discussion item for the December 11 Licensing Committee Meeting.

The board is also interested in learning if additional statutory law or regulations need amendment to permit better/stronger/faster response to the public during emergencies. Please provide any such proposals also to Virginia Herold.

Thank you.

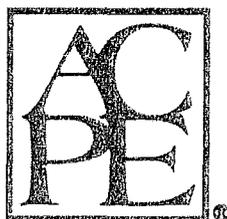


Accreditation Council for Pharmacy Education

Accreditation Standards for Continuing Pharmacy Education

Adoption: June 20, 2007
Released: October 5, 2007
Effective: January 1, 2009

Accreditation Council for Pharmacy Education
Chicago, Illinois
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Appendix II: Standards for Commercial Support adapted from Accreditation Council for Continuing Medical Education, 2004

Glossary

Accreditation Council for Pharmacy Education (ACPE) Overview

The Accreditation Council for Pharmacy Education is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE was established in 1932 for the accreditation of professional degree programs in pharmacy. In 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education (www.acpe-accredit.org).

THE MISSION OF ACPE IS TO ASSURE AND ADVANCE QUALITY IN PHARMACY EDUCATION.

ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Council on Education. Since the inception of its accreditation agency recognition program in 1952, ACPE has been recognized by the U.S. Department of Education, and in April 2004, received recognition by the Council for Higher Education Accreditation.

State boards of pharmacy require that licensure applicants from the United States be graduates of an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination™ (NAPLEX®). In addition, all state boards of pharmacy require pharmacists to participate in accredited or otherwise approved continuing education activities for relicensure. A growing number of state boards of pharmacy require pharmacy technicians to participate in continuing education for re-registration or relicensure. These Standards were created in order to meet those requirements.

Revision of Standards: Background

All accrediting bodies, including ACPE, periodically review and revise their standards for currency and appropriateness. The factors that prompted ACPE to conduct a reassessment of existing CPE requirements for provider accreditation include:

- Experience gained by ACPE in its accreditation reviews since the adoption of the *ACPE Criteria for Quality and Interpretive Guidelines* in 1977.
- Feedback from ACPE stakeholders regarding quality improvement of the *ACPE Criteria for Quality and Interpretive Guidelines*.
- Revision of the *Accreditation Standards and Guidelines for the Professional Degree Program in Pharmacy Leading to the Doctor of Pharmacy Degree* ("Standards 2007"): The standards and guidelines have been refined to ensure the development of students who can contribute to the care of patients and to the profession by practicing with competence and confidence in collaboration with other health care providers. The standards place greater emphasis on desired scientific foundation and practice competencies, the manner in which programs need to assess students' achievement of competencies, and the importance of the development of the student as a professional and lifelong learner. The standards focus on the development of students' professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of ethical behavior. (www.acpe-accredit.org)
- Revision of AACP's Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes in 2004 was guided by a consultant and an advisory panel of educators and practitioners. These educational outcomes are intended to be the target toward which the evolving pharmacy curriculum should be aimed. (www.aacp.org)
- The 2005 publication of The Joint Commission of Pharmacy Practitioners' *Vision of Pharmacy Practice 2015*, accepted by the governing boards of 11 pharmacy organizations, including ACPE.
- The Medicare Modernization Act of 2003 that established the need for medication therapy management services provided by pharmacists for high-risk patients (www.cms.hhs.gov).
- Reports from the Institute of Medicine (www.iom.edu) suggesting changes in the current health care system to improve medication safety and patient outcomes, including the five competencies that all health care professionals should attain during their education and training.
- The growing number of pharmacy technicians who require continuing education to renew their certification and/or registration.
- Revision of ACPE's *Definition of Continuing Education for the Profession of Pharmacy* to differentiate CPE for pharmacy technicians as defined by the practice analysis for certified pharmacy technicians.

Revision of Standards: Differences

- Title: Changed from ACPE Criteria for Quality and Interpretive Guidelines to *ACPE Standards for Continuing Pharmacy Education* for clarity and organizational consistency.
- Philosophy and emphasis: The CPE standards were designed to facilitate the continuum of learning as defined in Standards 2007. Standards 2007 emphasizes the foundation needed for development of the student as a lifelong learner and the *Standards for Continuing Pharmacy Education* should provide a structure as students make the transition to practicing pharmacists.
- The Standards emphasize that pharmacists and pharmacy technicians should:
 - identify their individual educational needs
 - pursue educational activities that will produce and sustain more effective professional practice in order to improve practice, patient, and population health care outcomes
 - link knowledge, skills, and attitudes learned to their application of knowledge, skills, and attitudes in practice
 - continue self-directed learning throughout the progression of their careers
- The Standards guide CPE providers to:
 - advocate for the lifelong learning of pharmacists and technicians
 - emphasize systematic, self-directed learning
 - educate pharmacists and technicians about available activities in their specific practice areas
 - identify and meet the educational needs of pharmacists and technicians
 - focus on the educational needs of pharmacists and technicians rather than on the number of participants or activities conducted
 - assure that faculty take an active role in delivering content so that pharmacists and technicians are actively engaged in their learning
 - include active learning strategies to enhance knowledge retention and application in practice
 - assess participant learning from a CPE activity
 - evaluate the impact of CPE activities in pharmacy practice
- Format: The Standards are organized in four sections - Content, Delivery, Assessment, and Evaluation - with an introductory paragraph describing the intent and context of each section. The Standard is defined and an explanatory Guidance section follows.
- Terminology: The Standards use the phrase 'pharmacists and technicians' as the recipients for CPE activities. Please note that it is acceptable for some providers to design CPE activities for pharmacists only; to design CPE activities for pharmacy technicians only; and, for some providers to design CPE activities for both pharmacists and pharmacy technicians.

Standards for Continuing Pharmacy Education

Section I: Content of Continuing Pharmacy Education (CPE) Activities

The purpose of the standards in this section is to ensure that the provider's continuing pharmacy education program has a clearly articulated mission, desired goals and a planning process to achieve the mission and goals. The mission, goals, and activities must be related to the vision and educational needs of the profession of pharmacy to better serve society. As recommended by the Institute of Medicine for all health care professionals, pharmacists and pharmacy technicians must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Standard 1: Goal and Mission of the CPE Program

Standard 2: Educational Needs Assessment

Standard 3: Continuing Pharmacy Education Activities

Standard 4: CPE Activity Objectives

Standard 5: Standards for Commercial Support

Standard 1: Goal and Mission of the CPE Program

The provider must develop a CPE goal and mission statement that defines the basis and intended outcomes for the majority of educational activities the provider offers.

Guidance

A CPE *goal* is a concise written statement of what the provider intends to achieve for pharmacy education. The CPE goal should address how a provider will assist pharmacists and technicians* to maintain and enhance their professional competencies to practice in various settings. These may include, but are not limited to:

- ensuring optimal medication therapy outcomes and patient safety,
- managing practice settings,
- satisfying the educational requirements for pharmacist relicensure, and
- meeting recertification requirements for pharmacy technicians.

A CPE *mission* statement should be consistent with the goals and specifically indicate the provider's short-term intent in conducting CPE activities, including the intended audience and the scope of activities. The mission and goals should be systematically evaluated and periodically updated to assure consistency among the mission, overall goals, and individual activities.

CPE is a structured educational *activity* designed to support the continuing professional development of pharmacists and technicians in order to help them maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking and be applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and technicians.

Note: The appendices are guides for ACPE-accredited providers as they develop CPE activity content appropriate for pharmacists and technicians.

Standard 2: Educational Needs Assessment

The provider must develop CPE activities based on a multifaceted process where educational needs are prospectively identified.

Guidance

Needs assessment should be completed before planning specific CPE activities and should guide content development and delivery.

* Terminology: The Standards use the phrase 'pharmacists and technicians' as the recipients for CPE activities. Please note that it is acceptable for some providers to design CPE activities for pharmacists only; to design CPE activities for pharmacy technicians only; and, for some providers to design CPE activities for both pharmacists and pharmacy technicians.

A needs assessment should employ multiple strategies to identify the specific gaps in knowledge or skills or areas for enhancement for pharmacists' and technicians' competence. The provider should identify gaps between what pharmacists and technicians do and what is needed and desired in practice.

Strategies for needs assessment should incorporate a method or methods in which representatives of the intended audience participate in identifying their own continuing education needs.

Standard 3: Continuing Pharmacy Education Activities

The provider must structure each CPE activity to meet the knowledge-, application- and/or practice-based educational needs of pharmacists and technicians.

Guidance:

Knowledge-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to acquire factual knowledge. This information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 15 minutes or 0.25 contact hour.

Application-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 60 minutes or one contact hour.

Practice-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

Providers are not required to offer all three activity types. The CPE activities should be consistent with the provider's mission and appropriate to meet the identified pharmacist and technician needs.

Providers are encouraged to *guide* pharmacists and technicians to the best combination of CPE activities to meet their practice needs.

Standard 4: CPE Activity Objectives

The provider must develop objectives for each CPE activity that define what the pharmacists and technicians should be able to do at the completion of each CPE activity.

Guidance

Objectives must be:

- specific and measurable
- developed to specifically address the identified educational need (Standard 2)
- addressed by an active learning activity (Standard 7) and
- covered by a learning assessment (Standard 9)

Standard 5: Standards for Commercial Support (Appendix II)

The provider must plan all CPE activities independent of commercial interest. The educational content must be presented with full disclosure and equitable balance.

Appropriate topics and learning activities must be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug, device or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guidance:

The provider must:

- ensure independence in planning and delivery of CPE activities, and
- implement a mechanism to prospectively identify and resolve conflicts of interest during the planning process, and
- use commercial support appropriately, and
- manage commercial promotion appropriately, and
- present content that is without commercial bias, and
- disclose required information.

Section 2: Delivery of CPE Activities

The purpose of the standards in this section is to ensure that the provider delivers CPE activities to promote pharmacists' and technicians' learning and application of learned principles to practice. The teaching and learning methodologies used should foster the continued development of critical thinking and problem-solving skills, be applicable to the diverse learning needs of the pharmacists and technicians, and encourage the continuing professional development of pharmacists and technicians.

Standard 6: Faculty

Standard 7: Teaching and Learning Methods

Standard 8: Educational Materials

Standard 6: Faculty

The provider must communicate and collaborate with CPE activity faculty regarding the identified educational needs, intended audience, objectives, active participation, and learning assessments for each CPE activity.

Guidance

- a. Faculty should be selected based upon their knowledge of the subject matter; experience and teaching ability; and ability to meet the educational needs of the pharmacists and technicians.
- b. Information, verbal and written, should be provided to faculty to assure that CPE activities meet ACPE's *Standards for Continuing Pharmacy Education* for developing objectives, incorporating active learning opportunities, and appropriate assessments of learning.
- c. Faculty should disclose to the provider all relevant financial relationships with any commercial interest. In addition, the provider must have implemented a mechanism to identify and resolve any conflicts of interest prior to the education activity being delivered (Standard 5).

Standard 7: Teaching and Learning Methods

The provider must assure that all CPE activities include active participation and involvement of the pharmacist and technician.

Guidance

The methodologies employed should be determined by the CPE activity planned (Standard 3), objectives, educational content, and the size and composition of the intended audience.

The provider should design and implement active learning exercises as a component of live and home study instructional methods.

Standard 8: Educational Materials

The provider must offer educational materials for each CPE activity that will enhance participants' understanding of the content and foster applications to pharmacy practice.

Guidance

Educational materials should serve as a guide, provide additional sources of information, and include reference tools usable in practice.

Section 3: Assessment

The purpose of the standards in this section is to ensure that CPE activities employ appropriate learning assessments and that feedback is provided to pharmacists and technicians in a timely manner, enabling them to apply the learned content to practice.

Standard 9: Assessment of Learning

Standard 10: Assessment Feedback

Standard 9: Assessment of Learning

The provider in collaboration with faculty must include learning assessments in each CPE activity to allow pharmacists and technicians to assess their achievement of the learned content. Completion of a learning assessment is required for CPE credit.

Guidance

The provider may select formal and informal techniques for assessment of learning. Informal techniques typically involve participant discussions. Formal techniques, such as tests and quizzes, are typically individualized, written, and graded. The assessment should be consistent with the identified CPE activity objectives (Standard 4) and activity type (Standard 3).

Knowledge-based CPE activity. Each CPE activity in this category must include assessment questions structured to determine recall of facts.

Application-based CPE activity. Each CPE activity in this category must include case studies structured to address application of the principles learned.

Practice-based CPE activity. Each CPE activity in this category must include formative and summative assessments that demonstrate that the pharmacists and technicians achieved the stated objectives.

Standard 10: Assessment Feedback

The provider must ensure learner assessment feedback is provided to participants in an appropriate, timely, and constructive manner.

Guidance

The feedback provided should be consistent with the learning assessment (Standard 9), activity objectives (Standard 4), and activity type (Standard 3). Verbal and written feedback may be provided as follows:

Knowledge-based CPE activity. Feedback may include the correct response to questions. For incorrect responses, the provider is encouraged to communicate that the question was answered incorrectly and provide the rationale for the correct responses.

Application-based CPE activity. Feedback may include the correct evaluation of case studies. When responses are incorrect, the provider is encouraged to explain the rationale for the correct responses.

Practice-based CPE activity. Feedback should be provided based on the formative and summative assessments that were used to demonstrate that the pharmacist or technician achieved the stated objectives.

Section 4: Evaluation

The purpose of the standards in this section is to ensure that providers evaluate the effectiveness of CPE activities and program. Providers must have an evaluation plan that allows for a determination of the degree to which the mission and goals have been achieved. They must use this information for continuous quality improvement of their CPE programs.

Standard 11: Evaluation of CPE Activities

Standard 12: Achievement and Impact of CPE Mission and Goals

Standard 11: Evaluation of CPE Activity

Providers must develop and conduct evaluations of each CPE activity. The evaluations must allow pharmacists and technicians to provide feedback on the following items:

- applicability of the CPE activity to meet their educational needs
- achievement of each stated objective
- quality of faculty
- usefulness of educational material
- effectiveness of teaching and learning methods, including active learning
- appropriateness of learning assessment activities
- perceptions of bias or commercialism

Guidance

The above items are the minimum requirements for CPE activity evaluations. Providers are encouraged to evaluate additional items and assess whether the provider's stated mission and goals are achieved.

The feedback should be summarized for pharmacists and technicians separately and used in a systematic fashion for the purpose of ongoing improvement of the overall CPE program.

Standard 12: Achievement and Impact of Mission and Goals

Providers must establish and implement evaluation plans that assess *achievement* and *impact* of stated mission and goals (Standard 1). They must use this information for continuous development and improvement of the CPE program.

Guidance

An evaluation plan, that includes data collection and analysis, should be developed to document achievement of the provider's CPE mission and goals. Based on the results of the evaluation plan, the provider's mission and goals should be periodically updated.

In general, the impact of the provider's CPE program should be measured using the following levels:

- Participation: number of participants attending CPE activities
- Satisfaction: directly measuring satisfaction with learning activities, topic, level of content, and speaker's organization of the material
- Learning: pre- and post-tests, self-assessment tools, multiple choice, short answer, essays, presentations
- Performance: demonstration of skills, application of treatment guidelines
- Patient Health: compliance rates, reduced physician visits
- Population Health: morbidity/mortality, infection rates, readmission rates

Depending on the activity type, these six levels may be evaluated as follows:

Knowledge-based CPE activity. The levels that must be evaluated are participation, satisfaction, and learning.

Application-based CPE activity. The levels that must be evaluated are participation, satisfaction, learning, and performance (demonstration during the activity and intended application in practice).

Practice-based CPE activity. The levels that must be evaluated are participation, satisfaction, learning, performance (demonstration during the activity and application in practice post-activity), and, if applicable, patient and/or population health.

Appendix I. Accreditation Council for Pharmacy Education Definition of Continuing Education for the Profession of Pharmacy

What is the definition of continuing education?

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

What does 'applicable to the practice of pharmacy' mean?

In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists should develop and maintain proficiency in five core areas*:

- delivering patient-centered care,
- working as part of interdisciplinary teams,
- practicing evidence-based medicine,
- focusing on quality improvement and
- using information technology.

*Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.

Pharmacist competencies. Pharmacists should always strive to achieve the *Future Vision of Pharmacy Practice* (see Appendix A). Specific competency statements have been developed by the American Association of Colleges of Pharmacy and are expected to be achieved upon graduation from an ACPE-accredited professional degree program in pharmacy (see Appendix B: Center for the Advancement of Pharmaceutical Education, Educational Outcomes 2004). Pharmacy graduates need to take and pass the pharmacy licensure exam, NAPLEX[®], in order to practice pharmacy. NABP has developed the NAPLEX[®] Blueprint (see Appendix C: The NAPLEX[®] Competency Statements) as the competencies needed to pass the exam. These documents are synergistic in establishing the competencies required of pharmacists to enter practice and to continue as a student of pharmacy for a lifetime.

Pharmacy Technician Competencies. The Pharmacy Technician Certification Board (PTCB) has developed the Pharmacy Technician Certification Exam (PTCE) Blueprint as the competencies needed to pass the exam (see Appendix D: PTCB Exam Content Outline).

Note: The appendices should be used by ACPE-accredited providers as guides in developing CE activity content appropriate for pharmacists and/or pharmacy technicians.

How will CPE activities for pharmacists and pharmacy technicians be designated?

Promotional materials (brochures, advertisements, memoranda, letters of invitation, or other announcements) should clearly and explicitly identify the target audience that will benefit from the CPE activity. A CPE activity that includes pharmacists and pharmacy technicians should have specific and separate learning objectives described for both.

In addition, a Universal Program Number—an identification number—is assigned to each CPE activity developed and sponsored, or cosponsored, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the cosponsor designation number (000 for no cosponsor, 999 for all non-ACPE-accredited cosponsors), the year of CE activity development (e.g., 07), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring with a non-ACPE-accredited organization

Format Designators:

- L - Live activities
- H - Home study and other mediated activities
- C - Activities that contain both live and home study or mediated components

Topic Designators - activities are related to:

- 01 - Disease State Management/Drug therapy
- 02 - AIDS therapy
- 03 - Law (related to pharmacy practice)
- 04 - General Pharmacy
- 05 - Patient Safety

Target audience designator

- P - Pharmacist
- T - Pharmacy Technician

If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:

- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy
- 05-T Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient). Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Program Number with respect to the provider identification number, cosponsor designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

197-000-06-001-L05-P (program number to be used for pharmacists)

197-000-06-001-L05-T (program number to be used for pharmacy technicians)

What are the responsibilities of an ACPE-accredited provider?

It is the responsibility of the provider to assure that each activity complies with the Definition of Continuing Education, be applicable to the practice of pharmacy, identifies the appropriate target audience as it relates to the content, and adheres to ACPE *Criteria for Quality and Interpretive Guidelines*.

As outlined in the ACPE *Criteria for Quality and Interpretive Guidelines*, every ACPE-accredited provider is ultimately responsible for CPE activity planning, faculty selection, content of the activity, site selection, method of delivery, marketing to the appropriate target audience and assurance that the activity is fair, balanced and free from bias and/or promotion. In addition, the provider is responsible for explaining and guiding the faculty in its expectations regarding development of learning objectives and instructional materials and incorporation of active learning and learning assessment mechanisms within the activities. The provider should also ensure that the statements of credit include the appropriate designation as well as the other required elements noted in the ACPE *Criteria for Quality*, Guideline 8.1 Statements of Credit.

Have questions?

If you have any questions as to what constitutes continuing education for the profession of pharmacy, please contact the ACPE staff at ceinfo@acpe-accredit.org or phone 312-664-3575.

Appendix A. Joint Commission of Pharmacy Practitioners Future Vision of Pharmacy Practice

Joint Commission of Pharmacy Practitioners

Academy of Managed Care Pharmacy
703-683-8416
Judith A. Cahill, Executive Director

National Community Pharmacists Association
703-683-8200
Bruce T. Roberts, Executive Vice President

American College of Apothecaries
901-383-8119
D. C. Huffman, Jr., Executive Vice President

Liaison Members

American College of Clinical Pharmacy
816-531-2177
Michael S. Maddux, Executive Director

American Association of Colleges of Pharmacy
703-739-2330
Lucinda L. Maine, Executive Vice President

American Pharmacists Association
202-628-4410
John A. Gans, Executive Vice President

Accreditation Council for Pharmacy Education
312-664-3575
Peter H. Vlases, Executive Director

American Society of Consultant Pharmacists
703-739-1300
John Feather, Executive Director

National Association of Boards of Pharmacy
847-391-4400
Carmen A. Catizone, Executive Director

American Society of Health-System
Pharmacists
301-664-8794
Henri R. Manasse, Jr., Executive Vice
President

National Council of State Pharmacy
Association Executives
804-285-4145
Rebecca P. Snead, Administrative Manager

For Immediate Release
September 6, 2005

Contact Dana Easton
901-383-8119

Joint Commission of Pharmacy Practitioners Releases
"Future Vision of Pharmacy Practice"

The JCPP Future Vision of Pharmacy Practice is a consensus document that articulates a vision for pharmacy and how it will be practiced. Equally important, the document describes how pharmacy practice will benefit society. The document was officially adopted by the JCPP members' executive officers following the November 2004 JCPP meeting and has subsequently been endorsed by each JCPP member's board of directors.

The stakeholders group identified and prioritized the top groups and organizations pharmacy must engage in efforts to work toward the vision of optimized medication use. While pharmacy intends to take leadership roles in improving the use of medications in health and wellness it can not do so in isolation of the many other players in the medication use process.

Vision Statement

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

Pharmacy Practice in 2015

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health care system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications, and the biomedical, sociobehavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice.

How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- rational use of medications, including the measurement and assurance of medication therapy outcomes
- promotion of wellness, health improvement, and disease prevention
- design and oversight of safe, accurate, and timely medication distribution systems.

Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- the most trusted and accessible source of medications, and related devices and supplies
- the primary resource for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications
- valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.

How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients
- desired patient outcomes are more frequently achieved
- overuse, underuse and misuse of medications are minimized
- medication-related public health goals are more effectively achieved cost-effectiveness of medication therapy is optimized.

Appendix B. Center for the Advancement of Pharmaceutical Education Educational Outcomes
2004

1. Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social, behavioral, and clinical sciences that may impact therapeutic outcomes.
 - a. Provide patient-centered care.
 - b. Provide population-based care.
2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
 - a. Manage human, physical, medical, informational, and technological resources
 - b. Manage medication use systems.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers.
 - a. Assure the availability of effective, quality health and disease prevention services.
 - b. Develop public health policy.

*Adapted from American Association of Colleges of Pharmacy's, *Center for the Advancement of Pharmaceutical Education (CAPE), Educational Outcomes, 2004*, www.aacp.org

Appendix C. The NAPLEX Competency Statements

Area 1 Assure Safe and Effective Pharmacotherapy and Optimize Therapeutic Outcomes

1.1.0 Obtain, interpret and evaluate patient information to determine the presence of a disease or

medical condition, assess the need for treatment and/or referral, and identify patient-specific

factors that affect health, pharmacotherapy, and/or disease management.

1.2.0 Identify, evaluate, and communicate to the patient or health-care provider, the appropriateness of

the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of

administration, and delivery systems.

1.3.0 Manage the drug regimen by monitoring and assessing the patient and/or patient information,

collaborating with other health care professionals, and providing patient education.

Area 2 Assure Safe and Accurate Preparation and Dispensing of Medications

2.1.0 Perform calculations required to compound, dispense, and administer medication.

2.2.0 Select and dispense medications in a manner that promotes safe and effective use.

2.3.0 Prepare and compound extemporaneous preparations and sterile products.

Area 3 Provide Health Care Information and Promote Public Health

3.1.0 Access, evaluate, and apply information to promote optimal health care.

3.2.0 Educate the public and health-care professionals regarding medical conditions, wellness, dietary

supplements, and medical devices.

*Adapted from the National Association of Boards of Pharmacy's *NAPLEX Blueprint*, 2005, www.nabp.net

Appendix D. PTCB Exam Content Outline

The pharmacy technician performs activities related to three broad function areas. The specific responsibilities and activities that pharmacy technicians may perform within each function area are:

I. Assisting the Pharmacist in Serving Patients (66% of exam)

- A. Receive prescription/medication order(s) from patient/patient's representative, prescriber, or other healthcare professional
 - 1. Accept new prescription/medication order from patient/patient's representative, prescriber, or other healthcare professional
 - 2. Accept new prescription/medication order electronically (for example, by telephone, fax, or electronic transmission)
 - 3. Accept refill request from patient/patient's representative
 - 4. Accept refill authorization from prescriber or other healthcare professional electronically (for example, by telephone, fax, or electronic transmission)
 - 5. Contact prescriber/originator for clarification of prescription/medication order refill
 - 6. Perform/accept transfer of prescription/medication order(s)
- B. Assist the pharmacist in accordance with federal rules and regulations in obtaining from the patient/patient's representative such information as diagnosis or desired therapeutic outcome, disease state, medication history (including over-the-counter [OTC] medications and dietary supplements), allergies, adverse reactions, medical history and other relevant patient information, physical disability, and payor information (including both self-pay and third party reimbursement)
- C. Assist the pharmacist in accordance with federal rules and regulations in obtaining from prescriber, other healthcare professionals, and/or the medical record such information as diagnosis or desired therapeutic outcome, disease state, medication history (including [OTC] medications and dietary supplements), allergies, adverse reactions, medical history and other relevant patient information, physical disability, and payor information (including both self-pay and third party reimbursement)
- D. Collect and communicate patient-specific data (for example, blood pressure, glucose, cholesterol levels, therapeutic drug levels, immunizations) to assist the pharmacist in monitoring patient outcomes
- E. Collect and communicate data related to restricted drug distribution programs (for example, thalidomide, isotretinoin, and clozapine)
- F. Collect and communicate data related to investigational drugs
- G. Assess prescription or medication order for completeness (for example, patient's name and address), accuracy, authenticity, legality, and reimbursement eligibility
- H. Update the medical record/patient profile with such information as medication history (including [OTC] medications and dietary supplements), disease states, compliance/adherence patterns, allergies, medication duplication, and/or drug-disease, drug-drug, drug-laboratory, drug-dietary supplement and/or OTC, and drug-food interactions
- I. Assist the patient/patient's representative in choosing the best payment assistance plan if multiple plans are available to patient
- J. Process a prescription/medication order
 - 1. Enter prescription/medication order information onto patient profile
 - 2. Select the appropriate product(s) for dispensing (for example, brand names, generic substitutes, therapeutic substitutes, formulary restrictions)
 - 3. Obtain pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances, controlled substances, and investigational products) from inventory

4. Calculate quantity and days supply of finished dosage forms for dispensing
 5. Measure or count quantity of finished dosage forms for dispensing
 6. Process and handle radiopharmaceuticals
 7. Perform calculations for radiopharmaceuticals
 8. Process and handle chemotherapeutic medications commercially available in finished dosage forms (for example, Efudex, mercaptopurine)
 9. Perform calculations for oral chemotherapeutic medications
 10. Process and handle investigational products
 11. Package finished dosage forms (for example, blister pack, robotic/automated dispensing vial)
 12. Affix label(s) and auxiliary label(s) to container(s)
 13. Assemble patient information materials (for example, drug information sheets, patient package inserts, Health Information Portability and Accountability Act [HIPAA] literature)
 14. Check for accuracy during processing of the prescription/medication order (for example, National Drug Code [NDA] number, bar code, and data entry)
 15. Verify the data entry, measurements, preparation, and/or packaging of medications produced by other technicians as allowed by law (for example, tech check tech)
 16. Prepare prescription or medication order for final check by pharmacist
 17. Prepare prescription or medication order for final check by pharmacy technician as allowed by law (for example, tech check tech)
 18. Perform Nuclear Regulatory Commission (NRC) required checks for radiopharmaceuticals
- K. Compound a prescription/medication order:
1. Assemble equipment and/or supplies necessary for compounding the prescription/medication order
 2. Calibrate equipment (for example, scale or balance, total parenteral nutrition [TPN] compounder) needed to compound the prescription/medication order
 3. Perform calculations required for preparation of compounded IV admixtures
 4. Perform calculations for extemporaneous compounds
 5. Compound medications (for example, topical preparations, reconstituted antibiotic suspensions) for dispensing according to prescription and/or compounding guidelines
 6. Compound medications in anticipation of prescriptions/medication orders (for example, compounding for a specific patient)
 7. Prepare sterile products (for example, TPNs, piggybacks, IV solutions, ophthalmic products)
 8. Prepare radiopharmaceuticals
 9. Prepare chemotherapy
 10. Record preparation and/or ingredients of medications (for example, lot number, control number, expiration date, chemotherapy calculations, type of IV solution)
- L. Provide prescription/medication to patient/patient's representative:
1. Store medication prior to distribution
 2. Provide medication and supplemental information (for example, package inserts) to patient/patient's representative
 3. Package and ship pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to patient/patient's representative. Place medication in dispensing system (for example, unit-dose cart, automated systems)
 4. Deliver medication to patient-care unit
 5. Record distribution of prescription medication
 6. Record distribution of controlled substances
 7. Record distribution of investigational drugs
 8. Record distribution of restricted drugs (for example, isotretinoin, clozapine, thalidomide)

- 9. Record distribution of prescription/medication to patient's home
- M. Determine charges and obtain reimbursement for products and services
- N. Communicate with third-party payers to determine or verify coverage
- O. Communicate with third-party payers to obtain prior authorizations
- P. Communicate with third-party payers and patients/patient's representatives to rectify rejected third-party claims
- Q. Identify and resolve problems with rejected claims (for example, incorrect days supply, incorrect ID number)
- R. Provide supplemental information (for example, disease state information, CDs) as requested/required
- S. Direct patient/patient's representative to pharmacist for counseling
- T. Perform drug administration functions under appropriate supervision (for example, perform drug/IV rounds, check pumps, anticipate refill of drugs/IVs)
- U. Process and dispense enteral products

II. Maintaining Medication and Inventory Control Systems (22% of exam)

- A. Identify pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to be ordered
- B. Place routine orders for pharmaceuticals, durable and nondurable medical equipment, devices, and supplies (including hazardous substances and investigational products) in compliance with legal, regulatory, formulary, budgetary, and contractual requirements
- C. Place emergency orders for pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) in compliance with legal, regulatory, formulary, budgetary, and contractual requirements
- D. Receive pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) and verify against specifications on original purchase orders
- E. Place pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) in inventory under proper storage conditions while incorporating error prevention strategies
- F. Perform non-patient-specific preparation, distribution, and maintenance of pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) while incorporating error prevention strategies (for example, crash carts, clinic and nursing floor stock, automated dispensing systems)
- G. Remove from inventory expired/discontinued/slow moving/overstocked pharmaceuticals, durable and nondurable medical equipment, devices, and supplies (including hazardous substances and investigational products)
- H. Remove from inventory recalled pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products)
- I. Dispose of or destroy pharmaceuticals or supplies (for example, hazardous substances, investigational products, controlled substances, non-dispensable products)
- J. Communicate changes in product availability (for example, formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians, and other healthcare professionals
- K. Implement and monitor policies and procedures to deter theft and/or drug diversion
- L. Maintain a record of controlled substances ordered, received, and removed from inventory
- M. Maintain a record of investigational products ordered, received, and removed from inventory
- N. Perform required inventories and maintain associated records
- O. Maintain record-keeping systems for repackaging, non-patient specific compounding, recalls, and returns of pharmaceuticals, durable and non-durable medical equipment, devices, and

- supplies (including hazardous substances and investigational products)
- P. Compound non-patient specific medications in anticipation of prescription/medication orders
- Q. Perform quality assurance tests on compounded medications (for example, end product testing and validation)
- R. Repackage finished dosage forms for dispensing (for example, unit dose, blister pack, oral syringes)
- S. Participate in quality assurance programs related to pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products)

III. Participating in the Administration and Management of Pharmacy Practice (12% of exam)

- A. Coordinate written, electronic, and oral communications throughout the practice setting (for example, route phone calls, faxes, verbal and written refill authorizations; disseminate policy and procedure changes)
- B. Update and maintain patient information (for example, insurance information, demographics, provider information) in accordance with federal regulations and professional standards (for example, Health Insurance Portability and Accountability Act [HIPAA])
- C. Collect productivity information (for example, the number of prescriptions filled, fill times, payments collected, rejected claim status)
- D. Participate in quality assurance activities (for example, medication error prevention, customer satisfaction surveys, and internal audits of processes)
- E. Generate quality assurance reports (for example, compile or summarize data collected for evaluation or action plan development, root cause analysis)
- F. Implement and monitor the practice setting for compliance with federal regulations and professional standards (for example, Materials Safety Data Sheet [MSDS], Occupational Safety Health Administration [OSHA], Joint Commission on Accreditation of Healthcare Organizations [JCAHO], United States Pharmacopeia [USP])
- G. Implement and monitor policies and procedures for infection control
- H. Implement and monitor policies and procedures for the handling, disposal, and destruction of pharmaceuticals and supplies (for example, hazardous substances, investigational products, controlled substances, non-dispensable products, radiopharmaceuticals)
- I. Perform and record routine sanitation, maintenance, and calibration of equipment (for example, automated dispensing equipment, balances, TPN compounders, and refrigerator/freezer temperatures)
- J. Update, maintain, and use manual or electronic information systems (for example, patient profiles, prescription records, inventory logs, reference materials) in order to perform job related activities
- K. Use and maintain automated and point-of-care dispensing technology
- L. Perform billing and accounting functions for products and services (for example, self-pay, third-party adjudication, pharmaceutical discount cards, medication reimbursement)
- M. Communicate with third-party payors to determine or verify coverage for products and services
- N. Coordinate and/or participate in staff training and continuing education
- O. Perform and/or contribute to employee evaluations and competency assessments
- P. Participate in the establishment, implementation, and monitoring of the practice setting's policies and procedures

*Adapted from the Pharmacy Technician Certification Board's *Content Outline*, 2006; www.ptcb.org

Appendix II. Standards for Commercial Support adapted from Accreditation Council for Continuing Medical Education, 2004

All continuing pharmacy education (CPE) programs should provide for an in-depth presentation with fair and full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guideline 1: Independence

- a. A CPE provider must ensure that the following decisions were made free of the control of a commercial interest. A "commercial interest" is defined as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.
 - 1) Identification of CPE needs;
 - 2) Determination of educational objectives;
 - 3) Selection and presentation of content;
 - 4) Selection of all persons and organizations that will be in a position to control the content of the CPE;
 - 5) Selection of educational methods;
 - 6) Evaluation of the activity.
- b. A commercial interest cannot take the role of non-accredited partner in a cosponsorship relationship.

Guideline 2: Resolution of Personal Conflicts of Interest

- a. The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed to the provider all relevant financial relationships with any commercial interest. The ACPE defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- b. An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CPE, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CPE activity.
- c. The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Guideline 3: Appropriate Use of Commercial Support

- a. The provider must make all decisions regarding the disposition and disbursement of commercial support.

- b. A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- c. All commercial support associated with a CPE activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

- d. The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or cosponsor.
- e. The written agreement must specify the commercial interest that is the source of commercial support.
- f. Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CPE

- g. The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- h. The provider, the cosponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
- i. No other payment shall be given to the director of the activity, planning committee members, teachers or authors, cosponsor, or any others involved with the supported activity.
- j. If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

- k. Social events or meals at CPE activities cannot compete with or take precedence over the educational events.
- l. The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CPE activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, cosponsor or educational partner.

Accountability

- m. The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Guideline 4: Appropriate Management of Associated Commercial Promotion

- a. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CPE activities.
- b. Product-promotion material or product-specific advertisement of any type is prohibited in or during CPE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CPE.
 - For **print**, advertisements and promotional materials will not be interleaved within the pages of the CPE content. Advertisements and promotional materials may face the first or last pages of printed CPE content as long as these materials are not related to the CPE content they face and are not paid for by the commercial supporters of the CPE activity
 - For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CPE content and not interleaved between computer 'windows' or screens of the CPE content
 - For **audio and video recording**, advertisements and promotional materials will not be included within the CPE. There will be no 'commercial breaks.'
 - For **live, face-to-face CPE**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CPE activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CPE activity.
- c. Educational materials that are part of a CPE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
- d. Print or electronic information distributed about the non-CPE elements of a CPE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
- e. A provider cannot use a commercial interest as the agent providing a CPE activity to learners, e.g., distribution of self-study CPE activities or arranging for electronic access to CPE activities.

Guideline 5: Content and Format without Commercial Bias

- a. The content or format of a CPE activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

- b. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CPE educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Guideline 6: Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CPE content

- a. An individual must disclose to learners any relevant financial relationship(s), to include the following information:
 - The name of the individual;
 - The name of the commercial interest(s);
 - The nature of the relationship the person has with each commercial interest.
- b. For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

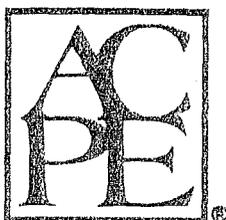
Commercial support for the CPE activity.

- c. The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
- d. 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

- e. A provider must disclose the above information to learners prior to the beginning of the educational activity.

NOTE: These Guidelines have been adopted by ACPE from the Accreditation Council for Continuing Medical Education with permission (October 2006).



GLOSSARY

Accreditation

A voluntary process in which an institution, organization or agency submits to an in-depth analysis to determine its capacity to provide quality continuing pharmacy education in accord with standards.

Acquired Immune Deficiency Syndrome (AIDS) Therapy Related

CPE activities which address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with AIDS.

Active learning

A process whereby pharmacists and/or pharmacy technicians are actively engaged in the learning process, rather than "passively" absorbing lectures. Active learning involves reading, writing, discussion, and engagement in solving problems, analysis, synthesis, and evaluation. Faculty usually takes a more guiding role.

Activity

An educational event which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. An activity is designed to support the continuing professional development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking while being applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). The CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and/or pharmacy technician.

Accredited Provider - An institution, organization or agency that has been recognized by the Accreditation Council for Pharmacy Education, in accord with its policy and procedures, as having demonstrated compliance with the standards which are indicative of the Provider's capability to develop and deliver quality continuing pharmacy education.

Assessment

The Latin root *'assidere'* means to sit beside. In an educational context it is the process of observing learning, such as describing, collecting, recording, scoring, and interpreting information about a pharmacist's and technician's learning. Assessments are used to determine achievement of objectives.

Case study or scenario

A description of a situation that requires problem-solving and/or investigation by the learner, e.g. application of learned material to provide a solution to the problem.

Combined Programs

An activity that consists of both live and enduring (home study) components where every learner is required to participate in both components.

Commercial Bias

A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest

Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACPE does not consider providers of clinical service directly to patients to be commercial interests.

Commercial Support

Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CPE activity.

Conflict of Interest

When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. ACPE considers financial relationships to create actual conflicts of interest in CPE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CPE about the products or services of that commercial interest.

Contact Hour

A unit of measure of educational credit which is equivalent to approximately 60 minutes of participation in an organized learning experience.

Continuing Education Unit (CEU)

An educational credit unit of measure where 0.1 CEU is equivalent to one contact hour.

Continuing Pharmacy Education (CPE)

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Continuing Professional Development

The lifelong process of active participation in learning activities that assists in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals.

Cosponsorship

An accredited provider works with another organization for the purpose of developing a continuing pharmacy education activity.

Curricular-based

CPE activities that are designed to be building blocks of knowledge, skills and attitudes for a specific disease state, task, etc.

Disease State Management/Drug therapy

Covers CPE activities that address disease states, drugs and/or drug therapy related to disease states.

Enduring Materials (Home Study)

Enduring materials are home study activities that are printed, recorded or computer assisted instructional materials that do not provide for direct interaction between faculty and participants.

Evidence-based medicine

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. (Centre for Evidence-Based Medicine)

Faculty

A person(s) who guides and delivers or writes the content of a CPE activity.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Formative Evaluation

An evaluation process in which outcomes data and analysis are used to modify (form or reform) an activity with an eye to improving it before the activity is completed or repeated.

Goal

A concise written statement of what the provider intends to achieve for pharmacy and/or pharmacy technician education at a certain point in the future. The CPE goal should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings.

Law

CPE activities which address federal, state, or local laws and/or regulations affecting the practice of pharmacy.

Live Programs

CPE activities that provide for direct interaction between faculty and participants and may include lectures, symposia, live teleconferences, workshops, etc.

Mission

A statement that is consistent with the program goals and specifically indicate the provider's short-term intent in conducting CPE activities including the intended audience and scope of activities.

Needs assessment

Identification of educational needs of the pharmacists and/or pharmacy technician that serve as the basis for planning CPE activities.

Non-commercialism

Continuing pharmacy education activities that provide an in-depth presentation with fair, full disclosure as well as objectivity and balanced. Appropriate topics and learning activities shall be distinguished from those topics and learning activities that are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area that it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice that it addresses).

Objectives

Statements that describe what the pharmacists and/or pharmacy technician can expect to know or do after completion of the CPE activity. Objectives are preferably written in behavioral terminology and should suggest outcome measures for a program's success or effectiveness.

Outcome

The end result of a learning activity measured by evaluation or change in practice.

Patient Safety

The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Pharmacy Technician

An individual working in a pharmacy who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist. (<http://www.acpe-accredit.org/pdf/whitePaper.pdf>)

Program

The overall CPE activities of an accredited provider.

Relevant Financial Relationships

ACPE focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity.

Self Assessment or Self Study

A comprehensive review and assessment process of the provider's CPE program to document accomplishments, assess areas for improvement and outline a plan for making those improvements.

Summative Evaluation

An evaluation process in which outcomes data and analysis are used to show the degree to which goals are attained at the conclusion of an activity.

Target Audience

Group of individuals for which an educational activity has been designed (e.g. pharmacists, technicians, or both).

Universal Program Number (UPN)

A Universal Program Number is an identification number that is assigned to each CPE activity developed and sponsored, or cosponsored, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the cosponsor designation number (000 for no cosponsor, 999 for all non-ACPE-accredited cosponsors), the year of CPE activity development (e.g., 07), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring with a non-ACPE-accredited organization

Format Designators:

- L - Live activities
- H - Home study and other enduring activities
- C - Activities that contain both live and home study and enduring components

Topic Designators - activities are related to:

- 01 - Disease State Management/Drug therapy
- 02 - AIDS therapy
- 03 - Law (related to pharmacy practice)
- 04 - General Pharmacy
- 05 - Patient Safety

Target audience designator

- P - Pharmacist
- T - Pharmacy Technician

If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:

- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy

- 05-T Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient). Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Program Number with respect to the provider identification number, cosponsor designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

197-000-06-001-L05-P (program number to be used for pharmacists)

197-000-06-001-L05-T (program number to be used for pharmacy technicians)

Attachment B

*Meeting Summary of the December 11, 2007
Licensing Committee Meeting*



California State Board of Pharmacy

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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

ARNOLD SCHWARZENEGGER, GOVERNOR

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE MEETING
MINUTES**

DATE: December 11, 2007

LOCATION: Samuel Greenberg Board Meeting Room
Los Angeles International Airport
1 World Way
Los Angeles, California 90045

BOARD MEMBERS

PRESENT: Ruth Conroy, PharmD, Chairperson
Susan L. Ravnan, PharmD
Henry Hough, Public Member
Robert Graul, RPh

STAFF

PRESENT: Virginia Herold, Executive Officer
Robert Ratcliff, Supervising Inspector
Anne Sodergren, Legislation and Regulation Manager
Karen Abbe, Public and Licensee Education Analyst

CALL TO ORDER

Chairperson Conroy called the meeting to order at 9:30 a.m.

APPROVED REGULATION AMENDMENT TO 16 CCR 1749 – FEE SCHEDULE

Dr. Conroy advised that the Office of Administrative Law approved the rulemaking to increase the board's fee schedule. To allow time for implementation and appropriate notice to all affected individuals and businesses, the effective date for the new fees is January 1, 2008.

All licensees with an expiration date in January 2008 were provided with a written notice highlighting the change, along with the renewal application. In addition, staff revised initial and renewal applications and instructions, and continues to work with programmers to modify the board's computers systems. Staff will continue to highlight the changes to licensees by

including a notice with renewal applications sent to all licensees through June 2008. Information about the change is posted on the board's Web site and an article will be included in the next issue of *The Script*.

Ms. Herold noted that the automation portion of amending the computer-generated notices was a slow process in part due to the age of DCA's computer system. As of the date of this meeting, notices were still being sent out by board staff.

UPDATE OF EMERGENCY PREPAREDNESS FOR CALIFORNIA PHARMACY

Dr. Conroy stated that promoting emergency response is an important board initiative. She advised that speakers from different government agencies would report on their respective emergency response plans during this meeting. Various articles relating to emergency response were provided in the meeting materials.

A copy of a presentation regarding California Medical Volunteers from the Emergency Medical Services Authority (given to DCA's Executive Officers on December 6, 2007) was also provided. This system, which has been marginally operational for one year, now has a contractor to oversee it. In the coming months, outreach to specific health care professionals (including pharmacists) will encourage pre-registration so an identified core of first responders are identifiable and available.

- **Glen Tao, PharmD, Los Angeles County Public Health**

Dr. Tao introduced himself as the Strategic National Stockpile Coordinator for the Emergency Preparedness Response Program in Los Angeles County. He gave a presentation entitled "Strategic National Stockpile and Roles of Pharmacists." Dr. Tao advised that pharmaceuticals are needed when responding to different types of natural disasters and traumas. The planning for each type of emergency is the same, however, no matter what type of emergency occurs.

Dr. Tao stated that the mission of the Strategic National Stockpile (SNS) is to deliver critical medical assets to supplement and re-supply quickly state and local public health agencies in the event of a national emergency within the U.S. or its territories. Medical assets can include antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items.

The SNS is organized for flexible response. The first line of support is provided immediately via 12-hour Push Packages. Push Packages are caches of pharmaceuticals, antidotes, and medical supplies providing rapid delivery of assets for an ill-defined threat in the early hours of an event. Push Packages are strategically positioned in secure warehouses, ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets. Push Packages are

constructed so that they can be loaded onto trucks or cargo aircraft without being repackaged.

Dr. Tao stated that 3 percent of SNS assets are provided in the 12-hour Push Packages, from any one of 12 secret locations nationwide. He further stated that 97 percent of SNS assets are provided from managed inventory (large quantities of specific items).

Los Angeles County partners with various agencies in emergency response preparedness including the Centers for Disease Control (CDC) and the California Department of Public Health. Los Angeles County also maintains security partnerships with the California Highway Patrol (CHP), U.S. Marshall, Los Angeles County Sheriff, LAPD, and the FBI.

Dr. Tao referred to different events that can result in activation and deployment of the SNS. For example, the Post Office takes air samples as mail is being processed, and they can quarantine postal workers exposed to various agents detected in air samples taken. Another example would be if many more people than usual started coming into emergency units at a hospital.

A graphic of a deployment mock-up was presented for breaking down a Push Package.

Colored mats are used to organize Push Packages in warehouses. For example, pink mats designate pediatrics. Practice exercises using trucks, pallets, and mats have been conducted processing Push Packages and managed inventory. On November 15, 2007 the "Golden Guardian" exercise was conducted in Los Angeles County to train for having SNS assets delivered from another state to California.

Dr. Tao noted that first responders need to have medications pre-positioned, but the SNS assets can replenish those supplies. He said that one of the roles of a pharmacist during this process would be to serve as a "Warehouse Manager." A pharmacist can sign for and take possession of controlled substances in an SNS delivery from the CDC. Up to 1,500 patients can be served each hour at a "rapid" Point of Dispensing (POD). An example of a rapid POD would be a small facility like a high school gym. A large POD could be a sports arena or football field. Clinical-oriented stations are provided, and up to 500 people can be vaccinated at a POD.

Dr. Tao noted a real event (not an exercise) that occurred in 2006 in La Crescenta where patients were served at a POD. Students from Crescenta Valley High School tested positive for bacterial meningococcal meningitis, and a POD was set up to administer Ciprofloxacin, in the form of single-dose orally ingested pills. The school's staff served as non-medical volunteers guarding doors at the high school and conducting traffic flow. Los Angeles County Sheriffs secured the area. Three pharmacists at the POD became drug information resources. Dr. Tao noted that the

pharmacists had PDAs and reference books, which aided in providing answers to parents who posed many questions to the pharmacists present.

Dr. Tao noted that during an emergency event, hospital pharmacists would not go to event sites. Instead they could perform inventory management and tracking for their facility. They can also place replenishment orders. There is no charge to patients served by SNS assets.

Dr. Tao asked the Board of Pharmacy Licensing Committee to consider "pre-designating" pharmacists, intern pharmacists, and pharmacy technicians as Disaster Service Workers (DSWs) licensed to serve during disasters. He asked that the designation be a condition of licensure if an applicant voluntarily checked a box on the application form. He stated that volunteers that do not have DSW status on file must report to a staging area, sign paperwork, and take an oath by a sworn official. He said it results in an unnecessary delay.

Ms. Herold asked if by checking a box on the application they would be asking for special training to serve during a disaster, or whether they would be designating themselves as disaster responders.

Dr. Tao responded that applicants would designate themselves to join specific teams, advising that they want to serve as a volunteer during a disaster.

Mr. Graul asked what would happen after an applicant checked the box, and how staff would assemble that information.

Dr. Tao responded that their current recruiting process is conducted through presentations at pharmacy conferences, workplace meetings, and schools of pharmacy. He said it is a very time consuming process and they are only reaching a small fraction of pharmacists through those methods. A background check is conducted on volunteers, and then a swearing-in occurs. They would like to streamline the process so that they are sworn-in by checking a box.

Ms. Herold advised that more information may be needed, and she suggested Dr. Tao provide an article for the board's newsletter. The board can then determine whether there is a way to incorporate the information into the application and renewal process. However, the board will need clear direction on what will happen with the information on the application form. Modifying the board's current database to capture information from a new check-off box would be problematic.

Dr. Conroy asked whether volunteering to serve in Los Angeles County would be different than volunteering to serve as a California Medical Volunteer.

Dr. Tao responded that they want pharmacists to join "local" emergency response so that they can sleep in their own bed at night and come back the next day to the same emergency site.

Mr. Hough asked what parameters are used when they make assumptions about the population of any particular area.

Dr. Tao responded that it depends. For example, there could be a known release of agent or an unknown release of an agent. If they know where the source is, the health office will determine whether they should prophylax a segment of the population or the whole population. They plan for the worst-case scenario, and then scale down from that. He said it is harder to ramp up, and it is better to scale down instead.

Mr. Graul asked about a slide in Dr. Tao's presentation that showed a variety of different events including bioterrorism.

Dr. Tao stated that Los Angeles County is now doing all-hazards planning. He said it is the same planning process and same warehouse and delivery system to conduct the missions and deliver medications. Their planning for bioterrorism can be applied to other hazards as well.

Ms. Herold asked whether six or ten pharmacists, instead of three, would have been helpful to them during the real-life event in La Crescenta.

Dr. Tao responded that if they had had more pharmacists, they could have divided them out, having drug information experts at a table with chairs to answer questions. They learned lessons during that real event. In the future, they want more licensees to take care of more people, plus have pharmacists on-site to oversee the operation.

Dr. Conroy asked how many students were served during the event.

Dr. Tao responded that 3,000 students were served.

Carl Britto, Chair of CPhA's Disaster Preparedness Committee, suggested that wallet license cards serve as authorization to get through checkpoints during an emergency.

Dr. Tao noted that they had issues getting to their own warehouse. He said that when an area is cordoned off, his badge might not always allow him to get through.

Dr. Tao noted that medications were transported in his SUV and when he arrived at Crescenta Valley High School, he was given the red carpet treatment by the CHP. The CHP also helped bring boxes from his SUV into the gymnasium. Treatment for him was different than for others, however, because he was the coordinator of emergency

response. He suggested that volunteers have a sticker or some other designation to identify that they are disaster volunteers.

Mr. Britto added that one of his family members had problems getting through to help during Hurricane Katrina.

Dr. Conroy advised that there could be a lot of chaos when volunteers show up where they're not needed. She noted that it is best to go to mobilization centers.

Dr. Tao noted that they may have 250 POD sites identified, but they ask volunteers to report to a mobilization center first, and then be assigned to a POD.

Dr. Conroy provided an example of the recent oil spill in San Francisco Bay. Many people wanted to volunteer to help, but they couldn't because they were not designated as disaster volunteers ahead of time. She supported the efforts to get volunteers to sign up in advance.

Mr. Hough asked what procedures are in place to direct people to take their own medications with them. He emphasized that people need to take individual responsibility. He asked what they are doing to announce to the public what individual people need to do.

Dr. Tao responded that scripts are written for that scenario. The scripts tell the public to shelter in place, and once PODs are set up, go to the POD site and take their medications with them.

Mr. Graul asked for clarification as to whether they were asking the board to assist Los Angeles County to get a list of willing participants to volunteer. He said it is incumbent on the County to provide an informational piece so that volunteers would know what is expected of them when they volunteer. He added that checking a box or attaching a sticker would not result in a good turnout during an emergency.

Dr. Tao responded that education is definitely needed, especially to notify volunteers that they may be working under austere conditions.

Dr. Ravnan added that potential volunteers should be advised as to what kinds of roles they would be able to serve in.

Tom Ahrens of the California Department of Public Health noted that two different volunteer lists are being referred to – one list to volunteer during an emergency anywhere in California (California Volunteers) and another to volunteer just in Los Angeles County.

Dr. Conroy asked if the board had access to the California Volunteers database.

Ms. Herold responded, yes, we could interface with their database.

Mr. Goldenberg stated that a copy of the slide presentation would be useful. He also asked whether the vacuum air sampling in the Post Office is occurring now.

Dr. Tao responded, yes, and described the system.

Mr. Goldenberg asked whether there is a significant challenge for the SNS to keep their materials up-to-date, considering 50 tons of material is contained in each Push Package. He noted that medications can expire and drugs can be recalled.

Dr. Tao responded that the CDC takes care of keeping the materials up-to-date.

Mr. Goldenberg asked whether tracking and tracing those materials would help the CDC monitor recalled and expired medications.

Dr. Tao responded that tracking by lot number could be a burden, if they have to break down pallets to look at lot numbers. With so much material coming through, it could take an extra hour to sort through each box.

Mr. Goldenberg asked whether it would help if they could do it by using a reader, without having to open boxes.

Dr. Tao responded, yes, that would be of value. He added that they first looked at a medical system using recall numbers, but in mass dispensing, they don't know where individual vials go. A barcode scan can show which box goes to which station, but not to the patient level.

Mr. Goldenberg said the board would be able to share information with Dr. Tao on this issue.

Ms. Herold added that some vendors are offering tracking tags for less than 10 cents each.

Dr. Conroy asked whether there is cross-notification between the statewide California Volunteers and Los Angeles County. She asked whether volunteers who sign up for Los Angeles County would also be signed up for Butte County, for example.

Dr. Tao responded that their volunteer list is in its infancy right now, and they have a check-box to volunteer statewide or in just a certain area. They are looking to merge the lists together, as the Los Angeles County list has more data points than the statewide list. He added that people who want to volunteer locally do not necessarily want to be sent statewide.

- **Mark Chew, PharmD, Orange County Health Care Agency**

Dr. Chew serves as Chief Pharmacist, responsible for preparedness planning. He said that Orange County is preparing for different types of disasters, including pandemic outbreaks. Because they are close to Los Angeles, they participate in some of the same exercises.

Dr. Chew noted that the board's self-assessment forms for hospitals could help identify whether they had preparedness procedures in place.

Dr. Chew said that in Orange County and Los Angeles County, they are looking at a non-medical model for taking care of people. For example, a worst case scenario would be having only 48 hours to prophylax everyone. He referred to an actual event in 1918 in Golden State Park, where a tent was set up as a hospital. Tent hospitals are still used today, but are referred to as surge hospitals or surge facilities. A typical surge hospital today would be the concourse of an airport.

Dr. Chew referred to a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) publication regarding surge hospitals and their ability to provide safe care during emergencies. Surge facilities provide "sufficiency of care" verses "standard of care." The goal of a surge facility is to maintain high standards of care, however, medical treatment may reach only the level of sufficiency of care because of the circumstances under which the facility operates.

For example, in a sufficiency of care facility, the medical staff faces challenges such as limited privacy for patient assessments, crowded conditions, limited access to medical records, and inadequate access to testing capabilities. Surge hospitals set up after Hurricane Katrina included an empty former retail store, which could not provide accepted standard of care, but did provide "sufficient" care. The goal of any sufficiency of care facility is to treat each patient and then transfer them to a facility with full capability to treat patients at an ideal level of care.

Dr. Chew referred to an emergency preparedness exercise they conducted outdoors. The exercise included "self-triage." For example, a person answering no to all questions would be put through to one line, while a person answering yes to any of the questions would be put through to another line. He stated that large signs were used, but were only provided in English.

Dr. Chew said they also responded to a report of meningitis in a school, approximately three months after the outbreak that Dr. Tao spoke of. He said they went into the school like clockwork, and were able to treat 400 students. On another occasion, a sensor detected a positive hit on anthrax, and they began ramping up to set up PODS.

It turned out to be a false positive for anthrax, but their emergency preparedness response was ready.

Dr. Chew noted that they stockpile medications and supplies.

Dr. Chew asked for clarification regarding expired drugs, and whether the state could have its own shelf-life extension program for Category A drugs. He asked whether a pharmacy school or local university could set up testing for their products.

Ms. Herold responded that the Department of Public Health has testing services for that purpose.

Mr. Goldenberg asked whether they were interested in shelf-life extension because of the difficulty of not knowing when these drugs expired because it would require opening each box to determine the expiration dates.

Dr. Chew responded, no. He clarified that they do not like to get rid of 20,000-30,000 bottles of a medication because of an arbitrary date set by the manufacturer. For example, quinolones are stable for a long time, despite the expiration date shown on the package.

Mr. Ratcliff asked about a return policy with the manufacturer, and whether the DOD had done any studies on shelf-life.

Dr. Chew responded that they only study the lot numbers. He has not been able to get through the first barrier to even get a price for the FDA to do expiration date testing, though he understands it is expensive to have done.

Dr. Chew said that in Orange County, their most recent emergency event was the wildfires. They set up Red Cross shelters, and people were advised to bring their own medicine with them. Unfortunately, most people remembered the message to grab important papers, but they didn't remember to bring their medicine.

Mr. Graul noted that he observed three shelters during the wildfires. He asked if any volunteers showed up in San Bernardino.

Dr. Chew responded that one public health nurse showed up.

Dr. Chew commented on having authority to enter a site or getting through to a site with a badge. He stated that during the wildfires, first responders had trouble getting through roadblocks to assist. One EMS worker who lived 6 miles from a site had to travel 60 miles around in order to provide assistance.

Dr. Chew recommended the following internet links to different organizations related to emergency and disaster preparedness and response:

- Orange County Medical Reserve Corp – www.ochealthinfo.com/mrc
- Emergency Medical Services Authority – http://www.emsa.ca.gov/dms2/medical_reserve_corps.asp
- California Medical Volunteers – www.medicalvolunteer.ca.gov
- Medical Reserve Corps – www.medicalreservecorps.gov
- Volunteer Center of Los Angeles – www.vcla.net
- Citizen Corp – www.citizencorps.gov

Dr. Conroy clarified that Dr. Chew presented two issues for consideration. The first issue was to encourage pharmacists to volunteer to serve during emergencies by offering it during biennial license renewal. The second issue was to pursue shelf-life extension for medications.

- **Thomas N. Ahrens, PharmD, California Department of Public Health (CDPH)**

Dr. Ahrens serves as Chief of Emergency Pharmaceutical Services for CDPH. He thanked the board for its proactive stance and persistence in trying to prepare for emergencies. He said that the board's policy statement was a quantum leap to protect citizens. Other state boards around the country are now looking at that policy statement with interest.

Dr. Ahrens advised that he was invited to participate in a mass dispensing exercise four year ago at the county level. A "script" was presented to everyone participating in the exercise, advising what their individual roles would be. The script provided to Dr. Ahrens advised that he would be a mute immigrant, speaking no English, and with seizure disorder for which he was to take medication. During the exercise, he noted no pharmacists involved in dispensing or triages. Instead, there was a nurse and a physician overseeing the operation.

Dr. Ahrens performed his role during the exercise, maintaining his silence as a mute Filipino, and could have received one of three potential medications (Amoxicillin, Ciprofloxacin, or Doxycyclene). Unfortunately, minimal instructions and questions resulted in him getting the wrong medication. Though this was only an exercise, the point was made that during a real emergency, he may have had an adverse reaction after being given the wrong medication. This experience underscored the need to have a pharmacist present. It may not be necessary to have a pharmacist at every dispensing station, but it is important to have them on-site to guide volunteers and to be sure that things do not get missed.

Dr. Ahrens stated that plans are being developed to ensure that every citizen can get to a dispensing site, but not every county is as far along as other counties. All citizens are part of somebody's mass prophylactic plan, and but there are some smaller counties in California that have no pharmacists on staff.

Dr. Ahrens emphasized that the board's policy statement went a long way, but issues exist that won't be solved overnight. He presented ideas for how CDPH and the board could work together to recruit pharmacist volunteers into the California Medical Reserve, and also to improve pharmacist involvement in mass dispensing efforts. He supported the idea of a check-box on the application and other methods to get the word out to pharmacists that they should be encouraged to volunteer. He suggested that CE credits for Incident Command System (ICS) courses would help. ICS courses introduce people to new acronyms and protocols that they would not learn in pharmacy school. For example, "unit of command" is terminology used during disaster response. This term is important for pharmacists because, as leaders, pharmacists must have an understanding of who they are reporting to, and who is "feeding" them materials (drugs). He referred to www.fema.gov and the ICS courses available on-line. This training will help anticipate needs, such as medications that need compounding on-site. He said that passing out pills is one thing, but they also want people who can run an organization.

Dr. Ravnan asked for clarification from Dr. Ahrens regarding his comment about pharmacists playing leadership roles. She asked about counties where there is no pharmacist on staff, and whether we should encourage counties to have a pharmacist on staff.

Dr. Ahrens said that local health departments have a list of people available. For example, a county may have access to one pharmacist, but there may be hundreds of PODs to activate. This is in contrast to another area that may have only two PODs to activate. Dr. Ahrens suggested that the board help them partner in registries of pharmacists that have expressed an interest in being trained. These pharmacists can state that, to the extent there is training available, they would like to volunteer in a certain capacity. Pharmacists are seen as leaders.

Mr. Graul noted two issues. The first issue is education, and getting pharmacists to understand that they can and should volunteer. The second issue is a PR component. He saw a lot of press at disaster sites, including nurses being interviewed. Pharmacists received virtually no press, though they were present, doing a lot of work. He also said that retired physicians were on site, and they relied on the pharmacists. The media could be used to advertise this cause.

Orriette Quandt, representing Longs Drugs, said that Longs is interested in getting the word out.

Dr. Ahrens said communication is the number one issue. People should be encouraged to get involved and it's hard to get their attention, however, the board's policy got nationwide attention.

Mr. Ratcliff commented that a pharmacist with one store will probably want to take care of his own patients first during an emergency.

Dr. Ahrens responded that that is why they want to populate their statewide database. For example, if 100 PODs need to be deployed, they can call Longs corporate headquarters or send e-mails to pharmacists already trained in these procedures to go to Los Angeles.

A person in the audience suggested they include pharmacist interns and students who are interested in service organizations. She said they're a captive audience, and universities are closed during emergencies anyway.

Dr. Ahrens referred to other issues noting that during an emergency, people are not always calm and happy. They may be confused about whether they could die if they do not take a medication given to them at a dispensing site. Plans for pediatric dosing and on-site compounding should be addressed as well. For example, recipes are needed for people who cannot swallow pills whole. A recipe to "blenderize" or crush tablets could be confusing. Dr. Ahrens said he tried crushing a tablet, resulting in the tablet flying across the room. A slurry could be prepared instead, but it will not be pharmaceutically elegant. It would, however, be a liquid form of the drug that is suitable to take. In normal day-to-day operations, you may not need to prepare a slurry, but it may be necessary during an emergency in order to administer a lifesaving medication. He asked for ideas to present to the board relating to Ciprofloxacin, Doxycyclene, Amoxicillan, and Tamiflu capsules.

Lori Rice of UCSF's School of Pharmacy said she would contact UCSF's lab for individuals to work with Dr. Ahrens on some ideas.

Mr. Graul offered to work with Carl Britto to coordinate with the board and CPhA.

Dr. Ahrens said that on the issue of drug tracking, the CDC tracks their products. They know where every box is, and what every lot number and expiration date is. Regarding e-pedigree, CDPH would like to see rules waived during an emergency to prevent impeding movement of products through the supply chain. They can get medications in 12 hours, but to break down pallets is another matter. If e-pedigree will streamline that process, great, but if it will slow down that process, they ask that pedigree requirements be waived during disasters.

Dr. Ahrens also commented about dispensing sites. For example, Charles Schwab may want to open its doors as a public dispensing site, but attorneys will cite liability issues

like someone tripping over a box or a baby getting a rash. If Chevron or Intel want to open their doors for public dispensing during an emergency, they want medical professionals involved in these processes. They may have petroleum engineers on hand, but no pharmacists, physicians or nurses. If they invite the community pharmacists or nurses to come in, are they corporations working as an agent of public health? In Florida, if a company became a volunteer, they would be an agent for the state, having liability protection. If 100 PODs needed to be set up, could five pallets be dropped off at a Chevron so people would not have to come to a dispensing site that may be overwhelmed? These are some of the issues that need to be discussed.

Dr. Ahrens said that there are plans to deliver to nursing homes, but what about high rise buildings downtown with thousands of people? They need to consider ways to minimize crowding people into public venues. Deliveries can be made to any large group willing to take it, like Longs, Costco, banks, or corporations including Intel in Folsom. He said the bottom line is that there is no one individual agency that can do it by themselves. We will need local law enforcement, lay volunteers queuing up a line, local volunteers, nurses, physicians, and pharmacists.

Mr. Graul asked whether they can get an opinion from the Attorney General's Office regarding civil liability during emergencies. Immunity may be provided, which would help in recruiting.

Dr. Ahrens said the Attorney General's Office may have weighed in on the issue, but he believes they think different boards know what constitutes "standard of practice" and what exceptions would be in order.

Ms. Herold noted that Betsy Lymon from CDPH is looking at private/public partnerships, and the issue of liability and Good Samaritan laws are underway in that group.

Dr. Ahrens referred to vaccinations, noting that they need to be able to identify who is authorized to administer vaccines during an emergency. He asked whether that distinction could gleaned from a check-box on the license renewal form.

Mr. Graul asked when UCSF students are trained and certified to provide vaccinations.

Ms. Rice responded that UCSF School of Pharmacy students receive training to provide vaccinations during their first year.

Ms. Herold noted that there are many pharmacy students in Los Angeles County. She also suggested that CDPH help the board with its legislative proposal to allow pharmacists with specialized training to provide immunizations to patients under the CDC guidelines. She referred to public health vaccinations and that pharmacists should be able to administer vaccines after the required training.

Dr. Ahrens responded that CDPH will be glad to assist in that effort. He also referred to overseeing stockpiles of antibiotics and other medications. He asked whether stockpiles by different counties should be connected to a wholesaler permit.

Ms. Herold advised that small quantities could be kept locked up like other medications under the authority of the medical director, but pallets of products would become a wholesale issue.

Mr. Goldenberg asked whether it would be better to give guidelines of acceptable practices so they can create their infrastructure.

Mr. Ratcliff noted that they may not want people to know where their warehouses are located.

Dr. Ahrens agreed that they would not want the physical location of the warehouse shown. He asked whether a half-pallet would be considered enough to require a wholesaler's license.

Mr. Ratcliff said people can call him for clarification on that.

Dr. Ahrens also asked about getting access to information about volunteers.

Ms. Herold asked him to draft three or four paragraphs for inclusion in *The Script*.

- **Cathi Lord, CPhA Director of Communications, and Carl Britto, CPhA Chair of the Disaster Preparedness Committee**

Ms. Lord and Mr. Britto shared the work that has been done by the CPhA Disaster Preparedness Committee. They presented a working draft of a brochure called Emergency Preparedness for Pharmacists. The brochure will be distributed to all CPhA members at Outlook. The brochure outlined six objectives:

- I. Family Preparedness
- II. Business Preparedness
- III. Patient Preparedness
- IV. Community Preparedness
- V. Pharmacist Volunteer Opportunities
- VI. Organizations

Mr. Britto said he began his current work on disaster preparedness after Hurricane Katrina. He said that most pharmacists want to take care of their own families first during an emergency. After their own families are secure, they are more willing to volunteer their services to help others.

Mr. Britto said a cross-section of people worked on the draft brochure, and the board's policy was incorporated into it as well. He said the brochure will be a first step to get information out and create awareness, not just to pharmacists, but to pharmacy technicians and students as well.

Mr. Britto noted some ways that the board could assist including information from a database and offering CE credits to broaden the scope of knowledge about disaster preparedness.

Mr. Graul thanked CPhA for getting information out to pharmacists during the recent wildfires. He was also pleased with the draft brochure.

A person from the audience suggested that the font of the brochure be enlarged.

Ms. Herold said the strongest thing the board can do about an overall state list is to help with the California Medical Volunteers list. Regarding the possibility of information gleaned from a check-box on the renewal application, the board does not have staff to input that data. However, a separate piece of paper inserted into the renewal package may work.

Dr. Conroy supported the idea of a separate piece of paper in the renewal package or inserted into *The Script*, which board staff could route somewhere afterwards.

Mr. Goldenberg suggested an "Honor Roll" listed in *The Script* for pharmacists that serve as volunteers during an emergency.

Mr. Graul suggested that volunteers receive an honorary pin from the board.

DISCUSSION OF EMERGENCY RESPONSE BY PHARMACIES AND WHOLESALERS TO THE OCTOBER 2007 CALIFORNIA WILDFIRES

The committee discussed actions taken by licensees during the recent California wildfires. The meeting materials included copies of various articles on the topic.

Ms. Herold said she received a CVS press release, and Bob Graul provided a summary of his observations. These items were provided in the meeting materials. She said an upcoming article in *The Script* may generate more information about pharmacists serving during the wildfires. She noted that one of the most important things is to acknowledge and commend those who came forward and provided assistance during the emergency.

Mr. Graul supported the idea of public recognition for pharmacists that served during the wildfires. He said that the true volunteers should be recognized at the board level, and they should be encouraged to attend a board meeting for that public recognition.

ACCREDITATION STANDARDS FOR CONTINUING PHARMACY EDUCATION BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

A copy of the new Accreditation Standards for Continuing Pharmacy Education was provided in the meeting materials. The new standards take effect on January 1, 2009 and are a result of a two-year revision process completed by the Accreditation Council For Pharmacy Education (ACPE).

COMPETENCY COMMITTEE REPORT

Dr. Conroy advised that since the last Licensing Committee Meeting, the Competency Committee workgroups have each held one meeting. At both meetings, the committee continued to work on exam development. Members were also advised of the board's approval of the proposal to strengthen the penalty against applicants who compromise the board's examination. The most recent quality assurance ended on November 9, 2007.

Ms. Herold added that the committee is in good shape with respect to an item bank, providing the exam timely, and completing quality assurance reviews.

ADJOURNMENT

There being no additional business, Chairperson Conroy adjourned the meeting at 12:32 p.m.

Attachment C

Licensing Statistics

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
APPLICATIONS													
Received													
Pharmacist (exam applications)	169	115	108	97	95	76							660
Pharmacist (initial licensing applications)	205	42	361	71	156	136							971
Intern pharmacist	52	287	316	446	51	61							1213
Pharmacy technician	604	590	634	593	587	501							3509
Pharmacy	49	48	25	42	27	43							234
Sterile Compounding	11	3	11	4	4	3							36
Clinics	13	5	8	12	4	4							46
Hospitals	5	0	0	5	3	4							17
Nonresident Pharmacy	8	6	6	6	7	6							39
Licensed Correctional Facility	0	0	0	0	0	0							0
Hypodermic Needle and Syringes	1	3	0	0	0	0							4
Nonresident Wholesalers	9	10	6	10	10	15							60
Wholesalers	3	5	4	4	2	5							23
Veterinary Food-Animal Drug Retailer	0	0	0	2	0	0							2
Designated Representatives	54	33	24	34	41	19							205
Issued													
Pharmacist	195	58	359	72	155	131							970
Intern pharmacist	82	287	268	497	55	28							1217
Pharmacy technician	684	629	267	662	553	544							3339
Pharmacy	27	53	34	32	17	37							200
Sterile Compounding	1	5	8	2	2	2							20
Clinics	7	10	5	6	9	0							37
Hospitals	2	6	0	3	1	1							13
Nonresident Pharmacy	1	3	11	8	5	4							32
Licensed Correctional Facility	0	0	1	0	0	0							1
Hypodermic Needle and Syringes	1	0	1	3	1	0							6
Nonresident Wholesalers	6	4	11	8	7	4							40
Wholesalers	6	2	9	6	3	2							28
Veterinary Food-Animal Drug Retailer	0	0	0	0	1	0							1
Designated Representatives	41	26	36	42	41	20							206

*Calstars reports not available

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Pending*													
Pharmacist Examination	u/a	u/a	1225	1208	1117	892							1086
Intern pharmacist	u/a	u/a	109	239	219	252							109
Pharmacy technician	u/a	u/a	739	1298	1034	1137							739
Pharmacy	u/a	u/a	172	78	66	73							172
Sterile Compounding	u/a	u/a	60	48	51	53							60
Clinics	u/a	u/a	77	46	45	60							77
Hospitals	u/a	u/a	22	15	12	16							22
Nonresident Pharmacy	u/a	u/a	58	51	52	50							58
Licensed Correctional Facility	u/a	u/a	0	0	0	0							0
Hypodermic Needle and Syringes	u/a	u/a	7	7	5	7							7
Nonresident Wholesalers	u/a	u/a	129	126	121	136							129
Wholesalers	u/a	u/a	37	32	31	35							37
Veterinary Food-Animal Drug Retailer	u/a	u/a	2	5	2	3							2
Designated Representatives	u/a	u/a	160	157	150	153							160
Change of Pharmacist-in-Charge													
Received	74	165	88	164	123	100							714
Processed	148	128	92	187	1	127							683
Pending	33	70	66	43	165	138							138
Change of Exemptee-in-Charge													
Received	5	14	11	27	10	23							90
Processed	13	21	7	29	8	3							81
Pending	21	56	60	58	60	80							80
Change of Permits													
Received	37	191	11	5	3	8							255
Processed	18	0	1	23	2	4							48
Pending	119	310	320	302	303	307							307
Discontinuance of Business													
Received	17	19	19	32	54	18							159
Processed	28	22	19	2	52	10							133
Pending	3	0	0	30	32	40							40

*Calstars reports not available

	JUL	AUG	SEP	OCT	NOV*	DEC*	JAN	FEB	MAR	APR	MAY	JUN	FYTD
Renewals Received													
Pharmacist	1429	3074	1352	1512									7367
Pharmacy technician	1724	4015	1740	1924									9403
Pharmacy	609	636	318	511									2074
Sterile Compounding	9	63	12	32									116
Hospitals	27	28	25	113									193
Clinics	46	184	68	82									380
Nonresident Pharmacy	18	40	14	17									89
Hypodermic Needle and Syringes	12	44	16	33									105
Nonresident Wholesalers	19	65	28	39									151
Wholesalers	19	108	32	38									197
Veterinary Food-Animal Drug Retailer	0	5	0	1									6
Designated Representatives	74	410	142	162									788

*Calstars reports not available

Attachment D

*First Quarterly Report of Committee Goals for
2007/08*

LICENSING COMMITTEE

Goal 2: Ensure the qualifications of licensees.

Outcome: Qualified licensees

Objective 2.1	Issue licenses within 3 working days of a completed application by June 30, 2011.								
Measure:	Percentage of licenses issued within 3 work days.								
Tasks:	1. Review 100 percent of all applications within 7 work days of receipt.								
		Apps. Received:				Average Days to Process:			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
	Pharmacist (exam applications)	392	268			15	15		
	Pharmacist (Initial licensing)	608	363			10	5		
	Pharmacy Intern	655	558			30	15		
	Pharmacy Technician	1828	1681			16	20		
	Pharmacies	127	124			18	23		
	Non-Resident Pharmacy	20	19			17	23		
	Wholesaler	12	11			20	27		
	Veterinary Drug Retailers	0	2			10	39		
	Designated Representative	111	94			10	15		
	Out-of-state distributors	25	35			20	34		
	Clinics	26	20			21	31		
	Hypodermic Needle & Syringe Distributors	4	0			10	38		
	Sterile Compounding	25	11			10	10		
	2. Process 100 percent of all deficiency documents within 5 work days of receipt.								
		Average Days to process deficiency:							
		Qtr 1	Qtr 2	Qtr 3	Qtr 4				
	Pharmacist (exam applications)	15	15						
	Pharmacist (Initial licensing)	7	7						
	Pharmacy Intern	15	15						
	Pharmacy Technician	15	15						
	Pharmacies	4	15						
	Non-Resident Pharmacy	10	20						
	Wholesaler	10	18						
	Veterinary Drug Retailers	2	15						
	Designated Representative	5	15						
	Out-of-state distributors	10	18						
	Clinics	1	15						
	Hypodermic Needle & Syringe	2	15						

3. Make a licensing decision within 3 work days after all deficiencies are corrected.

	Average Days to Determine to Deny/Issue License:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist (exam applications)	1	1		
Pharmacist (initial licensing)	1	1		
Pharmacy Intern	1	1		
Pharmacy Technician	3	5		
Pharmacies	4	4		
Non-Resident Pharmacy	5	5		
Wholesaler	4	5		
Veterinary Drug Retailers	1	1		
Designated Representative	1	3		
Out-of-state distributors	4	5		
Clinics	1	2		
Hypodermic Needle & Syringe	1	1		

4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements.

	Licenses Issued:			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist	612	358		
Pharmacy Intern	637	580		
Pharmacy Technician	1580	1759		
Pharmacies	123	91		
Non-Resident Pharmacy	15	17		
Wholesaler	17	11		
Veterinary Drug Retailers	0	1		
Designated Representative	103	103		
Out-of-state distributors	21	19		
Clinics	22	15		
Hypodermic Needle & Syringe	2	4		
Sterile Compounding	14	6		

5. Withdrawn licenses to applicants not meeting board requirements.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacy Technician	1	0		
Pharmacies	4	9		
Non-Resident Pharmacy	1	0		
Clinics	0	10		
Sterile Compounding	0	0		
Designated Representative	0	0		
Hypodermic Needle & Syringe	0	1		
Out-of-state distributors	1	21		
Wholesaler	2	3		

6. Deny applications to those who do not meet California standards.

7. Responding to email status requests and inquiries to designated email addresses.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	1,863	1199		
Pharmacy Technicians	1,092	1112		
Site licenses (pharmacy, clinics)	1,156	1047		
Site licenses (wholesalers, nonresident pharmacies)	1,103	1097		

8. Responding to telephone status request and inquiries.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Pharmacist/Pharmacist Intern	671	84		
Pharmacy Technicians	150	70		
Site licenses (pharmacy, clinics)	243	252		
Site licenses (wholesalers, nonresident pharmacies)	370	230		

Objective 2.2	Cashier 100 percent of all application and renewal fees within two working days of receipt by June 30, 2011.
Measure:	Percentage of cashiered application and renewal fees within 2 working days.
Tasks:	<ol style="list-style-type: none"> 1. Cashier application fees. <ul style="list-style-type: none"> <i>1st Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i> <i>2nd Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i> <i>3rd Qtr 06/07: The average processing time for processing new application fees is 3 working days.</i> <i>4th Qtr 06/07: The average processing time for processing new application fees is 2-3 working days.</i> <i>1st Qtr 07/08: The average processing time for processing new application fees is 2-3 working days.</i> <i>2nd Qtr 07/08: The average processing time for processing new application fees is 2-3 working days.</i> 2. Cashier renewal fees. <ul style="list-style-type: none"> <i>1st Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>2nd Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>3rd Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>4th Qtr 06/07: The average processing time for cashiering is 2-3 working days.</i> <i>1st Qtr 07/08: The average processing time for cashiering is 2-3 working days.</i> <i>2nd Qtr 07/08: The average processing time for cashiering is 2-3 working days.</i> 3. Secure online renewal of licenses. <ul style="list-style-type: none"> <i>1st Qtr 06/07: Board meets with programmers to initiate parameters for board licensing programs to convert to DCA Applicant Tracking Program.</i> <i>Jan. 2007: Board converts all application programs to DCA's Applicant Tracking Program. See Objective 2.4, Task 7 below.</i>

Objective 2.3	Update 100 percent of all information changes to licensing records within 5 working days by June 30, 2011.
Measure:	Percentage of licensing records changes within 5 working days.
Tasks:	<ol style="list-style-type: none"> 1. Make address and name changes. <i>1st Qtr 06/07: Processed 1,832 address changes.</i> <i>2nd Qtr 06/07: Processed 1,322 address changes.</i> <i>3rd Qtr 06/07: Processed 1,613 address changes.</i> <i>4th Qtr 06/07: Processed 1,857 address changes.</i> <i>1st Qtr 07/08: Processed 1,990 address changes.</i> <i>2nd Qtr 07/08: Processed 1,470 address changes.</i> 2. Process discontinuance of businesses forms and related components. <i>1st Qtr 06/07: Processed 41 discontinuance-of-business forms. Processing time is 46 days.</i> <i>2nd Qtr 06/07: Processed 0 discontinuance-of-business forms.</i> <i>3rd Qtr 06/07: Processed 72 discontinuance-of-business forms. Processing time is 30 days.</i> <i>4th Qtr 06/07: Processed 38 discontinuance-of-business forms. Processing time is 30 days.</i> <i>1st Qtr 07/08: Processed 69 discontinuance-of-business forms. Processing time is 30 days.</i> <i>2nd Qtr 07/08: Processed 64 discontinuance-of-business forms. Processing time is 30 days.</i> 3. Process changes in pharmacist-in-charge and designated representative-in-charge. <i>1st Qtr 06/07: Processed 247 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.</i> <i>2nd Qtr 06/07: Processed 382 pharmacist-in-charge changes. Average processing time is 30 days. Processed 5 designated representative-in-charge changes. Average processing time is 10 days.</i> <i>3rd Qtr 06/07: Processed 358 pharmacist-in-charge changes. Average processing time is 30 days. Processed 0 designated representative-in-charge changes.</i> <i>4th Qtr 06/07: Processed 544 pharmacist-in-charge changes. Average processing time is 30 days. Processed 14 designated representative-in-charge changes. Average processing time is 14 days.</i> <i>1st Qtr 07/08: Processed 368 pharmacist-in-charge changes. Average processing time is 30 days. Processed 30 designated representative-in-charge changes. Average processing time is 30 days.</i> <i>2nd Qtr 07/08: Processed 315 pharmacist-in-charge changes. Average processing time is 30 days. Processed 31 designated representative-in-charge changes. Average processing time is 30 days.</i> 4. Process off-site storage applications. <i>1st Qtr 06/07: Processed and approved 42 off-site storage applications. Average processing time is 30 days.</i> <i>1st Qtr 07/08: Processed and approved 42 off-site storage applications. Average processing time is 30 days.</i> 5. Transfer of intern hours to other states. <i>1st Qtr 06/07: Processed 76 applications. Average processing time is 30 days.</i> <i>2nd Qtr 06/07: Processed 45 applications. Average processing time is 30 days.</i> <i>1st Qtr 07/08: Processed 76 applications. Average processing time is 30 days.</i> <i>2nd Qtr 07/08: Processed 37 applications. Average processing time is 30 days.</i>

Objective 2.4	Implement at least 25 changes to improve licensing decisions by June 30, 2011.
Measure:	Number of implemented changes.
Tasks:	<ol style="list-style-type: none"> <li data-bbox="370 210 1495 499">1. Determine why 26 states do not allow the use of a CA license as the basis for transfer a pharmacist license to that state. <i>Jan. 2007: Survey of some states indicate misunderstanding of why California cannot accept NAPLEX scores earned before January 1, 2004. Educational efforts, on a state by state basis, initiated.</i> <i>March 2007: Pennsylvania agrees to accept California NAPLEX scores.</i> <i>May 2007: At National Association of Boards of Pharmacy meeting several states agree to reconsider their position against accepting California scores.</i> <li data-bbox="370 506 1479 569">2. Work with the University of California to evaluate the drug distribution system of its clinics and their appropriate licensure. <li data-bbox="370 575 1479 716">3. Work with the Department of Corrections on the licensure of pharmacies in prisons. <i>June 2007: Meet with the Department of Corrections Receiver to discuss possible regulatory structures for drug dispensing and distribution within correctional facilities.</i> <li data-bbox="370 722 1479 1829">4. Work with local and state officials on emergency preparedness and planning for pandemic and disasters. Planning to include the storage and distribution of drugs to assure patient access and safety. <i>Sept. 2006: Committee hears presentation by DHS on emergency preparedness.</i> <i>Oct. 2006: Presentation by Orange County and LA emergency response staff at NABP District 7 & 8 meeting. Board meeting has presentation by DHS and board develops policy statement for licensees in responding to declared emergencies.</i> <i>Jan. 2007: Board publishes disaster response policy statement.</i> <i>Feb. & March 2007: Board attends seven-day DHS-hosted training session on surge emergency response as part of the state's disaster response.</i> <i>April - June 2007: Board continues to participate in SURGE planning activities and in a joint public/private partnership project envisioned by the Governor.</i> <i>June 2007: Board staff aids in contract evaluation to select a consultant to provide pre-emergency registration of health care providers.</i> <i>Sept. 2007: Board attends Rough & Ready Demonstration in Orange County.</i> <i>Oct. 2007: Board considers legislative proposal to license mobile pharmacies for deployment during declared disasters.</i> <i>Staff resume attendance at ESAR VHPs meeting of EMSA.</i> <i>Board activates disaster response policy to allow rapid response to patients affected by California wild fires. Use of subscriber alerts proves effective in conveying board messages to licensees in effected areas.</i> <i>Dec. 2007: Committee hears presentations on emergency preparedness by California Department of Public Health, L.A. County and Orange County emergency response offices.</i> <i>Focus continues on getting pharmacists prescreened and registered for disaster response. Discussion also includes lessons learned during California wild fires, ESAR-VHPS, renamed California medical volunteers, readied for widespread promotion by January 1, 2008 by EMSA.</i> <li data-bbox="370 1835 1430 1871">5. Evaluate the need to issue a provisional license to pharmacy technician trainees.

6. Evaluate use of a second pharmacy technician certification examination (ExCPT) as a possible qualifying route for registration of technicians.
- Sept. 2006: Committee hears presentation on ExCPT exam approved for certification of technicians by five states. Committee directs staff to evaluate exam for possible use in California.*
- Dec. 2006: DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.*
- March 2007: DCA recruiting for Chief of Examination Resources Office; review postponed. Additional methods to accomplish review considered.*
- May 2007: Board seeks private contractor to evaluate both ExCPT and PTCB exams for job validity.*
- Sept. 2007: Board required to check with other state agencies to ensure that state-employed PhD psychometricians are not able to perform this review before the board can contract for services. Committee recommends delay until CSHP and CPhA complete their review of pharmacy technician training and knowledge.*
- Oct. 2007: Board postpones work on this topic until CSHP and CPhA complete their review.*
7. Implement the Department of Consumer Affairs Applicant Tracking System to facilitate implementation of I-Licensing system, allowing online renewal of licenses by 2008.
- July 2006: Board executive officer becomes executive sponsor of program.*
- Nov. 2006: Board completes system identification of parameters for each licensing program.*
- Dec. 2006-Jan. 2007: Preparatory work and pilots completed; Board Staff initiates transfer to ATS system as sole platform for applicant tracking for all licensing programs.*
- March 2007: Work on securing vendors for I-Licensing continues. Staff changes at DCA may delay implementation.*
- June 2007: DCA hires additional staff for I-Licensing project. Implementation for board programs delayed until mid-2009.*
- Aug. 2007: Executive Officer still on executive steering committee.*
- 2nd Qtr. 07/08: Board staff designed to integrate board requirements into system, a major undertaking of staff time. Executive Officer continues on executive steering committee.*
8. Participate with California's Schools of Pharmacy in reviewing basic level experiences required of intern pharmacists, in accordance with new ACPE standards.
- 3rd Qtr 06/07: Board attends 3 day-long working sessions convened by California's schools of pharmacy to develop list of skills students should possess by end of basic intern level experience (about 300 hours).*
- Oct. 2007: Board considers basic internship competencies developed under the program and develops letter of support.*

	<p>9. Implement new test administration requirements for the CPJE.</p> <p><i>March 2007: Board advised about new exam vendor for CPJE effective June 1, 2007. Board notifies all CPJE eligible candidates of pending change, advises California schools of pharmacy graduating students and applicants in general.</i></p> <p><i>June 2007: Shift to new exam vendor, PSI, takes place. New Candidates Guide is printed and distributed. Some transition issues to new vendor exist and are being worked on.</i></p> <p><i>Oct. 2007: Transition efforts to PSI continue.</i></p> <p><i>2nd Qtr. 07/08: Transition efforts to PSI continue.</i></p> <p>10. Participate in ACPE reviews of California Schools of Pharmacy.</p> <p><i>Oct. 2007: Board participates in review of California Northstate College of Pharmacy.</i></p> <p><i>Jan. 2008: Board participates in review of UCSF.</i></p>
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