



# 2017 MPA Spring Seminar

April 28 – 29, 2017  
An offering of the MPA Health-Systems Academy



Mansfield Health Education Center, St. Vincent Healthcare – Billings  
Skaggs School of Pharmacy, University of Montana – Missoula

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The University of Montana Skaggs School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This agenda has been approved for a total of 9.5 contact hours / 0.95 CEU for pharmacists and pharmacy technicians. The 9.5 contact hours are comprised of 8.0 contact hours of regular CE and 1.5 contact hours of law. There are 5 modules. Participants must attend all sessions in a module to receive the credit for that module.

## Friday, April 28, 2017

1:00 – 2:00pm  
Conference call  
Billings⇒Missoula

### Montana Pharmacist Patient Care Alliance

–**Carla Cobb**, PharmD, BCPP, CPP – RiverStone Health, Billings  
(Registration not required to participate in this meeting. Not ACPE approved.)

2:00 – 2:30pm

### Registration

2:30 – 2:40pm

### Welcome, Announcements and Pre-Session Questions

**Module 1 – Sessions from 2:40 – 5:00pm / 2.25 contact hours or 0.225 CEU. You must attend all sessions to obtain the credit. UAN #0035-9999-17-019-L04-P/T**

2:40 – 3:00pm  
Missoula⇒Billings

### Ensuring the Safe Transition from Prior-to-Admission Concentrated Insulins to a Formulary Insulin Regimen

–**Erica Rhein**, PharmD – PGY1 Pharmacy Resident, Providence St. Patrick Hospital, Missoula

At the end of this presentation, participants will be able to:

1. Identify products with high risk for error when transitioning patients from their home regimen to formulary insulins;
2. Explain the process for ensuring accurate assessment of prior-to-admission (PTA) insulin dosing.

3:00 – 3:20pm  
Missoula⇒Billings

### Implementation and Assessment of a Guideline Based Treatment Algorithm for Community Acquired Pneumonia (CAP).

–**Lucas Schonsberg**, PharmD – PGY1 Pharmacy Resident, Providence St. Patrick Hospital, Missoula

At the end of this presentation, participants will be able to:

1. Identify the preferred empiric regimen for patients requiring admission for CAP;
2. Identify one target area to improve empiric prescribing for CAP.

3:20 – 3:40pm  
Missoula⇒Billings

### Emergency Department Pharmacist Interventions in a Small, Rural Hospital

–**Chaundra Sewell**, PharmD – PGY1 Pharmacy Resident, Community Medical Center, Missoula

At the end of this presentation, participants will be able to:

1. Identify interventions that an emergency medicine pharmacist in a small, rural hospital can make;
2. Identify opportunities for emergency medicine pharmacists to further their involvement in the care of patients in the emergency department.

3:40 – 4:00pm  
Missoula⇒Billings

### Development of a Pharmacist Managed Protocol in Uncontrolled Diabetic Patients

–**Tiffany Tierney**, PharmD – PGY1 Pharmacy Resident, Community Medical Center, Missoula

At the end of this presentation, participants will be able to:

1. Describe challenges in developing a diabetes protocol.

4:00 – 5:00pm  
Billings⇒Missoula

### **Quality and Safety in an Era of Healthcare Reform**

–**Jennifer Graves, RN** – Director of Quality, St. Vincent Healthcare, Billings

At the end of this presentation, participants will be able to:

1. Name three quality programs resulting from healthcare reform legislation, and describe the related financial implications of these programs;
2. Describe at least one concept about the “science” of safety, and identify one related behavior that can improve safety.

5:00 – 5:15pm **Break**

**Module 2 – 5:15—6:45pm / 1.5 contact hours or .015 CEUs for law.  
UAN #0035-9999-17-020-L03-P/T (Law)**

5:15 – 6:45pm  
Billings⇒Missoula

### **The Road Behind and the Path Ahead**

–**Christopher Topoleski** – Director of Federal Legislative Affairs, American Society of Health-System Pharmacists, Washington, DC

At the end of this presentation, participants will be able to:

1. Describe what is meant by provider status in the Medicare program as defined in the Social Security Act and distinguish it from provider status at the state level;
2. Describe H.R. 592/S. 109 and its intent, as well as gain an understanding of how the bills have evolved and what steps lie ahead in Congress and beyond;
3. Gain an understanding of the Patient Access to Pharmacists Care Coalition and who comprises it;
4. Advocate for recognition of pharmacists as providers in federal law and how to engage the Montana Board of Pharmacy.

6:45 – 7:00pm **Post-Session Questions and Evaluation**

7:00pm **Reception**

**Saturday, April 29, 2017**

8:00 – 8:30am **Registration and Continental Breakfast**

8:30 – 8:40am **Welcome, Announcements and Pre-Session Questions**

**Module 3 -- 8:40am – 12:00n / 3.0 contact hours or 0.3 CEUs. You must attend all sessions to obtain credit.  
UAN #0035-9999-17-021-L04-P/T**

8:40 – 9:00am  
Separate sites

### **2017 Montana ASHP Delegates Update**

–**Derek Burns, PharmD, BCPS** – Clinical Pharmacist, Bozeman Health Deaconess Hospital, Bozeman  
–**Amanda Patel, PharmD** – Medication Safety Coordinator, Providence St. Patrick Hospital, Missoula

At the end of this presentation, participants will be able to:

1. Describe the proposed policies being considered by the 2017 ASHP House of Delegates.

9:00 – 9:20am  
Missoula⇒Billings

### **Pharmacists' Role in Care Transitions**

–**Shea Fanning, PharmD** – PGY1 Pharmacy Resident, St. Peter's Hospital, Helena

At the end of this presentation, participants will be able to:

1. Identify care transitions where pharmacists can impact patient care through education and medication reconciliation;
2. List strategies to improve patient during transitions of care.

9:20 – 9:40am  
Missoula⇒Billings

### **Impact of a Pilot Ambulatory Care Pharmacist in a Family Practice Clinic**

–**Taylor Sandvick, PharmD** – PGY1 Pharmacy Resident, St. Peter's Hospital, Helena

At the end of this presentation, participants will be able to:

1. Recognize the most frequent pharmacist driven interventions completed in a family practice clinic;
2. Identify areas for pharmacists to provide education for patients in the ambulatory care setting.

9:40 – 10:00am  
Billings⇒Missoula

**Management of Acute Alcohol Withdrawal at a Community Hospital in an Area with a High Prevalence of Alcoholism**

–**Melissa Cirillo**, PharmD – PGY1 Pharmacy Resident, Bozeman Health Deaconess Hospital, Bozeman

At the end of this presentation, participants will be able to:

1. List the most common benzodiazepines used for symptom management of alcohol withdrawal.

10:00 – 10:20am  
Billings⇒Missoula

**Evaluation of an Antimicrobial Timeout as a Stewardship Standard Implemented within a Community Hospital**

–**Rob VanTreese**, PharmD – PGY1 Pharmacy Resident, Bozeman Health Deaconess Hospital

At the end of this presentation, participants will be able to:

1. Identify components of antimicrobial stewardship that comprise institutional accreditation and conditions of participation standards, respectively.

10:20 – 10:30am

Break

10:30am --  
12:00pm  
Billings⇒Missoula

**Enhancing Pharmacy Services Utilizing a Layered Learning Model**

–**Stacy Emmett**, RPh, BCCCP – Clinical Pharmacist Specialist, St. Vincent Healthcare, Billings

–**Kelsie Ophus**, PharmD, BCPS– Clinical Pharmacist, Billings Clinic, Billings

–**Jason Nickisch**, PharmD, BCPS, MBA – Director of Pharmacy, Providence St. Patrick Hospital, Missoula

At the end of this presentation, participants will be able to:

1. Define three key attributes of designing and implementing an effective layered learning practice model (LLPM);
2. Differentiate between the various roles for each member of the LLPM;
3. Identify challenges faced when creating and utilizing a LLPM.

12:00 – 12:30pm

Lunch

**Module 4 – 12:30 – 2:00pm / 1.25 contact hours or 0.125 CEUs. You must attend all sessions to obtain credit.  
UAN #0035-9999-022-L04-P/T**

12:30 – 12:50pm  
Missoula⇒Billings

**Implementation of a Pharmacy Clinical Surveillance Program into an Established Clinical Program**

–**Alyssa Canady**, PharmD – PGY1 Pharmacy Resident, Benefis Health System, Great Falls

At the end of this presentation, participants will be able to:

1. Describe the education, evaluation, and optimization process involved with the implementation of a customizable clinical pharmacy surveillance program;
2. Explain the evaluation of VigiLanz triggered pharmacist interventions to improve antimicrobial stewardship.

12:50 – 1:10pm  
Billings⇒Missoula

**Impact of a Standardized Referral Process for Pharmacist-Provided Collaborative Drug Therapy Management on Access to and Quality of Care in a Primary Care Clinic**

–**Presley Legerski**, PharmD – PGY1 Pharmacy Resident, Billings Clinic, Billings

At the end of this presentation, participants will be able to:

1. Describe the role of the pharmacist in providing collaborative drug therapy management to improve access to care;
2. Identify the important components of implementing a standardized patient referral process for pharmacist-provided collaborative drug therapy management in a primary care clinic.

1:10pm – 1:30pm  
Billings⇒Missoula

**Delirium Rates in the Intensive Care Unit: An Evaluation of Mechanically Ventilated Patients Sedated with Intravenous Ketamine versus Dexmedetomidine**

–**Karin Zepf**, PharmD – PGY1 Pharmacy Resident, Billings Clinic, Billings

At the end of this presentation, participants will be able to:

1. State the rates of delirium when ketamine is used for sedation in mechanically ventilated ICU patients as compared to dexmedetomidine;
2. Compare the time to onset of delirium and duration of delirium in mechanically ventilated ICU patients sedated with ketamine versus dexmedetomidine.

1:30 – 1:50 pm  
Billings⇒Missoula

**Assessment of Venous Thromboembolism Rates Following Elective Total Knee and Total Hip Arthroplasties in Patients Receiving Prophylactic Twice Daily Aspirin**

–**Annie Kraatz**, PharmD – PGY1 Pharmacy Resident, Billings Clinic, Billings

At the end of this presentation, participants will be able to:

1. List the rate of venous thromboembolism within 90 days following elective total hip or total knee arthroplasty in patients receiving aspirin 325 mg orally twice daily for six weeks;
2. In patients who underwent elective total hip or total knee arthroplasty, compare the rates of major bleeding between study subjects who received aspirin and a historical control of published literature values.

1:50 -- 2:00pm Break

**Module 5 -- 2:00 – 3:40 / 1.5 contact hours or 0.15 CEUs. You must attend all sessions to obtain credit.  
UAN #035-9999-17-023-L04-P/T**

2:00 – 3:00pm  
Missoula⇒Billings

**Opiate Stewardship**

–**Logan Tinsen**, PharmD – Clinical Pharmacist, Benefis Health System, Great Falls

–**Derek Burns**, PharmD, BCPS – Clinical Pharmacist, Bozeman Health Deaconess Hospital, Bozeman

At the end of this presentation, pharmacists will be able to:

1. Create a comprehensive detection and prevention program for their hospital;
2. Formulate a protocol to guide physicians to select alternative medications to opiates.

At the end of this presentation, pharmacy technicians will be able to:

1. Create a comprehensive detection and prevention program for their hospital.

3:00 – 3:20pm  
Billings⇒Missoula

**Diltiazem versus Verapamil for the Prevention of Arterial Spasm during Transradial Access for Coronary Procedures: A Non-inferiority Trial**

–**Clark Vowell**, PharmD – PGY1 Pharmacy Resident, St. Vincent Healthcare, Billings

At the end of this presentation, participants will be able to:

1. Describe the reasons for using non-dihydropyridine calcium channel blockers for the prevention of radial artery spasm in coronary angioplasty;
2. Identify the stakeholders and processes involved in performing a non-inferiority study in a rural hospital.

3:20 – 3:40pm  
Billings⇒Missoula

**Implementing Computerized Provider Order Entry for Total Parenteral Nutrition in a Neonatal Intensive Care Unit**

–**Riley Grubbs**, PharmD – PGY1 Pharmacy Resident, St. Vincent Healthcare, Billings

At the end of this presentation, participants will be able to:

1. Differentiate types of errors that may occur when handwriting an order form versus ordering through a computerized process;
2. Analyze the process of ordering, verifying, and compounding total parenteral nutrition formulations for neonates at St. Vincent Healthcare.

3:40 – 4:00pm

**Post Session Questions, Evaluations, Closing Remarks, and Adjourn**