

**From:** Matt Wall  
**Sent:** Monday, January 11, 2010 3:48 PM  
**To:** Allison Benz  
**Cc:** alice.mendoza; Gay Dodson; Kerstin Arnold; j.buckner; Kay Campbell; DARRYLS; gpirkle; Dave Pearson; don.mcbeath; Jennifer Banda  
**Subject:** RE: Rural Hospital Pharmacy Task Force

Dear Allison,

On behalf of the Texas Hospital Association, I want to thank you for the opportunity to provide these comments on the rules drafted by the pharmacy board staff concerning the recommendations of the Task Force to implement HB 1924 regarding rural hospital pharmacies. I had the opportunity to review and discuss this draft with the THA representatives on the task force (Jim Buckner and Kay Campbell), and representatives of the Texas Organization of Rural & Community Hospitals. Mr. Buckner and Ms. Campbell have indicated that they have no changes to the draft rules and believe that they generally represent the recommendations of the task force based on its Dec. 7<sup>th</sup> meeting. We concur with Don McBeath's comment in his Jan. 8<sup>th</sup> e-mail to you. In it, he stated that the draft requirement for a pharmacist to be onsite in a rural hospital at least every 14 days if he/she is performing drug regimen review electronically (22 TAC §291.73(b)(2)(B)) does not seem to be based on the provisions of HB 1924. While THA is not opposed to this requirement, we suggest that you clarify the statutory basis for the proposed 14-day rule in the preamble to the proposed rules to be published in the Texas Register. Finally, if you intend to make any further changes to the rural-hospital pharmacy rules prior to board submission in February, we request that you please give the task force representatives the opportunity to review them and provide comments before they are presented to the board.

I appreciate the work of the task force and pharmacy board staff on these important issues affecting rural hospitals. Please contact me if you have questions –  
Matt

**Matthew T. Wall, J.D.**  
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***Don't miss the [THA Leadership Conference](#) Feb. 17-18  
at the Renaissance Austin Hotel!***

**From:** deanadossey  
**Sent:** Saturday, January 09, 2010 3:37 PM  
**To:** Allison Benz  
**Subject:** Re: Rural Hospital Pharmacy Task Force

Dear Alison:

Generally, what we discussed is reflected in the revised rules proposal. I don't remember the task force agreeing to the 14 day extension of on-site pharmacist review with prospective electronic review of orders.

My comments are as follows, some just edits:  
line 205: spelling error, add "e" to charge  
line 220: add "be" before maintained  
line 301: should carisoprolol be stricken here also?

line 243: I believe there is a need to add **"discrepancy" (discrepancies) with the potential for patient harm** in addition to adverse event for items to be reported to a committee that reviews adverse events. As it is currently worded, it seems an actual adverse event has to occur before anything is reported. I don't believe this was the intention of the task force. If discrepancies with the potential for patient harm are also reviewed in committee, then policies and procedures can be changed or assurances made that appropriate education is given to not only the technician, but to the nurses or practitioners reviewing the technicians work, prior to there being an adverse patient event, rather than waiting until it is too late and an adverse event occurs.

For example, if the pharmacist sees that Zosyn (piperacillin/tazobactam) or Unasyn (ampicillin/sulbactam) has been given to a patient with a listed penicillin allergy without the prescriber being notified first even though a nurse double-checked the technicians work and that patient didn't have an allergic reaction, there was a potential for great patient harm if the patient had actually had a true severe allergy to penicillin. I think that is something that should be reviewed as it was a "close-call". Or if levofloxacin was given to a patient with a listed ciprofloxacin allergy without the prescriber being notified, this should also be discussed in committee so that proper safety nets can be put into place. There are many reasons for a potential allergy not to be recognized, and each case should be reviewed when such things slip through and reach the patient without a detailed investigation prior to administration. These reasons include not recognizing a drug is in the same class as what the patient is allergic to, or maybe the database the computer uses to recognize and alert users to allergies is not being properly maintained and committee notification is more likely to solve more global problems such as needs for education of staff or maintaining databases, especially if there is a need for more staff hours to solve problems in the system.

Thanks,  
Deana Dossey, PharmD, BCPS  
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**From:** Don McBeath  
**Sent:** Friday, January 08, 2010 11:51 AM  
**To:** Allison Benz  
**Cc:** Gay Dodson; 'Darryl Stefka'; 'Jim Buckner'; 'Kay Campbell'; 'Matt Wall'; 'Patricia Conradt'; 'Kirsten Knuth'; 'David Pearson'  
**Subject:** Redraft of rules for HB 1924

Allison,

TORCH and our two task force representatives (Darryl Stefka and Gyale Pickle) are comfortable with the redraft of the rules following the rural hospital task force meeting last month.

Our only comment would be that the provisions regarding electronic review and on-site visits changing to 14 days were not a part of HB 1924 and someone might argue they are not germane (and were not included in the first set of proposed rules). We are certainly not opposed to this proposal and if you want to leave the language in, we would suggest some wording in the introduction to the proposed rules for the Texas Register that clarifies these are not part of HB 1924 but is something intended to assist rural hospitals.

We have all visited about these and Matt Wall with the Texas Hospital Association will be submitting their official response (but we are all on the same page with this).

One final point, if any of this language is changed, we would request an opportunity to review and offer comment before submission to the Board next month.

Thanks again to you, Gay, the Board and the staff for understanding the difficulties that some of our rural hospital face in trying to serve their patients.

Don

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