



**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

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

**DATE:** March 29, 2011

**LOCATION:** First Floor Hearing Room  
400 R Street  
Sacramento, CA 95816

**COMMITTEE MEMBERS**

**PRESENT:** Randy Kajioka, PharmD, Chair  
Greg Lippe, Public Member  
Neil Badlani, RPh

**COMMITTEE MEMBERS**

**NOT PRESENT:** Tappan Zee, Public Member

**STAFF**

**PRESENT:** Virginia Herold, Executive Officer  
Anne Sodergren, Assistant Executive Officer  
Robert Ratcliff, Supervising Inspector  
Joshua Room, Deputy Attorney General  
Kristy Shellans, DCA Staff Counsel  
Carolyn Klein, Legislation and Regulation Manager  
Tessa Miller, Staff Analyst

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**Call to Order**

Chair Randy Kajioka called the meeting to order at 9:33 a.m.

Chair Kajioka conducted a roll call. Board Members Badlani, Lippe, and Kajioka were present.

1. **Presentations to Request Exemptions from 16 California Code of Regulations Section 1707.5 Label Requirements for Prescription Drug Containers as Authorized by Section 4076.5 (SB 1489, Negrete-McLeod, Chapter 653, Statutes of 2010)**

Chair Report

Chair Kajioka provided that on January 1, 2011, the board's requirements for patient-centered labels went into effect as 16 California Code of Regulations section 1707.5.

Chair Kajioka provided that also effective January 1, 2011, provisions enacted by SB 1489 (Senate Business and Professions Committee, Chapter 653, Statutes of 2010) as amendments to Business and Professions Code section 4076.5, allow the board to exempt from the labeling requirements prescriptions dispensed to patients in certain environments.

Chair Kajioka advised that to allow such an exemption, the board will need to promulgate regulations.

Chair Kajioka provided that the committee will hear presentations from three groups, Walgreens, GE Healthcare, and the California Pharmacists Association (CPhA), to seek an exemption from the labeling requirements for their specialized patient populations. He stated that each group has been asked to demonstrate why they cannot comply with the labeling requirements and how they can provide appropriate consumer protection and information without the patient-centered labels.

Request 1: From Walgreens For Pharmacies Making Total Parenteral Therapy (TPN)

Al Carter, Manager of Pharmacy Affairs, and Tom Rout, Regional Pharmacy Director of Infusion and Respiratory Services – West, provided a presentation requesting an exemption from labeling requirements for TPN products at Walgreens homecare facilities. Mr. Carter presented the committee with a sample label handout that is currently in use.

Mr. Rout provided an overview on TPN solutions and the challenges in achieving compliance with the labeling requirements for these products. He discussed that TPN solutions provide patients with all of their needed nutrients intravenously and can contain 12-30 different ingredients in addition to additives that are added at the time of infusion. Mr. Rout explained that the solutions are packaged in a large volume bag and generally provide a 24-hour supply.

Mr. Rout stated that it is difficult to include the large array of ingredients included in the TPN solutions on the label in a 12-point font.

Mr. Rout reviewed a label handout exhibiting a complex ingredient solution and a simple ingredient solution. He reviewed components of current TPN labels including 8-point font text as well as a fixed amount of white space to accommodate the ingredient list.

Mr. Rout discussed that an exemption to the labeling requirements will not compromise patient safety as the patients are at home in a hospital-like administration scenario with assistance and training on how to use the medication and equipment by health care professionals including a home care nurse. He stated that patients are assessed prior to discharge from the hospital to ensure that they are capable of participating in this treatment. Mr. Rout discussed that the general goal is to train the patient to manage this treatment independently. He provided that the label is a minor part in what is used to correctly manage this therapy.

Mr. Rout provided the committee with sample training materials for patients.

### Discussion

Mr. Lippe inquired about the sample label and asked if information on the label could be bolded or otherwise emphasized.

Mr. Route indicated that he would need to confirm this with his IT staff. Mr. Route also indicated that one of the elements of the training is to provide the patient with information on how to read the label and to understand when information is different and what could cause a change. He stated that all changes to the solution are communicated and explained verbally with the patient or caregiver.

Chair Kajioka asked whether written communication is also provided to the patient.

Mr. Route explained that this is dependant on the type of change and on the judgment of the pharmacist.

Chair Kajioka asked whether the infusion rate instructions on the label could be printed in a larger font or highlighted.

Mr. Route indicated that Walgreen's goal has been to be compliant with the requirements of the regulation. He stated that if the exemption is granted, Walgreens will still make every effort to be partially compliant.

Joshua Room, Deputy Attorney General, asked whether all of these specialty pharmacies are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). He stated that the statute that gives the board the authority for the exemption for infusion pharmacies occurs in Business and Professions Code section 4076.5(e) which requires that the drugs are dispensed by a JCAHO-accredited home infusion or specialty pharmacy.

Mr. Route provided that the pharmacies are accredited by the Accreditation Commission for Health Care (ACHC).

Chair Kajioka discussed that Walgreens specialty pharmacies do not satisfy all of the statutory requirements for the exemption as they are not JCAHO accredited.

The committee further evaluated the infusion process, the role of the patient, and the training that they receive.

Mr. Room reviewed the other exemption requirements of Section 4076.5(e) including the following:

- The patient receives health-professional-directed education prior to the beginning of therapy by a nurse or pharmacist.
- The patient receives weekly or more frequent follow-up contacts by a nurse or pharmacist.
- Care is provided under a formal plan of care based upon a physician and surgeon's orders.

Mr. Route indicated that all of these requirements are satisfied.

Mr. Room discussed the intent of the legislature with regards to the JCAHO accreditation requirement. He stated that it is not within the board's purview to determine whether ACHC is an acceptable alternative for this requirement.

Executive Officer Virginia Herold provided the committee with a sample label in 12-point font that was drafted by board staff. She stated that the sample does not include the physician's name, expiration date, and the name of the pharmacy. (A copy of this label is attached, following this meeting summary.)

The committee discussed this sample and the use of a 12-point font. Concern was expressed that the sample may not be a fair comparison as it missing certain information and includes only a small number of ingredients.

Mr. Room asked whether there are physical and/or cost limitations that restrict the size of the label being used for TPN solutions.

Mr. Rout provided that both factors have an impact. He discussed that the thermal printers that are used limit the width of the label; however, the label could be longer. Mr. Rout indicated that the regulation requirement that at least 50 percent of the label be dedicated to certain information is presenting the biggest challenge.

Chair Kajioka clarified that the 50 percent requirement is regarding dedicated space and not the actual text. He explained that white space can be included in this 50 percent dedicated space.

Supervising Inspector Robert Ratcliff discussed that many community pharmacies changed to different printers in order to comply with the new requirements. He provided comment on the sample label that was drafted by board staff and indicated that there is a sufficient amount of blank space to accommodate the missing information.

Dr. Ratcliff expressed concern regarding the abbreviation used for the manufacturer on the sample label provided by Walgreens. He discussed that use of common abbreviations is required by statute.

Neil Badlani asked whether two labels in 12-point font can be put onto one solution bag.

Mr. Rout indicated that he does not believe that this option has been explored.

Ms. Herold reiterated that Walgreens does not meet the requirements as required in Section 4076.5(e) and, as such, a statutory change is needed prior to considering the exemption.

It was the consensus of the committee to take no action on this request.

Chair Kajioka encouraged Walgreens to incorporate a 10-point font and use of bolding on their TPN labels.

No public comment was provided.

#### Request 2: From GE Healthcare for Radiopharmaceuticals

Jaime Herner, Janet Reuther, and Randy Kohen, representing GE Healthcare, provided a presentation to request an exemption from the patient-centered labeling requirements for radiopharmaceuticals.

Ms. Reuther provided that GE Healthcare, part of Medi-Physics, Inc., is a licensed Nuclear Pharmacy that dispenses patient specific unit dose radiopharmaceutical prescriptions and bulk radiopharmaceutical products to other radioactive materials licensees authorized to use these products.

Ms. Herner indicated that GE Healthcare is regulated by several different regulating bodies including the California Radiologic Health Branch (RHB), the Nuclear Regulatory Commission (NRC), and the Board of Pharmacy. She discussed that GE Healthcare has encountered a problem with complying with the patient-centered label requirements because of radioactive symbols that are required on the labels for radiopharmaceuticals.

Ms. Herner reviewed the dispensing process for radiopharmaceuticals. She indicated that the products are not distributed to the general public, nor directly to the patient.

Mr. Kohen discussed that there is a closed system in which all prescriptions dispensed by GE Healthcare facilities are distributed to, received and are administered by licensed health care professionals only.

Chair Kajioka discussed that these products are used primarily for diagnostics and are not distributed directly to the patient. He requested legal clarification as to whether the regulation applies to this scenario.

Kristy Shellans, DCA Staff Counsel, provided that the regulation is not applicable if the medication is not dispensed directly to patients in California.

Mr. Room indicated that he does not believe that the regulation applies to this practice.

No action was required. No public comment was provided.

The committee recessed for a break at 10:32 a.m.

The committee reconvened at 10:41 a.m.

### Request 3: From CPhA's Long-Term Care Academy for Skilled Nursing Facilities

Stan Goldenberg, Scott Huhn, Greg Light, and Art Whitney, representing the California Pharmacists Association (CPhA), provided a presentation to explain how patient safety in long-term care facilities can be ensured without patient-centered labels.

Mr. Goldenberg provided an overview of the long-term care industry which consists of two areas including skilled nursing facilities (SNFs) and assisted/independent living. He indicated that SNFs are regulated by state and federal regulations that prohibit patient access to medications. Mr. Goldenberg stated that the medications provided to SNFs are intended to be administered by licensed nurses.

Mr. Goldenberg provided that SNFs operate according to systems that have been developed to follow the regulations to ensure efficiency, reduction of errors, and patient safety.

Mr. Goldenberg discussed a new regulation proposed by the federal government that will require a seven-day bubble pack versus the current 30-day supply.

Mr. Goldenberg provided that Business and Professions Code section 4076.5(d) allows the board to exempt from the labeling requirements prescriptions dispensed to patients in SNFs.

Mr. Room provided that at the February 2011 Board Meeting, CPhA requested an exemption from the labeling requirements prescriptions that will go home with patients upon discharge. He sought clarification regarding this request.

Mr. Whitney provided comment regarding possession versus ownership. He stated that while the patient is in the SNF, the patient has ownership of the medication but the

facility has possession. Mr. Whitney indicated that the medications are not being dispensed to the patient; instead, they are dispensed in the patient's name.

Ms. Shellans clarified that the drugs are being provided directly to the patient by a healthcare professional.

Mr. Whitney presented the committee with a sample bubble pack and a drawer from a nurse's cart that is used in SNFs. He stated that the packs are secured in a nurse's cart and are not given directly to the patient.

Ms. Shellans stated that under current law, "dispense" refers to the furnishing of drugs directly to a patient by a healthcare professional including a nurse. She stated that the key component to the patient-centered prescription label requirements is dispensing. Ms. Shellans indicated that the law does not distinguish between ownership.

Mr. Room confirmed with the presenters that the exemption is being sought for the initial transaction in which the dispensing pharmacy originally fills the prescription and delivers it to the facility, and not upon discharge. He stated that the pharmacy dispenses medication to a patient in a SNF. Mr. Room discussed that the board needs to determine if an exemption is appropriate given the chance that the medication may go home with the patient upon discharge. He indicated that Section 4076.5 (d) does not permit the board to exempt drugs that may go home with the patient.

Mr. Huhn discussed that Section 4052.7 allows the patient to take the medications to a pharmacy for repackaging.

Chair Kajioka indicated that this is not a viable solution. He discussed the efforts of other pharmacies to comply with the regulation. Chair Kajioka asked why compliance cannot be achieved in this situation.

Mr. Huhn discussed that a second or third label would be needed to fit all of the required information on the label.

Mr. Light discussed the challenges with labeling other containers of varying sizes and presented samples to the committee. He discussed that Title 22 requires that drugs in SNFs be kept in the originally received containers.

Mr. Whitney discussed post consumption via automated dispensing machines located in SNFs to dispense daily doses. He stated that under this scenario, no meds will go home with the patient and the facility is only charged for what is used.

Mr. Goldenberg discussed that this machine provides efficient filling of orders and allows patients to receive their medication in a matter of minutes instead of several hours.

Ms. Badlani asked whether a patient-specific label is attached to the medication dispensed in these machines.

Mr. Whitney indicated that the medication is dispensed with a patient-specific label.

Discussion continued regarding the use of automated dispensing machines in SNFs. It was clarified that use of these machines is becoming more common and the machines can only provide solid or oral doses.

Chair Kajjoka reiterated that an exemption is not permissible if there is any chance that the medication will go home with the patient.

Ms. Herold discussed the difference between a daily dose and a 30-day supply in a bubble pack. She stated that the daily doses can qualify for the exemption as they will not go home with the patient.

Mr. Goldenberg asked whether the patient can request that medication be relabeled from a 10-point font to a 12-point font upon discharge.

Chair Kajjoka provided that as the medication has already been dispensed in the 10-point font, he believes that the patient can request a 12-point font from the new pharmacy at the next refill.

Discussion continued. It was clarified that Business and Professions Code section 4119.1 allows for the use of automated dispensing machines in SNFs. It was also clarified that an exemption is not authorized if medications may go home with the patient; but can be considered for daily doses.

Chair Kajjoka discussed that labels in a 10-point font comply with the regulation. He reiterated that discharged patients can request a 12-point font for refills.

Mr. Room discussed the possible exemption for daily doses dispensed by an automated dispensing machine. He indicated that a regulation is needed for this exemption.

Ms. Herold provided that the board will decide whether or not to pursue a rulemaking at the May 2011 Board Meeting. She clarified that 10-point font is the requirement and 12-point font is an option. Ms. Herold indicated that a patient cannot request a font size smaller than a 10-point font.

Mr. Lippe offered a proposal to pursue an exemption to the patient-centered label requirements for daily dose medication dispensed via an automated dispensing machine.

No public comment was provided.



**MOTION:** Recommend an exemption to the patient-centered label requirements for unit dose medications dispensed via an automated dispensing machine in skilled nursing facilities as appropriate under Business and Professions Code section 4076.5(d).

M/S: Lippe/Badlani

Support: 3 Abstain: 0 Oppose: 0

**2. Discussion to Implement DCA's Recommendations of the Substance Abuse Coordination Committee, Pursuant to SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2011), as Board of Pharmacy Regulations**

Chair Report

Chair Kajioka provided that in 2008, SB 1441 (Ridley-Thomas, Chapter 548) directed that the Department of Consumer Affairs (DCA) establish standardized parameters for substance abusing licensees on probation or those in monitoring programs such as the board's Pharmacists Recovery Program (PRP). He stated that these standards were developed in January 2010, and have been discussed at several board meetings.

Chair Kajioka discussed that to place the standards into effect, the board needs to adopt the standards as regulations.

Chair Kajioka provided that after the February 2011 Board Meeting, President Weisser appointed himself and Tappan Zee to a subcommittee to work on developing the proposed regulations to implement the SB 1441 standards. He stated that the subcommittee met on March 11, and developed language for the board's regulations.

Discussion

The committee discussed uniform standards #1 and #2 with regards to the required timeframe for completing a clinical diagnostic evaluation as well as requiring a licensee to cease practice and undergo drug testing pending the results of the evaluation.

It was clarified that the board will need to conform its disciplinary guidelines to meet the standards or any deviations from the standards.

Ms. Herold discussed the thorough work completed by the subcommittee and the requirement to thoroughly vet any deviation from the standards. She suggested that the committee direct staff to develop modifications to the disciplinary guidelines to implement the standards for review by the board.

Mr. Room volunteered to write the regulatory language.

No public comment was provided.

**MOTION:** Direct staff to develop regulatory language to modify the disciplinary guidelines to implement the SB 1441 standards.

M/S: Lippe/Kajioka

Support: 3    Oppose: 0    Abstain: 0

**3.    Questions and Answers from the Public on the Board's Implementation of 16 California Code of Regulations Sections 1735-1735.8, Pharmacies That Compound, and Sections 1751-1751.8, Pharmacies That Compound Sterile Injectable Medications**

Chair Report

Chair Kajioka provided that at the June 2010 Enforcement Committee Meeting, Supervising Inspector Robert Ratcliff provided a question and answer session on the new compounding regulations that took effect in July 2010.

Chair Kajioka provided that since June, the answers to these and other submitted questions have been compiled into a document and are available on the board's Web site. He stated that the board is responding to these questions to aid pharmacies in complying with the new requirements.

Chair Kajioka provided that the questions and concerns voiced with the regulations have not occurred really since last summer. He stated that during this portion of the meeting, Supervising Inspector Ratcliff will accept and answer additional questions if they are posed.

Discussion

Supervising Inspector Robert Ratcliff indicated that the board has not received additional questions but understands that items are forthcoming.

Chair Kajioka sought clarification regarding the reporting requirements for the one time use preparation of an IV solution.

Dr. Ratcliff indicated that in this case, all recording requirements apply with exception to the manufacturer and lot number.

Ms. Herold provided that the board received one comment from a large hospital requesting that the board restart the regulation process. She stated that President Weisser has declined this request. Ms. Herold indicated that the board will reevaluate this at some point in the future.

Public Comment

Steve Gray, representing Kaiser Permanente, spoke in support of the request to the board to reevaluate the compounding regulations and encouraged the board to engage

the hospitals in this process. Dr. Gray also discussed that there has been confusion expressed regarding the intent behind the requirement that the lot number be recorded on two separate records.

Chair Kajioka stated that he has also received comments regarding this recording requirement. He suggested that this requirement be evaluated in the future.

Mr. Badlani provided comment on available software that maintains individual drug lot numbers and compounding logs. He indicated that not all facilities have implemented this software.

Dr. Gray discussed the marketing of kits in typical outpatient pharmacies for products such as mouthwash. He stated that there is confusion as to whether this is considered compounding.

Dr. Ratcliff requested that Dr. Gray provide an example of these kits.

Ms. Herold discussed the large number of recalls at the pharmacy level and the impact this has on the ability of the supply chain, wholesalers, and pharmacies to locate products without the tracking of lot numbers.

Chair Kajioka provided that the board will continue to field questions as they are submitted.

#### **4. Review and Discussion of Enforcement Statistics and Performance Standards of the Board**

##### Discussion

Ms. Herold provided corrected enforcement statistics to the committee and the members of the public in attendance to replace the information provided in the meeting materials. (A copy of this document is attached, following this meeting summary.)

Ms. Herold reviewed the enforcement statistics for the 2010/2011 fiscal year. She emphasized that the number of cases at the Attorney General's (AG) Office, currently 516 cases, continues to remain high.

Mr. Room indicated that all of the AG's 40 client agencies have seen a significant increase in the number of cases that are referred to the AG's office without an increase in the number of deputy attorney generals to prosecute these cases.

Ms. Herold advised that the Office of Administrative Hearings is behind in scheduling cases.

### Public Comment

Dr. Gray asked whether the board will continue to provide statistics regarding the category of cases as it has in the past. He discussed that this information is used to educate pharmacy students.

Ms. Herold indicated that a report will be provided to the board at an upcoming board meeting.

Ms. Sodergren indicated that the board's annual report to the Legislature also provides information compiled by the department regarding case categories.

Dr. Gray asked when the next edition of the *Script* will be released.

Ms. Herold indicated that the next edition is still pending review.

Dr. Gray provided comment regarding licensees who have a criminal conviction but are still licensed by the board.

Mr. Room discussed the active caseload in this area and the role of the board's Criminal Conviction Unit. He advised that there is often a six month delay between the time of a conviction and when the board is notified. Mr. Room suggested that employers file a complaint with the board when they learn of the arrest of a licensee.

Dr. Gray provided that consumer groups have been asking whether the board is moving forward with enforcement action with respect to patient consultation.

Ms. Herold provided that failure to provide consultation will result in a citation and fine. She indicated that the president's message in the *Script* will speak to this issue.

Mr. Room provided that consultation is also part of inspection by the board.

### **5. Public Comment for Items Not on the Agenda**

No public comment was provided.

The meeting was adjourned at 12:32 p.m.

# Board of Pharmacy Enforcement Statistics Fiscal Year 2010/2011

**Workload Statistics**                      **July-Sept**    **Oct-Dec**    **Jan-Mar**    **Apr-June**    **Total 10/11**

**Complaints/Investigations**

Received	565	592	388		1545
Closed	754	632	365		1751
Pending (at the end of quarter)	1151	1229	1196		1196

**Cases Assigned & Pending (by Team)**

Compliance Team	394	324	393		393
Drug Diversion/Fraud	98	121	119		119
Probation/PRP	85	82	62		62
Mediation/Enforcement	74	14	9		9
Criminal Conviction	475	518	458		458

**Application Investigations**

Received	181	217	77		475
Closed					
Approved	85	147	120		352
Denied	23	31	17		71
Total*	150	251	205		606
Pending (at the end of quarter)	448	432	297		297

**Letter of Admonishment (LOA) / Citation & Fine**

LOAs Issued	65	36	34		135
Citations Issued	307	293	143		743
Citations Closed	339	358	199		896
Total Fines Collected**	\$191,990.00	\$316,395.00	\$192,210.00		\$700,595.00

\* This figure includes withdrawn applications.

\*\* Fines collected (through 02/28/2011 and reports in previous fiscal year.

# Board of Pharmacy Enforcement Statistics Fiscal Year 2010/2011

## Workload Statistics July-Sept Oct-Dec Jan-Mar Apr-June Total 10/11

### Administrative Cases (by effective date of decision)

Referred to AG's Office*	104	97	48		249
Pleadings Filed	82	65	44		191
<b>Pending</b>					
Pre-accusation	179	197	208		208
Post Accusation	254	271	261		261
Total*	508	496	516		516
<b>Closed**</b>					
<b>Revocation</b>					
Pharmacist	2	1	1		4
Pharmacy	0	0	0		0
Other	17	28	27		72
<b>Revocation, stayed; suspension/probation</b>					
Pharmacist	5	2	6		13
Pharmacy	0	0	0		0
Other	0	0	2		2
<b>Revocation, stayed; probation</b>					
Pharmacist	2	3	2		7
Pharmacy	1	2	4		7
Other	1	3	6		10
<b>Suspension, stayed; probation</b>					
Pharmacist	0	0	0		0
Pharmacy	0	0	0		0
Other	0	0	0		0
<b>Surrender/Voluntary Surrender</b>					
Pharmacist	2	1	2		5
Pharmacy	1	1	1		3
Other	12	8	5		25
<b>Public Reproval/Reprimand</b>					
Pharmacist	0	0	0		0
Pharmacy	0	0	0		0
Other	0	0	0		0
Cost Recovery Requested	\$108,566.50	\$117,558.50	\$174,152.25		\$401,277.25
Cost Recovery Collected	\$38,755.24	\$74,313.04	\$91,532.73		\$204,601.01

\* This figure includes Citation Appeals

\*\* This figure includes cases withdrawn

# Board of Pharmacy Enforcement Statistics Fiscal Year 2010/2011

**Workload Statistics**                      **July-Sept**    **Oct-Dec**    **Jan-Mar**    **Apr-June**    **Total 10/11**

## Probation Statistics

Licenses on Probation

Pharmacist	99	103	104		104
Pharmacy	8	11	14		14
Other	27	30	34		34
Probation Office Conferences	51	26	33		110
Probation Site Inspections	36	53	41		130
Probationers Referred to AG for non-compliance	1	0	4		5

As part of probation monitoring, the board requires licensees to appear before the supervising inspector at probation office conferences. These conferences are used as 1) an orientation to probation and the specific requirements of probation at the onset, 2) to address areas of non-compliance when other efforts such as letters have failed, and 3) when a licensee is scheduled to end probation.

## Pharmacists Recovery Program (as of 02/28/2011)

Program Statistics

In lieu of discipline	1	0	0		1
In addition to probation	3	3	0		6
Closed, successful	0	6	3		9
Closed, non-compliant	1	0	0		1
Closed, other	2	1	0		3
Total Board mandated Participants	45	55	45		45
Total Self-Referred Participants*	30	22	29		29
Treatment Contracts Reviewed	73	61	42		176

Monthly the board meets with the clinical case manager to review treatment contracts for scheduled board mandated participants. During these monthly meetings, treatment contracts and participant compliance is reviewed by the PRP case manager, diversion program manager and supervising inspector and appropriate changes are made at that time and approved by the executive officer. Additionally, non-compliance is also addressed on a needed basis e.g., all positive urines screens are reported to the board immediately and appropriate action is taken.

\* By law, no other data is reported to the board other than the fact that the pharmacists and interns are enrolled in the program.

As of February 28, 2011

## Performance Measures

### Q2 Report (Oct - Dec 2010)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

In future reports, the Department will request additional measures, such as consumer satisfaction. These additional measures are being collected internally at this time and will be released once sufficient data is available.

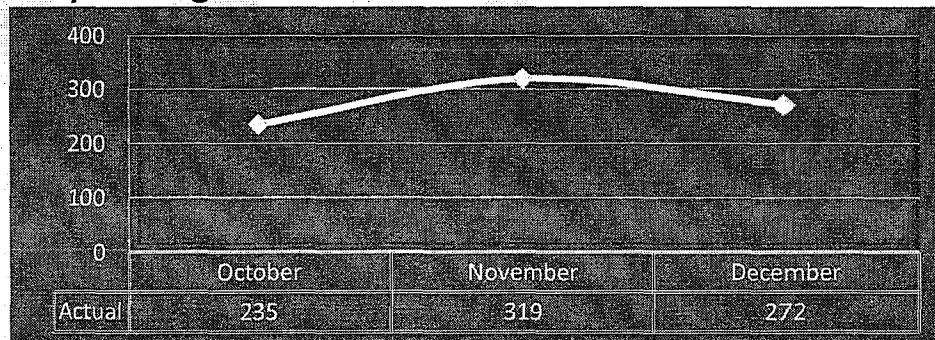
#### Volume

Number of complaints and convictions received.

**Q2 Total: 876**

*Complaints: 339 Convictions: 487*

**Q2 Monthly Average: 275**

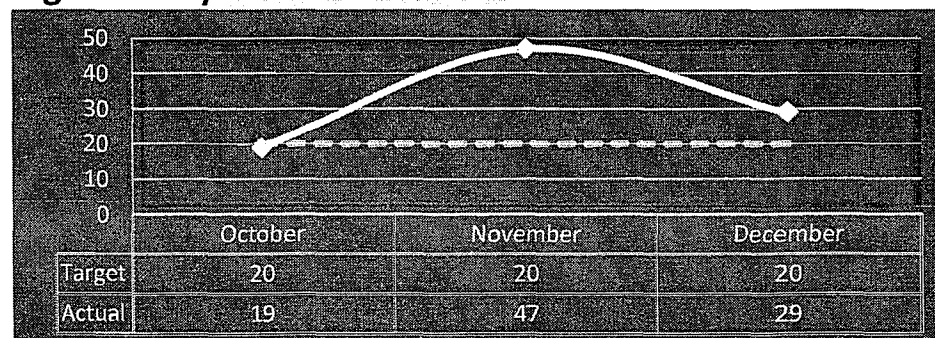


#### Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

**Target: 20 Days**

**Q2 Average: 35 Days**



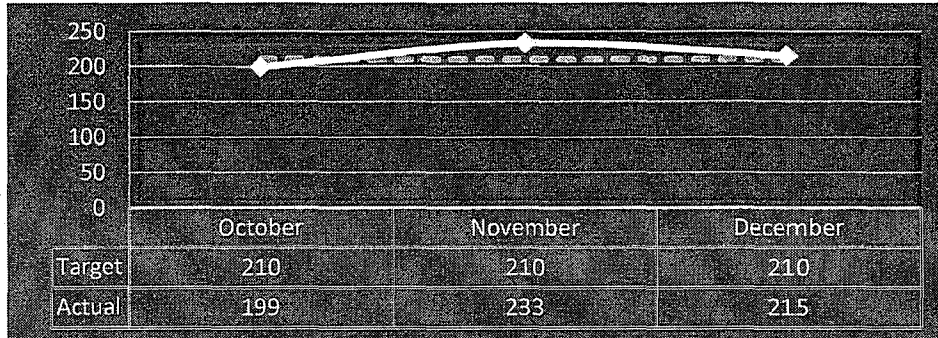


## Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

**Target: 210 Days**

**Q2 Average: 218 Days**

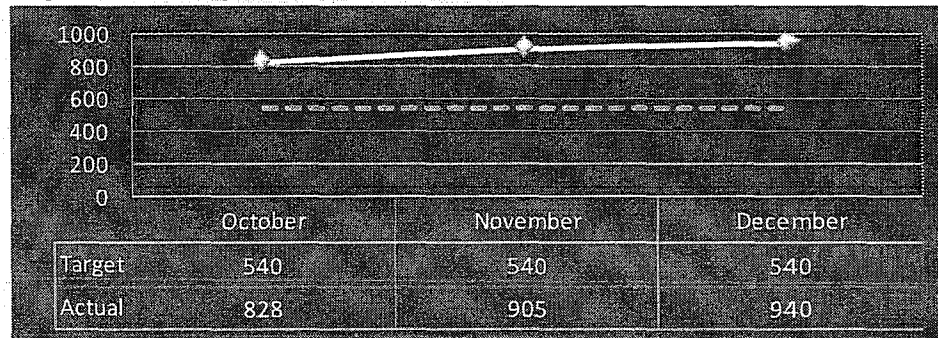


## Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

**Target: 540 Days**

**Q2 Average: 900 Days**



## Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Target: 30 Days**

**Q2 Average: N/A**

*The Board did not contact any new probationers this quarter.*

## Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Target: 7 Days**

**Q2 Average: N/A**

*The Board did not report probation violations this quarter.*

**Note:** Due to the budget crisis, Board of Pharmacy currently has 24 enforcement unit vacancies which cannot be filled. This has adversely affected enforcement cycle times.

**Daniel 1234567898765432**

<b>Travasol</b>	<b>Baxter</b>	<b>97.5gm</b>
<b>Dextrose</b>	<b>Baxter</b>	<b>390gm</b>
<b>Intralipid</b>	<b>Baxter</b>	<b>48gm</b>
<b>Water for Inj.</b>	<b>Baxter</b>	<b>314.49ml</b>
<b>Potassium Chloride</b>	<b>Baxter</b>	<b>52 mEq</b>
<b>Sodium Chloride</b>	<b>Invenex</b>	<b>58.5 mEq</b>
<b>Magnesium Sulfate</b>	<b>Invenex</b>	<b>32 mEq</b>
<b>Calcium Gluconate</b>	<b>Invenex</b>	<b>10 mEq</b>
<b>Sodium Phosphate</b>	<b>Abbott</b>	<b>32 mEq Na</b>
		<b>24 mMo/Phos</b>
<b>Sodium Acetate</b>	<b>Invenex</b>	<b>39 mEq</b>
<b>Selenium</b>	<b>Invenex</b>	<b>78 mcg</b>
<b>Chromium</b>	<b>Invenex</b>	<b>15.6 mcg</b>

**Patient to add Infuvite 10ml**

**Infuse 2190ml intravenously via central IV line & CADD pump over 14 hours 5 days per week.**

**Pump settings: Res Vol: 2240// Inf Vol 2190  
Cycle 14hrs// Taper up/Down: 1 hr**