

# Pharmacy Leader Spotlight: James Fenno

by Erin M. Nowak, 2017 Doctor of Pharmacy Candidate

**J**ames Fenno is a registered pharmacist who previously served as the Director of pharmacy and clinical pharmacy services at St. Joseph's Hospital in Chippewa Falls from 1977-2008. Mr. Fenno has held numerous leadership positions throughout his career, which makes him an excellent role model for young pharmacists and pharmacy students looking to take a more active role in the pharmacy community. I had the wonderful opportunity to speak with Mr. Fenno about his experiences and am pleased to share the advice he has to offer.

## Where did you get your start in pharmacy?

“When I was in high school, I was a real jerk! A soda jerk that is, at a very old East side Milwaukee pharmacy where a large number of prescriptions were compounded by the pharmacists. This absolutely piqued my interest in pharmacy. Also, when I was younger I was very interested in chemistry and chemical experiments, and I saw pharmacy as a way to mix that interest with helping people. I began at the University of Wisconsin-Milwaukee, was there for two years, and then transferred UW-Madison for three years. I interned at Peter's Drugstore in Milwaukee, a family neighborhood pharmacy, where I had a lot of great patient interaction. After that, I moved to Appleton and began as a hospital pharmacist at the Appleton Memorial Hospital, and really enjoyed the clinical aspect and collaboration with the nurses. I felt that I was able to bring some new ideas to the hospital there.”

## How did you establish yourself as a leader in the pharmacy profession?

“After working in Appleton, I felt that I needed better training, so I applied for a residency at UW Hospital to build my clinical knowledge. It was very difficult going back because I had a wife and a child, and another child on the way. It was a very intense, but a great experience that taught me a lot of information. Then I moved back to Appleton and applied for



the Director of Pharmacy position at the hospital in Chippewa Falls. I made it clear during the interview that that I wanted to speak with the director of nursing and told them that one of my requirements, if I were to accept the position, was to have the opportunity to establish a pharmacy-

nursing committee. I told them I would want to meet at least once a month to resolve and discuss mutual problems. I think this really impressed the director of nursing, who then spoke with an administrator, and I believe this is why I was hired for the position.”

## What philosophies did you incorporate into pharmacy practice that aided in your

### success as a pharmacy leader?

“Well, after I was hired on, I did indeed start the pharmacy-nursing committee because the pharmacists and nurses were fighting each other. I wanted to change that; I wanted everyone to work together and share ideas on how to do things differently to make everyone's job easier. This philosophy was incorporated into my pharmacy practice at St. Joseph's, and it was extremely successful. I pride myself on an excellent working relationship with the nurses and other staff, but also made it clear that patients were our priority. I always put the patients first, and let it be known that staff interests would come second. I believe the vast majority of people respected this philosophy and it allowed me to serve my patients as best as I could for 32 years.”

## What has been your greatest professional achievement?

“Being the pharmacy directory at St. Joseph's was a great accomplishment, but there are a few more. I served on the United Way Board of Directors, the Chippewa County Public Health Board for

over 25 years, and I assisted in the Parents Against Chemical Abuse Program (PACA) to help combat drug abuse in high schools. I have been the recipient of a few awards such as the Bowl of Hygeia Award in 1988, and most recently the Friend of Public Health Award in Chippewa County, which I am extremely proud of.”

### ***In your opinion what qualities make an effective pharmacy leader?***

“The number one thing is training. To be an effective clinical pharmacist you need to be trained as such, which is why I went back to get more training after I was out of school for a couple of years. I was able to recognize I didn’t have the skills I really needed for a management position. As for management, you need to be able to keep up with the changes in the profession, keep up with new ideas, and be willing to try different techniques to be an effective leader.”

### ***What advice do you have for future pharmacy leaders?***

“It is important for future pharmacists to recognize that pharmacy is a dynamic and changing profession, and offers numerous opportunities for serving the patients and making a difference in their care. I encourage future leaders to continue to use and build their clinical knowledge, as well as look beyond the obvious, to do whatever you can to help your patients. Have fun along the way, but realize you can really dedicate yourself and make a tremendous difference in your patients’ medical care.”

### ***If you were to do it all over again, what is one thing you would have changed earlier in your career as a pharmacist?***

“I ended up unexpectedly retiring due to some family circumstances. One

morning I woke up and decided I needed to quit work and care for my family, so I wrote my resignation letter with almost zero retirement planning. I’m glad I did this though, it was wise and I should have done this sooner. I believe I shortchanged my family a bit during my career as I was so dedicated to my patients. I don’t know how I could have done both, but if I could change one thing earlier in my career I would have found a way to give more to my family. I am proud of my accomplishments but finding that work-life balance is an important thing to keep in mind.” ●

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At the time this article was written, Erin Nowak was a 4th Year Doctor of Pharmacy Candidate on rotation at the Pharmacy Society of Wisconsin, Madison.

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## ***original*contributions**

# **EnFit Update**

*by Susan Kleppin, RPh, FASHP*

**O**ver the past several decades, there have been numerous incidents of medical misadventures involving the administration of a liquid medication or enteral nutritional product by the intravenous route instead of orally or through an enteral tube. One of the more frequent causes of such an error was the ability to attach or use the syringe that contained the medication or enteral nutrition supplement to an IV line.

In 2014, the Joint Commission issued a Sentinel Event Alert and Infographic to raise awareness about new enteral nutrition connections that were to be introduced in 2015.<sup>1</sup> This document cited over 100 errors and 21 deaths that could be

attributed to the administration of enteral nutrition through intravenous lines.

As a result of the numerous reports of patient safety issues, the Global Enteral Device Supplier Association (GEDSA) was formed. This nonprofit trade association was established to address issues that face enteral device manufacturers, suppliers and distributors and to help introduce international standards for healthcare tubing connections. The ultimate goal is to increase patient safety by reducing the risk of tubing misconnections.<sup>2</sup> Communication on changes in feeding tubes and accessories, referred to as EnFit systems, has been accomplished via the “Stay Connected” website at [www.stayconnected.org](http://www.stayconnected.org).

Since 2014, both the Joint Commission

and the Institute for Safe Medication Practices (ISMP) have encouraged healthcare organizations and pharmacies to plan for the release of the new devices. The initial plan for implementation of the new enteral connectors was to introduce them first with administration sets, then syringes, and then on feeding tubes. The administration sets have been introduced along with adaptors but since then, delay in availability of the EnFit syringes have been encountered due to manufacturer design and production issues.

In April 2015, ISMP published an article detailing the concerns that they had identified with “dead space” in the new EnFit syringes.<sup>3</sup> The dead space volume in the EnFit syringes could have led to significant dose discrepancies of anywhere