

Message from the Chair

July 2009



Title: New Year, New Vision, New Commitment

Dear Colleagues of the Section of Inpatient Care Practitioners (SICP):

Thanks go out to all who have helped to welcome me as the newly installed Chair of the best section in ASHP: the "In" Section...Influential...Innovative...Indispensable - The Section of Inpatient Care Practitioners! I have been warmly greeted and greatly supported during the transition. In fact, I want to specifically thank Randy Kuiper, the 2008-2009 SICP Chair, as well as the other Executive Committee (EC) members who have gone out of their way to orient and welcome me. My term of office will run from now until the next chair is installed at the June 2010 Summer Meeting.

The Section of Inpatient Care Practitioners was launched in September 2003 to meet the needs of the frontline pharmacists. The mission of the Section is to improve inpatient care by supporting the professional development and interests of pharmacists who integrate clinical, distributive, and operational services. With a vision to assist inpatient practitioners in safely integrating their varied responsibilities, the Section:

- Serves** as a voice for inpatient care practitioners and Section members within ASHP, including ASHP governance and integration of Section policy development within ASHP
- Supports** the professional development of inpatient care practitioners and Section members through education and skills development
- Increases** communication with Section members on key issues for the profession and the Section
- Encourages**, facilitates and educates on the application of ASHP best practices and evidence-based guidelines at the inpatient care practitioner level and
- Identifies** and promotes the development of leaders within the Section

While this promises to be a challenging year, it also promises to be a year full of hope and innovations. I am excited to serve as the spokesperson for the SICP membership.

My background has been in the small and rural hospital setting for the last 30 years. In fact, the last 22 years have been as pharmacy director at a hospital in rural mountainous western North Carolina. The hospital has gradually shrunk from an original 89-bed size to our current critical access (no more than 25 beds) size. As pharmacy director, I am juggling many tasks including managerial, regulatory and JC compliance, and personnel supervisory duties. My rural practitioner colleagues are familiar that being a pharmacy director in a rural hospital also means you are a staff pharmacist. Shifts are split between yourself and another pharmacist, two if you are lucky! So, filling ICU orders, checking chemotherapy, monitoring anticoagulants and antibiotic therapy, and conducting pharmacokinetic workups are as familiar to me in my everyday practice as they are to all frontline pharmacists.

Why tell you this? I believe our Section is made up of many pharmacists who share similar tasks...and face similar difficulties. I feel overwhelmed with having to decide between spending time counseling a patient or chasing missing charges; reading the latest vancomycin dosing guidelines or checking IV meds; following up on patients with elevated INRs or adding new formulary drugs to our computer system. I feel frustrated when I need to know the latest guidelines yet don't have the time and resources to search for them. Also, I am being asked to instantly develop new procedures to deal with new Joint Commission National Patient Safety Goal (NPSG) issues; but, don't have the time, experience, computer support, or background knowledge to provide the best answer as I would like and need to provide. For those not in management positions, you may not suffer the juggling act as much; however I am certain you are oftentimes frustrated when your knowledge base and practice demands are not in sync. Add to that the task of supervising pharmacists, technicians, or other pharmacy personnel to further conflict with your direct patient care efforts.

Allow me to share my vision for the next year along with some of my ideas on how to achieve these goals:

1. Maximize networking so we can share our collective knowledge and experience: increase members' use of the listserves, [ASHP Connect](#), and networking sessions at the Midyear and Summer meetings; solicit and share samples of practices on the website and other locations; utilize the Section's Advisory Groups and Committees for resource development and grassroots advocacy efforts, explore alternative ideas for matching our own Section experts with frontline pharmacists needing technical or specialty information
2. Embrace the commitment to make our medication delivery systems the safest possible: work with the Section of Pharmacy Informatics and Technology (SOPIT) to help with computer system barriers, collaborate, when necessary, with other Sections to address issues impacting inpatient care; share pharmacy practice models on the Section's website and Section's Discussion Forum-ASHP Connect.

Another way for members to grow professionally is through attendance at professional meetings. If you were fortunate to attend the [June 2009 Summer Meeting](#) in Rosemont, Illinois (outside Chicago) you were given access to numerous experts covering the latest hot topics. All programs were excellent and timely for pharmacy practice and challenges, especially given the current economic crisis. Highlights of the summer meeting included Anticoagulants (NPSG, DVT prophylaxis), Leadership Series, Healthcare in Crisis and Preceptor Training. In addition the Section's Networking Session on medication safety which was sponsored by the SICP SAG on Medication Safety was well attended. The issues discussed were valuable in identifying available experts, sharing best practices, and identifying problematic issues needing assistance. Both sessions of the House of Delegates (HOD) were cordial and executed with precision. A former member of the SICP SAG on Pharmacy Practice Experiences, Gerald Meyer, was elected Chair of the ASHP HOD and the SICP had extensive involvement in introducing new recommendations and comments on proposed policies based on membership and EC input. Last, but certainly not least, the EC voted to incorporate two new component groups: OR/Anesthesiology and Investigational Drug Services into both the SICP SAG on Medication Safety and the SICP Educational Steering Committee. These practice groups, previously represented in the Section of Clinical Specialists and Scientists, will continue to host networking sessions at ASHP's Midyear Clinical Meetings and are heartily welcomed by the SICP. Their representation on the SICP Educational Steering Committee will ensure programming and educational needs of these pharmacists continue to be addressed.

In summary, I want to make sure that you understand that your feedback and involvement with ASHP is a crucial and necessary factor in Section success and making your workplace a "best practice" for medication safety. In fact, since I am writing this on the 4th of July, I would venture to say it is patriotic! So help us advocate for safe medication practices for all patients, in all health systems, in every part of America: urban or rural, academic or community. I have shared my thoughts, ideas, vision and goals. Now please [share](#) yours. To learn more about the Section, please check out the Section's website at: <http://www.ashp.org/inpatient-care>

Thank you very much and I am confident we will have a very productive year. Together...we make a great team!

Sincerely,
Debby Cowan
2009-2010 Chair, Section of Inpatient Care Practitioners

The "In" Section...Influential...Innovative...Indispensable