

# Report on 2009 ASHP Regional Delegate Conferences

The 2009 ASHP Regional Delegate Conferences (RDCs) were held Saturday, May 2, through Tuesday, May 5, in Baltimore, Maryland; Chicago, Illinois; and Phoenix, Arizona. Attendance and ASHP staff and Board representatives are listed in Table 1.

Table 1. Attendance and ASHP staff and Board representatives at the 2009 RDCs.

RDC	Delegate Attendance	ASHP Representatives	
		Board	Staff
Baltimore (Sat.-Sun.)	29	Janet A. Silvester	Brian M. Meyer
Baltimore (Mon.-Tues.)	23	Janet A. Silvester	Brian M. Meyer
Chicago (Sat.-Sun.)	27	Kevin J. Colgan	Douglas J. Scheckelhoff
Chicago (Mon.-Tues.)	25	Kevin J. Colgan	Douglas J. Scheckelhoff
Phoenix (Sat.-Sun.)	19	Teresa J. Hudson	David R. Witmer
Phoenix (Mon.-Tues.)	19	Teresa J. Hudson	David R. Witmer
Total	142		

What follows are notes taken by ASHP staff at the RDCs, arranged to follow the order of the [RDC Agenda](#).

## ASHP Annual Report

### Baltimore

#### May 2-3

The ASHP Annual Report was presented. The importance of the Leadership Agenda in driving ASHP's priorities and activities throughout the year was pointed out. Of note was ASHP support for patient safety efforts of the Health Resources and Services Administration through its Patient Safety and Clinical Pharmacy Services Collaborative. Also highlighted was the continued progress of the 2015 Initiative and the recently held interdisciplinary summit on intravenous therapy (the "IV Safety Summit").

#### May 4-5

The ASHP Annual Report was presented. ASHP's advocacy efforts, the IV Safety Summit, progress of the 2015 Initiative, and the partnership initiative with state societies on technician competency were highlighted.

### Chicago

The ASHP Annual Report was reviewed, with focus on specific planks on the Leadership Agenda.

## **Phoenix**

Delegates noted that the ASHP Annual Report reflects ASHP's priorities on developing leadership skills and positioning pharmacists in leadership roles in the pharmacy enterprise. Delegates also expressed appreciation for ASHP efforts to go green. Delegates praised ASHP's efforts to attain provider recognition. It was noted that this is an outstanding report and a good tool for membership retention.

## **Treasurer's Report**

### **Baltimore**

#### May 2-3

The Report of the Treasurer was presented. It was noted that the report includes information about actual year-end results for the fiscal year ended May 31, 2008, projected results for the year ending May 31, 2009, and the budget for the fiscal year ending May 31, 2010. The impact of reduced revenue and lack of investment income were noted as primary reasons for the results. Measures that were taken to develop a balanced budget for FY 2010 were highlighted: excluding investment income, eliminating spending from net worth, and reducing ASHP staff. It was emphasized that ASHP programs would continue to serve the needs of the membership.

#### May 4-5

The Report of the Treasurer was presented. The effect of the economy on ASHP's investment income and its impact on financial performance for fiscal years 2008 and 2009 were highlighted. Measures that were taken to develop a balanced budget for FY 2010 were noted: excluding investment income, eliminating spending from net worth, and reducing ASHP staff. It was emphasized that ASHP programs would continue to serve the needs of the membership.

### **Chicago**

The highlights of the Treasurer's Report were presented, including recent cost-cutting measures. There was discussion about the overall economic recovery and the timing of when the recovery might impact ASHP.

### **Phoenix**

The Report of the Treasurer was presented. It was noted that the report includes information about actual year-end results for the fiscal year ended May 31, 2008, projected results for the fiscal year ended May 31, 2009, and the budget for the fiscal year ending May 31, 2010. It was also noted that the global economic crisis is affecting all businesses and that ASHP is not immune. Aggressive steps taken to achieve a balanced budget for 2010 were highlighted, including reduction in spending and staff reductions throughout the organization. ASHP remains a strong organization with continued growth of membership and with significant resources at its disposal. Two states noted that during recent meetings attendance and exhibit booths were up compared with the prior year.

## **Proposed Resolution**

### **Baltimore**

#### May 2-3

There was a great deal of discussion about and interest in the proposed resolution. A suggestion was made to develop standardized definitions of what is being measured so comparisons can be made across hospitals and health systems. Some noted that there is a dearth of data available on the best practices for identifying and collecting the right data. However, it was noted that the Veterans Administration (VA) seemed to have some references that could serve as a starting point. Some delegates suggested changing the wording in the first paragraph from “strongly discourage” to “oppose,” thereby making it an absolute statement. Others noted that as the scope of practice changes, so does the disparity between hospitals and health systems, making the collection, standardized definitions, and comparisons more challenging but also more important. Moreover, delegates noted that to be effective and consistent, data capture needs to be a part of normal work processes inside the information technology (IT) system.

#### May 4-5

Delegates supported the proposed resolution. One delegate noted that an advisory group of the Section of Pharmacy Practice Managers (SPPM) was considering offering a recommendation regarding a white paper on benchmarking under development by the Section.

### **Chicago**

Delegates supported the proposed resolution. There was a suggestion that the resolution might be improved if text were deleted from the first paragraph, deleting the phrase “and therefore these measurement systems are not valid and should not be used” and ending the first clause at “impacts on costs of care.” There was also some discussion of the soon-to-be-published SPPM white paper on benchmarking.

### **Phoenix**

#### May 2-3

Delegates supported the proposed resolution; many strongly supported it. The proposal is consistent with ASHP’s efforts to move the profession towards a patient-focused rather than product-focused model. It was suggested that the resolution may be strengthened by the addition of a patient safety element. One delegate raised concerns that the resolution is too negative and encouraged greater focus on the advocating for other measures should be in place and less negative wording about the measurement of doses dispensed. Delegates noted that it is important that the resolution opposes systems based “solely” on upon dispensing functions.

#### May 4-5

Delegates supported the proposed resolution. It was noted that benchmarking is broader in scope than workload monitoring and questioned whether “benchmarking” is the right term. Delegates were in favor of the concepts, especially now, but questioned whether it is possible

to develop valid measures that are “evidence-based.” Most delegates believed that the new language was better than the current policy, but several had suggestions for further changes. Some noted that pharmacists need training to translate clinical outcomes into fiscal outcomes. Some delegates expressed concern about the terminology of the phrase “assess impact of pharmacy services on patient outcomes” and thought that the term “evidence-based measures” was problematic. Although the lack of standardization in pharmacy practice may make it difficult to develop measures, some delegates noted that the profession needs to begin the process. Centers for Medicare & Medicaid Services (CMS) measures were used as examples of how we might start. It was noted that pharmacists need tools to measure the impact of pharmacists and pharmacy programs and encouraged ASHP to explore how such tools could be developed.

## **Council on Education and Workforce Development**

### ***A. Pharmacy Student Experiences in Medically Underserved Areas***

#### **Baltimore**

##### May 2-3

Delegates supported the policy recommendation. Delegates felt that it was important for students to be exposed to medically underserved practice sites and supported the policy recommendation, particularly since the background noted that experiential rotations are not the only mechanism to accomplish this policy.

##### May 4-5

Delegates supported the policy recommendation. They noted the need for exposure to the patient populations that are served in these areas.

#### **Chicago**

Delegates supported the policy recommendation. Given ASHP’s advocacy on federal student loan forgiveness, this policy was considered timely and necessary. Delegates questioned whether the policy should “encourage” or “mandate.” Some delegates suggested adding a definition of the term “medically underserved.” There was also discussion of whether “and diverse patient populations” should be changed to “or diverse patient populations.”

#### **Phoenix**

##### May 2-3

Delegates supported the policy recommendation. They raised a variety of questions about the policy’s clarity and intent. Delegates questioned whether it was clear that the policy intended to ensure that sites must serve diverse patient populations or if students should be placed in a diverse array of sites that serve unique populations. It was noted that the policy does not address specific sites but rather “experiences.” Delegates also questioned whether the policy should also address cultural diversity. ASHP has a policy position (0314) on cultural competence and the ASHP Statement on Racial and Ethnic Disparities in Health Care. Delegates also asked whether the policy should address the qualifications of the preceptor. Some delegates believed

the policy was not clear without the background and suggested the following possible replacement language:

To encourage colleges of pharmacy to include curricula that will encourage students to care for medically underserved and diverse populations.

May 4-5

Delegates supported the policy recommendation. Delegates liked that the policy is broadly written to encompass a variety of types of medically underserved populations, both urban and rural. Delegates also liked that the policy did not specify rotations but rather allowed various approaches.

***B. Medication Safety Related Education in U.S. Colleges of Pharmacy***

**Baltimore**

May 2-3

There was some discussion about replacing the word “encourage” with “require,” since medication safety is a core activity of every pharmacist. In addition, delegates suggested that consideration be given to replacing the phrase “medication safety” with “medication management process” to reflect the broader aspect of this issue and the need for it in the curricula.

May 4-5

Delegates supported the policy recommendation. The delegates agreed that use of the term “medication management process” would reflect a broader notion than “medication safety” as mentioned by the Saturday/Sunday Baltimore group.

**Chicago**

Delegates supported the policy recommendation. Whether safety should be taught longitudinally or in a specific course was discussed. Some delegates thought that even though schools claim to teach medication safety, it is often not enough. The potential for an amendment that would strengthen the policy language was discussed.

**Phoenix**

May 2-3

Delegates supported the policy recommendation. An amendment may be offered to add the concept that instruction should be from a qualified instructor.

May 4-5

Delegates strongly supported the policy recommendation but thought the policy did not go far enough. There may be an amendment. It was noted that many errors are process-based and perhaps this concept should be added. Delegates wondered how the recent National Quality Forum (NQF) best practice might be incorporated.

**C. Pharmacy Expertise in the Preparation and Handling of Injectable Medications**

**Baltimore**

May 2-3

Delegates noted the need to concentrate on the management of the sterile compounding process, since technicians are primarily involved in the preparation. Pharmacists need to understand the theory and rationale behind the pharmaceutical aspects of sterile preparation (USP Chapter 797, clean rooms, etc.) and not just the manipulation techniques. Delegates also noted the need for research that drives the development and use of automated equipment so pharmacists can properly evaluate product claims made by vendors. Some delegates suggested changing the wording in the last paragraph to emphasize the need to create experts in sterile product preparation and particularly its management rather than expertise in technique.

May 4-5

Delegates supported the policy recommendation. They noted that through attrition, seasoned practitioners were retiring and that graduates need a baseline knowledge of sterile product preparation.

**Chicago**

Delegates supported the policy recommendation. Delegates expressed concern over how many topics could be accommodated by current pharmacy curricula. It was suggested ASHP should continue to offer training materials and unique training (e.g., traineeships, workshops) that help develop advanced pharmacist compounding skills. There was also a suggestion that ASHP should work with schools to pool resources to offer a distance-based program using new technology. The delegates also discussed how this fits with the concept of the “pharmacy operations specialist” position and the need to generate interest in these types of roles.

**Phoenix**

May 2-3

Delegates supported the policy recommendation. However, some delegates believed it would be very difficult to implement.

May 4-5

Delegates strongly supported the policy recommendation. They suggested that the policy be strengthened by replacing “include” in line 1 with “require.” Delegates suggested exploring how sterile compounding is addressed in current ACPE standards. ASHP should also collaborate with AACP to address this issue. The title uses the term “injectable medications” but the body described sterile compounding, which is broader in scope. The title should be edited by staff to reflect the content. It was suggested that a paragraph be added to encourage practice sites to provide this experience. It was suggested that there may be a need for certification programs was discussed. Delegates generally supported developing and offering training programs rather than a formal certification examination.

***D. Continuing Professional Development***

**Baltimore**

Delegates at both conferences supported the policy recommendation.

**Chicago**

There was a question on who represented the “other regulatory bodies” in the policy language. There was overall support for CPD, but only because it did not make any reference to pharmacist re-licensure. Delegates also discussed the potential of setting a target date as a means of pushing adoption. ASHP should also work with state affiliates to promote adoption by practitioners.

**Phoenix**

May 2-3

Delegates believed that there is still confusion between the concepts of CE and CPD. There may be an amendment to indicate CPD is an enhancement to CE or to add a definition of CPD to the policy.

May 4-5

Delegates supported the policy recommendation. Some believed that the policy should go further and encourage state boards to require CPD. This idea is discussed in the Board Actions portion of this Council report. It was also suggested that ASHP explore how it can assist affiliate organizations in implementing CPD. Delegates also believed that ASHP needs to do more to educate members about how to implement and manage CPD and to provide tools to support CPD.

***E. Pharmacy Residency Training***

**Baltimore**

Delegates at both conferences supported the policy recommendation.

**Chicago**

Delegates supported the policy recommendation. There was some discussion by delegates on the impact of the economy on residency programs. Some said they were cutting positions, others were adding. There was concern that we need more programs for the future.

**Phoenix**

May 2-3

Delegates supported the policy recommendation.

May 4-5

Delegates supported the policy recommendation but noted that growth of programs will be extremely difficult in the current economic climate. Some delegates reported that their programs are experiencing tremendous growth in applicants. Delegates also noted that they

are seeing increases in nontraditional candidates for residencies (pharmacists already in practice several years).

## **Council on Pharmacy Management**

### ***A. Pharmacist Leadership of the Pharmacy Department***

#### **Baltimore**

##### May 2-3

Delegates identified the need to clarify and possibly reword the last paragraph of the policy to make it clear that although non-pharmacists in pharmacy departments were often key personnel to perform financial and other functions, the overall leadership of the department should be a pharmacist. It is clear in the first paragraph and in the background, but delegates felt it needed to be clarified in the last paragraph.

##### May 4-5

Delegates supported the policy recommendation.

#### **Chicago**

Delegates supported the policy recommendation. There was a good deal of discussion whether not only recognize management by non-pharmacist leaders, but also support it. There are likely to be some amendments on this policy. Lines 7 and 8 were considered to be ambiguous, and an amendment may be offered in the House of Delegates.

#### **Phoenix**

##### May 2-3

This policy generated much discussion. While delegates supported the concept of some roles being filled by non-pharmacists, there were significant concerns with the clarity of the policy. Delegates were uncomfortable with the term “recognize” and believed there should be more clarity that pharmacists should not be managed by non-pharmacists. It was suggested that the final paragraph be modified to recognize the supporting role of non-pharmacists. It may also help to reverse the order of the statements in the policy.

##### May 4-5

Several delegates spoke in support of the policy, noting that this situation already exists in their departments. Others supported the intent but believed that the concepts of leadership and management need to be clarified. It was noted that some managers are not leading because they are spending too much time managing functions that don't require the expertise of a pharmacist.

**B. Medication Errors Related to Intimidating and Disruptive Behaviors**

**Baltimore**

May 2-3

Delegates supported the policy recommendation. There was some discussion about broadening the language from “health professionals” to “health care personnel” so that technicians, transporters, and other employees would be included.

May 4-5

Delegates supported the policy recommendation. There was some discussion about including language that specifically mentions the role of the pharmacy department in developing and implementing training programs to encourage effective communication and discourage intimidating or disruptive behaviors.

**Chicago**

Delegates supported the policy recommendation. The policy was considered to be consistent with The Joint Commission and Institute for Safe Medication Practices positions. Delegates thought data showing the impact of such behavior on safety would be helpful.

**Phoenix**

May 2-3

Delegates supported the policy recommendation. One delegate questioned whether lines 8-10 clearly express that training should be provided for how to handle disruptive behavior.

May 4-5

Delegates supported the policy recommendation. It was suggested that “medication orders” should be changed to “medication management” in line 4.

**C. Standardized Clinical Drug Nomenclature**

**Baltimore**

May 2-3

Delegates supported the policy recommendation.

May 4-5

Delegates supported the policy recommendation. There was some discussion of the need to make specific reference to RxNorm in the policy itself.

**Chicago**

Delegates supported the policy recommendation, but there was some discussion about what such a new system would be.

**Phoenix**

May 2-3

Delegates supported the policy recommendation. Delegates believed that despite challenges in identifying all ingredients in dietary supplements, we should establish principles we are striving to achieve. Some concern was expressed that dietary supplement companies might use the NDC code to imply that they are approved or endorsed by the FDA.

May 4-5

It was noted that “across the medication use continuum” appears in the red-lined version in the background but not in the proposed policy statement. Some delegates wondered if it was wise to require identification of all excipients. It was also suggested that ASHP explore the use of radio-frequency identification (RFID) standards as an alternative to the NDC code to capture this drug data.

***D. Pharmacist’s Role in Health Care Information Systems***

**Baltimore**

Delegates at both conferences supported the policy recommendation.

**Chicago**

Delegates supported the policy recommendation.

**Phoenix**

May 3-4

Delegates supported the policy recommendation. Some delegates believed that components such as bedside bar-coding, informatics, medication administration, smart pumps, etc. were missing. It was noted that ASHP has a number of existing policies and statements that address these issues and that this policy is focused on the pharmacist’s role in information systems.

May 4-5

Delegates supported the policy recommendation. One delegate noted that pharmacists should also be involved in the selection of drug information databases. They did not believe that this should be added to this policy but perhaps ASHP needs policy on this issue. It was noted that one health system is currently dealing with a legal case in which a patient received disparate information from two different drug information resources. There may be a recommendation or a new business item.

**Council on Pharmacy Practice**

***A. Pharmacist’s Role in Providing Care for an Aging Population***

**Baltimore**

May 2-3

Delegates supported the policy recommendation.

May 4-5

Delegates supported the policy recommendation. Delegates noted that it was particularly timely during health care reform discussions.

**Chicago**

Delegates supported the policy recommendation. Delegates questioned whether there was enough emphasis on training of pharmacists more broadly (not just specialists).

**Phoenix**

Delegates supported the policy recommendation but had many questions. In line 1-2, what does “geriatric health care services” mean? In lines 5-6, what does “team-based geriatric care” mean? It was suggested that “team-based” should be replaced with “interdisciplinary.” Others noted that “interdisciplinary” does not recognize the patient as part of the team. Adding an additional clause that encourages training about geriatric health care services in colleges of pharmacy was suggested.

***B. Pharmaceutical Waste***

**Baltimore**

May 2-3

Delegates supported the policy recommendation. Delegates noted that confusing and conflicting regulations at the federal, state, and local level cause a compliance challenge. They suggested the need for clarity and harmonization among regulatory bodies.

May 4-5

Delegates supported the policy recommendation. They noted the need for clarification between hazardous waste and pharmaceutical waste.

**Chicago**

Delegates supported the policy recommendation. There was discussion of what role the manufacturer should play in waste management (such as sharing part of the cost burden). It was suggested that ASHP consider an interface with the big waste management companies, since they will be the ones handling pharmaceutical waste. There was recognition of the inconsistencies of current regulations that make compliance difficult.

**Phoenix**

Delegates supported the policy recommendation. The policy may be strengthened by encouraging pharmacists to educate other professionals. Delegates questioned whether radiopharmaceuticals were addressed by this policy and how this policy related to policies on medication redistribution programs. Delegates also questioned whether the policy should explicitly address problems with disposal of controlled substances. There is a national program addressing the disposal of medications by patients and delegates wondered whether this should be recognized in the policy.

**C. Automatic Stop Orders**

**Baltimore**

May 2-3

Delegates supported the policy recommendation.

May 4-5

Delegates supported the policy recommendation. They noted that this policy addresses a longstanding issue that needed to be addressed.

**Chicago**

Delegates supported the policy recommendation.

**Phoenix**

May 2-3

Delegates supported the policy recommendation. It was suggested that “automatic review” may be better terminology than “automatic stop.”

May 4-5

Delegates supported the policy recommendation. It was suggested that the policy be amended to indicate that stop orders should be based on clinical evidence and encourage the development of better notification systems. Delegates also supported replacing “automatic stop” with “automatic review.”

**D. ASHP Statement on the Pharmacist's Role in Antimicrobial Stewardship and Infection Prevention and Control**

**Baltimore**

Delegates at both conferences supported the policy recommendation.

**Chicago**

Delegates supported the policy recommendation. Delegates questioned whether there should be more information included on the education needed to develop and maintain antimicrobial-related skills.

**Phoenix**

Delegates supported the policy recommendation.

**E. ASHP Statement on the Health-System Pharmacist's Role in National Health Care Quality Initiatives**

Delegates at all conferences supported the policy recommendation.

## **Council on Public Policy**

### ***A. Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Drug Therapy Management***

#### **Baltimore**

##### May 2-3

Delegates supported the policy recommendation. Some pointed out the importance of acknowledging that payers could require pharmacists to demonstrate competence beyond licensure in order to be eligible for reimbursement. They also supported the notion that the profession (and not a governmental body or payer) should develop standards for determining a pharmacist's competence.

##### May 4-5

Delegates supported the policy recommendation. They noted the complexity of the issue but understood the importance of having the flexibility to support legislation that would recognize certain practitioners as a step toward broader recognition for the profession.

#### **Chicago**

Delegates supported the policy recommendation. There was discussion of the original policy and the need to have more flexibility for advocacy purposes. The delegates concurred with the policy and the recommendation that the profession determine credentials for advanced levels of practice. The delegates commented on the timely need for such a policy, since privileging and credentialing will be a major topic of discussion during healthcare reform debates. The Council was commended on the language of the revised policy.

#### **Phoenix**

##### May 2-3

Concern was expressed that the policy does not support a more standardized approach between states. Delegates suggested adding the concept of peer review. One delegate suggested using existing credentials, such as residency training, board certification, etc. ASHP should take a leadership role in advocating a standard approach.

##### May 4-5

The policy generated significant debate. One delegate expressed concerns that the policy requires credentialing for collaborative drug therapy management (CDTM). Such a requirement would create barriers to CDTM, and the delegate felt that an agreement between a physician and pharmacist should be sufficient. Other delegates noted that they are already credentialing and privileging pharmacists in their health systems and that physicians also undergo credentialing both for hospital privileges and by insurers. Some delegates suggested adding "initiation and discontinuation of therapy" in addition to "monitoring and adjusting." Others worried that such an approach could lead to turf battles with physicians.

**B. Approval of Follow-on Biological Medications**

**Note:** the following clause, which was included in the redlined policy, was erroneously excluded from the policy recommendation in the Board Report on Councils:

To promote education of pharmacists about follow-on biological medications and their appropriate use within hospitals and health systems.

This language has been added to an updated Board Report on Councils and will be included in the policy recommendation voted on by delegates.

**Baltimore**

Delegates at both conferences supported the policy recommendation.

**Chicago**

Delegates supported the policy recommendation. There was concern over whether these products have risk evaluation and monitoring strategies (REMS). There was also concern over the inappropriate use by many of the term “biosimilars” (e.g., compounding pharmacies making hormone replacement therapy).

**Phoenix**

Delegates supported the policy recommendation.

**C. Pharmaceutical Product and Supply Chain Integrity**

**Baltimore**

May 2-3

Delegates at both conferences supported the policy recommendation.

**Chicago**

Delegates supported the policy recommendation. It was noted that line 5 refers to adulteration and misbranding and lines 7 and 8 list examples of adulteration. It was suggested that the policy be consistent in its use of these terms. Foreign sources of pharmaceuticals were also discussed.

**Phoenix**

Delegates supported the policy recommendation. Some delegates believed it should it more strongly encourage mandatory electronic pedigrees.

**D. Pharmacist Role in the Health Care (Medical) Home**

**Baltimore**

May 2-3

Delegates supported the policy recommendation. Delegates noted that the medical home concept was emerging and it was important for pharmacists to be included as part of that team.

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They noted that the use of information technology could serve to enable the pharmacist role and provide a new delivery and payment model for pharmacist services.

### May 4-5

Delegates supported the policy recommendation. Delegates recognized that this policy is intended to make the statement that there is a role for the pharmacist in this emerging health care delivery model.

### **Chicago**

The delegates felt strongly that it will be important for ASHP to be involved in discussions of the medical home as part of health care reform. The delegates suggested that ASHP seek more ways to make members aware of this concept and how to capitalize on opportunities to be part of the model.

### **Phoenix**

#### May 2-3

Delegates supported the policy recommendation. One delegate asked whether credentialing should be included in this policy.

#### May 4-5

Some delegates believed that the policy recommendation appears self-serving for pharmacists rather than focused on improving patient care. It was also questioned whether “reimbursement” is the correct term in line 5.

## ***E. Regulation of Interstate Pharmacy Practice***

### **Baltimore**

#### May 2-3

Delegates supported the policy recommendation. Delegates observed that adding the phrase “to best serve patient care” at the end of the policy would serve to explicitly state that the intent of the policy is from that perspective and not from a self-interested stakeholder perspective. Delegates noted that e-prescribing and mail order pharmacy services were examples of already existing interstate practices. They noted that such innovation should be permitted with extreme caution and safeguards for the patient.

#### May 4-5

Delegates supported the policy recommendation.

### **Chicago**

Delegates supported the policy recommendation. There was a question whether there should be an amendment related to DEA regulations.

**Phoenix**

May 2-3

Delegates supported the policy recommendation, although they fear that the policy does not make clear what outcomes ASHP is seeking and seems rather impotent. Delegates agreed that practice is moving beyond the state borders and changes are needed in how we regulate practice as a result.

May 4-5

Delegates supported the policy recommendation but thought it was so broad that it says little and its intent is not clear. Delegates commented that the policy itself seemed more global than the background.

***F. Reporting Medication Errors***

**Baltimore**

May 2-3

Delegates supported the policy recommendation. Some delegates expressed an interest in amending the first paragraph to insert language addressing the need for a “just culture” in describing the desired nonthreatening atmosphere. They also suggested adding the term “potential” in addition to actual and suspected medication errors in order to capture “near misses” as part of the information collection process.

May 4-5

Delegates supported the policy recommendation.

**Chicago**

Delegates supported the policy recommendation. There was discussion of the growth in REMS systems for many drugs.

**Phoenix**

May 2-3

Delegates supported the policy recommendation. One delegate was opposed to removing the phrase “and adverse drug reactions” from the policy.

May 4-5

Delegates supported the policy recommendation. Delegates suggested adding the concept of reporting “near misses.”

***G. Stable Funding for Office of Pharmacy Affairs***

Delegates at all conferences supported the policy recommendation.

## **Council on Therapeutics**

### ***A. The Safe and Effective Use of Heparin in Neonatal Patients***

#### **Baltimore**

May 2-3

Delegates supported the policy recommendation.

May 4-5

Delegates supported the policy recommendation. They suggested adding “when used” in the first paragraph to make clear that the policy does not support exclusive use of heparin in neonatal patients.

#### **Chicago**

There was a great deal of discussion about the policy recommendation. The policy might be amended to state “with packaging unique and distinct to pediatric populations” to avoid picking/dispensing errors. There would also be benefit to matching the preferred flush solution to the type of catheter used.

#### **Phoenix**

Delegates supported the policy recommendation. It was suggested that “in neonatal patients” be replaced with “in all cases in which heparin is used.”

## **Nominations**

At all the conferences, the report of the Committee on Nominations was discussed. The list of the slate of candidates for Chair of the House and Board of Directors and the list of nominees for Chairs and Directors of the Sections were distributed. No substantive discussion was reported.