



SEIZE THE INITIATIVE

**ASHP House of Delegates 2012
June 10 and 12, 2012**

Reports on Sections and Forums

ASHP sections consist of members within five well-defined areas of health-system pharmacy who collaborate to advance professional practice in their respective areas.

ASHP members may enroll in as many sections as they wish; practitioner members are asked to select one section as their primary “home,” which allows them to vote for the chair and members of the executive committee of that section.

The ASHP Pharmacy Student Forum consists of all student members. The New Practitioners Forum consists of all practitioner members who are within five years of graduation from a school or college of pharmacy.

Each section and forum is led by an Executive Committee elected (sections) or appointed (forums) from the ASHP membership. Each Executive Committee met face to face June 10 and December 3 or 4, 2011, to review the past year’s activities and plan for the coming year. The committees also met by telephone periodically during the year to assess progress on initiatives and discuss new trends or events that warranted section or forum activity. Each section and forum has its own mission, vision, goals, and objectives.

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Report on the Pharmacy Student Forum

The Pharmacy Student Forum serves to prepare the next generation of health-system pharmacists to be leaders in their schools and communities and to advance the future of the pharmacy profession. The Forum volunteer leadership is composed of five student members of the ASHP Pharmacy Student Forum Executive Committee who were appointed by the ASHP President in 2010. Each Executive Committee member serves as a liaison to one of the five Forum advisory groups: Leadership Development, Education and Programming, Student Society Development, Policy and Legislative Advocacy, and Community and eCommunications. The Executive Committee is responsible for advising the ASHP Board of Directors and staff on the overall direction of the Forum, including member benefits and services. The Chair of the Executive Committee serves as the voting student representative to the ASHP House of Delegates. The Executive Committee also assists in building relationships between ASHP and schools of pharmacy by serving as liaisons, providing information to student society leaders, and helping to strengthen the student society of health-system pharmacy (SSHP) activities and programs on each campus.

Executive Committee

Stacy B. Livingston, Chair (Iowa)
Ashley M. Overy, Vice Chair (Ohio)
Sarah A. Johannes (North Carolina)
Jesni A. Mathew (Florida)
Diana Park (Arkansas)
Christene M. Jolowsky, Board Liaison
Diana L. Dabdub, Secretary

Strategic Goals. The 2011–2012 Executive Committee established a strategic plan with five core goals to direct Forum operations:

1. Cultivate a community of pharmacy students who are actively engaged and participating in ASHP as their primary professional home.
2. Grow the number of SSHPs and improve the effectiveness of these campus-based organizations in achieving the goals and requirements of ASHP recognition.
3. Expand the engagement of students and faculty in important professional issues and the ASHP programs and initiatives that address these issues.
4. Encourage and support the development of leadership skills across the continuum of students' education.
5. Assist students in career planning and their successful transition from student to new practitioner.

2011–2012 Forum Highlights. The past year was successful for the Pharmacy Student Forum, marked by continued growth in membership, student involvement, and the ASHP-SSHP Recognition Program. Forum membership exceeds 16,000 students, from schools of pharmacy across the nation. The consistent growth trend in the Forum is attributed to the growing number and expansion of pharmacy programs, the structure and strength of the ASHP-SSHP Recognition Program, as well as the wealth of valuable member benefits that help students achieve their professional goals.

The Forum continually strives to meet the needs and exceed expectations of student members. This goal was accomplished through increasing awareness of career opportunities within health-system practice; providing information regarding residencies and other postgraduate education programs; and encouraging professional development by fostering student leadership development and involvement in ASHP, state, and local health-system pharmacy organizations.

The Forum Executive Committee and advisory groups focused efforts on the strategic goals established at the start of the year and made significant progress. Some highlights include the collaboration with the Section of Pharmacy Informatics and Technology on the *ASHP Statement on Pharmacy Professionals' Use of Social Media*, and heightened training and investment in SSHP leaders to strengthen campus-level membership.

ASHP-SSHP Recognition Program. In 2007, the Forum devoted resources to advance the development of strong SSHPs. As a result of these efforts, the ASHP-SSHP Recognition Program was developed. SSHPs nationwide have the opportunity to earn this official annual recognition from ASHP based on programming and activities completed each year. Criteria for recognition encourage SSHP activities that promote membership in local, state, and national health-system organizations; stimulate interest in health-system pharmacy careers; and encourage career development and professionalism among students aspiring to careers in health-system pharmacy. In 2011, 101 SSHPs met the criteria for recognition and received benefits, including a complimentary student registration to the Midyear and Summer meetings, awards for incoming and outgoing officers, a custom SSHP logo, and a certificate of recognition.

Outreach, Connection, and Engagement. The Pharmacy Student Forum strives to engage students who have an interest in hospital and health-system careers. Our aim is to reach every school of pharmacy every year to inform students about member benefits, including leadership training and opportunities, educational programming, professional development resources, and career preparation tools. Our outreach efforts are multifaceted, consisting of campus visits by ASHP staff and volunteer leaders and virtual visits using web-based conferencing technology.

With the growing number of members and activity in the Forum, creating a sense of community and connection is critical to foster engagement with the organization. The Forum facilitates connections with and between students by leveraging a wide variety of communication vehicles, such as the student pages of the ASHP website, the twice-monthly NewsLink email service to provide deadline reminders and updates, and our newest resource, ASHP Connect. This tool provides students with a multitude of ways to directly connect with ASHP and with each other through the Discussion Board, Facebook Fan Page, LinkedIn, Twitter, YouTube, and more.

Meetings and Programming. ASHP offers programming designed specifically for student members at both the Midyear Clinical Meeting (MCM) and Summer Meeting (SM). The 46th annual ASHP MCM in New Orleans, Louisiana attracted more than 5000 pharmacy students. This meeting offered a wealth of options for students, including the Residency Showcase, Personnel Placement Service, and research posters. In addition, students took advantage of a full day of educational programming tailored for their unique needs, with topics including residency preparation, resume writing and interviewing, and financial management. A highlight of the week was the Clinical Skills Competition, where a record number of schools from across the nation participated. A special awards ceremony was held in conjunction with the Student Society Showcase to recognize the outstanding contribution and leadership of several ASHP and SSHP student members.

The Meet and Greet with Pharmacy Leaders session at the 2011 SM was a success and allowed students to speak with key leaders in pharmacy. Additionally, the ASHP policy process educational session, geared initially for students, was continued and opened to all SM attendees. Students were also encouraged to get involved in ASHP policy by attending key House of Delegates events.

Clinical Skills Competition. The 16th Annual ASHP Clinical Skills Competition, supported by the ASHP Research and Education Foundation, was held at the 2011 MCM. Teams from 115 schools of pharmacy throughout the nation competed. This two-day competition offered students the opportunity to analyze patient cases; demonstrate their skills in assessing a patient's medical history; identify drug therapy problems and treatment goals; and recommend a pharmacist's care plan, including monitoring desired patient outcomes. The national title was awarded to Linda Lei and Stephanie Friedman from the University of Washington School of Pharmacy.

ASHP Student Leadership Award Program. The ASHP Student Leadership Award program prominently recognizes and celebrates the contributions of students who represent the very best attributes and accomplishments of ASHP student members. The highly competitive program consists of up to 12 annual awards to four student members in each professional year

of pharmacy school, beginning with the second professional year. Award recipients receive a plaque, an ASHP drug information reference library, and a cash award provided by the ASHP Research and Education Foundation and funded through the Walter Jones Memorial Student Financial Aid Fund. The objective of the program is to encourage personal and professional development through a formal program providing well-deserved recognition to student leader role models who have demonstrated an interest in health-system practice and displayed exemplary student involvement in professional organizations.

2011 ASHP Student Leadership Award recipients were as follows:

Class of 2011: Alexander Flannery, University of Kentucky; Tiffany Pon, Purdue University; Jennifer Cerdena, University of Utah

Class of 2012: Charles Makowski, Wayne State University; Karen Craddick, University of Washington; Dazhi Liu, The University of Iowa; Heather Woodward, University of Colorado

Class of 2013: Meenakshi Girish Shelat, University of Michigan; Nola Fry, Texas A&M; Christopher Lai Hipp, University of Hawaii

Experiential Education Program. ASHP offers an elective Advanced Pharmacy Practice Experience (APPE) in national association management. The purpose of the program is to provide students with an understanding of the importance of pharmacy associations to the profession and the value of participation in local, state, and national pharmacy organizations. The rotation also provides an opportunity for pharmacy students with an interest in association management to experience a professional association's practices and procedures in furthering its mission, vision, and goals. The program also identifies potential leaders in the pharmacy profession. In the 2011–2012 academic year, the following students were selected to participate in this program:

- Keli Edwards, Howard University
- Stacy Livingston, University of Iowa
- Ashley Overy, Ohio Northern University
- Elizabeth Oladele, Duquesne University
- Veldana Nuhi, University of Florida
- Amanda Johnson, University of Pittsburgh
- Jennifer Smith, University of Pittsburgh
- James Lott, Chicago State University
- Arpit Mehta, Lake Erie College of Osteopathic Medicine School
- Olabode Ogundare, University of Maryland

Summer Internship Program. ASHP offers a 10-week training program in national association management. The interns, students early in their pharmacy education, are introduced to the role of pharmacy associations to the profession while being exposed to ASHP's practices and procedures in furthering its mission, vision, and goals. In 2011, one intern joined ASHP in the

Office of Member Relations, Jacalyn Jones, of Northeast Ohio Medical University. Her focus area was Pharmacy Technician Initiative and Pharmacy Practice Model Initiative (PPMI).

Student Society Development Grant Program. ASHP offers grants to aid in the development of SSHPs. The grants are intended for use by the ASHP state affiliate and college of pharmacy partners to establish a new SSHP, or to strengthen an existing SSHP, ultimately aiding the SSHP to achieve official ASHP Recognition. In 2011, grants were awarded to the following pharmacy programs:

- Albany College of Pharmacy and Health Science
- Concordia University of Wisconsin School of Pharmacy
- Husson University School of Pharmacy
- Jefferson School of Pharmacy, Thomas Jefferson University
- Presbyterian College School of Pharmacy
- Regis University School of Pharmacy
- University of Nebraska College of Pharmacy
- Roosevelt University College of Pharmacy

Student Research Award. Through the ASHP Research and Education Foundation's annual Literature Awards Program, a Student Research Award is presented to a pharmacy student for a published or unpublished paper or report of a completed research project related to pharmacy practice in a health system. The Foundation provides a plaque and an honorarium to the award recipient, as well as an expense allowance to attend the MCM to receive the award. The 2011 recipient was Michael Spinner from the St. Louis College of Pharmacy as the leading author of a paper published in *Transplantation*, titled "Impact of Prophylactic Versus Preemptive Valganciclovir on Long-term Renal Allograft Outcomes."

Advisory Group Appointments. The five advisory groups of the Forum serve to offer feedback to ASHP on areas of specific interest to pharmacy students, while expanding the opportunity for student leadership at the national level. For the 2011–2012 academic year, 55 students from the first through fourth professional years were appointed to these advisory groups. The groups completed their work via electronic communications, conference calls, and one in-person meeting preceding the MCM in December.

Community and eCommunications Advisory Group. The advisory group has focused efforts on continuing to leverage ASHP Connect to engage and increase student member participation. The group will be providing suggestions for resources for SSHPs to participate in ASHP Connect. Suggestions for improving the Pharmacy Student Forum website were recommended to ASHP. The group will continue to work on developing a document, for students, to explain the Residency Stakeholders conference and the steps ASHP is taking to address residency program expansion. The advisory group collaborated with the Section of Pharmacy Informatics and Technology on the *ASHP Statement on the Use of Social Media by Pharmacy Professionals*.

Education and Programming Advisory Group. The advisory group provided detailed guidance in the preparation of programming and collateral materials for the MCM. The group provided recommendations on ways to increase students' awareness of PPMI during the MCM. The advisory group recommended the Forum develop a survey to obtain a baseline measure PPMI awareness at the student level. The survey focus is to identify what is known about PPMI and resources needed to increase awareness about PPMI. Recommended actions to improve the student experience at the SM were also provided.

Leadership Development Advisory Group. The advisory group made significant progress to expand leadership development resources available to ASHP student members. The advisory group conducted a series of journal club activities via the ASHP Connect Discussion Board centered on leadership topics. A recommendation was developed for the creation of a student leader spotlight to highlight outstanding student leaders. A best practices document outlining characteristics of pharmacy internships based on student experience is in development. The group developed a survey regarding mentoring to gather information about how students form mentoring relations and to identify ideas for resources that may aid students in developing mentoring relationships.

Policy and Legislative Advocacy Advisory Group. The advisory group made significant strides to engage student members in ASHP policy and advocacy efforts. They provided a recommendation to improve the content and increase the utilization of the web-based Advocacy Toolkit. Included in the recommendation were new resources to assist SSHPs in planning and implementing advocacy-related initiatives that address the SSHP recognition requirement for a professional development project. The advisory group also created summaries of the five PPMI webinars and will be exploring ways to best distribute this information to students.

Student Society Development Advisory Group. The advisory group has made efforts to further strengthen the relationship between ASHP, ASHP state affiliates and the ASHP student liaisons on each campus. This group developed a collaboration document that outlines ideas on how SSHPs can work more closely with their affiliates. To help SSHPs, the group will continue work on developing an SSHP Speakers Resource document that will offer suggestions for speakers. To highlight outstanding SSHP professional development projects, the group developed a recommendation for implementing a SSHP professional development project award at the Student Society Showcase during the MCM.

Community and eCommunications Advisory Group

Veldana Nuhi, Chair, University of Florida-Jacksonville; Arpit Mehta, Lake Erie College of Osteopathic Medicine School; Dazhi Liu, University of Iowa; Elizabeth Dow, University of Minnesota; Kelli Shae'Michael, Campbell University; Kenneth W. Worsham II, Hampton University; Lisa Scherkenbach, University of Minnesota; Matthew Allsbrook, University of Michigan; Ryan Birk, Southern Illinois University-Edwardsville; Ryan Markham, University of

Georgia; Yao Hua Lin, University of Houston; Ashley Overy, Executive Committee Liaison, Ohio Northern University

Education and Programming Advisory Group

Christine Vi Dang, Chair, University of Colorado; Caroline M. Small, University of New Mexico; Samar Chakar, University of New England; Lea Elyse Mollon, University of Arizona; Steve Erickson, University of Washington; Catherine Floroff, Virginia Commonwealth University-Richmond; Melissa Buchanan, Campbell University; Linda Lee, Harding University; Leah Quealy, University of Southern Nevada-South Jordan; Viet Nguyen, University of Texas-Austin; Bushra Muraywid, University of Missouri-Columbia Campus; Stacy Livingston, Executive Committee Liaison, University of Iowa

Leadership Development Advisory Group

Sherry Kwon, Chair, University of California – San Francisco; Thomas Achey, Auburn University; Aimee Mishler, Ferris State University – Grand Rapids; Todd Knepper, University of North Carolina – Chapel Hill; Calvin Ice, Ohio Northern University; Elaine Nguyen, University of Iowa; Meenakshi Shelat, University of Michigan; Phuoc Anh Nguyen, University of Texas – Austin; Janessa Smith, University of Maryland – Baltimore; Andrea Faison, University of North Carolina – Chapel Hill; Christine Wicke, University of Texas – Austin; Sarah Johannes, Executive Committee Liaison, University of North Carolina

Policy and Legislative Advocacy Advisory Group

Ryan Fischer, Chair, Ohio Northern University; Krystal Canally, The Ohio State University; Shyla Rider, The Ohio State University; Jamie Elsner, University of Maryland-Baltimore; Mark Stone, University of Florida-Jacksonville; Janet Lee, University of Maryland-Baltimore; Grayson Peek, University of Tennessee-Knoxville; Matthew Guindon, University of Washington; Kelsey Laks, Lake Erie College of Osteopathic Medicine; Kristina Schieffert, Temple University; Marc Crane, Temple University; Jesni Mathew, Executive Committee Liaison, University of Florida

Student Society Development Advisory Group

Saranyu Ravi, Chair Thomas Jefferson University; Hannah Suh, Harding University; Sarah Mahon, Thomas Jefferson University; Mary Beatham, Husson University; Halena Leah Sautman, Palm Beach Atlantic University; Kristin Wong, Touro University-California; Andrea Passarelli, University of Maryland-Baltimore; Houda Aboujamous, Mercer University; Jessica Ho, South Carolina College- MUSC Charleston; Meredith Holmes, University of Colorado; Nola Fry, Texas A&M Health Science Center; Diana Park, Executive Committee Liaison, Harding University



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Report on the New Practitioners Forum

The New Practitioners Forum is led by a five-member Executive Committee appointed each year by the ASHP President-elect and approved by the Board of Directors. The Executive Committee is responsible for advising the Board and ASHP staff on the overall direction of the Forum, including member services, programs, and resources. The Executive Committee Chair participates in ASHP's strategic planning process and serves as a voting new practitioner member in the ASHP House of Delegates. Each Executive Committee member serves as a liaison to one of the Forum's six advisory groups.

Recognizing that recent pharmacy graduates have unique and diverse professional needs, the ASHP New Practitioners Forum seeks to provide a community and collective voice for new practitioners as they transition into hospital and health system pharmacy practice. Through innovative programming, educational resources, advocacy tools, networking events, and leadership opportunities, the Forum supports the integration of new practitioners into ASHP and empowers members to lead the future of pharmacy practice.

The ASHP New Practitioners Forum seeks to be the preferred organizational home for new practitioners practicing in hospitals and health systems. Through our dynamic programs and services, our knowledgeable and respected members will collaboratively develop, promote, and lead best practices supporting innovative practice models that provide optimal care to patients.

Executive Committee

Jeffrey D. Little, *Chair* (Kansas)

Katherine A. Palmer, *Vice Chair* (California)

Nicholas T. Bennett (Missouri)

Karen Berger (New York)

Kayla M. Hansen (North Carolina)

Larry C. Clark, *Board Liaison*

Jill L. Haug, *Secretary*

Strategic Goals. The Executive Committee established five strategic goals, with accompanying objectives, to direct the Forum's operations:

- 1. *Serve the unique and evolving educational and informational needs of new practitioner members.*** Objectives: (1) Conduct continual assessment and analysis of evolving needs and the effectiveness of Forum programs to meet these needs. (2) Provide programs and publications that meet the educational and informational needs of new practitioner members. (3) Utilize social media to effectively communicate with new practitioner members.
- 2. *Support the development of leadership skills and professionalism in new practitioner members.*** Objectives: (1) Promote leadership and engagement opportunities for new practitioner members within the Forum and ASHP. (2) Provide programs and resources that promote leadership skill development and foster professionalism in new practitioner members.
- 3. *Promote membership and active involvement in the ASHP New Practitioners Forum.*** Objectives: (1) Recruit, retain and promote active involvement in the Forum. (2) Enhance visibility and awareness of Forum membership benefits. (3) Expand collaboration between Forum members and others in ASHP, including section and Student Forum members. (4) Promote initiatives and accomplishments of Forum members.
- 4. *Facilitate greater understanding and participation in professional policy development and advocacy by new practitioner members.*** Objectives: (1) Generate awareness and encourage participation of new practitioner members in professional policy development. (2) Create awareness and support involvement of new practitioner members in advocacy.
- 5. *Support new practitioner engagement in practice advancement initiatives.*** Objectives: (1) Create awareness and support for the Pharmacy Practice Model Initiative (PPMI). (2) Support and promote initiatives focused on increasing residency capacity. (3) Develop and promote programs that support Forum members preparing for board certification.

2011–2012 Forum Highlights. Landmark achievements consistent with these goals and objectives in 2011 –2012 included (1) fully implementing and expanding the multifaceted *Great eXpectations eXperience* program by hosting the sixth *Great eXpectations Live* program for the third consecutive year at the Midyear Clinical Meeting, holding the second *Great eXpectations eConference* in May, and expanding the web-based, on-demand *Great eXpectations Video* program; (2) awarding the fifth New Practitioners Forum Distinguished Service award; (3) actively engaging Forum members in activities related to the Pharmacy Practice Model Initiative (PPMI) and residency capacity expansion efforts; (4) increasing awareness of member-generated web-based video career profiles to spotlight the professional accomplishments of new practitioner members; and (5) establishing a Forum working group focused on developing

resources that support members pursuing board certification. These activities demonstrate the commitment of ASHP and the Forum to meeting the unique needs of over 5000 new practitioner members. The continual creation and provision of career development tools, leadership opportunities, practice resources and identification of opportunities for collaboration with the ASHP practice sections also show support for this membership group. By meeting new practitioner needs, ASHP hopes to foster professional development in new practitioners that extends into greater involvement in ASHP and state and local health-system pharmacy organizations.

Distinguished Service Award. The Forum selected Michael DeCoske as the winner of the New Practitioners Forum Distinguished Service Award. Established in 2007, the ASHP New Practitioners Forum Distinguished Service Award recognizes a member of the Forum whose volunteer activities have supported the Forum's mission and helped advance the profession. The award was presented at the 2011 Midyear Clinical Meeting.

Advisory Groups. The Chair of the New Practitioners Forum Executive Committee appoints Forum members to advisory groups in June, placing over 60 new practitioners in leadership positions. The advisory groups are charged with providing feedback, guidance, and assistance in achieving the Forum's strategic goals. A returning advisory group member is appointed annually to the chair position and executive committee members serve as liaisons to each advisory group.

Communications and Technology Advisory Group. This group is charged with enhancing the Forum's image and outreach using various electronic communication tools. Priorities this year included ongoing promotion and assessment of the Forum's new web-based video profiles program to spotlight new practitioners in various practice initiatives, providing ongoing review and feedback regarding the Forum's engagement in social media, posting regularly to ASHP Connect to initiate ongoing interest and discussion with members, writing an article on e-professionalism, and exploring other technological tools to improve outreach and meet the needs of new practitioner members.

Membership and Outreach Advisory Group. This group is charged with advancing the objectives set forth in strategic goal 3 and focused on projects that might expand collaboration between Forum members and the broader ASHP membership. Priorities this year included researching and compiling a resource highlighting the best practices of those state affiliates successful in engaging new practitioners on the state and local level, highlighting new practitioners within the ASHP Connect community, and exploring ways to improve communication between members and fostering the development of mentoring relationships.

Public Affairs and Advocacy Advisory Group. This group is charged with advancing the objectives set forth in goals 4 and 5. Priorities this year included promoting new practitioner involvement in advocacy efforts related to the PPMI and residency capacity expansion and exploring innovative ways to disseminate information about advocacy efforts to new practitioners utilizing social media.

Leadership and Career Development Advisory Group. This group is charged with advancing the objectives set forth in goal 2. Priorities this year included developing a webinar on advanced practice management degrees, enhancing and promoting the Forum's web-based

leadership journal club, and exploring unique ways to identify and showcase resident projects that align with PPMI.

Professional Practice Advisory Group. This group is charged with advancing the objectives set forth in goal 1, specific to professional practice issues, and goal 5. Priorities this year included developing a clinical pearls session for the Pharmacy Student Forum programming at the 2011 Midyear Clinical Meeting, developing clinical specialty resources for all practitioners, conducting a gap analysis and associated recommendations for available ASHP practice resources, and developing an interactive process for pharmacists to discuss current landmark trials.

Science and Research Advisory Group. This group is charged with advancing the objectives set forth in goal 1, specific to science and research issues. Priorities this year included creating and distributing an annotated bibliography regarding evidence on the positive impact pharmacy residencies have on the health care system and stimulating awareness and deeper understanding within new practitioners of current clinical practices through postings and discussions on ASHP Connect regarding identified landmark trials.

Meetings and Programming. For the third consecutive year, *Great eXpectations Live* was held at the Midyear Clinical Meeting and was enormously successful. High-tech, interactive, fresh, and fun, the *Great X* program allows new practitioners the opportunity to learn, network, and move forward in their careers. This live event offered skill-building sessions in three learning tracks: Fine Tuning Your Clinical Skills, Mentoring and Leadership, and Advancing Your Career. Attendees also had many opportunities to mix and mingle with fellow new practitioners from across the country.

ASHP hosted the *Great eXpectations eConference* on April 1, 2011, the first virtual conference offered in the pharmacy association world. This successful program provided new practitioners the opportunity to network and access timely continuing education sessions without having to travel and was accessible via recordings for one year after the event. The second *Great X eConference* will be held May 16–18, 2012.

Completing the *Great eXpectations eXperience* portfolio, *Great eXpectations Video* was launched in 2011 with an initial offering of two continuing education video programs focusing on effectively presenting a professional poster and influencing change as a member of the healthcare team. Additional videos are currently being produced and will be available in the July 2012. These continuing education videos are available on-demand on the New Practitioners Forum website.

The 2011 Midyear Clinical Meeting offered a variety of programs and opportunities for new practitioners. New practitioners participated in the residency showcase and personnel placement service. The all-day *Great eXpectations Live* program provided 15 hours of continuing education targeted at new practitioners. The New Practitioner Lounge was available throughout the meeting, giving new practitioners a place to meet with peers in an informal setting and discover more about the New Practitioners Forum either by reviewing information placed in the lounge or by meeting with other members actively engaged with the Forum. Executive Committee members also represented the Forum in the ASHP Experience Membership booth.

The Forum added four webinars to its online library this year, a three-part series on e-professionalism and a webinar on advanced leadership degrees. Forum webinars are recorded educational sessions on relevant practice topics, available for new practitioners to view at their convenience.

Communications. The Forum relies on ASHP Connect for new practitioner members to communicate on practice and career development issues. ASHP Connect provides members the convenience of only participating in discussions of interest and in ways they prefer to communicate.

All Forum members receive the ASHP New Practitioners Forum NewsLink once a month. This service provides information relevant to recent graduates, communicates deadlines, and helps recruit members for greater involvement in the Forum. The NewsLink has enabled the Forum to recruit new practitioner authors, advisory group members, and volunteers for various outreach efforts and identify new practitioners to highlight on the webpage. In addition, Forum members receive an electronic Message from the New Practitioners Forum Executive Committee once a month that highlights key program and initiatives as well as provides an ongoing update of what the Executive Committee and Forum Advisory Groups are doing on behalf of members.

The Forum launched a new electronic communication initiative this year with its Residency Program Director e-newsletter. Recognizing that many program directors might not be aware of the valuable resources and opportunities available to their residents, the Forum has developed this concise communication to highlight key programs for residents and upcoming deadlines.

The Forum has its own area on the ASHP website where new practitioners can find information pertinent to their needs, such as updates on Forum activities, career development resources, leadership opportunities, and a personal message from the Forum Executive Committee. Efforts have focused on making the site a clearinghouse for career development, advocacy, clinical, precepting, and administrative and management resources to meet new practitioners' varying informational needs. This section of the website also highlights each member of the Executive Committee and allows Forum members to communicate directly with these leaders.

New Practitioners Forum Column. Members of the Forum are contributing authors for the New Practitioners Forum column in the *American Journal of Health-System Pharmacy*. The topics, pertinent to the needs of practitioners just starting their careers, have included a variety of career and professional development topics, such as residency training, legislative advocacy, and developing clinical practices. The column offers new graduates the chance to learn about writing for a professional journal and increases their awareness of opportunities for new practitioners in ASHP.

Outreach. Forum members desire to mentor students and share experiences with peers. To this end, Forum leaders volunteer to participate in various student outreach initiatives throughout the year to promote ASHP membership, provide information on pursuing residencies, promote the value of involvement in professional organizations, and explain how

to become more engaged in professional endeavors on the local, state, and national level. Forum leaders also represented the Forum at seven of the regional residency conferences during the spring, promoting the Forum and encouraging peers to become involved in the many opportunities ASHP offers exclusively for new practitioners.

For the fourth year, the New Practitioners Forum Executive Committee charged all advisory groups to participate in a Targeted Recruitment Initiative. This initiative focuses on identifying peers who are either currently members of ASHP but not involved or who are not members of ASHP and recommending them for an involvement opportunity in the Forum. Through this endeavor, over 70 new practitioners were recommended for advisory group positions, educational program coordination, executive committee consideration, or policy committee appointments. Each nominee was sent a personalized message encouraging them to consider greater involvement in these activities at the recommendation of their peer.

Section Collaboration. Forum members share common professional and career development needs, but their varied practice needs are addressed through involvement in the ASHP pharmacy practice sections. Many new practitioners hold positions on section committees and advisory groups.

ASHP Resident Visit Program. For many years ASHP has invited residents in accredited programs to visit ASHP headquarters. These all-day visits give residents an inside glimpse of ASHP operations and an opportunity to learn about the many ways to get involved in ASHP and the resources available to them as new practitioner members. Three visits were held this year, with over 100 residents participating. ASHP has redesigned this program in recent years. Now, participants not only learn but actively participate and provide feedback to ASHP on issues of importance.

Recognizing that not all residency programs can send their residents to ASHP headquarters for this visit experience, the Forum has developed a web-based virtual resident visit program that provides a series of webinars reflective of the information presented during the live resident visits. This new resource has been and will continue to be heavily promoted to all ASHP-accredited residency program directors.

Advisory Group on Communications and Technology

Christina Martin, Chair (Kansas); Kayla Hansen, Executive Committee Liaison (North Carolina); Adam Harris (Arkansas); Barry McClain (Wisconsin); Charles Darling (South Carolina); Isha John (Maryland); Lindsey Childs (Texas); Matthew Jenkins (Florida); Rachel Root (Oregon); Samm Anderegg (Missouri); Sara Parli (Kentucky); Susan Flaker (Missouri)

Advisory Group on Leadership and Career Development

Katherine Miller, Chair (Minnesota); Katherine Palmer, Executive Committee Liaison (California); Angela Bingham (North Carolina); Joe Maki (North Carolina); Kisha Gant (Mississippi); Neha Mangini (New Jersey); Nicole Panosh (Oregon); Pamela Gobina (Texas); Rachael Joy Ng (Ohio); Stacy Elder (Maryland); Stephen Davis (Texas); Lindsey Poppe (North Carolina)

Advisory Group on Membership and Outreach

Becky Natali, Chair (California); Katherine Palmer, Executive Committee Liaison (California); Andrea Bishop (Washington); Ashley Feldt (Wisconsin); Audrey Kennedy (Kansas); Elizabeth Perry (Louisiana); Elva A. Van Devender (Oregon); Jason Babby (New York); Jessica Winter (Ohio); Kristen Hillebrand (Ohio); Melissa M. Chesson (Georgia); W. Russell Laundon (North Carolina)

Advisory Group on Professional Practice

Jason Chou, Chair (North Carolina); Jeff Little, Executive Committee Liaison (Kansas); Adam Pate (Louisiana); Amy Baker (Hawaii); Daniel Rackham (Oregon); Elizabeth Markway (Kentucky); Emily Pherson (Maryland); Erica Maceira (New York); Jessica Larva (Indiana); Katrina Derry (Iowa); Sarah Phanco (North Carolina); Tara Gleason (Illinois)

Advisory Group on Public Affairs and Advocacy

Meghan Davlin, Chair (Maryland); Nicholas Bennett, Executive Committee Liaison (Kansas); Andrea Eberly (Washington); Elaine Mebel (Pennsylvania); James Lee (Iowa); Keli Edwards (District of Columbia); Kristin Banek Murphy (Maryland); Lindsey Elmore (Alabama); Matt Sapko (Ohio); Melissa Ortega (Wisconsin); Starr-Mar'ee Bedy (Ohio); Zachary J. Pollock (Minnesota)

Advisory Group on Science and Research

Eric Wombwell, Chair (Missouri); Karen Berger, Executive Committee Liaison (New York); Adriane Irwin (New Mexico); Alexander Flannery (South Carolina); Brandon Shank (Maryland); Daniel Crona (North Carolina); Josh Swan (Texas); Mary Giouroukakis (Utah); Michael Gillette (Florida); Monica Munoz (Florida); Ryan Fleming (Wisconsin); John Hammer (Michigan)



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June 10 and 12, 2012**

Report on the Section of Ambulatory Care Practitioners

The mission of the ASHP Section of Ambulatory Care Practitioners is to improve patient care and patient health outcomes by advancing and supporting the professional practice of pharmacists who are medication-use specialists, patient care providers, and operational specialists in ambulatory care settings. The ASHP Section of Ambulatory Care Practitioners dedicates itself to achieving a vision of pharmacy practice where pharmacists are the medication-use specialists accountable for optimization of medication-related outcomes in the ambulatory care setting and engage relevant stakeholders across the continuum of care to improve both the individual and overall process of medication use.

The Section's goals are to (1) maximize communications, interactions, and networking with and among Section members; (2) foster a sense of professional community in ambulatory care practitioners based on their common mission of improving patient care and patient health outcomes through improvements in continuity of care and transitions in care; (3) support members with services, resources, education, and information to help them establish and advance patient-focused practices in ambulatory care settings; (4) ensure that ambulatory care pharmacists are leaders in and advocates for the safe and effective use of medication and are recognized as the experts in facilitating positive patient care outcomes; and (5) foster optimal models for interdisciplinary, patient-centered care that includes the pharmacist as the expert on medication therapy management in ambulatory care settings.

Executive Committee

Pamela L. Stamm, Chair (Alabama)
Steven M. Riddle, Chair-elect (Washington)
Roger S. Klotz, Immediate Past Chair (California)
Seena L. Haines, Director-at-Large (Florida)
Cathy Johnson, Director-at-Large (Ohio)
Gloria P. Sachdev, Director-at-Large-elect (Indiana)
Gerald E. Meyer, Board Liaison (Pennsylvania)
Justine K. Coffey, Secretary

2011–2012 Section Highlights. In 2011, the Section focused on building ambulatory services and addressing and overcoming barriers as ambulatory care pharmacists participate in accountable care organizations (ACOs) and patient-centered medical homes. The Executive Committee approved a newly updated Strategic Plan to accomplish its goals.

As of December 2011, there were 9969 members in the Section, with 2415 choosing the Section as their primary section. Overall, the Section membership is up almost 12% since December 2010, and the Section's membership numbers continue to grow. Section members elected Mr. Riddle as Chair and Dr. Sachdev as Director-at-Large, and both individuals will be installed at the June 2012 ASHP Summer Meeting.

The Section selected Richard Stambaugh as the winner of the Section of Ambulatory Care Practitioners' Distinguished Service Award. Established in 2007, the ASHP Pharmacy Practice Sections' Distinguished Service Award recognizes a member of each section whose volunteer activities have supported the section's mission and helped advance the profession. The award was presented at the 2011 Midyear Clinical Meeting (MCM).

In addition to the activities outlined below, the Section has been extremely active in meeting its goals. Dr. Haines has taken the lead on updating the ASHP ambulatory care practice guidelines to reflect recommendations of the Pharmacy Practice Model Initiative (PPMI), and she is coordinating a working group to develop ambulatory care pharmacy competencies. Additionally, Dr. Haines developed and facilitated a networking session at the 2011 MCM, hosted by the Section's Executive Committee, titled "Postgraduate Opportunities and Resources in Ambulatory Care Environments."

Each Section advisory group has been tasked with, and is successfully completing, Tips of the Month and news items that are included in the Section's Newslink. They have drafted, or are in the process of drafting, Member Spotlights, and are continuing to post discussions to the Section's community on ASHP Connect. All Section advisory groups are ensuring PPMI goals are considered and incorporated into projects and deliverables. The Section also provided a major update to the Risk Evaluation and Mitigation Strategies (REMS) Resource Page on the ASHP website.

Educational and Networking Opportunities. The Section's Educational Steering Committee is charged with developing programming that will be of interest to ambulatory care practitioners. The Committee is also charged with identifying programming priorities. The 2010–2011 Committee planned over 17 hours of 2011 ASHP MCM educational programming specifically for ambulatory care practitioners. Topics included pain management and a six-hour Learning Community on building ambulatory pharmacy services.

The Section also planned five networking sessions at the 2011 MCM, two in partnership with the Section of Clinical Specialists and Scientists. Topics covered at the networking sessions included home infusion, pharmacotherapy in the new ambulatory care environment, pain management, postgraduate opportunities and resources in ambulatory care environments, and overcoming barriers as ambulatory care pharmacists enter ACOs and patient-centered medical homes.

The Section's electronic NewsLink is distributed once a month to over 8,000 ASHP members, providing news and current information on medical research, regulatory and health policy issues, health care, and reimbursement issues. The Section Chair's Message is also

distributed once a month to NewsLink subscribers and provides news on Section and ASHP programs and initiatives. The Section's electronic discussion group on ASHP Connect provides a forum for Section members to exchange information and ideas on a wide variety of topics related to ambulatory care.

The Section provided four Webinars in 2011, two developed by the Home Infusion Section Advisory Group, one by the Clinical Practice Advancement Section Advisory Group, and one by the Clinical Business Development Section Advisory Group.

Ambulatory Care Specialty Credential. In 2011, 511 candidates passed the Board of Pharmacy Specialties' (BPS) first Ambulatory Care Pharmacy exam, and are now BPS Board Certified Ambulatory Care Pharmacists (BCACP).

ASHP, along with the American College of Clinical Pharmacy and the American Pharmacists Association (APhA), supported the process for establishing an ambulatory care specialty credential. With the specialty now approved, BPS announced a collaboration between ASHP and APhA as approved providers of continuing professional development programs for the BCACP. A number of Section leaders served as faculty for the first ASHP Ambulatory Care Pharmacy Review Course held at the 2010 MCM, and will continue to serve as faculty for the review course and recertification educational programming.

Advocacy. Many Section members represent ASHP on various coalitions and committees, including The National Quality Forum, The Pharmacy Services Technical Advisory Coalition workgroups, The Joint Commission Professional and Technical Advisory Committees on Ambulatory Care and Home Care, and the National Asthma Education and Prevention Program. Section members on these committees provide the health-system pharmacist's perspective in discussions that have an impact on patient care nationwide. Section members continue to support ASHP's efforts in fostering optimal models for interdisciplinary, patient-centered care that includes the pharmacist as the expert on medication therapy management in ambulatory care settings.

Additionally, the Pain Management and Palliative Care Section Advisory Group has been extremely active in responding to requests for feedback from ASHP's Government Affairs Division relating to comments from the Society to government agencies.

Advisory Group on Clinical Business Development. This Section advisory group was established in 2009 to address the growing number of issues challenging pharmacists in their ability to be reimbursed for clinic-based patient-care services. This advisory group is focusing on the business and advocacy elements necessary to support and expand ambulatory clinic models.

This group is developing a database of individuals who responded to the 2010 Ambulatory Care Practice Model Survey. In addition, the group finalized and published on the Section's website an FAQ for hospital-based clinics that pharmacists can use to determine best reimbursement models and how to comply with Centers for Medicare & Medicaid Services (CMS) requirements.

The group collaborated with the Clinical Practice Advancement Section Advisory Group on a full-day Learning Community that was held at 2011 MCM, and also hosted a networking

session at 2011 MCM, titled “Overcoming Barriers as Ambulatory Care Pharmacists Enter Accountable Care Organizations and Patient Centered Medical Homes.”

Advisory Group on Clinical Practice Advancement. The charge of the Section Advisory Group on Clinical Practice Advancement (formerly Cognitive Reimbursement Resources) is to develop resources to promote clinical practice advancement and reimbursement in the ambulatory setting and across the continuum of care. This advisory group developed and conducted a webinar on the Accountable Care Act and ACOs, collaborated with the Clinical Business Development Section Advisory Group on a full-day Learning Community held at the 2011 MCM, and partnered with the Section of Clinical Specialists and Scientists on a 2011 MCM networking session titled “Pharmacotherapy in the New Ambulatory Care Environment.”

Advisory Group on Home Infusion. This Section advisory group has updated the ASHP Guidelines on Home Infusion Pharmacy Services. The Guidelines are currently in draft form, with expected completion and approval in 2012. Additionally, the advisory group developed and conducted two live webinars. The first webinar was titled “Tips for Precepting Pharmacy Students,” and the second was titled “Development and Management of PGY1 Residencies in Unique Practice Settings.” The section advisory group also developed a networking session on home infusion for 2011 MCM.

Advisory Group on Pain Management and Palliative Care. This advisory group was successful in having a number of educational proposals accepted by ASHP for the 2011 MCM, including advanced pain management, street-level perspectives on prescription drug abuse, and controversies in chronic pain management with opioids. The group also partnered with the Section of Clinical Specialists and Scientists on a pain management networking session for 2011 MCM, and is considering ways to develop and expand specialty residencies in pain and palliative care.

Advisory Group on Membership and Marketing. The Section established the Membership and Marketing Committee in 2009 to facilitate and lead the efforts of the Section in raising awareness of the Section’s work, provide opportunities for ASHP members to participate, and grow the Section’s membership. The Committee was converted to a Section advisory group in 2011. This group drafted a “Meet the Authors” spotlight to promote “Building A Successful Ambulatory Care Practice: A Complete Guide for Pharmacists,” by Mary Ann Kliethermes and Tim Brown. This spotlight was posted to the Section’s webpage. The advisory group also developed and recorded a webinar about the Section, currently located on the Section’s webpage, titled “Why You Should Call Us Home.”

Advisory Group on Clinical Business Development

Gloria Sachdev, Chair (Indiana); Kimberly Braxton Lloyd, Vice Chair (Alabama); Jeffrey M. Brewer, (New York); Amy Brooks (Missouri); Stephanie Burns (Oklahoma); Susan Conway (Oklahoma); Kathy Donley (Ohio); Mary Ann Kliethermes (Illinois); Santhi Masilamani (Texas);

Ashley Parrott (Ohio); Renu Singh (California); Jennifer Taylor (Washington); Steven M. Riddle, Executive Committee Liaison (Washington)

Advisory Group on Clinical Practice Advancement

Sandra Leal, Chair (Arizona); Richard L. Stambaugh, Vice Chair (Minnesota); Becky L. Armor (Oklahoma), Laura Britton (Utah); Kristy Butler (Oregon); Sarah Deines (Oregon); Monica Green (Texas); Huzefa Master (Illinois); Betsy Bryant-Shilliday (North Carolina); Mollie Ashe Scott (North Carolina); Amy L. Stump, (Indiana); Laura Traynor (Wisconsin); Seena Haines, Executive Committee Liaison (Florida)

Advisory Group on Home Infusion

Barbara Petroff, Chair (Michigan); Anna Nowobilski-Vasilios, Vice Chair (Illinois); Donald J. Filibeck, (Ohio); Kurt Harlan (California); Steven M. Pate (Tennessee); Douglas Powers (Tennessee); Carol J. Rollins (Arizona); Melisa Tong (California); Yolanda Williams (Tennessee); Cathy Johnson, Executive Committee Liaison (Ohio)

Advisory Group on Pain Management and Palliative Care

Christopher Herndon, Chair (Illinois); Ernest Dole, Vice Chair (New Mexico); David Craig (Florida); Emily Weidman-Evans (Louisiana); Virginia Ghafoor, Chair (Minnesota); Lee Kral (Iowa); Michele Matthews (Massachusetts); Mary Lynn McPherson (Maryland); Pamela S. Moore (Ohio); Mitchell Nazario (Florida); Douglas Nee (California); Suzanne A. Nesbit (Maryland); Mark Stanfield (Oregon); Scott Strassels (Texas); Jennifer Strickland (Florida); Cathy Johnson, Executive Committee Liaison (Ohio)

Committee on Nominations

Roger Klotz, Chair (California); Tim R. Brown (Ohio); Ernest Dole (New Mexico); Mary Ann Kliethermes (Illinois); Richard L. Stambaugh (Minnesota)

Educational Steering Committee

Jennifer A. Buxton, Chair (North Carolina); Tracy A. Martinez, Vice Chair (Michigan); Paige Carson (North Carolina); Kevin Chamberlin (Connecticut); Lindsey Elmore (North Carolina); Melody Hartzler (Ohio); David Hoang (Minnesota); Jeannie Kim Lee (Arizona); Lisa Lundquist (Georgia); Gina Ryan (Georgia); Anne Teichman (Maine); Pamela Stamm, Executive Committee Liaison (Alabama)

Membership and Marketing Committee

Binita Patel, Chair (Wisconsin); Tim Brown, Vice Chair (Ohio); Jenny Van Amburgh (Massachusetts); Margaret Felczak (Illinois); Starlin Haydon-Greatting (Illinois); Pamela Letzkus (California); Charmaine Rochester (Maryland); Lindsay Snyder (Indiana); Fei Wang (Connecticut); Roger Klotz, Executive Committee Liaison (California)



SEIZE THE INITIATIVE

**ASHP House of Delegates 2012
June 10 and 12, 2012**

Report on the Section of Clinical Specialists and Scientists

The mission of the Section of Clinical Specialists and Scientists is to advocate for practice advancement and improvement in patient care by creating and translating scientific advances into practice. The Section Executive Committee has developed a strategic plan linked to the Section's mission and goals. These goals are to (1) create member value by developing and providing education, creating tools and resources, providing networking opportunities, and creating a home for faculty and preceptors; (2) participate in advocacy by creating timely groups to address key issues affecting Section members; seeking greater input in policy and advocacy efforts, including practice initiatives; increasing participation in policy implementation and ASHP initiatives; and collaborating with internal and external organizations to communicate and advocate the interests of the Section; (3) promote member involvement by developing a process to simplify the path for involvement; increasing diversity of member involvement with educational sessions, network facilitators, committees, advisory groups, and policy development; encouraging Section members to run for Executive Committee office; and encouraging and facilitating recommendations of Section members for ASHP office; (4) communicating the value of the Section and ASHP by increasing recognition of Section activities and advocacy, communicating ASHP advocacy activities, and recognizing member contributions to ASHP and the profession. The Section offers members a sense of identity within ASHP and an organizational home dedicated to meeting their specialized practice, scientific, and research needs. The Section will continue to grow and expand its activities largely because of the efforts of its enthusiastic members and dedicated leaders.

Executive Committee

Erin R. Fox, Chair (Utah)
Mary M. Hess, Immediate Past Chair (Pennsylvania)
Lea S. Eiland, Chair-elect (Alabama)
Michelle E. Allen (California)
Heath R. Jennings (Illinois)
Tricia A. Meyer (Texas)
Thomas J. Johnson, Board Liaison (South Dakota)
Sandra Oh Clarke, Secretary

2011–2012 Section Highlights. Section membership reached 13,656 in 2011. Approximately 36% of the Section’s members have selected the Section as their primary membership group. There still is strong interest in the Section among students and new practitioners. Section members elected Lea Eiland as Chair and Michelle Allen as a Director-at-Large; both will be installed at the June 2012 ASHP Summer Meeting. The Section selected Susan Goodin as the winner of the Section of Clinical Specialists and Scientists Distinguished Service Award. Established in 2007, the ASHP Pharmacy Practice Sections Distinguished Service Award recognizes a member of each section whose volunteer activities have supported the section’s mission and helped advance the profession. The award was presented at the 2011 Midyear Clinical Meeting (MCM).

In addition, a number of Section leaders were very active in the Pharmacy Practice Model Initiative (PPMI) as education session presenters at 2011 MCM and with the Joint Section and Forum PPMI Coordination Committee. The Section will continue to provide support to ASHP and ASHP Foundation education and advocacy efforts related to the PPMI.

Educational and Networking Opportunities. The Section’s Educational Steering Committee is charged with developing programming at an advanced level that will be of interest to clinical specialists and scientists. Paul Szumita served as the 2010–2011 Committee Chair. The 2010–2011 Committee developed more than 50 hours of educational programming on current issues in pharmacogenomics, pain management, sedation, critical care, antimicrobial stewardship, infectious diseases, preceptor development, and clinical leadership development. The Committee also planned a session devoted to debates in areas of therapeutic controversy and coordinated the Clinical and Emergency Pharmacy Clinical Pearls sessions. The 2011–2012 Committee has identified Section member educational needs for the 2012 MCM, which includes the following topics: drug-induced diseases; neurology and psychology patient care management; hepatitis; updates in critical care; hypo- and hypernatremia; pain management with addiction/opioid abuse; what’s new in endocrine treatment; ICU sedation, pain, and delirium management; gram-negative infectious disease (double coverage, pharmacokinetics/pharmacodynamics, and dose optimization); non-ICU delirium, fall prevention, and insomnia management; ACLS update; emergency medicine; HIV for nonspecialists: new therapies and pregnancy guidelines; transitions of care--pediatric to adult care disease states; infectious disease; clinical syndromes; precepting students and residents; and biostatistics. Committee members were charged with developing proposals or seeking out individuals to submit proposals for MCM consideration. A number of the program topics align with educational suggestions from the Council on Therapeutics.

The Section’s electronic NewsLink is distributed once a month to almost 13,000 ASHP members, providing news and current information on medical research, regulatory and health policy issues, health care, clinical leadership, preceptor skills development, emergency care, and therapeutics. The Section Chair’s Message is also distributed once a month to NewsLink subscribers and provides news on Section and ASHP programs and initiatives. The Section also continues to facilitate an electronic discussion group utilizing ASHP Connect. The electronic discussion group provides a forum for Section members to exchange information and ideas on a wide variety of topics related to clinical practice and patient care challenges.

The Section has 16 specialty networks encompassing most areas of specialty pharmacy practice. Women's health was added as a new specialty area in 2010. The networks meet regularly at the MCM, with over 1,600 meeting attendees participating. In addition, the Advisory Groups on Preceptor Skills Development and Clinical Leadership held networking sessions to discuss issues in their interest area. Facilitators are appointed for a two-year period in each network by the Section's Chair. The network facilitators monitor developments and trends in their therapeutic areas and advise ASHP and the Section's membership of these developments through the Section's electronic discussion group, NewsLink, networking meetings, and other avenues. The facilitators also serve ASHP and its members as therapeutic experts and contribute to ASHP advocacy and educational efforts.

Specialty Certification. The Section was asked to prepare a policy recommendation for the ASHP Board following the approval of a new business item introduced by the Section's Executive Committee on the same subject in June 2011. The Executive Committee gathered further input from all ASHP councils during policy week and has incorporated this input in its final recommendation to the ASHP Board. The Executive Committee also discussed ASHP's role in the supporting the recognition of new specialties and supporting members who are seeking to become board certified. ASHP has been a long-standing supporter of board certification. The Executive Committee noted that ASHP has been involved in the development of petitions to recognize four of the six specialties currently recognized by the Board of Pharmacy Specialties (BPS) and is currently involved with several partnering organizations in the development of two additional petitions to recognize pediatrics and critical care. The Section's Executive Committee believes it is critical ASHP maintain a leadership role in the recognition of specialties and supporting its members who seek to become certified. The Executive Committee expressed its opinion that there should be a standardization of credentialing eligibility and recertification requirements that align with residency training and practice model.

The Committee discussed the merits of being a petitioning organization and agreed that ASHP should continue to support and selectively lead specialty petitions that represent ASHP membership as long as the current petition process and specialty council model is in place. Subsequent to the Section's efforts in the June 2011 House of Delegates, ASHP has agreed to join in the submission of three short-form requests for BPS to conduct role delineation studies (RDSes) in the areas of cardiology, infectious diseases, and immunology transplant. The Executive Committee believes that these three areas align with the proposed policy that it has submitted to the Board and encouraged the Board to join with the American College of Clinical Pharmacy in the submission of these requests. Two of these areas are currently recognized as "added qualifications" of pharmacotherapy and significant number of postgraduate year two (PGY2) residency training programs have been developed in these areas to support the development of well-trained specialists.

Continuing to support the petitioning and specialty recognition process is a way to keep high-level clinical practitioners engaged with the organization by making appointments to specialty councils and development of examination review course and recertification materials. At the same time, the Committee noted the substantial financial and time commitment for a petitioning organization and suggested that ASHP prioritize involvement in the petitioning process based on the number of practitioners and PGY2 residency programs in the specialty.

This prioritization will help identify the largest areas of practice and training, current pressing needs in caring for patients, and help establish credibility and authority in the practice area outside of the profession.

Resources for Clinical Specialists and Scientists. The Section continues to enhance its resources for pharmacy practitioners in different specialty areas and to use multiple communication pathways to notify Section members of new resources. The “Clinical Consultation” column in the *American Journal of Health-System Pharmacy (AJHP)*, created by the Section, continues to be a popular resource for members. The Section continues to host the Anticoagulation Resource Center on the ASHP website, a compilation of educational materials, policies, best practices, and links to other organizations for practitioners looking for resources in the area of anticoagulation management. The Section also continued to coordinate ASHP’s efforts in the development of the *PharmGenEd* educational programs, live and web versions. This series of programs was developed by the University of California, San Diego, Skaags School of Pharmacy and Pharmaceutical Sciences. The goal of the program is to educate pharmacists and other health care professionals in the basic science and clinical application of pharmacogenomics.

The Section has taken a lead role in the planning of the Ambulatory Care Pharmacy Specialty Examination Review Course to assist ambulatory care practitioners prepare for the specialty examination. This work is done in collaboration with the Section of Ambulatory Care Practitioners. Review courses were held March 24–25, 2011, at the American Pharmacists Association meeting in Seattle, and June 11–12, 2011, at the 2011 ASHP Summer Meeting in Denver. The first examination was administered on October 1, 2011, and resulted in 511 new board-certified ambulatory care pharmacists.

Advocacy. The Section advocates for recognition and development of specialty pharmacy practice areas, development of clinical practitioners into pharmacy clinical leaders, and the use of evidence-based therapeutic guidelines and medication use in patient care as a responsibility of all pharmacists and pharmacy departments.

Advisory Group on Clinical Leadership. The advisory group conducted networking sessions at the 2011 MCM addressing clinical leadership in pharmacy, change management, and clinical leadership needs. The group has prioritized project initiatives and work has begun on the various projects. Advisory group members also provided input to the *Clinical Leaders Boot Camp: Practical Tools for Promoting and Establishing New Services*, held on Sunday, December 4th, prior to the MCM. In addition the group provided an education session at 2011 MCM, *Make the Change or Be Forced to Change: Change Management Principles for Clinical Leaders*. These programs were developed based on member needs identified through the Section Needs Assessment Survey and electronic communication postings.

Advisory Group on Emergency Care. As a follow-up to the *ASHP Statement on Pharmacy Services to the Emergency Department*, the group drafted the *ASHP Guidelines on Emergency Medicine Pharmacist Services* approved by the Section’s Executive Committee on June 10, 2011, and by the ASHP Board of Directors on July 15, 2011. This document was sent out for member and external review. The group also hosted a successful emergency care networking session at

the MCM that drew more than 150 participants. In addition, the group developed a webinar to meet the needs of emergency care practitioners, *Do You Know Your New Alphabet: Updates in the ACLS and PALS 2010 Guidelines*; planned educational sessions at the 2011 MCM; and launched the Emergency Care Resource Center on the ASHP website. Committee members are also writing articles for submission to *AJHP* pertinent to emergency care practitioners. In addition, the group developed PGY2 standards for pharmacist emergency care to establish an official ASHP-accredited set of guidelines and objectives for review by the Commission on Credentialing in March 2012.

Advisory Group on Emerging Sciences. The group is charged with advising the Section and ASHP on the emerging sciences and implementing recommendations of the 2008 Task Force on Science. This group is just convening and is outlining top priorities. The group provided two education sessions at 2011 MCM, *Pharmacogenomics 101: What Pharmacists Need to Know to Lead the Genomic Revolution*, and *Putting Pharmacogenomics into Practice: Strategies for Successful Implementation*. The group also conducted a webinar in April 2012, *Gene Therapy – Is This the Future of Pharmacy?* In addition, there are plans for a resource center in the emerging sciences to include such topics pharmacogenomics, nanomedicine, gene therapy, biosimilars, and translational research.

Advisory Group on Preceptor Skills Development. This group continues to develop webinars to help residency programs develop a preceptor development program, including *Practical Approaches to Developing Residency Preceptors* and a follow-up April 2012 webinar. The group also provided an education session at the 2011 MCM, *Fit and Fabulous: Improving Precepting Skills and Program Development, Bootcamp Style*; planned a networking session at the 2011 MCM; and are currently developing a resource center in preceptor skills development. The Preceptor Skills Resource Center will be a main focus as the group continues to consolidate ASHP resources for preceptors and identify new tools and resources for ASHP members.

Advisory Group on Clinical Leadership

Teresa H. Seo, Chair (Connecticut); John Clark, Vice Chair (Michigan); Michelle Allen (California); Lori Dupree (Virginia); Lynn Eschenbacher (North Carolina); Jeffrey Fudin (New York); Jamie King (Nevada); Linda Gore Martin (Wyoming); Wesley McMillian (Vermont); Amy Potts (Tennessee); Jason Schafer (Pennsylvania); Kelly M. Smith (Kentucky); Linda S. Tyler (Utah); Tricia Meyer, Executive Committee Liaison (Texas)

Advisory Group on Emergency Care

Heather Draper Eppert, Chair (Tennessee); Alison Jennett-Reznek, Vice Chair (Massachusetts); Adetola Ademolu (Texas); Megan Corrigan (Illinois); Katelyn Dervay (Florida); Christopher Edwards (Arizona); Jeremy Hampton (Missouri); Christi Jen (Arizona); Jennifer Denise Mando-Vandrick (North Carolina); Shannon Manzi (Massachusetts); Philippe Mentler (North Carolina); Megan Musselman (Indiana); Deval Patel (Pennsylvania); Derek Polly (Georgia); Katharine A. Reisbig (Nebraska); Suprat Saely (Michigan); Michael C. Thomas (Georgia); Melinda Ortmann, Network Facilitator (Maryland); Erin Fox, Executive Committee Liaison (Utah)

Advisory Group on Emerging Sciences

John Valgus, Chair (North Carolina); Wesley G. Byerly (North Carolina); Daniel Crona (North Carolina); Christine Formea (Minnesota); Christine (Tina) Gegeckas (Florida); Michael Gillette (Florida); Orly Vardeny (Wisconsin); Casey Williams (Kansas); Vivian Zhao (Georgia); Ashlie Simmons, Student (North Carolina); Mary Hess, Executive Committee Liaison (Pennsylvania)

Advisory Group on Preceptor Skills Development

Samaneh Wilkinson, Chair (Kansas); George Phillip (Phil) Ayers, Vice Chair (Mississippi); Elizabeth Sebranek Evans (Utah); Kate Farthing (Oregon); Melissa Goff (South Dakota); Katherine Marks (Tennessee); Steven Pass (Texas); Holly Philips (Colorado); Charlotte A. Ricchetti (Colorado); Carol J. Rollins, Chair (Arizona); Maureen Smythe (Michigan); S. Scott Wisneski (Ohio); Heath R. Jennings, Executive Committee Liaison (Illinois)

Committee on Nominations

Mary Hess, Chair (Pennsylvania); Kate Farthing (Oregon); Justine Gortney (Michigan); Anthony Kessels (Missouri); Robert Page (Colorado); Kelly M. Smith (Kentucky); James A. Trovato (Maryland)

Educational Steering Committee

Paul M. Szumita, Chair (Massachusetts); Ericka L. Breden, Vice Chair (Virginia); Kimberly Benner (Alabama); Kimberli Burgner (Virginia); Chad Coulter (Kentucky); Freddy Creekmore (Tennessee); Jennifer Hardesty (Louisiana); Daniel P. Hays (Arizona); Joel C. Marrs (Colorado); J. Russell May (Georgia); Douglas Slain (West Virginia); Matthew Strum (Mississippi); Michelle (Shelly) Wiest (Ohio); Michael Vozniak (Pennsylvania); Jill Bates, Council on Therapeutics Liaison (North Carolina)

Network Facilitators

Anticoagulation: Lynn Blecher (Oregon)

Cardiology: Christopher Betz (Kentucky)

Critical Care: Stacey Folse (Georgia)

Emergency Medicine: Melinda Ortmann (Maryland)

Geriatrics: Donna Adkins (Virginia)

Hematology/ Oncology: Susannah E. Koontz (Texas)

Immunology/ Transplant: Amy Krauss (Tennessee)

Infectious Diseases: Jason Schafer (Pennsylvania)

Nutrition Support: Lisa G. Hall Zimmerman (Michigan)

Pain Management: Virginia Ghafoor (Minnesota)

Pediatrics/ Neonatal: Melissa Heigham (Missouri)

Pharmacoeconomics and Drug Policy Development: Julie P. Karpinski (Wisconsin)

Primary Care/Pharmacotherapy: Kristi Kelley (Alabama)

Psychopharmacy/Neurology: Troy A. Moore (Texas)

Women's Health: Gayle A. Cotchen (Pennsylvania)



SEIZE THE INITIATIVE

**ASHP House of Delegates 2012
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Report on the Section of Inpatient Care Practitioners

The Section of Inpatient Care Practitioners was launched in September 2003 to meet the needs of the frontline pharmacist. This Section dedicates itself to achieving a vision of pharmacy practice in which pharmacists practicing in an inpatient setting safely integrate clinical, distributive, and operational functions while focused on improving inpatient and transitional care. To achieve this vision, the Section will (1) serve as a voice for inpatient care practitioners and Section members, including ASHP governance and policy; (2) facilitate the integration of drug distribution and clinical practice for inpatient care practitioners; (3) assist in a concerted rural health care strategy that strengthens ASHP's rural health care advocacy efforts, facilitates promotion of ASHP's policies and agenda in rural and frontier America, and elevates ASHP's standing in rural communities; (4) promote the professional development of inpatient care practitioners through education and skills development; (5) increase communication with Section members on key issues for both the Section and the profession; (6) encourage, facilitate, and educate for the application of ASHP best practices and evidence-based guidelines at the inpatient care practitioner level; and (7) identify and promote the development of inpatient care leaders and preceptors within the Section and mentor students by encouraging their active participation on Section advisory groups.

Executive Committee

Jennifer Edwards Schultz, *Chair* (Montana)
Brian D. Benson, *Immediate Past Chair* (Iowa)
Lynn E. Eschenbacher, *Chair-elect* (North Carolina)
Joanne G. Kowiatek, *Director-at-Large* (Pennsylvania)
Noelle R.M. Chapman, *Director-at-Large* (Illinois)
Emily Alexander, *Director-at-Large-elect* (Texas)
Randy L. Kuiper, *Board Liaison* (Montana)

2011–2012 Section Highlights. Now in its ninth year, the Section has exceeded 10,000 members. With slightly over 5,000 members selecting the Section as their primary home, the Section earned the distinction in December 2011 of becoming the largest of the five pharmacy practice sections. This achievement was a first in the Section’s history. Through educational programming, networking, advocacy, and volunteer opportunities, the Section Executive Committee has worked to develop member services that support the needs of the Section’s core membership component: frontline pharmacists, inpatient care practitioners, investigational drug service pharmacists, medication safety officers, operating room (OR)/anesthesiology pharmacists, rural health care practitioners and technician educators. Advocacy efforts for rural health care initiatives have been enhanced, and collaborative partnerships have been expanded. The mentoring of students, one of the Section’s strategic goals, was enhanced by increasing student representation on all four of the Section’s advisory groups. The Section’s Advisory Group on Medication Safety made a significant educational footprint, in collaboration with ASHP’s Educational Services Division (ESD), with its innovation, development, and collaborative marketing of ASHP’s 2011 Summer Meeting (SM) Medication Safety Track. This event represented the Section’s inaugural provision of educational content at an ASHP SM. Furthermore, the safety series was unprecedented as this represented ASHP’s first time offering of physician and nursing continuing medical education (CME) and continuing education (CE) at one of its national meetings. Post-meeting survey results revealed 43% of meeting registrants attended the meeting because of the medication safety programming. Due to ASHP’s continued commitment to medication safety, its laser focus on leadership in safe medication practices, as well as the positive feedback received from attendees, the medication safety track will return for SM 2012. The section hosted several networking sessions during the 2011 Midyear Clinical Meeting (MCM). All advisory groups, including specialty practice areas Investigational Drug Services and OR/Anesthesiology, were represented. The Executive Committee selected Deb Saine as its fifth recipient of the Section’s Distinguished Service Award. Ms. Saine received her award at the Distinguished Service Award reception during the 2011 MCM. The Section continues to keep the Pharmacy Practice Model Initiative (PPMI) a focus of its strategic priorities through education and advocacy efforts. Several Section members and leaders have been PPMI champions by encouraging individuals at their respective institutions and states to partake in the PPMI Hospital Self-Assessment Survey. The Combined efforts of the four advisory groups and the educational steering committee have yielded, over the past three years, nine webinars that are available to members on the ASHP website. This speaks to the commitment the Section has to addressing the needs of its diverse membership. The Section’s Committee on Nominations works to aggressively recruit highly qualified candidates for nomination and develop a slate of candidates that will serve to fulfill Section initiatives. The committee typically begins its work in February or March and will present a slate of candidates for the Chair and Director-at-Large.

Educational Programming. The Section conducted over 10 hours of successful educational sessions at the 2011 MCM. Additionally, the Section Advisory Group on Small and Rural Hospitals hosted its sixth Programming for Small and Rural Hospitals. This all-day program, traditionally held on the Sunday during the MCM, is targeted to rural health care practitioners and focuses on the issues facing health care facilities in rural and frontier areas of the country.

The Advisory Group on Medication Safety hosted its fifth pearls session, *Safety and Quality Pearls 2011*, and covered a number of topics such as *Pharmacy Technicians—Part of the Medication Safety Team*, *Give Me a C for Culture*, and *Kiss My GRITS!* One of the Section's branded programs was also featured: the ever-popular *Pediatrics for the Non-Pediatric Specialist* series (now in its fourth year), which featured "Timely Topics for Tots." The Section's Educational Steering Committee met during the 2011 MCM to discuss and select potential topics for educational programming for the 2012 MCM. The committee utilized the Section's Needs Assessment Survey, electronic discussion group reports, networking session discussions, and conversations with peers to guide them in their topic selections. Other significant educational content developed by the Section was the educational content for the 2011 SM medication safety track, planned in collaboration with the Section Advisory Group on Medication Safety and ASHP's ESD.

Resources for Inpatient Care Practitioners. The Section's webpage on the ASHP website features information pertinent to the needs of its membership. The information includes recent news, practical tools, webinars, and member spotlights. All Section members receive a monthly Chair's Message and NewsLink containing information relevant to the Section's membership. These communication vehicles also serve to notify members of opportunities within the Section and ASHP. To facilitate member interaction and networking, the Section maintains five ASHP Connect communities: inpatient care, clinical research pharmacists-IDS and IRB, OR/Anesthesiology pharmacists, rural healthcare practitioners, and patient safety. These discussion boards continue to be an effective networking mechanism and serve as a necessary resource for these component groups.

Advocacy. Through occasional presentations at senior citizen nursing homes and senior citizen organizations, the Section continues to embrace opportunities to reach out to this segment of the population and educate them about safe medication practices and adverse drug reactions. Furthermore, these presentations demonstrate the value of pharmacists, encourage seniors to develop meaningful relationships with their pharmacist, and promote the roles of hospital and health-system pharmacists to the public. To further enhance its reach to this segment of the population, the Section is exploring opportunities for collaboration with various state and/or federal agencies on aging.

The Section Advisory Group on Medication Safety continues to advocate for robust education and training for medication safety officers and seeks to align its efforts to support ASHP initiatives, as well as the organization's leadership, in the area of medication safety. The advisory group hopes the success of the medication safety track will make the business case for the SM to serve as a venue for medication safety officer education, training, and networking. The advisory group remains involved in drug shortage advocacy efforts as well.

Upon the recommendation of the Section Advisory Group on Small and Rural Hospitals, the Executive Committee has sought ways to expand its network with rural health care organizations and agencies. The Section has initiated building relationships with the Centers for Medicare & Medicaid Services (CMS), National Organization of State Offices of Rural Health (NOSORH), United States Department of Agriculture, and the Center for Health Literacy within the University of Maryland School of Public Health. ASHP staff have facilitated efforts to

strengthen ASHP's relationship with the National Rural Health Association (NRHA), the Office of Rural Health Planning (ORHP), and other rural organizations and agencies. Additionally, the Section has sought unique opportunities for collaboration with the Institute for Healthcare Improvement (IHI) and Institute for Safe Medication Practices (ISMP). The Section Advisory Group on Small and Rural Hospitals has used its MCM Sunday *Programming for Small and Rural Hospitals* and the Section webpage to help communicate efforts of the HRSA/OPA Patient Safety Pharmacy Collaborative and the IHI 5 Million Lives Campaign. Partnership with ISMP has included appointing ISMP staff representatives to the Section Advisory Group on Medication Safety and the Section Advisory Group on Small and Rural Hospitals. It is the Executive Committee's belief that a concerted rural health care strategy will strengthen ASHP's rural health care advocacy efforts, facilitate promotion of ASHP's policies in rural and frontier America, and elevate ASHP's standing in rural health care centers, organizations, and communities.

Advisory Group on Medication Safety. Now in its seventh year, the Section Advisory Group on Medication Safety is charged with providing tools and resources for medication safety officers or pharmacists who have medication safety responsibility as a component of their positions. The group provided quality educational content for the 2011 MCM in the form of its fifth *Safety and Quality Pearls* session as well as a three-hour session focused on improving transitions of care at discharge with pharmacist involvement. The advisory group has continued its safety webinar series and recently hosted its fourth annual webinar and the first in the series to offer CE. An ASHP statement on the role of the medication safety officer has been drafted. After Board approval, it will be presented for a vote at the 2012 House of Delegates. The groundbreaking, multidisciplinary Medication Safety Track introduced at the 2011 SM was a collaborative effort between this advisory group and ASHP's ESD. This track provided over 18 hours of targeted pharmacist CE in medication safety, a necessary requirement in several states. Thirteen hours of medication safety physician CME and nursing CE were offered as well. The three-day programming track provided attendees with a much-needed focus on critical and practical safety issues. The Best Practices session focused on key, safety-vulnerable practice areas, including OR/Anesthesiology, Investigational Drug Service, Ambulatory Care, and the Emergency Department. A Patient Safety Priority Tool Kit, developed by the advisory group, was a value-added benefit for all meeting registrants. This group was successful in making the 2011 SM more than just another conference about medication safety; rather, they transformed it into a medication safety experience. Riding high on the excellent reviews from last year, the advisory group is currently working with ESD to deliver high-quality educational content for the medication safety track for the 2012 SM.

Advisory Group on Pharmacy Practice Experiences. This advisory group provides tools and resources for frontline pharmacist preceptors and potential preceptors that foster favorable student experiences as students matriculate through their pharmacy rotations. The group continually updates and maintains its primary resources, *How to Start a New Student Rotation* and the *ASHP Preceptor Tool Kit*. Both are posted on the Section's webpage. The group collaborated with the Student Forum and launched a survey to assist health-system pharmacists and pharmacy students to identify ideal qualities of a preceptor or pharmacy

student and how to incorporate best qualities into practice to create a more successful learning and teaching experience. The results of this survey were shared with the public during a networking session at the 2011 MCM. Feedback was solicited from the audience on how to improve pharmacy students' learning experiences. The advisory group plans to use both the survey results and discussion point from the networking session to aid in the development of future educational programs and additional resources. Members of this advisory group collaborated with the Advisory Group on Medication Safety and developed a student rotation template on medication safety. Plans are underway to create a portfolio of templates for various student rotations. In addition, the group is working to develop a template to assist and guide preceptors in small and rural hospital settings.

Advisory Group on Pharmacy Support Services. Formed in 2009, this advisory group works to assist and support ASHP's Pharmacy Technician Initiative (PTI). The advisory group hopes to work with ASHP state affiliates to provide high-quality CE for certified pharmacy technicians. The group also developed its first webinar addressing the professional imperative for standardization of pharmacy technician education and training. The group recognizes the importance of conducting surveys and gap analyses to address the value of pharmacy technicians and the needed practice resources for pharmacy personnel support and their supervisors. Consequently, the advisory group conducted a survey to investigate innovative roles for pharmacy support personnel as it relates to PPMI. The overwhelming response the advisory group received demonstrates the advisory group is poised to address unmet needs of a component of the Section's membership. Survey results were shared during the 2011 MCM at the advisory group's first networking session, *Critical Analysis of the Role of Pharmacy Technicians in the Future Pharmacy Practice Model: Challenges and Opportunities*.

Advisory Group on Small and Rural Hospitals. The Section Advisory Group on Small and Rural Hospitals planned a successful educational track featuring eight hours of pharmacist CE for its sixth consecutive *Programming for Small and Rural Hospitals* during ASHP's 2011 MCM. Outgoing ASHP CEO Dr. Henri Manasse and CEO-designate, Dr. Paul Abramowitz brought greetings on behalf of ASHP. Both men stressed the important role of rural health care institutions and recognized the unique needs and challenges faced by pharmacists practicing in rural and frontier areas of the country. The session's keynote speaker, George N. Miller, was the 2007 President of the NRHA and is currently serving in his second consecutive term on the Medicare Payment Advisory Commission (MedPAC). Other rural program topics included *Strategies for Implementing Telepharmacy Services*, *I'll Huff and I'll Puff: Using Spirometry to Expand Pharmacist Led Services within the Medical Home*, *Oncology Care in Small and Rural Hospitals: Pharmacy's Role and Responsibility*, *340b and Partnership for Patients: Game Changers and the Impact on Rural Healthcare*, and *Residency Programs in Rural Areas: Why Do It? Can it be Done?* Additionally, the advisory group organized a networking session at the 2011 MCM and established a historic high in attendance compared to previous networking sessions. The advisory group has already begun the planning and development of content for the 2012 MCM. The advisory group has been very active in the areas of advocacy, educational programming, publications, and health policy. The group collaborated with the Department of Health and Human Services and CMS Innovation Center to develop a webinar educating

members about the Partnership for Patients, a federal initiative aimed at improving quality, safety, and affordability of health care for all Americans through public-private partnerships. For the first year, the advisory group represented ASHP through a plenary session at NRHA's 2011 Quality and Clinical Conference. The advisory group remains committed to contributing to the literature, as evidenced by recent articles accepted for publication in the *American Journal of Health-System Pharmacy* by its former and current members. The Executive Committee will continue to advocate on behalf of small and rural hospitals, critical access hospitals, and other rural health care institutions.

Advisory Group on Medication Safety

Jorge D. Carillo, Chair (Texas); Deborah Wagner, Vice Chair (Michigan); May Alomari (Michigan); Beverly "Jane" Adams (Texas); Jason Andree (Massachusetts); Dean Bennett (Delaware); Peggy S. Bickham (Illinois); Jennifer Burgess (North Carolina); Angela Cassano (Virginia); Dan Degnan (Indiana); Keli Edwards, New Practitioner (Washington DC); Catherine A. Hartman (Massachusetts); Constance D. Hogrefe (Florida); Janice L. Hoyt (Washington); Molly Billstein Leber (Connecticut); Ambra King, New Practitioner (Georgia); Lynne M. Lee (New York); Marie Link (Ohio); Jeannell M. Mansur (Illinois); Donald McKaig (Rhode Island); Kymberlee Moline (Michigan); Jason Nickisch (Montana); Kimberly Redic (Michigan); Jennifer Robertson (Tennessee); Jeffrey Schnoor (Vermont); Victoria (Vicki) Tamis (Washington); Michelle Thomas (Maryland); Allen Vaida, ISMP Liaison (Pennsylvania); Lynn Eschenbacher, Executive Committee Liaison (North Carolina); Bona E. Benjamin, ASHP Staff (Maryland)

Advisory Group on Pharmacy Support Services

Cynthia Jeter, Chair (Arkansas); Terri K. Mundy, Vice Chair (Louisiana); Charity D. Andrews (Kentucky); Sylvia Q. Banzon (California); Helen M. Calmes (Louisiana); Sarah L. Clement (North Carolina); Stephen M. Kessinger (Florida); Barbara E. Lacher (North Dakota); Scott A. Meyers (Illinois); Wendy Mobley-Bukstein (Illinois); Robert Sobolik (Montana); Winona T. Thomas (Louisiana); Trish Wegner (Illinois); Aubrey Wynn (Texas); Brian Benson, Executive Committee Liaison (Iowa); Karen Noonan, ASHP Staff (Maryland)

Advisory Group on Small and Rural Hospitals

Debby Cowan, Chair (North Carolina); Debbie Sisson, Vice Chair (Minnesota); Ann M. Carder (Iowa); Navy Chaay (Wisconsin); Paul S. Driver (Idaho); Matthew P. Fricker, Jr., ISMP Liaison (Pennsylvania); Angela George (Minnesota); Amanda J. Hays (Alaska); Todd Lemke (Minnesota); Robert Long (Nevada); Steve Olsen (Idaho); Jim Rorstrom (Kansas); Timothy S. Seeley (Wyoming); William R. Simpson (Pennsylvania); John Worden NRHA Liaison (Kansas); Bissy Obi, Student Member—University of Charleston, Class of 2013 (West Virginia); Dazhi Liu, Student Member—University of Iowa, Class of 2012 (Iowa); Emily Alexander, Executive Committee Liaison (Texas)

Advisory Group on Pharmacy Practice Experiences

Rony Zeenny, Chair (Lebanon); Lijian "Leo" Cai, Vice Chair (Wisconsin); David Bowyer (West Virginia); Aaron Burton (Pennsylvania); Joseph Dikun, New Practitioner (Ohio); Dale E. English II

(Ohio); Beth D. Ferguson, (Minnesota); Nicole M. Glasser (New York); Scott D. Greene (Pennsylvania); Lori Prater (New Mexico); Rachael Y. Prusi (Illinois); Davina Dell-Steinback (Montana); Stephanie Thomas (Pennsylvania); Thomas V. Thomas; Laura Watcher (Maryland); Kurt Wargo (Alabama); Felix Yam (California); Sali Mahmoud, New Practitioner (Maryland); Ayotunde Ayoola, Student Member-Howard University, Class of 2013 (Washington DC); Noelle R.M. Chapman, Executive Committee Liaison (Illinois)

Committee on Nominations

Debra L. Cowan, Chair (North Carolina); Brian D. Benson, Vice Chair (Iowa); Helen Calmes (Louisiana); Dale English, (Ohio); Deb Saine (Virginia)

Educational Steering Committee

Lois F. Parker, Chair (Massachusetts); Wes Pitts, Vice Chair (Mississippi); Terri Albarano (Pennsylvania); Lori Dupree (Virginia); Shishir Gupta (Virginia); Sum Lam (New York); Tyrone Lin (Washington); Darlette G. Luke (Minnesota); Jacqueline L. Olin (North Carolina); Kimberly Pesaturo (Massachusetts); Elizabeth McGowan Rebo (North Carolina); Ronald Seto (Canada); Michelle L. Shah (Illinois); Susan Jean Skledar (Pennsylvania); Linda Spooner (Massachusetts); Lori Tsukiji (California); Joanne Kowiatek, Executive Committee Liaison (Pennsylvania); Michelle Abalos, ASHP Staff (Maryland); Pamela Hsieh, ASHP Staff (Maryland)



SEIZE THE INITIATIVE

**ASHP House of Delegates 2012
June 10 and 12, 2012**

Report on the Section of Pharmacy Informatics and Technology

The mission of the Section of Pharmacy Informatics and Technology is to improve health outcomes through the use and integration of data, information, knowledge, technology, and automation in the medication-use process. In that role, the Section continually seeks to define and promote the optimal synergy between technology and the pharmacy professional in an effort to enhance and support practice models that bring the full benefit of the pharmacist's training and experience to the medication-use process. The Section is dedicated to achieving a vision in which members will (1) be enabled by technology to focus on providing optimal pharmaceutical care to each patient; (2) participate in all aspects of medical informatics that support the medication-use process through multidisciplinary collaboration across the entire health care system; (3) collaborate domestically and internationally with other organizations and governmental agencies to promote the use of medical informatics in the provision of quality health care; (4) take a leadership role in medical informatics, at all levels of health care, to ensure that health information technology (HIT) supports safe medication use; (5) promote the development of a set of practical medical informatics competencies to manage medication-related data and information challenges across the continuum of care; and (6) stimulate an environment that focuses on setting the agenda for designing and conducting research to expand medical informatics knowledge and its use in supporting patient care. The Section has focused its goals and objectives to support the ASHP Leadership Agenda: "Influence the development and implementation of health information technologies and standards that help improve patient care."

Executive Committee

Allen J. Flynn, *Chair* (Michigan)
Kevin C. Marvin, *Chair-elect* (Vermont)
Christopher J. Urbanski, *Immediate Past Chair* (Indiana)
Leslie R. Mackowiak, *Director-at-Large* (Tennessee)
Sylvia M. Thomley, *Director-at-Large* (South Dakota)
Gwendolyn R. Volpe, *Director-at-Large-elect* (Indiana)
Michael D. Sanborn, *Board Liaison* (Texas)
Karl F. Gumper, *Secretary*

2011–2012 Section Highlights. During 2011, the Section added more than 6000 members. About 20% of the Section’s members have selected this group as their primary membership group. Total Section membership has increased by 25% from the previous year. Nearly one third of the Section membership is student members. In the 2011 elections, the Section’s membership elected Mr. Kevin C. Marvin as Chair-elect. Ms. Gwendolyn R. Volpe was elected as a Director-at-Large; both will be installed at the June 2011 ASHP Summer Meeting. The Section also selected Dennis A. Tribble as the winner of the Section of Pharmacy Informatics and Technology Distinguished Service Award. Established in 2007, the ASHP Pharmacy Practice Sections Distinguished Service Award recognizes a member of a section whose volunteer activities have supported the mission of the section and helped advance the profession. The award was presented at the 2011 Midyear Clinical Meeting (MCM). Allen J. Flynn represents the Section in a Joint Section/Form Coordination Committee of the Pharmacy Practice Model Initiative Summit (PPMI). The Section will continue to provide support to ASHP and ASHP Foundation education and advocacy efforts related to the PPMI. The Section is working on a guidance document for the use of telepharmacy within pharmacy practice.

ASHP continues to participate with the Pharmacy e-Health Information Technology Collaborative (the Collaborative). The Collaborative was formed by the Academy of Managed Care Pharmacy (AMCP), American Pharmacists Association (APhA), ASHP, and the National Community Pharmacists Association (NCPA). These four organizations will be the steering committee for the Collaborative, and they will work with the other organizations to meet the objectives of the Collaborative. The other organizations that participate in the Collaborative are the American Association of Colleges of Pharmacy (AACP), American College of Clinical Pharmacy (ACCP), American Society of Consultant Pharmacists (ASCP), and the National Alliance of State Pharmacy Associations (NASPA). The Collaborative continues to recruit associate members to support the work of the Collaborative.

The Collaborative has accomplished the following activities in 2011:

- “The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care” was published, and a webinar was conducted with HIT stakeholders.
- Pharmacist/Pharmacy Provider Electronic Health Record Functional Profile (PP-EHR) successfully became an international standard and provided a high level of national awareness within the HIT community.
- Over 250 Medication Therapy Management (MTM) clinical terms were submitted to National Library of Medicine (NLM) for “SNOMED-CT” international codes.
- An MTM documentation of specialized transactions was published by National Council for Prescription Drug Programs (NCPDP).
- The restructure of the Pharmacist Services Technical Advisory Coalition (PSTAC) under the Collaborative was accomplished to provide a structure for all Collaborative Council members to participate in pharmacist professional service billing and coding projects.

The Collaborative was asked to participate in four work groups for an Office of the National Coordinator for Health Information Technology (ONC) and U.S. Presidential driven electronically integrated solution to Prescription Drug Monitor Programs (PDMP) for controlled substances.

Educational Programming. The Section's programming for the 2011 MCM consisted of over 15 hours of continuing education. Topics that were presented included advancing pharmacy practice models through automation, EHR implementations, clinical decision support, and HIT team structures. Armen Simonian of the Section's Educational Steering Committee coordinated the Informatics Bytes: Pearls Session. Robert Christiansen was the Chair of the Section's 2011–2012 Educational Steering Committee.

Planning for the 2012 MCM is currently in progress. The Educational Steering Committee is searching for proposals that include enhancing clinical decision support, e-Prescribing and improved patient care and coordination of care, updates on meaningful use and other federal initiatives, patient safety and HIT issues, fully automated pharmacy, career planning in pharmacy informatics, mobile apps in healthcare, business intelligence applications for pharmacy leaders, risk management consideration surrounding the electronic medical record, cutting-edge strategies for training simulation in health care information technology, standard health care terminologies supporting pharmacy practice and enhanced patient care, and data-mining and data integrity. Laura Tyndall of the Section's Educational Steering Committee will coordinate the Informatics Bytes: Pearls Session.

Drs. Fox and Fortier worked with the ASHP Educational Services Division to plan an informatics series at the 2011 Summer Meeting. An informatics session was scheduled during five of the meeting's educational opportunities. The Section conducted a joint session on medication safety with the Medication Safety program chairs. Topics that were presented included clinical decision support systems that support meaningful use core measures, electronic dashboards and patient scorecards, incorporating the PPMI recommendations for a fully automated pharmacy, establishing standard structured terminologies to enable pharmacy practice electronic health records on the national level, and strategies to enhance safety of medication use technologies.

The Section also planned and implemented five networking sessions at the 2011 MCM. Each of the Section's advisory groups planned a thematic program related to its primary charge. A networking session is planned for the 2012 Summer Meeting to be facilitated by the Executive Committee.

Electronic Networking Opportunities. The Section's electronic NewsLink is distributed monthly to more than 6000 ASHP members. The NewsLink provides information on current issues relating to informatics and technology, research, legislative and regulatory facts, and health policy and health care news. The Section has promoted ASHP Connect to its members over the past year. The most visited websites of the Section were Pharmacy Informatics Job Descriptions, Pharmacy Informatics Career Development, and Bar Code Medication Administration Resources. The Section will continue to monitor the use of the Section's website and promote its available resources to members. The Section updated the Bar Code Resource Page and the Computerized Provider Order Entry (CPOE) Resource Page. The Executive Committee is interested in expanding the Section's presence utilizing existing social media tools (e.g., Twitter, FaceBook, linkedIn, etc.) and developing new tools and strategies.

Charges for Section Advisory Groups. The Section's Executive Committee has formalized and standardized the charge of each of the four advisory groups. Each advisory group will share

eight common charges: (1) contribute to the “Informatics Interchange” column in the *American Journal of Health-System Pharmacy (AJHP)*, (2) coordinate a webinar for the Section membership on a related topic area, (3) review the relevant content area on the Section’s website on an annual basis, (4) develop programming for the MCM, (5) appoint a working group to manage the frequent calls for comments for various government and regulatory groups, (6) encourage members to contribute and post to ASHP Connect, (7) coordinate a networking session at the MCM on a topic relevant to the advisory group’s purview, and (8) coordinate a spotlight on a member’s contribution to the Section for the Section’s website. Each Section advisory group and committee will further have projects and deliverables focused on the group’s scope and content knowledge.

Advisory Group on Ambulatory Care Informatics. Activities of the Section Advisory Group on Ambulatory Care Informatics include sharing information and providing guidance to improve e-prescribing; supporting the work of the Pharmacy e-Health Information Technology Collaborative; influencing HIT standard-developing organizations (e.g., HL7) and certification bodies (e.g., CCHIT) to include the practice needs of the pharmacist in their requirements and criteria to achieve the safe, effective use of medications; and identifying strategies and best practices for pharmacist online documentation of pharmaceutical care. The advisory group is still reviewing survey results on drug-drug interactions (DDI) to direct its efforts on developing recommendations concerning DDIs in pharmacy and integrated electronic systems. A plan is being developed to share the survey results and develop a commentary or editorial for *AJHP*. The advisory group is developing an editorial on e-prescribing. The advisory group conducted a webinar networking session, *Driving E-prescribing Quality - A Dialogue between Practicing Pharmacists and Technology Implementers*, conducted in May 2011. The advisory group is continuing work to educate health-system pharmacists on ambulatory care informatics issues such as electronic prescribing and electronic medication reconciliation. The networking session that was developed by the advisory group at the MCM was related to the use of electronic prescribing in hospitals and health systems.

Advisory Group on Clinical Information Systems. Activities of the Section Advisory Group on Clinical Information Systems include supporting pharmacy involvement in “Meaningful Use”; developing recommendations on the content of clinical decision support (CDS) for medication ordering and dispensing systems; educating in regards to considerations and processes to create and implement CDS rules; identifying sites in which pharmacists are using data to enhance practice (e.g., PPMI), for surveillance, to add efficiency to rounding models, for clinical drug use changes and quality monitoring; continuing to define pharmacy informatics roles and responsibilities; and promoting original research within clinical information systems and patient safety. CDS alerts and alert fatigue continue to be priority issues with the advisory group for the coming year. The advisory group conducted a survey in spring 2011, and they are reviewing the results for publication for the end of 2012. The advisory group is interested in assessing the pharmacy resources required to manage and implement clinical information systems within hospitals and health systems. In supporting the federal government’s requirements for “meaningful use” of the EHR, the advisory group will focus on quality outcomes and measure reporting. The advisory group conducted a networking webinar in April 2011, “Meaningful Use

Summary Tools for Pharmacists.” The advisory group continues to investigate the sharing of CDS rules to better meet the needs of its members.

Advisory Group on Pharmacy Informatics Education. Activities of the Section Advisory Group on Pharmacy Informatics Education include defining the scope and standards of practice for pharmacy informatics practitioners, continuing to identify and enroll new authors for the "Informatics Interchange" column, determining a means to highlight key pharmacy informatics research that may include a journal club via ASHP Connect on informatics topics, developing awareness and opportunities regarding careers in pharmacy informatics, assessing the professional educational needs of pharmacy informaticists, and determining a strategy for pharmacy informaticist professional certification. With the establishment of the "Informatics Interchange" column in *AJHP*, there have been over 22 publications since June 2008. With the changing responsibilities of pharmacy informatics practitioners, the advisory group will be revising the *ASHP Statement on the Role of the Pharmacist in Informatics* during the upcoming year. This advisory group is developing strategies to engage practitioners in informatics to support the clinical role of the pharmacist. Educational needs of students, residents, practitioners, and pharmacy technicians are a concern for members of the Section. The advisory group completed a resource document, titled "Development of Pharmacy Informatics Competencies for Health-System Pharmacists," which is posted on the Section's webpage.

Advisory Group on Pharmacy Operations Automation. Activities of the Section Advisory Group on Pharmacy Operations Automation include investigating specifications and requirements to ensure interoperability and standardization for communication of data across databases, technology and information systems; developing a pharmacy self-assessment for safety related to distribution utilizing technology which includes robots, carousels, packagers, tracking systems, and IV workflow systems; developing a training guideline to ensure competency for pharmacy technicians related to technology to include understanding databases, concepts of FMEA/RCA, medication safety, optimization, and testing; developing resources on current state of IV workflow systems and IV preparation robotics; and updating smart pump resources. The advisory group is developing resources on many important areas of automation and pharmacy devices. The advisory group conducted a networking webinar in July 2011, titled "Project Management Support and Lessons Learned." The advisory group continues to develop resources for members to better utilize technology within hospital pharmacies. The advisory group is working with the Association for the Advancement of Medical Instrumentation (AAMI) to develop standardized utilization of smart pumps and management of drug libraries.

Advisory Group on Ambulatory Care Informatics

Shobha Phansalkar, Chair (Massachusetts); Kathleen Vieson (Florida); Mary E. Burkhardt (Michigan); Gaurang J. Gandhi (Florida); J. Chad Hardy (Texas); John Horn (Washington); Kevin Marvin (Vermont); Navin B. Philips (New Jersey); Muhammad A. Qudoos (Texas); George A. Robinson (Indiana); Bob E. Rocho (Colorado); James Russell (Wisconsin); Mark H. Siska (Minnesota); Marc T. Young (Texas); Wing Liu, Informatics Resident (Tennessee); Patrick McDonnell, Council on Therapeutics Liaison (Pennsylvania)

Advisory Group on Clinical Information Systems

Trinh T. Le, Chair (North Carolina); Franklin Crownover, Vice Chair (Massachusetts); Benjamin Anderson (Minnesota); Michelle V. Bell (Virginia); Dean Bennett (Delaware); Christine M. Beuning (Washington); Anne M. Bobb (Illinois); Lynn Boecler (Illinois); Michael Bonter (Michigan); Denny C. Briley (Kansas); James Carpenter (Oregon); Bruce Chaffee (Michigan); Raymond Chan (Virginia); Amy P. Davis (Florida); Kelly Duarte (West Virginia); W. Lynn Ethridge (South Carolina); Maren Everton (Utah); Randy Herring (Georgia); Tara K. Jellison (Indiana); Michael A. Jones (Colorado); Tamara Joseph (New York); Thomas P. Jurewitz (California); Joan E. Kapusnik-Uner (California); Abraham K. Kim (California); Andrew Laegeler (Texas); Gregory T. Matsuura (Washington); Christy C. Nielsen (Washington); Darshika Patel (Ohio); Adelaide Quansah-Arku, Technician Member (District of Columbia); Brendan Reichert (Maryland); Eric Rose (Florida); Lynn C. Sanders (Pennsylvania); Mohammad Aslam Siddiqui (Kentucky); Nancy R. Smestad (North Dakota); Andrew Smith (North Carolina); Robert Stein (California); Anne-Marie Toderico (Maine); David L. Troiano (Texas); Lolita White (Maryland); Cynthia Williams (Virginia); Allison D. Woods (Oregon); DeWayne A. Davidson, Student Representative (Texas); Soranarom B. Kumsaitong, Student Representative (Georgia); Van T. Do, Informatics Resident (Maryland); David P. Mulherin, Informatics Resident (Michigan)

Advisory Group on Pharmacy Informatics Education

Elizabeth A. Breeden, Chair (Tennessee); Joseph Lassiter, Vice Chair (Oregon); Louis Barone (Ohio); Gail L. Bigelow (New Jersey); Jennifer Boehne (Minnesota); Kevin Clauson (Florida); Helen L. Figge (New York); Jonna Fink (Illinois); Brent I. Fox (Alabama); Carol Hope (Utah); Jo B. Lazarou (Michigan); Maritza Lew (California); Tommy J. Mannino (Louisiana); Sean M. Mirk (Illinois); Gina Moore (Colorado); Gwendolyn B. Moscoe (Washington); Eric Nemec (Connecticut); Pamela Schindler (Alabama); Beju Shah (South Carolina); Phillip W. Stewart (Tennessee); Ray B. Vrabel (California); Yannan Dong, Informatics Resident (Oregon); Michael Schroeder, PGY1 Resident (Virginia); Ryan Markham, Student Representative (Georgia); Hong Wei, Student Representative (California)

Advisory Group on Pharmacy Operations Automation

Barbara Lane Giacomelli, Chair (New Jersey); Kavish J. Choudhary, Vice Chair (Utah); Leslie Brookins (Missouri); Ron Burnette (Florida); Seth Aaron Cohen (Maryland); Thomas W. Cooley (Massachusetts); Doina Dumitru (Texas); Darren S. Ferer (New York); Staci Hermann (Kansas); Craig C. Herzog (Utah); Jennifer J. Howard (California); Isha S. John (Maryland); Ameet C. Joshi (Maryland); Larry M. Kaplan (Illinois); Seth A. Kuiper (Ohio); James T. Lund (Illinois); Silvia Maranian (Colorado); Nicholas A. Marsico (Ohio); Michael E. McGregory (Indiana); Rhonda B. McManus (South Carolina); Nancy A. Nickman (Utah); Brendon Ordway (Minnesota); Beth E. Prier (Ohio); Brad T. Rognrud (Minnesota); Kevin A. Scheckelhoff (Ohio); Allen Sieger (Oklahoma); Kimberly C. Sherman (Wisconsin); Steven Silverstein (Illinois); Chad S. Stashek (Massachusetts); David A. Tjhio (Illinois); Dennis A. Tribble (Florida); Gwen Volpe (Indiana); Robynn P. Wolfschlag (Colorado); Aaron Speak, Resident Representative (Kentucky)

Committee on Nominations

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Educational Steering Committee

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SEIZE THE INITIATIVE

ASHP House of Delegates 2012
June 10 and 12, 2012

Report on the Section of Pharmacy Practice Managers

The mission of the Section of Pharmacy Practice Managers is to help members manage pharmacy resources, maximize the safety of medication-use systems, develop future leaders, and promote the pharmacist's role in patient care. The Section Executive Committee has developed a strategic plan linked to the mission and goals of the Section. These goals are (1) maximize communications and interactions with and among Section members; (2) enhance effectiveness of managers and leaders through development of education, training, and cultivating mentoring relationships; (3) recommend professional policy and advocacy on issues of importance to Section members; (4) define strategies to enhance the stature of the pharmacy enterprise within the health care delivery system and demonstrate the value of the profession; and (5) drive the advancement of the future practice model to support health care reform. The ASHP Section of Pharmacy Practice Managers represents ASHP's continued commitment to meeting the needs of pharmacists who lead and manage departments of pharmacy. The Section provides pharmacy directors and managers with a sense of identity within ASHP and an organizational home dedicated to meeting their special needs.

Executive Committee

Michael F. Powell, *Chair* (Nebraska)
Patricia J. Killingsworth, *Chair-elect* (Colorado)
Scott J. Knoer, *Immediate Past Chair* (Ohio)
James M. Hoffman (Tennessee)
Todd A. Karpinski (Wisconsin)
Laura K. Mark (Pennsylvania)
Lisa M. Gersema, *Board Liaison* (Minnesota)
David F. Chen, *Secretary*

2011–2012 Section Highlights. The Section has 9435 members, with approximately 44% of the Section’s members having selected the Section as their primary membership group. Section members elected Patricia Killingsworth as Chair and James Hoffman as a Director-at-Large; both will be installed at the June 2011 ASHP Summer Meeting. The Section recognized Audrey Nakamura as the winner of the Section of Pharmacy Practice Managers Distinguished Service Award. Established in 2007, the ASHP Pharmacy Practice Sections Distinguished Service Award recognizes a member of each section whose volunteer activities have supported the Section’s mission and helped advance the profession. The award was presented at the 2011 Midyear Clinical Meeting (MCM).

In addition, a number of Section leaders were very active in the Pharmacy Practice Model Initiative (PPMI) as webinar presenters and document authors. The Section will continue to provide support to ASHP and ASHP Foundation education and advocacy efforts related to the PPMI. The Section has established an advisory group to facilitate the Section role in translating the recommendations of the Summit into practice.

Educational and Networking Opportunities. Under the leadership of Ryan Forrey, the 2010-2011 Educational Steering Committee designed educational sessions for pharmacy managers and directors that were presented at the 2011 MCM. Topics included inpatient and outpatient prospective payment system rules and regulations, accountable care organizations, managing IT implementations, multi-hospital health systems, specialty pharmacy, and management pearls. All of these sessions were recorded and synchronized with the presentation slides so that they can be made available to members. For the 2012 MCM, the committee is planning sessions on re-admissions, managing practice model change, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and discharge management, accountable care organizations, leadership challenges for multi-hospital pharmacy leaders, inpatient and outpatient prospective payment system rules and regulations, dashboards and score cards, managing staff competencies and development, and supply chain management (including drug shortages best practices). The Section also planned and implemented networking sessions at the 2011 MCM addressing issues and opportunities with administrative residencies, pharmacy enterprise management, practice model innovations, specialty pharmacy integration, and multi-hospital pharmacy leaders.

Section members participated in the planning and presentation of a practice model change management program at the 2011 Summer Meeting led by Dr. Max Ray. In addition, the Section held a networking session focusing on issues and opportunities around health care reform.

The Section continues to distribute a monthly electronic NewsLink that serves over 8000 ASHP members. The NewsLink provides Section information, business information, leadership and management information, relevant research, legislative updates, regulatory alerts, and health policy/health care news. The Section also continues to facilitate an electronic discussion group utilizing ASHP Connect. The electronic discussion group provides a forum for Section members to exchange information and ideas on a wide variety of topics related to pharmacy management and leadership.

Conference for Leaders in Health-System Pharmacy. The Section, in collaboration with ASHP Advantage, planned and implemented another successful leadership conference. This event again reached capacity in 2011 with over 400 participants, and included key programs in areas such as innovation change management, technician role advancement, health reform, and the leadership skills for the evolving pharmacy enterprise. The overarching theme of the Conference was practice model transformations focusing on leadership accountabilities and innovation. In addition, a pre-conference Managers' Boot Camp was conducted for its fourth year as a freestanding workshop focusing on key drivers resulting from health reform, leading an accountable culture, strategic planning, and alignment of skills and strengths when developing teams. In addition, 16 Section leaders provided facilitation for networking tables on hot topics. As part of the conference proceedings, the John W. Webb Lecture Award was presented to Paul Bush.

Multi-hospital Health-System Pharmacy Leaders. This group of Section members is a growing area of membership. For the third year the Section organized a networking session at the 2011 MCM for these practitioners. The Section conducted a survey on pharmacy service characteristics of these evolving multi-hospital health systems that was provided to members, and the data was used in the 2011 MCM programming. The Section leadership is working on developing additional services and resources to meet the needs of members associated with multi-hospital health systems.

Advocacy. The Section continues to be very active in advocacy in the areas of workload and productivity measures, the expansion of restricted drug distribution systems, the affordability of drugs, and reimbursement. In addition, the Section will continue to be engaged in promoting, fostering, and expanding the opportunities for pharmacy leadership and the benefits of pharmacist leadership in improving the medication use system.

Advisory Group on Communications and Publications. This advisory group has worked on coordinating communication of the Section's activities and the completion of publications focused on the needs of pharmacy practice managers. The group oversees the Section's communication and marketing plan. Members of this group have facilitated submissions for the "Manager's Consultation" column in the *American Journal of Health-System Pharmacy (AJHP)*, with three publications on human resource management and business management. The advisory group has completed four Member Spotlights for the Section webpage to recognize Section members that have been active in the success of Section goals.

Advisory Group on Leadership Development. This advisory group was successful in completing a webinar focused on team building, incorporating personality differences and strengths, and participated in the multi-hospital health-system pharmacy leadership educational programming. In addition, a group member successfully published a column in *AJHP* on pharmacy workflow redesign.

The group continues to oversee the Student Leadership Development (SLD) Workshop. This workshop is a three-hour program to introduce students to leadership opportunities and to facilitate networking with other students interested in leadership. The program has been

implemented at 18 ASHP state affiliates and one college of pharmacy. The advisory group is working in collaboration with the ASHP Affiliate Relations Division, Pharmacy Student Forum, and the Center for Health-System Pharmacy Leadership to continue the expansion of the program, including the development of online tools for interested faculty. The advisory group has organized networking sessions to promote administrative residencies and the benefits of residency training the past four MCMs. The group has also been engaged with the ASHP Foundation and its efforts to identify opportunities for new practitioner and student leadership development.

Advisory Group on Manager Development. This advisory group focused on tools and education to support health-system pharmacy manager development, including a successful webinar addressing management strategies for advancing pharmacy practice models and a 2011 MCM networking session on managing outcomes across the pharmacy enterprise continuum. In addition, the advisory group coordinated the fourth annual Managers' Boot Camp held prior to the Conference for Leaders in Health-System Pharmacy.

Advisory Group on Pharmacy Business Development. This advisory group completed a project of developing a set of standardized slide presentations correlating to core areas of the two-part paper published in *AJHP*, "Effective use of workload and productivity monitoring tools in health-system pharmacy." This paper was also the result of the efforts of this group. In addition, this advisory group finalized its Financial Management Self-Assessment Tool and Web Resource. This tool is a comprehensive self-assessment instrument for members to determine their level of accomplishing over 80 different financial management strategies. The group led a 2011 MCM networking session addressing specialty pharmacy challenges and integration into health systems and conducted a successful webinar addressing opportunities for pharmacy with transitions of care and re-admissions.

Advisory Group on Pharmacy Practice Model Initiative. This advisory group was established in 2011 to guide the Section in its effort to support the PPMI. The group was successful in determining priorities for the group to focus on, including educational programming, networking, and PPMI-focused case studies. The group was instrumental in helping create and participate in the 2011 MCM PPMI-dedicated educational session and leading the PPMI-focused networking session. The efforts of this advisory group have also been incorporated into the Joint Section and Forum PPMI Coordination Committee.

Advisory Group on Quality and Compliance. This advisory group was very active with issues surrounding REMS, reimbursement compliance, and Medicare Conditions of Participation (CoP) challenges. At the 2011 MCM an educational session on reimbursement compliance and the new inpatient and outpatient prospective payment systems (IPPS and OPPS) rules was provided for the third year. The advisory group is continuing work on creating a "Tip of the Month" that will provide members with ideas and resources on how to improve their compliance and success with quality and regulatory goals. The group was instrumental in working with ASHP staff on seeking more patient-safe interpretation of CMS's medication administration CoPs surrounding the "30-minute" rule, which in collaborative efforts with the Institute for Safe

Medication Practices has resulted in changes in CMS's interpretative guidelines. Group members have contributed to the maintenance of the ASHP REMS Resource page and saw the results of their counsel to ASHP reflected in the 2011 CMS Medication Guide guidance document.

Advisory Group on Communications and Publications

Rabiah Dys, Chair (Massachusetts); Mark Sullivan, Vice Chair (Tennessee) Audrey Nakamura, Immediate Past Chair (California); Glen Albracht, (North Carolina); John P. Gray (Wisconsin); Nishaminy Kasbekar (Pennsylvania); Patricia Killingsworth (Colorado); Bonnie Labdi (Texas); Ali McBride (Minnesota)

Advisory Group on Leadership Development

Karol Wollenburg, Chair (New York); Jennifer Cimoch, Vice Chair (Pennsylvania); Edward Nold, Immediate Past Chair (Florida); Stephen Adams (New Mexico); Richard Burnett (Texas); Arash Dabestani (California); Joe Gonzaga (Pennsylvania); John Hertig (Indiana); Brian Kawahara (California); Stephen Kessinger (Florida); Justin Paul Konkol (Wisconsin); Kelly Martin (Wisconsin); David B. Moore (Florida); Veena Rajanna (Michigan); Jacob Spangler (North Carolina); Erin Taylor (Massachusetts); Jeffrey Wagner (Texas)

Advisory Group on Managers Development

Lindsey R. Kelley, Chair (Michigan); Karl Kappeler, Vice Chair (Ohio); Trent A. Beach (Delaware); Meghan Davlin (Maryland); Osmel Delgado (Florida); Robert Granko (North Carolina); Matthew Jenkins (Pennsylvania); Timothy W. Lynch (Washington); Ursula Tachie-Menson (District of Columbia); Carolyn (Carrie) S. Morton (Indiana); Adam Orsborn (North Carolina); Melissa Ortega (Wisconsin); Don Roberts (Arkansas); Joseph Sceppa (Massachusetts); Kate Schaafsma (Wisconsin); Jeffrey Thiel (Illinois); Jacob Thompson (New York); Andrew J. Wilcox (Wisconsin)

Advisory Group on Pharmacy Business Management

Philip Brummond, Chair (Michigan); Michael DeCoske, Vice Chair (North Carolina); Rick Couldry (Kansas); Edward H. Eiland III (Alabama); Patti Hawkins (Mississippi); Paul R. Krogh (Minnesota); Erin Maroyka (Virginia); Carisa Masek (Nebraska); Patrick McMahon (Massachusetts); Joel Melroy (South Carolina); Greg Polk (Michigan); Brian Paul Romig (North Carolina); Chad Stashek (Massachusetts); Aaron Webb (Wisconsin); Cynthia Williams (Virginia); John Williamson (Pennsylvania); Matthew Wolf (Pennsylvania); David Wolfrath (Florida); John Worden (Kansas)

Advisory Group on Quality and Compliance

Margaret A. Huwer, Chair (Ohio); Christine Manukyan, Vice Chair (California); James M. Hoffman, Immediate Past Chair (Tennessee); Steven Allison (North Carolina); Jennifer Burgess (North Carolina); Joseph Cesarz (Wisconsin); Jordan Dow (Wisconsin); Kristine Gullickson (Minnesota); Tara K. Jellison (Indiana); Bonnie Kirschenbaum (Colorado); Julie Lenhart (California); Ben Lopez (Ohio); Richard Montgomery (Florida); Robert James Moura (Massachusetts); Lee Murdaugh (Tennessee); Kuldip Patel (North Carolina); Maria Serpa (California); Doris Wong (California)

Committee on Nominations

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Educational Steering Committee

Thomas E. Kirschling, Chair (Pennsylvania); Rebecca Taylor, Vice Chair (Ohio); Ryan Forrey, Immediate Past Chair (Ohio); John Armitstead (Florida); John Clark (Michigan); Tammy Cohen (Texas); Doina Dumitru (Texas); Matthew Eberts (Pennsylvania); Nancy A. Huff (Massachusetts); John D. Pastor III, (Minnesota); Stephanie Peshek (Florida); Jay P. Rho (California); Deepak Sisodiya (California)

Advisory Group on Pharmacy Practice Model Initiative

Steve Rough, Chair (Wisconsin); Jennifer Brandt (District of Columbia); Sam Calabrese (Ohio); Stephen Eckel (North California); Brian Erstad (Arizona); Anita Harrison (Texas); Shannon Hays (Arkansas); Todd Karpinski (Wisconsin); Brian Marden (Maine); Pamela Phelps (Minnesota); Steve Pickette (Washington); Rita Shane (California); Suzanne Turner (Florida); Jennifer Tryon (Washington); Julie Williams (Indiana)