



# 2018 Summer Meetings Poster Reviewer Comments

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(Poster reviewer comments are listed by your poster submission ID#.)

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Submission ID#	Reviewer Comments
439308	Very useful project and so acceptable for presentation. The study needed approval from IRB which is not mentioned in the abstract. What statistical method was used to compare pre-and post intervention?
439308	Timely and important topic. Should have widespread interest.
439308	I would recommend adding more detail to the methodology, so that the reader understands what the intervention is, at least in part.  More language regarding the intervention would be appropriate and helpful.
451035	Not evaluative study; descriptive report of an MUE; Not goal established and comparison of the data to those goals. You stated the appropriate monitored in the last sentence of the methods, but not results for each these parameters are provide. Conclusion is generic in nature - includes no corrective action plan or what was done after your got these results.  Ability to replicate this MUE based on the information provided would be difficult.
451035	Appropriate MUE - for helpful attendee information, may have been helpful to then discuss what was done to help improve practice, then test to see whether your interventions improved care.
451035	Well done. Nicely organized and clearly written. This is an important topic and many will find this interesting.  Good topic. Well presented and clearly written. This poster will get lots of attention.
451035	Interesting study. It would be interesting to learn what may have been potential barriers that prevented some patients from receiving the daily awakening trials.
452172	Title is not reflective of report. Specific goal not stated. What was the criteria elements of the MUE and what data was collected is not defined? Generally statement about doing an MUE and the drugs that were picked, with no reason given for why those drugs were selected. The results focused on number

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	of units dispensed units, but that is not apparent in the method section that was the objective of the MUE. Benchmarks were not provided for the cetirizine.
	Shortcomings in the report make the value of this abstract of minimal value to practitioners
452172	<p>Can you elaborate a little more in the purpose section to help identify the goal for the reader.</p> <p>In methods... FCBOH pharmacy services conducts quarterly and ANNUAL MUEs.</p> <p>Results: is this the first year for MUEs on Nasonex and multivitamin with minerals? The cetirizine results give us a better idea of the progress your program (presumably) has made.</p> <p>conclusion: Remove: "to summarize" introduced common (QA)-- should not be in parentheses</p> <p>I had a tough time determining the goal of this project other than to meet requirements for QA/CQI. The author needs to put in a little more work on the purpose section which I believe will help make the methods and results much more clear.</p>
452172	<p>This abstract does not follow the guidelines to prepare an abstract. For instance, no specific purpose of the project is presented and no details of how the study was conducted.</p> <p>The authors did not follow the instructions to prepare an abstract and very limited study details are provided. In addition, too simple of a DUE presented. Results are not innovative.</p>
452176	<p>Need more information to adequately score this abstract - results and discussion very limited.</p> <p>Feel like this abstract is very limited information and may not be widely applicable to HS pharmacist/meeting attendees.</p>
452176	<p>Very interesting and will appeal to many meeting attendees. Be prepared to explain the DOT more clearly. Everyone enjoys multidisciplinary success stories.</p> <p>Innovative and timely. This may be a popular poster.</p>
452176	<p>How did you handle patients who don't speak English? What kind of resources were needed for this pilot? Any historical data</p>

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	<p>to compare to?</p> <p>Interesting concept. Abstract not well-written, but sounds like they would have some good experiences to share.</p>
<p><b>452176</b></p>	<p>Innovative topic that is of importance in today's healthcare market. Video DOT can be extrapolated to other sites, especially small and rural hospitals.</p> <p>This would be of great interest to pharmacy administrators and clinical managers who are looking to either take on tele pharmacy as the small site, or coordinate it as the big site. Timely topic.</p>
<p><b>457056</b></p>	<p>Results are the number but the number of patients that were evaluated was not provided. So I can not tell on a relative bases if there were any changes. Without the number of patients in each period or the number also expressed as a percentage the meaning of these number is lost.</p> <p>Were any of the alerts on the same patient on multiple occasions or with several different drugs in the same patient?</p> <p>The absence of the percentage make it difficult to decide if the conclusion is accurate.</p> <p>So what changes are planned or were made after you got these results?</p>
<p><b>457056</b></p>	<p>Authors do not provide the results of secondary endpoints. Any statistical analysis performed on the results? In your retrospective review, what was the average BMI of patients studied?</p>
<p><b>457056</b></p>	<p>I hope you will also analyze why there is such a difference in alerts for dopamine and dobutamine vs the rest?</p> <p>Overall a very nice study. I believe a discussion of the differences in alerts especially with dopamine and also dobutamine is also needed.</p>
<p><b>458104</b></p>	<p>This is a very well written abstract. I hope to see some of the numbers/data (increased publications, staffing benefits, decreased turnover) included in the full poster at ASHP. Again, very well done.</p> <p>This is very well written and of interests to many pharmacist</p>

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	leaders around the country.
<b>458104</b>	<p>Please be sure to include the financial justification for these positions in your poster. I think this is an area pharmacy departments struggle with when going to hospital administration to request starting/expanding pharmacy residency programs.</p> <p>I think posters such as this one can be quite helpful to other pharmacy departments trying to start/expand residency programs. It appears that this group was able to successfully demonstrate to hospital administration the clinical and financial benefits.</p>
<b>458104</b>	<p>More details of the process to justify the additional positions (ie, ROI data, data/information/figures to convince administrators) would have helped this proposal. I did not reject this abstract due to the importance of increasing the number of residency positions. Hopefully the authors will be able to be more informative in their poster for the audience to learn from their experiences.</p> <p>The only reason I recommended "accept" was the need for more residencies. The authors really did not provide sufficient details to explain their processes and give information to others to use. Hopefully the poster will be more informative.</p>
<b>458266</b>	<p>Has your institution stopped doing end-treatment testing? Please discuss.</p> <p>If their institution stopped end-treatment testing, then this was very useful.</p>
<b>458266</b>	<p>I would have liked to see the number of patients with detectable level at 4 weeks since not all patients achieved an SVR.</p> <p>Overall, this is a timely and helpful review of laboratory testing after DAA use that can be evaluated for use at many facilities.</p>
<b>458266</b>	<p>Abstract has interesting data and would be interesting to determine if same result in a larger population.</p> <p>This submission - will provide more data on potential cost savings.</p>
<b>458899</b>	Great concept, since physicians have been conducting M&M

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	meetings for decades. The positive results from Pharmacists indicates that PMMPI rounds are a beneficial process.
<b>458899</b>	Is this open to other disciplines? How many attendees usually? Innovative.
<b>458899</b>	Very interesting approach. I would like to see (on the poster) the details of which guidelines were updated, which operational changes were made, and which policies were changed, and how. This is not easy to fit into the abstract, but it would be good to include on the poster, as well as if these 10 cases have been reported in the literature.
	Great topic for forward-thinking organizations. I'd like to see details of the improvements, and asked the authors to include that on the poster. Seeing if these issues were elevated to ISMP or event NPSG level would be interested as well.
<b>459454</b>	<p>If this is a health-system wide evaluation how many facilities does this evaluation represent? Also, if it was system wide why is the sample size so small? What was the criteria that determined that 100 patients was an adequate sample to make this type of determination.</p> <p>In the absence of total number of potential patients the meaning of the results are difficult to apply to an entire health care system. How can you use what appears to be a very small sample size to make a system wide decision relative to continued formulary status.</p> <p>A potential fatal flaw with this submission is the very small sample size and lack of information on potential number of covered lives impact.</p>
<b>459454</b>	<p>Nineteen percent of patients had a documented allergy to statin medications. The majority of patients did not have a documented reaction to statins in their allergy history. -- is that a majority of these 19 % didn't have a document reaction? It is a little bit unclear.</p> <p>This is a good example our a DUE that was used to change hospital formulary. I think they did an effective job evaluating and using the data available.</p>
<b>459454</b>	Approval from the IRB is needed for all studies that involve patient data (ie, event retrospective chart reviews). More study details are welcome: how many total patients were eligible for

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	<p>randomization? What were the randomization criteria? How many hospitals were in this system? Quantify "majority" did not have a reaction to statins. What was the primary data/reasons to convince the P&amp;T to remove this medication from formulary? How many patients were at lipid goal with taking ezetimibe? Any lipid data in the patients prior to beginning ezetimibe?</p> <p>Although the results sound as though this medication is not needed, the methods are too simple and too many unanswered questions remain.</p>
<b>460459</b>	Very useful project. Needs IRB approval which is not mentioned in the abstract.
<b>460459</b>	<p>Additional data collection would be valuable.</p> <p>Would like to see additional data and some comments from patients.</p>
<b>460838</b>	<p>Interesting</p> <p>Should be of interest to attendees.</p>
<b>460838</b>	Should be a very interesting poster
<b>460838</b>	<p>Interesting study. You mention the study lays the foundation for further studies. Have your current results allowed you to make any changes within your practice setting?</p>
<b>461203</b>	<p>This is a topic that has received a lot of attention in the past, antimicrobial stewardship. There are plenty of papers that outline compliance rates to prescribing criteria. May strengthen this abstract to describe the motivation behind the review. Was it financial? Was there an increase in use during the review period? Were the GLs introduced on 9/1/16? Increase in resistance bacteria?</p>
<b>461203</b>	<p>No mention of IRB or ethics committee approval.</p> <p>A few grammatical issues. It would be nice to describe your requirements for daptomycin use rather than just listing data collected. Deeming daptomycin use as appropriate overall may be a stretch as other factors would come into play here.</p>
<b>461203</b>	<p>Provides basic background to building strong a hospital formulary system.</p> <p>This abstract will support the hospital formulary and may additionally result in cost effectiveness.</p>
<b>461439</b>	- Timely topic - Would be interesting to specify what pain scale

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	was used to perform pain assessment - were patients maintained on pain management with lower doses of hydromorphone?
461439	<p>Did you differentiate between opioid naive and non opioid naive patients? How did opioid shortage impact this data?</p> <p>Not a very unique concept. Order sets help guide prescribing is not a new concept.</p>
461439	<p>This is a timely topic, and although order set development and implementation is not a new concept, the ability to develop one for hydromorphone use, and measures its effect, is not commonly done. Ideally, patient pain management would not be negatively impacted through the order set, and use of alternative analgesics would be displayed as well. Suggestion to the authors to add this into their findings, even if a supplementary table without statistical analysis.</p> <p>Ideally, the best data would show correlation to pain score improvement, or at least no decline in patient pain management with the change. The poster is process-oriented, not outcome-oriented, but still does demonstrate the ability for an order set with an IV analgesic to make a difference in the amount of IV hydromorphone used.</p>
461992	<p>This is a "busy" explanation but has some valuable information.</p> <p>While the project could be a little easier to follow, there is some good information presented.</p>
461992	<p>Strong work.</p> <p>A strong study with clear methodology.</p>
463642	<p>Good information moving forward.</p>
463773	<p>While this is a good descriptive study I do not believe there is appropriate evaluation of what was done. Did you assess what the patients thoughts or the pharmacists?</p>
463773	<p>Innovative practice - would be interesting to look at data evaluating such practice including patient outcomes</p>
463773	<p>It's a bit difficult to find the core of the material. It would be valuable to see any descriptive metrics about the interventions, patient population, or financial aspects of the program rollout.</p>



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	<p>It's difficult to interpret to since it's just a loose description of a service rollout. It would be greatly bolstered by the addition of data/metrics regarding financial impact, patient populations, interventions, satisfaction or adherence scores, etc.</p>
<p><b>464366</b></p>	<p>This is such a challenging pharmacy topic right now. It is very tough to assign a number to the pharmacist's productivity.</p> <p>I think this is a great abstract and will be an interesting topic. It is important to recognize the limitations in these types of metrics but also important to try to capture productivity within these metrics that pharmacy departments are using.</p>
<p><b>464366</b></p>	<p>I would be interested to know if the performance by the clinical staff pharmacists for any of the metrics collected increased once they were made aware of their performance. In terms of clinical interventions, were these classified by complexity/time intensiveness? Clinical interventions certainly can vary in terms of time spent depending on the intervention. I would also be interested to know if this dashboard is shared with hospital administration and, if so, what feedback has the pharmacy department received from administration.</p> <p>I think the usefulness of this poster will be the limitations that have been identified with the current metrics being tracked and the changes that will be made to account for the limitations.</p>
<p><b>464366</b></p>	<p>Would be helpful to include the metrics per assigned position.</p> <p>I think this is good for hospitals to see and start a discussion on metrics for specialist and generalist staff.</p>
<p><b>464513</b></p>	<p>You need some statistics to show that the difference between 85% and 71% is significant at <math>p=.05</math>. Not enough here to justify a pharmacist-led vancomycin protocol system.</p>
<p><b>464513</b></p>	<p>What was considered steady state here? It is not clear if there was variance in timing of levels that could have altered the results.</p> <p>Were any statistical tests conducted? Conclusions may not be accurate without testing for statistically significant differences between the groups.</p> <p>There is no mention of IRB or ethics board approval.</p> <p>What was considered steady state here? It is not clear if there</p>

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	was variance in timing of levels that could have altered the results.
464513	<p>Good data analysis in support of a pharmacy led program.</p> <p>This abstract continues to show the need for a pharmacy-led program.</p>
465774	Excellent poster regarding positive impact of Pharmacists on antibiotic prescribing - great methods and results. This should be considered at other health systems.
465774	This is an interesting study and an excellent example of collaborative care. It would be helpful to know how many patients returned to clinic following the initial plan due to ongoing respiratory illness symptoms.
465774	I believe the methods and results are clearly laid out and applicable to this audience.
465885	<p>Literature has some similar reports, but it does not hurt to come back to this type of project periodically to valid its impact.</p> <p>Helpful, especially for younger practitioners to see these type of projects.</p>
465885	<p>1. The topic is timely. Research related to collaborative practice models would be of sufficient interest to the audience.2. The sample size is appropriate. The study timeline could be extended. The initial time window is reasonable for a preliminary study.3. I'm not certain that the "appointment scheduling" endpoint is particularly impactful. There may be a number of variables (non-clinical) that alter this endpoint. 4. Consider analyzing reasons for recommendation rejection. Clinical recommendations were accepted less than 50 percent of the time. Insight related to this point is warranted.</p>
465885	Nice study but difficult to prove superiority, when interventions were being made on different groups of patients.
465890	Not clear on quasi-experimental - what was not randomly assigned?
466076	Timely effort
466102	The abstract is very wordy and confusing.This project needs IRB approval which is not mentioned in the abstract.

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	<p>1. Very useful and timely project.2. Needs IRB approval which is not mentioned in the abstract3. This practice has potential for avoiding 30-day hospital readmission as well generating revenue for Medicare Part B patients.</p>
<b>466102</b>	Innovative practice - worth mentioning/comparing to conventional follow-up (randomization if possible) to report patient outcomes with both arms.
<b>466102</b>	As you will have more time since you submitted your abstract - please include more patient data to show sustainability over time and how other organizations may be able to use similar methods.
<b>466178</b>	<p>Do you think there will be any cost saving to integration, because it does not seem there will be any patient safety gains?</p> <p>Good beginning study to this topic of integration. Would like to see if there are any cost savings to integration.</p>
<b>466178</b>	<p>Many questions from the results, infusions were either infusing, completed or 27 % had the pump turned off. What is pump turned off, meds on hold? Regarding errors 28% medication omission ? How is this defined? "Based on an evaluation of each error, many were determined to be preventable by smart pump-EHR integration." Should include more detail about this point how many, what percent! Otherwise this is a very good study.</p> <p>Should have included more detail. Otherwise this is a very good study.</p>
<b>466178</b>	<p>Continue to collect data for more outcomes. Subject is timely.</p>
<b>466191</b>	<p>1. Very useful project. However, it is a very poorly-written and confusing abstract.2. This project needed IRB approval and it is not shown in the abstract.3. The numbers are very confusing: a) How many of the 5440 residents readmitted in NH had statins?b) How many of the 4693 residents who died had statins after MI? (they should all be)c) Of the 1608 residents with functional decline, how many had statins?d) How many <math>\geq 85</math> and <math>= 85</math> and</p> <p>1.Please see the feedback for Submitter above.2. It is a very good project for the participants to learn from and use in their</p>

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	practice sites in nursing home.
466191	Consider assessing why those $\geq 85$ had less functional decline. Overall, an interesting study with regards to statin and our geriatric population.
466191	Results: "individuals age $\geq 85$ were less likely to have a functional decline" contradicts the conclusion that says "Statin use was associated with increased functional decline in patients."  Discrepancy noted with Results vs. Conclusion otherwise well written.
466240	Idea is overall of some value, though is fairly basic in nature. Unsure of external application to other programs.
466240	Topic is timely, and is a challenge that many SOPs/COPs are facing. One thing to consider in your Introduction/Purpose section: the ACPE Co-curricular activities (CCAs) requirements: are research opportunities counted towards CCAs at your college?
466240	Many schools of pharmacy already have research as part of the curriculum with required projects, so this is not new or current information.
466240	An important topic and novel approach. Good results. This may not attract a large crowd, but there will be many that will find this important.  Interesting and important subject matter. Students need greater exposure to "research and clinical research". This was an effective way to reach students to share this information.
466240	Great idea. great positive results. Is there a plan for continuing with this in the future?
466570	Well done.
466703	This is an awesome idea that can be extrapolated to other institutions. My only question is given the 20% response rate, were the respondents equally distributed among the identified stake holders? If not, do you think this may have affected the results?  Outstanding idea and execution of a hot Rx topic. I hope that

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	they consider publication of their findings!
<b>466703</b>	Timely and important. With the crisis in opioid addiction we need more presentation on this topic.
<b>466981</b>	Needed info
<b>467069</b>	<p>This abstract does a good job explaining the challenges and background of this decision.</p> <p>This descriptive report does a nice job explaining and highlighting the challenges face by these 503a and 503b facilities and also anyone who is interested in starting/expanding a business in this space.</p>
<b>467069</b>	Timing of this submission is exceptional and is certainly an area of need. Methods section is overall lacking in this submission. Does not provide much detail to support results.
<b>467069</b>	No specific goal/objective is presented. After reading this abstract, I believe the objective is to communicate the process of this institution decided to compound in-house vs. outsourcing. Some items considered and evaluated are mentioned in the Methods, but limited details provided. No imputes for the cost analysis are included. Who were the state and federal regulators contacted? How many other facilities were contacted? Most of the Results are Conclusion statements. New information is presented in the Conclusion and not addressed in the Methods and Results.
<b>467086</b>	<p>You may want to consider changing pharmacy learner to student pharmacist. Please be sure to discuss why a positive trend was not seen on the medicine unit for the question related to side effects of new medications. Also, I hope that you will be able to provide an indication of where your HCAHPS scores started out in each of these two metrics and the magnitude of increase given your comment about the scores being proprietary.</p> <p>Improving HCAHPS scores is an issue that all organizations face. Incorporating pharmacy into initiatives to improve scores on medication-related metrics seems to have merit. Real world experiences of attempting to do this can help identify what works and what does not.</p>

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<b>467086</b>	<p>Recommend creating a more specific purpose: to evaluate effect of adding pharmacist and/or pharmacy extender to counseling team on HCAHPS scores. Would also like to see specific script and counseling tools used by student and pharmacist. What training was given to pharmacist and student?</p> <p>Not sure if this is really useful unless specific interventions are shared.</p>
<b>467086</b>	Project itself is not necessarily original, but is certainly well-timed. Tying to HCAPS scores is a unique angle.
<b>467095</b>	The economic burden associated with treatment resistant depression is a relevant, timely, and worthwhile medical endeavor. The finding from the database has the potential to shape future treatment and how to best address the burden.
<b>467095</b>	Well written with proper study design.
<b>467095</b>	Well presented. Overall meets requirements.
<b>467250</b>	<p>How often are the patients seen in the clinic? Assuming is less often than monthly or even quarterly, how is adherence measured? In new starts, it would be easier to capture this data since patients require more frequent visits. But, adherence rates decrease over time. Would be interesting moving forward to compare adherence rates in patients enrolled in this program to those who opted out. Also hard to draw any meaningful conclusions from a pilot of 4 patients.</p> <p>Interesting idea that has not necessarily been well documented. It is documented that a meds to beds program prior to d/c from the hospital improves adherence rates, but I am unaware of any such research in the outpatient clinic setting.</p>
<b>467250</b>	Pilot study on only 4 patients - would be interesting to continue patient recruitment and report findings of a larger sample size.
<b>467250</b>	Limitation of low numbers - perhaps suggest waiting to present until more numbers are available. The concept itself is good and could be applied at other organizations.
<b>467293</b>	Assure that the poster notes data from a year ago with current data and improvements - increase in appropriate prescribing is a

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	safety benefit.
	Follow-up study - may be of interest to those in geriatrics.
467293	<p>Is this a repeat of research you have done previously? State your findings from 1 year ago more clearly.</p> <p>A bit confusing, but this may actually be an important presentation demonstrating the importance of continuous improvement.</p>
467293	<p>This is a very interesting review. It is helpful to understand the reasoning behind why prescribers selected the medication overrides. It would be interesting to know the breakdown of prescribers who selected the overrides (e.g., did the majority of the overrides come from the same group of providers versus were the overrides equally spread out amongst all providers).</p>
467293	<p>Inclusion of the primary outcome with the purpose or at least methodology would be preferred. There might be room to add numeric data to the results section rather than a statement of their comparisons.</p> <p>Overall a valuable topic, but a little room for clarity in terms of the primary outcome (inclusion in purpose/methodology) and numeric representation of results.</p>
467584	<p>Was there financial support for this project. Otsuka donated the containers and tablets.</p> <p>Interesting. Would like to see this poster.</p>
467584	<p>This abstract seems like it is a little promotional in nature. I would recommend removing some of the promotional material from the methods section and resubmitting.</p>
467584	<p>Thank you for sharing this new technology. Please include information on any bias that may have occurred related to your sponsor or industry sponsorship.</p>
467747	<p>Consider performing survey or some other sort of assessment to see about acceptance of kit changes.</p> <p>Good QI project, but would be nice to have assessment of change.</p>
467747	<p>Details of the process are unclear. How were the contents decided before? Was it a non-uniform process throughout the health system? Provide data to support statements (i.e., nurses</p>

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	gained time...how much time? Did you measure this?) This is not a novel process, minimal data presented, and poorly written.
<b>467747</b>	<p>Although mainly descriptive in nature, the process described is very much able to implemented by small and big hospitals, and security of NMBAs is critical. Authors should describe components of kit as well as what exactly was removed, on the poster. Well-done.</p> <p>This poster is a good, quick takeaway poster that sites could easily implement. This poster will get a lot of visitors because it is a timely topic for all hospitals and surgery centers.</p>
<b>467802</b>	<p>If this occurred in 2009, why is it just being shared? Also, may consider information on how information was given to patient without translator present. Also feel this wasn't just the result of LEP on behalf of the patient, but is more of a health literacy issue (i.e. not being able to read the bottle that there were 2 warfarins.)</p> <p>Although interesting case, I'm not sure this is solely due to LEP on the patient's behalf.</p>
<b>467802</b>	<p>1. Considering the involvement of a narrow TI medication, there is some level of importance to this report. 2. The report does not describe a particularly unique outcome. There is an extensive historical profile for warfarin. 3. The case report lacks deep insight with regard to resolutions. Identify a proposed solution that can be implemented in the absence of a medical interpreter. This scenario could be quite common in a community pharmacy setting, if the staff is not adequately able to provide medication counseling.</p>
<b>467802</b>	Good case report. May want to reduce long sentences for reading ease.
<b>467988</b>	1. Consider the inclusion of information from a completed Naranjo algorithm. 2. The topic is timely and relevant.
<b>467988</b>	Given the rarity and finding from this case study focused on the administration of ocrelizumab it is important for this to be shared with the clinical/medical community so they can be aware of the response.
<b>467988</b>	The third sentence is unnecessary. Please clarify "-high dose oral steroid". the sentence beginning with " Magnetic



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	resonance...effect" does not read well-split the sentence into two sentences.
<b>467994</b>	Pharmacists in HCV clinics is not innovative or new. However, some excellent data may be presented to continue enhance need for Pharmacists in this setting. The other important facet to report is medication therapy compliance.
<b>467994</b>	<p>Please consider changing the title to embrace your real "role of the Pharmacist" = processing Prior Approvals (PA's) faster. This is more clerical than clinical no matter how much you want to disguise it.</p> <p>The title leads you to believe that Pharmacists influenced a change to improve drug treatment - when in fact, this study measured how Pharmacists expedited Prior Approval process for changes in therapy! Clerical not clinical.</p>
<b>467994</b>	Thank you for sharing specific patient outcomes information.
<b>468041</b>	<p>Good project.</p> <p>This project has a commercial overtone. So, it seems to be product-promotional . It does talk a lot of \$\$\$ and Cents which many participants may not have time to review.in a poster session.</p>
<b>468041</b>	It seems to be a legitimately significant topic to delve into with regard to cost-savings. With 100% transparency, I had to read this a couple of times to better understand what was done, but seems to have been well-conducted.
<b>468041</b>	<p>Nice project. Would like to see some prospective trials.</p> <p>Relavent and informative. Potential to impact large scale practice change and cost savings.</p>
<b>468227</b>	Any stats performed?
<b>468227</b>	Did you use ABW or TBW for vancomycin dosing? Would be helpful to know this to put results into context, since obese patients were more likely to have AKI. I might have worded purpose differently -- does your risk management department know that you are publishing something that puts the hospital at risk (.."was leading to acute kidney injury"). How were 140 patients selected from the 214 identified? What is the rate of AKI in the literature, for comparison purposes? Which other

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	<p>nephrotoxic agents were patients on and how was nephrotoxic defined?            Not cutting edge, and needs more details.</p>
468227	<p>The DUE is very good and well thought-out, but the process improvements that I'm sure your site made is what the poster audience would want to see. I encourage the presenters to resubmit this next meeting with results of the changes you made, now that you have this robust data set and ideas for improvement.</p> <p>Very good data analysis, but the audience will want to know the improvements made, not just the ideas and potential opportunities.</p>
468261	<p>This looks like a series of brief case reports only - not a poster abstract. There are no methods, data analysis, or results and minor conclusions.</p>
468261	<p>Although I can understand the content and overall message, would recommend to authors to re-write the abstract in the appropriate format and re-organize information to present more objectively.</p>
468261	<p>Would be nice to see how your pharmacist interventions affected patient compliance and outcomes as measured by INRs or HbA1c.</p>
468290	<p>Lacks focus? Can't tell what the outcomes were supposed to be or know if they were achieved. Proof of concept is missing. Two sentences in the result section with no data or proof.            IDS was defined, but not always used after that for each occurrence.</p>
468359	<p>The conclusion is not necessarily novel.</p>
468359	<p>Conclusion-Need for effective treatments??Any thoughts?</p>
468359	<p>Good addition to literature.            Meets requirements.</p>
468467	<p>Any reasons why this survey findings are lower that the NEHI estimates?</p>
468467	<p>There are some grammatical issues in the methods section - inappropriate use of semicolons.            This appears as it should be in background: "Multiple studies have demonstrated that increasing the complexity of a</p>

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	medication regimen is associated with decreased adherence. A potential opportunity to improve secondary non-adherence includes better mechanisms to organize medications."
468467	<p>Would like to see more detail of your survey instrument. How many questions? Was it validated? This looks more like a descriptive report than a study. How do you address the influence of pharmacy practice as it relates to where each patient lives (what country)?</p> <p>This looks more like a descriptive report than a study. A survey that takes 30min to complete has to have more data than what is reported or shared here. Would like to know more detail about the survey and it's validation. Also if the survey is internet based, how would pharmacy practice and delivery of medications influence outcomes if data from the survey includes patients outside the USA.</p>
468474	<p>1. The topic is important. I would consider presenting a topic of this scope at an American Society of Consultant Pharmacists meeting.2. The "evaluation" piece is lacking. How is this program going to be evaluated. The status of the project is preliminary. I think that the initiative has great potential and the results could certainly be presented to a national audience but it seems to be a bit too early in the process.</p>
468474	<p>The examination of elder care and quality improvement can be viewed as one of the goal of most if not all facilities that cater to this patient population. The involvement of a pharmacist in the NICHE training program as a means of bringing about quality improvement and reduce necessary antipsychotic prescribing is a notable and credible clinical endeavor.</p>
468474	<p>What percent decrease in antipsychotic usage has been shown since implementation the NICHE program?</p> <p>Of note if the NICHE program has shown marked decrease in antipsychotic usage and has shown to be an effective tool the program will be most beneficial if extended to LTC facilities.</p>
468540	<p>The necessity of early detection and treatment of treatment resistant MDD is of the utmost importance given the prevalence rates of MDD and the examination of management and treatment is a worthwhile exploration.</p>
468540	<p>Nice work.</p>

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<b>468540</b>	Adds to current literature with unique attributes. Meets requirements.
<b>468553</b>	Good safety data on high alert medications, that may be very beneficial for other health system pharmacists.
<b>468553</b>	Consider using "opioid" instead of "narcotic" - also, unless you performed statistics on difference, consider shying away from using words like "significantly higher" - i think the attendees will definitely benefit from seeing your Ishikawa diagram and opportunities to improve opioid infusion safety.
<b>468553</b>	This is a very interesting study. It was very helpful to review the identified opportunities that would potentially help improve the narcotic infusion safety.  Subject matter is not new - but results are so overwhelming that this abstract should have met the challenge and detailed the methods used in great detail in order to maintain credibility.
<b>468585</b>	Not a new subject and methods are not adequately explained. Results are overwhelming and the author should be prepared for scrutiny and some disbelief.
<b>468585</b>	Very relevant subject matter, clear results and methods.
<b>468585</b>	This is listed as descriptive but it appears to have a specific intervention and clinical target that it's primarily concerned with (VTE rates). If so this should be moved to a primary endpoint and statistically assessed.
<b>468585</b>	I would like to see specific data used relating to patient days, length of stay, readmissions, etc. How did patient volume over time impact any difference in the results?
<b>468747</b>	There are several foreign concepts here unknown to other pharmacists, be sure to explain all items on final poster and publication if applicable. Other than not understanding some of the concepts here, I think this could be of interest to ASHP attendees.
<b>468747</b>	This report seems more like doing a software fix for DoseEdge than it does looking for safer patient needs.  I would like to see if these interventions affected patient safety or decreased side effects. Otherwise it now seems like an advertisement for DoseEdge, and how to correct some software

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	parameters.
<b>468747</b>	Good topic. Need more on this topic.
<b>468787</b>	The examination of treatment resistant MDD is an important health concern as well as review of more effective treatment.
<b>468787</b>	Didn't understand "uncovering efficient treatment options" please explain how?
<b>468787</b>	Shares beneficial new data.
<b>468817</b>	1. The case report would be of interest to the organization's membership.
<b>468817</b>	The examination of this case report focused on bilateral numbness and the presentation of cooper deficiency not appear to be novel in the case/approach or appear to add to the current clinical platform.
<b>468817</b>	Well written. I am not sure as to why the patient was not treated as soon as severe copper deficiency was determined.
<b>468918</b>	The purpose was listed as identifying gaps in care as well as recommendation alignment with HEDIS performance measures. Conclusions do not really address the former. This seems like a major point since so many recommendations were made.
<b>468918</b>	Great topic - needed area and good expansion of pharmacy profession. Adding statistical significant may be considered for added impact to your evaluation.  Write up is clear and concise.
<b>468918</b>	Thank you for sharing your information and the level of detail included.
<b>468983</b>	Why does the result section talk about # of patients with FDA-approved use of the drug, Japanese approved use of the drug, and yet the medical center is located in South Korea. Why am I concerned about the approval status in countries other than where this hospital is located. Was the drug used as monotherapy or in combination with other agents? Is the drug approved in South Korea? What is the formulary status of the drug?Is there a prior authorization criteria for this drug?What is the policy of this institution for use of drug for unapproved uses?

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	<p>Conclusion talks about more accurate guidelines and pharmacist's role in the use of this drug, but no details were provided in the other sections of the abstract to make this determination.</p> <p>Inadequate number of patients and lots of questions relative to criteria used for evaluation.</p>
<b>468983</b>	<p>Method section: dermatographics misspelled.</p> <p>Nivolumab was generally well compliant to the approved use at the DCUMC.-- would consider rewriting this sentence. The intent is clear to me but is confusing.</p> <p>Consider listed the ADE in the results as pneumonitis, colitis, hepatitis, acute dermatitis since this poster is writing at a professional level.</p>
<b>468983</b>	<p>The authors provide results that describe the prescribing patterns of this medication at a single institution along with side effects that were reported. The number of patients was small (only 10). No mention of IRB approval is in the abstract. In addition, no patient outcome information is presented (did the patient survive? any after discharge follow-up for the patients?). These results would have improved the abstract.</p>
<b>469292</b>	<p>1. Increase the sample size. 2. It seems as though some in-service content would be knowledge-based, and some in-service content would be application-based. It may be helpful to review the pre- and post-assessment items, and determine the distribution for each category. There may be a difference in scores between categories. 3. The method of statistical analysis is missing. A paired t-test could be used if the investigators can link the pre- and post-scores to the same subject.</p>
<b>469292</b>	<p>This abstract validates that education on opioids provided by the clinical Rx team and PGY1 residents improves the knowledge of the house staff. This is important as more focus is being put on the opioid crisis.</p>
<b>469467</b>	<p>It would be good to know if there are usage guidelines in place for sugammadex. Dosing guidelines are mentioned but are there guidelines that dictate in which patients it should be used (e.g., need for immediate reversal due to inability to intubate). In addition, has there been any work in standardizing the dose of neostigmine and using the lowest, most effective dose. We have had success at my institution doing this. I question the evaluation of adverse effects between the two groups as there</p>

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	<p>are many other variables that can cause these which do not seem to have been controlled for in this evaluation. Even though this study has some shortcomings, the appropriate use of sugammadex is an issue most hospitals are struggling with. Seeing the experience one hospital has had with this drug can be helpful for other institutions to decide how to best use it at their own facilities.</p>
469467	<p>Excellent research question that examines a common question among pharmacists, Is sugammadex worth the money. Were the patients where administration did not follow guidelines excluded? What were the differences in the surgeries? I am sure these questions will be answered on your poster.</p> <p>This is an excellent retrospective study examining sugammadex use compared to SOC.</p>
469467	<p>Although retrospective and small, the comparative design of the study makes this a realistic pilot study that frames the need for larger comparisons. With the price increase of neostigmine, although it may have been much cheaper in the past, it is much more comparative to sugammadex now, so the clinical difference in extubation time and time to reversal is meaningful. This is a well-designed cohort study. Could the authors include if this was IRB-approved or if it was a quality improvement project?</p>
	<p>Although not a prospective RCT, the data here show important findings in a real-world setting. This study is not easy to accomplish in the surgical setting. Important work.</p>
469467	<p>Interesting about time to extubation differences between sugammadex and neostigmine/glycopyrrolate. Even though there was a significant difference, is a difference of roughly ~4 minutes clinically significant? Did it affect LOS or any other markers? It seems that the cost differential of \$11 may be more telling for continuing on with neostigmine/glycopyrrolate vs. using sugammadex (especially in light of no additional adverse effects seen).</p> <p>Were appropriate tests run for stats?</p> <p>Interesting about time to extubation differences between sugammadex and neostigmine/glycopyrrolate. Even though there was a significant difference, is a difference of roughly ~4 minutes clinically significant? Did it affect LOS or any other markers? It seems that the cost differential of \$11 may be more telling for continuing on with neostigmine/glycopyrrolate vs.</p>

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	using sugammadex (especially in light of no additional adverse effects seen).
469511	Interesting
469511	<p>This is a great QA/Safety project and as outlined this model may be expanded as a preventative patient safety program.</p> <p>This is an excellent project for the presenter to expand on as a future model for their site and possibly be used at other facilities.</p>
469511	<p>Very good safety project. Other sites can learn from this and poster viewers may want to know which other medications you are targeting next for the pharmacist screening project. Including more detail on the poster about how the screening is actually done daily would be beneficial to the audience.</p> <p>Good project. Suggestion to add next medications for screening and detail of screening process flow. Other sites can learn from this and replicate it.</p>
469673	<p>Consider having a "before and after" documentation of adverse events, readmissions, or some other outcome. would also be helpful to have more detailed information on what staff members are responsible for what part of the intervention, and how the survey instrument was validated.</p> <p>Required guidelines not met for abstract (esp purpose) - need more information on who in hospital is doing what (not just "staff") and who performs assessments.</p>
469673	<p>Interesting concept, however what is the training provided to the OT /Speech therapist, what are the liabilities involved for these individuals for a medication error?</p> <p>Interesting concept, however the risk of a medication error outweighs the benefit of filling a pill box.</p>
469673	<p>Interesting study. Within your methodology, it states " Patients discharging to home on at least two medications that are filled and available prior to discharge are scheduled for an appointment with a pharmacist, pharmacist intern, nurse, occupational therapist, or speech therapist." How was it determined regarding who would supervise the pill box fill?</p>



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	96/226 participated; why did the remaining participants not participate? What were the four major errors (e.g., category of error)?
469684	Will be great to see some examples of specific metric gaps - also interested to know if the pharmacist now spending > 1 day/week at the clinic.
469684	<p>What specific quality metric gaps were identified and the quantity/percentage of each. What about an analysis of the pharmacist completion rate.</p> <p>Nice study but could use more detail in the results.</p>
469684	<p>Where's the meat? What did you actually do for patients? Please add specifics e.g. HbA1c reductions?, etc Very generic and bland. If I were you boss I would ask you what did you actually do?</p> <p>Authors need to include actual examples of what the specific outcomes are, e.g HbA1c reductions? etc. This report is too generic and bland and because it is it does not provide a lot of value for other pharmacists to utilize the results of the study effectively, or at least as effectively as could be. I recommend that the authors include more specifics in their poster.</p>
469784	Need more information on patient number in results.
469784	<p>Were patients with mechanical mitral valves excluded? No range of 2.5-3.5 mentioned. What is the rationale of including the expanded INR range?</p> <p>It is stated that there is no statistically significant difference, but no statistical tests were mentioned in the methods.</p> <p>Results format issues: "The mean age of the study population (n equals 35) was 76 years old (SD plus or minus 10.7)"</p> <p>Were patients with mechanical mitral valves excluded? No range of 2.5-3.5 mentioned. What is the rationale of including the expanded INR range? It is stated that there is no statistically significant difference, but no statistical tests were mentioned in the methods. Rejecting because no basis for claims made in results and conclusions.</p>
469784	<p>Good idea. Agree larger patient population will be required to assess a true difference.</p> <p>Great abstract.</p>

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<b>469790</b>	A good poster abstract that provides a concept of PrEP services in community health center. Good methods and results reported. It would be beneficial to list other options on how to better retain patients and how to implement those options for enhanced outcomes.
<b>469790</b>	Well written abstract; interesting.
<b>469790</b>	<p>What reasons did the patients cite for discontinuing PrEP services? Would the pharmacist have any role in overcoming these barriers.</p> <p>With more analysis of the results, this could be an awesome study possibly documenting an important role for pharmacist.</p>
<b>469790</b>	If the primary study question was related to the reason that patients discontinue PrEP services and barriers to retention, what were the actual results? Has the survey been sent out yet or just patients identified that need to receive the survey? I am slightly confused about if any results are actually in yet?
<b>469921</b>	<p>Where are the pharmacists located? is this in an outpatient pharmacy?</p> <p>Not necessarily a new practice, but with further details would be helpful to see how done as an institution-wide effort (and not just one clinic).</p>
<b>469921</b>	Would be interested in knowing the time spent by other healthcare providers on refills - does this help justify your rationale?
<b>469921</b>	Interesting study. For the patients who did not meet refill criteria, were you authorized to provide a limited days supply to allow the patient time to schedule the follow-up visit, obtain labs, etc.?
<b>469963</b>	Needed info to help move forward to improve safe IV infusion medication delivery.
<b>469963</b>	<p>Typo in the conclusion? "However, the large number of respondents to" should it say "respondents do" Very nice study.</p> <p>Well done.</p>
<b>469963</b>	<p>Good topic to update with more information.</p> <p>Timely and of interest to many.</p>

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Submission ID#	Reviewer Comments
470013	Great project.
470013	Excellent project. Great timing with transitions of care. Also appreciate use of advancing technicians pursuant to PPMI. Description of operations in purpose was not very clear, but overall a very worthy project.
470013	<p>You need to show that the technicians did a comparable job as pharmacists. How were they trained? Who evaluated their work?</p> <p>My main question is what were the quality of these technician services? Did they do a comparable job as a pharmacist?</p>
470022	Very good study, Maybe later you can do a followup study showing the results of pharmacist intervention on these risk predictors.
470030	Excellent study I have always felt this was an issue.
470030	This is a very unique project. Answers an age old pharmacy question! Well-written, clean. Certainly worthy.
470030	Great project, answers an age-old pharmacy project! Well-written, clean.
470062	The topic is relevant and timely.
470062	<p>This project has a lot of potential, but the abstract is missing results and details along with information is in the incorrect section. The Results section stops short of providing the reader with the specifics. Then the Conclusion provide wording that need to be in the Result section. Quantify the barriers mentioned in the Conclusion section along with moving to the Result section. The last sentence of the Conclusion needs to be justified. What follow-up data were collected to support/conclude the service is improving adherence? Although the abstract states a positive outcome, how time consuming was this project for the pharmacists? Was this program worth the pharmacists' time? Any return-on-investment analysis conducted? What were some limitations/issues encountered by the pharmacists? The abstract needs to include some 'downsides' encountered with this program.</p>
470242	Very interesting.
470242	Very timely project. Seems very well structured. Abstract is

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Submission ID#	Reviewer Comments
	well-written.
<b>470251</b>	<p>Despite being a descriptive report this helps to understand the need to get prescriber and nursing buyin for this type of program.</p> <p>Listing barriers to success was helpful.</p> <p>Missing a survey to know the level of buy-in or acceptance by the prescribers and nursing staff.</p> <p>Worthwhile to know about.</p>
<b>470251</b>	<p>Interesting topic - but difficult to read. The author uses the term "scores" many times without completely explaining what the score actually measures - very confusing.</p> <p>Many will find this topic interesting but some people may lose interest because the text lacks clarity. A pilot project that grew larger and larger with mixed results. Needs more details.</p>
<b>470251</b>	<p>There were four pieces of data identified, but not all had results reported. Results paragraph starts with "scores remained inconsistent". What scores? Pt satisfication? Also, what was the baseline rate? Would report Rx per patient versus total Rx. How was revenue generated by this service? Does your health system own the pharmacy in your hospital?</p> <p>Not necessarily an innovative concept and not well written.</p>
<b>470251</b>	<p>Well-thought-out analysis. Findings are very important and conclusion is very honest. It takes heroic efforts to move HCAHPS scores, so the anecdotal improvements are very important.</p> <p>The metrics for this project are excellent, and the conclusions match the findings, and do not overstate impact they made. I appreciate the anecdotes, as the scores themselves are very hard to improve.</p>
<b>470354</b>	<p>Interesting research. I find that your finding of 12% hemodynamically unstable patients is lower that my anecdotal observations in practice. That said, I think it would be beneficial to the attendees to see if hemodyamics change the sedative selection. Also, did the 23 minute difference lead to changes in outcomes for these patients?</p> <p>Had a tough time with this abstract. It is well written and</p>

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	answers the research question set forth. I am just not sure what this adds to the current knowledge on this topic. a 23 minute difference in time to sedation is an interesting finding, but did that lead to a difference in outcomes? Did hemodynamic findings change the sedative selection?
470354	<p>Interesting topic. Results validate your instincts. Well written and nicely organized. This poster will draw a large group of meeting attendees.</p> <p>Predictable results - but still interesting. Well done research.</p>
470354	Thank you for sharing your information and in the level of details provided.
470354	Interesting results/summary.
470381	<p>Please be sure to include a detailed ROI for this carousel in the poster.</p> <p>It is oftentimes difficult for pharmacy departments to get approval of capital equipment requests. It is always useful to see how other pharmacy departments justify this expense.</p>
470381	Great idea. Great project.
470381	Unique data to share on this subject matter. Thanks for sharing/presenting as valuable.
470428	Given the prevalence of depression and the difficulty that may be experience with treatment and management it is important to examine the economic burden that can arise for this condition.
470428	Good study. Well written.
470428	Meets expectations for poster presentations.
470449	Please specify the sample size. Please give a description of the discharge tool you are referring to.
470449	<p>Very difficult for me to follow what happened here. When was the medication review performed? After the patient left (after-visit summary suggests so?) How were patients previously identified?</p> <p>I get the utility of the tool, but the methods, as described, are unclear.</p>
470449	Need to include specific statistic used to calculate your p values.

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Submission ID#	Reviewer Comments
<b>470455</b>	Excellent results for achievement of clinical goals. Lot of great information which may require handouts or other information that cannot fit on the poster. This poster can provide enhancements for clinical programs at multiple health systems.
<b>470455</b>	No specific goal/objective presented. More details are needed in the Result section. How many total patients were included? Do not just use relative percentages for those meeting goals. A number of MTPs were identified, but how many were resolved by the pharmacists? Practices or tools were identified to enhance CMM implementation, but were these implemented? If so, what were the outcomes?
<b>470455</b>	No specific recommendations. I would like to see other outcomes measured, observed, data analyzed, but because this is a national collaborative study this is probably not an option for the authors.
<b>470503</b>	<p>Interesting consideration for compounding pharmacists.</p> <p>Will be interesting to see what implications the increased instability of these formulation will have clinically. I suspect this would have an effect for these patients.</p>
<b>470503</b>	<p>Ned to show hat drugs are being compounded in the specific base for others to use your results.</p> <p>Data is missing describing the different formulations tested, Some sentences don't quite make sense. Is this a foreign submission".</p>
<b>470503</b>	<p>The wording of the purpose is difficult to understand - should is say as a formulation alone? "The purpose of this study is to assess the stability of multi active pharmaceutical ingredients in formulation as a compounded topical cream. It is predicted that drugs in transdermal formulations will kinetically behave differently in formulation than when mixed with various active ingredients."</p> <p>I do not understand the reporting of results: " Addition of lidocaine to multi-active formulations resulted in immediate signs of physical instability. (formulation 2-21 percent breakage, formulation 3-10 percent breakage) "</p>
<b>470503</b>	<p>Well written and clear. Include why this project could be important to all Pharmacists.</p> <p>This may appeal to a small niche group - but not that interesting</p>

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	to a large group of attendees. Well written and organized.
<b>470503</b>	Very good information to know since many topical formulations include multiple active ingredients (Especially with lidocaine). May want to elaborate a little on what the Shimadzu HPLC is. I feel you may receive questions on this.
<b>470635</b>	Very timely project. Very nice summary on inappropriate use of niacin.
<b>470635</b>	<p>In the 17 patients that had Niacin prescribed appropriately based on GLs at the time, did they have repeat visits since the new GLs were introduced, giving the MD an opportunity to re-evaluate? What was the average TG level in the 39 patients that had niacin initiated inappropriately? Are there plans to review additional patients to ensure that this small sample represents the true percentage of inappropriate use?</p> <p>Niacin use is currently an area of interest for many ambulatory RPhs. This research sheds a light on the amount of inappropriate use. Potentially, this is an area where an RPh can have a good impact.</p>
<b>470635</b>	Are all of the patients on mono therapy? It would have been nice to see the affects of an interventional education program for providers to measure impact on appropriate prescribing and patient management.
<b>470649</b>	Good analysis of order set builds, and detecting the unnecessary duplicates that make updating order set tedious.
<b>470725</b>	<p>I would recommend that you say a consultant team from one of the major wholesalers vs. stating McKesson Pharmacy Optimization team by name.</p> <p>This poster is useful in showing the opportunity that is available for savings by focusing on the purchasing practices in pharmacy departments participating in the 340B drug savings program.</p>
<b>470725</b>	No purpose/objective is stated for this project. How was the "most cost effective NDC" determined? Should this be "least expensive NDC"? This abstract is difficult to read and understand. Authors should write the abstract so anybody not familiar with this topic can easily understand and follow. I have read the abstract multiple times and still confused by the

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	methods, terms, and results.
470779	<p>It would be interesting to know why none of the patients were switched to alternate therapy by their primary care provider and why opioid use was not significantly reduced by the primary care provider. Are there changes being considered for the opioid peer review committee because of this?</p> <p>The opioid epidemic is something all health care institutions are addressing. Although this program did not necessarily show the benefits that it wanted, it is still useful for others to see what was implemented and the outcomes that were attained.</p>
470779	<p>Very innovative and timely topic. How were patients selected for review? Questions of interest: what is the cost for this additional resource to the health-system? Has your committee considered alternative avenues for communicating recommendations besides letters? These might yield different results.</p> <p>Timely and relevant topic. Good write-up.</p>
470779	<p>Although the intervention is passive (a letter), the analysis, and the discussion within the review group is inter professional and is very meaningful. The letter may fit the workflow of the clinic best, versus a face-to-face intervention, which is preferred. The audience may want to see next steps for this initiative.</p> <p>Although passive in nature, this is very practical and is an often-used approach in very busy clinics or clinics where the pharmacist cannot be there every day. Sites can duplicate this and learn from it.</p>
470812	<p>AKI was not defined.        No statistical tests were mentioned, yet results are deemed significant or not. There is no way to assess if these claims are appropriate.        Would accept if revised to include statistical testing information.</p>
470812	<p>Good comparative study to determine potential AKI with specific ABX combinations. This may help to determine time to onset of AKI and to prevent occurrence.</p>
470812	<p>Good to know. Excellent topic given prevalence of concurrent therapy with these combo.</p>



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	Excellent review. Well written
470898	<p>Consider defining poorly controlled HTN (as you did diabetes and polypharmacy) - info on what the pharmacist does/workflow is really part of your methods - results would be how many patients were seen, how outcomes improved, etc.</p> <p>Need information on how CMM improved patient outcomes, or prescriber satisfaction, or some other endpoint - as of now, this is just describing process.</p>
470898	Interesting study. Well done explaining the methodology. It will be helpful to learn more about the barriers to implementation that you experienced (e.g., reaching the population of focus).
470898	Good topic to continue to develop. Always timely.
470968	Good study. Sounds like the tool worked well.
470968	<p>Very good report, but it would be more valuable if it included an analysis of the 5% noncompliance.</p> <p>Nice report.</p>
470968	<p>Provide more details on how this is unique. Institutions using BCMA track and trend data all the time. How is your dashboard unique?</p> <p>Well-written, but maybe not the most innovative project as described.</p>
470972	<p>Very useful ambulatory care pharmacy practice project. Very useful for the participants of the ASHP Summer meeting.</p>
470972	<p>It would be good to include what types of patients may best use extended interval testing.</p> <p>Our patients have problems getting to their scheduled clinic visits. This type of testing may be an alternative that our organization as well as others may examine as an option to traditional clinic management.</p>
470972	Interesting study. It would be helpful to know the cost savings of one method compared to the other.
470977	The LEADER study showed clearly that there was no difference noted in risk reduction for heart failure in the liraglutide

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	population which could also explain why your study saw no difference.
470977	Great subject matter, clear methods, and clear results.
471001	Not clear if documented decreased medication administration errors with use of BCMA
471101	Very interesting project. Results certainly don't apply globally, but definitely stimulates thought process for other sites.
471101	Were the 3.5 FTEs approved? Some more details could have been added, but overall major points covered.
471101	Good unique example to share.
471163	The submission is interesting.
471163	<p>What else was in the differential diagnosis for this patient and how were they ruled out? Were any drug drug interactions identified that also could have explained some of the symptoms?</p> <p>Heavy metal poisoning can also cause Fanconi syndrome as well as other things. There is no description as to how other causes of the patient's symptoms were ruled out. The N/V and acidosis are not necessarily part of the syndrome either.</p>
471163	Thank you for sharing this very unusual adverse event case report Please be sure to include more background information for Falconi syndrome to orient your general readers. Your level of detail for your patient is appreciated.
471180	This does not seem to meet the following requirements: <ul style="list-style-type: none"> <li>• Research should be original.</li> <li>• Abstracts which review existing literature should be rejected.</li> </ul>