

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
331556	Is the PhOECAS name needed in methods? Did you look at reviewer bias? Variations need further discussion in conclusion i.e. domain differences and work experience removal?	Good project with specifics on stats, evaluation of reviewer bias limitation and additional discussions in conclusions.
331556	In the conclusion it would be nice to have a recommendation to other programs. What were the lessons learned and how can it be applied to other sites.	I not 100% confident the wide applicability of this poster. I do not practice in a pharmacy with a residency program and feel comfortable rejecting it as it may resonate with others that practice in such a setting.
331556	Overall, a well written abstract. I would be interested to see in the poster some additional specifics related to the overall goals of the evaluation since the primary outcome was that higher scores were more likely to receive interviews - which seems intuitive. Perhaps describing reasons that candidates did not get interviews despite having higher scores would add to the poster presentation.	A well written manuscript and should be an interesting poster.
331556	Interesting topic. Very well done.	Excellent topic for Midyear meeting.
332375	<p>Excellent job on a very relevant topic!</p> <p>"Literature suggests that misoprostol and dinoprostone are effective for cervical ripening."Are they equally efficacious? Is misoprostol noninferior?</p> <p>The Purpose is well-written, but could probably be condensed further as certain parts seemed redundant (ex. fda approval, uses of each drug, both are effective).</p> <p>Additionally, I would like to know the total number of patients in each group (listed as N). This could be included in the methods section.</p> <p>Also, in Results, [(\$0.0 + 0.01) vs. (\$0.01 + 0.01).Add \$0.00, instead of \$0.0.</p>	<p>Very interesting topic. The primary endpoint of acquisition cost per acute patient day was interesting. I would recommend that the investigators include their total number of patients in each group (N=) to help the reader understand how many deliveries they see on a yearly or monthly basis. The statistical tests were appropriate. Overall, it was written well, but could probably use another review of spelling/grammar prior to publishing.</p> <p>Additional feedback for the authors :In the Purpose: "Literature suggests that misoprostol and dinoprostone are effective for cervical ripening."Are they equally efficacious? Is misoprostol noninferior?</p> <p>The Purpose is well-written, but could probably be condensed further as certain parts seemed redundant (ex. fda approval, uses of each drug, both are effective).</p>
332375	Good report of cost savings effort in your hospital. Good report on outcomes with the restriction and discussion of who dinoprostone was restricted to. This can be a model used by other hospitals that need to control costs while providing the best care for laboring mothers.	Good study overall, nice work on cost control while maximizing care for laboring women.
332375	Could you provide data regarding the number of patients who required/received each agent before and after the dinoprostone restriction program to provide a reference point for this cost savings data?	No additional comments.

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332496	Were the percentages statistically significant between the groups? Were the groups matched at baseline (Charleston comorbidity, LACE scores, etc.) Were there patients that had all 3 components of the program?	Some key deficiencies - lack of statistical analysis and lack of baseline analysis of group matching.
332496	What type of CHF patients are included? With PEF or low EF? The objective of this study is not novel and the results that are not statistically significant just support previously published studies. Overall the abstract is well written but it does not add anything new to the scientific knowledge. The details of the pharmacy intervention and monitoring could have been provided	The abstract is well written; however the study is not innovative and does not add new information to the body of the literature except sharing this site experience. The details of the pharmacy program if provided would have been useful to include. Not first priority to accept.
332496	While this backs up what has been published before, in my opinion gives an additional datapoint to justify these services. To differentiate this poster from other published works, in poster please cover more of how you did this and any barriers you had to overcome to successfully implement.	While this adds to available evidence available, in my opinion the "how" is the important part that they describe here.
332496	Concise and clear. Would like to see if the results are statistically significant. Per ASHP format guidelines, spell out special symbols (i.e. percentages). Was this IRB approved?	Concise and clear. Good introduction of a new program to a community hospital and its effect on readmissions. Illustrates the utility of a new clinical pharmacy service.
332673	Results are not surprising, but good conclusions. Education will hopefully help.	Current hot topic for pharmacists.
332673	Make sure to define all parameters. For example you explain the information on where appropriateness was obtained, but you did not provide information on where appropriate duration was obtained. If the same should be clearly indicated. Do not use mean and standard deviation for non-normally distributed data. Instead use median and interquartile ranges. Lastly, you provide information on the information if indication was provided, but it is not part of your objective (likely another stewardship intervention or you need to modify your objective). Focus all efforts on your research question regarding appropriateness.	Overall good general overview of the use of antibiotics at the hospital. Author needs to focus the information provided to their question regarding appropriateness of therapy and use appropriate terms to evaluate their data (i.e. median and IQ ranges for non-standard distributed data).

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332673	Good review for the appropriate use of antibiotics in the hospital, however it did not address what you will do with the data? Will you prepare guidelines, education, implement a team to ensure appropriate use? Recommend a stronger conclusion with these details. This data is good for local use, how can this be applied to other hospitals? Plus, need to define the reference of the Drug Information Handbook. Is this Lexi-Comp?	None
332673	Consider limiting to adults or children and also limit the indications. I don't believe you collected enough patients to have such a large spectrum of ages and indications	Only 150 patient data points were collect from a wide range of ages and seemingly limitless indications. This topic of inappropriate antibiotic use not a 'new'. For those reason, I don't believe this project result would be valuable to conference attendees.
332790	Result section needs to be more specific -for example "increased considerably" is a very subjective description of results.	Role of pharmacist and nurse could be better defined - No actual data provided.
332790	A good project that will definitely show the worth of the RPh's involvement and may approved more FTEs for bedside counseling.	Good project to help improved HCAPS score and get RPHs more involved in bed side counseling
332790	The topic is of interest to many adult institutions; however is more frequently pegged as discharge counseling. I would consider re-wording your abstract to include this key term as I feel like it may appeal to a larger audience. Also, I would look at your sentence structure and punctuation. A lot of sentences start with dependent clauses and are missing commas.	There is a lot of literature already published on discharge counseling. This abstract sounds very similar to that and does not appear to add anything to the already existing literature. I would only accept this poster if space allows.
332811	Interesting case, suggest adding more specifics on occurrence rate.	Recommend acceptance, no issues noted.
332811	Thank you for the submission of this rare case. I would encourage you to discuss the etiology of orolingual angioedema secondary to alteplase as this reaction is not commonly responsive to typical anaphylactoid agents.	Missing discussion on bradykinin pathway for tPA induced angioedema. Abstract simply states what happened to the pt. Does not add to the literature.
332811	Well written case report on a very interesting, clinically significant, and under reported adverse event regarding tPA.	Well written abstract for a case report based on a side effect of a commonly utilized medication that has not been well described in the literature.

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332811	Consider filling in some of the gaps between being more responsive post alteplase and needing Hospice care, especially since the outcome was death and there is the statement that it was due to complications of the reaction.	Hopefully poster will include some connecting of the dots about how pt. went from plegic but responsive to dying if we are going to be told it's due to complications of the acute reaction.
333390	Purpose statement should be abbreviated. Remove first person reference, "WE". International Journal of Clinical Pharmacy, April 2016, Volume 38, Issue 2, pp 414-"420 and J Hum Genet. 2013 Jun; 58(6): 339-"345. are very similar - would rephrase he no study has evaluated cost effectiveness.	There are publication regarding cost analysis of CYP2C19: International Journal of Clinical Pharmacy, April 2016, Volume 38, Issue 2, pp 414-"420 and J Hum Genet. 2013 Jun; 58(6): 339-"345. to name 2 - still think it is an interesting approach, but overlapped for first in publication.
333390	This abstract may be more suitable for ACCP as this is more academic in nature. It is a pilot simulation that demonstrates the potential for genotype-guided selection of antiplatelet medications.	I'm not that convinced that the outcomes from the simulation are sound; but it begins to address the question of genotyping patients for antiplatelet medications.
334280	Results should not state "Patients seem empowered.." - only facts should be presented in the results.	Overall will be of interest to a small set of practitioners.
334280	I would be interested to know which parents/caregivers had the most questions? Those who completed a lower number of modules or those who completed them all. In addition, I like the concept, but can you share about the role of the pharmacist in the process (meaning - how much do the modules minimize the role of the pharmacist in the post-transplant process), I am thinking your med adherence will help with this if you have pre- and post- module implementation data.	None
334280	Wow, this is a really great use of technology to enhance medication teaching. Do you have plans to roll out for other complicated medication populations?	Innovative and up to date way to use modern technology to enhance medication teaching and medication regimen adherence.
334280	It is an interesting way to provide education with limited time and staff resources.	It is an innovative approach to patient education.
334315	Nice work.	None
334315	Were patients with compelling indications for sedation with benzodiazepines or propofol (i.e. alcohol withdrawal, seizures) excluded from this analysis?	This is a good example of pharmacist driven measures in a critical care setting to employ adopted guidelines, and has positive outcomes on decreased days of mechanical ventilation and length of stay.

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334564	I am impressed that as a certified pharmacy technician you took this initiative to write up the project. Well done. I feel of interest to many health systems, and you can document time savings and money savings.	None
334564	Great Project!	None
334564	1. The purpose should tell why the redesign and the outcomes of the redesign were required specifically at your institution rather than saying what has been not done for a long time.2. The abstract should include why and how the data in the results were measured and analyzed, including: the amount of time to locate medications, the amount of time for refilling and updating, and the cost savings, along with statistical analyses.3. The abstract may be more appropriate as an Exhibitor's Theatre.	None
334564	Overall, I am not sure that this is that groundbreaking, however, this is the first time trials that I have saw for medication usage in the codes.	Not very novel, but interesting data to look at.
334683	Very well designed and conducted study.	None
334683	It was a pleasure reviewing your abstract submission. I hope this evolves into a more detailed manuscript submission.	This is certainly a topic of interest regarding the use of an enthusiastically marketed product.
334683	Interesting review - would like to know the number of each surgery type - how many TKA vs. other surgeries; did you account for those patients that were opioid naïve vs. opioid tolerant.	Very well designed and thought out review - due to the nature of the abstract - interested in to see the results broken down based on type of surgery, which narcotics prescribed, which non-opioids where used.
334683	I liked your study. It helps provide more evidence on a therapy so to guide healthcare professionals and health systems on how to care for patients.	Although the treatment looked at in the end was not beneficial. This information is still important to share with other health systems so they can guide therapy for their patients.
334998	All major steps and potential failure modes should be shown on your poster. It would have been good to given 1 or 2 examples in your abstract.	Looking forward to seeing you publish as a paper.
334998	This is a great example of using a systematic approach to review a process and identify all of the areas where improvements can be made.	Appears very complete and applicable to other large health systems. It is well written.

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334998	This abstract was very well-written. Found it fairly easy to understand the steps that were taken with this project. This project identified areas to address diversion. Anticipate that some of the vulnerability areas identified were expected however this sheds light on steps to take to reduce diversion.	None
335123	In your purpose, you mention reducing the incidence of provider burnout but nothing that is presented in methods or results directly addresses this. More information is needed: indications for IVIG use, how much did outpatient use change (i.e. did inpatient use move to outpatient or was overall use greatly reduced). Since your methods mention comparing dollar amount of IVIG usage in 2 different years, you should also include data for outpatient dollars spent.	None
335123	The methods did not entirely support the objectives of the study. The remaining question is how did you assess trust and compliance? The results should include actual dollar amount prior to and post procedure as well as include some type of statistical information to support the findings. An assessment tool for trust and compliance was not mentioned in the results either.	I think the basis of the study is good but I also think the methods and results required additional information to support the purpose.
335123	Grammatical errors and misspellings. The purpose statement is not clear. It does not even include anything about IVIG.	Poorly written abstract.
335123	Methods were not described in adequate detail. I suggest including greater detail as to use of IVIG, was it appropriate, not appropriate, indication, days of treatment, alternative medication prospects. Is the point of this study that IVIG administration can be done in outpatient setting in the prospective group? What patient population would require inpatient IVIG?	None
335200	Add statement for IRB approval. I'm unclear as to the intent -to encourage change of dosing? was there baseline education done? or is the focus simply to ask patients what they thought - was MD/pharmacist instructions integrated into the questioning?	I'm struggling with the intent of the project - there seems to be missing assessments as many pts are prescribed medications with instructions provided. That is not evident in the assessment/methods/results that this was asked and would heavily influence pts dosing times. This seems to be a mixture of dosing strategies and possible education from providers? This would be better designed as a before and after QI project.

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335200	Nicely identified potential pharmacist intervention.	While this topic may bring awareness to possible pharmacist intervention, the limitations of small sample size and patient reported bias may preclude this study from having much weight.
335200	The abstract is well-written and easy to follow. The topic and purpose of the study is interesting; however, given the limited sample size and data analyses I believe this is better suited as a poster presentation.	The abstract is well-written and easy to follow. The topic and purpose of the study is interesting; however, given the limited sample size and data analyses I believe this is better suited as a poster presentation.
335200	I think the primary endpoint did not go hand in hand with the purpose of the study. Instead, should have used the secondary endpoints as primary, which would have made more sense.	This descriptive study evaluated an interesting topic. The chose primary endpoint did not go hand in hand with the purpose of the study. The author should have used their secondary endpoints as primary instead. However, overall, the study and abstract was appropriate.
335474	The small size as you pointed out is very small. Power calculation would have been helpful. I have concerns about presenting conclusions with such a small sample size.	Interesting topic for am care and would make a good poster for those interested. I am concerned about the small sample size and whether than can accurately draw conclusions.
335474	It is not clear from the abstract what statistical tests were used to derive the p-values (paired t-test?) and if statistically valid for all the outcomes measured (i.e. average daily dose) and if any power analysis was done prior to the data analysis.	Would be of interest to pharmacoeconomics pharmacists and PBMs.
335474	<p>Interesting topic especially in the era of drug prices and cost saving initiatives. It seems interesting that the providers were forced to use insulin detemir in the outpatient setting. Did you look at reimbursement in the outpatient setting? While you saved money on drug costs, you may have decreased your total revenue by this switch. Would be an interesting item to look at, may be net neutral if you looked at both cost and revenue.</p> <p>Overall I thought was well written and a relevant topic for health-systems.</p>	I think this is a relevant topic (costs saving initiatives) for health-systems. I also liked they looked at clinical outcomes and cost. This seem was set in a retail setting so I would have liked them to consider the revenue piece. While they saved money on annual cost, their annual revenue may have proportionally decreased as well.
335474	Per ASHP format guidelines, spell out special symbols (i.e. percentages). Would be interested to see if safety outcomes (i.e. hypoglycemic events) were assessed. Suggest shortening Methods sections to make it more concise. Was this IRB approved?	Interesting study based on a medication use evaluation of insulin glargine and insulin detemir. Suggests that switching from insulin glargine to detemir may have financial savings for hospitals. Further studies needed to assess if this switch will lead to statistically significant differences in clinical outcomes.



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335807	Subject is of interest. Pharmacy literature describes the myelosuppressive toxicity; with having leukopenia more common than thrombocytopenia or anemia. Would you want to add this background info?	Subject is of interest. Pharmacy literature describes the myelosuppressive toxicity; with having leukopenia more common than thrombocytopenia or anemia. I suggest that they add some info for the readers.
335807	The title should be changed from a statement to a question. In general, it is not recommended to reference the specific institution in the abstract. If possible, I would separate the patients with liver metastases versus increased LFTs due to other causes. I am curious since sometimes treating the metastases will improve the liver function long-term and therefore may change the outcomes. Another possibility is to do each administration as a separate n value. Then, the change in LFTs long term would not affect it. Also, even though the results are not statistically significant, I would like to see the actual numbers. Overall, great topic. We were just discussing this last week on a patient.	This is a great topic. This comes up a lot in oncology practice. The main issue is that people who have liver metastases once they are treated their liver function will improve. Please refer to my feedback for the submitter. Also, many tertiary resources reference Floyd et al. which is just a review article with no primary literature to support it.
335807	More specific results would have been helpful to understand the clinical significance, including reporting actual CBC counts and p values. The conclusion stated is not supported by the results listed.	The stated conclusion is not reported by the results stated. The abstract is not well written and is difficult to follow in parts.
335807	The abstract was well written and useful information concerning doxorubicin dosing.	None
335949	Interesting take on medication reconciliation.	None
335949	Watch grammar--the last sentence in the Methods section seems to be a run on.  This is a great project. Thank you for submitting.	Although it isn't clear if the secondary outcome was met, it is clear the project was beneficial.
335949	This is an essential part of pharmacy issues and healthcare. Excellent outcomes that should be lauded.	This was a good project implementation and should be lauded for its implementation.
335949	This is an interesting project surrounding medication reconciliation. The results are very promising. In order to allow pharmacists an opportunity to staff the pre-op nursing unit from 6-8 am, which areas resulted in reduced pharmacist staffing within the hospital (assuming you were not granted additional FTE to cover)? Was there an impact in these areas?	None



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335969	In the introduction in the purpose section, include a statement on whether or not kidney transplantation leads to more GI cancers. Jumping from developing cancer to GI pathology did not seem like the most direct line of thought.	None
336179	Excellent comparison of outcomes models and cost with two formulations, with the latter having a higher cost-model for utilization.	Well-designed study with improved outcomes.
336179	Were patient's given IV acetaminophen postoperatively? Great study	Was IV acetaminophen given post operatively?
336179	1. What type of study design was used, a non-inferiority study design or an equivalence study design? The abstract says that in the results, the opioid use between the groups fell with the pre-specified equivalence margin. The equivalency of the results in clinical trials are not defined a priori to the trial and are assessed with statistical tools after data collection is complete. The reviewer is not sure that the terminology used ("pre-specified equivalence") is generally accepted terminology.2. The study required an informed consent form from the participants. The abstract should include a statement to that effect.	None
336179	Great design and methodology.	Excellent study. The outcomes are important with increasing cost of IV apap and lack of benefit.
336247	Great project and very much needed for those administering residency programs. Will be very well received by the audience.	Great project and very much needed for those administering residency programs. Will be very well received by the audience.
336247	Very relevant	Accept
336247	Perhaps a longer assessment / developmental plan would be beneficial.	Overall, despite the topic being interesting, I am not sure if others will receive it as a learning / innovative study.
336247	The purpose explains the background for the project, but there should be a statement saying how or why it pertains to this residency program.	Certainly pertinent to many programs that may have the same predicament. I think an improvement would be to say why the new standards affected your institution and also in the conclusions to link it back to your program by saying "in our institution some preceptors no longer met criteria...etc."
336263	Great overall idea. Resources developed will be useful to preceptors.	This topic would be beneficial to the ASHP attendees.

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336263	Developed toolkit but has it been utilized and if so, what feedback have you received with regard to utility?	This is not a description of research. While I think it is a nice tool preceptors. If they had looked at outcome measures from the use of the tools that would have been research worthy of presenting.
336263	Very helpful work by the section advisory group and the poster should be helpful to disseminate the information developed. One item of note is that the PPMI is now the Practice Advancement Initiative.	Good way to disseminate the work of the SAG.
336263	Would suggest to include actual description of the types of modules created (are they web based?) Would you be able to give a screen shot on the poster?	Would like more detail on the actual toolkit.
336404	Very interesting study. Curious to see what your prediction tool bases its score on and how this compares to retrospective rates.	Study with a lot of promise. Still needs more information over time. Will generate a lot of interest.
336404	In the methods, It would be helpful to know what characteristics are considered in determining risk for CDI and subsequent OVP. Also curious what the overall rates of CDI were at your institution and how that compared to national trends.	The abstract does not go into much detail or report many statistics such as LOS or a general sense of the patient population's risk for CDI. Nonetheless this is an interesting topic worth presenting.
336404	Very interesting study with the potential to add to current literature regarding OVP. Questions: 1. Is the prediction tool validated? 2. Are rectal swabs being performed to look for those colonized? 3. How are you evaluating side effects or potential resistance such as the development of colonization with VRE?	Incorrect title format.
336404	It would have been good to see if the 846 patients who did not receive OVP developed CDI to validate your prediction tool. Long term analysis to determine if resistance patterns developed post OVP would be good information to as well. Overall, this is a very good abstract.	Practical and well written abstract.
336461	Methods: no description on how the tool was developed or which criteria was used to develop the evaluation tool for nanomedicines, who/how determined which criteria to use Results: lists the criteria, but how does the final evaluation tool score each nanomedicine, will the tool effectively and objectively evaluate each nanomedicine; is each criteria equally weighted for evaluation?	<p>Missing components that make the abstract difficult to fully evaluate.</p> <p>Methods: round table - but how were the criteria chosen, who was on the panel</p> <p>Results: lists the criteria, but how does each score when using for evaluation, are they equally weighted, how does this evaluation tool aid in evaluating nanomedicines.</p>

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336461	Upon what criteria were the panel of pharmacy experts selected? Were the panel paid for their involvement? What was the total number of panelists? How many of the panel were industry employees vs. academic vs. clinical pharmacists?	Not real clear how the panel were selected and if the panel are only representatives of the industry.
336461	More detailed information needed for methodology. How were the critical criteria determined? How is tool going to be validated?	Does not state that the tool is validated.
336461	This abstract does not provide the average pharmacist with enough information on the background of these products, the concerns with substitutions and how the tool would be put into practice. Expert panel is subjective.	None
336897	The title is not formatted properly (caps for every word). The abstract is very short (200 words) and does not describe the methods and results in much detail. The topic is of interest as insulin use in hospitals is high risk with many potential areas of failure that could result in harm. Would just me more helpful to explain your FMEA process in more detail.	This seems more like a descriptive study, describing that and FMEA and gap analysis were done to improve insulin distribution and administration, but not reporting the results of the FMEA and gap analysis. The methods and results are not detailed enough to understand what was done or what was learned. The topic is of interest to attendees however, if this could be described in more detail.
336897	Specific process features and outcome measures of interest to your multidisciplinary team will be interesting qualitative data points of interest during conference presentation.	While this problem is not new or novel it is of particular importance to patient safety. Qualitative/QI methods are important for idea generation and this work will be of interest to meeting attendees also working through optimizing this important process.
336897	Good topic and applicable to many. However abstract doesn't provide much detail of their baseline status so that others can determine whether their findings and recommendations would be helpful to their own institutions.	Incorrect title format.
337398	Great project. I think this is a very innovative project with good application and results.	I really like this abstract and think others would really benefit from seeing this project. My only concern is they do not mention IRB approval so not sure if that is an automatic disqualifier or not in this case.
337398	Relevant topic   nicely designed	Overall, topic is relevant to practice.

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337398	<p>Very interesting overall; thought variables you looked at were appropriate and complete-May want to clarify - "One of the patients from the terbutaline monotherapy group experienced extensive blistering." implies terbutaline was culprit of adverse effect of extensive blistering when the intent seems to be that the this effect occurred prior to receiving terbutaline-Is the following statement the results of the second endpoint of phentolamine alternative effectiveness? Seems like could be more robust. "The remaining seven patients had mild symptoms such as pain, erythema, and edema which resolved after following the pharmacy-driven extravasation management policy" - Would have been interesting to look at extravasation management pre- and post-protocol as a better evaluation of efficacy-Cost analysis was not mentioned until the conclusion, may want-Did the protocol specify specifically when each phentolamine alternative was to be used (in what order)? -Cost analysis was not mentioned until the conclusion, maybe should have been mentioned as a secondary endpoint.</p>	<p>-Assessment of phentolamine efficacy (secondary outcome) could have been stronger-Cost analysis was not mentioned until the conclusion, maybe should have been mentioned as a secondary endpoint-May want to think about additional ways to improve the primary outcome (compliance with policy) moving forward instead of solely sparse documentation</p>
337398	<p>Would recommend moving comments currently located in methods regarding exclusion of 11 patients and total incidences to results section. Additionally, the first sentence of the results section would be more appropriate to include in the methods section as it defines the main outcome. Data results should also be reported in a logical, consistent manner - each result should be presented in the same order that the outcome is introduced. I would caution against making a major conclusion on secondary endpoints. The first sentence of your conclusion should be in direct relation to the primary objective of the study (in this case appropriate utilization of the extravasation policy). Additionally, there were no results presented characterizing the financial analysis included in the conclusion. As outlined in the general abstract guidelines, a statement should also be included regarding the approval of this study by an ethics committee or institutional review board if appropriate.</p>	<p>This is an appropriate research project to present to the desired audience that I consider relevant and of current interest to pharmacy practitioners. The scientific merit is acceptable although some of the conclusions presented in the abstract are not a focus of their reported results within the abstract (financial savings, impact of catheter gauge on extravasation). The primary objective of the study was to characterize whether the policy was appropriately utilized. The conclusions presented in this abstract are more focused on the secondary outcomes of the study.</p>

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337623	There is no mention of IRB approval and as an evaluative abstract this is a requirement for acceptance. Also the purpose does not support the study; how is consumption related to the clinical reduction of CRE? CRE rates were not evaluated which is an important factor when assessing if ertapenem restriction will positively affect a reduction in CRE.	There is no mention of IRB approval and as an evaluative abstract this is a requirement for acceptance. Also the purpose does not support the study; how is consumption related to the clinical reduction of CRE? CRE rates were not evaluated which is an important factor when assessing if ertapenem restriction will positively affect a reduction in CRE
337623	Would recommend using days of therapy over measuring change in cost over time. Would also be curious to see resistant rates over the next few years compared to current carbapenem resistance rates. Curious to see if there was any follow up by an AMS pharmacist or physician to see if interchanges were made appropriately.	Would suggest using alternate data points to measure outcomes but analysis with current data is correct
337623	Would recommend including further detail in the results section. Statistical methodology is not described in the abstract and should also be included.	Abstract appears to meet minimum requirements.
337623	The title is misleading as only cost outcomes appear to have been analyzed per the abstract results- was appropriateness of interchange with regards to clinical outcomes or adverse effects analyzed? Was incidence of CRE pre- and post-implementation assessed? There are more collateral costs that are appropriate for this intervention beyond pharmacy drug acquisition costs.	This appears to be purely a financial study that tries to justify interchanges per CDC guidance without any consideration of clinical and non-pharmacy costs (i.e length of stay, associated costs from avoidance of CRE).
337941	There was no discussion regarding the choice of econazole as an alternative to clotrimazole. It would be useful to know what prompted the comparison. This was described as a cohort observational retrospective study for both clinical and mycological effectiveness. The cohort of patients in the mycology portion of the study was very small. Glad that you did not reach conclusions about mycological effectiveness. No discussion of adverse effects, adherence or fetal risk which might help support your conclusion.	None
337941	-Please define abbreviations e.g.: VVC- why patients on steroids were excluded?- why the authors only compared between these 2 specific azoles?- how cure rates were assessed? did the authors do a chart review?- is there a IRB approval for the study?- what statistical analysis was conducted?	None

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337941	<p>Interesting abstract. What led you to review this area? Please include p value when addressing the lack of significant differences between the two groups in the results. Please include p value to support the statement "treatment with econazole resulted in a significantly higher clinical cure rate". Did you assess adherence? Econazole is prescribed for 6 days and clotrimazole is prescribed for 14 days. Did all women complete the full duration of treatment? What are the cost differences between both treatments?</p>	None
337941	<p>Relevant and innovative study with good outcomes.</p>	Overall, good study design
338305	<p>I like that this patient survey of pharmacy services and its value in another country. Even here in the US pharmacy departments should do more to interview our patients about clinical pharmacy services and its value.</p>	None
338305	<p>Methods - It is unclear what type of questions were asked in the survey. Would have included in this section how the authors determined what that participants knew about the pharmacists - multiple choice questions, open-ended etc. Would have liked to know a little more about the hospital in this section. Would like to have known how the survey was administered - did the patients/parents complete on their own, did a pharmacist or someone else complete the survey.</p> <p>Results - would have included more of the results. For example, would like to know the # of patients who were over 65 w/ no high school degree who did not see a need.</p> <p>Conclusion: would like to see the authors' opinion on what next steps should/can be taken based on these results.</p>	<p>I am not sure how many meeting attendees will be interested in these results since they are from an international site. It is also unclear what was assessed in the survey and how the survey was conducted. The conclusion offers no suggestions on how the study results can be applied.</p>
338377	<p>The topic is of interest to health system pharmacists who may be involved in recommending, educating patients and/or prescribing inhalers for patients with COPD and asthma. A survey was administered with results reported for this study, which requires IRB review, and it should be classified as an evaluative report. The background described in the Purpose section is difficult to follow and the objective is not clear. Use HCP abbreviation the first time you need to (in the first sentence) rather than repeating health care professionals</p>	<p>This should be classified as an evaluative report. Grammar and sentence structure is poor throughout with several typos. The objective is not clearly stated in the Purpose section.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	throughout and then using HCP later in the abstract.	
338377	Interesting concept, but lacks limitations, more thorough description of questionnaire, purpose statement and unclear that Lothian, Scotland local guidelines are repeatable elsewhere	Interesting concept, but lacks limitations, more thorough description of questionnaire, purpose statement and unclear that Lothian, Scotland local guidelines are repeatable elsewhere
338377	The objective can be understood from the title, however, it is not clearly articulated in the abstract. The methods need to be clarified. What is the survey that was used? was it validated? What questions did it specifically include. For the results, how were the responses tabulated? What was the scale used?	None
338377	Would avoid use of words such as "poor knowledge" - how do you evaluate as "poor"?	Needs grammar review and modification.
338378	I am unclear regarding the qualifications of the pharmacist being evaluated with the questionnaire. My assumption is that the pharmacists were not highly qualified clinical pharmacists as in most hospitals in Saudi Arabia as suggested in the purpose. Did pharmacist interact with other patient providers besides nurses? Were there only four questions on the survey? What percentage of the total number of nurses sent the survey questionnaires responded (only the numerator is recorded in the abstract).	Unclear is there was a language/translation barrier with this abstract which might have influenced my review of this submission. I overall feel that it is incomplete as stands.
338378	The methodology is very unclear and short. Questions center around 5 nurses in a pilot but 88 respondents, how was the survey distributed, what was the response rate, etc. I think that this could be a very good abstract with additional information.	If the methods were more complete I think that this is an acceptable abstract.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
338378	<p>This abstract is not clearly written and has grammatical errors. The author did not follow the correct abstract format (spelling out special symbols %). The purpose of the study is not well defined and it is evident throughout the abstract. The author does not provide a detailed rationale for why and what lead to “a great need for pharmacists in the wards” and does not go into detail how they intend to ‘bridge the shortage of qualified clinical pharmacists”. Author does not describe how clinically pharmacy services have integrated with “other team members”. The types of clinical pharmacy services provided are described later. The phrase “other team members” is vague (is the team interdisciplinary comprising of nurses, physicians, pharmacists...?). The phrase “on the floors” is broad (what type of inpatient unit is the author referring to (i.e. medical floor, surgical, intensive care, etc...)). The author refers to “highly qualified clinical pharmacist” but does not state their qualifications. It becomes blurred when the author describes pharmacists without postgraduate studies. The purpose, methods, results, and conclusion are confusing and do not connect with one another. The author does not describe how they intend to bridge the shortage of qualified clinical pharmacists. The method section describes more so nursing’s perception on the value of clinical pharmacy services. In the results section would have benefited from baseline data prior to the study implementation. The author could have collected data on medication reconciliation, discharge counseling, and clinical interventions. Based on the findings from the author- the conclusion is not strong enough to justify supporting this model. It is a bold statement to conclude that this ultimately leads to better care for patients without objective evidence (decrease LOS, decrease adverse events, decrease mortality, decrease readmissions, etc.....). I do believe that the author should still pursue this in their hospital, but with a different approach. It would be of value to others to see how Saudi Arabia addresses the lack of clinical pharmacists on patients’ floors. The purpose of the study was to find a solution to the shortage of qualified pharmacists. The pharmacy leadership could develop educational modules to train their pharmacists to be better qualified to deliver their services in order to bridge the shortage of</p>	

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	pharmacists in countries where clinical pharmacists (residency trained, board-certified, etc...) are not present. A written description of this in abstract form would have provided more practical insight for others trying to do the same.	
338378	This part of the conclusion is not supported by the data: "Decentralising pharmacists not only clinical ones would be a wise option for a better teamwork and patient safety and experience." Also would be nice to know the total number of nurses surveyed, i.e. response rate, if not already displayed on the poster. I am assuming none of these floor pharmacists had residency training, but if not, I would be interested in the mix of who had residency training, educational background, etc.	Would be of interest to inpatient pharmacy supervisors
338413	Very interesting study. Liked assessment of order set and use of ethanol. While results were not necessarily indicative of success of the order set, you definitely determined that more education is needed about this therapy and the use of the order set which is also valuable to know.	Interesting and worthwhile study. Only concern is no statement of IRB approval. Does this disqualify the abstract automatically?
338413	-May want to clarify - unclear if inclusion criteria is saying the symptoms listed must be (1) required in addition to either alcohol use history OR CIWA >10 or (2) whether the symptoms are further elaborating in CIWA score >10-Don't need to state evaluated inclusion and exclusion (it's understood)-Seems like listed data variables collected as secondary outcomes, seems like some of those just data points (i.e., oral alcohol, drip duration, etc.)-Used RASS acronym before it was spelled out-Did patient have to be on ethanol infusion for a minimum duration to be included?-would be interesting to compare IV ethanol patients to those receiving benzodiazepines/CIWA for better efficacy assessment; your first few purpose sentences seem like this will be the comparison (not orderset vs no orderset)-should be more clear about efficacy and safety endpoints (to be consistent with the study purpose) in the methods and results sections - was unclear whether main purpose was to compare IV ethanol with or without orderset or if comparing -	-Purpose needs to align more closely with primary and secondary endpoints - initially seemed like would be assessment of IV ethanol with protocol vs benzodiazepines/CIWA but turns out to be more IV ethanol with orderset vs no orderset-needs clearer organization of methods (e.g., mixed data points and endpoints) and results sections-cautious acceptance

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
338413	Noticed several typos and grammar errors. Would have used a comparator arm, otherwise how can you determine the efficacy and safety of the practice. It would have been feasible to look at those who received ethanol versus treatment with benzodiazepines.	Poor study design. Grammar and spelling issues.  Incorrect title format.
338460	This would also be a useful presentation for AACP. Well done and interesting that non-pharmacy leadership was not associated with better self efficacy in leadership competencies.	None
338460	I would be interested in knowing who received the survey (where was it distributed, how many people) and how the location may bias the results, if at all. Specifically, are students in one area of the country more involved than other areas or does it depend on your campus size or campus location (main site or satellite campus)? I think all of these pieces should be considered.	The results of this poster will be interesting but may also be limited to the location of survey respondents.
338460	Un-abbreviate "CAPE" in the purpose section. The sentence "The purpose of this research was..." is difficult to understand. "Active pharmacy leadership engagement" sounds redundant (i.e. if one is active, aren't they "engaged"?). Consider "active pharmacy leadership" or "being engaged in pharmacy leadership." Also, can "self-efficacy in the leadership competencies" be re-worded to "successfully meeting the leadership competencies."  Overall, well done - thank you for your contribution.	The author may want to consider re-vising the project purpose statement to make it easier to understand. I understood the research idea, but it took some time.
338512	Title is biased by indicating the direction of the outcome for the drug combination and by only listing one of the medications used in combination. A better title would be "The effects of a melatonin receptor agonist mediation combinations on the incidence of delirium in acute stroke patients."  The methods contain results by listing what appears to be excluded subjects and number of included subjects.  It is unclear how the 225 subjects were selected for the study. Please clarify by listing the inclusion and exclusion criteria.	There appears to be some minor spelling errors and grammar issues in this abstract.  The authors use the antiquated term "pills"
338512	Interesting and novel study	Recommend for presentation

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
338512	The title and the conclusion do not seem to match and thus it makes the data and results more difficult to interpret. It is unclear what the primary purpose is and if the variables discussed (alcohol use, deficits on admission) are applicable to the conclusions.	Study has value but appears to not answer the question being asked.
338673	Grammatical concerns and readability of abstract could be improved. The project is innovative and would like to see more results, including more information about impact patient monitoring besides blood glucose and more impact on pharmacist workload.	Title is misleading. Project briefly discusses the monitoring of blood glucose but not any other ADRs of atypical antipsychotics. In the conclusion, author states, "No onset of diabetes was observed", but what was the time frame the patients were monitored? Focus of this project should have been how the tool saved time for the pharmacists and the ability to order monitoring for these drugs.
338673	Typographical error and language makes the abstract difficult to follow. Concept of project is a needed area for pharmacist intervention. This abstract does not provide the reader with information on the use of or impact of the database in a way that can be extrapolated into practice.	None
338673	Nice homegrown scoring system for side effect monitoring. Hard to follow the results section. What is a clinical examination? It says t-test was used to compare, but no statistical analysis provided?	None
338954	Good cost saving results, and will increase awareness. However I would think that most facilities already do all of this.	Incorrect title format.
338954	Question 1: This is a common thing that has been done and analyzed for many years in clinical practice. Therefore, I could not put that it is innovative even though it may be an interest to some pharmacists.	This doesn't excite me since lots of people have been doing this for many years and have analyzed this topic multiple times. I did accept it while the other review questions had a positive answer.
338954	More detailed information in the results and conclusion section would be helpful and expanding the study time frame beyond one month would be useful.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
338954	I enjoyed reading your abstract regarding dose rounding of antineoplastic agents. This is a timely and useful project. This reviewer believes that the abstract would have been stronger with additional information in the Results section, e.g. tally of products rounded, and streamlining of the Methods section.	<p>This is a good project that can generate professional discussion and collaboration. I certainly think it is worthy of presentation at the ASHP MCM. As per my comments to the submitter, I think that there is room for improvement in how the abstract was written. However, this is not prohibitive to its acceptance.</p> <p>This reviewer noted that the abstract title is not in sentence format. I will defer to ASHP regarding whether this constitutes grounds for rejection.</p>
338964	The specific objective is not listed. Methods discusses one technician - unclear in new FTEE. Unclear if telepharmacists were contracted or already work at hospital.	Of interest due to med rec info, technician/ telepharmacists intervention, and extension of hours.
338964	Good project. Looking forward to seeing it in the poster session.	I'm unsure if there is potential conflict of interest for PipelineRx. However, there is no mention of this vendor in the abstract. I think it is of benefit to have this poster in our session.
338964	Medication reconciliation by pharmacy personnel is a difficult service to implement in facilities that do not have a 24-hour pharmacy. This report provided important information to assist these pharmacies in providing consistent medication reconciliation services.	None
338964	Medication history verification is different than medication reconciliation. Conclusion of increased safety by completion of medication history verification is not supported by data provided.	Provides metric information regarding times for collection of medication histories to support staffing FTE requests. Does NOT provide information about increasing safety by completing medication reconciliation. Conclusion of increased safety is not.
339109	Was length of stay similar between groups?	No major deficiencies in study
339109	In the methods section, you discuss the prospective phase consists of GDH positive and toxin positive first then GDH positive and toxin negative second but in the results section the GDH positive and toxin negative numbers are presented first and GDH positive and toxin positive numbers are presented second. This was confusing. Perhaps stay consistent in your order?	None
339109	Good study overall and highlighting importance of proper diagnostics. ; Missing few minor details such as breakdown of abx used pre/post to understand the total cost and generalization of your results.	This test evaluated is not new; yet the implications of the study is valuable to small institutions. The details of antibiotics used should have been explained as cost is dependent on abx (fidaxomicin vs metronidazole) .

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
339109	Great cost data as well and reduction in antibiotic utilization. I would be curious if this had an impact on length of stay.	Great initiative that has positive impact on patient care.
339122	Can you include the average number of transplant medications patients were receiving in study? This may be helpful for reader to understand the numerous medications involved with SOT.	Good study. I suggested to submitter to include the average number of transplants medication patients were receiving in study so reader may better understand the numerous medications involved with SOT.
339122	Did this project undergo IRB approval & informed consent obtained?	The authors did not mention IRB approval or discuss informed consent. The topic would be useful to transplant practitioners practicing in the inpatient setting.
339122	Can you increase the number of patients enrolled? This seems like an important service to offer patients - especially transplants. Did you assess adherence?	Medication education is key in all patients especially transplant patients. Good study that the authors can take much away from and build on their program.
339122	This study helps both patients and pharmacists.	None
339154	Interesting study. Very useful information that can be applied to other emergency departments to help decrease inventory costs and associated labor time.	None
339154	Great description of an inventory system.	None
339154	Interesting study. May be interesting to see how it affects job distribution long-term.	None
339208	Implementation of a pharmacy protocol is not a conclusion - re-structure for development of poster in December.	Incorrect title format.
339208	Very well-written purpose and methods. I think the results and in particular, the conclusion, could have been a little more detailed.	Appropriate for presentation at Midyear
339208	The duration of study pre-implementation and post-implementation were different (unsure why), therefore the number of patients included during pre-implementation period were much larger than in post implementation period. This can skew your study results.	Unsure if this study truly shows the implementation of pharmacy protocol results as number of patients before and after protocol are VERY different , therefore the result may be incidental

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
339379	My understanding of the project was to compare two approaches to teaching literature evaluation skills to pharmacy students. This was done in two ways: evaluation of student performance by faculty and resident evaluators and student self-assessment of skills and confidence levels. However, I found it confusing to understand the results as presented. It was not helpful to talk about questions 1-7 or 3 through 7 without having the assessment questions in hand. What in the questions helped distinguish the second year improvement being due to teaching methodology vs general better understanding of the field and further maturity in the next year of the program. Were there any controls per se?	Interesting topic which could have been better explained in the abstract.
339379	How statistical analysis was done for the study?- what course was involved in the study?- how students were recruited?- more information about the surveys should be included.	None
339379	The results section is hard to follow. I think it would have been better to describe the questions more somehow. Question 3 showed improvement really tells the reader very little about what was measured.	I think the questions could have been more descriptive regarding what was measured rather than question 3 showed improvement. This really doesn't tell me much about what was improved. Otherwise seems like an interesting study and well conducted.
339379	Nicely conducted study that supports the need for more individualized instructor/student interactions during pharmacy education.	None
339387	Typo in second sentence of conclusion? ...nearly 25% of residency programs do now [not?] offer any...Interesting data however, given the low response rate it is difficult to generalize to all PGY 1 residency programs. It might be interesting to see whether the data differs between those PGY 1 programs that had an associated PGY 2 and those that did not.	None
339387	Poor response rate - any explanation? Objective #2 was not directly answered. Would have been helpful to ask if the residency programs had the expertise/resources to provide statistical training or how confident the RPDs were in their own abilities.	Good topic not commonly seen.
339387	Would love to hear the proposed solutions to these challenges with statistical training that many programs face, especially those not associated with large academic medical centers that tend to have more resources.	Can ASHP help with some standardized training?



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
339387	Recommend writing out all abbreviations (e.g., RPD). In the results, it wasn't clear to me why it was important as to whether there was a PGY2 program associated with the site. A few typos throughout.	Typos in the abstract.
339400	Well written	Incorrect title format.
339400	Objective of the study is to determine request rate for additional opioid prescriptions. You clearly stated your primary outcome, however, your secondary outcome didn't mention about additional other medications until your results and conclusion. Also, why is gabapentin specifically targeted as a risk factor? I didn't see anything that addressed substance/alcohol abuse population in the conclusion.	None
339400	Appreciate the practical use of results in this study for determining appropriate length of opioid therapy, especially the additional comparison to gabapentin and smoking history.	None
339400	Overall interesting project. Followed abstract format appropriately.- consider adding "concurrent medications" to characteristics that would have an effect on request for additional med in the purpose section since you commented on that in the results/conclusion. - did substance/alcohol or age play a role in requests. in purpose you said you looked at that but I don't see any results.- regarding 46 patients that called back requesting additional meds in result section: I think you should just put 4% by the 15 patients (ex - 15 patients (4%, 15/350)) and not end the sentence with the percent. - could consider in conclusion section adding whether or not your project results support law change you mentioned in the purpose section.	Recommend acceptance of abstract.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
339730	<p>Overall important concept! Something that pharmacists in all areas of practice should be involved in for all patients and medications. Objective should more clearly state who is involved in the program - pharmacists and techs...also highlighting the interdisciplinary approach and how prescribers were involved, etc. Current objective mentions reviewing financial impact, was this assessed - would be great to see results showing average patient dollars saved or something along those lines. Also mentions ensuring continuation of medications as outpatients, was this assessed - would be great to see results showing how many patients picked up these prescriptions after discharge. More details regarding methods would be appreciated. What was tech role vs pharmacist. How did techs interact with patients? Who called insurance companies? How did pharmacists and physicians collaborate? Results state that thousands of dollars were saved but there is no clear data presented to support this. Conclusion mentions decreasing prescriber time on approvals but again, no data/results are provided to support this statement.</p>	<p>Not the strongest of abstract submissions (weak objective, minimal project description, and lack of truly meaningful results with unsupported conclusion). However, the overall project is important and innovative enough that I felt I could not reject.</p>
339730	<p>Interesting project. Would be interesting to know what kind of population it is. Seems very specific to be only rivaroxaban and linezolid.</p>	<p>None</p>
339730	<p>I agree on focusing on antibiotics and anticoagulants at part of the program. The descriptive report is well written and I can easily visualize the concept of the program from the abstract. Good information may be metrics on how many pharmacists and pharmacy technicians were involved on a daily basis. Also how much time did they spend doing this. Was it part of their daily duties, or was this their primary duty. This would be helpful to know from a workload perspective if I would like to consider implementing.</p>	<p>This abstract has the potential to generate interest for those pharmacists or programs interested in improving their transitional care program.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
339730	<p>Would like to see what % of drugs the rivaroxaban and linezolid made up in the 7 drugs reviewed.- would like to see % of PAs too in addition to exact # (16%?) and absolute # on home many RXs were changed in addition to your %. - How did you get "thousands of dollars" were saved? maybe consider describing this in method section on how you were able to determine how much money was saved. - Consideration for future project..... does this make it worth pharmD time and pay to review each patient's insurance for 16% PAs completed and 19% alternate meds changed OR would it be more cost effective to develop a "how to" handout/document for patient's to contact discharge pharmacist IF drug is not covered THEN discharge pharmacist could intervene with insurance company/physician. could also consider for future if your intervention changed clinical outcomes (retrospective review for hospital readmission rate, etc) vs prior to you implementing this service. This clinical outcome aspect of it may also help determine if there is cost savings with your program.</p>	Recommend acceptance.
339814	<p>Did you evaluate the value of the student errors i.e. life-threatening to no impact to patient care?</p>	Interesting data but value may be limited.
339814	<p>Great study - interesting and well done. Your methods are clear and your results are stated so that they are easy to follow. I like how you used the results section to clarify the importance of your findings and what they mean clinically. You also clarify the primary result which was easy to understand. Overall, well done. My only comment is that there is no need to re-state results and numbers in the conclusion section. Use this for overall summary and implications for practice.</p>	Great study, well done.
339814	<p>Interesting abstract and methods. What is determined to be acceptable with regards to "accuracy rate?" Are high alert medications double checked by a pharmacist or physician?</p>	Accept

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
339814	Was student competency assessed after training but before the first med history was taken? Has there been thought regarding expanding the program to include pharmacy interns or IPPE students as well? This could be a future direction. In the experience of doing this at our institution, 9.2 minutes seems very short to complete a thorough med history. Is this only accounting for the time the student spent gathering information from the patient, and not include the call to the pharmacy, education provided to the patient, interacting with the health care team to resolve discovered discrepancies, etc? Also would be nice to know how many APPE students were included here, how long the training took, and how long the APPE rotations are at your site.	None
339975	Abstract hard to follow along.	Not innovative study.
339975	If collected, please include any hospital survey feedback on perceived challenges in achieving compliance with standards. Also include who were targeted for the survey, was it pharmacy directors? ID physician? Hospital administrator? etc.	Fair/good project that provides a gap analysis on CMS/TJC ASP standards compliance among small and rural hospitals. Can provide more detail on who was targeted for survey as well as any perceived challenges on achieving compliance. Challenges faces by small/rural hospitals may differ and it would be great to have that data, in addition to self-assessment of compliance.
339975	Collaboration is key to meeting these standards and for these CAHs the alliance sounds like a great idea.	The ideas in this poster will be helpful to small hospitals struggling to meet new TJC requirements.
339975	The project is a good pilot project for the small and rural. This research can help small and rural areas to identify the elements that might be weak in their institutions to work on prior to establishing an ASP program.	Good project for small and rural hospitals.
340230	I do think it would be helpful to go back and collect more data for the poster - surely time from entry to verification would be an easy data pull. Pharmacy prep can be a gray zone, as is delivery.	Simple question, worth inspiring other places to answer the question.
340230	I agree, that a breakdown for time within each step would provide valuable insight as well as areas for improvement. Without this information, I think identifying potential target areas for improvement is a major result of your findings. Overall, very good abstract and process improvement.	Overall, very good abstract and process improvement.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
340230	Good review. Would like to see this study conducted again with specific areas for improvement. Perhaps add staffing shortages to the analysis.	Good study. Identifies problems and delay of care from pharmacy.
340230	Great internal analysis of your institution. Your next steps are to look at the literature and see if this is reported and determine what improvements can be done universally. Currently its very site specific and not generalize.	Good MUE but does not add value or provide solutions to the healthcare community.
340603	A total of 188 DRPS were identified, but how many prescriptions total in two weeks were filled? Additional numbers and statistics could be useful. The purpose statement lumps dispensers and senior dispensers into a group however the results lump senior dispensers and pharmacists into the same group when evaluating distribution of DRPS.	It is an important discussion however it could be more in depth and provide better statistics as well as dissect the information better.
340603	A more thorough description of the dispensing process may be helpful.	Title needs editing.
340603	1. Don't get the title lead in - "Where is the Nutcracker?" 2. Not sure that a two week evaluation from March 13 to 26 of 2017 is a) enough time for data collection to be significant and b) with results obtained so close to submission deadline, could it be accurately evaluated? 3. Per Poster Guidelines, no acronyms in title	None
340603	The word constrains needs to be constraints. Was this study conducted during normal operating conditions/patient load? Is the computer system able to be modified to identify some more of the DRPs? It would be interesting to see on average how many prescriptions each patient has. Are there differences in licensing that would allow for more senior dispensers to free up the pharmacists time?	Knowing regulatory drug laws in Hong Kong may make this study more clinically impactful. More application of information on the impact to the practice of pharmacy would have been nice.
340644	MMUH ? No defined what that is in abstract.	Conclusion does not actually list any conclusions based on the study. MMUH is not defined in the abstract. Poor overall quality and poorly written.
340644	I think the methods section can be expanded.	Not innovative but acceptable.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
340644	MR is a significant barrier in the treatment of patients in either the ambulatory or inpatient scenario. The QI provides a means to address the scope of the process but to improve implementation with metrics will be essential.	This was a very good development and I look forward to seeing the results.
340644	This is an interesting project, however, it appears to be missing some information and does not completely follow the abstract guidelines. Abstracts should not be in outline form, and the methodology is in bullet format, making it difficult to reproduce within other clinical practice sites. The results state one dedicated MR pharmacist was assigned for the MMUH MR service, however, there are no outcome results regarding the impact to patient care or whether this resulted in any improvement to quality/safety overall. A more detailed methodology in addition to providing additional results which measure the pharmacist-led MR service would be helpful.	None
340912	Very well laid out and logically developed. Thank you.	Very good abstract.
340912	Thank you for this well written and clinically relevant abstract.	This study adds new information important to patient safety.
340912	Great abstract and well written! Only comment: How was the following statement determined? Based on this analysis, we identified a clinically significant association between TMA and oral terbinafine.	Accept
340923	Nice, straight forward design. For final presentation, would be interesting to note the difference in days of abx therapy and report organisms isolated in bacteremia.	Approve. Article is of interest as antimicrobial stewardship is difficult to accomplish in this high risk patient population. Design and outcomes are straight-forward in design.
340923	Well written. Very relevant, interesting project.	Excellent abstract.
340923	Would recommend describing statistical methodology. I would also recommend including how many patients were ultimately included in each of the two comparison groups.	Abstract is informative and meets requirements.
340923	Important topic with rising incidence of Cdiff.	Important body of work in a vulnerable population.
340981	As a reviewer, I need to see the actual results of your data collection. How many adults were taking PPIs with clopidogrel in 2007-2008 vs 2011-2012 and 2013-2014? How many were taking H2 antagonists? This essential information wasn't included in the abstract and without knowing it, I can't recommend accepting the abstract as it is currently written.	If the authors were able to amend the results section of the abstract with the data they used in their analysis, this would be an acceptable abstract. But I can't accept it as it is currently.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
340981	In the results section, add the numbers of patients, not just the p values. It would be ideal to also report the CI along with each p value.	The results section was missing some detail. the authors did meet the criteria overall..
340981	The findings are true to the data, but are not conclusive to make recommendations. The project would be better if it measured the impact of an educational intervention pre- and post to decrease PPI use versus a descriptive report.	Time period is very wide and shows findings of data but it is not impactful and does not show the result of any particular intervention.
341055	Would be interested to know if any of the DOAC were the culprit of requiring 4FPCC	Very thorough review and descriptive abstract.
341055	Your method section was hard to follow. what about the off label use of severe bleeding associated with DOACs? you initially mentioned this, but did not include in the results. You did not indicate that you received IRB approval for this project.	None
341055	If linked orders for vitamin K and 4FPCC for warfarin bleeds were developed post the initial review, per hospital guideline, why did 2 of the 13 patients not receive concomitant administration?	None
341055	Good study, important topic for finical stewardship.	Will have utility for pharmacists attending. Other healthcare centers should adopt a similar model.
341639	Single center. May have unknown confounders in term of selection to use DOAC vs warfarin in the first place.	
341639	Very interesting study, well done.	Overall, well organized and appropriate abstract.
341639	How long were patients followed? The duration of dual therapy or a set time period? This was not clear in the abstract. Percent of patients on aspirin as well? Interesting topic--a very common dilemma so real-world data is helpful.	Interesting idea. I think this will be an interesting poster. Research seems sound, would like to know how long patients were followed, as listed above.
341639	Some wording in the methods I suspect was incorrectly typed? Or at a minimum it is confusing. "Secondary outcomes included thrombolysis in myocardial infarction defined major bleeding, etc...". Are there missing commas? What were the HAS_BLED and CHADS2 scores on average to let the reader know if these were high bleed risk patients and/or high thrombotic risk patients? Overall nice job. Pertinent to today's patients.	Well done. Some of the wording confusing. Not sure if it was missing commas? (thrombolysis in myocardial infarction defined major bleeding or all-cause mortality). Should this have gotten IRB approval?
341751	Good summary of rare case. Try to avoid using "we" and use "the treatment team" instead.	Very interesting case, rare. Good information provided.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
341751	Interesting patient case but some grammar errors.	None
341751	Good case study that presents important data. Confusing thoughts: Why were you concerned that famotidine was causing a fever instead of an infection? Why wasn't an infection investigated at that time? Gentamicin can penetrate the CSF, but is minimal < 10% or 25% if inflamed. Recommend changing the wording. Also recommend improving the grammar of the sentence: "...ceftriaxone is relatively safer and penetrate well." Should say penetrates the CSF well... may even include the percentage. Comment on how AC are synergistic.	None
341751	Interesting topic; case report requires more details on dosing, other medications used, microbiology reports, outcome.	None
341929	Hope to see more detail in poster as to how long was spent in each phase of training in order to complete checklists. Also hope to see how you determined that it lead to "improved quality of training"	Will be very interesting to attendees if final poster gives details on time required for standardized training and how authors determined that the quality of training was improved.
341929	No data/results included in abstract.	None
341929	It is unclear what your results actually are from the abstract. It would be interesting to see if the standardized training decreased the number of hours spent on training as a whole or if there were a decrease in errors compared to previous training methods.	It is not clear from the abstract what the exact results are. The wording in the results section almost seems like it should be in the methods section. The purpose is clear, but it is unclear to this reviewer what is actually being measured and what was done.
341929	Would you be providing an example of one checklist and training guide? Well written, but topic is not innovative.	This topic is not innovative, and may be of assistance to other institutions if an example of checklist and training guide were included. Question 4 was not applicable so I answered no.
342566	This is a review of digital insulin devices available on the market and is not research---it is not a role/service a particular pharmacy provides or a case study. Therefore, this submission does not fully meet descriptive report. You do not have any information on actual patient use or outcomes or how pharmacy is helping with digital insulin devices.	This is a review of digital insulin devices available on the market and is not research---it does not meet descriptive report as it is not a role/service pharmacy provides or a case study. There is no information on actual patient use or outcomes or how pharmacy is helping with digital insulin devices.
342566	Interesting topic	Meets requirements

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
342566	Interesting report highlighting innovations in insulin technology. It would be even more interesting to know how these technologies are currently being utilized and the feedback from patients and clinicians.	Interesting report describing innovations in insulin technology, however no new information was presented. It would have been interesting to search for patients currently utilizing these smart connected insulin pens and caps to evaluate benefits and limitation on diabetes care. I do not feel that new, improved or innovative roles or services were adequately depicted.
342566	Your abstract was well written. However, it would make a great review article, but I do not believe it is a descriptive report. If you were to take the data and implement a program at your institution, then that would be a better abstract for this category.	This abstract is a description of compiled data, not of a service or innovative project. As I mentioned above, it would make a great review article, but just does not describe a new/innovative service.
342579	Excellent study design. Very robust data with the multiple hospitals included. Would be curious to learn more about the functions/roles with some interventions (e.g., how did multidisciplinary team function).	Good project. Of the ones I've reviewed, the best design/methodology.
342579	How were the 4 strategies implemented in each of the institutions? A more in detailed description would be helpful.	A good study, but more information is needed in how the strategies were implemented in the studied hospitals.
342579	Good study to implement stewardship practices.	Appropriate for antimicrobial stewardship implementation
342579	Very timely project. I would have like to see what happened with the antibiogram, even though it was not statistically significant. Antibiograms have historically been the main stain to help drive prescribing.	Well written abstract. Very current topic and represents the impact of stewardship on pharmacy savings.
342676	This is an innovative topic that doesn't have a lot of back ground data. The abstract is well written.	This is an innovative topic and should be accepted.
342676	p values not presented, did alteplase come from pharmacy or stocked in pyxis? Were pharmacists present at codes? Very fast initiation timing.	None
342676	Would be interesting to separate data into those that were confirmed vs suspected as the data gives a stronger recommendation for confirmed PE.	Study is a small sample size over a long period. The data is weak because it does not separate confirmed vs suspected PEs
342676	Very well written abstract that covers all aspects in high quality. While the study itself had a low population studied, this is very understandable given the nature of the medication and indication studied. This absolutely adds to the literature and will create interest to do larger scale studies to further describe patient outcomes.	Very interesting study with a well written abstract. While patient population may be low, the authors do a great job of describing the results, making them relevant, and have the foresight to understand study weaknesses and future directions.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
342817	I couldn't tell from your methods if there was any effort toward looking for the causes of each patients AECOPD? Was there any sputum or other cultures done for bacterial infection? Was temperature monitored? How did you rule out viral infection or irritation from pollutants?	I couldn't tell from the methods if these patients were actually diagnosed with a bacterial infection?
342817	Would recommend including how you defined "narrow spectrum" vs. "broad spectrum". While outcomes selected for collection are very clinically relevant, I would also recommend including some data on days of therapy of antibiotic use between the two groups, just to normalize and compare the antibiotic use "duration" between the two groups. If collected, I would also report # of baseline risk factors present (in addition to being >65 years old) for both groups. Also include what you calculated as the N needed for adequate power.	Useful study looking at narrow vs. broad spectrum antibiotic use for AECOPD in the elderly cohort. Very clinically relevant outcomes were selected. However, the result interpretation may be limited for this retrospective study with many potential confounders. Study is incomplete and underpowered at present. For the purpose of a professional poster, where the study should've been completed and results interpretable, would not accept abstract.
342817	Although this is a very nicely conceived and conducted study, which does address an important question, I have recommend rejection due to the following issues: 1) There is no statement regarding IRB assessment - was it exempt? Instructions state that such a statement should be in the abstract. 2) I am concerned about the "interim" analysis, especially as it relates to the power of the study. The instructions also state that projects must be "complete" at the time of submission. The word "interim" implies these results are not finalized. I also have general concerns about underpowered studies that show no differences - is this real or due to not assessing enough patients. I also had a bit of a difficult time since the description of "narrow" and "broad" regimens were not provided, although I trust that information would be included on the poster. I am impressed with the amount of care that was put into the design of this study and the list of outcomes assessed is impressive indeed. Possibly, you could continue this study, as may be planned, and submit later?	I have recommended to reject this study for the reasons listed in the submitter feedback section. However, the study is very well-designed and has very impressive outcome variables. If I am off-base about the IRB and "interim" status, please feel free to override my recommendation. There is much about this study that is very admirable. I do remain concerned about the underpowered, negative-difference studies. as noted above.
342817	Good project	None
342843	Very interesting study.	Important topic. Will be of interest to attendees.
342843	Overall well done. Did you find any information regarding if providers were attempting to decrease to the lowest effective dose of antipsychotics?	Overall a good study.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
342843	Interesting topic. Written well.	Approve.
342843	Considering include more information as to why antipsychotic prescribing in Parkinson's patients is of interest or consequence.	Clearly written abstract. Results are reported appropriately for the stated objective. Authors could consider providing more context as to why this objective is relevant.
342857	What is considered non-adherence? Did you look at: Why was there non-adherence (intentional or unintentional)? Was there a difference in outcomes due to non-adherence? Just some questions I think about when reading this. Also noted a typo a two.	Some questions left to be answered (see above) however would accept.
342857	Thank you for looking into this - we routinely see this in patients coming to transfer their anticoagulation care. It would be interesting to also look at other indications (VTE) as we often seeing dosing issues there as well - I'm wondering why those patients were excluded. Also, may be useful to include other reasons why the dosing was incorrect (such as renal function).	The abstract is appropriate. Additional study parameters would be interesting.
342857	Very well-written. Interesting analysis. Please ensure that you include a statement about IRB approval for this study. If it's not a research study consider rephrasing it as a project, QI evaluation, etc. Would be interesting to take this one step further in the future to evaluate interventions to address nonadherence to manufacturer dosing strategies or outcomes with nonadherence to mfr dosing.	Well-written, concise abstract. Does not include statement about IRB approval although they state that it is a study.
342967	Well written - adds to body of literature.	Whether the abstract is innovative vs. of current interest to pharmacy practice is different and warrants 2 questions
342967	Interesting results, but hard to form clinical relevance without more information. Comorbidities, bleeding risk scores, indications, reasons for admit, etc. What I take away is, "patients who are anticoagulated tend to bleed." A comparison to heparinized or non-anticoagulated patients would be supremely helpful. You stated your purpose was to identify potential risk factors, but there is no risk factor analysis presented in your results.	There is a good amount of data here, but it means very little to me without any context for comorbidities, bleed risk scores, indication, or reason for admit. Seems like a very scattered collection of endpoints. Interesting, but not much to take away from this except that patients on anticoagulants tend to bleed... No risk factor analysis presented in results as stated in the purpose.
342967	Great evaluative study on a current hot topic!	Good description of results and reasonable conclusion.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
342967	Hard to compare rates of failure or bleed without knowing stats or even denominators and can't extrapolate about the incidence of events because we don't know what the local market share is for these agents. Therefore, it's hard to really say anything relevant about what that data actually means. Risk factor data more meaningful.	Should include statistical analysis of primary outcomes.
343062	Very useful case report.	Very thorough abstract.
343062	Interesting case report. I assume that you mean that the CT angio was completed, showing the results of the occluded artery. Where there any concerns with the initiation of heparin so soon after the administration of a stroke dose of alteplase? Did that effect Core Measure data?	None
343062	Why was heparin infusion not stopped after DES placed? I also don't actually understand how this is directly correlated to tPa administration? did the patient have a previous cardiac history?	Not sure if enough information to attribute cause and effect but definitely interesting.
343076	Thank you for your case reports. While it is interesting to see cases such as these, a key piece that is missing is showing a previously undefined cause and effect or relationship between the drug(s) and the patient presentation. Overall, inferences are made that these agents may be causing the impairment, but this is not surprising as it is well known and defined that these drug(s) could have these effects. Was anything done/changed with the pt. medication regimens and what was the outcome?	Unfortunately these case reports do not show any association of potential cause and effect. Inferences that are made seem to be based on already known concerns and does not add anything to the literature or someone reviewing this poster. Considering this abstract was submitted by a student poster, it may be beneficial for the student to receive feedback and an opportunity for revision if some of the information was just somehow left out.
343076	none	It's confusing to have to answer the above questions when it's not required for case reports.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
343076	<p>According to ASHP Reviewer Guidelines Case Reports should describe an unusual-patient specific case. The patients being described do not meet this criteria. Additionally the conclusions about each case is purely speculative. "Patient's symptomology likely was associated with medication-related problems including pharmacokinetics, pharmacodynamics, improper medication administration, and unnecessary medication use. " - While this is the conclusion what interventions were made to support this decision? Were medications discontinued? Were doses adjusted? Similarly, "Patient's cognitive impairment, sedation, falls, and bipolar symptoms could be a result of psychiatric polypharmacy, inappropriate bipolar management, and several medication interactions. " again no intervention was made to support this. The conclusion at this point remains speculative. IN this case there is research question but no data to support making a conclusion.</p>	<p>The study does not provide any discussion or results. The study results are purely speculative in nature.</p>
343076	<p>Although I do not see any problems with the way this case report is written format wise, I do not think this brings anything new to the world of pharmacy. I think all pharmacists are aware that drug interactions and renal/hepatic function play a role in dosing. I am glad you were able to help these 2 patients.</p>	<p>There is no "wow" to this case report. These are simple examples of needing to check drug interactions and renal/hepatic dosing.</p>
343143	<p>In the results section, would recommend to clarify that the documented interventions were done by a pharmacist.</p>	<p>Overall a good study. Recommended to clarify in the results section that the documented interventions were completed by a pharmacist.</p>
343143	<p>Great Project!</p>	<p>Incorrect title format.</p>
343197	<p>Very interesting. A simple change has saved the pharmacy a lot of money.</p>	<p>The project is an example of cost saving project for pharmacy. The objective was clear and data was analyzed appropriately.</p>
343197	<p>Did you evaluate safety and efficacy as well? Minor grammatical error noted - included vs including (Various groups within the Pharmacy were involved in implementation include staff from operations, automation, and procurement groups).</p>	<p>Approve</p>
343197	<p>Would like more background on why 2% lidocaine is chosen to replace 5% ointment. Equal efficacy? I am curious how this was chosen, and so will the reader.</p>	<p>I think it's a great idea, review of a cost saving measure, just would like more detail on why this product vs another. Is there evidence to support its use, and outcome equally effective?</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
343197	Would like to see reported if there are any data to show equivalence if efficacy of the two lidocaine products. Also would like to see results reported more clearly and stepwise breaking down the cost of each treatment option, the usual number of applications/doses used, average cost per patient for the single dose packet versus providing the multi dose product, etc. Overall, interesting report and approach to cost savings.	None
343955	Should describe what method was used to collect data. In the conclusion, should give examples of lifestyle modifications.	Difficult to tell what method was used to collect the data, especially how pharmacists were involved.
343955	Interesting study	accept
343955	Interesting analysis. It appears that there were two parts to your project. 1 to identify factors effecting BP and 2 to encourage patients to implement lifestyle changes. Your abstract/study only addresses the first part of the project. Please be more specific with results. Variables that showed significant association with being at goal BP included age (older or younger?), etc. Please reword your conclusion to reflect the results that you found.	The project itself is interesting. However, the results need to be more clearly defined and interpreted in the conclusion section. Recommend removal of the second part of the study which is to encourage patients to implement therapeutic lifestyle changes since this was not studied in this project.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
343959	<p>JNC 8 recommends different BP goals depending on age, presence of diabetes, and presence of CKD. It is not stated in methods that past medical history information (diabetes or kidney disease) is collected. Without this information, it is not clear how it was determined what goal to compare each subject's blood pressure to (at least for subjects over 60 years of age).</p> <p>There is no conclusion discussed about the result that subjects on triple or quadruple therapy are less likely to be at goal blood pressure. It seems that subjects on triple or quadruple therapy may be those whose hypertension is most resistant to treatment to begin with (as opposed to the possibility that triple/quadruple therapy is less likely to control blood pressure in any given subject).</p> <p>It might be interesting to know percent of subjects on monotherapy that are not at BP goal (as therapy could be escalated in these subjects to attempt better BP control).</p> <p>It is unclear how the conclusion about the importance of drug compliance relates to the study results as this doesn't appear to have been addressed in the methods/results.</p> <p>Consider evaluating drug class used compared to JNC 8 recommendations in the conclusion. Thiazides and calcium channel blockers are among first line drugs and are not mentioned in this study results. Beta-blockers are not recommended first line and are commonly used in study results. How does BP control in subjects on beta-blockers compare to other subjects?</p> <p>What were the commonly used FDC's?</p>	<p>The study is useful, but could be improved with revised conclusions (see comments above) , clarification about how BP goal determined (presence of diabetes or CKD collected?), and BP control rates in each group (monotherapy, FDC, etc), and what drugs were in the FDC's.</p>
343959	<p>It would have been helpful to include the type of assessment used in this paper.</p>	<p>The study seems to be adequate. I'm not quite certain that the results of patient population can be extrapolated to the US. The authors should have included the assessment measures.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
343959	<p>In this landscape summary, the authors evaluated the prevalence of anti-HTN drugs in the Lebanese population. A few comments:</p> <p>In the purpose, why are you using US data to justify the need for the study. Is HTN also a leading cause of death in Lebanon (I would assume so) and I would support with data in that patient population.</p> <p>For methods -- need to add more data. How many community pharmacies were involved? Were they geographically diverse? Any possibility of geographic bias or selection bias? Were the demographics the same across all of them? Did you perform a sample size calculation?</p> <p>Since the population is different from US, consider adding comparative US data from the literature into your conclusion.</p>	<p>This is an interesting, albeit "basic" study.</p>
343961	<p>It would be helpful to have more information to compare the percentage of statin-induced myalgia and most prescribed statin to other patient populations. The actual sites for data collection should be described in more detail so the reader can understand where the data is coming from.</p>	<p>This abstract does not present information that is not already known. The most recent guidelines would suggest using atorvastatin or rosuvastatin and it is already known that statin-induced myalgias are a common complaint.</p>
343961	<p>Information is not included that describes the research project and supports the results. Key items not included: how many clinics and community pharmacies were included? All or a random sample? What were the criteria or definition for myopathy? How was myopathy assessed or determined to occur in a patient? What was the dose most commonly causing myopathy? Were patient factors and/or drug therapy assessed and considered in the analyses? The occurrence of myopathy appears to be high, but the study methods are not well defined to conclude this rate.</p>	<p>Please see above comments. Although the project objective is noteworthy, the methods are not well defined and are not robust.</p>
343961	<p>Methods: if patient has dyslipidemia and didn't know the medication - would it have been possible to look up the medication list at the pharmacy or the patient's chart at the clinic? Also, patients' information was to be collected: what information, demographic data? If so, not in the results section. Results: stated would collect patient's information, nothing listed in the results, just the number of patients and medication used and only listed the top 2 medications prescribed.</p>	<p>Missing pertinent information in the results.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
343961	Need actual information on statin dosing. - Detailed results data not supplied- Cannot make any conclusions based on study information.	Conclusion does not relate to methods and results. - Full data not described- Study has little utility.
343965	Good information for other providers to consider. Patients on insulin, especially highly concentrated, may need closer monitoring when a SGLT2 inhibitor is added.	
343965	Interesting case study and will be very pertinent to the Midyear audience. Would be interested in how you would address the UTI issues and when would you consider the risks of this to outweigh the benefits but with her reduced insulin need--I'm with you that the benefits outweighed the risks!	Interesting case study. Very pertinent to Midyear audience.
343965	Good case report and abstract is concise. It would be better to include if the decision to add an SGLT2 inhibitor is to further decrease blood glucose or to test the hypothesis of decreasing the amount of U500 insulin.	The case report highlights an innovative topic that would sparks interest in ambulatory care pharmacists. The abstract provides adequate description and analysis. The conclusion is appropriate. Overall, I think this case study should be accepted for poster presentation.
343965	I would suggest changing your conclusion. The abstract is written as if SGLT2 inhibitors maybe a good addition to therapy to reduce the dose of insulin. However, you conclusion talks about hypoglycemia.	I am little concerned that ASHP did not require IRB approval or review of case reports by ethics/IRBs. Most institutional IRBs require a review of the case report before publication. I did not see a statement in the example submitted by ASHP. I would suggest next year to require authors to submit the case report for review by the IRB or ethics board or a statement (in progress of submission to the ethics board).
344149	Good overall project, very applicable in remote settings. Would like to know more about actual processing of medication orders, compounding IVs etc.	None
344149	Interesting and pertinent topic in the current health care model.	Interesting and pertinent topic in the current health care model and the emergence of telemedicine.
344149	The term "optimize efficiency and quality" is used in the title, and in the conclusion you state order triaging and technical support "significantly improve pharmacist efficiency and productivity" although there is no measurement of efficiency/productivity (or quality as noted in the title). For the poster you probably want to share this data if you are concluding improved pharmacist productivity is the result of the work of the TSS. It is a worthy poster for attendees to see as it focuses on telepharmacy and shows the different and expanding roles of pharmacy support staff in this practice area. Thank you for taking the time to submit!	Although I answered no to question 5 I do think this poster is worthy of acceptance. I requested the authors include data to support their conclusions in the actual poster.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344149	Great topic that highlights the value of technician support.	
344153	Very timely project with new stewardship requirements. Would consider having additional information and/or be able to respond to questions regarding barriers encountered with implementation (as other hospitals are likely struggling with this). Regarding conclusion, if you didn't collect data on micro data being available at day #4, should probably not make this assumption. However, if you did collect when micro data was available vs. time alert fired, make sure to include in poster.	Suspect that there will be a lot of submissions looking at 72 hr time out and/or duration/indication requirements with new ASP requirements; therefore don't feel that this poster is innovative in nature. However, it is timely as many hospitals are working on imply similar projects.
344153	Very current topic of interest. Very straightforward and nice large sample size. The abstract lacks description of baseline data, length of stay or other information collected/assessed in methods or results. Would be important to, at minimum, include the abx indication and hospital LOS for both groups in order to identify what led to the decrease in tx.	Very current topic of interest. Very basic data collection and assessment. Difficult to identify the what the findings would truly be attributed to without more information. However, given the large sample size, this is a good first step in assessment of this intervention.
344153	Useful concept for other clinicians of automated "time out". Strength of large number of orders evaluated.  Recommend re-wording conclusion so that conclusions are only based on exact data evaluated (ie, remove conclusions on antibiotic resistance, costs, etc.), as this was not evaluated.	Appropriate for acceptance.
344153	Great idea and analysis.	Great showing of adopting guidelines from the CDC. I believe this will be meaningful to most health systems and would serve as a resource to implementation.
344157	Would rephrase the first sentence in Results section. The total # of patients of 318 and then subsequently N=25; N=26; N=34 was confusing. If you have the data, I'm also curious if any physician reversed the pharmacy auto-discontinuation.	It's important to validate and confirm the effect of a pharmacy intervention, to ensure patient safety. This study was able to provide sufficient data to evaluate auto-discontinuation of gemfibrozil by pharmacists, which is a great opportunity to expand pharmacy services and avoid significant DDIs.
344157	Do not have any feedback for submitter	Do not have any comments for ASHP
344157	Good design; relevant work.	I feel this is an appropriate project that has relevance to a number of practitioners. I would recommend to accept it.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344318	The study was relevant to meeting attendees and well written. It is a study involving patients, and should be approved by the IRB and classified as an evaluative report.	This is a study that reports discrepancies in medication reconciliation between pharmacists soon after admission and non-pharmacist ER personnel. The research involved patients and should be approved by the IRB and classified as an evaluative report instead of descriptive. The study was well written and of relevance to ASHP members and meeting attendees, just should be reclassified.
344318	Relevant project. Was there a specific tool used to conduct medication reconciliation?	Relevant project. Institutions with limited resources may be able to utilize this approach.
344318	Great job! This is a crucial important part of acute care.	None
344318	Great topic and data. Would be interested to see if any discrepancies potential led to patient errors and resulted in harm. If harm did result than that would further support the need for a transition of care pharmacist in the ER.	None
344333	Congratulations on your success in patient care, especially in a population that needs these types of interventions.	Further support of pharmacists' involvement in diabetes management is always appreciated as clinics are expanded.
344333	Although the clinical importance of this study not clear in the purpose of the abstract, the methods, results, and conclusion of this program is easy to follow. I believe this project gives a good example of possible ambulatory services in FQHCs for diabetic patients.	Although the clinical importance of this study not clear in the purpose of the abstract, the methods, results, and conclusion of this program is easy to follow. I believe this project gives a good example of possible ambulatory services in FQHCs for diabetic patients.
344333	Great project and well-written abstract. For the poster presentation, I would recommend details on medication selection in this population, e.g. whether patients received meds for free or low cost, whether there were any regimen trends identified such as metformin+GLP1RA+insulin, clinic personnel, etc.	None
344333	When discussing outcomes being replicated at other institutions, think about your population studied (82% Hispanic or Latino and 63% female), when you are making statements about external validity. Also think about statistical significance versus CLINICAL significance-- an A1C of 9.3 is still not great right? So it was bad ...and now it's statistically significantly better, but clinically still bad. The abstract is very well written.	Statistically significant improvement in A1C but this isn't really clinically significant, so the conclusion is a little sketchy to me. I would have loved to see this compared to a group that had primary care provider intervention versus pharmacist intervention (ie add a control group). This abstract is very well written, but it doesn't give me any new or helpful information, and it also lacks external validity.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344477	Very interesting premise, extremely well written and described methods, pertinent results, and complete conclusion all make this a great abstract to review. Hospitals without a nurse driven protocol like the one studied here will be interested at the concept, and this provides quality evidence that it may be beneficial with regards to patient care as well as work flow.	Excellent quality abstract that covers every aspect at a high level. Adds to the medical literature, offers something intriguing that hospitals may try, and has applications regarding operations as well as direct patient care.
344477	-Great results!-Was there a minimum duration of time on insulin infusion for patients to be included?-May be beneficial to specify protocol BG goal (100 -150 mg/dL?) as well as whether patients T1 or T2 diabetics-How was the same protocol used for DKA and hyperglycemia of critical illness (continue until gap closes vs when BG controlled, respectively), or were different protocols used?	-Overall solid study but not particularly innovative (though seemingly will have large impact at site where study conducted) -Comments for reviewer more minor
344477	<p>Purpose, Sentence 2: "Guidelines recommend the use of -insulin infusion- in critically ill..."</p> <p>Inclusion of patient demographics will be important to demonstrate in the full poster. It may be beneficial to include a brief statement highlighting specific differences (if there were any) or lack thereof.</p> <p>Any data collected on nursing workload would also be of interest to many people (especially those outside the field of pharmacy).</p> <p>Great abstract.</p>	This abstract is relevant to practice. Information pertaining to the specific protocols evaluated is not included in the abstract but I would assume this will be included in the full poster/presentation. Conclusions drawn are appropriate given the results presented here and the study seems to have great scientific merit. My recommendation is to accept this abstract.
344529	Good project and with the predicted cost savings, this will be relevant to multiple infusion sites. I was a little confused about the 72 pts meeting inclusion criteria broke down into 45 in standardized arm and 69 in non-standardized arm--not sure what the overlap would have included). Maybe be ready to explain this in more detail but otherwise, I thought everything was good!	Good poster with relevant topic on cost containment--see above for more clarification but otherwise--good job!
344529	I am not able to figure out the saving or estimated cost of \$104,640-165,000/year. More information is needed.	The abstract was an OK abstract and needed more information.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344529	The concept is one that is highly interesting and of great value; however, the way that the abstract was written has left me with many questions that I cannot answer. It appears to me that the desired outcome may have been known and the data was viewed in such a way to support it.	I would not recommend this for acceptance at this point. I am confused by the conclusions drawn from the information given. It seems that the primary endpoints may not necessarily support the conclusion. This could be an excellent poster with significant benefit; however, the abstract, as written, leaves me with more questions than answers.
344630	Did you consider logistic regression to evaluate the association of multiple factors with medication related problems?	This is a large study with clearly described methods evaluating cost as a primary outcome which goes beyond many studies evaluating medication related problems. Their extensive review of the problems with multiple reviewers strengthens their methods. Their secondary analysis of sociodemographic characteristics may have statistical flaws due to repeated evaluation - however this result is only hypothesis generating.
344630	Study and abstract are appropriate, but there is no statement about IRB review. If statement about review included, then this would be a good abstract.	Study and abstract are appropriate, but there is no statement about IRB review. If statement about review included, then this would be a good abstract.
344630	Very well written abstract- Please add more information on how patients were recruited - Please add if IRB was obtained.	- A nice study that highlights the role of ambulatory pharmacist i support accepting it
344630	You can use symbols such as $< 0.05$ and 56%	None
344639	Results need expanding, unsure how the use of these drugs would be relevant.	Interesting concept but unsure if methods can result in a reliable conclusion.
344639	Good study / review.	Overall, fair study.
344639	<p>Would recommend to make the abstract more concise with less conversational elements - example is the first sentence of the methods section: delete "First of all,". Taking these conversational elements out of the abstract will bolster the overall clarity of the project.</p> <p>In methods, it is mentioned that candidate drugs contained in drugs administered within 1 month after arrest was an inclusion criteria. Survival to discharge was the primary outcome, however there is not data presented here to show that these drugs were actually administered prior to discharge. If the drugs were not administered prior to discharge, these cases should be excluded.</p> <p>What data in your project supports your final conclusion? This does not seem to fit with your</p>	Clearly innovative project utilizing innovative research strategies. I'm not overly familiar with drug repositioning research but I think this project is relevant and will carry great interest with the attendees of the meeting. There are some minor edits I recommended to the authors to improve the clarity of the abstract and project. The final sentence of the conclusions is not supported by presented data in the abstract. All other conclusions appear appropriate to me.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	project specifically and is not supported by any data presented within your abstract.	
344652	Certain parts of the results section are presented together, not separated (high vs low dose) and no p values are reported. For example, this statement is difficult to interpret without the context of p values - "The rates of major bleeding per 100 patient-years were 4.66 and 7.07 in standard dose and low dose group, respectively." Also it is interesting that the rate of thromboembolism was higher in the standard dose group - this should be addressed on your presentation. Consider adding any future directions for this project in conclusions.	The results and conclusion are not conclusive as p values are missing from the results section. It is difficult to interpret the significance, if any, of the outcomes reported. Great topic and choice of intervention but results need to be reported properly.
344652	Maybe expand on your conclusion a little bit, but otherwise this is well written and a good, clinically relevant topic. Well done.	This is great. The conclusion could maybe be expanded on a little bit but otherwise well written, interesting and clinically relevant.
344652	Your methods do not indicate that the study population were Asians only, yet your conclusion is specific to Asians with atrial fibrillation. Additionally, the correct standard dose at this time for atrial fibrillation is 20mg daily, yet the standard dose used in your study was 15mg daily.	Incorrect title format.
344652	Rivaroxaban 10 mg dose is not used or approved in US, so this study is not relevant. Also, the major risk factor as renal function was not addressed at all, this is a huge confounder.	Poorly designed study, dose adjustment for renal function was not looked at, therefore study validity is questionable.
344654	I hope the poster will have easy to read graphics to display the data.	This abstract is a little technical. A limited number of practitioners will be interested in it but it is worth presenting.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344654	-"Central symptoms" is not a term that is commonly used; potentially replace with "central nervous system effects" to make it more clear to readers-The purpose statement only included four variables (pregabalin concentration, central symptoms, concomitant opioids, and cachexia stage) but the methods/results also included Glasgow prognostic score and renal function-In the conclusion section, consider adding a statement regarding clinical relevancy	Although this was a successful pharmacokinetic study, it was not necessarily clinically relevant given that none of the variables were well correlated with clinical outcomes. The purpose statement only included four variables but there were more that were discussed in the results and conclusion section. Some of the wording is confusing and it was hard to follow at times (likely due to international authorship). After reading this abstract, I do not feel that it would be beneficial for readers. If the authors were to clarify some of the variables and make the clinical relevancy more obvious, it could be re-considered.
344654	Interesting study and design though the results don't guide us on what the next steps in managing patient should be. Suggest if you poster, you postulate other theories to consider.	None
344657	Why were only psychotropic medications reviewed? Were there any other types of potentially inappropriate medications used at your hospital?	This is labeled as a case report, but it's a study. It does have some grammatical issues, but not to the point that you can't understand it.
344657	Well written abstract on pertinent information for current practice!	Should this be an Evaluative Review instead of Case Report? Otherwise great abstract.  This should be a Descriptive Report.
344657	On the last sentence, "...DUE, must be preceded, for..." In place of preceded, do you mean provided?	Some of the word choices were odd but this may be due to a language barrier. For example, in the conclusion paragraph, they stated "...if such a replacement should not be imminent,..." Imminent seems like an inappropriate word choice. Also, in the last sentence, "...to DUE, must be preceded, for..." The word choice of preceded makes no sense. Provided would be a better word choice.
344657	This abstract was placed under "Case Report". Case Reports do not need the headings: Purpose, Methods, Results, or Conclusions. This is not written as a Case Report. Would recommend changing the Type of Abstract and then too space headings such as "Purpose", "Methods", etc.	This abstract was placed under "Case Report". Case Reports do not need the headings: Purpose, Methods, Results, or Conclusions. This is not written as a Case Report. Would recommend changing the Type of Abstract and then too space headings such as "Purpose", "Methods", etc. Will reconsider when corrections are done.
344664	This abstract is difficult to follow and it is not clear what the purpose was.	This was very poorly written and not clear what the purpose was.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344664	While the idea of broadening the clinical pharmacy services to the surgical realm is attractive; it would have been more helpful to describe part of the methods the service, to not use non-standard abbreviation.	The abstract contains numerous serious grammatical/spelling errors; given that there is no innovative service provided (i.e. medication reconciliation/review service prior to surgery.) The abstract is not properly written either to describe methods, with lots of non-standard abbreviations used (like DRP, ATC N or ATC M, ATC A etc.) - I am unclear to what those results represent or mean-
344664	Research design was difficult to follow. No specific primary and secondary outcomes specifically defined. Acronyms were not always defined. Language used was not always scientific.	Research was difficult to follow and language used was not always scientific.  Title needed editing.
344664	I would describe what the "key figures" are that hospital management are concerned with. It sounds like it is the implementation of clinical pharmacy services on a surgical floor, but that was not easily inferred. The methods could be a more clear on explaining the implementation of this MR service and the ends points that were being measured to mark success (no measurable items were mentioned). Results were hard to follow. Acronyms were used but not spelled out.	I found the abstract hard to follow. And was just on implementing a pharmacy service in a new area. I did not find the abstract innovative or new. Overall, the abstract was not clear or concise and did not contribute anything new to me.
344673	Most oncology patients are opioid tolerant - would 100mg of tramadol or the prescribed opioid equivalent for pain post-procedure pain management be enough? Did patients continue on their home pain regimen in addition to the post-procedure pain medications?	Interesting using COX2 prior to procedure and PCA afterwards - would have been interested in knowing patients' pain medication use prior to procedure.
344673	-Recommend expanding on methods for clarity - how were the subjects divided? (randomized vs. stratified)-Were the pain intensity scores only collected up to 12 hours, or were they just not significantly different after that?-How were outcomes such as quality of life, cost effectiveness, patient satisfaction degree measured?	This abstract is fairly well-written and concise. The purpose is clearly stated and the results and conclusion are supportive. The outcomes studied were relevant and appropriate to this field. After reading the abstract, I would be interested to learn about the rest of the study and how it was conducted.
344673	No specific conflict but parecoxib is not a medication I am familiar with as it is not FDA approved in the USA. I would not be an ideal reviewer for this abstract as a result.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344738	The purpose talks about surgery pharmacy not being covered in pharmacy school with roles of pharmacist in this field being ill defined. Thus I expected info about pharmacist rounding and intervening in the OR which would match the purpose. However what we got is info about what today's pharmacists should be doing on ANY floor - no matter if it's a post-surgical floor or medical floor. Thus this info is not new at all and by the title is misleading.	I expected info about clinical services in the OR itself but I got info about what pharmacists should be doing on any unit in hospital.
344738	In the methods you said that reports for other pharmacists were run to compare but in the results section you do not mention comparing the two which makes it difficult to tell if the numbers for the surgery clinical pharmacists in average or below for your institution.	Interesting topic but the abstract does not really compare the surgical pharmacists to the medical pharmacists, it just reports numbers and limitations. With some further development or rework of the abstract, I think this would be accepted.
344738	This is a very interesting topic. Surgical pharmacy services should have adequate resources and staff available. In addition to the traditional services provided - there is opportunity for surgical pharmacists to develop their own distinct clinical services. Antimicrobial stewardship, warfarin monitoring, and patient education can still be performed by the traditional medicine pharmacist. The surgical pharmacists should look into expanding their role in areas such as pre-admission testing for elective cases, transitions of care, or helping to develop evidence-based pre-op/post-op order sets to optimize patient care.	Accept without reservations.
344738	The methods mention that reports were run on medicine units to serve as a comparator, but they were never mentioned in the results section? It would have been interesting to see what the results for the medicine units were compared to the new surgery units as far as workload on the pharmacists.	Descriptive report on implementing pharmacists on a new unit, but did not compare to existing services like they mentioned in the methods.
344753	Has the guideline been implemented? Any patient outcomes to report.	I'm not sure this is the type of "project" to be presented as a poster. It just describes the development of a guideline and what they put in the guideline. It would have been nice to see how well the guideline was utilized and patient outcomes.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344753	Would strongly recommend looking at measurable outcomes, such as use of ketamine pre- and post-guideline implementation.	Overall this abstract was poorly written. There were no measurable outcomes that demonstrated the value of this project. Although this topic is clinically relevant and many other sites may be interested in creating a similar product, I do not feel that this abstract is beneficial or contributes much to the field.
344753	- What is the intended audience for the ketamine guidelines?- Need more description on what type of guidance the document will give. The description does not focus on what exactly the guideline will provide and for who. - Good concept but needs more definition	Need more description on what type of guidance the document will give. The description does not focus on what exactly the guideline will provide and for who. Not sure of the utility of this descriptive report as there is not enough description of what has been actually produced.
344766	Probably not required to mention that IRB review not required for a case study. I assume that additional information regarding toxic cyanide levels will be included in the poster.	None
344766	Was the patient living independently upon admit? Was she taking other alternative medications? What acid base disorder was present upon presentation? What was her renal status?	Overall a good case. Missing some details, which can be added to the poster.
344766	Please address the issue of chronic exposure over a year's time period without any apparent toxicity and then suddenly the patient becomes ill. Please include the normal range for blood cyanide for comparison purposes along with the toxic range. The seeds are also called kernels; you may want to use both terms.	This interesting case report does not present anything particularly new or different about this type of exposure. Even though the patient had been chronically eating them, something precipitated her illness or else she would have been ill shortly after she began eating them 12 months earlier. This issue should be addressed in the poster.
344766	Would be interesting to follow-up with how patient did after d/c.	Very interesting case report.
344791	Interesting topic and very helpful to pharmacy. Nicely done study.	Good topic, Well done.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344791	Your abstract submission pertains to an interesting physiologic process. Frankly, I question the clinical utility of the work because patients receiving therapy with EGFR1 should be monitored routinely for hypomagnesemia with standard laboratory analysis.	<p>I hope that the author disclosed their previous publication reporting a similar analysis in 22 patients, with generation of a slightly different equation: J Pharm Health Care Sci. 2016 Sep 22;2:23. doi: 10.1186/s40780-016-0060-9. eCollection 2016. I assigned a grade of 3 because the methodology leaves so much uncovered, e.g., nutritional status of patients. I am convinced that there may be a relationship between serum magnesium levels and serum calcium levels; however, stringent scientific analysis of this matter requires much more stringent methodology. Moreover, I do not appreciate the clinic utility of this project because patients receiving treatment with EGFR1 should be monitored routinely for hypomagnesemia.</p> <p>This reviewer noted that the abstract title is not in sentence format. I will defer to ASHP regarding whether this constitutes grounds for rejection.</p>
344791	MgOx does get absorbed well, so no need to measure change outcome. The skin Tox has no meaning for this study. The equation is confusing. Not clear what it means.	There were issues with this paper. It assumed MgOx would alter Mg levels. It doesn't and the authors didn't know that. The equation was not explained and a section on skin toxicity bears no relationship to issue discussed in paper.
344791	Well defined parameters and clinical outcomes. Since these are common agents, it is interesting how you paired both serum concentration monitoring with skin toxicity; however, it was a little unclear if calcium correlates as well as magnesium in this regard (perhaps you have this data). Your conclusions are a bit strong based on data presented, especially with no statistics supporting these conclusions.	<p>The basic idea seems sound and the data are probably also sound. Without any statistical analysis offered, it is unclear if this is just a big pile of numbers or if there is something more to it. I think it's worth taking a chance on.</p> <p>Incorrect title format.</p>
344821	Abstract describes qualitative results from a quality improvement project that addresses an important process improvement. Would like to see poster address the specific barriers that were addressed during implementation and the next steps for spreading the improvement.	Study provides qualitative results that might be helpful for other organizations addressing this change.
344821	It is unclear how the research pharmacist tested the stability of the recipes.	It is unclear how the research pharmacist tested the stability of the recipes. It is possible the authors did not have enough space to include this text. This poster is a good example of innovation and application of regulation to real world situations.
344821	Oral chemotherapy compounding is a salient issue for processivity of specific patient populations. Your abstract provides an in depth discussion on content for other institutions to adopt.	This is a very good abstract with follow up details that could help other sites.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344821	Abstract is confusing. Purpose is not clearly stated. Some items in the results have not been implemented. Unable to determine how conclusion is supported by the results.	Project has merit, but the way the abstract was written and presented was confusing and had a hard time evaluating it.
344876	This is an interesting study. Nicely done. The only thing I feel that is missing is whether any other statistical tests were used, or what this just simple math?	Good study. I think that this is an interesting idea and presented well.
344876	Process can be reproduced by other sites; straightforward. Would like to see more examples and analysis with IV products.	Simple, yet easily replicated process improvement project.
344876	Interesting idea and very applicable. However, it appears that the amount of work (recalculating costs based on a different tablet size) is less than that of other posters.	Interesting idea. While it is an important concept for pharmacists, the amount of work demonstrated in the poster (arithmetic to calculate cost savings without a lot of other data presented) seems minimal to me. I am on the fence as to whether this merits a poster.
344876	Interesting topic and approach. Could be made stronger by including a few additional high-cost medications that are similar to the approach taken with duloxetine. Also would be helpful to describe how this could be implemented systematically across the formulary - for example, targeting medications that are dispensed as multiple units per dose for more than 30% of ordered doses or some other trigger metric.	None
344884	Inadequate information or data. I can't equate the intervention to better patient outcomes because I do not have a comparative cohort to benchmark the difference in outcomes between pharmacists versus other providers.	Inadequate information or data. I can't equate the intervention to better patient outcomes because I do not have a comparative cohort to benchmark the difference in outcomes between pharmacists versus other providers.
344884	Thank you for the abstract submission. Culture follow-up is a hot topic in EM pharmacy, to which you showed that your program does a great job with. For an even stronger study, I would recommend comparing culture call back performed by nursing to pharmacy.	The intervention is there, but it would be interesting to see a comparison of how the 5 days per week of a pharmacist compares to the 2 days per week of a nurse doing call backs to look for differences for justification. Are pharmacists more accurate? More efficient? If they documented time spent per follow-up, that would add stronger data.
344884	Be interesting to see long term if flora in your system changes as a result or if effects are diluted by outside community practice.	Excellent showcase of pharmacist's usefulness in clinical setting.
344884	Overall good unique example to share	% is not written out as "percent" as per the handbook expectations as well as using a symbol for approximately. Reject if so required secondary to this.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344900	Solid abstract. Would have considered including total number of pharmacist at your facility to get an idea of % of staff that participated. Also, information regarding the types of interventions made pre/post intervention.	Solid abstract/study. They could have included a little more info: total number of staff at facility, what types of interventions were documented pre/post, but I think a good abstract overall.
344900	Overall, topic is relevant and study methods are appropriate. It would be interesting to see if the increased number of interventions affected ED visits, readmission, and hospital length of stay. Also, a breakdown of types of interventions being documented pre- and post-program implementation would give your audience a sense of the quality of interventions.	Relevant topic with a good method structure. It would be interesting to see whether the education involved and interventions affect other CHF goals, such as preventing readmissions and decreased length of stay.
344900	This is a valuable project to an institution in need of improving the education of their pharmacists in a specific disease state. Abstract was clearly written and is focused on a topic that is relevant to all health systems. Piece that may be missing from description is how transferrable is this to other institutions (i.e. would the time, resources, expertise needed to pull this off be available at any community teaching hospital or is this a project of limited generalization). Perhaps the abstract presentation can give background on the specific role of pharmacists in your institution so role comparisons can be made to other hospitals.	Very good abstract; premise is interesting and methods are pretty solid. I think this project will be of interest to some attendees depending on the structure of their institution.
344900	Well- written abstract, good study.	Good study, well -written abstract, shows impact on patient care in HF patients.
344918	Considering all of the data that a manufacturer would submit to the FDA, and FDA granting approval of this biosimilar to be used for the same indication as filgrastim (Neupogen); my impression is that a reader would expect this result.	None
344918	Good poster--results seemed to be very similar despite multiple significant differences in baseline characteristics. would be curious to see if any of these differences could have affected the results.	None
344918	Title is too long; would shorten it (i.e. is it necessary to include EP2006 in the title?); typos in abstract (Zarzio?) Regarding purpose, isn't data from prospective, clinical trial the best we have? Unclear why the authors feel necessary to replicate work from by conducting a retrospective study.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
344918	- Nice study. Important information for many healthcare centers faced with a switch to bio similar G-CSF's	Great study. Will be topical and important to many pharmacists attending the conference.
345032	Would expand on statistical test used.	Good research project.
345032	This project can serve as an example for instruction in other countries on DI concepts.	Overall, the concept of this project is good. It can serve as an example for instruction in other countries on DI concepts.
345032	Title not completely reflective of the topic. Was there preceptor evaluation of the students' comprehension? How was a distinction made between understanding the content versus language barriers? Were students equivalent in their English language training? 2nd paragraph of methods difficult to understand. Other literature available on this topic?	Interesting topic, but of limited use to a U.S. audience.
345032	There is a lot of information missing from the methods, specifically with regard to sampling methods. You mention there were 50 students in the study (although results list an N of 53). Was this ALL the students at that site? Were they all from the same school? Did all of them receive background information on EBM during the didactic component of their curriculum?  I also think that it is unlikely that a one-time assignment can have a deep and lasting impact on learning this material.	Very basic study that doesn't add much to what is already known about this topic.
345044	Nicely designed study; investigated an important question, however important to discuss details of use of concomitant antiangiogenic agents. Please provide details regarding this in the discussion.	
345044	There is little new information delivered here other than older individuals will have more side effects.	There is nothing new in this paper, but there were no errors.
345044	Overall, this study tries to answer a question with retrospective data that we may never get with a prospective trial. The main outcome is the rate of ONJ between the two agents, correct? If so, shouldn't there be analysis of the rates and mention if there is a significant difference? This was obviously missing. Perhaps that's on the poster? Likewise the time to develop ONJ strongly seemed to favor ZA but there were no stats with this except for some numbers which could be confidence intervals (not labeled).	There were some good detailed data comparing the two drugs that the authors seemed to shy away from presenting, such as the much longer time to develop ONJ and lower incidence of ONJ with ZA. It confuses me as to why these items were swept under the rug.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

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345044	Please correct grammar. There are several sentences with incorrect verb tenses or sentence structure. The idea for the project has merit, but you need to explain in more detail what you were looking for in the medical records. This needs to be explained in the methods section.	None
345045	Well-structured study on an interesting and relevant topic.	None
345045	Interesting study, however understanding the pharmacokinetics and the drug interaction with amiodarone, the results are what would likely be expected.	None
345045	To the best of my knowledge and according to chest guidelines INR goal is 2-3 or 2.5 -3.5 for a patients with valve replacement and INR between 2-3 in A.Fib patients. I believe that daily INR monitoring in ICU and in inpatient setting is a standard requirement. Amiodarone-warfarin interaction is well known and documented interaction, that requires close monitoring. This study does not add any additional knowledge about the interaction and warfarin monitoring.	INR goals are different for valve/A.Fib patients as in the study and daily INR monitoring is a standard requirement in patients admitted to the hospital, therefore this study does not contribute to already existing data.
345060	Good topic. Would be interested in know if those pts who received UFH were on an infusion or SQ therapy. Also interested that no patient developed HIT while on UFH therapy. What statistical analysis was used.	The topic is relevant. Good study design.
345060	Well written, pertinent to Rx practice.	
345060	Careful with conclusions here. As retrospective research, you are limited to generating hypotheses and/or describing what happened in this particular cohort. Statements like "results of this study show that there is a low prevalence of both." and "results of this study show that using either agent is an equally safe option." You can mention that your results support a previously-described notion, but your wording suggests that what you found here (n=16 bleeds) is confirmatory/representative of a larger population, which you simply cannot know.	Information is good enough to present via poster, but would need wording revisions to make sure they are not concluding above their data...

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345060	<p>Methods - second sentence is not clearly written. As written, SCD is considered an prophylactic AC regimen. LMWH not abbreviated first time used.</p> <p>Most endpoints were clearly defined. Would like to know which thromboembolic events were assessed and how? Was this just based on documentation in the medical record? No exclusion criteria listed in the methods section.</p>	I do not think that the feedback provided is significant enough to reject.
345071	Would be helpful to know actual coverage hours.	No issues noted.
345071	Good study but missing a statistical analysis. Did patient volume change between the two study points. Variables are not described. Please also describe the type of institution and acuity of patients along with # of admits per day so it can be translatable to other institutions.	Good design but with no statistics.
345071	The purpose of this report was to compare the two staffing models but the intervention data was a combination from both models so it not possible to double check the calculations for the efficacy rate of each model. The results were reported in interventions per day instead of interventions per hour which would allow for an apple to apple comparison between the two models. The actual hours of coverage were not described so it is difficult to know if the differences in interventions were due to coverage during times when there were low patient volumes such as in the early hours of the day when the ED is not busy vs. the afternoon and evenings. There is no explanation offered as to why 10 hours of coverage would result in more interventions than 16 hours of coverage.	There is nothing particularly new in this study. It shows the usual benefits of having an ED Pharmacy program. However, no explanation is offered as to why 10 hours of coverage should result in more interventions than 16 hours.
345071	Is the second group 10 or 11 hours? Or just 10 hours as in your conclusion?	None
345265	Very good project.	Very useful team approach.
345265	I really like this concept and I feel others at ASHP could benefit from hearing about your program with limited resources. Nicely done.	Helpful for small and rural hospitals and innovative for those with tight FTE budgets.
345265	The methodology described has wide spread application to other clinical services as well. Well done.	This descriptive report has applicability on how to expand services even outside of the ICU.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345265	Was this IRB approved? What type of interventions did the pharmacists make? Were pharmacist interventions quantitatively and qualitatively assessed? Suggest editing Results section to be more explicit in exactly what the results were (ie. how many intensivists provided "positive feedback"? how was feedback received? Did they fill out satisfaction surveys?) The results section, in my opinion, is very vague, subjective, and appears to be more "word of mouth" rather than collected data.	I believe more quantitative and/or objective data can be collected for this study to convince the audience that the implementation of CCPS resulted in positive outcomes. Suggest measuring the number of interventions made by the clinical pharmacist.
345274	It would be better to indicate this is a case-control trial because "observational" can refer to several types of designs and these patients are serving as their own controls the BL phase.  What is the clinical importance of these results?  What are the potential clinical applications of these results?	Authors could make it clearer that they are comparing the new therapy to dialysis alone.
345274	Well conducted study. No specific comments based on information presented in abstract.	Well conducted study. No specific comments based on information presented in abstract.
345274	Well run study. Interesting project.	Nice project, well designed and carried out. I feel this will be a project worth sharing at the meeting.
345467	It would have been helpful to determine if the insulin pens contributed to better compliance and patient acceptance upon discharge. If so, maybe some of the problems could have been addressed by the institution instead of excluding pens from use.	This is an ongoing issue for many institutions - hopefully the decision to use various forms of insulin will not be based on just economic concerns.
345467	Purpose and methods sections are overly verbose. Purpose should usually be 1-2 sentences (skip background, save for poster). Methods section is verbose and narrative. Methods state that insulin pens are for meal time use, however, insulin glargine and detemir pens are mentioned later in methods. Hazard score used to quantify results, however, not ever mentioned in methods section. Title states that a comparison to vials should occur, however, no mention of vials in methods/results.	Methods and results not very clear and overly verbose.
345467	Clever use of FMEA process to approach this topic.	~

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345467	Nicely written. Unclear if you actual decided to attempt to try to reduce risk of blood borne pathogen transmission(s). If so, this goal is missing from everywhere except your intro. Also except for cost reduction, it isn't clear how changing to vials reduces any of the hazards you defined. Perhaps your follow up data will show that. This is the kind of work we want students doing in school. Bravo!	This study looks to describe using FMEA for insulin pen vs vial analysis but never completes it with data. Wondering if this student project will have enough data to present at the time of the meeting.
345481	Use "=" and "%" instead of spelling out equals and percent. Another conclusion to your study would be that achievement of a target Vt. was low, regardless of the initial dosing methodology employed. Can you think of any factors which may contribute to this (ex. institutional dosing policy, empiric PK parameters/equations)?	No difference found, would recommend emphasizing the overall low rate of therapeutic Vt.
345481	I appreciate you submitting your poster without having a notable difference in your results. Maybe presenters shy away from that; however I feel like there is value in your topic.	This topic is applicable to many institutions. The abstract is very well written and the project appears to be of high quality.
345481	Very nice study. Good subgroup analysis. Results will be helpful to other organizations.	None
345481	Very well written.	None
345501	Purpose paragraph is a little disjointed. The third sentence (starting w/ "Bryan") really should go more towards the end of the paragraph. The results paragraph is more of a conclusion/summary. You state there was a decrease in overall drug use, what were the actual numbers? What were the actual numbers for the decrease in errors and adverse events? Do you have specific numbers for time pharmacist/technician time spent pre and post? The first line is not clear and the sentence structure is poor.	While the topic is interesting and of value, the abstract is poorly written. The results paragraph is more of a conclusion/summary section and provides very little data. What data is presented is hard to interpret given the poor quality of writing.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345501	<p>I had to re-read a few times to understand what the study was really looking at, and was thrown off by the title because I didn't originally link it with medication reconciliation as the focus. There was some grammatical errors, just make sure to get a few others to read through so those aren't missed. I had a hard time following what the project is about because initially stated that the hospital implemented several programs, but then only discussed medication reconciliation. With regards to the results, where did the 11% come from? Was it comparing non- med rec profiles to ones that were reviewed? I think this is a good idea, just needs a better explanation and more focus on defining the outcomes that were listed since "improve patient outcomes is very broad". Love that there is cost savings, but it would be great to have the data on the impact to the patient (ex: adverse events avoided, potential medication administration for medications patient was no longer taking).</p>	<p>Had a hard time following this abstract. Was very disconnected from section to section and not well written and the purpose was not clear, outcomes listed were not concise, and there were grammatical errors.</p>
345501	<p>It is unclear when this process was established in relation to FY 15 and FY16. Would have like to have seen specifics on how often elements (e.g., overall drug use, AEs) were reduced.</p> <p>What strategies were taken to de-escalate therapies? Were there some meds that were automatically not considered for continuation in the hospital? It was not explicitly clear how it was determined how the pharmacist recommended de-escalation in therapy.</p>	<p>The conclusion mentions "improving patient outcomes" it is unclear how the data presented for this project will lead to this. The authors did not discuss other activities that may have led to a lower reduction in use.</p>
345501	<p>In the purpose section I would not include the reference in parentheses. Also the last statement is the purpose is declaring/assuming success, may want to phrase it as "this study was designed to evaluate the impact of dose de-escalation initiatives on the overall drug budget".</p> <p>Methods did not state the timeframe Pre/post that was used to compare, this was mentioned in results. Also did not state when this more robust med rec process was put in place.</p> <p>Your title implies you are looking at costs, but your results not mention cost. While does/day are down you are assuming cost is also down, would be nice to see how the doses/day are saving the hospital actual money.</p> <p>Overall, it seems this abstract is more about the</p>	<p>I found the title to be misleading on what the descriptive report was actually about. The measurable outcomes were not clearly defined or reported on. I found there to be more assumptions made then presenting actual data to support conclusions.</p>



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	effects of the med rec process at the hospital versus dose de-escalation.	
345517	This is a good abstract. Consider adding some details about the MDCP so readers can understand what interventions the group made that might have had an impact on A1c reductions.	Consider asking submitter for more detail about what MDCP entailed. These look like great results, but applicability to my practice is hard without knowing who and what was part of this MDCP.
345517	What was the main cause for the readmission? Was this more or less than before implementing MDCP? Everyone looking to decrease readmission rates so this information would be most helpful	Very useful information for inpatient clinical pharmacists trying to get this service started
345517	Very applicable study that demonstrates the importance of management of hospitalized diabetic patients.	Nicely conducted study. No weaknesses identified in abstract.
345517	Please refer back to the ASHP Poster Abstract Guidelines for writing out the symbols. Minor grammatical errors. Purpose is lacking description on types of clinical services that the pharmacist engaged in such a drug therapy optimization, discharge counseling, hypoglycemia management, clinical interventions etc.. Do the patients receive care through an evidence based care path? How involve are the physicians - are the physicians just medicine physicians or endocrinologist involved? The project aim should be to evaluate the effectiveness not efficacy. In the methods - it is not clear how the author enrolled the patients into the program or if the patients have consented. In this patient population - what was their admitting / final discharge diagnosis? In the results - I would have like to have seen the break down between type 1 and type 2 diabetes patients. In the conclusion - curious to know how these patients are managed in the outpatient setting in terms of transitions of care.	The abstract is good. Minor grammatical errors. It is interesting to see how other countries are managing diabetes on the inpatient side.  Incorrect title format.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	It appears after their care - their A1c rebounds. The program is effective at first but needs to continue on the outpatient side.	
345551	This abstract is well written and describes an interdisciplinary program to improve on-time medication administration. It is relevant to meeting attendees and the information learned and actions taken that resulted in attaining goal are instructive for others aspiring to improve timely medication administration rates.	Same comments as to submitter. Well written abstract with relevant results.
345551	You talk about the ways pharmacy changed things to make improvements - what things did nursing change in their process, Would like to see more data when presenting.	Would like to see additional hard data vs general statements.
345551	In the method section, the barriers case the medication delay were not described, the goal of > 90% of one-time medication administration is process evaluation. Other aspects should be evaluated like medication errors, nursing satisfaction, pharmacy nursing workload.	None
345551	Abstract seems good. I would like to see more of what barriers were uncovered and addressed.	Recommend to accept, but encourage author to be prepared to discuss the barriers that were addressed in detail. This is the only way that it would be applicable to a broader audience and be relevant to practice.
345566	The statistical methods are not sufficiently described in the abstract.	Acceptable
345566	The project has a very good scientific importance.	The methodology is simple and straight forward.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345566	<p>Interesting review. Well written abstract. A few questions to consider: What was the p value for the significant increase in serum PRL level in patients with menstrual disorders? Was risperidone significantly more likely to cause menstrual disorders than the other antipsychotics? Should risperidone be avoided in women? Are there other risk factors that we should monitor that increases the likelihood of hyperprolactinemia? When should PRL levels be monitored?</p>	<p>Well organized. Data supports conclusion which is to be expected based on established information (hyperprolactinemia leads to menstrual disorders). Abstract could provide a little more depth to improve clinical utility.</p>
345566	<p>Overall well written and of value to the attendees.</p>	<p>A symbol % is used which is against the handbook. Reject if so required secondary to this.</p>
345568	<p>As the author states, pharmacists participation in an ICU setting has been shown to be very beneficial. Thus one does not need to recreate the wheel. Not innovative</p>	
345568	<p>As written this is not an innovative study. Almost every hospital has participation in ICU patient care and pharmacist interventions. Also your data from 2013 is old. Maybe if you compared your data to other institutions or had an innovative twist to your interventions like use of new technology this would qualify as more innovative.</p>	<p>This is not innovative and does not add anything to current practice. Also the data is very old 2013. No real analysis of the results either as how this compares to other institutions.</p>
345568	<p>Some grammatical errors that should be corrected for poster.</p>	<p>Some grammatical errors in abstract. This study does not add significant value to current literature however demonstrating the benefit of clinical pharmacy interventions is always good.</p>
345568	<p>The purpose is not stated. The section of the purpose lends itself more to the methods section. The information is repeated unnecessarily. In the methods section - were the interventions documented on paper or in an electronic health record? How did the pharmacist document physician and nurses questions? Did the team keep an excel file? The data collection methods can be scrutinized here. When the pharmacist document their clinical interventions - was it free text or were their predefined categories? Suggest to author to think of other ways to take this data to the next level. Would have like to know if after analyzing the types of intervention (i.e, drug monitoring) did the ICU pharmacist establish protocols around this to standardize the approach? The conclusion needs more discussion.</p>	<p>Abstract is poorly written. Author did not do an evaluation - author just rehashed what kinds of interventions they did without discussion with what they intend to do with the data that would be useful to improve their program.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345579	Some of the English in this abstract doesn't translate well. The project didn't look completed as the first sentence states that "it will be a retrospective study...." Discussion points were included unnecessarily in the results section. Since p-values were included, descriptive analysis wasn't the only technique employed.	This project doesn't look like it is completed in its entirety based on the first sentence in the methods section.
345579	Results numbers did not seem to add up. Perhaps a limitation of space, but confusing. The 5 objectives were difficult to discern in the results.	Not well written.
345579	<p>The abstract is a little difficult to read (awkwardly worded and organizational issues), but overall, I get the "gist" of what you were attempting to do.</p> <p>Methods: Did your institution have a protocol that was followed for all patients to ensure consistency with regard to dosing, follow-up, etc. I am assuming so, but this would be worth stating in your poster.</p> <p>Include typical alternatives. What did your institution do prior to the availability of atosiban?</p> <p>I question relevance of this abstract, since at this time, the drug is not currently approved in the United States. Also, does it add anything beyond what is known from clinical trials performed with this agent?</p>	This drug is not available in the US, so may not be of interest to the majority of attendees.
345595	In the conclusions, I am not sure about the statement with regards to the positive relationship with number of disciplines and rate of success in finding errors. You discuss the number of team members but not disciplines in results.	Thoughtful and relevant project.
345595	Would have liked to see more analysis of the results. Analysis is very basic.	Clearly stated and of interest to students and educators.
345595	Well written abstract and very interesting to current practice.	There were no major errors in this abstract.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345595	You present your results in terms of team composite scores based on number of total members of the teams (3-4 vs. 5). Then your conclusion talks about a positive relationship between number of disciplines per team. Consider changing results to calculated scores based on number of disciplines per team.	The discrepancy between Results and Conclusion as pointed out above is major. However, overall the concept of the project is novel and it seems to be well done.
345608	Is LECOM needed in the purpose statement? The purpose of the project does not match the conclusion (reduce expired/DC meds v. incorporating an out dated monitoring system. What was the number of expired and discontinued medications for the two groups. What was the # of meds and pts checked for the W group? Additional statistical analysis needed looking at SD and confounders.	Primary purpose of reducing number of expired drugs and DC meds not examined. Of data collected was incomplete collection for comparison group. results. Statistical methods elementary, needed SD and confounder analysis.
345608	Abstract a little bit wordy with all of the times reported, but in a poster I would expect graphs that will be easier to read and compare	None
345608	Your purpose is to reduce the number of expired and discontinued medication---What was the number of expired and discontinued medications in a patient's bedside medication drawer reduced by?  What is considered timely inspection time? It is unclear which floors were being compared?	You purpose is to reduce the number of expired and discontinued medication---What was the number of expired and discontinued medications in a patient's bedside medication drawer reduced by?  What is considered timely inspection time? It is unclear which floors were being compared?
345608	Good topic for a pilot and presentation. May have included the limitation of awake/present patient in the methods section and separated out the times to see if having more patients present would have changed the results.	Good study idea. Could have been presented more clearly and the variable of patient awake/present should have been explored more.
345638	As an evaluative study there needs to be mention of IRB or ethics approval which is not identified as in the submission rules. There is also use of abbreviations which are not identified. Drug regimens are not clearly identified. I am unsure how this project relates to improved patient care or effect in patient outcomes.	None
345638	Should not include results in methods.	Need to define methods.
345638	Role for pharmacists? Does AFP remain within normal limits post DAA Rx?	Role for pharmacists not really defined...
345638	Great detail of results and use of statistics. I do not have any recommendations other than discussing clinical significance of AFP reduction.	Nothing beyond what is mentioned above.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345653	This is very interesting and thought provoking. Readers should be gain important insight from this.	This is very interesting and thought provoking. Readers should be gain important insight from this.
345653	Interesting study but small population size makes it difficult to draw definitive conclusions. It would have been interesting to see more of the toxicity data with relationship to levels.	Interesting topic and study, however a very small population was included (n=10) making it difficult to draw definitive conclusions. The abstract included multiple errors in the text.
345653	The sample was too low to draw any meaningful conclusion. 9/10 were male. All conclusions based on limited numbers.	Very small study. Conclusions made on few patients.
345674	Interesting.	Will be of value to pediatric practitioners but also for those working in adult hospitals who deliver babies.
345674	Interesting use of insulin pump in neonate. Not sure if this would translate into routine neonatal care, however, it is thought provoking. Are you looking at future use and studies?	very thought provoking and innovative abstract. could lead to future studies and would like to see more if this is a viable alternative to IV insulin in a neonate.
345674	This is interesting - additional info to consider including - when changing drips/tubing prior to pump - was there more hyper or hypo glycemia? When the pumps was started, what were the total number of hyper/hypo glycemia events. Interesting and worth sharing.	This is a novel idea, not one I've heard of before in a NICU. As this is a case report - a number of the abstract review questions aren't applicable?
345674	I appreciate that the authors included enough details such as the type of pump and the dilution of insulin used to allow readers to replicate their therapy. I would be very interested if there were any differences in the tolerability of the various sites of infusion and would encourage the authors to consider including mention of that information in the poster.	The submission is a unique therapy in the neonatal population. I believe it would be of interest to the audience.
345688	There is no mention of IRB or ethics review and as an evaluative study, this is a requirement for submission. Also this project does not have strong scientific merit as this has been published numerous times with larger patient cohorts and the same conclusions. I am unsure who this particular project expands upon what we already know about the use of this product.	None
345688	Would like to have seen what variables were being collected. Vasopressor was first mentioned in results.	accept
345688	Methods section should include more details, including the statistical methodology. There are several grammatical errors that should be reviewed and corrected.	I recommend accepting on the condition that grammatical errors are corrected. The study itself has an acceptable design and contains useful results, so it would be an acceptable abstract if wording modifications are made.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345688	This is a very important topic for pharmacists and especially with increasingly more prevalent MDROs being seen in practice. Areas of clarification to consider are including the dosing strategy. Additionally was the nephrotoxicity reversed? Was there a difference in mortality in these patients or length of stay. What was the median EOT? Overall, well written abstract and I look forward to the poster.	Overall, well written abstract
345708	Were the acceptance rates statistically significant?	Advanced statistical analysis needed.
345708	Great idea. Very innovative. Great use of available technology. Would love to know what prescribers thought about the extra alert? Did you get any feedback (complaints) or barriers to implementation?	Great idea. Very innovative. Great use of available technology.
345708	Great pharmacy involvement. Good patient outcomes. Great methods.	None
345708	It would have been nice to briefly outline the current ASP activities provided at your health system. You had room to develop the results as far as providing % of ASP recommendations provided via non notes ( huge percentage)-	The authors mention ~2000 ASP recommendations with only tracking of 41.8% of them via note. It is unknown what format the rest of the % of recommendations were in. It seems like the intervention was meant to improve progress notes made recommendations only ( not clearly stated as objective).
345715	Very nice project and abstract. One suggestion would include describing which medications were included for DAPT - was it all P2Y12 inhibitors or only select ones?	Very nice abstract. Clearly designed project, succinctly written abstract with applicable information. Recommend to increase body of available literature as this subject is not often studied.
345715	This is a very interesting study, outcomes are definitely applicable to clinical decision making.	Good results, well designed.
345715	Very interesting. accept	None
345715	Consider calculation of the medication possession ratio (MPR). Difficult to assess how adherent patients were to the DAPT, the MPR may give some insight.	Well done, does not address adherence to the DAPT which is an important limitation. Easy to understand and read, good research question and results.
345719	What are your quality measures? Is this more of a brainstorming technique rather than a quality technique?	Promotional in nature (based on workplace and selective nature of ASP) and quality measures lacking. Maybe acceptable for Exhibitor's Booth or Hall.
345719	Excellent topic and project.	Incorrect title format.
345719	Many abbreviations, could be difficult for someone unfamiliar with the topic to read.	Interesting idea, the abstract is a little confusing, but I think will translate well to a poster where examples are shown.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345745	Would like to see example(s) of the actual therapeutic interchange(s) used when the poster is presented. Nice that there was buy-in from the higher levels of the organization.	Definitely a hot topic. Valuable to see such a widespread program.
345745	Clear, specific, detailed abstract	None
345745	Implementing PPI stewardship in system of LTACH's innovative. The ability of pharmacy teams to compare PPI utilization to other hospitals to track their progress must be motivating to the teams.	Good presentation
345745	Consider describing how the 23.2% reduction was calculated as the average utilization #s do not support this number (54.4%-41.8%). Consider clearly stating the objective.	Interesting and relevant topic. Clearly written abstract. Conclusions supported by results. Question on calculation of 23.2% reduction provided to submitter.
345775	Very well done study	Excellent study
345775	Very well written	None
345775	Presented very well. I am interested in what the standard of care pain control regimen includes. While your data shows statistical significance in length of stay, I would argue that 2.59 days as a pose to 2.96 in most cases would not be clinically significant.	Structured very well. Data was presented succinctly with good conclusions.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345799	This is a well written abstract with relevant results. It would be good to include statistical significance of the decrease in readmission rates and ED visit rates, as well as potential overall cost savings due to the activities of the transitions of care pharmacist.	Same comments as those to submitter. This is a well described and relevant study. Just recommend adding statistical analysis.
345799	Was the readmission risk score a validated tool? Would be interested to see the breakdown of risk scores and benefits seen based on the score	Well thought out project, many institutions are faced with improving transitions of care.
345799	Relevant project. Methods are concise, yet clear.	Relevant project that can be easily implemented at other institutions.
345807	Well written! Concise.	None
345807	Great project. I would be interested in learning about any challenges that you may have encountered when implementing this program.	Clear and relevant.
345807	The sample size is too small to conduct statistical analysis. Key information included in the abstract.	This project is not robust, but has some interesting information. No critical issues with the abstract to deny accepting.
345807	Should report p values for your before and after survey results - are the changes statistically significant.	Nice project even though not particularly innovative. Including p values as mentioned above would strengthen abstract.
345821	<p>Please clarify how a study of medical data (A1c) that is not de-identified or publicly available could be exempt from IRB review.</p> <p>Would be better to evaluate individualized A1c treatment goals, or clarify how it was determined that &lt; 7% is an appropriate goal for all subjects.</p> <p>How is the conclusion that interdisciplinary approach was "overall helpful" based on the results presented? I don't doubt that it was actually helpful overall, but it would be good to expand on how or why this conclusion was drawn.</p> <p>Will there be discussion of potential effect the natural progression of diabetes (e.g. requiring escalating therapy over time to achieve glycemic control) on the results?</p>	<p>How could this be an IRB exempt study given that medical information (A1c) is collected and no de-identified (comparing previous data to recent data in same subject)?</p> <p>If IRB Review exemption for this study structure does not disqualify it from being accepted, then I recommend accepting it.</p>
345821	Describe the members of the multidisciplinary team. How often were these patients seen or contacted? Was there an assessment to determine contact frequency?	Results are difficult to read and assess significance.
345821	It is a bit confusing how the groups are explained in the methods and this leads to confusion in the results. I would be interested to know why you think the A1c went up in these patients	Recommend instructing writer to use the % symbol.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345821	What is 501c3? What were some of the limitations of the study and what steps are being taken to improve outcomes in the future?	Great idea to follow up on previous research that was presented in 2016, however the results are not encouraging. There are no limitations states or sentences to show what steps are being taken in the future to improve outcomes. Overall looks like a flop of a project when presenting these results (I'm not sure why bother presenting when nothing is documented how to improve in the future).
345837	Why was only the first 100 citations assessed, especially since 22 studies met the inclusion criteria? Are you assuming that the older articles have the same study design and drugs?	This study may be helpful in adding to research based on polypharmacy in pediatric patients.
345837	The project had clear aims and all aims specified in the methods were addressed in the results section.  I do question why you opted to only look at the first 100 studies. Do you mean the most recently published (100) studies? What bias might this impart?	Appropriate for display.
345837	The project is very good, but the final results of the project would be better to share. Reader does not have a sense of how many total citations were found, to know if 100 papers is a large % of the total, or just a fraction. Authors should resubmit, or go straight to publishing results of this project.	Interim results are not what viewers need to see. Authors should publish final results.
345847	Good study, well described. The limitation is a small number of students. Will be interesting to see the results of larger study.	None
345847	The title of the submission "...research elective" implied to me that research would be conducted by the student during the rotation. That was misleading. In the methods, the authors state "Activities for the six-week rotation included a series of lectures..." It doesn't seem like the students did a lot during the rotation but perhaps there was more completed that wasn't stated. Was this a total of 4 students? Was this rotation only offered once? In the results, the authors state, "Upon completion of the rotation...to all of them meeting this outcome". This is implying that they met the outcome because they are self-reporting that in the survey. Were there any objective measures that they had achieved that outcome?	No additional comments other than what was provided to the submitter.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345847	How many students were included in the study?	I would like to see more information on sample size. Were only 4 students included? If only 4 students were included in the study, this may not be a large enough sample for a poster.
345880	Interesting	Acceptable
345880	Overall this is an interesting study. Description of your groups and time periods was okay, but a bit unclear. For instance, I was somewhat confused at how the NE group could be taking surveys "immediately after completion of the elective" since they didn't take the elective. How was the E and NE groups chosen if they all too it "after completion of the elective"? Also, there was no description of the type of statistical tests used to make the comparisons. Finally, the results, although understandable, were reported different that standard and could be someone confusing at times.	Overall, it is a great idea and a nice project. The description of methods and results was confusing and did not include any discussion of statistical tests used for comparisons.
345880	Overall strong abstract. It is a bit wordy for the long run but easy to read and well written.	Accept
345880	It is unfortunate that the participation rates were so low, however it is an interesting investigation. I think this is an interesting elective to be offered.	Good investigation. Our local school does not offer such an elective so it was interesting to learn of potential benefits to be gained from such a program.
345880	Interesting topic	None
345891	This is a critical area where more resources are needed. Thank you for this submission. While the training was well received it would be valuable to see an impact of the training through a pre and post test.	This is an area where more attention is needed. Interesting abstract that will hopefully lead to more work in this area.
345891	What a great opportunity/experience for the pharmacy students and the YDC employees. A few questions: How many of the attendees were the same over the 2 years assessed? Who provides the student pharmacists "consistent coaching" for the training presentations to the YDC employees? Is there any assessment of retention of information or follow-up as to how useful the information was or how it was used by the YDC employees after the training sessions? Any self-assessment information or activity in which the student presenters participate?	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345891	I think this submission would be better served with a more descriptive title. Something that includes that it involves a drug information center. It wasn't clear to me what the project was about from the title. In the methods, I was confused as to the 'continuing education program'. Is this CE for non-pharmacists? Later in the methods "primarily a lay audience...". Please write out acronyms (e.g., P4). Would like to have seen more detailed results.	Needs better title and more detailed results.
345891	Considering including additional information such as any clinical outcomes, education outcomes for students, etc that would make this abstract for relevant to the audience.	Questionable relevance for this audience and lack of significant outcomes. Would be more relevant if authors reported any clinical outcomes, ADE recognized, student outcomes, etc.
345899	Would recommend further defining VAHCS performance measure score in methods, as I am unfamiliar with this term. Is cost savings per patient?	Good overall, some minor clarifications needed.
345899	The therapeutic end points are not defined, only cost savings was clear. Since only 4 patients were discontinued, there was not much cost savings. There is no documentation of what intervention was done.	There is no documentation of what intervention was done. It appears that there was no issue and only 4/120 patients had medication discontinued as part of intervention
345899	This program was able to quickly review 120 patients who were identified by a clinical dashboard for low GI bleed risk and then re-evaluate these patients based on a new treatment algorithm on whether PPI treatment continued to be right for them. Overall the numbers were a bit small, the overall length of data collected was only 3 months and the data extracted may vary when the length of this program is monitored for 6, 9 or 12 months or even longer. For example, the percentage patients discontinuing their PPI may be higher in another time frame, The idea of de-escalating these patients to prevent adverse events and for cost savings is a good one. Although the annual cost savings from discontinuations was modest at \$375, additional savings in terms of avoiding the adverse events shouldn't be forgotten. One piece missing from this project is perhaps the projection of cost savings that could be attributed to each of the outcomes avoided and the overall cost avoided using the relative incidence of each outcome avoided. This could potentially be a future direction for this group.	Pretty small but interesting.
345899	Good project, yet some statements can be written in a better way. For instance, no statement can start with a number	Good project

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345912	Catchy and appropriate title. Nice description of what can be done to improve patient care through collaboratives. For the poster perhaps you can share some specific data/results related to cost-effective and/or sound antibiotic prescribing that resulted from your work.	Incorrect title format.
345912	1. Bad grammar and spelling throughout2. Per your methods and results this all occurred in April of 2017 - how could you implement and evaluate this just under the submission deadline? You have no data to support your statements.3. I do appreciate the intention and agree with the premise, just think this was poorly executed and incomplete.	None
345912	Please follow submission guidelines.	Several grammar errors. In addition, the information provided does not offer anything new about antibiotic stewardship.
345949	Would love to see the results of pharmacist intervention along with direct provider education in future studies.	Overall topic of medication errors is interesting area for pharmacists' involvement.
345949	Well written abstract. Interesting topic - would be interested in learning your more efficient method for error reporting that led to increased documentation/reporting.	Abstract meets required guidelines (length, sections, title requirements, spells out special symbols). Well written. Interesting study topic.
345949	Would be nice to know how the types of med errors were identified. In the results, it states that the majority of the data came from analyzing diagnosis codes. Are there diagnosis codes specific to each type of med error? Also what was the incidence of the other med errors besides medication side effect errors?	Topic is interesting because it is helpful to know what kinds of medication errors are occurring in a real world setting. Would have been nice to have had more information about how the data was collected (i.e., using diagnosis codes only or did they do chart review of notes). Also would be helpful to know the incidence of the other types of medication errors.
345949	So you are looking at data from your health system on reported errors, versus a malpractice group. Wouldn't a confounder be that errors are reported more frequently to the malpractice group due to money motivators i.e., potentially you are seeing reporting of things that aren't "really" events?	This is ok, but the study doesn't really support the conclusion. An n=3 increase in event reporting is not significant. The first part of the conclusion (first 2 sentences), I completely agree with, the last part about targeted education and ease of documentation resulting in "increased reporting" (n=3) is a stretch.
345972	Well written and interesting study.	Incorrect title format.
345972	Nice review; some wording was confusing with encounter vs visit.	Nice review; would be beneficial to show role of pharmacist in transitional care setting which is always a hot topic.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
345972	Very promising results...would be curious to see what kind of interventions were made by the pharmacist. Compliance issues, dose changes, setting up appropriate f/u's, etc.	None
345972	Consider discussion of confounders between the two group (patients contacted by pharmacist vs. patients not contacted by a pharmacist). Were "more complicated" patients in the group not contacted by the pharmacist? Could this have lead to their higher re-admission?	I question the primary endpoint. There are many confounders the author cannot account for. Were the two groups being compared similar enough except for being contacted by a pharmacist? I am unable to know this from reading the abstract. Perhaps there were "sicker" or "more complicated" patients in the cohort not contacted by the pharmacist which lead to that cohort having a high re-admission rate. The author does not discuss this important limitation.
345983	Although this study is appears very sophisticated, it is hard to follow. Additionally, the secondary objective is too broad.	Although this study is appears very sophisticated, it is hard to follow. Additionally, the secondary objective is too broad. Consider for poster presentation.
345983	Good design and statistics. Interesting investigation.	None
345983	What are the future plans? Were there any limitations? Title and abstract relate specifically to one health system	The title and abstract relate specifically to one health system rather than being generic in abstract submission = potential commercial bias. Otherwise, data collection and analysis seem appropriate. As it seems data is lacking regarding this topic, it may be interesting for other pharmacists
345983	Information and to-the-point. Would recommend at the poster presentation to describe plans for next steps from here for your institution.	Straight-forward review. Although uncertain external validity, provides unique insight.
345991	This abstract is well-written overall. Although it can be interpreted as an inpatient project I would recommend specifying either in the title or paper so it catches the eye for the audience. I wonder if a stats test could be run on the outcomes.	Although a little challenging to interpret in spots, overall well-written. Novel concept due to the need for more guidance on DOAC monitoring. Highlights potential impact pharmacists can have on DOAC management.
345991	Explain more in your methods what your project was assessing (i.e. number of charts reviewed, date range, etc.). Methods section is a little lacking, as well as rationale is not provided for why the error rate increased in Oct-December 2016 after the full process was implemented?	Methods section is a little lacking, as well as rationale is not provided for why the error rate increased in Oct.-December after the full process was implemented?
345991	Great description of your project. You could have discussed what might have been the reason the error rate after implementing the dosing window was 5% and not 0%.	Overall very good abstract and appropriate for Midyear.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346005	This is an extremely timely project which many institutions are struggling to bring under control. Well written study, great evaluation of results, excellent implementation strategies/tools/programs to prevent future hypo/hyper glyceemic episodes in a hospital setting!	None
346005	Need to have follow-up numbers after improvements were made.	None
346005	Abstract is well written and describes issues faced by many hospitals across the country. I would really like to have seen another analysis after implementation to see the actual impact of the efforts.	As stated above, I would include this as glyceemic control is a major concern from a safety perspective. The additional information the author may be able to provide during the poster presentation session could prove valuable.
346005	Good project	None
346012	Overall nice abstract. Should provide more information regarding what is included in comparator therapy.	None
346012	What was the alternate therapy that patient's received? I assume it did not contain clarithromycin?	Need to specify what alternate therapy was used.
346012	Overall, an interesting project which discusses an important question. Although limited to a single geographic area, which may limit usefulness to other areas, I think the question and methodology could be good examples for others to use to assess this issue in their own areas. I found the reduced performance with metronidazole vs. amoxicillin to be interesting. This may have some impact on patient's with a penicillin allergy, as you note. Possibly this discussion could be expanded in the poster discussion. I found the last two sentences of your conclusion to be confusing - why does your data provide concern for clarithromycin resistance? I would suggest this be either reviewed, or the explanation expanded, during the poster discussion.	None
346012	Great study. Some Questions. What were 3rd and 4th line therapies used? Would be helpful if this was clarified. What do you define as a difference for a p value. $p = 0.07$ is not less than 0.05.	None
346013	Good project.	Very useful study.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346013	The following statement was over-extrapolated, Additionally, the improved accessibility of nurses, prescribers, and pharmacists to one another led to increased communication, which undoubtedly gave rise to many positive interventions. An estimated \$123,101 in cost savings/avoidance was achieved during the year through the pharmacist's work in the decentralized role on the floor (approximately 20 hours per week). No hard data was provided or clear methodology of how the saving was estimated. The \$123,101 figure was more based on faith than actual evidence.	None
346013	Overall well written, especially methods and tied to results/conclusion.	Methods well written and tied to results/conclusion. A symbol \$ and % are used which is against the handbook expectations. Reject if so required secondary to this.
346016	I am not sure if the ASHP Midyear clinical meeting is the best avenue to share this information. I would suggest a review article for a journal.	I do not believe as if the ASHP Midyear clinical meeting is the best avenue to share this information. The abstract is too brief and I do not believe it would be of interest to Midyear attendees.
346016	Nuts are a big focal area especially in cardiovascular and cancer patients. These specific nuts are used to help fight malnutrition in Third World Countries. Cardiologists prescribe these particular nuts and Harvard Medical School has written about them. I think practitioners would like to see some robust clinical trial data. Very interesting topic. Suggest expanding purpose to include more background of these nuts as well as the results section. Are results you saw in your review clinically significant?	Interesting topic. Abstract could have more information as mentioned above.
346016	In your conclusion, you state that TN safety profile warrants pursuit of clinical studies. Safety profile is not mentioned in results, only efficacy. Should mention safety in results.  Results, sentence 3 - change significance to significant.  Conclusion, sentence 2 - omit "a" between "in" and "challenging"	Not very innovative, of interest to perhaps a few practitioners.  Main concern with abstract is discrepancy between results and conclusion regarding safety of TN as described above.
346021	Solid review of process and data. Would have liked additional information on Phase I and how patients were selected for analysis in Phase III (i.e. what was the total sample size and were the 40 patients selected at random). Several minor grammatical and punctuation issues.	No mention of IRB approval.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346021	Outcomes and results well-described and relevant. Impact of pharmacy service was evident.	Very well-described. Solid metrics and data presentation. Good model for other facilities.
346021	Detailed and specific abstract in the first sentence of the Purpose section, please add "In [the] acute care setting" In the first sentence of the Conclusion section, please remove the [s] after "efforts" (i.e. It took time and effort).	The abstract is well organized with minor grammatical errors.
346043	Difficult to follow methodology. Would suggest expanding a little more on the methods. For survey 1, what was reason for not completing survey 1? Why were only 52 trainees eligible for survey 2?	Like the concept but the statistical analysis was unclear. Would have like to see more information on what test was used.
346043	Were there any areas where the program fell short or did not meet expectations? It would be good to include that in the analysis and conclusion.	Is this poster limited to Drug Information? It appears to have general applications to many areas of pharmacy education.
346043	I'm still unsure about what was implemented during the course. How long was the course? How was competency assessed? Did respondents answer questions more appropriately after the class compared to the intervention group?	There is some utility in this project, but I still have unanswered questions regarding the methodology and usefulness of the information that was collected.
346043	Well written abstract.  Objective is not clearly listed in the purpose section. What is the aim of this study?  Data is limited based on self-evaluation. Did you perform any objective assessments? Conclusion that the e-learning program improved competency is not supported by data.	Subjective evaluation; learner perception is not as powerful as more objective instruments.  Conclusion that the e-learning program improved competency is not supported by data.
346044	I think that readers will find this interesting. The low percentage of errors might simply be due to the heightened awareness of the staff and their efforts to avoid making errors?	None
346044	Some of the wording needs to be changed. Mostly in the methods, like ."were recorded thanks to". It just seems very awkward and more colloquial.	This is an interesting idea while it looks at medication errors including the rate, what the error was, the cause, and the outcome. The way it is written makes it a little difficult to read in my opinion.
346044	The methods section was lengthy and difficult to understand, recommend to shorten and clarify key points.	The abstract was difficult to read and understand. The methods section was not clear and could not be followed easily.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346044	It was interesting to review your abstract submitted for presentation at the 2017 ASHP MCM.	I had some difficulty reviewing this abstract, and I am unsure whether it was due to my lack of familiarity with some of the terminology used, e.g., "security category", "adhesion", or ambiguities from the author. So, I gave the submission the benefit of the doubt and assigned a recommendation to Accept.
346046	Good concept. How did you assess patient's knowledge? Consider explaining why dual therapy was seen more diabetes, acute coronary and heart failure.	Interesting topic.
346046	- IRB was obtained from which institution? - How the survey was developed? In which language? How the survey validity and reliability was assessed?- How pharmacies were selected?- it is very logical to see patients who had PCI are using the DAPT. What the study results will add to the literature?	None
346046	I think the most interesting portion of this study is the patient knowledge and level of awareness. I think we know where DAPT is used. So what will be your next step?	Not an innovative project but points out the gaps in patient awareness/education.
346046	Struggling to make sense of the primary endpoint being "linked". Patients should have clear indication for DAPT due to the risks mentioned in the abstract.	Overall statistics and data is sound, but primary outcome is difficult to interpret.
346048	Some clarification needed in the Purpose section. The last sentence states that the aim of the study is to clarify rate and severity level induced by leakage if non-cytotoxic agents. Isn't it both cytotoxic and non-cytotoxic agents that are being evaluated here (which is what your title states). Also, in your listing of agents in the results section, do you mean 10% dextrose instead of 10% sodium chloride?	Some clarifications needed in the purpose and results sections.
346048	Thank you for the submission on this topic. I would encourage you to further proofread for grammatical mistakes. The sample size is too small to appropriately assess for an adequate incidence of extravasation.	Too small of a sample size to appropriately assess occurrence, did not discuss severity aside from subjective nature of the symptoms. Many grammatical mistakes making this not suitable for acceptance.
346048	If room permits, the number patients treated for each agent would be nice to know. Please clarify how the hospital policy is different for the extravasation of cytotoxic agents than for non-cytotoxic agents.	Interesting study describing the lack of toxicity for cytotoxic agents when treated per hospital policy. It was not clear.
346048	Consider re-wording "old" patients???	Poorly written, not 100% sure what kind of data to look at? just observational?
346049	Cohort of 1000 patients is good.	Acceptable

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346049	Interesting concept and well executed. Conclusion supports data. The last sentence of the results can be rewritten without "eventually" and start with "A binary". Remove "unfortunately" from results. Stats are inconsistent with decimal points. Remove "eventually" from results. Did not touch on pharmacotherapy in results - remove from purpose.	Well written
346049	More information is needed regarding how the survey was conducted and how questions were asked.	This would fit better in the evaluative study category.
346049	Overall well written and methods are solid. Concern that the attendees for this conference would not find this study applicable to their practice with the exception of a select few.	Grammar issues with "They filled" in the Methods section and spelling of "Odd's ration" should be "Odds ratio" Overall not of interest to attendees is primary concern to reject. Reject if so required secondary to this.
346088	Well-designed study. Very relevant topic.	This is a difficult population to do research in and it appears to be a well-designed study.
346088	What was dosing of vanc and what were levels?	Somewhat interesting and relevant to those practicing in pediatrics and those in hospitals that deliver babies.
346088	Will be nice to have updated neofax recommendations, they tend to under-dose.	While vanc is not new, the need for new neonatal recs is stated in this research.
346088	In many evaluations looking at vancomycin dosing, neonates are excluded. I appreciate that the NICU population is the focus of the study. It is an area that needs additional review. I would recommend some additional clarification on your results section. My understanding is that all patients were dosed based on Neofax. Is the secondary outcome evaluation looking at the comparison of achieving therapeutic range with TDM and without, based on the initial level or at final adjustment?	I think the results section needs some additional clarification but I think the fact that it is a NICU study adds to the literature since that population is often excluded.
346117	There should be a follow-up process delineated to improve the discrepancies cited.	Small study - no specific recommendations provided other than for further evaluation.
346117	Very good project.	1. The abstract needed to mention the approval or exemption of IRB for this project, 2. Acceptable abstract as it makes the transitions of care-related potential medication errors.
346117	Med reconciliation is important and continues to be a timely topic; hospital to LTACH transition in care is a new slant. I would want to be assured that discrepancies were not due to intentional changes during the reconciliation and admission ordering process (not clear from abstract). The poster should provide more details on factors	Agree with authors that niche population may have received less attention and is high risk due to medical complexity and polypharmacy. Difficult to differentiate 3 vs 4 score based on information in abstract versus what would anticipate on poster.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	resulting in omissions and/or discrepancies (e.g. specific acute care facilities/providers) and actions taken to improve the process.	
346119	Overall, this project is well described and solid from a research methods standpoint. My major question would be - is ASHP the correct audience or would AACP be a better fit? Only a subset of the attendees are college faculty that would have interest in assessment methods in didactic coursework, whereas there would potentially be greater interest in a faculty focused group like AACP.	I think this study has the quality to be accepted, but may be mismatched audience given its focus.
346119	How many students were included in this study?	The authors did not specifically state how many students were evaluated in the study. They did state that there was a weak correlation and a larger study is needed to validate results.
346119	How many students participated in this course and OSCE? Are OSCEs incorporated in any other course(s) in the curriculum? If so, maybe the same cohort of students and evaluators could be followed as the students progress through the curriculum?	None
346128	Interesting project. I will be interested in seeing more specifics with the actual poster. Could or did you break down the "general drugs" category any further?	Well done abstract.  Incorrect title format.
346128	Very interesting abstract, I want to see more and not even directly involved in the costs of medications. Well described, and not surprised by overspending since it happens everywhere. Purpose was clear by the title, but would like it spelled out in the abstract as well, which was hard to find.	Great abstract, applicable to all hospital pharmacies and may provide insight in ways to help reduce costs. I am intrigued to learn more.
346128	The inclusion of a "wins" section was a great idea. I think it would have helped to wait and present data when there was not a wholesaler change in the middle of data collection but I think the strength of the study is in how you identified and what you included in cost data.	Could benefit from a longer methods section possibly with an example of how some of the short time occurrences were accounted for.
346128	Unclear what was meant by "general drugs". The conclusion discusses that the scorecard was well received by leadership team. However, it is unclear how frequently this was presented to management. It is not clear how the data reported was incorporated into the "stop light".	I had a very hard time following the flow of the abstract and how the results were linked to what was in the purpose. The scorecard seems like it would be valuable but I could not quite follow their process.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346134	<p>Interesting to see this quantified as it commonly assumed this happens in my area of practice. Purpose could better rationalize importance of this topic - why is overuse of SMBG a concern? How was overuse defined/determined? Results are difficult to follow as presented, please be more clear and concise. Why are there 2 average ages provided? Regarding the 5th sentence in the results section, what outcome had no statistical difference? Is that referring to baseline characteristics of the groups? What about age was associated with over-testing (younger or older)? Overall, abstract seems a little disjointed, like 2 people with different writing styles wrote each half.</p>	<p>Overall interesting idea. Abstract a little disjointed, the first half is fairly well written; results section poorly articulated.</p>
346134	Well written	Incorrect title format.
346134	Very interesting study.	
346134	- Overall well written and interesting abstract-results: would have liked to know what age group you found to be associated with over-testing. - would definitely be able to explain P and T's decision on appropriateness of testing.	Format is accurate. Recommend acceptance.
346149	<p>Centers for Disease Control and Prevention. Some awkward word choices and poor sentence structure. Any data on the effectiveness of the use of varenicline? - was it effective in helping patients to quit smoking? The results presented in the abstract do not appear to address the purpose/objectives of the abstract ("assess the cost effective and safe use of varenicline..."). I don't see any mention of safety data - did the patients experience any adverse effects? I don't see data on cost effectiveness - what is the cost of varenicline compared to other smoking cessation products (nicotine) and education? Whether or not varenicline is more (or less) effective than other methods should be considered when evaluating cost effectiveness. Are there guidelines or an algorithm available for the use of varenicline within the county health system formulary?</p>	<p>Please see the comments provided to the submitter. I feel that the purpose/objectives stated in the abstract are not addressed in the results or conclusion sections.</p>
346149	<p>Costly does not necessarily mean not cost-effective. What was the overall quit rate? Comparative effectiveness to other methods? Conclusion did not seem to address the all points of the Purpose, e.g., safe use? Did previous psychiatric disorder have any impact on effectiveness?</p>	<p>Interesting, but more questions than answers.</p>



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346149	I did not see that there was IRB involvement. In the results, the sentence that begins with "Twenty-eight percent..." states that "one percent (2/137) had post-traumatic stress disorder, adjustment disorder, panic disorder and mood disorder respectively. " It was unclear which of the listed disorders each of the two patients had. Did they both have all of them?	Not clear that there was IRB involvement. No statement about approval/exemption.
346149	Considering including outcomes or any published research on the comparative efficacy of smoking cessation options.	Clearly written abstract with a relevant topic. Conclusion supported by results.
346151	Good poster! I liked how you were able to apply the information that was gained from the retrospective review and target multiple issues prospectively to help improve patient care and provide cost savings. This project could be translated to many hospitals and the end results and plans could be tailored to the needs of the hospital.	Good project and able to be applied to multiple hospital settings.
346151	Perhaps a larger number would make the study stronger.	Retrospective surveillance isn't strong enough. Data is weak.
346151	Addressing drug adverse reaction and side effects is often a hardened task in EMR's. Providing transition issues to address serious events of therapies leads to improved outcomes and decreased cost. This was an excellent discussion for this topic.	Great discussion provided with key measures after implementation discussed fully.
346151	This is a very interesting abstract. How many patients were admitted on a daily basis? On average, how much time did the night shift pharmacist spend evaluating each patient? It states 151 adverse drug reactions were identified with 145 patients readmitted due to the adverse drug events. Is this 145 patients out of 151 adverse drug reactions? How many patients had the 151 adverse drug reactions?	None
346165	What were the other PAH therapy compared to sildenafil. What percent of patient were on sildenafil plus a endothelin receptor antagonist? What statistical analysis was performed? What criteria for use for the NF agents were used?	Interesting topic. Well written.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346165	<p>The Results section is primarily 'counts': gender, age, diagnosis, who prescribed, how many had CV or Pulm consult, percentages of people taking selected drugs, and percent compliant with guidelines.</p> <p>What guidelines were used? National or hospital created? For those patients not conforming to the guide, what action was taken to correct prescribing?</p> <p>The results are not providing any action plans or information regarding how to modify the incorrect actions. Also, no specific information is provided that allows other institutions to apply the model.</p> <p>Add all the results into the Result section, not in Conclusion section also. No 'take home' message is clearly presented in the Conclusion.</p>	<p>Too simple of a report with no application into practice by others.</p>
346165	<p>When additional agents were prescribed, which specialty was the main prescribed - cardiology or pulmonary? For those patients that did not adhere to the restriction guidelines, was there education for the prescribers?</p>	<p>Would like to see the actual guidelines - which will be hopefully displayed on the poster.</p>
346165	<p>Good review. Then you talked about patient assistance programs for the first time in your conclusions. The money saved there doesn't have anything to do with the restrictions for your medical center.</p>	<p>The study is adequate. It mostly sticks to the purpose and methods. The conclusion takes a left turn and starts talking about money saved by patient assistance programs for the expensive meds which has nothing to do with their restrictions at their medical center. There are some grammar/spelling issues in the write up.</p>
346194	<p>Good project</p>	<p>None</p>
346194	<p>Very interesting study with surprising findings. Look forward to hearing your potential explanations for the disparity!</p>	<p>Nicely done.</p>
346194	<p>Data well-presented and timely information. New information that contrasts what is in the literature.</p>	<p>Methods and design well-defined. Surprising results explained in good detail.</p>
346204	<p>Great project. This study is well-suited as a presentation since it touches several aspects including clinical and economic outcomes as well as physician satisfaction.</p>	<p>Great project. This study is well-suited as a presentation since it touches several aspects including clinical and economic outcomes as well as physician satisfaction.</p>
346204	<p>What is the time frame/duration for pre- and post-intervention?</p>	<p>Another example of pharmacist impact on med/guideline compliance and its financial impact.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346204	Was this research IRB approved? Great results demonstrating pharmacist impact in a unique clinic.	While topic is interesting and likely something that could be mimicked across pharmacy practice in the country, there is no mention of whether the study was IRB approved. Further the abstract mentions the specific facility for which all research was conducted. With exception of IRB not included, would have accepted this abstract.
346204	Thorough abstract with a variety of outcomes. Interesting study. I would specify the time frames for the pre-intervention and post-intervention periods.	Incorrect title format.
346262	Comparing to previous study populations was an interesting addition to this study.	Due to the cost of these medications, confirmation of previous study results is important and useful to practicing clinicians.
346262	Curious if this has impacted GLP-1-RA use at the VAMC. Would recommend reviewing abstract requirements prior to submission.	Overall, succinct and to the point however did not meet normal length recommendations (400-625 words). Could have added additional details in methodology/results but overall included necessary information. Did not include clear definition of project objective, though the reader can assume the purpose is to compare effect of GLP-1RAs on weight/A1c in this population compared to previous study populations. Did not spell out special symbols as required. Would like to have seen a direct statistical comparison with existing literature as the control group. Would consider accepting if abstract requirements are met and objective is clearly stated.
346262	Interesting results; however, the novelty of this study is questionable.	None
346262	Report on change in BMI in the results section as BMI was listed as one of the primary outcomes would have been better. But overall, the abstract and the topic is appropriate	This is a descriptive study evaluated the efficacy of GLP1-RA use in veteran population. The study reported similar efficacy found in previous literature. Reporting the mean change in BMI as part of the listed primary outcomes in the result section would have been great. Overall, the study is appropriate and the abstract includes all appropriate information.
346281	While the implementation of the subcommittee indicates that more opportunities were made available for preceptors, the study would more applicable if information was provided on ASHP's evaluation of the preceptors.	The study indicates that a specialized committee helped to enhance preceptor development but doesn't really provide information that would be relevant to other institutions.
346281	This is an excellent example of what needs to be done at both large and small facilities.	Describes the epitome of an improved service with a topic that I'm sure numerous site struggle with and could benefit from reading this poster.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346281	As an RPD at a site that was recently surveyed, I continually seek out information regarding preceptor development programs. I would have like to have seen more feedback from your preceptors. (26/119) However, I know that preceptor involvement is many times a challenge from those who need it the most.	Very applicable abstract to pharmacy practice. I think many programs could benefit from their study.
346294	The information in the results paragraph regarding the recommendations of American Society for the Study of Liver Disease/IDA really should go in the purpose section as background information.	Overall an okay abstract, results were a little hard to understand/could do w/some editing.
346294	The following sentences, "Sof/Vel has the highest recommendations for genotypes 2, 3, 5 and 6 regardless of cirrhosis status per the American Society for the Study of Liver Disease/Infectious Diseases Society of America (AASLD/IDSA) recommendations for testing hepatitis C. The guidelines also include Class I, Level A recommendations for Sof/Vel use in genotypes 1 and 4.", should be introduced in the purpose/introduction. An interesting endpoint/outcome would be whether formulary options provided in lieu of Sof/Vel had similar rates of virologic cure.	Topic is relevant but results are difficult to apply as many insurance companies and hospitals utilize a formulary to keep costs down. DAAs are very costly medications and it is not a surprise to know that many state programs restrict its access, sometimes against current guideline recommendations.
346294	Great study, interesting outcomes.	Great study, hope it will impact Medicaid formulary.
346294	Great information. This data highlights a gap in practice. Change would be impactful. Missing punctuation after "regimen" in the conclusion.	Well structured. Detailed.
346317	Very current, hot topic! Well written abstract with solid methodology.	None
346317	Well written	None
346317	An interesting addition may be a brief discussion how you were able to upscale this TOC program to 11 sites (e.g. how many FTE were needed, hours worked, if techs were involved).	This project seems novel since the transitions of care program was up-scaled to 11 other sites.
346317	Overall I think this was a very well designed project and well written abstract. Great job!	Acceptance recommended.
346320	Hopefully the final poster will have the dose conversions for all the drugs, especially levothyroxine, since it is not usually 1:1	Cost savings initiatives are always interesting and potentially valuable to others.
346320	Very interesting initiative. Would suggest adding any education or certification required by the pharmacist prior to the program.	Well written abstract. The topic would be of interest to the membership.
346320	Well written abstract with clear results and conclusions	None
346320	Good project, but the title may be confusing,	None
346331	Purpose, methods, and conclusion are all clear and appropriate. This is a well-constructed study with clinically relevant results.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346331	The study brings forth an interesting clinical question of what an appropriate dose for COPD is. The statistical analysis is sound. The conclusion was supported by the data. **The biggest issue is i did not see an indication that "all clinical research represented in the abstract was approved by appropriate ethics or IRB." A statement was a requirement in the ASHP guidelines.	This report was well written but i did not see an indication that all clinical research represented in the abstract was approved by appropriate ethics or IRB. - would this be an automatic rejection even though the study is sound? Is it possible to reject and then have this accepted pending inclusion of a statement (providing an IRB review was conducted or appropriate review board?
346331	Interesting review to help suggest less exposure to steroids. For the poster presentation session, I would recommend describing next steps planned from here e.g. a new protocol or order set, etc.	None
346331	Well done, interesting study.	None
346342	Good study identifying barriers to expanding residency programs. The challenge is coming up with innovative ways to increase the number of residency spots without hospital provided increases in funding. Perhaps a program such as "adopt a highway" could be implemented i.e. "adopt a resident" an outside organization sponsorship. Conflict of interest clearly needs to be excluded!	None
346342	The underlying theme of this presentation is of excellent value to others trying to promote expansion of PG training. However, the writing of the abstract produced an unclear picture of what actually happened with this project. In the purpose statement - please streamline as the first 3-4 sentences (while correct information) have details that need connected better to concisely state the purpose of your project. In other words, the abstract is not the place for a full review of background - get to the point of what you need for the purpose. From what is written, I interpret the purpose as "design and conduct " a residency program development workshop. Please make sure this is what was intended, because your assessment (likert scale survey) needs to be able to answer that question. Detailing results of a survey is not a purpose. Regarding conclusion - what part of the results affirms the conclusion "increased knowledge and helped empower regional programs to start process" (does improved comfort and ID preceptor role = empowered increasing residency positions)? I believe the authors have a good intention and the results would be helpful, but abstract needs to better describe the specific research process behind	I think the project was probably good, but the writing of the abstract does not do it justice. I listed as accept only based on the premise that improved description would provide a quality presentation at Midyear. Would reject if premise was not good, because writing is unclear.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	this particular project, and provide better connections of how the results of the survey = the conclusion presented (not studying the contents of the program - studying the change in knowledge as a result of the program).	
346342	Like the idea of state affiliate support of local RPDC workshops as it clearly increases knowledge as to what's why's of residency training to those outside director or coordinator roles. Would have liked you to have expanded on the results to include those from follow-up meetings. How many programs in state have expanded? How many improved survey readiness.	Not really innovative but is of current interest. Results were not completely reported/analyzed. Would have liked to have seen outcomes from the follow-up meetings. Not completely sure they addressed the feasibility issue noted in the purpose.
346342	Interesting to see this type of program offered at regional/state level.	None
346349	This is a protocol. More study results should be included in the study about the effectiveness of this new service. Please remove brand names What outcomes the enrolled patients had in terms of DVT?	None
346349	Recommend that you include potential dollar cost savings with outpatient care verse inpatient care along with medication cost comparison if heparin vs. LMWH vs. Warfarin vs. DOAC was utilized. Also include inpatient physician cost vs. outpatient physician cost.	Overall good process improvement initiative to reduce healthcare cost for the patient as well as institution.
346349	Great project. Certainly worth a spot this year, and will be worth submitting again (next year?) when you have more patients/outcomes data.	None
346349	Interesting to see what happens long-term with follow-up. Any issues with affordability or is there a process in place to follow-up with patients that may not be able to afford their meds and stop taking?	None
346375	Interesting assessment, however some areas of the methods are unclear. Would be helpful to more clearly establish primary outcomes assessed and how they were determined. Also recommend going through and cleaning up grammatical errors.	<p>The primary author is listed as a pharmacy student. Would consider asking the student to re-submit for the student poster sessions.</p> <p>Outcomes of the study are unclear until the reader gets to the results section. Abstract lacks definitions for outcomes and how they were determined (i.e., were determinations based on guideline recommendations or something else)?</p> <p>Some areas of typo/grammatical error or unclear statements</p>



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346375	Interesting case for the newer agents, although without actually visualizing cellulitis, chart review can be deceiving so the nearly 60% that "should not have been admitted" may be a high estimate, but even half of that number is significant. Would've liked to see increased number of patients.	This is innovative way to make a case for dalbavancin and/or oritavancin.
346375	Interesting research topic.	Interesting research conclusion.  Incorrect title format.
346375	Your purpose was good and applicable to many programs. Your methods were detailed but the time frame of your analysis was vague possibly due to a typo. Your results are not very robust and actually contain conclusions as opposed to just data.	This abstract had great promise, but I feel it did not have good preceptor oversight prior to submission.
346402	An outline of the specific responsibilities of the pharmacist as part of the team would be helpful. Was the service provided 24/7?	This is a good example of the expanding role of the pharmacist in a multi-disciplinary setting.
346402	Thank you for completing this outcome-based project.	A nice project demonstrating the value of a pharmacist on pt. re-admissions.
346402	Did you keep any other statistics such as number of interventions? Did you use any scoring tools for risk of readmission? How did you define a high risk patient? I think your topic is timely and I like the layered learning with pharmacist, intern, and resident. I would have like to see a stronger methodology.	It is timely especially since layered learning is involved with pharmacist, resident, and intern. I would have like to see more in the methods section and a stronger results section. I am going to say accept despite methodological weakness because I see value in sharing the limited data
346402	Did the patients have to meet an inclusion criteria; such as specific comorbidities (i.e. HF)? I appreciate that the rate of readmissions in the high risk group was compared against the general patient population.	Was this IRB approved? Abstract was thorough, concise and easy to follow.
346411	1. A term used in the methods, "quasi-experimental", is inappropriate for the study. Usually, a quasi-experimental study allows the researchers to control the assignments. The researcher in the abstract does not have any control for any assignments; therefore, this study is a retrospective, observational study.2. The study may not require an IRB view (the data was extracted from the data repository of routine daily patient care activities); however, the abstract should include a statement of how protected health information (HPI) was protected.3. The researcher should have created a data collection form for the study.	None
346411	Well written; nice presentation; relevant and useful topic.	None



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346411	Do you plan (or have you already) shared the results with your physician groups to increase pharmacy referrals for dosing? You are likely short on space, but do you have a plan (or monitoring your pharmacists are already doing) to decrease acute kidney injury in the physician dosed group?	Good poster, even though not very innovative.
346412	Did you track or analyze any data? Clinic volume, improvement in patient surveys regarding cessation, etc.??	Interesting concept for pharmacist involvement in substance abuse setting. Would have appreciated some tangible data.
346412	There are some minor wording issues. Some sentences seem awkwardly worded. Would have like to see data about how many patients attended the support group to date. How many patients quit as a result of the program. What is the success rate? The biggest thing hindering an approval is that the clinic does not seem to be successful.	The support group is an interesting idea but the clinic suffers from low turnout and what appears to be a low success rate. At this time this model does not appear to be a model for replication.
346412	While the topic and concept is interesting, the abstract lacks data and analysis of the impact of pharmacist involvement in the support group. Would recommend authors collect pre/post surveys with patients or find a method to collect data to demonstrate impact of a pharmacist leading the support group. Would also discuss how this project can be mimicked across the country with other pharmacists.	None
346412	Innovative and provocative topic. I would consider submitting as a student poster which would be due in the fall and allow for more time for data collection. I also recommend a more focused objective to match outcomes for instance if the objective is to inform patients of the risks of marijuana and the benefits of quitting, then issuing a questionnaire to patients after providing teaching materials could assess how informed patients feel they are after the intervention. Also would be good to include the numbers of patients who have attended so far.	<p>Please see my feedback to the submitter: Innovative and provocative topic. I would consider submitting as a student poster which would be due in the fall and allow for more time for data collection. I also recommend a more focused objective to match outcomes for instance if the objective is to inform patients of the risks of marijuana and the benefits of quitting, then issuing a questionnaire to patients after providing teaching materials could assess how informed patients feel they are after the intervention. Also would be good to include the numbers of patients who have attended so far.</p> <p>Overall I would accept this as either a pharmacist or student poster due to the novel and complex concept of pharmacist services/involvement in substance abuse disorders as part of a support group model.</p>
346416	The numbers are very close; stats should be completed to see if there is really a difference between groups. Hard to say "best performing group" without stats.	This study would be much stronger (would have scored it a "5 = Outstanding" if stats were done.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346416	<p>Look forward to comparative results and thoughts on why results look as they do. What if students who were present and watched videos had not watched? Would they have done worse on the exam? Looks like it supports the idea that attendance leads to higher overall performance, but does it really? Are students attending and watching doing better than they would if they hadn't watched?</p>	<p>Nice project. Interesting results. Looks like it supports the idea that attendance leads to higher overall performance, but does it really?</p>
346416	<p>Would like to see the results in a line graph or bar graph to reinforce the difference between live, video viewed and no video viewed compared to test results.</p>	<p>Well written and interesting topic.</p>
346416	<p>Would have compared the averages to see if anything was significant.</p>	<p>Not sure that this aligns with Midyear attendees, however, it is a solid abstract.</p>
346420	<p>Methods do not show what criteria were established to identify IV acetaminophen as "appropriate" vs. "inappropriate."</p> <p>Results do not quantify how many doses were appropriate vs. inappropriate, but conclusion says "most" were appropriate.</p> <p>It is unclear why 59 of 97 subjects were excluded.</p> <p>Numbers don't seem to add up in Results section. If 5 of 11 PO patients had surgery, then 6 PO patients did not have surgery. Two NPO patients did not have surgery. Then how is it possible that "Thirteen patients did not have a procedure"?</p>	<p>Numbers in results section do not seem to add up and are presented in a confusing way.</p>
346420	<p>Retrospective review suggests you are conducting a retrospective cohort or a case-control study. Your results however read like a cross-sectional design and the conclusion calls it a chart review. Would recommend consistency in terms.</p> <p>Pattern selection of subjects is not "randomization", it is systematic selection and subjects the results to selection bias. It should also be reflected as a limitation in the conclusion.</p>	<p>This would be better suited for a student poster.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346420	Randomization was not applied but rather random selection! I was disappointed to see 60% sample excluded (resulting in small sample size, only N= 38 out of 488) and really wonder about inclusion/exclusion criteria-- were these a lot of adult patients at a pediatric hospital, or inaccurate billing records for patients who never got a dose? (Even in your sample of 37 patients, 13 doses were apparently charged but not given?) Not clear from results. Would like to see more complete assessment of appropriateness of dose(s) in terms of mg/kg/dose, and mg/kg/day of all acetaminophen containing products. It is impossible to tell anything from "average dose of 444.03mg," not useful information should be mg/kg	Interesting area and many hospitals are struggling with (over)use of IV acetaminophen, however, was surprised at what was lacking in this evaluation; small sample size, no assessment of safety. Other evaluations have found issues with total daily dose of acetaminophen above max, particularly if also receiving po or PR or combination analgesics, this was not addressed. As submitted, this abstract is better suited for the student poster session -- (lead author a senior pharmacy student)
346420	The data in the results section is difficult to follow as written. Recommend use of graphs to help identify the different groups evaluated.	None
346435	Does not state IRB approval, great sample size, more info needed on confounders that could have caused agitation	None
346435	Interesting study!-No apostrophe needed after patients in several instances-Within each patient, did you compare RASS prior to receiving levetiracetam and after?-If 22% agitated on levetiracetam, what about percentage for phenytoin?	Generally solid study; had some more minor clarifying points-Think this project is particularly innovative and is looking at a question whose answer will guide practice.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346435	<p>The objective of the study would fit better in the purpose section of the abstract, rather than the methods.</p> <p>Clarify if patients were placed in the ICU vs floor group based on TBI severity (how was this defined? GCS?) or based on length of stay. Both are listed in the methods however it seems that overall they were separated by ICU LOS</p> <p>What injury severity scoring was used?</p> <p>Need to add in statement on ethics or IRB approval</p> <p>Methods sentence 4 - typo, "Patient's" should be "Patients"</p> <p>Many sentences in the methods section begin with the word "patients". Reworking the wording would help with the flow of the abstract.</p> <p>Why was there a 2 year gap in enrollment? Might want to consider explaining that.</p> <p>Was there any analysis specifically done to demonstrate association of levetiracetam with agitation? The title of your presentation may be viewed as misleading if no analysis of association was performed.</p> <p>I would include specific incidence percentages for each group rather than just the p value. You cite a specific incidence rate in your conclusion, however this is not presented elsewhere in the abstract.</p>	<p>Overall I think this abstract is acceptable. There are specific points that may be more clear when the project is presented in its entirety. I suggested to the author to include specific rates of outcomes as these are cited in the conclusions but not anywhere else in the abstract. I think it is relevant to practice and will draw good interest.</p>
346451	<p>Overall study design and methodology match to support results. Study shows future areas for pharmacist involvement.</p>	<p>I think this is a reasonable project because from outside of the US so expanding pharmacy impact in these areas. Not very groundbreaking though for many US hospitals. Does show areas for possible improvement for pharmacist education. Two submissions appear almost the same. I would think only one of the two submissions should be included but leave the decision up to the committee of which to decide. I personally think the other is more applicable.</p>
346451	<p>Overall interesting and good study.</p>	<p>None</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346452	Overall study design and methodology match to support results. Study shows future areas for pharmacist involvement.	I think this is a reasonable project because from outside of the US so expanding pharmacy impact in these areas. Not very groundbreaking though for many US hospitals. Does show areas for possible improvement for pharmacist education. Two submissions appear almost the same. I would think only one of the two submissions should be included but leave the decision up to the committee of which to decide. I personally think this one is more applicable.
346452	This serves as a good indicator of the view of woman's health in general and to show lack of knowledge/education of women about issues that concern them. This is true across all cultures. Woman's health issues are usually confined to small groups of reproductive issues and the bigger picture is ignored. This is a good study to point out the lack of education to women about their health and how issues can lead to severe health issues.	Good study to point out the lack of education to women about health issues beyond childbirth can affect quality of life.
346453	A few grammatical errors.	Could spend a little time working on the wording / grammar to make it more readable.
346453	The abstract provides data that problems exist with the medication therapy. But the project does not discuss any solutions or action plans to overcome the problems. Creating a plan to improve medication compliance/proper drug administration, implementing, and then re measuring the frequencies would be an ideal project.	Only the problems identified without any action that will help other practitioners.
346453	Suggest revision for grammar and spelling such as "possible means of improvement" and "January to April 2017". Also suggest rewording the last sentence of the conclusion so as to more accurately reflect the study, which did not assess impact of the pharmacist and hence did not support the fact that pharmacists (vs. nurse practitioners or anyone else) should work collaboratively with other health care professionals. Maybe something like: "This study supports the need for increased patient education regarding safe use of oral bisphosphonates, which can be provided by the pharmacist."	Not very innovative, but the results are interesting.
346453	- Are patients counseled by pharmacists when medications are dispensed?- Need information on population statistics- Was this study reviewed by an IRB?	- Need information on population statistics- Was this study reviewed by an IRB?
346455	What were statistics used to analyze? I see percentage of patients with various risk factors identified, but no additional stats.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346455	Did these patients have osteoporosis or osteopenia? Is the diagnosis for osteoporosis different in other countries?	Would like background information about patient's disease states and how osteoporosis/osteopenia is diagnosed/defined in other countries.
346455	Including in the methods why you choose the outcomes you did. For example, has eating breakfast been shown to decrease osteoporosis risk? The primary objective of the study is unclear to me.	Would need some grammar work by ASHP.
346455	Great job identifying a need for improved care. What steps are being taken to improve education in this patient population?	Minor grammar error in the second sentence of the purpose. Brings to attention the need for improved education in the Lebanese population, but does not describe steps being done or even ideas to improve education for this patient population. This only identifies a need for improved care.
346457	Nicely written.	Large patient population, straight forward study appropriate for the meeting.
346457	Excellent project!	Relevant project.
346457	Great project and detail. I would detail what DAA stands for in your section on purpose. If at all possible, cost implications would be very interesting to see.	This is an interesting project. As described above, I think cost data would be a good addition. Otherwise, novel challenge to current practice.
346457	Interesting results since the guidelines were recently updated that narrowed the population for 8 week therapy. We had similar results for our region, but we have adopted the new guidelines to exclude African Americans from 8 weeks of therapy.	I am a Kaiser Permanente pharmacist and work in Hep C. I also know one of the authors and participate with him in inter-regional groups.
346461	There are methodological limitation for using a survey to determine the prevalence of influenza vaccination in a population. While not described in the abstract it appears that the response rate to this survey was low, limiting the generalizability of the findings from this study.	Limited generalizability due to methodologic limitations as described in the abstract.
346461	How many patients are affected by influenza in Lebanon? Is A or B more prominent?	None
346461	An antibiotic for the flu? Or was it an antiviral interesting study	Interesting study. Seems well designed and is a well written abstract. It is looking at a different country, however, it may stimulate interest in research or patient care ideas in the U.S.
346461	Interesting results, however what steps are being taken to spread public awareness in this population?	Brings to attention the need for improved education in the Lebanese population, but does not describe steps being done or even ideas to improve education for this patient population. This only identifies a need for improved care.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346462	Does not include whether IRB approval or PT consent was obtained. Title includes brand name. No inclusion/exclusion criteria included. This product is not available in the US currently.	None
346462	Thank you for this clinically relevant abstract. Consider elaborating more on the TEAEs that were NEPA-related.	This study adds new information of interest.
346462	No indication of IRB approval stated within the abstract.	None
346462	Would define 'HEC' in the purpose section. Great PK study, overall. Would consider (if word limits allow!) adding 'next steps' to conclusions. Try new dosing strategy? Lengthen infusion time? etc.	None
346467	Nice review.	None
346467	Was there any effort made to see if the prescribers were aware of the FDA warning? What are the preferred antibiotic treatments for these conditions in Lebanon, and were they prescribed?	The authors need to evaluate the FDA warning as relevant for Lebanon? What are the other choices for Antibiotic used for these conditions in Lebanon?
346467	What are the next steps to reduce quinolone use? Will you provide education to community pharmacists?	Not innovative but useful information.
346467	I have recommended to reject this abstract for the following reasons: 1) The purpose/objective is not clearly defined, but presented only as a general statement. 2) Although, the data are interesting, I am not sure how relevant this information is to a U.S.-based audience. 3) I was confused by the results section how the percentages were reported. When I add the percentages for your "secondary outcome" in the final sentence of the Results section, it only comes to 25.7%; but, earlier you state that 169/350 (48%) were prescribed an FQ for one of the indications of concern in the FDA warning.	None
346468	How many plasma samples were drawn on each patient? Did you actually establish a pk. profile for each patient?	Did the patients give informed consent? Very narrow audience.
346468	The information in this abstract would be better presented at a meeting where the members of that organization develop analytic methods to identify drugs and their metabolites. This type of information is important, but is best suited for pharmacist researchers –vs- health-system based pharmacists.	Please do not accept this abstract. While it may be appealing to include an international abstract at the Midyear, ASHP is the wrong audience for this information.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346468	Very well written abstract that does an excellent job of explaining and describing all major areas. Unique in that this is strictly a kinetics study and one of interest moving forward from a clinical perspective. Will garner interest in the oncology field. Very well described results and provided a complete conclusion.	Very good example of a pharmacokinetics publication. Describes results that may be relevant clinically moving forward with regard to personalizing therapy per patient and avoiding potentially harmful levels of metabolites. Would have liked to see more clinical applicability as alluded to in the purpose statement. However, this would make an ideal follow up study moving forward.
346468	Would like to know more about the dosing of itraconazole for these patients and whether it was prophylaxis or treatment. If treatment, what was being treated?	I've selected accept because it's a well written abstract, but the nature of the project is very much basic science and may not be appropriate for ASHP members.
346474	Why two year old data?	Not the most pressing issue but guidelines were met and may of interest to some practitioners.
346474	Great study question with results to support your conclusion. Nice to see information come out in pediatrics from this region.	Some English issues but overall good study. Nice to represent this population in an area of the world which is trying to advance the profession of pharmacy.
346474	Need to proofread better; there is punctuation missing and capitalizations in the middle of sentences, numbers missing in results section.	Accept with revisions, there are many typos and one number is missing in the results section. It is a good study, but needs proofreading before the abstract is presented.
346474	Please review your methods sections for grammatical errors. Also, you should be prepared to explain why you chose 2-14 years of age as your study population instead of allowing the study population to go to 18 years of age.	There are grammatical errors in the methods section. Although the topic is not one that is particularly unique; it is a topic that many of my adult colleagues are struggling with and may hold some interest with both the adult and pediatric practitioners.
346475	Please include units for mean fasting blood glucose levels in Results section and also clarify how these numbers were obtained. Self-reported self-monitoring glucose from that morning? Self-reported average?  The conclusion states the results will help pharmacists "promote rational use" of the medications and "optimize patient care." It would be helpful to clarify how this could be done.	None
346475	Was this study completed in one city or multiple cities? Were the pharmacies categorized as chain or independent or clinic pharmacies? Do you have a national formulary in Lebanon?	Need to indicate the title for Pamela Whaiby. Acceptable abstract.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
346475	Study describes baseline characteristics of patients prescribed two classes of agents, but lists them as risk factors for using these agents. Cannot make this relationship based on observational status. The study also doesn't provide statistical values for comparison of baseline characteristics.	The study is an observational description of patients who receive two diabetic drug classes. Baseline characteristics of the patients prescribed these medications are provided, but the authors claim the baseline characteristics were factors related to prescribing medication, which cannot be ascertained. I believe the study topic is of interest, but the study is very flawed as described.
346475	Your group did a good job sticking to presenting data regarding your purpose. It would have been nice to see if the DPP-4 agents were more likely be used in patients that only needed a small A1C reduction. Good to see that the GLP-1 agents were appropriately considered for the obese patients.	Well-designed foreign based study. They stuck to their purpose and their conclusions match their purpose and results. They did a good job
346994	Interesting project	accept
346994	In the results section, question whether this should read "grading process became more objective and less subjective" rather than vice versa?	None
346994	Do you have any support data. User satisfaction? Comparison to previous grading system?	Abstract only really states what they did, not what impact it had. How are others to know whether it's a useful tool?
346994	The methods section was well worded, but the results section does not correlate well to the methods. Inclusion of the intention to have the primary author of the study use the designed rubric should have been included.	None
347003	Any project that can show cost savings to a hospital is beneficial to a wide variety of pharmacists. One question that may be asked is how much time the pharmacists spent on the paper work and follow up--and did the cost savings cover the time necessary to manage the program.	None
347003	This is a great study and reported well. I appreciate your clear presentation of the study, stating that it is a descriptive study. Your methods are easily understood and your findings are clearly stated.	Great study. Methods are clear, results are reported well, and this is overall, well done.
347003	The first paragraph of the results section could be rewritten. There are a lot of descriptive statistics in each sentence, some of which (especially the second sentence) don't flow well together.	Results section is a little confusing, but this is an interesting idea. Methods are well presented.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
347012	An interesting project to improve functional use of ADCs. I would suggest including additional details within the poster related to how the cost savings was specifically calculated (suggested in the conclusion), the results of any follow-up surveys to support the conclusion of increased employee satisfaction, and include appropriate references for the "national standard" of 0.60% for stock out rates.	Interesting project that may be of interest to many departments.
347012	The results do not include the detailed data analysis results and what the root causes were that were changed to cause the decrease in stock outs.	There is not enough detail in your methods- what data was analyzed?
347016	Would like to see data around effect of the dashboard on the errors in the OR satellite.	Complete?
347016	Although graphs cannot be included in the results, some data should be included. For example, what is the facility error rate, were any improvements made?	The conclusions were not clearly defined. No data included in the abstract. However, there is no evidence of conflict of interest. The topic will make an interesting poster.
347016	Nice innovative use of technology to improve data collection and analysis that could possibly be applied to other areas outside the OR setting.	None
347042	Demographic information should not be listed in the methods section. How does your response rates and adverse effects compared to other trials?	I think this review would be better listed under Oncology/Hematology rather than Drug Information. Abstract is poorly written. There is demographic information included in the methods section.
347042	Retrospective review of new cancer agent. How does it compare to current therapy? Would be nice to see a retrospective comparison compared to standard of care. Small sample size but needed real world information.	None
347042	Is it recommended to reintroduce at a lower dose or re-challenged at the same dose?	Overall I think that this is a good and unique MUE. I honestly have very little oncology experience and unable to assess the clinical review further than the methods of an MUE as I advise 25 MUEs annually.
347534	An innovative program that improves patient satisfaction as well as decreasing delays in therapy and reduces patient expense. I would imagine that this model would be of interest to other centers.	An innovative project with results that should be shared with others.
347534	Excellent topic, in poster, please cover how this was set up, potential barriers and how you overcame those. Very innovative, relevant and timely topic. Well Done!	This is an excellent topic, very relevant, timely and innovative.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
347534	Very interesting that even though the service was better than national average, the authors developed a plan to reduce the time frame.	Very well written abstract.
347534	Suggest editing title from "financial toxicity" to "financial burden" and "patients living with cancer" to "oncology patients".	Great innovative program! Clear, concise, thorough abstract. Recommend editing title.
347535	May be beneficial to do stats between the institutional IPEs and the community IPEs	This method for reflections could be utilized by other Schools of Pharmacy.
347535	Did students see the value in this exercise? Abstract somewhat disorganized with background in methods and conclusions in purpose sections. Are you planning on evaluating these same students during or after APPE rotations to see if this was beneficial?	Very disorganized abstract. Conclusion statement in purpose, objective not clearly defined; background in methods. Methods do not describe expectations or outline the IPE.
347535	Good descriptions.	Not too innovative? Descriptive nature of IPPE program?  Incorrect title format.
347535	Would like more information on the tool itself versus the just the standards.	Not sure how aligns with what attendees are looking for.
347550	Now that you have formally identified a pattern of prescribing errors, would like to know what practices/education you will implement to promote awareness of renal dosing issues to prevent such errors from occurring going forward.	None
347550	Does your organization have clinical decision support available at time of ordering by providers and verification by pharmacists to help guide appropriate dosing in this patient population? Based on the results, what is the path forward?	Descriptive report that could help improve safety at their organization.
347550	No mention of criteria used to evaluate appropriateness. What was the clinical significance of intervention? This paper only states that patients were monitored - but no change in outcome was recorded.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
347550	This abstract is listed as a descriptive report; however, I wonder if it is really an evaluative study. The conclusion states that a "high percentage" of kidney disease patients experienced medications 'dose' inappropriately," however the percentage in the results was 32.4% While that amount is very concerning, not certain will others agree that's a "high" percentage (probably not a huge issue regardless). I recognize the goal was to evaluate dosing appropriateness, now that you've shown one-third were inappropriate, I'd want to see/know/hear what improvement strategies are next; perhaps you can note "next steps" in your poster and/or discussions.	Listed as a descriptive report but I think it is an evaluative study.
347553	If possible, describe some details of the physician self-policing intervention. It's great to see a reduction in use and cost but what would be of most interest to other pharmacists is to see the details of an intervention that worked. In your objective you also noted that you'll assess "compliance". Describe what you were measuring for compliance in the method section, I was not able to discern that, or clarify your objective.	The study is fair in its execution and results reported, though the topic is very relevant and high use of an expensive drug such as this is a problem for many hospitals. Would like to see more details on what was the physician self-policing intervention and asked the author to clarify what they were assessing for in terms of compliance...compliance was not clearly assessed in methods or results.
347553	Need to explain what the "self-police IV acetaminophen use" was. The explanation in the result section was confusing going back and forth with dose dispensed and drug spend. In addition, need to explain the how the cost increase impacted the overall drug spend.	None
347553	Recommend rounding dollar amounts to whole dollars. It would be good to state what the costs were based on (e.g., WAC). Was there a reason why the data collection periods were not even?	None
347554	Abstract is lacking definitions for certain terms such as "correct initial dosing." Need to include data from physician group in results, not just pharmacy. Curious to see average daily dose, breakdown for indications, and rate of AKI. Also would like to know more about kidney function and percent of patients w/ ESRD/CKD/AKI.	Lacking definitions for certain terms such as "correct initial dosing" - not sure if this included bolus dosing or just starting with initial weight-based dose. Should breakdown information based on kidney function in addition to current breakdown. Need to include data from physician group, not just intervention group.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
347554	Co-Author's degrees are not listed. While the methods talk about comparing traditional to pharmacist-managed vancomycin dosing the results are not reported in such a way that one can determine if the intervention was better or worse than the control. It is confusing if this study is a pre-post design or an MUE in relation to a past MUE.	The study is unclear in delineating its design, and the results are reported broadly and not in a way that one can make the same conclusions that the author has.
347554	Why were those units selected as the pilot units? How was the protocol developed?	Not innovative or very exciting as many facilities do vancomycin per pharmacy, but it's a well done project.  Incorrect title format.
347554	The purpose needs to be restated as just the purpose of the research part of the project, which should be the second sentence, not the first. In other words, you are trying to analyze the existing program to determine whether it can be expanded to other parts of the hospital. There is introductory information in the methods section that should be moved to the purpose section. It's not clear that your project achieved anything. The data has no comparison and isn't very interpretable.	This is an old issue and nothing in this abstract shows anything novel regarding vancomycin monitoring. No mention of IRB approval for use of patient data.
347556	Are the response rates acceptable for this type of survey and for a decision?	Limited value
347556	Unsure in the methods when the second design was employed in conjunction with the survey; wording in the methods was "This was the format used prior to this survey"	May be of interest to Schools of Pharmacy.
347556	May consider making the survey mandatory for student completion to obtain better completion rate. Over all well designed and would have benefit for those looking to structure IPPE rotations. It is important to capture preceptor input as they are the backbone of IPPE rotations.	This study will help Colleges design their IPPEs improving the student and preceptor experience. It also lays the framework so that other colleges can consider a survey to poll their IPPE sites for their opinions.
347556	Interesting approach to assessing teaching style/benefit to students/trainees.	None
347564	How was the proportion of patient receiving inpatient and outpatient vte prophylaxis determined? Of the 3.4% of patient with vte event during follow-up phase, how many didn't receive therapy versus received therapy? Need to expand more on statistical analysis.	Good research and well written.
347564	Good topic, meets need for more data in this area.	None
347564	Very well done!	No concerns, interesting that none of the authors have pharmacist credentials.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
347564	Relevant topic	
347590	This is a straightforward Medication Use Evaluation. Since your objective refers to assessing compliance with usage criteria, it would be nice to see that in the results. Also recommend considering how this study is externally useful outside of your facility.	Hospital specific study (MUE) that has little external validity, however methods and results are clearly laid out and similar assessment may be useful for individual facilities to carryout.
347590	Some typos and abbreviations used may not be familiar to US practicing pharmacists. Edits may be helpful before preparing poster. Some examples: MRPA, carbapenemics. But helpful data as we are all looking to see outcomes in these patients.	Some edits to change verbiage to more familiar US terms but overall sound MUE.
347590	Great information to be shared! My only comments would be grammer/spelling in nature. carbapenemics is typically called carbapenems. For example, the last paragraph of results: C/T was prescribed as monotherapy in 5 patients. The rest of patients were treated with a dual therapy regimen of colistin (5) or tobramycin (5).One patient died during treatment with C/T due the infectious disease. The rest of patients performed favorably. There were not any relevant adverse effects related to C/T which caused discontinuation of the treatment.	Looks good. As described above grammar and spelling discrepancies.
347590	I am not sure that your conclusion matches your purpose. You were looking to analyze the usage not to determine if C/T was safe and effective. Interesting that the majority of patients treated were not part of the approved indication.	Overall good abstract even with a small sample size.
347631	This is an interesting idea, and has solid structure. However, the methods are still somewhat vague.	I have trouble understanding whether or not The standardized pharmacy financial reporting package is a commercial product that is being promoted. It seemed as though it is.
347631	Well written abstract.	None
347631	Interesting abstract and topic. Please clarify whether the package referred to is a purchased product that other institutions can acquire?	None
348063	The purpose was to optimize pharmacist efficiency and effectiveness by implementing this cloud based technology - was there any data documented prior to implementing this technology that you could say proves that there was an improvement in the before and after or is it simply there was no way to previously capture that data? If the latter is true, is the purpose stated correctly?	Great abstract, but very interested to know the before as it compares to the after.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348063	Would like to see a chart showing the difference in the 2 groups so the results are clear for those who attended lectures versus watched the video or didn't watch the video and the test results.	Interesting topic in today's era of technology and shows the value of face to face lectures.
348063	Good project. well designed and written.	Accepted. Good study proving technology use.
348063	As written this abstract seems to be little more than a promotional description for the commercial product with limited summary of 6 months of workflow data generated by the system. To remove commercial tone, you should not include	Small hospitals such as this 73 bed one are an important demographic and dealing with CPOE versus faxed or scanned orders is a realistic challenge. However, this reads more like an exhibitors theater piece for PowerGridRx (TM) <a href="http://www.pipelinerx.com/solutions/powergridrx-telepharmacy-technology-platform/#.WWtsmVGQyM8">http://www.pipelinerx.com/solutions/powergridrx-telepharmacy-technology-platform/#.WWtsmVGQyM8</a> leading to my recommendation to reject.
348126	Good project idea as residency programs are always looking for ways to improve upon teaching methods. I would suggest adding more background and a detailed rationale to support the importance of this project. More information about the survey (i.e. areas/topics covered, what type of rating scale) would be helpful. Overall, this is a very relevant project, but there are not enough details for other programs to use this report to assess their own teaching certificate programs.	This was a good project idea but currently lacks the details to be considered a quality abstract.
348126	Abstract has minimal information, however is overall appropriate.	Incorrect title format.
348126	I would like to see more details in the methods. For example, what type of questions were on the survey? Also, in results- 25-71% is a huge group. Could have broken it down into which topics were enjoyed vs. not enjoyed. Or was it purely that the topics that were not interactive were not enjoyable? That was maybe hard to understand.	Overall good. Would like more details in the methods and expand upon results.
348144	Per abstract submission guidelines: Abstracts which review existing literature should be rejected.	None
348144	Would clearly state in title that this is a literature review. Unsure if a literature review is worthy of a poster presentation? Consider expanding on this idea with a future project.	Project is essentially just a literature review, unsure if it would be worthy of a poster presentation.
348144	This abstract is rejected on the grounds that this is reviewing existing literature which does not conform with the general abstract guidelines set forth by ASHP.	As outlined in the general abstract guidelines, this abstract is a review of existing literature which is grounds for rejection.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348164	The abstract contains the name of the institution and this should be removed. Abstracts should never contain identifiable information. The objective is the "resulting impact on budget" but yet there was no cost specific capture identified. What was the total mean cost between the therapies? Also it was listed that all 50 patients had a cost evaluation, however only 9 patients had a viable opportunity for change from Daptomycin to Telavancin. There should have been a cost capture for ONLY those 9 patients and an average cost difference with standard deviation. This is interesting information and should be identified and presented in the poster.	
348164	Abstract is complete. What cost information was used to determine cost of the two drugs (AWP, same supplier/various suppliers, cost to patient)? Also, since the study is looking at impact on budget, it would be good to know what the difference in cost was, or at least an estimation of the difference in the 9 patients that were eligible for a switch in drug.	Would like more detail from submitters into how cost was determined and what the cost difference would be in those 9 patients that may have been on telavancin instead.
348164	Recommend condensing text. For example, instead of spelling out "percent" -- using the symbol "%"	Appropriate for acceptance.
348164	Pertinent evaluation of therapy choice for patients. Actual cost comparison per average patient would be helpful.	Very pertinent to current practice.
348175	Would better define what complementary medicines are, usually don't consider OTCs as complementary medicine.	Author should separate out OTCs as a different category; do not consider OTCs as complementary medicines.
348175	Suggest revising definition of complementary medicine to exclude acetaminophen and ibuprofen. Please be more specific with regard to cough/cold remedies. Was there any physician prescribing? Please elaborate on use of these agents to "manage" cardiovascular conditions. You mention source of information but what is driving use of these agents? The last statement in the conclusion is not an objective statement and is not supported by the study.	This study does not add new clinically relevant information. The last sentence is unsupported and subjective " Health care providers should proactively discuss complementary and alternative medicine use with their patients to avoid potential harmful outcomes and to reduce the economic burden. "

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348175	<p>Have abstract edited by someone for whom English is primary language.</p> <p>2nd sentence of purpose is rough and difficult to understand.</p> <p>You state that one of the purposes of the study is to investigate the patient/health care professional relationship, but this is not addressed in your results except saying that advice from family and friends was the primary source of information.</p> <p>You state that logistic regression was conducted to examine predictors of nonprescription medication use - would it be more accurate/inclusive to say predictors of complementary and alternative medicine use as you have defined it?</p> <p>Would change last sentence of Results to read "None of the socioeconomic variables was a predictor for higher use" since diabetes is not a socioeconomic variable (i.e., get rid of the "other").</p> <p>Would use the word "survey" rather than "study" throughout your abstract.</p> <p>In your conclusion, you say that your study indicated that the routine use of CAM was common for a number of reasons. The only reason I see listed in your results was for cardiovascular conditions. Consider rewording this sentence to say "routine use of CAM for cardiovascular conditions was common."</p>	<p>Abstract is poorly written, and there are a number of discrepancies as outlined above. I believe most of these issues are due to lack of fluency in English, which is why I would choose to accept the abstract.</p>
348178	<p>Is this match rate similar to other SOP/national average? Which sessions were reported to be most beneficial?</p>	<p>Innovative series to help develop and prepare pharmacy students for future interviews.</p>
348178	<p>Interesting concept, abstract lacking details to follow methods. Results did not fully describe comparison group. Analysis should have compared previous years. Sample size much too small to draw any conclusions. Recommend repeating with multiple years data and larger sample size.</p>	

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348178	<p>It is not clear in the abstract where the training occurred and who was invited to attend. Who led the training program? How long was each session?</p> <p>Results: was it 24 students from a specific school who registered?</p> <p>Conclusion: mentions that the three new sessions did not have an impact on the match rate. However, the prior match rates were not reported. Therefore, it is unclear to the reviewer what data supports this statement.</p>	<p>It appears that this was done at a SOP but I only figured that out by looking at the institution of the authors. When I first read the abstract I was confused who offered the program. This abstract reads as if it was hastily put together.</p>
348178	<p>Interesting topic. Clear and concise on outcomes measured and your results.</p>	<p>I found this to be an interesting topic with interesting results.</p>
348186	<p>What is the algorithm for choosing an alternative to aztreonam?</p>	<p>N/A</p>
348186	<p>Interesting topic and nice work demonstrating pharmacist impact. What are the future plans? Were there any limitations to implementing the algorithm?</p>	<p>Abstract meets all requirements, provides proper data collection and analysis of pharmacist impact on the project.</p>
348186	<p>Great Project!</p>	<p>None</p>
348186	<p>Often antimicrobial stewardship initiatives are focused solely on cost. I was impressed to see that cost savings was the last thing mentioned and the focus was on susceptibility.</p>	<p>None</p>
348196	<p>The authors would want to define what the exact role the pharmacist (pharmacy) had with this project as it is unclear. There should also be a detailed timeline of when each opportunity went live. How long did it take for each item to be operationalized? This is not well defined and would be helpful to other institutions that are looking to complete similar tasks.</p>	<p>I was between reject and accept for this abstract. I am not sure of the exact role the pharmacy department took in this project or how this has improved pharmacy services or antimicrobial therapy utilization as this was not measured.</p> <p>The authors would want to define what the exact role the pharmacist (pharmacy) had with this project as it is unclear. There should also be a detailed timeline of when each opportunity went live. How long did it take for each item to be operationalized? This is not well defined and would be helpful to other institutions that are looking to complete similar tasks</p>
348196	<p>Broad range of initiatives. Were they all implemented at the same time?</p>	<p>Accept- no issues.</p>
348196	<p>The list of initial efforts implemented is lengthy and makes it difficult to get a clear message from the methods. I would recommend group interventions into categories (i.e. antimicrobial stewardship, updated cleaning/isolation procedures, etc.) and perhaps elaborating on those categories in their own separate sentences if necessary. Additionally the statement "increased communication to all</p>	<p>Abstract meets minimum requirements for a descriptive report.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	Levels of staff..." is vague and does not describe what information was communicated.	
348196	Where all of these methods/approaches initiated at the same time? Do you have process metrics to share? For example, antimicrobial DOT or DDDs? Other metrics like %terminal cleans that involved the UV light, %compliance with handwashing, etc. Did any one of these approaches considered by the workgroup to be the most significant?	Good outcomes of the project, would like to see more process metrics included.
348208	While this is well written, I do feel that the number of authors involved with the company that is going to market this project makes it less than an ideal poster for an ASHP meeting.	None
348208	Interesting and useful information given need to treat multidrug resistant organisms.	None
348208	Excellent and much needed review of IV fosfomycin. Please publish.	None
348208	<p>Good find with the Kawabata article! It was a very large scale surveillance study with over 100,000 cases (1/3 with high dose IV FOS) assessed for safety over 5 years.</p> <p>It would be interesting to know how many eINDs have been documented through the FDA for use in the United States. It would be very exciting for a drug like IV fosfomycin, who has very good spectrum of activity, cidal, no significant drug interactions, and very good safety profile to be available in the U.S.</p>	Very good thought provoking topic/abstract. Would be excellent to have this drug available as I had to go through the FDA a few years back to gain access via eIND.
348214	The impact of the implemented interventions in medication errors rate need to be evaluated, the results section describe only the pre implantation date.	This is a quality improvement project with an unclear aim, no target, and timeline, no post intervention date is not mentioned.
348214	Were other projects identified as result of event review? Was the initial default for both eyes the most common route of administration?	PDCA process

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348214	Great work. Amazing how many "near misses" were related to ophthalmic preparation instructions. For the poster hopefully you can share specifics on how your team revised the ordering menus to reduce wrong eye events. Wondering if you can also share in the poster the number of "near miss" events that occurred post interventions- ex. how well did your interventions avoid future errors/harm.	Incorrect title format.
348214	If available, would also like to see how your group engaged prescribers, to discuss the prescribing error trend. What are the perceived barriers from prescribers? Do they think that adjusting the default in drug ordering can help reduce the error?	Interesting description of a project to reduce errors involved in ophthalmic products. Good description of how a team reviewed and aggregated medication error data, engaged different stakeholders, and charted the medication use flow to identify gaps.
348230	This very small study did not provide any new beneficial information. Paucity of data	Very small study (20 patients). No real new information. Study needs further evaluation, results, and improvement plan detailed.
348230	Great job	None
348230	Definitions of adverse events would be helpful as would stratification of severity of events.	Helpful information for other practitioners with same issues. Rigorousness of review could be increased to provide a more solid conclusion.
348230	Evaluation study reports must indicate that all clinical research represented in the abstract was approved by the appropriate ethics committee or institutional review board and, if appropriate ,informed consent was obtained for all subjects. Did not see this in the abstract.	None
348232	Interesting concept.	Adequate.
348232	In the results, would report numbers for student positive feedback. The last line of the conclusion is not reported in the results; shouldn't present new ideas in the conclusion.	Would be of interest to Schools of Pharmacy faculty.
348232	The results do not include student reflection specifics. What was the specific feedback that was positive. Was there any negative feedback? Further how did this enhance their involvement in professional advocacy issues? Was there a survey done to ask about involvement?	None
348232	Great topic for Midyear that will reach many students. Would also recommend presenting at ACCP to capture more faculty members so that they can adopt the coursework at their University.	Will hopefully reach an incoming group of new practitioners that may spark their interest in starting a similar course at their respective university. Also well suited for presenting at ACCP.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348257	<p>Research question was to find factors affecting vancomycin clearance. The conclusion does not mention any factors that affected the dosing. The methods section does not address how vancomycin was dosed in either unit. Vancomycin is typically dose per kg based on renal function. Recommend using p-value of less than 0.05 (instead of .05). The results section lists patient characteristics. Conclusions should address how these characteristics affect clearance.</p>	<p>Grammar issues need to be fixed. No reference of how the vancomycin was dosed (typically weight based dosing). Research question and conclusions aren't compatible.</p>
348257	<p>-Could be more specific when referring to "clinical findings" in methods-Innovative and interesting research question-Would include how you determined vancomycin clearance specifically-Don't think conclusion best reflected findings - thought the increased clearance in TICU patients was a significant finding, not necessarily the option to give fixed dose in CRRT patients</p>	<p>-Interesting, innovative topic but felt the conclusions did not reflect the study purpose or result-Some non-fluid verbiage.</p>
348257	<p>This abstract is rejected primarily on the basis of scientific merit. The primary objective of the study is not clearly stated although I presume it is to illustrate the difference in vancomycin clearance between Trauma ICU patients and Medical ICU patients.</p> <p>There should be a more robust description of how patients were identified (septic shock, hap, surgery prophylaxis, etc.). Also, not every patient will be at a "steady state" concentration following 3 doses - it is imperative to know the interval at which the doses are being administered.</p> <p>It is not clear to this reviewer what is meant by "the serum vancomycin trough level and TDM were checked"</p> <p>In the results section, clearance of vancomycin is expressed but there is not information in the methodology as to how this number was derived. Typically, two post-dose serum vancomycin levels are required to calculate patient specific drug clearance. As the methods outline in this abstract, only trough levels were drawn (no mention of two post-dose levels) which would not allow calculation of a patient specific clearance.</p> <p>In the opinion of this reviewer, the conclusions from this abstract do not add on to the body of</p>	<p>This abstract has significant methodological issues which lead me to recommend rejection. The primary objective of the study is not clear and the first conclusion drawn seems to be unrelated to the purpose of the study. Additionally, there is no mention of how the drug clearance of vancomycin is calculated. The methodology highlights monitoring of vancomycin trough levels which would not allow calculation of a patient specific vancomycin clearance. Given my significant concerns with the scientific methodology of this study, I am recommending rejection.</p>



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	<p>existing literature of vancomycin kinetics. The main conclusion of difference in weight seems unrelated to the purpose of this study. Additionally, there is not data presented in the abstract supporting the claim of weight difference due to intensive fluid therapy.</p>	
348266	<p>1. The term, "pharmacoeconomic impact" implies CMA, CEA, CBA, etc.; however, the abstract does not include these analyses. The abstract presents only the impact on the cost of care; therefore, the title has the potential for misleading readers. 2. The duration of the data extraction periods between comparison groups differs (15.5 months vs. 28 months). Why? 3. Were the cost calculations done with a discount? It is not clear. The abstract should have estimated the inpatient care cost of the patients in OPAT and compared that with the cost of the historical comparison group. 4. Were any patients who received dalbavancin in the ED admitted? If any, the abstract should explain how those patients impacted the analysis. 5. Was there any statistical analysis? 6. Do you think every pharmacist understands 340B pricing? 7. 2/90 patients, 1/30 patients, 4/9 cases, etc. need to be spelled out 8. This abstract may be more appropriate as an Exhibitor's Theatre.</p>	
348266	<p>1. RE: methods - patients rec'd dalbavancin in the ED between 3/1/16 and 6/15/17 - how would that be possible and have this submitted by deadline? 2. Although economically viable per your results data, you actually show a higher reimbursement percentage for inpatient (34%) vs.. outpatient (26.5%) contradicting your point to some degree. 3. Appropriate usage percentage listed as " 68% of patients; however, 4/9 cases of inappropriate use. " - with an N of 9 how is appropriate usage 68%? 4. You have a lot of percentages and data, but it doesn't seem accurate or tie things up - perhaps it could be presented more clearly. 5. It was a good idea but could have been better executed.</p>	
348266	<p>Great topic, are you planning follow up to ensure higher percentage of appropriate use? In your conclusions you stated that "physicians felt that dalbavancin administration represented the best care for those patient", did you review if there were some patients admitted that could have benefited from dalbavancin administration? (ie missed opportunities?)</p>	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348285	Adds to body of literature. my resident did this review for Dayton VA patients at ASHP 2016.	None
348285	Very interesting review. Define the objective in the purpose section. Please include data on the specific DOACs evaluated.	Overall interesting project and important data to contribute to the monitoring of DOACs. Objective of the project need to be defined in the purpose section. And the results could use more information on the types of DOACs evaluated.
348285	Part of methods are described in purpose section.	Incorrect title format.
348285	The purpose of the review could have been more clearly stated that the study was assessing this monitoring protocol. The incorporation of the findings surrounding when interventions occurred into the monitoring protocol is one of the study strengths.	Good assessment of a current protocol and use of those results to update the protocol.
348299	I imagine that your full write-up will provide more insight as to the cultural beliefs regarding health care, medication adherence, etc. For example, is it common for certain religious groups to seek spiritual healing before seeking medical attention??	Interesting study to appreciate the patient as a whole to better impact healthcare.
348299	This is an interesting survey that has the potential. The only down side to this study is that the number of participants is low. There may also be some reporting bias in that participants scored themselves higher than what their true. None the less the data gathered will continue to aid health care workers in understanding cultural differences in the delivery of healthcare. I agree that a future direction would be to recruit more recent immigrants.	Provided interesting perspective on medication adherence in South Asian immigrants. Although they may not have been recent immigrants may cultural beliefs still persist. I believe this study is still relevant. It had all of the required elements.
348299	More description of the methods would be helpful, including typical questions or themes authors were looking for during the interview. Generalizability remains a question, but it is a very interesting study.	Acronyms used commonly without explanation or being spelled out previously (IRB, HOPE). The project is innovative as previous data is lacking. Medication adherence is an important topic amongst ambulatory care pharmacists in particular, so this research may be helpful for those with great numbers of South Asians in their populations - it is not generalizable to the US population as a whole.
348299	Innovative review of a specific subpopulation. Regarding the comment "Three-fourths had Type 2 DM, while the rest also had CVD" might be good (if data is available) to state how many had DM+CVD to address what the title suggests with "and/or".	Please see my comments above. Interesting abstract promoting the concept of further research in specific populations to help us improve our approach to patient care.
348302	This is a unique topic that pharmacists may not realize they may potentially encounter.	The project identifies a potential gap in exposure.
348302	Excellent study and abstract. Look forward to seeing the poster.	Very good.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348302	Definitely a unique project. To strengthen this abstract, please consider these items. Include IRB approval and total number of students who received the survey, not just how many completed. Presenting p-values is valuable but without the actual result numbers the reader cannot assess the magnitude of difference between the two groups. Do you have any suggestions for the "further evaluation needed"?	I accepted the abstract primarily due to the unique topic. As you read the above comments to the authors, this abstract is missing some important information. But this is one the better abstracts that I evaluated this year.
348311	This was a relevant study with well described methods and results. Not all of the secondary outcomes were described.	This was a well written and relevant study.
348311	While this is an interesting topic as the market is flooded with new insulin formulations this study had multiple aims and a very small sample size to determine multiple associations measured in these reported results.	The generalizability of this result is limited significantly by the small sample size. Important considerations such as safety, adherence and quality of life are not even mentioned in this analysis.
348311	Well described project.	None
348311	Well written, interesting topic. Did not have statement indicating IRB approval.	None
348313	Very interesting study. Would like to see doses of the medications used to compare amount of narcotic required to achieve sedation results with only fentanyl.	Overall okay study. Would like more results about doses used and discussion about disadvantages of narcotics as well as benzodiazepines in the NICU. Is the study acceptable if an IRB statement is not included?
348313	-Would clarify that the definition for success (not explicitly stated) is the corollary to sedation failure-Did the study meet power? - looks like it was calculated but was that number enrolled?	-Would clarify that the definition for success (not explicitly stated) is the corollary to sedation failure-Did nice job describing statistics but did not mention whether study met power
348313	<p>It would be beneficial to include information regarding the starting dose of sedatives since one of the reasons for sedation failure is the need for increased dose - if patients are under-dosed at the start, there is inherently a higher likelihood that they will be included in the "failure" outcome.</p> <p>Additionally, there needs to be a baseline severity of illness score. This is especially important when discussing costs as patients with a higher acuity of illness will typically have a higher consumption of medical care, including longer lengths of stay and longer ventilator times.</p> <p>The first sentence of the conclusion would fit better in a discussion piece of the manuscript, rather than a conclusion. I would recommend removing this comment from the conclusion.</p>	This topic is certainly relevant to pharmacist practitioners given the ongoing concerns with drug cost. The methodology and scientific merit appear to be sound and appropriately used to answer the research question. All other formatting is appropriate. There are specific pieces that would be key to this research being generalizable which include baseline severity of illness and explanation of initial dosing choices as each of these certainly could influence the primary results of the study.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348319	Calculated clearances may be inaccurate in patients with CKD, obesity, volume overload, diabetes, hypoalbuminemia, advanced age, decreased muscle mass, etc. Sometimes adjustments need to be made on not made on an individual basis particularly with antimicrobials. Consider elaborating more on the patient and hospital characteristics. Many potential confounders need to be taken into account.	This study does not add new clinically relevant information. Conclusion is subjective and not supported.
348319	Would be interesting to know how this compares to U.S. data - any literature? Only 12% of patients were taking drugs requiring adjustment - that seems very low? Straight-forward study and report.	At least it made sense.
348319	Recommend not starting sentences with numbers. Some typos within. The conclusion states , "This highlights the importance of the clinical pharmacist role in decreasing the rates of dosing errors and improving renal impairment patients' care. " It is not clear how this study highlights the importance of the clinical pharmacist's role. I would expand upon how the pharmacist can/did help with this.	None
348320	Specific description of what services were provided to the patient is needed. From the method section, it appears that only expanded dispensing was provided.	A description of any MTM services provided needs to be detailed.
348320	Although the information may not be applicable to all centers, for those centers that do provide specialty pharmacy services, this is a nice example of expanding on patient services and increasing dept. revenue without adding FTEs to the pharmacy budget.	OK to accept.
348320	What other metrics/services beyond prescription capture were documented and/or analyzed pertaining to medication therapy management? What data supports clinician and patient satisfaction-- was a survey conducted?	None
348322	Watch the abbreviations - what is QAR?	Well conducted study.
348322	Doses? What was the predominate fungal culture during those 112 days?	None
348322	Interesting pharmacoeconomic analysis. It would be nice to compare to convert the currency to dollars. It would have been nice to comment whether this is in adults or pediatrics, autologous vs allogenic, timing after the transplant? Primary or secondary prophylaxis. Without describing the patient population clearly it is hard to understand the results to generalize them based on the abstract. You focused on the	Even though the data is only relevant to that country; I think it offers a valuable a robust PE analysis. I wish they converted the currency to US dollars. Some basic pt. characteristics that would have been helpful to have to understand the population studied (i.e. adults –vs- pediatrics; autologous vs allogenic HSCT, timing after transplant? primary prophylaxis or secondary prophylaxis ) It is difficult otherwise to generalize their data .

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	PE analysis details without providing much patient population description.	
348322	This study is well-designed and is a nice model for conducting a pharmacoeconomic-based study. I am concerned if your data translates well to a U.S.-based audience, since you do note some specific assumptions based on "local Qatari practice." But, I have recommended acceptance because I think the study methodology, as well as the overall topic, is relevant to U.S. practitioners. I would hope that aspect could be emphasized during your poster presentation session.	Although I have some concerns about the relevance of the results to U.S. practitioners, I think the methodology is sound and the question an important one. I would hope this aspect will be useful to the U.S. audience even if the actual conclusions may be less relevant in the U.S.
348328	Question 5: In my opinion, indirect costs for 5FU and capecitabine would greatly affect the results of the study. I would mention this in your conclusion section. I would also mention in your purpose that capecitabine is not covered for reimbursement since the cost-utility analysis is specific for Qatar even though this does not factor into the actual statistics. To me, this is an important part to present up front.	This is a question we have discussed many times in my clinic especially the cost of administration and indirect cost. Therefore, I do think it is relevant but is only specific for Qatar.
348328	Very clear methodology description and conclusion that is supported by results.	Clear methodology description and conclusion that is supported by results. Although the direct results may not be applicable to every health system, it is a potential model for other systems to replicate.
348328	It was a pleasure reviewing your abstract submission.	It will be interesting to see the final presentation that will (hopefully) provide more detail.
348328	Well done analysis. Please include a description and conversion factor between dollars and QAR. It was hard for me to find at first but it made the understanding of your study that much more important. Also, you may want to mention the formulary status situation of each drug and its impact on its use.	This study may not hold any interest for an American audience. I don't know how to justify presenting it at this meeting when other well written studies may not get a spot that will have a greater impact on US practice.
348334	Interesting study. May want to add if infusion rate was directly related to AUC variation - i.e., higher infusion rate was associated with greater AUC variability? Consider adding a sentence or two to better explain this finding.	Recommended to submitter to explain if infusion rate was directly related to AUC variation - i.e., higher infusion rate was associated with greater AUC variability? Suggested to submitter to add one or two sentences to better explain this finding.
348334	Was this study IRB approved?	Very small patient population. IRB approval was not mentioned.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348334	There is no discussion of clinical outcome evaluation. The importance of Busulfan is change in outcome. Only 2/9 patients had a change in level which is insufficient for conclusions.	Not an outcome driven study with very small sample size.
348334	Interesting - have you made dosing changes based on your results?	Small study however it contains important data that can optimize therapy.
348340	Interesting case. Would have liked to see more discussion other possible drug interactions that could affect anticoagulant effects and/or concentration dependent effect on INR that was mentioned.	The abstract doesn't add much to current literature, as the interaction between apixaban and p-gp and CYP3A4 is already known. PT/INR continued to increase despite re-initiation of apixaban at lower dose. Would liked to have seen more discussion on other medications that may have interacted (e.g., omega3 that can enhance AC effects).
348340	Upon initial presentation, did the ED clinicians suspect the coagulation lab changes as secondary to apixaban?	Real world case study.
348340	Novel information regarding apixaban and AADs. Consider using standardized scoring tool (Najanjo?) to assess the likelihood of this side effect actually occurring from the interacting drugs. Why was vitamin K given?	None
348340	Incorrect spelling of "Caucasian". It is stated that LFTs and renal function were monitored, but no mention about whether they were abnormal.	Interesting case report! Was this IRB approved?
348341	Results does not answer objectives. No presentation on data in terms of percentages patients receiving guidelines recommended therapy. Also, patients length of stay are different. Wonder if they are similar patients that are comparable. Or is group 2 patients sicker than group 1 thus not able to tolerate aggressive doses of heart failure treatment.	Results did not answer objectives.  Incorrect tile format.
348341	For the given research question, the methods are appropriate. Outside of grammar errors, the abstract was clearly written. However, I am not sure what the value of this study is. If it was proven that the "clinical experience" was better, how are other programs supposed to replicate that one person's experience. Conversely, if the protocol is better, how does that actually change the commonly accepted practice of evidence-based medicine. The premise of the study is flawed and may have little value to the audience in attendance.	This study did not pass the "so what" test for me. What was the point of studying this research question.... to prove that we should use protocols for standardizing patient experiences and improving outcomes? That is what is expected, why would we think differently?



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348341	This was an interesting and clinically relevant project, although there are some suggestions to enhance the abstract. I would like to see a further explanation about the heart failure management standard protocol. There does not appear to have been a true data analysis conducted. It would be beneficial to include p-values in order to determine the statistical significance of your results. I am also curious if there were any differences in baseline characteristics between the two patient groups since this may skew the results in favor on one group. Consider spelling out medications rather than using abbreviations. Also, please double check grammar.	There are grammar issues throughout the abstract including some incomplete sentences, run-ons, and some awkward wording. Main recommendation would be to conduct a more thorough data analysis to provide more robust results.
348341	Good evaluation of two different tools used by pharmacy. Important to evidence based medicine is beneficial to patient care. Should not use acronyms without first defining them (ie: ACEIs, ARBs, BBs and MRAs). Also indicate which group is which in the results rather than referring to them as the first group and the second group. Could have done some simple statistics to evaluate if the findings were significant.	Grammar and punctuation was poor but I could understand the intent. I think it was overall a decent project, but the writing was poor. Many acronyms used without definition. No statistics.
348345	Interesting study.	Methods could use better definitions of how "satisfaction" was defined but otherwise these finding would be of interest to the audience.
348345	Relevant topic	Accept Incorrect tile format.
348345	In poster, include more details on actionable educational points / interventions. Excellent concept that appears very effective.	Excellent concept that appears very effective.
348345	Great results. Curious to see if the continued complaints were in a specific category that wasn't covered by the training. Also, if there is any planned ongoing training after the 28 hrs.	Great self-improvement of processes with meaningful results. Could be applicable to a wide variety of sites.
348347	Great research idea! I suggest change C dif to C. dif and 69 year old to 69-year-old. This has the potential to help avoid lots of systemic SEs for patients.	Very innovative and interesting research.
348347	I have recommended rejecting this abstract because you basically have no results. Review guidelines clearly state that projects must be completed at the time of submission. Even your Methods section, which speaks in the future tense, indicates that the study is far from complete. Certainly the concept is good, although I think you may have difficulty defining a clear "control" group. But, so far you only have one patient reported and he has withdrawn	This project essentially has no results (the one patient reported has withdrawn). Nothing useful here (other than an interesting study idea).



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	from the study.	
348347	Very innovative study. Beneficial if it works. However, patients still receiving systemic antibiotics initially. How often does the patient receive V.A.C.? Daily? Needs to be included under Methods. Need to include usual duration with the standard therapy to give an idea of comparison of duration between the two. Need to address in the conclusion how to prevent patient drop out due to pain and dressing leaks. Will be a better study with more patients, obviously.	Very innovative study. Beneficial if it works. However, patients still receiving systemic antibiotics initially. How often does the patient receive V.A.C.? Daily? Needs to be included under Methods. Need to include usual duration with the standard therapy to give an idea of comparison of duration between the two. Need to address in the conclusion how to prevent patient drop out due to pain and dressing leaks. Will be a better study with more patients, obviously.
348350	Number of pharmacists and number of orders were not indicated. What were the interventions? Method can be explained more clearly.	Study was important to understand the impact of pharmacist's intervention however in this study method was not explained properly (i.e. how many people participated, how many orders each pharmacist handled).
348350	I think this statement needs reviewed for accuracy "The health system had an overall compliance change from 84.7 percent to 10.2 percent." How long has the CDTM been in place? What type of education did your staff receive regarding the CDTM and when did it occur in relation to its implementation? Did all staff receive this training? What did "coaching" entail? What were the actual numerators/denominators that determined your compliance rating for each location? What education was done for prescribers?	There are too many questions about this abstract to approve.
348350	Good project and an often overlooked component to CDTM implementation. Is this a typo "The health system had an overall compliance change from 84.7 percent to 10.2 percent."?	None
348350	I found this interesting, well written, and well presented.	None
348355	Overall very good study design and complete analysis.	Very well done.
348355	Interesting research subject as amlodipine is a very common antihypertensive. I would be interested to see if the incidence of AEs was dose-dependent based on the mechanism of the interaction. It's unclear if this is a class-effect or specific to EVG/COBI	Relevant given the common use of both medications.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348355	Nicely conducted study. No specific comments or issues based on information in abstract.	Nicely conducted study. No specific comments or issues based on information in abstract.
348355	Purpose needs to be more clear. Methods, specifically your literature search, needs to be more clear for this meta-analysis. How were the studies identified? Are you sure you identified all studies of this type? Were any studies you know about not included?	Are meta-analyses appropriate for ASHP posters? Please review and take action with that in mind.
348359	This is an excellent project!! Everyone needs a team such as yours to develop an in depth safe handling strategy for tables 2 and 3. Consider publishing your assessment tool. Every program needs an evaluation tool, but many organizations lack the resources to build a team and an evaluation document such as yours!!	None
348359	Qualitative evaluation of an important initiative safety initiative. Presentation will benefit from full presentation of the tool developed. The role of the industrial hygienist will also be of interest to meeting attendees.	The scope of this project is large but the tool this team developed is of generalizable interest.
348359	Make sure you show portions of the data base with your risk rating that you have applied to these agents.	Very good paper.
348359	Very interesting to read about what other organizations are doing. The USP 800 chapter is a challenge for many to wrap their heads around and some parts are very vague - with little to no guidance. Each organization has to develop their own HD list. This assessment is a good way to guide handling of hazardous drugs. I would like to have more definition around the exposure rating. This approach is unique to your organization. For the results section - was education included in your implementation checklist? With this hazardous drug list - it is looking at how the patient is affecting the healthcare worker - I am interested to know if your organization has steps in place to protect the patient from healthcare workers who are taking hazardous drugs.	Accept without reservations.
348361	Good study. Recommend that you list which fluoroquinolones and non-fluoroquinolone antibiotics were used. Were they appropriate for CAP? Need to keep with the Non-inferiority wording instead of similar. Good study.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348361	You need to provide more information in the results section like how many patients were included in the trial? Was this prospective or retrospective? When was the data collected? What was the nonfluoroquinolone therapy? The study has merit, but the abstract is so bare-bones that it's difficult to assess. No mention of IRB approval to gather patient information.	This is a difficult abstract to decide upon due to its scant level of information provided. I understand that its an abstract, but there seems to be too much information missing to accept it. They also did not mention IRB approval, which may be the death nail.
348361	Interesting findings to add to available literature.	Accept
348361	This project is good and timely. Small typo: adapted vs adopted	This is a good and timely project.
348367	Did a previous study reveal inconsistencies involving TPN verification? Was there a sentinel event that raised concern - consider rewording the purpose opening statementTypo "takt time?"Would be interested in results if there are available?	None
348367	There are a number of typos within this abstract. Was there analysis after the workflow was standardized to assess for improvement?	Abstract has typos, it's unclear if the project resulted in any improvements
348367	Nice report. Like the methods used. I did wonder about measurement/data. How did standardizing TPN work effect outcomes (safety)? Maybe you can share that in the poster.	This was submitted and written as a descriptive report but in the purpose the authors call it a case study. It misses data but it is an interesting topic/project that I think others would like to hear about.
348367	If collected, would like to see more information on application of learned knowledge and skill to practice post-training, as part of the Standard Work approach. How pharmacy management or pharmacists utilized data from this training (such as takt time) would be interesting to see as well. Nice description of this training process. Materials used for this training process will be great for the poster.	Great description of a training program to improve complex processes such as pediatric TPN preparation.
348370	Definitely a unique method to push antibiotic de-escalation, whereas most hospitals focus efforts on prospective review.	Overall good project idea. However, presentation of study/results or abstract could have been better organized.
348370	You did not indicate that this study received IRB approval.	Method section was not entirely clear. Research question did not define cascade reporting. No indication they study was IRB approved.
348370	Very interesting and a problem at hospitals around the country. Abstract well written. Based on the results, what will be the next steps with this project?	Meets all criteria, would accept this abstract.
348370	Very relevant and timely study. Could have an impact on selection and antibiotic resistance.  Should perform statistics on the pre-post comparison. What FQ is used for sensitivities at your hospital (multiple?).	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348375	Recommend rewording sentence in Results: The analysis of the MMAS-4 scores identified multiple factors that could better medication adherence and eventually result in less hospitalizations. You mention "eventually result in less hospitalizations" in results but you cannot state this as no results reported. It may be better to state better medication adherence may reduce hospitalizations in conclusion/discussion, but not results.	None
348375	Very interesting evaluation in an understudied population.	Overall, a very interesting study. The one concern I have is the statement that this study has shown that improving medication adherence has led to a better quality of life in the Lebanese population - the data presented demonstrates correlation but not necessarily causality. Followed most abstract guidelines (length, sections, title requirements); however, did not spell out special symbols (% , greater/less than, equals).
348375	- How many pharmacies were recruited in the study?- How patients were recruited in the study - The statement related to data about QoL and adherence in the Middle East is not accurate as many studies have already been published - In what language the survey was administered? - Why chi square was used? -How illiteracy was assessed?-How MMAS scores identified factors? using MMAS patient will have a score	None
348375	Wondering how you calculated the pvalue and OR - what values were you comparing?	This study concludes that improving med adherence leads to better quality of life but it is unclear from the results how they drew that conclusion.
348378	Nice idea. Likely underpowered. No statistics explained in methods, but p values given in results. Unable to evaluate if appropriate.	None
348378	Good trial and good results that other institutions could incorporate to help with antimicrobial stewardship programs.	This is an innovative topic that other health-systems could incorporate into practice.
348378	Although your primary objective was statistically significant, none of your secondary clinical endpoints was significant. This study does not help the clinician because even though the antibiotics were started earlier, there was no clinical significance shown. In fact, it appears that the LOS in the ICU was actually 1 day longer which is a large increase in overall cost. This study should be done for a longer basis, and perhaps prospectively, to see if there is any clinical significance to using the antibiotics earlier.	This would be a worthwhile study if it showed clinical significance to using antibiotics earlier, but unfortunately it didn't, so it is not useful for clinicians.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348378	<p>I think your study is very relevant and important in today's climate of increasingly resistant Gram-negative pathogens. You did a good job of designing and explaining your study; I especially like the fact that you connected the usefulness of these "quickie" tests to the use of antimicrobial stewardship. I hope this is fleshed out more fully in your poster presentation. I have recommended acceptance, primarily because it is very current and I know that many institutions are struggling with the decision to institute these newer lab tests into practice, and which ones might be preferred. Your data is helpful in this regard. I graded you down a bit because your two groups were quite mismatched, with less than one-third of patients in the post-initiation group. I am wondering if you had more patients in the post- group, could you have possibly shown a significant effect on some of the actual outcome variables. In actuality, although the mean time to effective antibiotics decreased significantly, it didn't seem to make a difference in the more important outcomes. Did you do any power calculations? To me, this issue clouds your negative conclusions, somewhat. But, this study does look at an important issue. I would recommend you consider repeating in another few months when you may have more patients in the post-intervention group.</p>	<p>I have recommended to accept this abstract because I think it looks at a very topical and important aspect of care - how to use advanced tools to get the right antibiotics to patients more quickly. I have some concerns about the "power," or negative outcomes (except time to appropriate antibiotics) - please see my comments to the submitters. I would also point out that there is nothing I see about IRB or ethics approvals (or waivers, exemptions). I recommended to accept based on the data presented. Please review; you may choose to not accept due to the IRB issue.</p>
348383	Very thorough	Very well designed study.
348383	This is a very well written abstract on a topic with little data.	This abstract is well written and doesn't have display any commercial bias. The topic is relevant but is a small population to work with.
348383	Nice abstract.	The abstract is good except for the absence of any mention of IRB approval for the trials. Do they need IRB approval for sub-analysis of the data?
348384	Excellent project and well written abstract. Were any of the improvements noted statistically significant?	None
348384	Excellent abstract. Well written.	Excellent topic. Would recommend to accept.
348384	Well written abstract	Very well written and detailed.
348384	Student submissions should be submitted on August 15? Overall, good results. I would recommend adding more detail in the method section.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348385	Great way to begin to address barriers that interfere with medication safety in the middle east. Interestingly, many of the responses are also repeated by pharmacists in the USA as well. One Profession, One World, One Common Theme. Very interesting	Issues w/abstract format.
348385	Would benefit from editing of grammar and structure prior to submission/presentation. I am unfamiliar with some of the theories described in the methods - would recommend further explanation in text of poster. Overall, abstract is very long...would benefit from cutting out some of the detail (ex. FG5P1), summarize key themes saving respondent quotes for poster.	Would require significant editing of grammar/structure - international abstract. Very long! Overall, concept is sound.
348385	Good methodology and design. It is simple and straight forward.	None
348385	What has the organization done in the past to raise awareness for medication event reporting? Results were a little difficult to follow, can these results be put into percentages of reporters, etc.	Results were difficult to follow- recommended using discrete data in terms of categories, % reporters, etc.
348386	Well thought out and implemented.	Incorrect title format.
348386	Like that you monitored possible harm factors. Kudos on raising your services profile.	Good cost saving.
348386	Interesting study. This highlights an innovative role for transplant pharmacy services. Within the results, you mention cost savings over a 14-month timeframe for IVIG, but you mention cost savings over a 12-month timeframe for the prophylactic echinocandin. Why are you evaluating two different timeframes? There are several punctuations errors throughout the abstract (e.g., missing periods, extra spaces, etc.).	There are several punctuations errors throughout the abstract (e.g., missing periods, etc.).
348386	Short on detail of cost saving estimate methodology	None
348389	Would have liked to see some discussion on statistical analysis; for example, was sample size large enough to detect difference in two groups or was there a power Analysis completed to detect a certain difference in this "subgroup" of other study?	Only concern is that results have been published in previous publication.  Incorrect title format.
348389	Herbal use in this population is of great interest. How was herb defined in your survey? Please describe in more detail what formulation (s) was/were used.	Data collection 2012; newer herbal products and trends since. There are too many limitations to be clinically relevant.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348389	<p>Last sentence of Results - change and to any.</p> <p>Methods are confusing. Although you say that methods have been reported in details (change to detail) in previous publications, you should still report here clearly enough for the reader to follow. You say this is a cross sectional study, but you also say the two different approaches were implemented in succession. When you talk about the 312 respondents who reported discrepantly, it is obvious that individual patients got both types of surveys. The "cross sectional" label would seem to indicate that some patients got one survey type and others got the second survey type.</p>	<p>The concept of the study is good but the description of methods is not clear. I do not think it is acceptable for this type of study to say that methods have been reported in detail in previous publications.</p>
348390	<p>Thank you for the submission analyzing the important role of an ED pharmacist. The sum of the interventions listed is 1755, what accounts for the difference from the 3081 presented? I would also encourage you to further proofread the abstract for grammatical errors.</p>	<p>This type of study has been conducted multiple times to show the impact of a pharmacist. The data presented does not add up to the 3081 presented, this should be explained.</p>
348390	<p>I believe that while the title of the abstract and purpose sound similar, there is a subtle difference between describing the "impact" versus a "need" for services, thus the purpose could be better written to reflect the title. Methods ideally should be fleshed out in the presentation/manuscript to include how exactly these recommendations were made and acceptance rate.</p>	<p>Overall novel idea for most institutions outside of the realm of academic medical centers. Provides good insight into what a place may expect out of an emergency medicine pharmacist dedicated to making a difference. Hope to see/hear more discussion of the actual impact the recommendations made rather than just raw numbers.</p>
348390	<p>Did you evaluate cost savings (based on risk reduction or actual money savings) to justify?</p>	<p>Financial impact data requested.</p>
348390	<p>Did you compare interventions prior to the clinical pharmacy services implementation? Will need grammar modifications.</p>	<p>Requires grammar modifications.</p>
348391	<p>Purpose comes across as very strong (ex. obnoxious events). Would recommend avoiding "VIGIgrade and VIGIbase" in the title, as many attendees will not be familiar with these terms (may detract from project).</p>	<p>International abstract, reasonably well written.</p>
348391	<p>This abstract has a very good scientific importance to HMC and to Qatar as HMC is the biggest healthcare organization if the results were translated to improving the reporting and preventing harm to patients.</p>	<p>Incorrect title format.</p>
348391	<p>Well written. Would include in the poster definitions and use of the tools used in this poster submission.</p>	



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348391	Objective is clearly stated in purpose. However, the methods and results do not clearly define or state this related to "frequency" or "quality" as one would expect. Some spelling/capitalization errors and hard to follow at times. Could be more concise/clear in methods and results.	Many spelling/capitalization errors, poor methodology and writing. A symbol % is used which is against the handbook. Reject if so required secondary to this.
348393	Good results and action reported for PN process.	Accept.
348393	Very nice job. Great process improvement project.	Delete bullet points.
348393	The project highlights differences between the US and Ireland. I would be prepared to discuss these differences when presenting your poster. Much of PN ordering in the US is done via computerized physician order entry.	The abstract describes a dated procedure in the US but a novel procedure in Ireland. I think audience members would appreciate the contrast between the two healthcare systems but would not necessarily be able to implement many of the tools presented in the poster at their home institution.
348393	Was there any thought into looking into whether the increase in resources was appropriate/warranted?	Process improvement project.
348395	Very nicely written! Methods were very clear, as well as generalized findings and significant differences.	Pertinent to primary literature available, highlights a specific study that reinforces available literature.
348395	Very informative and applicable to practice to help guide initial dosing protocols for heparin...good job with design and stats/conclusions.	None
348395	Interesting results	Interesting results. accept
348395	Abstract is well written and results support the study objective.	This is an important topic for anticoagulation pharmacists in the inpatient setting. This abstract was well thought out and written. Conclusions are valid based on study design. However, it did not present any new knowledge to the field.
348399	I'm assuming you are using this data to look for inconsistencies in billing 340B meds. Are you relying on any other indicators for investigating billing discrepancies?	OK to accept.
348399	Relevant topic that many hospitals and health systems have difficulty with. Describing the detail of how you do this is important for other health systems. Do you have any financial results that you can share? If not, would suggest this as a follow up poster/publication. As, this would make it easier for hospitals to justify/invest the time/labor to get the return. Suggest that you include how much time/labor it takes to do this in poster .	I would have scored this higher if it had financial results would have been good to see however, the methodology here is important, relevant and timely. Suggested they include what labor/time is involved to do this.
348401	What were the prior endocrine and chemotherapy and would that have contributed to adverse events?	Overall, good abstract.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348401	Good project.	
348401	According to Purpose, efficacy was not an issue. Conclusion could be better with more specific information, e.g., efficacy numbers; good summary of tolerability. Literature summary comparison will be helpful.	Good retrospective review.
348401	Be more specific when listing the purpose: "to evaluate the use" is pretty vague.  Does your institution have a treatment protocol? Did use correlate to that? Any discrepancies?  Also, please place your results into context with published data. Do your results corroborate published evidence or dispute it?  Do you have any historical controls to compare the data to?	None
348407	This was well written and very interesting.	None
348407	The abstract is well written and shows the significant of aGVHD but my main question is what is the next step and how can we as pharmacists help to minimize this from occurring. We know it's a huge burden on cost/mortality/LOS etc. but now what? I would want to know some of your recommendations on how we as pharmacists can help improve this situation.	Abstract was good from a descriptive standpoint--see above for what do we do now? Hopefully they will have some ideas for how we as pharmacists can be involved with improving this.
348407	Well written methods and results section. It would have been interesting to include GVHD prophylaxis strategy between patients.	Although the abstract is well written, it received an overall score of 3 because it does not seem practice-changing or extremely impactful.
348408	Interesting finding: akathisia less with the 1064mg q8wk group.	Good
348408	Well written and organized abstract. This presents novel safety and tolerability information that supports the use of aripiprazole lauroxil 1064mg every two months. Was there IRB or ethics committee approval? What were the exclusion criteria?	Possible commercial bias as this abstract is about a single product and the intent appears to be promotional in nature.
348408	This abstract provides information that could be useful to clinical pharmacists; however, it appears to be a manufacturer funded study.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348408	<p>1. For the abstract, it is very difficult to eliminate commercial tone. To reduce the commercial tone, the phrase, "that was recently approved by the FDA for use as a two-month dose-interval option" should be removed.2. The abstract should include a statement regarding IRB approval and the informed consent form. This statement missing, assuming the study had been reviewed by IRB and informed consent obtained.3. The acronym, q8wk, would be better spelled out when used for the first time.4. Partial results of this study (Clinicaltrials.gov: NCT02320032) have been published (Hard ML, Mills RJ, Sadler BM, Wehr AY, Weiden PJ, von Moltke L. Pharmacokinetic Profile of a 2-Month Dose Regimen of Aripiprazole Lauroxil: A Phase I Study and a Population Pharmacokinetic Model. CNS Drugs 2017. DOI: 10.1007/s40263-017-0447-7. Published on line: 08 June 2017.) The authors said that safety data from the phase I study will be reported in a separate publication at American Psychiatric Association Annual Meeting, San Diego, CA, May2017; therefore, this abstract has the potential to be a duplicated presentation.5. This abstract may be more appropriate in a booth of the Exhibit Hall.</p>	<p>The abstract should be rejected due to duplicate publication and commercial tone.</p>
348411	<p>The first paragraph introduction is lengthy. Suggest to use that space to provide more case details including supportive data for suspected auto-induction and exclusion of other factors.</p>	<p>Needs more case details in space provided</p>
348411	<p>Very interesting case report and addition to current practice</p>	<p>There were no major issues in this abstract.</p>
348411	<p>There is a lot of debate about the reliability of VPA levels due to these fluctuations. It is interesting that they always seemed to trend down in the patient over time. Were the levels consistently drawn at the same time? Did they end up stabilizing over time as one would expect with auto-induction? It would also be interesting to check free VPA levels since it is such a highly protein bound drug to rule out any confounding issues.</p>	<p>Interesting case report, however there could have been more depth added that would make it more clinically pertinent.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348411	1. It seems that the background information is too long.2. It seems that the abstract does not provide enough detailed information to make a case:a. It is not clear if the dose adjustments were done to control the disease or simply to bring up the serum drug level to the target ranges.b. A temporal trend of the steady state levels should have been provided even if the word count is limited.c. It appears that the steady state drug levels were measured once when it was assumed that the steady state was achieved after each dose adjustment period. The drug metabolism of the subject may vary during the day or days. The variance in the case were estimated to be between 18-35%, which may be in the acceptable range of variance. The steady state levels in the report were not even close to the upper limit of the therapeutic range.	I do not think that the data is sufficient enough to make the case.
348413	Interesting to see outcomes, resource utilization, costs in a large population.	Very large population.
348413	This was an ambitious study looking at a wide range of years of which many new interventions occurred. Difficult to make any conclusion. The results only showed that sicker patients have a higher incidence of being re-admitted. Would you have expected otherwise?	There is nothing done in this study. The authors noticed that patients with more complications are re-admitted.
348413	What can be done to reduce GVHD so that utilization and costs can be reduced?	Next steps in reducing GVHD need to be mentioned.
348413	An important and good disease burden study	None
348424	-Extremely relevant and timely topic-Could consider adding additional information regarding how the protocol was developed (per guidelines? provider experience? etc.)-Were secondary outcomes significant? (no p-values provided).	This topic was extremely relevant for clinical practitioners. The outcomes were appropriate and the data was well described. I believe this project would be useful for healthcare providers who may want to implement a similar project at other institutions.
348424	Good job, I applaud your efforts to reduce opioid use. Good to see that your costs did not go up to take care of these patients. I'm sure in the long run that there would be cost savings in keeping patients off of opioids.	This is a timely study. The opioid epidemic is huge and this well done study shows that use of opioids can be reduced effectively via a protocol.
348424	Excellent presentation. Results are displayed clearly showing great time and effort in this study. Designed well. It would have been interesting to include the impact on nursing staff in the study as well. Did it significantly impact their administration/charting time with multiple medications? I would have liked to see if there was any change HCAHPS scoring too.	Excellent study design and presentation of information. Many opportunities to use this as an example for improvements.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348430	How many pharmacist were involved in this model change and were any new resources added?	Something we talk about, but nice to see metric added to a common practice - would love to see the post with more details!
348430	Good practical application of the PPMI.	None
348430	Metrics well-defined and reported on. Would like to see how metrics were derived, and the design of the practice model and how it works. This would be a great platform presentation.	This project could be a platform presentation as team-based models are not well-described. The careful use of metrics is also well-done and important information for pharmacy leaders.
348430	Results are not novel from a pharmacy practice standpoint but beneficial in expanding the pharmacist's role in this practice setting.	accept
348431	Pertinent and timely.	None
348431	Good study with much needed safety precautions.	None
348431	Sharing your efforts to improve safety of hazardous drug management will be very important since every facility is struggling with this issue now. Surprised that you did not mention USP 800 and how this project integrates into ongoing preparation for that new standard. Encourage you to include detailed information on the resources you used, timeline and estimates of the manpower required for this effort. Others will also benefit from you sharing any monitoring or auditing tools you have developed.	The topic of hazardous drug management is a hot button one and networking around this issue will be very timely at Midyear, with USP 800 going into effect July 2018. I expect many hospitals will be able to learn from this institution's experience, even if they are in the process of doing something similar- and suspect lots of facilities have yet to start.
348431	There were 2 purposes in your study (paraphrased slightly differently): to describe a system to prevent occupational exposures through the development and implementation of policies and procedures for the safe use of drugs in Grps 1,2,& 3. AND To ensure proper handling of drugs in Grps 1,2, & 3 throughout the medication use process. Based on these 2 purposes, it appears that you perhaps can drop Grp 1 from your paper as it doesn't appear that there was any problem in this group at all. But it might be the better choice to keep them. Nonetheless, it would be helpful to add a bit more information about where in the processes/policies that you encountered issues with Grps 2 & 3 (e.g. was it only with newer agents or was it with agents that moved from one category to another?) You comment on the continuous procedure review and development and adherence to policy being an ongoing process. That does seem to imply that you may have more data at the time of the presentation. However, your conclusions state that there seem to be difficulties in making these changes	This abstract is long on methods and short on results. It makes me believe that the data will be gathered and presented at the time of the meeting. I don't have a problem with that, but when the conclusion is specific about things that need to be done based on slim data, it contradicts itself. Nonetheless, this topic may be helpful for a number of institutions.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	("Changes to existing workflow requires buy-in at all levels" but the results don't describe how or what.	
348440	Very interesting case report.	None
348440	Nicely written case report but of a case that likely won't be seen again and would not be incorporated into other clinical practice.	Case report is written very well but has a very rare case that others will likely not benefit from reviewing to incorporate into their clinical practice at all.
348440	Would it be possible to tie this to pharmacy somehow? This abstract is interesting, but as written is more appropriate for an infectious disease conference.	To me, this does not seem very pharmacy related. It doesn't even seem like a pharmacist did anything except gather the information on the event.
348448	The project is meaningful to the profession as there are many hospitals that are overusing PCC or using PCC outside of the labeled indications. Well written abstract.	Accept
348448	Retrospective review of PCC. Has been performed and described at many different institutions. Would talk more about your hospital or patient population as to why this is unique and what implications can be taken from this data.	None
348448	Important topic, I thought your purpose and methods were well written. One of your purposes of the study was to determine if PCC was used appropriately. 5 of your patients (33%) were on a DOAC I presume and you didn't say anything about the appropriateness of using PCC in these patients. It would have been interesting to know what anticoagulant the 7 patients who died were on.	Hmmm - I think the project is interesting. They address half of their purpose in their conclusion but really didn't hit home on the inappropriate use of PCC for oral anticoagulants other than warfarin. I'm on the fence but it's a project that will generate some discussion. Hopefully it will help the pharmacy resident learn through the presentation of a poster at ASHP.
348454	Upon reading the purpose of the pilot program, I anticipated to see data more related to improvement in patient safety, adherence, understanding, etc. Instead the conclusions seem to be almost entirely about increased revenue and volume for the hospital pharmacy service. Not sure if the conclusion was driven by the result or was the original intent of the project.	Slight disconnect between my impression of the purpose and the conclusion reached. Otherwise fairly well presented.
348454	I agree with the idea of the project. Good to know it was revenue positive, disappointing that such a small number of patients were able to participate.	Strongly agree with premise of project, it is just unfortunate that such a small number of patients were able to be included. Nonetheless should be interesting to attendees, especially since it was revenue positive.
348454	Very small numbers. This is most likely why no significant difference was found. Potential for greater impact if piloted on more units.	None
348454	Consider providing more detail on projections for expanding the program and revenue impact.	Clearly written abstract. Small sample size but relevant topic.
348457	Very interesting	Will be of interest to attendees.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348457	This was an interesting study for current practice.	There were no issues for this abstract
348457	What would your recommendations be based on your conclusions? The methods section could be clarified as it is a bit difficult to follow.	Over it's a good description report. The methods section could be simplified as it's very wordy and a bit difficult to follow.
348457	Clearly written abstraction and appropriate results.	None
348470	1. IRB approval is not mentioned in the abstract.2. What statistical methods were used o analyze the data? 3. How did the authors figure out that the TT genotype was more likely to have a major bleeding complication with warfarin and in normal INR of 2-3? 4. Definition of major bleeding event?	1. Very interesting and clinically useful abstract. 2. The authors may want to provide a good background information on ABCB1 polymorphisms and warfarin-related bleeding complications.
348470	Good study. Recommended to submitter to briefly state in purpose section that polymorphism in transporter gene may affect warfarin safety or efficacy in individuals to help reader better understand study	None
348482	Do you have objective data on the effectiveness, timeliness, comprehensiveness and assessment of training?	Method oriented project with little objective data.
348482	Novel use of pharmacy externs. It would be interesting to track their career choices after graduation to see if this leadership role made them more "marketable".	None
348482	This is not a novel approach to training, just a different group of trainees.	Not a novel approach.
348484	Great job. Excellent abstract & timely topic.	This is an excellent abstract. It should be included in the poster session. The topic is certainly timely.
348484	With antibiotic stewardship being an area of focus in hospital pharmacies, this study provides important information regarding time and resources needed to implement and use a CDC tool in performing antibiotic stewardship activities by pharmacy personnel.	None
348484	Overall well written and of value to the attendees at the meeting.	A symbol % is used which is against the handbook. Reject if so required secondary to this.
348488	Assure that screen shots of platform are shown with full descriptions.	Accept.
348488	I would recommend narrowing the scope of your project to one aspect of the USP 797 PQS program that you were develop. Abstract is written at such a high level, I am struggling to understand what was actually done.	



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348488	Midyear may not be the most appropriate venue for this poster. A small venue dedicated to clean rooms and USP 797/800 implementation may be more appropriate. The abstract is difficult to understand, especially the Methods section. I cannot understand what you type of system was implemented. Additionally, the project is close to be out-of-date as USP 800 is adapted. I would consider changing the project to be USP 800 instead of 797.	I do not believe Midyear is an appropriate venue for this poster. Also, as a research pharmacist in an IDS pharmacy, I do not understand most of this abstract.
348488	Process improvement project that may be of interest to practitioners.	None
348501	Reduction of FLQ use is definitely a targeted intervention that all Stewardship programs should be evaluating. Good job using the FDA warning/label updates as leverage for this initiative. For results, would recommend presenting FLQ DOT data as primary result as this was purpose of project with pharmacist interventions as secondary result. Also, consider reporting actual DOT values, in addition to decrease.	None
348501	Good study to illustrate targeted initiatives for stewardship	Not novel but good study to show that small initiatives make improvements in stewardship.
348501	Include size of hospital in which intervention took place to act as a 'denominator' for what appears a smaller number of interventions (31 over a 3 month period) . Excellent concept, would share model in poster presentation so those reading can take home key actionable points.	Appropriate
348501	When evaluating this project, I struggle with the link between education on proper use of FQ and 93.5% acceptance rate.	More results and discussion needed to determine value of this project.
348502	Recommendation to put more detail into purpose and objective. Also specific improvements will need to be included in the poster.	Accept if authors will provide specific improvements with details.
348502	This is great "deep dive" review of hypoglycemia events and how to use the results to improve safety practices and gaps within the organization.	None
348502	Would be helpful to know the intensity of the insulin regimens as well as whether patient had a glucose source removed or stopped (for example tube feedings stopped, ivf containing dextrose stopped, etc.)	A potential common problem that any institution may need to evaluate but not much helpful information for other practitioners.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348502	I would have liked to know the size of your institution and number of patients receiving (patient days of) insulin during the three month time period to put results in context. Be careful in the conclusions you draw without denominators, i.e. say most frequent versus most likely. (Is use of D50 more likely or are these just the demographic groups more likely to be on insulin?). Suggest you also provide a visual, such as Pareto Chart showing number of episodes per patient since 52 patients got 105 doses--were these single episodes with multiple doses, recurrent hypoglycemia or did a few patients have a large number of episodes? You indicated 52 patients given D50 and "50 patients received no insulin" but perhaps you had intended this to be 50 doses and a smaller number of patients?? Even in that case, essentially half (50 of 105) of the doses of D50 were given to patients not receiving insulin, therefore, this group should be analyzed in more detail for performance improvement. (Were they on oral hypoglycemics?).	Despite feedback noted this is a generally sound abstract. While analysis of trigger medications is an accepted method of problem identification for performance improvement, insulin is a high risk drug that needs this kind of spotlight. Iatrogenic hypoglycemia (and problems with insulin safety) are common challenges and I think of interest to others. Hopefully feedback for submitter will enhance the final poster presentation.
348509	Would be helpful to have terms defined such as RFID technology and KitCheck. Abstract does not meet ASHP guidelines because it is written in outline format.	None
348509	Abstract does not follow submission guideline requirements. Additionally, no numerical or data-drive results are presented.	Information is not specific and does not follow submission guidelines.
348509	Great concept but poorly written abstract.	Incorrect title format.
348509	The use of RFID technology is a key component for the next generation of healthcare delivery. I expect these pieces to be address in more length in the near future. Some points to add to the abstract should include a more defined setting as to the scenario for the project, the methods includes statistical design and metrics and also provide numerical content for the results.	I think the idea behind the abstract is relevant, however, I think this is an issue in regards to the study design, methods, and outcomes which are not listed in full detail.
348510	Does the data show that this is something that needs to be continually done on a regular basis to be successful?	I hesitated to accept this abstract - I can see the usefulness but do not know if this is the correct audience.
348510	Purpose should be succinct and clearly stated. Found the data analytics were one sided and did not compare the data points prior to adding the technology. Would prefer not to see the vendor name it gives the appearance of vendor bias versus the value of this type of technology versus the manual environment.	Concerned about vendor bias versus the use of technology and the benefits to workflow versus a manual environment. Results were one sided.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348510	Unique research project. Although a limited number of meeting participants may find this interesting, the project is deserving to be shared with others.	This is an example of ASHP Midyear being diverse meeting for all types of pharmacists.
348510	Good project	None
348522	What proportion of respondents were pharmacists?	The authors did not specifically focus on pharmacists, but rather all healthcare providers. Still useful information to know for pharmacists to target this area when educating providers.
348522	There is no study reported here. Asking questions, with no criteria of the significance of responses. Not clear what outcome change was expected	There is no study here. A vague questionnaire with vague responses.
348522	How many providers were sent the survey? What is your next step? Will you provide tacrolimus monitoring? Develop a protocol?	Important pharmacy issue. Would be good to see what the authors follow-up will be - develop of a protocol?
348522	An important insight about the issues dealing with transplant.	None
348527	This study doesn't add much too current literature. There are several articles published on these risk factors and also several posters at last year's midyear meeting on this same topic.	None
348527	Excellent, well thought out study. Results seem to echo what is seen in other literature.	Excellent project!
348527	Reiterates clinical utility of CDI risk factors. Specify what "escalation of care" is defined as.	Reiterates clinically significant CDI risk factors.
348527	A larger study, may be needed to draw these correlations. What interventions would you make when applying a risk stratification tool and identify higher risk patients?	Very small study, difficult to draw these conclusions.
348529	You use the acronym "HCP" in the purpose but don't explain what it means. Last sentence of the purpose section is also unclear, "1, 2 Primary objectives...." Does that mean you had 2 primary objectives? In methods section you state study conducted in "older, post-operative patients" which suggest that this study was conducted in elderly/geriatric patients. However, in the results section you state the age range was 18-84. It would have been better just to say "in adult, post-operative patients....".	Writing was pretty clear.
348529	-Make sure to define HCP, LS before using abbreviations-Very generalizable and useful for many providers.	This was a useful trial for a new medication. The results were supportive and will be helpful to providers working across various healthcare settings.
348529	The n is pretty small.	None
348533	Nice work would be nice to know implications on clinical practice (LOS, vent days, etc.)	Is there a pharmacoeconomics category? Would be more appropriate there or in an administrative category.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348533	<p>Although a cost savings was calculated with this intervention, was patient outcomes different? Any difference in other drug use and expenditures? Cost should not be the only effect measured in a study.</p>	<p>An ideal study but not robust methods, results, and discussion. The only outcome of concern is the costs. Drug expenditures may be decreased, but no analysis of other factors assessed.</p>
348533	<p>In the methods section, it discusses changing FGF from 2L/min to 1L/min wherever possible, was there instances when that did not occur? Any reaction/issues when decreasing the rate?</p> <p>Was there less cases using the anesthetic gases between the study periods?</p>	<p>Less expenditure is good, but it is related to the FGF - was the lower FGF used in every surgical case? was there more or less surgical cases during the selected time period, other confounding factors that could be attributed to the decrease in expenditure.</p>
348533	<p>I don't see how a low gas flow rate would impact zero use of isoflurane. Were there any changes to the patient volume in the two arms of the study, or to the mix of types of Anesthesia cases involved? Zero use implies effect of factors not related to the study, so it seems misleading to conclude the low flow (2 -&gt; 1 ml/min) resulted in zero use of a drug. Also, did usage of non-inhaled anesthetics change to compensate for the low use of the inhaled anesthetic?</p>	<p>Interesting idea to save money but study is not robust without seeing the comparability of the two arms.</p>
348536	<p>Please clarify whether IRB approval was obtained for this research.</p> <p>Methods do not make clear how subjects were identified. Methods state 70 patients were included. Results mention "77 of 192" patients but it is unclear where the 192 patients come from and how this relates to the 70 patients in the methods section. Numbers in Results section don't seem to add up: 36 patients with cure result + 19 patients awaiting result = 55 patients. However only 54 patients were enrolled? It is not clear what makes up the "tested population" mentioned in the results section. For this to be compared to the 1% of US Population that is Hep C+, then the "tested population" would have to be a random sample of the Native American community (as opposed to Native Americans referred for Hep C testing due to some risk factors or LFT abnormalities, for example).</p>	<p>The study would be useful and worth approving if the above concerns are addressed first.</p>
348536	<p>What great impact this has had in these pts. - nice sharing of work and clinical impact</p>	<p>Contemporary and impactful - well written and meaningful.</p>
348536	<p>how were there 70 patients, when 77 met the protocol? What was the protocol?</p>	<p>Recommend not starting sentences with numbers.</p>

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348536	I would explain adherence more in the poster. I don't see the specific data in the results on adherence but it would be interesting. Also would be interesting to know what the incidence of Hepatitis C in the general population of that area vs the Native Americans in that area.	Interesting study, well written.
348554	This abstract appears to be a case report describing one patient's outcome in the TFMS. I think it would be more helpful if the authors collected more data from additional patients to measure the impact of the pharmacist in the TFMS. A single case report may suggest opportunities exist, but it isn't enough to really for me to seriously consider this service in my area of practice.	This abstract is probably OK; but it would be much more complete if the authors collected more data from a larger patient population. As it stands, it almost reads as a case report.
348554	Seems more appropriate as a case study. Difficult to draw conclusions based on a sample size of one patient.	This abstract is a Case Report... was submitted as a Descriptive Report.
348565	This is not a topic that is of current interest to pharmacists. Gathering information on number of infections and number of antibiotics is not helpful unless you can find something that can be done to impact prescribing practices. Methods do not include mention of type of review (retrospective) or whether any review board approved research. Tables are not to be included in abstracts (improper format).	Unable to review: not in correct format (table included in results) and IRB or other review not mentioned.
348565	I have a lot of question after reading this abstract. It isn't apparent in the methods which centers have antimicrobial stewardship programs. I think the method of intervention from the AMS should be described. The data table is largely unreadable in this format. You talk about optimizing testing in the conclusions but I don't see any data related to that conclusion. Ditto on the statement regarding other stakeholders - I agree with this statement, I just don't see data from the results section to support it in this abstract.	Not well written and needs a lot of work prior to presentation. But I think could be salvageable and has good information to share.
348565	Recommend presenting abstract results per ASHP submission guidelines and utilize figures and graphs for the poster presentation. This appears to be a good comparison of the institutions and may support the rational for and ID steward at all facilities.	This appears to be a good comparison of the institutions and should support the rational for and ID steward.
348565	Your results are difficult to interpret, suggest you re-review and use a different methodology. What was your statistical methodology so we can show a difference. Given our results some tangible next steps are your institution are important to share.	Incorrect title format.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348572	Is there any data on time saved using this technology versus a mortar and pestle with regards to the new technology? What is the cost benefit? How are four products being compounded at the same time?	Good technology, but time saved which equals money saved should be highlighted because incorporating such a technology could mean a lot of money, at least to start.
348572	Would like to see baseline data using the manual method to compare to the automated preparation method	Interesting topic and did not detect a commercial bias
348572	This is an interesting study but reading it I felt as if it would be something I would see in the exhibit hall (e.g., "multipurpose specialized plastic container" sounds quiet specific and proprietary). I wondered why the study used a commercially-available product to manually compound. I was unclear why dementia patients were targeted and the relationship of the flavor chosen to the patient population. I wondered how the BUD was derived. There is no mention of USP requirements so I am assuming this process is in compliance?	I believe this study focused on a single product ("multipurpose specialized plastic container"). Several times while reading I could picture this in the exhibit hall. However, it does seem to offer something new to the practice of compounding. I rejected it based on commercial bias.
348572	Well done project.	None
348586	Would be interested to see more patients involved in this study.	Overall good concept = needs more patients.
348586	This is a nicely written abstract on a pertinent topic that could have a large amount of interest from numerous other health systems.	None
348586	Nice example of the benefits of ED Pharmacy Services.	Nothing ground-breaking in this paper but it is a good example of the benefits of ED pharmacy services.
348586	Did you do a statistical analysis? The results do not state whether decrease in antibiotic treatment in asymptomatic patients was due to the new service (i.e.: did you discontinue antibiotics once already prescribed)?	None
348589	Very interesting and novel process.	None
348589	Data on results against controls should be included along with analysis for significance.	None
348589	You will be performing important service by educating audience on potential risk(s) and implications of traditional compounding. This would be much more useful to audience with comparison to data collected measuring exposure risk during traditional compounding procedure. Would you measure levels on the outside of PPE (surgical mask)?	Academic report, but could be a commercial product or technology innovation assessment - well done and not promotional in the abstract itself.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348597	It would be helpful if you had briefly described HMC which appears to be a multi hospital system. Was there any difference in responses based on educational level or location of hospital? Sounds like you have a challenging educational initiative ahead which should likely be targeted to other clinical staff as well - nursing and physicians.	Some grammar errors which may be language barrier related.
348597	<p>Abstract has grammatical errors.</p> <p>The KAP analysis is one method for understanding where the pharmacists stand with adverse drug reaction reporting. Adverse drug reaction reporting is under reported and there are no benchmarks available to compare from hospital to hospital. The purpose is needs improvement and does not explain the underlying reason why the authors decided to pursue this study (such as for example stating an issue with the current under reporting). In the methods section - it references giving the questionnaire to technicians working at HMC - but the purpose refers to pharmacists. I am unsure if the questions asked were multiple choice or free text responses. The results are not clearly written and confusing to follow. The demographics do not add value to the results section. The conclusion does not provide clear plans to address the lack of ADR reporting, enhancing patient safety, or financial impact of ADRs. Curious to know how the hospital intends to use the data it is collecting to improve patient safety.</p>	The methods and results section do not fully support the purpose of the abstract. It was confusing to follow. Findings of the study are not clear and appear to be free text. Questionably analysis of the results.
348597	Proof read for grammar and typos. Good performance/quality assurance initiative to conduct for your institution.	Good research for home institution. Not necessarily new information for others.
348610	Great project! With increased medication costs and decreased reimbursement, any effort to reduce cost is great! Consider limiting calcitonin therapy to 48hr. in your protocol to further reduce utilization, as tachyphylaxis can develop with longer therapy.	Project could have been better designed to compare pre/post-protocol populations.
348610	Interesting study and results.	Accept



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348610	Well written abstract. Consider including the treatment protocol if created in time for the poster.	Well-written abstract. However, I would not consider this innovative. I think this would benefit their institution but not necessarily other sites. What would be useful is if they provide information on the protocol that they are planning to develop and implement.
348610	Beneficial MUE to demonstrate pharmacy usefulness and potential cost savings for the institution. Hopefully could turn this into another project to develop the protocol and/or evaluate the protocol. Conclusion should have a comment about the results showing a general misuse of calcitonin in the hospital and then this would lead to the hypothesis that adopting a protocol would be beneficial.	Good project to demonstrate benefit of pharmacy involvement and potential cost savings.
348611	Shows that corporate can deliver programs that can be implemented throughout their system so that the individual hospital does not have to redeveloped the wheel.	Good presentation  Incorrect title format.
348611	Excellent abstract. This is very relevant to current pharmacy practice, as all institutions are struggling with readmissions for common disease states such as heart failure.	Excellent abstract. This is very relevant to current pharmacy practice, as all institutions are struggling with readmissions for common disease states such as heart failure.
348611	Very innovative and a hot topic for a lot of institutions. However your abstract is written such that you describe some of your methods in your results section for example you never mentioned in your methods section conducting a pilot study.	Innovative and a hot topic but the abstract could have been written better. For example, the methods sections is very detailed about background (almost too detailed for the abstract) and the results section contains some of the methods (conducting a pilot project was not mentioned in the methods).
348611	This program seems to be of high clinical significance, and the objectives and methods were well described. However, minimal preliminary results were presented that makes it difficult to interpret the actual impact of this program. The abstract seems to be written in rush with grammar issues and it does not meet many ASHP guidelines (e.g., Title not sentence cased, abbreviations not spelled out etc.). It would be more beneficial for the authors to gather more data and submit it at a later time as a resident poster or a professional poster for next year.	The results section is rushed. The author just added some data to cover their incomplete data collection. Program could be impactful - but analysis did not prove that. I think they could resubmit next year when they have more data analyzed.
348615	Nice systematic approach to addressing a complex problem that has become an area of intense focus by regulatory agencies.	

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348615	This project obviously made an impact at the author's hospital, and it is an important initiative that pharmacy can have an impact on. This abstract read more like a quality improvement project than research project. The objectives and purpose were not all measured and presented in the results. Compliance and recycling goals were measured and reported, but to make this project more impactful, would use a survey to measure staff understanding of the waste management system and the impact of the education on staff procedures for waste management. (To measure out translatability to staff.)	Seems more like a QI project than a research project. See notes above. Methods section not properly formatted.
348615	1. Timely idea but not well presented - some of your processes fly in the face of recognized best practices for disposal even considering variations in state-to-state waste requirements.2. Implantation dates are cited as February 3, 2017 through April 30, 2017 - how could you evaluate your data thoroughly enough to draw your conclusions and meet the submission deadline for this poster?3. Comments in results pertaining to staff breakroom containers while admirable but make this too broad - I would focus on pharmaceutical waste for this poster.	None
348616	Hopefully your study will motivate other clinics to evaluate their vaccination rates and improve patient care.	Interesting information which would lead to an excellent opportunity for a follow-up study after interventions are made.
348616	Interesting topic. I liked your inclusion of ideas to improve rates of guideline-driven vaccination. Recommend reviewing abstract requirements prior to submission.	A few typos noted. Title begins with the word "A". Results section was verbose. Did not spell out special symbols. Overall good study design. Did not follow all abstract guidelines.
348616	Might be helpful to include in the conclusions the percentage of patients that received the vaccinations in the correct sequence based on the vaccination schedule.	None
348616	Typo in the purpose section, last line "pneumococcal vaccination" instead of "pneumococcal vacation."	This is a descriptive study assessing the current rates of pneumococcal vaccination at an HIV clinic compared to the guidelines recommendation. The abstract included detailed information especially findings of the study in the results section. Just a small typo in the purpose section, last line "pneumococcal vaccination" instead of "pneumococcal vacation." Overall, the topic is highly interested and the study was conducted and reported appropriately.
348618	Need more information on dosing, etc. What stats were run?	Too brief of a report. Could be relevant and useful to some attendees but wish abstract was more complete.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348618	This is an interesting study, however much is still unclear. This study could use more description in the methods, including the specific information collected from the sites, the statistical tests used for comparison, etc. The conclusions just re-states the results, but what are the clinical implications of these findings?	This is an interesting study, but there was more information that could have been provided. Statistics have been left out, and the methods are vague. Additionally, the conclusions are lacking important implications.
348618	Were you considering using buprenorphine? Not sure what the end objective of the study was	None
348618	Buprenorphine versus methadone is an interesting topic to investigate. I, however, didn't understand your comparison. Why did you compare your length of stay utilizing methadone to another institutions? You concluded that you had a significantly shorter length of stay but no conclusion as to why that is the case. In addition, your methodology didn't state that dosage was collected. I believe that you would need that information to determine why you had a different result than the comparator study. Your results statement stating that reduction in length of stay reduces overall healthcare cost may be true but cost was not included in your methods so there is no justification for the statement. I think the study has potential. The abstract may just need to be rewritten to better reflect the intention and results of the study.	I think the overall concept has merit. However, I am unclear as to why the authors chose to compare it's methadone results with that of another institution without collecting dose information which would explain why they had such a different result. There is no hypothesis as to why they may be different. Also, the authors may a cost justification statement in the results but do not include any cost analysis in the methodology.
348619	Assure that all domains are listed in poster. Include questionnaire in the poster.	Accept poster. Patient satisfaction is important for health systems to review. These results may be beneficial to others.
348619	Pertinent subject	None
348619	This study provides unique information from an ethnic/cultural perspective.	Although there are many studies regarding this topic, this study provides unique information from an ethnic/cultural perspective. Note: this proposal needs to be reviewed to address grammar/spelling issues.
348619	Although the change you implemented was relatively simple, I think the organized process you used for assessing patient satisfaction will be of wide interest. It is not clear why "competent for interview" was listed as a requirement since this was a written survey? Your audience will be most interested in the new services you provided and how these affected both satisfaction and potentially quality of care. Is concern for "lack of availability" simply related to what products (prescription or other) you stocked??	International submission; minor tweak needed (citizen to citizens). Although a simple survey, good sample size (200) and before/after design is methodology others can learn from. Description of outpatient services developed will also be of interest.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348627	Very good research and well written abstract. The topic may not be real relevant to people right now but could become relevant if the new medication is approved.	Good abstract but small audience at this time with this topic.
348627	Excellent topic, excellent writing, excellent poster presentation.	Incorrect title format.
348627	Interesting topic and consideration for treatment in this subset of patients. No comments for improvement.	Timely project for consideration in resistant organisms.
348627	Great information. Would like to see this repeated with MCA of extended infusion MER (as the single agent) compared to MER-VAB as literature supports higher target attainment than the standard 0.5 hr. infusion.	Information thorough. Presented data very well.
348635	Excellent idea and great description.	This could be helpful to many residency programs
348635	Would be great fit at National preceptors conf.	None
348635	Good study and idea to help primary preceptors. Glad to see positive results, however, how were these assessed? Was there a survey and if so, who took it? Since it is Descriptive only, recommend not using the "Methods" and "Results" heading. Also, recommend data regarding preceptor burnout to back up your prediction of preventing preceptor burnout. Is it common?	None
348635	Descriptive report is interesting, but would be helpful to include information about size of program, types of programs, and number of preceptors.	None
348653	Was there any data comparing demographic data (gender age, GPA, education) and survey results? Any additional stats of survey data i.e. range, frequency of response, etc.?	Further data and analysis would be good.
348653	Any feedback as to why some did not participate in the practice settings? Any data that looks at only the students that did participate in the practice settings? I would be interested to see the data for the students who participated in the practice settings versus the ones who did not.	None
348653	Nice project and report. Interesting findings that some may have not expected so good to share with others. Good "going forward" plan.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348653	I assume the OSCE is a graded activity that is counted as part of the students' academic record. If so, that would be good to include in background as it can inform the level of preparation by students. It would also be helpful to include when the survey was administered before and after. Was first survey done prior to practice sessions or right before OSCE? Was second survey conducted immediately after they completed the OSCE activities or after they received their grades? Their perception of preparedness and skill are greatly influenced by the feedback/grade they get. Were student perception of preparedness consistent with objective faculty assessment for the OSCE activity? Great response rate for a survey-based study.	Great response rate for a survey-based study. Would like the author to include a little more details in the methods, as far as how and when the survey was conducted and how the OSCE activity was graded.
348657	The value of this topic is questionable, although valuable experience for the students.	None
348657	My apologies but I see no relevance to this study.	I do not see any relevance or usefulness to this study - what is the value this author wishes to impart?
348657	Was it considered that the following databases may not have been all inclusive to determine the history of hospital pharmacies in Brazil?	I'm not sure what this abstract does to add to the body of knowledge related to this topic. Do not recommend it being accepted.
348672	Very well written and interesting abstract.	Well done - accept.
348672	Applicable to today's hospital challenges. Great review of the need for changes, and as suspected results showed a decrease in spending. Would be interested to see the cost of the "outpatient" clinic and if that overall balances total reduction in spending?	Great abstract. It's very applicable to many hospitals today. Very clear and concise, and detailed results.
348672	Excellent work. Abstract clear, detailed and thorough on methodology and results.	Would be interesting to many.
348675	Interesting idea to approve via pharmacy, wonder about amount of physician pushback? relatable topic, this is an ongoing issue at all institutions.	Relatable topic, this is an ongoing issue at all institutions.
348675	Congratulations on a great study and financial savings!	Excellent
348675	Pertinent topic. Would like to know more details about the size of you institution, so readers could glean feasibility of adding this service to their hospital	None
348687	Very useful project.	Well-planned project.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348687	Solid description of a quantitative evaluation of methods of drug distribution.	Researchers asked a simple question and rigorously evaluated methods to determine best process across multiple settings.
348687	Need to show hard data with the posters including the differences between the seasons	With more and more health systems having to get into the shipping of Rx business this poster shows what needs to be done to do it right.
348687	The submission sites for Students and Residents open August 15, 2017. Concerned that the primary author is a student.  Purpose is clear. In the methods section - please define what cold chain distribution means. Results are not clearly stated or to be provided.	I think I have to reject it because the primary author is a student. This would not qualify for a professional poster.
348688	Well written abstract describing a successful implementation of an ASP program. One element that may be helpful in the poster is to include specific guidance or suggested keys to success for other institutions.	Very good abstract.
348688	Abstract is clear and well written. No suggestions.	Nice abstract. No suggestions.
348688	More focus on pharmacist specific responsibilities would strengthen this abstract. Did your formation of the ASP change or give tools to the pharmacy staff for improving their ASP-related interventions? Excellent having a multi-disciplinary approach and education (even including patient education)	I scored this presentation as good because the content was so all-encompassing, would like to have seen more specifics regarding possible tools given to pharmacy staff for improving their ASP-related interventions.
348689	Good review. I suggest adding the hyphens to 74-year-old.	Good description of medication use that can help other practitioners.
348689	It is an interesting case of use of fosfomycin daily to treat prostatitis. Escherichia Coli should be written in Italic and PSA should have been spelled out the first time it appeared.	Even though it is a weak level of evidence to present case reports; however, there is limited experience with daily fosfomycin for prostatitis.
348689	This is a very clear and well-discussed case report. Given the increased prevalence of MDR pathogens and more and more limited antibiotic choices, this report is very clinically relevant and certainly may be useful to practitioners faced with limited antimicrobial choices. It provides the necessary information (dose used, duration, etc.). Nice Work!	I feel this case report is relevant and may be useful to practitioners faced with the increasing prevalence of MDR organisms. My recommendation is to accept. I did put a "No" for questions 3 & 4 because it is a case report. I would have put "non-applicable" (N/A) if this were an option. The "No" in these categories should not be perceived negatively.
348689	While I think this case report would be of interest to conference attendees, more information is needed regarding patient's history. Are there risk factors for MDR E.coli? Include doses of antibiotics.	More detail needed on patient to ensure utility to conference attendees.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348699	Well done study. Good use of APPE students to expand pharmacy services and improve quality of patient care.	None
348699	I would like to learn about the challenges that you may have faced when implementing the service. Also, were students oriented on the process and given time to be competent in their assessment and recommendations?	It would be great if the author shares any challenges to implementing such service.
348699	Interesting project. Would be interesting to see as you suggested if a more active academic detailing would result in higher acceptance rate of recommendations.	I would hope for higher results. This demonstrates need for pharmacists providing a more active role.
348699	Results were very detailed and helped to support your conclusion. Interesting way to develop relationships with providers to promote your role. However, it is disappointing how low the rates of acceptance and provider referral were. This definitely opens the door for further evaluation.	These results show the need for clinical pharmacy services, but also shows the challenges that occur with new services.
348722	Well written description of an effective program.	None
348722	Methods to decrease time to administration of antibiotics is an important intervention with potential practice site variability. Audience will benefit from description of nursing culture around first doses, hospital volume acuity and description of Vocera to determine if your results are generalizable in other settings. Reporting results using statistical process control charts would be ideal, or include statistical evaluation of your before and after time results.	This study systematically addresses an important quality metric however their results description does not include statistical evaluation (either statistical process control or pre-post comparison). The ASHP audience would be interested in their approach and positive results to this problem however more rigorous reporting of results would improve the communication of their science.
348722	Interesting project.	Interesting and relevant project that is inked to quality and informatics.
348722	Should define what Vocera is. Excellent topic and solution.	Very interesting as many are challenged with the antibiotic turnaround time for septic patients.
348724	Nicely done study	Very well done. Not novel for many hospitals but it is so well done and has very good data to share with those interested especially with limited resources. So I would accept due to the high quality.
348724	Well done. Suggest including total spend of vancomycin and Meropenem for time period measured and what % decrease that was. Any barriers to implement and suggestions on how to overcome would be great for the poster audience.	While there is much literature here, it is still relevant because it automates the process.
348724	Well written and the cost savings estimate a strength. This information would benefit other institutions that do not already have an Antimicrobial Stewardship program or assist in streamlining one.	This poster is well written and the cost savings (and method for determining) strength of the information. My only concern is topic not innovative. Would benefit institutions that may need to streamline their process, but Antimicrobial Stewardship has been in practice for a while.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348724	Clear, concise and easy to follow.	Per ASHP Format Guidelines, spell out special symbols (i.e. percentages).
348738	The first sentence in Purpose is incomplete. Inclusion and exclusion not stated. Number of subjects not provided. Author states this data can help adherence and outcomes but does not provide supporting data. Need to state how.	Not well written and application of conclusions not stated clearly.  Incorrect title format.
348738	You mentioned in the conclusion that this information may be helpful in treatment adherence and outcomes. How?	There are quite a few grammar mistakes throughout which could be due to translation. The purpose section in particular is difficult to interpret. There seems to be something missing specifically in the first sentence. I don't think this abstract provides relevant information for current pharmacy practice.
348738	Was this approved by the ethics committee or IRB? What are the inclusion/exclusion criteria? The first sentence of the purpose appears to be incomplete. The third sentence of the purpose is unnecessary. Statistics are not clear - what is being compared when the p values are included. How can this data help with adherence and outcomes? Acronyms are not spelled out.	There are many grammatical errors with this abstract and the statistics are not clear. I don't believe the conclusion is supported by the evidence presented. Additionally, I believe the data should be compared to available evidence based guidelines.
348738	1. Poor grammar: The first sentence of the purpose does not make a sense at all.2. The data sets in the method should be more specific: what do number, class, level of therapy, etc., mean? 3. The results:a. There are a few typos: SSRIS (?), SSRI,s, Augmentation (p=0.62), etc.b. Abbreviations (SSRIS, SNRI, etc.) should be spelled out for the first time. c. The result should be revised, grouping the outcomes together.4. The conclusion is only partially supported by the data:a. The choice of treatment based on patient specific conditions and physician preference: The patient specific conditions and physician preference were not measured.b. How can the results be used to help in treatment adherence and outcomes?5. The abstract should include a statement how the protected health information of the patients is protected.	If ASHP likes to provide an educational opportunity with foreign abstracts. ASHP could accept the abstract with revision. Make a note that the abstract has grammar issue.
348743	Great idea! Maybe next year you could write a follow-up of initial education session if any new programs were implemented to combat addiction in AL.	Good abstract; simple but interesting. Maybe next year research group may write a follow-up of initial education if any new programs were implemented to combat addition in AL.
348743	- More information should be added in relation to the role of interprofessional teams in training- Study results should be added- What is the impact of this study?- What tools did you use to assess the success of the program?	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348743	Would be helpful to include more information about what kind of survey was used and include more numerical results about the changes noted in survey results before and after the program.	There are no numerical results for the survey results. Would be helpful to have more concrete data about the actual changes in survey results before and after the program, especially since the results section states that the post-survey results were statistically significant.
348743	Would focus more on the pharmacy involvement. Was this a pharmacy driven program? How were pharmacists involved?	None
348745	Great project! Would recommend sharing the "before" numbers, assuming they are available.	None
348745	Thank you for this timely submission, SEP-1 compliance is now a very important issue in the ED. If you have the data, I would find it interesting to look at patient outcomes for those that met the bundle vs those who did not meet bundle compliance. Also, I would find it interesting to look for bundle compliance differences for those patients whom an ED pharmacist intervened upon vs those who they did not.	Very timely study, some data to make this an outstanding abstract is missing.
348745	Very good project design and clearly described in the manuscript. The goal here is well stated, design is sound, results reported are appropriate, and overall the study regards an interesting and relevant topic.	Excellent abstract describing meaningful research for institutions looking to expand services in the ED. While many other institutions appear to be studying similar outcomes, this research does succeed in adding to growing literature and has been done in high quality. Excellent abstract overall.
348745	What are your hours of operation in the ER for pharmacist presence? can you differentiate results when pharmacist present and when not present if not 24-7 coverage?	None
348748	Please provide more information on the specific breaks in the pharmacy process.	None
348748	Accept	None
348748	It is difficult to interpret the results without having a better understanding on what these interventions were, including the terminology "fallout".	It is difficult to interpret the results without having a better understanding on what these interventions were, including the terminology "fallout".
348748	Appropriate and important. Really demonstrates well how pharmacy involvement is received and why it is so beneficial. Maybe a comment about how many were escalated to the physician champion and if that intervention was then accepted or did that not have an impact? What about future impact? Could this be turned into an order set?	Nice project. Well written. Documents the benefits of pharmacy involvement in a multi-disciplinary team.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348752	A nice project related to improving the use of basal insulins in hospitalized patients. My main suggestion for the poster is to further develop the results section and include additional data related to number of patient days, or number of patients, or number of patients with an event to help demonstrate the overall results and effectiveness of the program.	Reasonable study and interesting program. The overall study design and results could use some additional work.
348752	Even though these are preliminary results, be sure to do the statistics on your results. It looks like they should be statistically significant.	Nice abstract of interest particularly to those hospital pharmacists practicing in settings where a CDE is not reviewing patients.
348752	Not enough information in the methods or results section. Is this a retrospective chart review? Need more information about the surveillance tool? Was it added prior to the addition of the pharmacists? In the results, need more information? Correlation between patient demographics and low glucose? Area of the hospital (critical care versus ward)?	Very poorly written abstract. No real results submitted. No statement of IRB approval?
348759	Cross-sectional studies by definition are observational studies and this word is redundant in the title.  Cross-sectional studies evaluate a point in time as you appear to describe, therefore it cannot be prospective as each evaluation of the drug-use process is evaluating a new situation.  Did the evaluations take place over the entire month of March? If so, how did you compensate for the limitation of repeated measures in the same unit?	There appears to be some spelling and grammar errors in the abstract.  Are these authors using drug-use to mean drug administration?
348759	The methods section is difficult to follow. It is not clear how there is a low global compliance but higher category compliance. Consider further defining the categories and nursing responsibility for extrapolation to other sites.	This abstract offers no new information.
348772	The case doesn't clearly demonstrate that the combination therapy improved this patient's outcome over monotherapy. Key data is lacking to demonstrate time course improvement.	The study is lacking some key information that would demonstrate the efficacy of the combination therapy.
348772	One would never know how this patient would have responded to levofloxacin monotherapy that is superior to macrolides had that been started first.	Even though case reports are the weakest type of evidence; at least this case report provides some data on safety of the combination in a critically ill patient with organ dysfunction. One will never know how this patient would have responded to levofloxacin monotherapy that is known to be superior to macrolides.
348772	Interesting case.	accept

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348772	Great abstract! Really like that you listed the factors that contributed to the successful outcome, as well as, cautions regarding applicability to all patients.	Very interesting patient case. Very detailed description that summarized this patient's admission.
348773	Good jumping off point for further research.	Good jumping off point for further research, but seems more of an MUE than a study.
348773	Use lower case ondansetron. No need to use upper case if the medication name middle of the sentence. Under results, stating "not superior to other conventional medications in treating HG except for refractory cases" did not have any backing. " Although our study demonstrates Ondansetron being equally safe compare to other conventional antiemetics"" also has no backing under conclusion. What made you state it is equally safe? and it not being more superior as you stated in results? for you to say it is not more superior, you would need a double blinded study. Also what did you check for safety? Was never stated in the abstract, also first time safety came up was in the conclusion without mention of it in the study.	Incorrect title format.
348773	Great abstract. Very interesting to see the decreased readmissions with Ondansetron.	The conclusion of decreased readmission rates with Ondansetron will be interesting to poster session attendees.
348778	Well done study. It is interesting and has important implications. The methods and findings are clear and it has an overall, very important impact.	Overall, good study. This has important implications and was done so it is easily understood and the findings are clear.
348778	Poster is well written. Could provide ideas for other facilities attempting to increase number of preceptors meeting ASHP residency accreditation criteria.	None
348778	It seems the authors have good intentions with this project and I am sure that it is beneficial internally to their program. However, as it is written I have difficulty seeing how this information is compelling to those outside their program. It seems like it can be summarized by "program in partial compliance - RAC reviewed preceptor CV for suggestions - preceptors took suggestions and improved". Unless I am missing something, this is the process that all programs should be using for self-improvement anyway. So the authors need to answer the "so what" question of how this project is innovative beyond current standard practice. In future authors will also want to revise study purpose to an objective that is measurable in methods and reportable in results; "develop a plan" is vague - would want something like "demonstrate	Seems more like an internal process review that has limited value outside their organization. Good intentions, but does not answer the "so what" question.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	improvement in PGE scores following RAC recommended changes" which can carry through all 4 sections of abstract.	
348779	Project purpose and methods seem overly verbose. Would traditionally expect aims to be covered in methods section. Description of rubric validation seems like unnecessary verbiage for an abstract. Interesting results.	Interesting results.
348779	Good to always review IRB processes. Good project.	Accepted. excellent project
348779	Very novel project! A project that needs to be done at all institutions as consent forms as frequently written too advanced. Thank you for starting something.	This is a very novel topic with little published. It needs to be presented! It is very appropriate for Midyear as most every resident and RPD in attendance have or will complete(d) a research project. While not necessarily prospective, all of them can learn something from this information.
348786	What percentage of patients not on a PPI have a diagnosis of dementia at your facility? Did you make sure the PPI patients did not have dementia before they started the PPI? If so, what measures did you use? Why only 37 patients for the pilot?	None
348786	When looking at the co-morbidities in your study, including cardiac and metabolic disorders would have been helpful to see confounder factors as well. Good study though that is relevant to current practice.	Good abstract. I only question what they included in the secondary analysis.
348786	Very well done. I was surprised that there were only 37 patients on PPI's.	Overall very well done.
348786	Were the patients de-classified in your study? What method(s) did you use?	Did not know if the patients in this study were de-classified and if so by what method(s). Accepted but with the above question.
348787	<p>Please indicate the basis for the &lt; 5% assumption.</p> <p>Your results would be improved by indicating the % of eligible patients prescribed SMZ-TMP.</p> <p>Were there any adverse effects for either therapy? While not a part of your objective, it would be interesting to see AEs as well as post-discharge infection rates between the therapies.</p>	Nice report on the results of the education program. Wish they had also looked at the clinical outcomes.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348787	Well written abstract on a very pertinent topic affecting many hospitals-inappropriate use of fluoroquinolones. I would recommend to accept the abstract, but this project would be stronger if there was information regarding the prescribing patterns of ciprofloxacin prior to pharmacy education. This would allow readers to have a better comparison of impact of the education. Could include more information about what was education was provided-seminar, emails, one on one education, etc.	
348787	Do you have access to the actual use of SMZ-TMP for this indication prior to the educational intervention?	None
348788	Is the clinical schedule able to ensure that a resident is there all the time?	None
348788	This is an interesting/relevant project especially as pharmacist workload and precepting responsibilities increase. I would suggest having a more direct purpose/aim statement. Some of the first part of the methods section would be better suited for the purpose section. It may be helpful to include details about the specific roles/responsibilities that the attending pharmacist, resident, and student had during the LLPM. The four preceptor roles were mentioned in the purpose section but not readdressed later in the abstract.	This was a good abstract but would suggest some reorganization and further details in some sections.
348788	Very relevant interesting topic	Accept
348788	I love this. Innovative and pertinent to everyday ambulatory practices. It is impossible to make a perfect scenario for teaching and learning that makes everyone happy. To have tested different models and received positive feedback from both teachers and learners is spectacular. I love that it was designed to evaluate the four preceptor roles and also that it had the purpose of giving residents more teaching experience.	Well done. Clearly explained. Useful information. Easy to read, follow, understand. Beneficial to current preceptors and students.
348791	Is there consideration of patient severity mix or case mix in the analysis? Are hospital cases generally comparable across member institutions that might help explain differences besides size? Is there a set preconceived benchmark to be reached?	This abstract was rated as acceptable despite lack of results. I am not certain in this is within the guidelines for acceptance and could not find any overall guidance for reviewers to help make this judgement.
348791	Project is not complete - ineligible for review. All projects must be complete at the time of submission.	Project is not complete - ineligible for review.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348791	A good start to a program but not enough detail about results and how data will be used - will members of GPO that are outliers be evaluated in more detail or required to change practice? Will results be compared to any existing benchmarks? What if the "benchmark" practices are still unacceptable?--there doesn't seem to be any way to evaluate whether the existing benchmarks are reasonable for patient safety.	None
348791	Results are unclear.	Abstract was written very vaguely without many specifics
348797	Very poorly-written abstract.	Accept this abstract to encourage the international facility to improve their prescribing practices with e-prescribing to avoid the missing elements in their prescriptions.
348797	Great job!	None
348797	This is a well written abstract and providers improved care in a number of settings.	The abstract and content was complete with a well-regarded data metric provided in the analysis.
348797	Interesting abstract. Which literature are you referring to when addressing ideal prescription writing? Would physician training be pharmacist-initiated? The conclusion is slightly confusing; was e-prescribing initiated? Did this reduce medication errors? There are some grammatical errors throughout the abstract.	Incorrect title case format.
348802	Good study for implementation of pharmacy services in a rural setting.	While the concept is not novel over all, it is for rural hospitals.
348802	What is your timeline - hard to follow. Looks like you had 7 months of meetings then 6 months of planning/training with a go-live early 2016. Would be helpful to clarify more with actual dates related to steps. Comes across as too vague.	Overall okay
348802	Please follow submission guidelines for the abstract. Would like more information related to interventions (unit, type, high-risk medication, etc.)	The title is written incorrectly according to the submission guidelines. Overall, this submission maybe very beneficial to the membership with rural institutions.
348803	Interesting read. How many invitations were sent out. What was the participation rate if 61 responses were obtained?	Interesting read. I am curious how many invitations were sent out if they had 61 participants.
348803	Interesting topic and would like to see the statistics in a table format on the poster so easier to follow	Interesting study
348803	Great job!	None
348807	Great research and well written. It's always good to share another treatment option.	Good topic for pharmacists to see.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348807	Overall nice project. Methods describe only oritavancin as the MICs being evaluated but other medications mica are also provided in results. Should include full description of study in methods. In spite of that this is good clinically relevant information.	Incorrect title format.
348807	Very nicely done study	I agree with the authors that hopefully this will encourage someone to do a prospective clinical study.
348807	Good bench work study. What MIC is needed to kill VRE in vivo is the next question? The MIC range for linezolid and tedizolid varied greatly. Would be good to assess any relationship of ortavancin VRE susceptibilities to tedizolid or linezolid susceptibilities.	None
348814	Although this is an interesting topic, this does not seem to fit within a quality improvement project that provides definitive evaluations and easily reproducible programs or findings. Although you discussed that you had meetings and made decisions and changes, nothing was concrete that helped to understand what exactly was needed (how many sifts not covered, how many hours of extra support needed, etc.), decided on, or changed.	None
348814	Great idea, curious to see any other results such as if overtime was still incurred, or staffing was too thin, or flex staff was appropriately trained to work across the 5 hospital system?	Interesting abstract, may apply to many hospitals. Would like to see more details - but that might have to be shown in the poster once presented. Well written.
348814	Well-written. Additional numerical results demonstrating value of the project would be interesting to see.	None
348814	Interesting approach and applicable to many institutions. Are there additional data that could be included? for example, would be nice to know a little about the institution(s) included such as # of beds, acuity, pharmacist FTEs, pharmacist to patient ratio, etc. Also, how much overtime was being used that triggered moving to this model? Could you also elaborate on the vacancy factor that was estimated to allow other institutions to understand that process as well?	None
348816	Interesting concept and evaluation related to test related stress. I think the key element for me was that it took an average of 7 hours to complete the note card. Perhaps this could be the next study to evaluate the effectiveness of that 7 hours.	Interesting study.
348816	How does this compare to other studies similar to this topic?	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348816	Would be nice to have some metric of how/if actual learning was altered. Would be good for you to think about how that might be captured in similar future studies so that you can discuss that at the poster presentation.	Study has its limitations as outlined above, but for a student poster, the abstract is well written and clear.
348816	Would be interesting to compare scores when the students used note cards vs. students who did not.	Interesting study. Applicable to faculty members attending the meeting
348823	Clarify whether IRB approved.  There is no actual data presented in the results (length of stay, opioid use results, pain scores for each group) or description of how they were compared (statistics)  Unable to determine whether conclusions support the data as no actual data is presented	Need to clarify that IRB approved. Would prefer to see actual results.
348823	Statement regarding IRB approval needs to be added. No data presented to support the conclusion (i.e. pain scores, etc.).	None
348823	Recommend providing additional details regarding the results (i.e. were opiates converted to morphine equivalents, differences in LOS).	Many organizations are struggling with expensive medications that are marketed to improve LOS or opiate use and this is a timely project
348838	Methods: stating this is an evaluative study research is not necessary.  I think it would also be important to define how often the specific sites compound those medications since this may be the cause of one drug showing up the most.	This is an interesting abstract while USP800 is a huge deal now especially with chemotherapy/hazardous drug compounding. It is an interesting study.
348838	This research may be more beneficial if some type of intervention was made to reduce contamination. Then, complete the study before and after the intervention to see if it reduced contamination.	None
348838	The study is well written but the results seem a bit complex to me and I wasn't exactly sure how to apply the results or what the "take home points" were. In my opinion, perhaps the conclusion could be expanded to highlight the relevance and future plans.	The abstract is fine but in my opinion, it might be better targeted to a different audience. The study does involve drugs but I'm not sure exactly how this relates to most pharmacists and what can be learned from it. It might help if they could better explain what exactly the results mean (or maybe I just don't know enough about the topic myself).
348838	More elaboration in the conclusion section may be useful	Interesting and timely subject; abstract is easy to read and comprehend.
348842	Great results to show the impact of a clinical pharmacist in an area not often focused on within the VA system. Definite opportunities for expansion in this area according to your results. Great job!	Nice to see a women's health pharmacist incorporated into a setting that is often thought of as men only health issues. Definitely great to show other pharmacy students and residents potential career options and ways to expand women's health initiatives.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348842	Perhaps should continue study and obtain percent improvements, adherence to meds   clinic and follow-up, etc.	Lacking outcomes and results. Perhaps should continue study and obtain percent improvements, adherence to meds   clinic and follow-up, etc.
348849	Excellent abstract - worthwhile endeavor for pharmacists to pursue in other settings.	Abstract provides enough detail to generate interest of any pharmacist who might want to pursue a similar path in another institution.
348849	Solid project and analysis.	None
348849	Metrics and results well-described. Although values were similar, which is good, would like to see statistical values to show this. Also interested in if EM visits were timed compared to pharmacist time. Economics could be put into this also.	None
348849	Clear, succinct, well written abstract	Well written and well designed.
348850	Interesting concept, results paragraph is a bit confusing. Suggest to rewrite the next to last sentence in the results paragraph.	None
348850	Important project, show the student role on Curricular Quality Assessment and Improvement	This project very good scientific importance
348850	Great topic and project design.	Recommend to accept.
348859	This project addresses an important gap in the literature (enoxaparin dosing in obesity). Consider focusing on just the obesity piece and not adding in the renal impairment sub-analysis. Also, the renal impairment part was not addressed in the results. A few comments on the methods. Was once daily dosing 1.5 mg/kg daily? If there was more once daily dosing in the dose capped group, this could skew the results in favor of the non-capped group. Consider separating once daily and twice daily patients for a fairer comparison.	Very interesting but would suggest reevaluating how the patients were grouped and how the data was analyzed. Consider removing the renal impairment part and keeping focus on obesity.
348859	Relevant issue, best practice still unclear in the literature at this time.	None
348859	Very good overall; would like to see your conclusions described in more detail.	All requirements met.
348859	Great data to add to the literature on the subject.	Nothing additional to add.
348860	The dosing should have been included in the abstract.	Small sample size but since new/novel med will be of interest.
348860	Good study, we need more research in helping seizure control in kids	None
348860	Please be sure to include statistics used in your poster.	Overall provides general information about the use of this anti-epileptic in pediatric patients.
348860	The authors were thorough in describing the toxicity of the medication. However, the primary outcome was to assess the outcomes but doses needed to achieve those outcomes wasn't mentioned.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348867	Your missing one very important part of the question - by having this educational piece for the nurses, did your HCAPPS score increase in the key areas for medication use and side effects	They missed the tie in with looking at the HCAPPS score improvement after they have educated the nurses. Also what happened to the pharmacists talking with the patients - can they only train the nurses to talk to the patients.
348867	The objective was not so clear as developing a drug reference guide is a task, not a test, it was good to list all barriers that nurses are facing then identify the most important ones which could be the lack of appropriate recourse for patients education. The components of post implementation survey is not clear and the result part was so short.	None
348867	The methodology was very subjective, need to have more objective measure of the results.	None
348867	The issue of providing patient education is daunting. Was it considered to not create a "cheat sheet" reference but to instead have a pharmacist provide direct education to patients?	Would not recommend accepting this abstract. It highlights the issue and need for quality patient education, but this does not add to the body of knowledge. This appears to have been a project to create a "cheat sheet" quick reference for a nurse.
348868	Excellent review. It would be interesting to have seen a larger patient base.	Good demographic assessment for HVC treatment success.
348868	With the high cost of these medications, health care systems want to know the true efficacy of these products under real world conditions. This study supports data in the literature. UI hospitals should encourage strict oversight of this medication and documentation due to its high cost. This will allow for better reviews in the future.	This study can be used by other institutions looking to analyze their success rate with Hep. C medications.
348868	Well written. What are the future plans? Were there any limitations? Did a pharmacist have any specific impact on the patients treated?	Retrospective study was IRB approved. Data collection and analysis seem appropriate. Abstract is generic as to what type of healthcare provider was involved the care of these patients, and doesn't explain pharmacist impact (if any). As HCV treatments continue to expand, this is an interesting topic amongst pharmacists at this time.
348869	Very interesting and relevant project.	Title was not misleading but not really clear until after reading the purpose section.
348869	Interesting topic. Was the time allocation score validated?	None
348869	I found this project very interesting! Would be interesting to note why those who in the medium/high involvement group didn't match for postgraduate training. GPA and communication skills would be interesting parameters to evaluate to see if that was why those students weren't successful in obtaining postgraduate	Interesting data re post-graduate training.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	training.	
348869	Interesting topic!	Really interesting study that is applicable to a wide range of people.
348870	This is a wonderful abstract including both the idea, the methods, and the actual wording. I really do not have any recommendations for change.	Overall, this is an awesome abstract. Even though I specialize in oncology and deal with cancer related pain, the concern for opioid abuse and opioid overdose is currently tremendous. The study included important endpoints besides just decrease in MME such as prescription of naloxone kits. In the state I reside, they just made a rule that only allows a 7 day supply of opioids/narcotics/C2s for noncancer pain. Therefore, I think this abstract be applied to current pharmacy law and practices (naloxone, PMP, UDS)
348870	Excellent project, very helpful and great outcomes achieved. Would recommend listing specific outcome measures (UDS, PDMP, naloxone kits) in purpose statement. Also need to include p-values to demonstrate significance.	None
348870	Non pharm measures and non-opioid medications were not addressed. Describe the clinical impact of a 17.8% reduction in MME. Describe the clinical significance of patients being prescribed naloxone, submitting UDS, or having professionals check the PDMP.	Information lacking completeness (non-pharm measures/non-opioid medications not addressed). More background on the clinical impact of metrics chosen to be evaluated. Percentage changes noted in results but not related to clinical significance.
348871	Please indicate IRB approval.	None
348871	Well written and statistically supported data.	None
348871	Very applicable to current practice, clear description of limitations and strengths of this study.	Results somewhat complicated to interpret, but overall, beneficial poster that would contribute to available medical literature, particularly in a real world setting.
348871	Interesting results..would be curious if other confounders were assessed such as exercise and dietary changes, etc..?	Very informative and applicable to practice to help guide initial dosing protocols for heparin...good job with design and stats/conclusions.
348874	Need to provide more specific data on the health care professionals in order to take action.	An overview of the problem - not sure it provides enough information to result in action on the part of convention attendees.
348874	Please use "grey" or "gray" but not both; also not everyone knows the term "grey literature". Please define it. All of your examples of diversion and losses are inpatient - do you have any that are ambulatory?	Looks ok? I guess we can keep this one : )
348874	Excellent topic. However new information not provided. This is more a review and summary of literature. Would be a good paper to write up.	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348875	Very good abstract and on a topic that doesn't have a lot of information. This will help others dealing with these same questions.	None
348875	p values? study drop outs? costs? adverse events?	None
348875	Very interesting study objective and effective methods were employed. Data is very useful and can add to the literature.	None
348875	Great project.	Primary author has Merck stock. Merck is the maker of elbasvir/grazoprevir specifically mentioned in the conclusion. I do not believe this should eliminate this abstract from consideration.
348876	It is a very niche and specialized topic. Not sure of application to a broader audience. Not familiar with this field or topic which may be a bias on my part	None
348876	Interesting data! Nice job.	Very interesting data that I have not seen gathered before so very innovative.
348876	Would have liked to see the results correlated to a dollar amount. What type of rough financial impact does it make for the states to set the Metavir fibrosis score at F3 as a pose to F2? How has no standard regulation on PAs impact CHC treatment long term?	Well written. Would have like to see more on the impact to pharmacy. Was anticipating dollar figures as implied from the title.
348883	Timely topic and usually uncharted waters for formulary management for most organizations. Provides a practical approach for a judicial formulary review.	None
348883	Very relevant topic in the world of new oncologic agents and growing costs. Nice display of cost savings through a multidisciplinary approach.	None
348888	Any decrease in cancer cases since starting program?	None
348888	Interesting design, though not pharmacy focused, this could be beneficial for application to various groups.	Interesting design that could be applicable to other areas of pharmacy, somewhat confusing results which made it difficult to interpret but beneficial poster.
348888	Good general study to assess ability to teach/provide education....results can be used for further provide educational opportunities to improve public health in a rural population.	None
348888	In the opening paragraph, consider starting with the name of the county (e.g. "Sacramento county is a small farming...").	This research has very little to do with pharmacy. The author may consider submitting this abstract to a public health meeting.
348893	Recommend including percentages in results section along with absolute number for better description of results. Example 34 of 62 pts (54.8%) ; 22 of 34 (64.7%); 11 of 22 pts (50%) were deemed appropriate... Maybe next year you may do follow-up of what impact clinical	None



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	reminder had on COPD pts.	
348893	Poster was clearly written and MUE results identified a problem. An appropriate action plan was then implemented.	None
348893	Excellent descriptive report. This is a topic relevant to pharmacy practice.	None
348893	Did you look at outcomes? ED visits, hospitalizations, etc.?	None
348898	Great abstract! This is great idea to encourage community pharmacists to utilize their clinical skills.	There were no concerns in this abstract.
348898	Well-written.	None
348898	A very eye catching title. Well written.	None
348898	Clearly written abstract with relevant topic	None
348899	High quality project with impressive results. Well done.	None
348899	Did you get IRB approval for this study? Did you conduct statistical analysis on the before and after differences?	Please include stats if available and if IRB approval obtained in poster.
348899	I agree with implementation of ED pharmacists, and it's interesting to see a technician budgeted for as well. Great review of need, as well as spelled out 5 measures.	This abstract definitely pertains to many hospitals today and I believe will provide a good background for others hospitals to use to try and implement in their system. I liked the 5 point measures, as well as use of ED technician which was new to me.
348899	It may be helpful to include what medications contributed to the drug cost savings to help other hospitals see if this would help them. Some additional descriptors of the hospital site - level 1 trauma, stroke, peds., etc. may also have helped to better describe the interventions that may have been taking place.	Good project idea, just needs more details and a stronger purpose statement.
348900	Interesting strategy for challenge of employee engagement.	None
348900	When describing "overall employee satisfaction" how many people took part in each eval for FY15 and FY16. Were there simply more responders in FY16 that lead to the higher satisfaction rate?	This study seems more anecdotal than scientific in nature. The author does not describe a scientific method for investigating their research question.
348900	I like this project. Great way to get your employees to talk and work together to solve problems. This leads to better internal customer service when folks need help. I like it.	I liked this. It was an innovative to get employees to work together and get to know each other which then lead to better internal customer service and teamwork for patient care issues.
348902	Might want to expand the limitations of this project.	Limited value



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348902	For the generalist practitioner, the results may be difficult to interpret. May consider further describing in clinical terms the efficacy threshold, etc. Interesting and important project! We need more than just speculation that these new agents will work on the resistant pathogens.	Interesting and important project! The general practitioner may not fully be able to interpret the results.
348902	Interesting study. Well done with the results identifying when one agent is preferred over another agent.	Incorrect title format.
348902	Clearly an important and well-done pharmacokinetic modeling study, with important implications for patient care and the treatment of resistant pathogens. I recommend acceptance without reservation.	Clearly an important and well-done pharmacokinetic modeling study, with important implications for patient care and the treatment of resistant pathogens. Accept without question.
348903	Would like to see conclusions expanded, some info on future directions. Could potentially shorten methods.	Accept but really need to give longer more robust conclusions.
348903	Timely topic	Aligns with goal of trainees helping to extend pharmacist care.
348903	Very relevant and interesting topic. Nice to see the result of the impact students have on patient care. I found the abstract to be well written and informative.	None
348908	Very timely project, minimizing acid suppression therapy in med/surg. setting is a huge issue. Although study did reveal improvement from retrospective review, the real issue should be addressed with prescribers outside of the hospital setting. Why they feel compelled to keep patients on PPIs and H2 blockers at home when not really needed is the real question. Perhaps education to community practitioners is warranted	None
348908	Good methodology	None
348908	We are all struggling with how to best handle this topic. Based on your results- will this become an institutional protocol that does not require the pharmacist to contact a provider if certain criteria are met?	Relevant topic
348908	Overall well written and of value to attendees.	A symbol % and + and
348909	Implementation of pharmacy services is not a research project! There is no study objective, hypothesis...etc. " Implementing an oncology pharmacy satellite improved both clinical and operational outcomes, including internal and external staff satisfaction." - this is not novel; also - where is the data to support this claim?	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348909	It was interesting to review your abstract submission for the 2017 ASHP MCM. Additional detail describing what was measured to assess operational and clinical outcomes would have been helpful.	My recommendation to Reject this submission is based on the lack of clarity regarding what was actually measured to determine operational and clinical outcomes.
348909	Was the satellite ever completed? When did FY2018 occur? the timeline seems fuzzy and it seems like the satisfaction survey was completed before the satellite was built. No data was provided for the survey results.	This abstract is interesting, but it not well explained.
348909	- More information is needed to actually describe the background word needed to approve a satellite pharmacy. - How does implementing an oncology pharmacy satellite improve clinical and operational outcomes?	- Very little description on how implementing an oncology pharmacy satellite improves clinical and operational outcomes. - Not enough detail on data/metrics/rational.
348911	1. IRB approval or exemption needs to be included in the Methods.2. What statistical method was used to analyze the results?3. Very useful project.	1. Very interesting abstract. 2. Medication reconciliation continues to be less than perfect, but with additional pharmacy staff, this can be improved over a period of time.
348911	Very wordy, could slim up a bed.	Accept
348911	Without further details about the discrepancies, I cannot agree with the statement in the conclusion that 3 fewer patients experienced a med error resulting in harm. Were the discrepancies classified as per the NCC MERP index of harm? My facility has done a similar resident project, and most of the med rec discrepancies were clinically not very significant and did not score highly on the NCC MERP index.	Timely topic for those interested in expanding pharmacy admission med rec, interesting to see impact on discharge med rec.
348911	Overall of value to the attendees at the meeting.	A symbol % and
348916	Some proofreading may improve writing style of abstract. . The results are somewhat unclear...DDD/1000 patient days decreases in FY 16 (1st sentence of results), but then increase in FY17? This increase is not addressed in the conclusion. Also, decreased antifungal use may not mean that AS decreased inappropriate use...how did you determine that inappropriate use decreased? Is inappropriate use down because of criteria in your AS program? What kind of inappropriate prescribing was decreased? This abstract leads to many questions for the reader. More detail would be appreciated.	Writing style is poor, and abstract is bare...more detail may make it a better abstract. Unclear results (DDD/1000 patient days decreases and then increases?) which should be addressed or clarified. Uncertain how the researchers concluded that inappropriate prescribing decreased since usage criteria are not described.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348916	Why use DDD vs DOT? Can you describe how pharmacists intervened on antifungals? Restriction protocols? Autostop? Post-prescriptive review and feedback? What is the timeframe? Was the AS program not active in the previous year? Was any of this statistically significant? Use alone doesn't necessarily indicate appropriate or inappropriate use - did you measure this and can you share that data?	Need more information about specific intervention strategies.
348916	Good review and support for AS within the medical facility.	Incorrect title format.
348916	Innovative idea. Please use statistical methodology to show a difference.	The take home is design a system committee?
348918	This is likely of interest to institutions that have a decentralized model who have not yet implemented a team-based preceptor model - I'm not familiar with what proportion of programs this would be. Some of the results don't directly match up with the stated purpose (i.e. did it decrease preceptor workload, improve rotation experience for students, etc.). Some of the info in the conclusion section may belong more in the results section. Also, how did you identify the strengths and challenges, via survey or rotation evaluations?	This may not be consider innovative or relevant for some institutions due to variable in staffing models and some institutions may already have this type of preceptor model.
348918	Very interesting topic.	accept
348918	While I am interested to hear the results of this study the abstract left me slightly confused about the need for this study and the actual design of your teams.	Incorrect title format.
348918	Would be curious to see student evaluations of this approach. Maybe consider this information for inclusion in future presentations/publications.	None
348920	Just some questions: Why are pediatric orders excluded? What % of medications are available via override from the ADC? What % of orders are reviewed by pharmacy prior to administration?	None

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348920	Very nice study with provocative findings. Well written abstract. I don't see a true risk factor analysis, though. You explain categorical comparisons (e.g., boarders vs. non boarders) with percentage based differences, but there are no odds/hazard ratios that identify things as actual risk factors for delayed administration. If you ran a multiple regression analysis, you should have these numbers..? Would consider reporting - if you can highlight various factors with significant odds ratios, this becomes even more meaningful. Definitely still recommend accepting this abstract - well done!	No risk factor comparison in its true sense, as was described in the methods, but certainly still worth accepting.
348920	Nice study. In the conclusion section, it would be nice to know what you did with the information collected.	None
348920	Very interesting! What steps are being taken to improve? Awesome opportunities for follow-up studies.	None
348923	Interesting but question the relevance of a study done 5 years ago. Were there any other interventions other than providing free medications? What was considered the standard of care?	Significant grammatical concerns - international submission. Study is a little dated (from 2012), and intervention (free COPD medications) is not feasible for US clinicians. I'm not sure how valid this topic is to the majority of attendees.
348923	What medications were used? Abstract needs more detail	None
348923	Abstract was poorly written and grammatically incorrect. There were a few things that were not clear and therefore I was not able to evaluate the study appropriately. I didn't understand what "program vs ordinary public health care system" and "free and continuous supply of medications associated to pharmaceutical care" was.	None
348923	- Spelling and grammar should be reviewed- I would like to know more in the methods section... did you provide all meds for free to all patients? Were there med limitations? How were you able to give away free meds?	Please review for spelling/grammar due to international submission. Thanks!
348930	Excellent reduction in stewardship metrics following implementation of formal stewardship teams. Showing DDD is important. However, would like to have seen more on what the inappropriate use was (e.g., tigecycline being used as mono therapy for intra-abdominal infections) and structure/interventions of stewardship team.	ASPH projects are getting to be redundant. Is it possible to limit the number of posters on this topic at meeting?

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348930	Would be beneficial to provide specific interventions don by AS teams. Also helpful to include details on when the initiative was established.	Topic is relevant but the abstract is lacking specific details including a time frame of implementation.
348930	Results are promising. Please provide additional information on the methodology of implementation of stewardship programs. Was it restrictive? Did an ASP pharmacist and/or physician review patients daily?	Promising results; need more details on methodology.  Incorrect title format.
348930	May be valuable to report antibiotics included	Will be of interest to may members.
348931	Nicely balanced, well written and meaningful	Accept
348931	Interesting results	Interesting though may not be generalizable to all sites depending on demographics of study population
348931	Need to include IRB approval of study. Overall, interesting study based on one-site.	No statement of IRB approval. I would suggest ASHP review that this has been done before final approval.
348931	Abstract was clear and concise in its purpose and methods. Results were and conclusions were interesting. I like how you found a predictive model to specifically target 30-day readmission rates in your HF patient population.	Innovative way to target specific patient population and try to reduce 30 day all-cause readmission rates.
348932	This is a detailed, useful description of an implementation of successful procedures in the institutional clean room to reduce contamination. It is relevant to meeting attendees.	None
348932	Good project	None
348932	Very interesting abstract. It will be helpful to know the resources required to draft implement the EMP (e.g., training requirements, time spent preparing the EMP). In addition, are there competencies staff must uphold to maintain the EMP? Great results!	None
348933	Excellent abstract	None
348933	Would like to see what was being measured in the methods. Also would like to see baseline data prior to the remote queue process. Showed saved time but would like to see the baseline. A chart of the data points collected would be interesting on the poster.	Relevant topic to pharmacy practice.
348933	I had to read most of the abstract before I fully understood the project. Is it completely appropriate to conclude that because a nurse was spending fewer minutes at the ADC that s/he was spending more time at the bedside providing direct patient care? A more conclusive report would have included some time and motion studies of nursing personnel.	Could include as a poster. I think there are more details that could be learned from this; however, the widespread adoption will be dependent upon the site's automated dispensing cabinet infrastructure and if it is technically possible.
348934	Very interesting case, lots of background information, may suggest more information regarding decision of treatment plan and hospitalization and complications during	Very complex case report that would be beneficial to available medical literature.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
	treatment.	
348934	Very complex case highlighting multiple drug interactions, and management of adr's associated with treatments...interesting case!	None
348934	Does Kaiser has specific criteria for use for HCV or TB regimens or does the health system use published guidelines only?	Interesting and very complicated case. I question if this case adds much value (i.e. applicable to the treatment of other patients), since there are so many patient specific factors in the case.
348934	Extremely interesting patient case report. Well written with details on the critical drug-drug interactions and challenges with treatment.	Well written with the exception of neglecting to spell out less than and percentage. Included pertinent details on critical drug-drug interactions and challenges in treatment with precautions/contraindications in the case.
348939	Title does not reflect interprofessional. They trained preceptors in different professions. But did not describe the interprofessional interactions. But it is a good way for preceptor development.	None
348939	Interesting idea. Methods were detailed enough to allow for possible replication of a video training. Results were well-presented with specific ratings.	Overall, good project and abstract.
348939	Interesting concept- see this being executed more in the classroom than in the real world.	Interesting concept, see this being executed more in the classroom than in the real world.
348939	In the purpose section, it was stated there are no head to head trials showing superiority.... which made this study appear to be the first head to head, although that is not true based on your design.	None
348940	Should attempt to quantify savings in Physician workload. Authors state protocol was effective; however lipid and TG outcomes not reported; therefore conclusion of effectiveness is speculative.	Acceptable
348940	This is a great innovative practice to share. Great abstract and well organized study.	There were no issues with this abstract.
348940	Well-written and organized abstract. A few questions: What were the exclusion criteria? What about blood pressure management? Were the outcomes (lipid panel, A1C, blood pressure) improved by the pharmacist intervention or are there plans to track this? Were there any barriers to implementing this process?	Well-written, would like to see a larger sample size to better assess impact. Also, it is curious that they really only focused on cholesterol management and not the other components of metabolic syndrome.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348940	1. The study was to determine if a pharmacist-driven protocol could be successfully used to treat these patients; however, the criteria to determine success were not presented and analyzed (compared). The abstract just reports what occurred.2. The results reported a reduction in hospitalist physician workload and the additional workload on clinical pharmacy staff; therefore, the method should include how these outcomes were measured.	ASHP should ask the author revise to improve quality of the abstract before accepting.
348941	Suggesting to provide more data or examples of cost saving regarding this case report.	Very little information provided.
348941	Not enough information in the abstract to evaluate. I really have no idea what you are reporting on through this very brief report.	Just not enough information provided to assess this project. I deemed it ineligible to review for this reason. It also makes me wonder about commercial bias.
348941	Need more detail with which financial and clinical data was analyzed. From what was the higher revenue captured?	Need more detail with which financial and clinical data was analyzed. From what was the higher revenue captured?
348941	Not sure what the vendor did?	Concerned that the full write up is going to be an advertisement for the company. Not enough details provided.
348946	Might have been interesting/helpful to take a survey of staff regarding their feelings towards the rounds, particularly new staff that recently started. Discussion of how the facility promotes pharmacist going to the sessions and how coverage is done to allow for staff to attend would have also been beneficial, are sessions recorded?	Well written, no real data though. Looks incomplete.
348946	This is a good idea but it does not include any measures or outcomes that are quantified. How has DI rounds help pharmacists? Was this assessed with a survey? There needs to be measured data that can support a conclusion that DI Rounds are helpful.	Recommend title change...(A unique, interactive approach to pharmacy continuing professional development)
348946	There aren't substantial results reported- has attendees knowledge base been assessed pre and post rounds? Compare and report that.	Interesting report-Accept because it will definitely have interest from attendees. Missing substantial results though.
348946	Results - how many pharmacists actually attend the sessions?  The conclusion states that the DI rounds have been success; however, it is unclear how "success" was evaluated/determined. The conclusion also states that the pharmacists are able to deliver a high quality of care - how has the DI Rounds program been shown to impact the care that the pharmacists provide?	There was not a clear purpose of this abstract.  The conclusions are not at all in line with what is reported in the results. Please see comments provided to the submitter. The first and third sentence of the conclusion are not supported by data presented in the results.  The program would be interesting to share but concerns with how the data and conclusion were presented.



## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348949	Results mention lack of staffing. It would be helpful to briefly describe size of facility, routine patient census and staffing levels in addition to normal pharmacist staffing requirements. Did average time spent in preparation and counseling vary by pharmacist performing services? Did multiple pharmacists perform the services? Wasn't routine review of orders already being done by pharmacy service? Are pharmacists part of multidisciplinary rounds? Why were weekends excluded? What was in place prior to the project in the two units?	Varied challenges to good medication reconciliation exist and I feel it is good to look at this from many angles.
348949	It was good to mention and describe drug related problems solved by the pharmacist and their finical impact.	None
348949	Very good review. I think you probably need to look at readmission rates, medication errors, medication compliance and compare it to the patients that did not receive discharge counseling. This information may provide a dollar amount which can potentially support additional staffing for the service.	Good review but I think this report can broaden and provide information that support dollars saved with a discharge pharmacist.
348949	Good concept. How did the other responsibilities of the pharmacist change to account one hour to counseling a day?	Interesting but not transferable. 60 min of time away from patient care in community hospital might not work. They did not define efficiency tools, electronics, use of technicians etc... Unclear if they had read the literature.
348950	The abstract is well written and describes the impact of a single targeted aspect of an antimicrobial stewardship program.	The abstract is well written and the topic is important but it isn't hugely innovative.
348950	Great data to show benefits of ASP!	ASP is a hot topic and this is a great abstract to share what one hospital was able to do.
348950	Nicely explained and well written.	Another antimicrobial stewardship poster. Although this appears to be a successful project, its nothing new as these same types of posters have been presented each year for many years. If ASHP is looking to save some space for more novel posters, this may be one not to accept.
348950	Results are not novel but useful for the general body of literature.	Accept
348951	Please specify what was done in the C and S results to guide therapy decisions; in addition, would like to see more than just 10 patients in the pre-group	Methods need to be more clear including defining how the C and S results were changed to help guide therapy decisions. In addition, very low sample size.
348951	The abstract is well written and helps describe an issue that some health-systems are facing in trying to identify these patients with a history of ESBLs.	Good abstract that is innovative.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348951	Results should be presented more clearly and more comparatively. The first and second sentences seem to be presenting different data types (previous ESBL organisms vs. possible ESBL infections) but the wording is such that it's made to seem you can compare those pre- and post-intervention populations. It might also be helpful to explain what culture and susceptibility changes were made.	Abstract appears to meet minimum requirements for a descriptive report.
348952	In conclusion, consider "anti-XA levels" did not differ... and not just "levels". Also, may want to add in conclusion no significant complications noted in those having subtherapeutic or suprathereapeutic levels.	Good study. Recommended to submitter: In conclusion, consider "anti-XA levels" did not differ... and not just "levels". Also, may want to add in conclusion no significant complications noted in those having subtherapeutic or suprathereapeutic levels.
348952	Adds to support body of literature.	None
348952	Interesting evaluation and well-written abstract.	Interesting project; will be useful for other facilities using factor Xa monitoring. Well-written.
348952	Good study idea and appropriate outcomes.	Timely topic as more and more hospitals switch to anti-xa monitoring and reassess their protocols.
348954	The study is useful as it identifies potential for error when programming smart pumps with medications requiring titration. Would be helpful to state the 15 high-alert IV medications studied.	The study is useful as it identifies potential for error when programming smart pumps with medications requiring titration. Would be helpful to state the 15 high-alert IV medications studied.
348954	Good abstract, relevant patient safety issue.	None
348954	Good idea to look at this. Large data pool is appreciated. Wish there were some suggested "fixes" for the potential problems that were identified. Too bad any potential patient harm could not be assessed.	None
348954	Make sure to spell out abbreviations when they are initially used (Intravenous (IV)). May have been beneficial to give some background info regarding standard pump limits. Caution in using the wording "or less" as it is vague. Results are not communicated as clearly as they could be.	Result data is not communicated clearly. The wording 100% or less could actually mean 10%. It leads to ambiguous data. Of the 15 high alert medications, only two were chosen to use as example.
348955	Were the concomitant nephrotoxins more common in the V-P/T group? Define first P/T abbreviation. Were the V-P/T patients sicker at baseline (i.e. septic, etc.)?	Some key data lacking to substantiate authors' claims in the conclusion.
348955	It would seem that this study would encourage you to do a larger study in the hopes of getting a result that is statistically significant. This is a good initial study.	None
348955	Consider expanding this study duration for more relevant results.	This has been reported in literature and while more data would be helpful, this study had too small a sample size and for too short a duration.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348955	The objective of the study should have included that PT patients will be compared to V-C for incidence of AKI- While the incidence of AKI as defined seems to be higher in PT- it would have been important to breakdown the AKI severity and duration of AKI - especially in light of concomitant drugs given-In addition, the definition of AKI was not standard or following any of RIFLE, AKIN, or KDIGO definitions.	The study does not have a clear objective that we discovered in methods that this was a comparative trial PT-V vs C-V- The authors had a very small study sample and did not control at all for confounders such as diuretics and NSAIDS which look that they were more used in PT-V group , the same group that was noted to have more AKI- no details were given on AKI duration or severity . In addition, The AKI definition was not following any standard definition accepted definition ( ie RIFLE, AKIN
348958	Interesting evaluation with impressive numbers. Will be interested to see more detailed information during poster session as this is a higher ROI figure than what I have seen previously.	Approve
348958	I had a hard time figuring out what the definition of "parallel data mining systems" is. I wasn't 100 percent sure if that was compared with intervention data or they were evaluated side by side. Again, this isn't my area of expertise, but do think it's a great evaluation of cost reduction specifically with regards to interventions.	Very detailed abstract, some parts went over my head - but this isn't my area of expertise. I think evaluation of cost reduction based on interventions is interesting and a good idea to present for future ideas specific to other hospital systems. May provide insight on ways to evaluate cost savings.
348958	It is unclear what dollar savings were tied to each of the interventions. I am assuming that pharmacists were trained on using the pharmacy one source product and feedback provided on the appropriate amount of time was allocated per intervention.	Accept
348958	Well written abstract. How did the institutions incentivize pharmacists to submit their interventions?	None
348960	Consider specifying how this project was related to the pharmacy department, or identify how it was related to improved pharmacy services with respect to appropriate antibiotic therapy. It would be interesting to identify how many initial (+) but (-) PCR results happened and how many patients had resulting antimicrobial stopped? Also consider identifying how has this project effected or changed current practices? For example is there going to be education given to the medical center with the concluded results and how is that going to be done?	None
348960	Succinct, well written abstract. Great project.	Excellent abstract.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348960	Consider including data on how many patients were in each of the evaluated groups. Statistical methodology should be included in the methods section. The final conclusion line does not make sense to me based on the results presented. To arrive at that conclusion, I would recommend comparing patients with an indeterminate GDH/EIA vs. those with an initial positive GDH/EIA to determine if the indeterminate group had higher mortality or hospital length of stay.	The final conclusion does not seem clear based on the data presented, but the abstract is informative and meets submission guidelines.
348960	Would be worth noting who were excluded for what reason. Seems like your clinicians are using clinical judgment when faced with indeterminate GDH/EIA results	Relevant topic, good number of subjects
348961	This study is important because it is analyzing the occurrence of soft and hard limit events. The reason for the events can be analyzed for potential drug safety issues.	This study is important because it is analyzing the occurrence of soft and hard limit events. The reason for the events can be analyzed for potential drug safety issues.
348961	Good abstract. relevant topic	None
348961	Definitely a hot topic and interesting to see data shared across organizations.	None
348961	After the word intravenous, place the abbreviation (IV) in the first sentence. In the body of the method you can abbreviate Continuous Quality Improvement as CQI since you previously defined it. Define soft limit and hard limit as well as drug library compliance better. Would have liked more information on the type of organizations. Were these teaching institutions?	There were a few grammatical errors ie abbreviation of a term after it was defined in the text. Definition of what constitutes a soft or hard limit was unclear. Define drug library compliance. Abstract needs a little more polishing.
348964	Great study.	Well written. Good description of methods, complete results, and reasonable conclusions. This study is of interest to audience.
348964	Overall nice evaluation. Would make sure to include in presentation why such a large number were actually excluded. Was it that they did not have UTI based on criteria above or missing data, etc.	Overall nice evaluation.
348964	Great project. Excellent way to prove and educate about the overuse of FQ.	Great project! Accept
348964	Abstract is well-written and detailed. Since the majority of screened patients were excluded, it would be helpful to mention exclusion criteria in the methods for readers to understand exactly what population was evaluated.	Abstract is well-written and meets submission requirements.
348967	Would spell out abbreviations prior to use (P2); would be interesting to look at GPA in regards to survey results	May be of interest to Schools of Pharmacy faculty; weaker abstract, if other reviewers reject, I am fine with not accepting

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348967	Good structure and good for APPE involvement. Good to see innovative ways to develop new educational plans for IPPEs and APPEs.	None
348967	<p>Was IRB approval obtained?---&gt; need to state on poster. How are you able to come to this conclusion when this was a measure you did not collect i.e. exam scores? "Ultimately, this study shows that students who utilized a notecard demonstrated better understanding of the information included"</p> <p>It appears the notecard did not harm students but did it cause better exam grades - how do you know the true understanding/comprehension was demonstrated as an outcome?</p>	None
348967	Really interesting topic and findings.	None
348968	I found these results to be very encouraging - it is well documented that pharmacist involvement in patient care results in improved clinical outcomes, but little is documented regarding impact on	Very thorough - includes all required information, describes methods in detail, and overall is very well written. Met most of the requirements (length, sections, title requirements), but did not spell out special symbols (equals, less than).
348968	The purpose is well defined but it is difficult to follow the actual methods and who was in what group. What groups are actually being compared?	None
348968	Overall, good project.	Overall, project is relevant.
348968	Given that the majority of patients are Hispanic, it may also be helpful to know in the demographics the proportion for which English is a second language. Since the study is based on patient surveys, would want to know if patients understood the survey.	Study was well described and results support the conclusion.
348970	Although language barriers are often encountered, other than having interpreters available, there usually isn't guidance from our professional curricula or from our employee training to include this topic. Maybe this review will encourage employers to add resources to health care providers for dealing with the language barrier.	None
348970	Interesting research topic. I agree training future practitioners to become linguistically and culturally competent may improve satisfaction and overall quality of care. Would recommend confirming abstract requirements prior to submission.	Interesting topic. Abstract well written, though wordy at times. As far as the research design goes, I appreciated the inclusion of several studies to assess a wide range of questions regarding communication and patient satisfaction. Met most of the abstract requirements (length, sections); however, title was not in sentence case and did not spell out all special symbols.

## 2017 Midyear Clinical Meeting Professional Posters Reviewer Comments

Submission ID	Reviewer Comments	
348970	This study does not add to the body of evidence or present any new information. Need more data to actually support conclusions.	Incorrect title format.
348970	Per ASHP poster guidelines, abstracts which review existing literature are not accepted.	This was a PubMed search reviewing existing literature, and according to the reviewer handbook should be rejected.
348976	Why only olanzapine? Have any of the other atypical antipsychotics been used as adjuncts? You could have had a bigger "n" if other antipsychotics were included.	With data from only 3 patients, this could be considered a case report. I will grade it as "accept" but it doesn't have enough patients to be considered an evaluative study.
348976	Given the very small number of patients in the study (3 patients), I think your conclusion statement is a little strong/unsupported.	An interesting study, well written. I would have given a 4 but I think that their conclusion statement is overly strong given only 3 patients in their analysis.
348976	Nicely written. Too bad that you had to screen 125 patients to enroll 7 patients. Should your inclusion criteria be more stringent?? Should your data collection go out farther than 7 days?	Well done and interesting study. I don't think they have a good enough screening process.