

2019 ASHP Midyear Clinical Meeting Professional Poster Reviewer Comments

**Comments are listed by the primary author's submission ID#.
(Reviewer comments were not edited or checked for grammatical errors).*

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
684461	Not enough information to determine value of the study	Need to include more information on design and methods and data in the abstract to be able to evaluate worthiness to be presented at ASHP.	
684464	The abstract started with a good introduction, but the remainder of the abstract was unclear. You mention two types of methods, which I assume are used to prove the hypothesis that lactoferrin and black seed oil have antimicrobial properties. There should be some sentence telling the reader that these 2 methods will be used to determine the antimicrobial properties of the substance. The results and conclusion were equally confusing and do not really link back to the methods.	Overall, clear objective and methods. I would have liked to see data on WHY the results are what they are. How do you know that the supplements are effective? What do you mean by "concerning"? I think having more objective results may have strengthened it. But still overall interesting to the profession.	could be more specific with data and results
684474	<ul style="list-style-type: none"> - Could include study design, details in statistical analysis - Could consider a control group without ivabrazine to compare - Conclusion should discuss association, not causality if the study design is retrospective. 	Excellent job! This was very clearly written.	Interesting topic.

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684766	Where I can understand what an inventory specialist and pharmacy techs can do with managing inventory, in order to do therapeutic interchange, that needs to be pharmacist driven through P & T Committee - thus the savings is departmental driven and not just technician driven. Thus this poster is misleading and thus I am rejecting it.	Suggest mentioning starting annual drug spend. Also then detailing out the 17% over 3 years with each year's reduction. Curious as to whether more staff was required to implement and maintain these initiatives.	This topic will be of interest to many. A 42% reduction is incredible! Please clarify that this refers to turnover and not techs are adjusting the formulary.
684989	Interesting program with good data/results for accuracy.	This topic may be of interest to practitioners, but the abstract is difficult to read and follow along. The objective is not clearly stated - it seems that the objective is to evaluate the performance of the CPOE therapeutic interchange workflow system. However, this is not explicitly stated. If this is the objective, then the methods should describe this evaluation only (and not the description of the CPOE safeguards in place - this content should belong in the background/purpose). If the objective is both to describe and evaluate the system, then this should have been stated. CPOE should be spelled out the first time it is used and there is a typo where it has been changed to COPE.	Would clarify inpatient therapeutic interchange as my integrated health system does them on the inpatient and outpatient sides.

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685130	<p>Appears that the program developed development activities that were beneficial to the program. The reviewer has several questions about the process.</p> <p>Details about the statistical test used should be included in the methods vs. results section. It would be helpful to know which topics were included in the preceptor development session. How were the surveys distributed and collected? Were these anonymous? Was this project approved by the IRB?</p> <p>It was not clear what is meant by this statement in the "results" section - A statistically significant difference was identified among the individual lecture series results. How many preceptors participated on the program? What was the response rate for the pre/post-tests? Was the lecture at the same time of the active learning session? Or was the post-test just after the lecture?</p>	<p>Was IRB approval obtained or necessary for this project?</p> <p>The first half of the results section as written should be included in the methods. The authors state that each learning session showed improvement in scores but not all showed statistical significance. Then only 1 p-value is reported. It would be useful to have more detailed results reported such as how much improvement was seen, and how many of the 12 sessions resulted in statistical improvement. Based on how the results are written, the use of an independent sample t-test for pooled pre and post scores is inappropriate. In addition, including basic information regarding how many preceptors received the training, how long on average they had been precepting residents, etc, will be helpful to give your readers a better sense of those involved in the training.</p>	<p>The research question here is not apparent - is it preceptor satisfaction with a preceptor development plan, or is it the implementation of a plan? Purpose and methods allude to implementation, but results suggest satisfaction. Would like to see numerical data in the abstract (though "statistically significant," was it clinically meaningful?).</p> <p>Methods need to be defined. Results are not reported.</p>

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686001	Unable to evaluate results since they were in charts not accessible.	In reviewing your abstract, I didn't have access to any of the tables or results. It would have been helpful to include the results from your primary objectives in the abstract.	This topic may be of interest to practitioners, however the implementation of an ASP is not novel or innovative. Is there something about the setting or implementation of this particularly program that makes it unique? The authors appear to have included numbered citations and refer to figures in the abstract, however this information/data is not included for the reviewer (and the abstract should not include figures). This makes it difficult to fully assess the results of the abstract.
686405	While the topic is pertinent, the type of study is not specified in the methods, primary outcome was not identified, and type of statistical analysis was not mentioned. It is unclear if the results are related to a primary outcome since the outcome was not specified. Additionally, there is no comparison pre/post intervention.	perhaps introduce in the "purpose" section that your intent is to review appropriate literature to develop a protocol/algorithm for use of IV lidocaine for tx of renal colic...this was not clear in your introduction and wasn't mentioned until the end of the "methods" section.	Tough to extrapolate that this is "safe and effective" when your "n" was 2. Please include actual protocol in the final poster.
687600	Methods compared 5 consecutive days in December 2018 to 5 consecutive days in December 2018. Should have compared to December 2017. Recommend having exact dates, number of employees working in the compounding unit that day. Question of how 60% of compounded IVs can have a lead time of zero minutes. Common sense results of have a dedicated staff IV technician working will	Would change formatting in methods section to be in paragraph form rather than list. What about time from departure from pharmacy to actual administration time on MAR?	What is your sample size? Would be nice to include in your results. Please correct methods - where do you show baseline (2017) and then (2018)?

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	improve workflow and quality in the unit.		
687772	There are many questions left unanswered. What counts as a prescription? Is this outpatient or inpatient dosing? Did the hospital have a change in patient population? Was there a steady census over the previous 4 years? Was this month a one off, or would a run chart depicting doses / patient days over time better depict what happened over those years.	It would also be helpful to review the appropriateness of dosing of each of the DOACs and also if there were any adverse events I.e. bleeding or thrombotic during the study period.	Utilization results should be presented with a denominator. Patient use per 1000 patient days, 1000 discharges, etc.
688036	Very relevant to today's ongoing opioid crisis; results will provide helpful info for other institutions looking to reduce their opioid use.	There are a lot of grammatical errors and the methods are not clear on what was done. Naloxone was increased via outpatient prescriptions for the emergency department or were your patients overdosed in the ED? Did you look at difference in patient pain scores after the interventions were made?	Percentage change doesn't describe the absolute change in the outcomes listed data collection was not described oversight or composition of the opioid stewardship committee was not discussed.
688623	The results data dosen't clearly define if this is data from 2018 vs 2008 and it would be nice to see some of the comparative numbers since that is one of the key parts of the trial	Initial information needs to be better described. Need to more clearly differentiate review vs. formulary issues.	Interesting review. The results and conclusion compare how many patients received night sedation between 2008 to 2018. What are the requirements of the hospital formulary? It would be helpful to elaborate what is included in the "regular section" and whether or not stop dates are required as part of the formulary.

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690013	<p>The following information actually total 60 patients; please review and update the numbers if appropriate:</p> <p>-- all other special populations (AOSP [n=59]); AOSP included patients with brain metastases (n=44), renal impairment (n=8), hepatic impairment (n=4), or HIV (n=4).</p>	<p>Well-written abstract. Very important study, thank you for conducting. We have needed data like this in special populations that are often excluded from clinical trials.</p>	
690045	<p>Overall this is a helpful abstract and one that may be useful for pharmacists. Was clear and to the point.</p>	<p>Interesting research. Although probably not required to include in the abstract, I am curious about the significance of the identified contamination.</p>	<p>Very interesting topic. Nice job!</p>
690132	<ul style="list-style-type: none"> - Could discuss why the assessment of UH in Lebanon is unique and important for the audience in ASHP midyear meeting. - The purpose should be more specific - Could consider pre- and post-implementation of some interventions to improve the use of UH - Methods should include the study design, statistical analysis - Could focus just on UH prophylaxis or treatment 	<p>Consider providing a little more detail in your conclusion section.</p>	<p>Were you able to determine the reason for so much variance in your hospital? That would be interesting to discuss</p>
690214	<p>Reasonable conclusion. Thank you for this information.</p>	<p>This submission would be more appropriate as a descriptive report, not an evaluative study.</p> <p>The purpose and methods were</p>	<p>While study population is small, findings will be of interest to attendees.</p>

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		not defined in sufficient detail to match the results reported.	
690273	A very unique and innovative idea to better patient care.	I really like this idea! Interesting to compare the throat swabs to sputum cultures.	
690273		Were cultures included if they were deemed to be contaminated? There are no numbers of cultures included, generally there need to be at least 30 cultures before antibiogram data can be reported. Need to be more specific within the conclusion and that the resistance is comparing isolates to the general patient population. Why are only 3 years of data being reported if this is a 10 year project?	
690329	Can not accept with commercial product name. If you can remove name it would be acceptable. With all of the research and turmoil of expansive remodeling, significant monetary expenditures to purchase a robot, and changes in multiple processes first for the robot, THEN the massive work toward meeting upcoming USP 800 recommendations, that could have an overall negative effect on the results. I would recommend repeating study again once all of the staff has more time/experience to where it is "second nature"; and think that your robot times might improve.	Remove brand name references (APOTECA) for poster presentation. Very well written and interesting project showing the significant impact this new technology has had on your institution. Would be interesting to hear more details on the cost savings/impact this technology has had as well.	Good descriptive report of an operational initiative at a community hem/onc practice that will be applicable to many institutions.

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690872	<p>Numbers are small. Can this be reproduced with a repeated assessment?</p> <p>Please include survey sample in final poster.</p>	<p>It may be helpful to indicate who administered the questionnaire. If administered by the same pharmacist providing the education, results may be skewed a little.</p>	<p>It is interesting to see that patients found both verbal and written communication beneficial. It would be interesting to know which format was preferred. In addition, it would be helpful to know whether patients retained the information provided instead of asking them if they understood the material.</p>
690880	<p>Reason #1: This statement, "details/results will be discussed" is indicative of more work to be done to complete this abstract/project. This is the biggest reason for the rejection of this submission.</p> <p>Reason #2: The submission needs to more clearly define the interventions used for inappropriate use, define appropriate use, and define inappropriate use for the medications selected for the review/project.</p> <p>Reason #3: Please clarify how a one day audit then became an audit which took place over 5 days?</p> <p>Reason #4: Please look carefully at the results and explain why with 53 patients on pregabalin, 8 of which are on 75 mg pregabalin po bid is "the most commonly prescribed dose."</p>	<p>Aside from epilepsy what were the other prescribing indications for both gabapentin and pregabalin. In the US pregabalin is often prescribed as part of a multimodal pain management approach to decrease the number of opioids patients are prescribed both pre operatively and post operatively. More information on prescribing indications would have enhanced the usefulness of the information in the study</p>	<p>Interesting study design and question, would like to see more patients included as the numbers are small and unlikely to merit statistical analysis in the future</p>

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	<p>Similar issue with gabapentin numbers.</p> <p>Reason #5: Please explain the numbers showing a significant level of usage of the medications out of 588 patients.</p> <p>The biggest issue with this submission is its incompleteness. The final product should be interesting and of importance.</p>		
690987	<ul style="list-style-type: none"> - Could shorten introduction more - Could consider adding a sentence discussing the previous evidence of C1 esterase inhibitor-induced thrombosis - Cinryze dosing and duration could be added 	<p>Risk factors for thromboembolism are addressed in the package insert. Did the patient discussed have any of these risk factors for thromboembolism? What is the clinical significance of the combination of clopidogrel with esomeprazole? (Quantify the increased risk of thromboembolism as opposed to use with pantoprazole?)</p>	
691071	<p>Many drugs/tests have FDA approval but are not necessarily recommended in practice or may be recommended with restrictions. It may be helpful to include other authoritative sources as recommending or not if such recommendations exist.</p>	<p>Perhaps including a brief description of algorithm in methods as well as quick note on why June 2018 was selected is important instead of information on qSOFA and SIRS -</p>	<p>Interesting DUE to see if guidelines were adhered to.</p> <ol style="list-style-type: none"> 1). Remove reference to vendor. 2). Specify algorithm (or basis of lab calculation)
691179	<p>Need to include more details in the method about how samples analyzed.</p>	<p>Very well written abstract and results are valuable to the pharmacy community-</p>	

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691565	<p>Not really a new concept. The use of trigger drugs for ADEs has been around for > 25 years. Conclusions did not address all aspects of your project objective. No statistical analysis was performed on your results comparing before and after implementation.</p>	<p>Major feedback: Need more information in the method section regarding 2017 period. Is it also from Feb 2017-Dec 2017 to reflect the same amount of time frame as the intervention period? What constitute of traditional method of identifying adverse drug event? And what does trigger drugs tool method consist of since your conclusion said this method is an easy review process? What was your primary outcome?</p> <p>Minor feedback: please define all abbreviations (AKH, HMC in the method section). ADE was used and defined in the purpose section, but ADR was used throughout the remainder of the abstract. Recommend to change to ADE instead of ADR for more accurate term.</p>	
692038	<p>I think your conclusion that palonosetron is more effective is a little over stated given the incredibly small size of the study despite the P values indicating significant findings.</p>	<p>-Methods did not clearly describe the measures used for the outcomes and the differentiation between response vs. control and total vs. complete</p> <p>-BEP acronym not defined prior to use</p>	<p>Nice methodology described to compare different groups</p> <p>Appreciate that the authors looked at secondary outcomes such as nutrition in addition to effect on vomiting.</p> <p>Cost considerations between groups?</p>

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692306	This is an interesting topic, but need post-implementation results before presenting.	Abstract is well written but I would like to see results including number of patients in study, which allergy test used, number of patients with true PCN allergies, and cost savings when antibiotic changed to PCN etc.	Very creative idea and will be very helpful for antibiotic stewardship. I recommend that you make your method of researching previous use of penicillin antibiotic's more detailed for the pharmacist so that they can be the most efficient as possible. For example well they only look in the hospital database or will they be able to use sure scripts for a VA medical record etc. I also recommend you record how much time the pharmacist takes to collect the data as well as speaking with the patient and ordering the tests. How available will the provider be to discuss this issue? Well you only talk to the hospitalist or the provider that ordered the antibiotic or will you be talking to ID specialists? These are all questions I would ask with this study. Overall it is well organized and will provide great information.
692468	Any information how you validated your survey tool	Need more specifics as to what the gap analysis showed as well as the specific items that were improved or implemented to achieve the increased percentages	Note typo with missing "s" on findings: Entity specific findings were distributed to site level pharmacy managers for review and action. Suggest to explain to audience how they could reproduce this in their own system.

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692526	<p>Reject Reason #1: Evaluation by the VA of a program sponsored by the VA for the VA.</p> <p>Reject Reason #2: "most" is not definitive data.</p>	Great research, shows the importance of both ambulatory and VA training.	good
692570	Overall, interesting topic...I'm sure reasons vary greatly from one site to the next. What kind of area is your site located in (urban, rural, suburban, etc)? It would be great to better understand the population in question a little bit more.	I presume that the poster would include the full survey and all questions asked. I would be very interested in seeing the full survey. I would also like to know a little more about the outpatient pharmacy location since parking was an issue.	interesting study; would be curious to know if any interventions are being made based off the results..ie; waiving parking fees, making efforts to change doctor's apts to allow pts to p/u rx earlier, etc.
693085	This study shows reduction in work time, but there is no corresponding measure for accuracy/safety. This would be important to consider along with the time findings.	Thank you for your submission. Some sentence structure and grammatical errors need to be addressed to ensure readability.	Watch for grammar errors. Interesting topic.
693126	It would be interesting to know how many pharmacist hours were involved in providing these interventions.	abstract is long and a little difficult to read based on how wordy it is.	Interesting review of the therapeutic intervention documentation. It appears that the system is quite effective in identifying potential medication errors throughout the healthcare systems. There are some grammar and punctuation issues throughout the abstract, but not at a level where it diminishes the importance of the topic. It would be helpful to the audience to learn what your TID process involves.

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693231	Innovative idea to increase community awareness of the role of the pharmacist	<p>-In methods section, "..help preceptor development". Remove 's'</p> <p>-Remove comma after patient in last sentence of first methods paragraph</p> <p>-Very passive tone</p> <p>-Would like to see more detailed results on poster. Duplicate therapies or ADEs found in medication reviews? Was a change in pharmacist involvement seen in hospital?</p>	While this is a very interesting project, the abstract is not clearly written and difficult to follow along. The objective is not clearly defined (was it to describe the program and/or evaluate it?). The lack of a clear objective also impacts the methods and results.
693276	Great study	Did the data collected from the Extracorporeal Life Support Organization (ESLO) registry include information from a/any community hospitals? If so, you may want to think about teasing the community hospital information from the national registry data to further validate the results of your study.	very interesting data. would be curious to see how this extrapolates out over time
693520	a little lengthy	The results section is a bit confusing and difficult to follow. Would recommend to clarify the results.	In order to be a blinded review, consider not listed institutions in future in the abstract.

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694165	<p>what is the cost information based on? Cost data needs to be defined (eg is it based on course of therapy for 1 patient?)</p>	<p>The date doesn't add anything to what we already know. Were patients included if they had multiple admissions or previously treated cdiff?</p>	<p>This is an excellent comparison between two different products for the prevention of AAD. However, the biggest flaw of this study is the omission of a placebo group that received no probiotic regimen. While one product may be more cost efficient than the other without differences in clinical outcomes, the efficacy of probiotics in AAD remains a controversial topic. I suspect that it would be significantly more cost efficient to give patients nothing as opposed to probiotics. Would there be a difference in rates of AAD? Alas, this is an excellent case for choosing one product for your formulary over another. It would be interesting to see your rates of C diff as well.</p>
694266	<p>Case report does not describe bleeding. No change in h/h, no hemodynamic changes, no change in platelets, etc. Were any other causes considered? Any herbal or other naturopathic remedies? Also, was a Naranjo score performed to associated the ADR with the agent? The literature review was not defined well and could not be reproduced as is given the lack of inclusion/exclusion criteria. The abstract should focus on either the case report or a systematic review. Perhaps as two separate abstracts, adequate information could have been provided on</p>	<p>Results section could include # studies reviewed, etc. Rather than using terms like "the majority of information available" it would be more objective to state "5 of 6 studies reviewed indicated..."</p>	<p>Very interesting topic.</p>

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	each topic, but neither is adequately discussed as is.		
694341	<ul style="list-style-type: none"> - Could discuss what package insert says about these drug interactions in the introduction section - Could discuss the magnitude of the drug interaction with mg or % change - May consider some recommendations about dose management: pre-emptive dose adjustment vs. close monitoring 	Would appreciate formatting so that it is easier to follow rather than one continuous paragraph.	
694595	very innovative. well written abstract.	This seems to be a commercial product which doesn't fit the criteria for poster presentations.	Interesting topic
694631	<p>Overall, very timely topic as we all consider the utility and practicality of CBGM devices, especially in Type 2 diabetics, in ambulatory care.</p> <p>Methods were lacking details...how/when/what kind of data was collected? was this IRB approved/informed consent obtained?</p> <p>Results are very much lacking and do not fully support conclusions. how did you come to the 2nd and 3rd conclusions with the results you report?</p>	<p>Unclear what was a pharmacist role, expect dispensing a monitor in this project (i.e. medication monitoring, DM counseling, compliance/adherence to medications assessment)</p> <p>-- Also , how authors know that the use of this glucose monitor and not other factors resulted in these outcomes?</p>	<p>A statement, in the purpose, about why CGM was implemented would be helpful for those not familiar with this tool. Was this project approved by the IRB - would include in the abstract? What type of analysis was conducted?</p> <p>More data about the reductions in A1c are needed. More data about the decrease in basal and mealtime insulin is required to determine if this is of clinical significance or not. Would love to read more about what the pharmacists role could be with this program.</p>

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	<p>Did you consider looking at type 1 vs type 2 patients and their changes in A1c? did any group have a more significant change/drop? Have you assessed the impact of the class on those who took it vs those who did not?</p>		<p>In methods what data did pharmacy track? No Federal implied consent.</p>
694848	<p>When using abbreviations, suggest spelling out the abbreviation. Also for the results, nosocomial PNA is listed as 71/111 with the percentage but the other indications were not. Suggest consistency in results. Would also watch verb tense.</p>	<p>-- data reported was incomplete as it did not discuss why 15% of patients were on C/T inappropriately, and why ~ 20% of patients received inappropriate doses of C/T.</p> <p>-- what methods were implemented to improve these outcomes.</p> <p>-- How did you define "appropriateness"?</p> <p>-- Would recommend to look at data and find out what further improvements can be made (this is usually a goal of MUE)</p>	<p>Be sure to write out all abbreviations (e.g., cUTI). Appears to be a well done MUE.</p>

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694937	<p>When using numbers in the beginning of a sentence, recommend using the word than then the number, Eighty two percent vs. 82%. There were 9 patients that were not reviewed - why were they excluded? Based upon the methods and inclusion criteria, all patients were to be reviewed. For the indications, would have listed the top 3 indications. And for those that were considered inappropriate use, would have liked to see the top 3 indications. Was there a trend in the indications when used? Especially since 90% of the time ceftaroline was used empirically. Would have liked a description of system CrCl. Per package insert, ceftaroline is dosed based upon Cockcroft-Gault CrCl. Would have liked a description in the differences if any. Would have liked to know which adverse events patients experienced - were they the same in the 3.3% that experienced an ADR or uncommon reactions?</p>	<p>Include resistance rates so external validity can be ascertained. Detail your criteria for appropriate use. This is more of a descriptive report vs. an evaluative study.</p>	<p>-- As appropriate use was in 77% of cases, what were the reasons of inappropriate use? This was not addressed</p> <p>-- It was not explained how ID pharmacist may further improve outcomes</p>
695023	<p>The overall purpose of the project is unclear. Are you evaluating the number of adverse events avoided or the cost savings to the patient/clinic with the use of pharmacogenomics testing (or both)? The methods section is lacking adequate detail and the results section does not include relevant data. There is no</p>	<p>Interesting use of a pharmacist and their role in pharmacogenomic testing. Conclusions state that patients reported better control of symptoms and outcomes but would be interested to know how that was measured/reported.</p> <p>The purpose is not stated.</p>	<p>Precision medicine has been recently suggested as an alternative to personalized medicine. The role of pharmacists is described in general but there are no clear objectives/methods or results for the input of pharmacists.</p>

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	analysis or evaluation included in this abstract.		
695117	Very timely and informative abstract. With most hospitals implementing a career ladder for techs and pharmacists, this is a good example of growth that should be encouraged by our profession.	Prior to implementation of CS ACST who was reviewing discrepancies and transactions? If pharmacists then how did CS ACST's stats compare?	Would be interesting to know how pay scale was determined and difficulty getting senior level "buy in" of increased pay for technicians with advanced skills
695142	Why results were not evaluated for statistical significance? Why the amount/dose of oral glucose not stated?	Suggest providing more information about the protocol in methods and more cost savings information.	
695229	Outcomes of utilization of liposomal bupivacaine in the post-operative period are well defined.	I think you had more opportunity to define what the standard therapy is for the non treatment group, and I'm wondering what patients were included/excluded in the study for potential bias or results.	Was the type of surgery and other patient risk factors controlled for? This could have had a significant impact on pain control. How was bupivacaine given? On-Q pump? Were the doses the same
695324	<ul style="list-style-type: none"> - Very concise - A few grammatical errors were noted (no period at the end of the last sentence in the method section, "Groups" was capitalized inappropriately in the results section). - The conclusion references Exparel, but this is not discussed elsewhere in the abstract. Please use generic names instead of brand names consistently throughout the abstract. 	For the results sections would have liked to seen the ranges of pain scores or the average pain score to each group; as well and the MME. Watch abbreviations, standard of care was first SOC then SoC.	

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695673	well-designed and executed study	maybe define the different binding substrates	<p>Was IRB approval granted for this retrospective chart review? Mention of this should appear in the abstract.</p> <p>Some of the information in the methods regarding the number of patients evaluated and reasons for exclusion would be better suited in the results section.</p> <p>While reduction in A1c is an important outcome, it would also be helpful to know how many patients were able to achieve goal A1c after switching DPP-4 classes.</p>
696392	Did the patients meet BHM criteria for non-formulary drug use?	Very interesting results. Agree with conclusions to establish prescribing criteria given significant variability in prescribing practices.	good initial review
697415	Need to expand the methodology section. The result section need to be organized more so that it will flow better. What statistical test was used? Unsure if the objective was proven.	Hard to follow in the vernacular written.	Difficult to understand what was done. What was the source of your data? This is more of a descriptive report vs. an evaluative study.
697894	Good validation of what has been known and reasonable suggestions for how to deal with the issue.	Did your literature review (mentioned in the first paragraph) find reports of adverse clinical effects similar to what the patients in your case study experienced? That would be an important fact to include in the abstract.	

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698009	Interesting angle on this intervention!	Clear abstract. Excellent project to improve patient compliance. Would be interesting to know hospital or outpatient clinic social workers role in the project, if any.	I think the topic is very relevant as there is often a disconnect when transitioning from inpatient to outpatient management. The study seems to be looking at only the initial follow up appointment after discharge to see if scheduled without intervention. I would be curious to know what the patient compliance rate was for actually getting to the appointments. Would follow up calls to the families be more successful? Also did the compliance rate drop off over time?
698220	Pharmacists training - was this standardized or on the fly per pharmacist? Interesting that there were better results for technicians training technicians.	Relevant material. Good study to show value of our techs and expanded roles they can fulfill.	Nice inclusion of statistics. Small sample size. Was a teacher evaluation survey completed? Pharmacists vs techs?
698370	good abstract	Encourage submitter to outline any barriers to care or guidelines that were cited to justify clinical treatment changes.	Well written abstract with economic and clinical outcomes.
698580	Interesting topic and something that I'm not sure everyone is aware of, so it appears important/timely. Did you consider possible mechanisms for the reaction? or other contributing factors in this case?	Remember to proofread your submission numerous times for spelling, as well as grammatical errors prior to submission. The word "history" is missing in the sentence, "past medical of..." The case report would be more robust if additional potential sources of arthralgia could be ruled out. For example, including more info on history/stability of osteoarthritis, the new walking routine, and the duration of statin/fibrate therapy.	Wonderfully written! For the presentation, if accepted. - Would like to know the time period between the two A1c levels. - Did the patient have any other symptoms - fever, etc. that could be a sign of something else on-going?

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			Story seems to really point to the linagliptin but would want to ensure that flu or other illness was ruled out.
698888	How were the discrepancies defined? Did another HCP complete the Med History first, and the APPE student identified these discrepancies during the second Med History?	Interesting and relevant topic	This is helpful information for any teaching hospital. How did you calculate the potential cost savings? How many APPE students were included in the study? How much time was required of the preceptor to review the students' work? Was this subtracted from the potential cost savings?
699090	more detail on the clinical reasoning club, especially as how different from regular curriculum would have been helpful.	Interesting and well written abstract	Submission contained minor grammatical errors in the methods section. Based on the results and conclusion, the overall utility of this study is unclear. There was limited participation and positive outcomes.
700115	The project is not yet completed. The outcome seems to assess the savings from the listed initiatives. However, all savings listed in the result section are expected/anticipated and not real number of cost per pharmacy adjusted patient days.	This is more of a descriptive report vs. an evaluative study.	-- as cost-savings are just anticipated, the results of this study is incomplete
700399	Any correlation between findings and age of students? It would be interesting to include accelerated pharmacy programs in future surveys.	Great abstract. I am excited to see the final results. This is a very timely topic.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
700416	<p>since there was no significant difference between HD and IS, I don't think your conclusion is appropriate. Also, it would have been good to compare more baseline characteristics and the breakdown of those between the different groups.</p>	<p>good study</p>	<p>Overall well done!</p> <p>Once area of concern is that Evaluative study requires comment on ethics comm. or IRB or informed consent which is lacking.</p> <p>For your secondary outcome of the affect of diagnosis on readmission, do you mean diagnosis prior to readmission or after they are readmitted? Your results state that "there was no statistical difference in 30-day diagnosis", which is different from a statistical difference in readmission rates based on diagnosis. Make sure to make that more clear when editing your final poster. For your conclusion, you state that IS was the most effective at reducing 30-day readmissions. It may be better to word this as "had the lowest likelihood of 30-day hospital readmission when compared to etc, etc.". Otherwise great job!</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
700513	A great case report on the role of transition of care that pharmacist can play by checking if pt's insurance would cover for therapy or extra step is required.	Good job providing details of the scenario at hand. I appreciate the information regarding both cardiac events, but do feel as though there is something missing about what the first pharmacist did or did not do -- was they patient told to wait, was he informed of the need for PA, was the prescribing physician aware, was hospital social work/discharge planner involved, etc? I would also be curious what profession provided discharge medication counseling (i.e. nursing v. PharmD). Otherwise, this is a very interesting scenario and highly relevant to current practice issues and this is well written.	would start with the presentation of the patient and eliminate your first sentence. you restate it later in your concluding remarks
700644	All institutions struggle with maintaining and documenting staff competency. Either the training and documentation is lacking or overwhelming as in your beginning phase. This is a great accomplishment and can be used as a model for other institutions to begin creating or streamlining their competency evaluation, training and documentation. Great Job!	Very relevant in light of new standards being enforced at the end of this year. The first part of the methods section seems to be more background and rationale for this project. First line of Results section should be in methods section. Overall with minor items mentioned, well written and conclusion is supported.	
700659	Nice comparison of two different formulations of cefazolin comparing adverse reactions. Would like to know more about the last statement in the conclusions regarding "unreasonable medications."	<ul style="list-style-type: none"> - The design, methods, and results are not well described - The conclusion should not present new information, rather than it should present the impact of the study findings in practice. 	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
700701	<p>Need more details surrounding the study methods (what is WeChat?) and why there is a need to find additional funding for pharmacy services within a hospital setting. What types of services would patients specifically be paying for?</p>	<p>This project may very well be of importance in Guangzhou. In U.S. as a practitioner, I would have appreciated a bit more background to the objective. Do people not pay now? What exactly are the "services" you're referring to? Cognitive services? Physical services for medication? I would have liked to know your background of the "paid pharmacy services".</p> <p>I would have also liked to see types of questions from the survey. Were the questions yes/no? On a scale of 1-10? I'm just having a hard time imagining what questions you'd ask too. I also feel that the results are very one sided. The only results you were able to show was the gender of your survey takers, and how many people were willing to pay. So did you only ask 1 question?</p>	<ol style="list-style-type: none"> 1. Please include details on what services people are willing to pay for. 2. Check English grammar. 3. What is 100 CNY in US dollar value?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
700703	<p>Thank you for your submission. I think this will be important for other members of the international pharmacy community to see the work you have done.</p> <p>Please do English grammar proofread prior to final poster presentation.</p>	<p>There is a lot of syntax errors of subject verb disagreement in the abstract. Some of the language makes the abstract hard to read and needs to be proofread again.</p>	<p>Looking at differences between public and private hospitals is an interesting topic. However, the abstract doesn't provide enough details.</p> <ul style="list-style-type: none"> - For example, the methods stated that 200 prescriptions were randomly selected. How were prescriptions identified? Where they in the same city, state/province, or country? - What defined "unreasonable prescriptions"? - Provide additional details in the results. There is no quantification of results. Most commonly used be that 80% of patients received that prescription or only 20%. It's hard to interpret the data without any numbers. <p>Overall, I feel that your evaluation has merit. The abstract just isn't specific enough. If reworked, it may highlight your work in a better light.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
700714	Difficult to follow the methodology. Who in the controlled group? Why were patients who used the drug once included? What other disease processes did the patient have that might have influence the risk of developing ADE? Any ADE is pts in the normal group? Were there any drug interactions associated? Didn't mention the influencing factors. What was the incidence of ADE in the normal inpatients? What was the grading definition? What statistical analysis was used?	Did not describe the ADR/E scoring system used.	
700816	The results section is not well organized and it appears that a lot of the results are not reported. What are the incentives? One appears to be a gift card. It is not clear why there would be any effect from influencers on students who were aware of the campaign from parents and friends.	Interesting topic, grammatically sound, meets requirements.	
700826	Promising results. Would like to see these findings compared to patients not enrolled in AMS or compared to time frame prior to DOACs being included.	Interesting program - would be helpful to better understand how patients were identified for visits and the FTE allotment for management of DOAC patients for a staffing perspective.	<p>DOAC monitoring is a topic of interest and importance in ensuring appropriate patient outcomes and studies like this are needed. The study also provided information regarding time and resources needed to implement the program.</p> <p>In results section it was stated 2 of the total admissions were AMS patients. It also stated 18 patients admitted were on incorrect dose, inappropriate</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
			DOAC usage, or inappropriate frequency. Were either of the AMS patients in this group of 18 patients? This would be important information to include considering the AMS program should be addressing the inappropriate/incorrect use parameters found in the group of 18.
700892	Well-written abstract and study design. Interesting and valuable topic.	Interesting results! Would like to see a direct comparison against andexanet-alfa utilization for reversal of apixaban and rivaroxaban. Good work!	I like that you concluded you could not include the rivaroxaban patient. I also like that you used the international society of thrombosis and hemostasis definition
700929	Please describe Diagnosis-related group as not every hospital use this term. I would also be more descriptive in your purpose and what you are specifically looking at.	Very interesting. We have a similar process at my institution but have not looked at vanco utilization in respiratory DRGs but have found similar results as no change even though we have support in discontinuing vanco with 24 hrs as you do. Thank you. Well done.	Very good abstract and interesting project that can further role of pharmacy
701044	This study confused me: If the overall analysis was to "evaluating the retention rate of post-doctoral Pharmacy fellows " then it is not clear to me why subjects were "excluded data from fellows that initially accepted the offering but did not complete the full term of the assignment." Wouldn't it be important to still consider those who did not event complete the fellowship? Retention should be	Interesting program. It might be useful to present more information to the audience on the post-doctoral fellowship program, the type of experiences and skills gained	Was there anything that the fellows provided regarding their perception of talent development through the fellowship program (maybe a survey?) or what aspects of the fellowship training they felt provided the most opportunity or support in terms of talent development?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	defined more clearly - It took me a while to realize that it is not actually RETENTION (implying continuation through the entire fellowship) but TRANSITION TO WORKING WITH PFIZER post fellowship?		
701097	well written,	Well written case report with appropriate level of detail.	In general, very helpful information. Please note JCAHO approved details (e.g. 25g versus 25 g, 100mg versus 100 mg). Otherwise, this is a very interesting case report!
701144	Very timely topic	The methods section thoroughly describes the intervention but doesn't really get into the methods of the study being conducted. These sentences seem to belong in methods and not results: " Co-prescribing of naloxone was measured by the number of patients prescribed naloxone since the BPA and order set went live. Use of the ORT was measured by the number of patients evaluated for future opioid misuse since the ORT went live in the EMR."	Very well done on a relevant topic

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
701346	<p>Purpose: consider changing "interprofessional" to interdisciplinary and better define "advanced practice clinicians" (does this refer to nurse practitioner, physician, or physician assistant) The purpose of the study is not clear - are you measuring the pharmacists impact on blood pressure reduction or medications impact?</p> <p>Methods: It is unclear if patients are given different blood pressure medications, as this would directly impact your outcome. Would elaborate more on how your costs that were reported in the results section were calculated and figured.</p> <p>Results: Mean SBP was reduced at first control - does this mean the blood pressure was measured at base line and then at 6 months (section also states that "BP control defined as 6 months"). would eliminate duplicate sentence of "BP control defined as 6 months".</p> <p>conclusion should support your purpose, which is unclear.</p>	<p>Your objective is not clearly defined. Were any patients excluded? I am trying to understand if it was possible to capture more patients in the course of one year. "BP control defined as 6 months" is not a well written sentence. Please check grammar throughout your entire abstract. What costs are included in the total clinic costs?</p> <p>Include details of methods and specific data collection to correlate a conclusion.</p> <p>Purpose: Clarify where patients were evaluated.</p> <p>Include details of methods and specific data collection to correlate a conclusion.</p>	<p>Please cite your background statistics (at the very least allude to a footnote citation) -I see varying stats on this piece of information and it would be helpful to know if your background data is current and hails from a reputable source. Also, you mention goals include to treat to 'national guidelines', but do not specify which organization's goals your clinic targets. Be sure to proof read --you have 'BP controlled defined as 6 months' twice in your results portion. I'm also not sure what you mean by this -did patients have to sustain control for 6 months to have met your pre-determined outcome? Also, how often was BP measured and are your results based on at home or in-clinic BP monitoring? This an interesting avenue of research, but feel that you need to provide a bit more information here.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
701661	well written abstract	Overall well designed study but your response rate was fairly low. I'm not sure if there is really any potential clinical impact of this study but interesting to look at. This is still a fairly new concept and I would imagine in a few years, the results of this study would look much different if it were repeated.	Results showing many pharmacists feel naloxone perpetuates further overdose shows more education needed. How do these results impact future efforts?
701684	This is a very applicable topic and reads very well. Great job!	Excellent study. Abstract is well written. Detailed information provided in the methods and results section.	Well-written, easy to follow abstract. Topic very relevant to current practice.
701865	Very interesting information presented. This will help providers be more informed about the lack of information supporting such practices and the need for further information.	This is a hot topic in the study of sepsis and septic shock. Great review of institutional data.	Need some kind of scoring to stratify patients. From your results, the vitamin C group is sicker (more ventilated and more on pressors), so can not compare to your baseline group.
701914	Very interesting program. Would like to see numbers of students (%) who go on to a PGY1 and what number of these match to this institution versus other institutions	Thank you for describing a model for providing these experiences for future pharmacists.	Very well written report.
702011	Interesting project, very applicable to clinical practice. Analyzing the impact of medical conditions on INR variability added an additional layer to this project.	Great work!	-- this study did not answer if disease states would affect INR -- interesting that there is poor correlation between devices
702017	Regulatory readiness is essential for success! I am excited to review this poster and discuss the metrics!	Good project. Look forward to visiting poster to see tool used in assessments.	Interesting topic . Curious how this would translate to other sites.

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702136	should define what you mean by "perioperative chronic opioid use" -- how long do they need to have been on opioids for it to be chronic?	For the pre-operative chronic opioid use, did you calculate morphine equivalence for patients home medications? Would be interested to know if there was a correlation in use with home medication usage.	Great methodology. I hope you include in your baseline characteristics and analysis a breakdown of how many patients had one vs multiple risk factors and how the risk of posts opioid use was affected based on the number of risk factors. This is a very important research subject and I hope your future research details the effects of a multidisciplinary care plan on this population
702194	Could have had more details in the methods and a more robust conclusion.	Consider discussing current therapies and limitations in treatment of M. tuberculosis and M. abscessus	Does not belong at ASHP.
702421	well written abstract; good points were made	Excellent safety accomplishment that should be shared.	You describe aligning your system with nationally recognized structure but don't really prove that this improves medication safety as stated in your title.
702440	The topic of this report is very important and of interest to all health-systems to prevent devastating outcomes due to errors with NMBs. The areas of focus and changes implemented by this system are important ones. There are a few minor grammatical/punctuation errors, and ideally the abstract should be all text instead of having sections of bullet points, but overall this abstract is a clearly written description of the process conducted at the	The abstract essentially presents the FMEA for neuromuscular blockers at this institution. I'm curious as to why this wasn't multidisciplinary with physician and nursing input. Why wasn't the impact on patient care (e.g., time to intubation, pulmonary death) assessed after these changes? Surely there may be delayed administration of NMBs due to the removal of override capacity. Were these changes only performed in limited areas (e.g., non-ED and non-ICU)? Would be good things to address	Interesting abstract. I would like to see this turned into a full article, including a) information about how long the assessment and corrective action process took, b) what kinds of communications were provided about the changes to non pharmacy staff, and c) an assessment of the impact of these changes.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	institution to improve the safety of NMB use.	<p>on poster if accepted.</p> <p>abstract guidelines state to not put in outline format.</p>	
702566	Is a stroke risk score required by your institution to initiate anticoagulation therapy in non valvular AF patients?	It would be interesting to know how many of the patients with documentation of CHA2DS2-VASc score were started on DOAC appropriately. Were all the encounters with a physician (or pharmacist, nurse practitioner, etc)? Also, was there documentation of why anticoagulation was not started in the 40% of patients (i.e. contraindications, patient refusal, etc).	It is difficult to understand how much of an impact the structured data fields have on your results. It may be helpful to include likelihood of CHADSVASC documentation outside of the structured data fields. since the 12% did not correlate with the 60% of pts being prescribed anticoagulants. Only 60% of the patients were prescribed an anticoagulant which mirrors data from recent studies. I would be interested in what approaches are going to be taken in future to evaluate CHADSVASC risk in these patients and initiate therapy for those who qualify. Consider defining your abbreviations e.g. AF in the abstract

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702687	<p>The authors describe collaboration between clinical informatics and information systems to revise a generic EHR training module to be used for implementation of an oncology module. Description of the process, usability ratings by trainees, and identified challenges are all useful for those working on similar implementations. It would be helpful to add a list of the key adaptations that were made by the team to adapt the generic curriculum for use for the oncology training module.</p>	<p>From my own experience, this aligns up with what I would expect</p>	<p>Please show the specific course outline with example of screen shots so as to show the complexity of the training</p>
702704	<p>Describe what "Impact" you are looking to have in the purpose. I don't think you need to mention how many people were enrolled since 2015 when you are not reviewing that data. of the 85 patient visits, were these unique visit meaning you saw 85 patients or of these 85 this include repeats visits. unclear if the 63 interventions included multiple interventions on the same patients. if you made a drug change recommendation, did you then also make a new drug dose recommendation. Unclear what coordination of care intervention you made. In the end I am unsure what clinical benefit is being made to improve outcomes which is the data I am interested in.</p>	<p>Any information on outcome of patients with and without pharmacy intervention?</p> <p>If you can include examples of what interventions were made and tie that to a patient benefit.</p>	<p>Great concept and tracking of interventions for transitions of care</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
702735	interesting case	Thank you for this interesting case report.	
702736	The topic is of relevance to attendees, but this is a review of existing literature/information rather than original work, so does not meet abstract requirements.	Results are what I would expect.	What started out being optimistic for these digital devices turned pessimistic and cautious. Need specific documentation about having false positives alarms compared to accurate readings
702822	Great presentation on IPE and providing services to underserved populations.	<p>IPE is huge in the pharmacy academia world. Also, I think combining optometry and pharmacy students is not as common as combining other HCP students (RN, MD, etc.). I think the idea of health screenings related to disease states that can cause future ophthalmic complications is excellent.</p> <p>Methods: an alpha was not mentioned but p values are reported in the results.</p>	It will be interesting to see the results after several cohorts. Concern for pre test causing a bias in post test results. Would be interesting to tie domains of the ICCAS to specific activities.
702844	I would like to see an expansion on the work-life balance perspective. Discussion on demographics is thorough, but only I feel like the study is missing discussion on job satisfaction and work-life balance.	Well written and comprehensive. Significant impact to the profession. Encourage findings be shared with and acted upon with AACP and ASHP.	Well done

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702949	<p>This description of the development of a CPR calculator that is integrated into the hospital information system is of interest to and useful to meeting attendees in similar settings. Although the components of the calculator were generally well described, the workflow description of the final version could be a bit clearer. Is the CPR calculator activated at the beginning of a code as a process in the electronic health record and then a paper copy with all the drug doses printed out? Is the weight validation just displayed on a screen after the MRN entered into the CPR calculator, or is this also printed out? Overall this is a good description of a tool that has the potential to reduce errors. Since there was no data presented on error rates before and after, I would recommend editing the conclusion to has potential to reduce errors rather than claiming it does eliminate errors.</p>	<p>We did this a few years back at my institution and the nurses and pharmacists heavily rely on it</p>	<p>The title should state that it is a Pediatric CPR calculator so as to show the specific patient population it was used for</p>
703191	<p>Impressive results! Surprising to see that much of an increase in your susceptibilities but very encouraging.</p>	<p>Very relevant, nicely designed study.</p>	<p>Was this IRB (or similar) approved? What are your future directions to maintain your gains?</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
703196	The standard deviations listed in the results section is quite large for all analyses. This makes it quite difficult to draw appropriate conclusions.	Suggest talking more about opioid order sets, restriction enforcement, and site of administration in respect to follow-up.	Good clinical question and well conducted retrospective research, although this may be more of a quasi experimental study, which inherently predisposes your study to questions of internal validity. Are any of these reported MME values statistically significant? It seems like you have some wide variance in your pre and post implementation group results with no reported P values or description of statistical methods utilized. Also it would be interesting to know what other pain medications, NSAIDs, oral APAP, gabapentin etc were utilized in each group. Another good question this raises is whether or not IV APAP is necessary at all. Would oral APAP vs IV APAP impact postop opioid use in the same population?
703245	Good internal QA/QI project but not relevant to a majority of attendees outside of the Kaiser Permanente Organization.	This is a helpful retrospective review. It is mentioned in the results section "there is no significant difference between dermatologists and rheumatologists in terms of prescribing adherence". However, it is mentioned that 12 patients did not meet appropriate criteria of which 10 were prescribed by a dermatologist. Although it may not have met statistical significance due to the small	In your results section you comment that there is no significant difference between dermatologists and rheumatologists - this reads more as a conclusion to me when written in this way. I would hazard a guess that you mean to say there is no statistically significant difference in prescribing, which would then be appropriate for your results section. Overall, this is very

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		sample size, this appears to identify a trend toward one specialty's application of the drug guidelines.	well written, but I wonder how you plan to engage a pharmacy audience? Probably in your 'next steps' component?
703308	<p>-Great idea for study, and the idea has many valuable considerations. However:</p> <p>-Many typos throughout the abstract</p> <p>-Project purpose states that they "tried" to compare... and that they would find out the effect. Odd wording and also, this study is not designed to assess effectiveness... effectiveness was not discussed in the results or in the conclusions.</p> <p>These findings are overstated based on the study design - these are associations that were found between two non-randomized groups, without controlling for other factors, so these conclusions should be stated very differently.</p>	Had difficulty reading/interpreting some of the material, but overall interesting study highlighting the benefits of innovative technology in the pharmacy setting.	<p>Just a couple potential grammar issues were noted and Korea should be capitalized.</p> <p>Please get English proofreading prior to final poster presentation.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
703620	Great outcomes...have you considered trying to identify what specific service(s) are having the biggest impact. This would be hard to identify but maybe a nice follow up to see, even if just from a patient questionnaire.	It is recommended to avoid the use of personal pronouns. Abbreviations should also be spelled out (i.e. SVR12). A high percentage of patients did not return for bloodwork; it was good that this was identified as an area for improvement and that steps have already been taken to improve the process.	<p>Portions of purpose and methods were challenging to read - it was hard to determine which sentences were about general specialty pharmacy vs. specifically about the clinic. Is the integrated model referred to something that is unique to this pharmacy?</p> <p>Would like to know a tad more about the practice - is this the only focus of the clinic?</p> <p>If accepted, would be helpful to report if SVR12 in this practice is consistent with published literature.</p>
703625	I agree with your findings however a longer study period may show where some pharmacist intervention may be needed, albeit minimal	The inclusion of the 64% high risk medications is interesting and demographic information that does not factor into the purpose of the study.	Very relevant pharmacy issue; innovative role for advancing pharmacy technicians; it would be interesting if you saw better patient outcomes in the pharmacy driven med rec (decreased readmissions?)
704633	Your purpose does not match the title as it does not mention "evidence based usage guidelines" only what your team thought. How was the education provided to the prescribes, who provided the education? Only at the end do you mention one on one feedback. Was your data statistically significant?	Excellent and applicable to most every site. During your poster please provide more specific information on education as well as any setbacks and how you overcame them.	Great use of stewardship, physician champions, and education to decrease the overutilization of antimicrobial agents.

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704652	<p>Title should not include the outcome of the study. it is also misleading if that you are only restricting the use for SSTI. need to define AKI. Did any of your patients have confounding factors for AKI. How did you enforce this policy, what was the rate of acceptance, was there any prescriber who still used it for SSTI. You state you had one case of AKI so you redid your policy and methods to include all disease states, what disease did that person have. Also redoing your methods after you start is not advisable and should be a new study or this should be listed in the methods as an addendum to the study. The time frame in the results is not noted. You note pip/tazo and vancomycin use decreased but what about use of other antibiotics (example cefepime and linezolid). It would be important to note what replaced it as the decrease of 37% and 41% does not match the lower overall decrease of 3%. I would also list if these are statistically significant or not.</p>	<p>Was the combination prohibited in any patient of just in patients being treated for SSTI</p>	<p>Great project on a significant issue in healthcare today. The combination of pip/tazo and vancomycin is both risky and overused.</p>
704688	<p>Very interesting!</p>	<p>interesting</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
704776	What was the inclusion/exclusion criteria?	Excellent abstract and very interesting application of a pharmacist-driven COPD exacerbation order set. This is potentially reproducible at a variety of internal medicine services and is an important topic for the attendees.	<p>It is interesting that the number of hospitalizations was much lower in the second time frame. Were there changes in practice or in GOLD guideline recommendations between 2014/15 and 2017/18 that may result in better baseline control of COPD, less need for hospitalization, and potentially less need for steroids or antibiotics, independent of the order set?</p> <p>Also, the title indicates this is a pharmacist-driven order set but that doesn't come across in the abstract beyond saying that education on the order set was provided, presumably by a pharmacist?</p>
704809	During presentation, please outline the types of recommendations/interventions that were provided and/or accepted. Also, the demographics of the COPD patients would be good to know!	<p>Nice study and well written abstract. Conclusions were consistent with the study objectives and results.</p> <p>Transitions in care is a topic of importance for not only pharmacy practice but for all healthcare disciplines.</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
704960	Good solution to a common issue	<p>What was the impact on technician workload? How was the cost of \$100,000 estimated? These medications surely aren't lost for good and are sent back to the pharmacy when found (I recognize that some parenteral medications will expire before that occurs). The primary cost should be the labor involved in redispensing medications. The 76% number should have an associated number of medications. Why weren't all 8 units included? I have some concern for reporting bias based on the abstract, but this can be cleared up in the poster.</p>	<p>Methods suggestions: Try rearranging the flow of information in the methods. It appears that this sentence should be first</p> <p>1. An education initiative regarding medication transfer was performed in spring 2018 through nursing unit safety meetings. Based on feedback from these meetings, a pilot medication transfer process with nursing and pharmacy interventions was implemented from Fall 2018 to Spring 2019).</p> <p>The remaining methodology information should flow from this sentence in a logical manner.</p> <p>Please review grammar and punctuation throughout the document.</p>
705083	Abstract well written. What statistical analysis did you use? interested in knowing what the medical indication was.	Well written abstract with good summary of results. Very relevant topic given the expanding use of medical / recreational marijuana in the US. Conclusion is a bit overreaching; from this small sample difficult to generalize to a large population -- consider adjusting the final statement to recognize limitations of small sample size from one institution. Perhaps also discuss difficulty of determining truthfulness of all	30% used it more than 1 month per year - slightly confusing, does this mean less often than 1 day per month? or at least 1 time during multiple months?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		responses since marijuana is still illegal in most states.	
705189	Excellent project. Good study design and analyses. Clear understanding of project presented.	Hot topic and shows the pitfalls of IV acetaminophen	This is a great study and the results are important for providers to save money by using oral acetaminophen. It was a little confusing at what the actual objective is of the study. I feel like the objective stated is to decrease the use of acetaminophen rather than comparing opiate use between the two groups. Plus how can you determine the severity of the pain that the patients were in. Is it possible that those in the IV acetaminophen group required more pain control and that is why the provider chose a IV acetaminophen. These are some ideas to think about.
705262	It would be interesting to see the breakdown of indication for each of the agents (how many GI bleed...etc. were managed with PCC vs andexanet...etc.).	was statistical analysis performed to assess the difference in mortality between PCC and andexanet alfa? Differences in baseline characteristics especially those related to bleeding should have been provided. Also adjustment for differences in baseline characteristics would have added strength to the study findings and conclusion.	what other data was collected to account for variables in patient groups. what was the mortality related to? event or med risk related ?

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705447	<p>This abstract is absolutely great! It is inovative, creative (I love the STOPLITE title) , shows the positive impact that a pharmacist can make, and I think it will inspire most readers.</p>	<p>Very nicely done. Very interested to see complete results and analysis. How was this supported by leadership? Were you able to obtain additional resources to initiate/maintain this program?</p>	<p>Some result information was vague and probably should be a little more precise (We have reduced our admission rates enough to maintain full reimbursement from Medicare). Did reimbursement increase from ___% to 100%???</p> <p>(The pharmacist chart review has resulted in approximately 140 prescriptions). Was this an increase from a certain percentage from before the implementation? Was this an increase from what the oncologist was doing?</p> <p>How was it determined that 72 hospital visits were prevented. Was there an assessment tool concerning patient's desire to go to the hospital/ED if preventative care was not provided??</p>
705945	<p>This abstract does not describe your methods at all. It is not clear how you restricted vancomycin duration of therapy. In addition, evaluating the use of the MRSA nasal swabs in combination with the new policy can cause bias in your results as studies have already proven the negative predictive value of MRSA nasal screening for MRSA pneumonia.</p>	<p>More detail needed to understand what the AMS initiative implemented to fully understand results.</p>	<p>It is unclear what the restriction on Vancomycin for pneumonia was and how it was different pre- and post study. Also it is unclear if the secondary objective was used as an intervention itself or as a validation of the primary objective.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	Please describe methods thoroughly.		
706182	<p>Well written, clear, and valuable.</p> <p>With the low sample size it is possible that there would 5 or fewer subjects in a cell - and thus, that a fishers exact test should be used instead of a chi-square?</p>	Great idea to identify loopholes in education affecting our ever aging population	Well-performed study to identify pharmacist knowledge gaps in Singapore. However, this is a community pharmacy-based study for a health-system pharmacy meeting.
706344	there should be more detail on the cases of alopecia, details on patient information: age, other disease states, why using lithium, how long patient had been on medication before alopecia developed, how severe was the alopecia? treatment, was patient continued on med, did alopecia resolve ?	more details about the situation would be helpful, duration of use, indication, what were lithium levels...ect	The case report should focus on your specific case and what happened/what was unique with your patients. Provided was a brief background on the topic, but did not share any details about the patient case itself. Abstract guidelines were not followed (e.g. references included)
706418	In the results section, it mentions that the selection rate was based upon 3 factors. What are the 3 factors that affected the selection? Was age, BMI, and eGFR the determining factors for the agents, due to results with statistical significance? It is not clearly stated in the results section. There are several dipeptidyl peptidase-4 inhibitors on the market. Which medications are available on formulary? Are all agents available for prescribing or is it limited to one?	Interesting study.Well written abstract.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
706427	<p>Overall, this is a great idea. At different conferences I have attended, preceptors voiced having a difficult time determining how to utilize students in a way that both benefits their clinical practice as well as the students' learning. I think this is a great example and a simple way to incorporate students into an activity that will be useful not matter where they practice upon graduation. I only have one suggestion for improvement below. Excellent abstract!</p> <p>Methods: Define the numerical likert scale (ex. 1-5 with 1 defined as x and 5 defined as x).</p>	<p>Not extremely innovative, but useful to know the students valued the experience and learned what we hope they would learn from this type of activity.</p>	<p>Very well written report. Recommend spelling out APPE in the title. Other than this, the report was interesting and demonstrated the importance of improving communication skills and self confidence amongst students. Future studies will be interesting.</p>
706435	<p>Well done. Interesting results. Would be interested to see these results also accounting for differences in CYP2C9 and VKORC-1 genotypes.</p>	<p>Interesting investigation into warfarin dosing requirements, esp with the growing obesity epidemic.</p>	<p>How do you "exclude" poor compliance? Was IRB (or similar) approval obtained?</p>
706442	<p>Minor changes: venous (2nd sentence under Methods) should be lower case. Missing period on the last sentence under conclusion.</p> <p>Otherwise, study is well designed and abstract was written well.</p>	<p>Interesting project. Clinical impact of the SAME-TT2R2 score may be useful to include. Does a higher score lead clinicians to select DOACs if applicable or monitor patients on warfarin more closely?</p>	<p>Extremely interesting project. Great work!</p>
706443	<p>How did you estimate the cost for probability of adverse drug event occurrence?</p>	<p>Great assessment of cost impact and acceptance of a standard of practice most clinical pharmacists provide.</p>	<p>Was this study IRB approved?</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
706445	<p>Needs more results.</p> <p>More details should be added to methodology.</p>	<p>The topic of this abstract is an important one and of interest to meeting attendees, however the abstract lacks sufficient detail in the methods and results sections to adequately analyze the study. The purpose section could be condensed, with more information provided in the methods such as over what time period was the data collected? Was data collected on all cardiothoracic critical care patients over this period or a sample? More detail for the data collection tool such as the criteria for inappropriate vs appropriate continuation (risk factors) would be helpful. Results should be reported in more detail including the total number of patients studied, demographics (age, gender), who the ordering providers were (housestaff, attendings, midlevel practitioners), and any other data that was included on the data collection form. For those patients that were appropriately continued on SUP, what were the continuing risk factors?</p>	<p>more information should be added in relation on how the study is conducted (i.e: study design and methodology), sample size, data analysis and other important elements</p> <p>Results should be properly described</p>
706452	<p>A very important project to promote and improve pharmacist counseling skills which is vital to successful medication management in all patient populations.</p>	<p>Do you have any plans to actually test competencies?</p>	<p>requires more robust results, discussion of limitations</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
706461	Were there any post-implementation concerns? (Perhaps anticipated issues vs. actual issues)	A little more information regarding any deviations from the standard that occurred post implementation and the reasons why would offer more insight into program success in the future	Some data about time taken to manage the complicated system or number of error prior to this standardization would have been helpful in establishing the need for this process.
706472	Improvement in test scores is surely higher right after an education session. It would be insightful to see if the scores stay up after one year before the next training session. Great way to show pharmacists role in the hospital!	well written with clear objectives and results.	very interesting. what kinds of questions were asked?
706473	Interesting project and results.	<p>Interesting project, with potential for population level impact.</p> <p>A couple of comments:</p> <p>I bet "the most common documented reaction" was actually blank, which is more frustrating than having an answer.</p> <p>Actual numbers should be provided for the use of vancomycin and appropriate statistical testing (e.g., chi square). Based on provided information, you cannot make the statement "reduced vancomycin use in total joint orthopedic procedures."</p> <p>What is the cost-impact of penicillin skin testing?</p> <p>Finally, I actually prefer leaving the allergy on the EMR or downgrading it to an ADR. Then</p>	I would be curious about logistics of referral to the allergy clinic. Is this done during the pre-op visit by the Anesthesiologist or Surgeon or PCP? Not necessarily related to your study objective, but it may come up as a question.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		<p>putting a comment saying that they're not allergic. If the patient comes in unresponsive and family is asked about allergies, they will say "penicillin" and it gets added to the EMR again. If left on the EMR, everyone can see and know that it's not an allergy.</p>	
706492	<p>very good abstract and research question.</p>	<p>How was peripheral neuropathy defined and graded?</p>	
706507	<p>Leaving out the name of the company will not take away from the research, it would be best to remove it.</p>	<p>Your research, conclusions, and purpose match very well and all support each other well.</p> <p>Avoid starting sentences with numbers unless they are spelled out, forty-four opposed to 44.</p>	<p>Sentences should not begin with a number unless written out. The two paragraphs in the results section are repetitive. The conclusion is very strongly worded, particularly the first sentence (didn't need to state the company name and it reads like a commercial) and stating that the rotation is crucial in educating future pharmacists". Also, it is hard to say that "Overall, students improved their understanding of MI professionals' core responsibilities ultimately impacting patient care and health outcomes via improving literature searching capabilities and drug information skills including evaluating the literature." These things were not evaluated in this study.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
706514	Very well done study, and well written abstract.	There is no placebo compactor in this study. How can you say this is an effective treatment when your are administering other medications that are known to be effective in decreasing opioid consumption and treating pain? You also have 38% averse event rate, which is pretty high. How can you say this treatment is safe when you have nothing else to compare it to?	
706581	<p>Purpose is not clearly written to define the use of RAASi. RAASi are not used to treat hyperkalemia - they are optimal treatment for hypertension, etc. Please consider rewording to make clear.</p> <p>Please clarify and restate purpose. For example, "We will attempt to evaluate HK in patients on RAASi." Analyses warrant further consideration of approaches to optimally and chronically manage HK while maintaining RAASi.</p>	Overall good. I think that the resumls may need to be summarized a little more as there is a lot of data and the results are a bit wordy	<p>You did not clearly state the research question. In the purpose section of abstract optimal treatment for what population?</p> <p>Methods - what is population selected. If you accepted two encounters at least 2 years apart over a 15 year period, what was the range for each encounter. Were encounters that were years apart even meaningful?</p> <p>Results - did you account for co-founders</p>
706642	Would like to see a little larger sample size however I really like the face to face study design.	Interesting project	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
706646	<p>would have been good to detail out the different drugs and different costs between the two plans. Also, would have been more valuable to also include what you used for the cost of food, housing, transportation. Also, part of the purpose was to propose practical tips that pharmacist can employ medication use among patients, which I don't think you did. I agree pharmacist can play a roll in this, but given each insurance plan is different, and if a pharmacist is working in a retail setting could be working with 100s of different plans, having a some specifics about an efficient way to compare plans or databases, etc that can help with this would be essential.</p>	<p>This is an interesting case study looking at specific scenarios and the out of pocket cost using differing time frame and insurance program models. The abstract title indicates "Advancing person-centered care: equipping pharmacists with knowledge to engage patients in cost of care conversations". I'm not sure that the abstract fulfills the title goal, but rather gives the health care provider/pharmacist some idea of the costs related to care for an insured patient. To call it person-centered care, it would help to have an algorithm or approach that the pharmacist can apply when faced with a given patient's situation. Different diagnoses, specific plans, overall costs of therapy may alter the conclusions drawn from the scenarios used in the abstract.</p>	great project
706669	<p>Looks like you were able to replicate what was reported in the literature. Is there data regarding prior opiate use? Was that a factor in 8 patients that received opioid prescriptions?</p>	<p>Helpful evaluative study, may be more appropriate to compare this MMA regimen to a control group without the HTX-011 to demonstrate superior efficacy</p>	<p>This abstract is promoting a particular product and does not include statement of institutional review board approval.</p>
706676	<p>The title speaks to look for an impact (making a difference) by treatment. The purpose was clearly defined. Methods was easy to follow. Data was consistent with the methods. The conclusion was supported by the data and provided adequate reason for suggesting a change in current practice.</p>	<p>Did the pharmacist have prescriptive authority to make changes in the insulin or did they have to approval from the prescribing physician? How often was the point of care testing done by the pharmacist?</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
706693	<p>Would include data results for how many criteria were met for each patient.</p> <p>Please clarify abbreviations in final poster. (Z-drugs?)</p>	<p>Please review verb tense. It switches throughout the abstract. In the method section, it states patients who were prescribed certain medications OR diagnosis of insomnia were included. Were patients who were prescribed benzodiazepines for other reason, anxiety, agitation, excluded? States that 48% had a clear documentation for use. A further breakdown between the class of medication could have explained that lack of documentation for insomnia. Non-approved abbreviation, Z-drugs. For the results, are the medications restricted through a formulary or are physicians allowed to prescribe their medication of choice? Would have liked to see to a further breakdown between the classes of medications - benzodiazepines vs. the Z-drugs. And, were there patients who tried medications from both groups? If so, were they excluded or counted twice?</p>	<p>Interesting topic, but seems more for intra-facility use in comparison of pumps vs scholarly research as written. Poor selection of pumps to compare as one did not require any head height or differential.</p>
707064	<p>Nice comparison.</p>	<p>For those interested in medication safety or appropriate medication administration this pilot study raises some interesting questions.</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707081	Need to define the role of the pharmacist in this study.	The preferred terminology is people living with HIV (PLWH) and not "HIV-infected", please use patients first language. Please define abbreviations at first use. Chi-square test, not "squared". Unclear what a multiclass or dual ART regimen is (not defined). How does this data clinically correlate to patients that may only visit the clinic once per year but may still be undetectable? I would recommend analyzing your data to see if patients may visit once per year and still remain undetectable. This may be relevant to non Ryan White clinics.	You discussed factors that were positive and negatively effecting the outcome. Very few of these are modifiable. Interested to see what you plan to do with this data to assist with meeting HSRA criteria.
707112	this study is a review of existing literature, not unique information derived by the authors.	interesting	This systemitic review does not meet guidelines for submission as it is a review of existing literature.
707113	I didn't see any mention of mortality and morbidity data (other than decreased LOS, which could be a surrogate for morbidity. Otherwise I found the project interesting. I would be curious to know further if the reduction in antibiotic days was due to shorter duration of therapy and/or fewer antibiotic courses of therapy.	Inclusion of statistical analysis would of been beneficial.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707124	Nice study. The next step may be a pre and post-implementation study of the compliance when an order set it created.	Methods section is very detailed for an abstract and thus is very wordy. Not necessary to include your definitions of each adverse event or criteria, especially if they do not deviate from clinical guidelines. Overall a really interesting study that highlights the lesser known ADEs and complications of propofol infusions in critically ill patients.	it would be interesting to know--will your institutional protocol be changed secondary to this? or is further data warranted?
707125	Is there a plan in place to do something with this data?	What is the plan for further education based on these results? Overall a good study, future studies can go further to show benefits of education and improving overall knowledge of diagnosis and treatment.	It's an interesting topic. I would like to see some additional explanation in the methods section on recruitment of physicians. The abstract stated that the participants were chosen by convenience. How was that done? Handing out surveys at professional meetings or another means? The results stated that there were 138 pediatricians eligible. Does that equate to all of the pediatricians in the Lebanese Pediatric Society and Lebanese Order of Physicians?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707168	<p>Interesting project. The conclusion should summarize and interpret the findings rather than presenting new information to the reader. Counting the proportions, for patient eligible for the switch to DOAC, I found them 23%, not 22 % unless there is a narrowing in any of the reported percentages</p>	<p>To further enhance your study and add to the pharmacy literature, I would recommend that you follow up of the 22% patients who were eligible to switch to see if they switched and what was the outcome. It would also be interesting to compare outcomes and ADE among the patients who remain on warfarin compared to patients who switched.</p>	<p>This retrospective review identified what proportion of patients on warfarin were eligible and potentially appropriate to switch to a DOAC (specifically apixaban or rivaroxaban). The methods are generally appropriate with a couple of caveats. There should be discussion of dual data extraction and review by independent authors (to prevent errors in extraction plus there are some "reasons for exclusion" that are debatable [renal impairment]). "Dispensing location" was not included in results. Also, what was "warfarin status?"</p> <p>Stylistic considerations: Don't capitalize generic drug names unless first word of sentence.</p> <p>"This review will reveal all remaining" is awkward. Consider something like "The intent of this retrospective review is to identify patients..."</p> <p>some typos (valvar)</p> <p>Title is unclear. Should be something like "Retrospective review to identify patients eligible to change from warfarin to a</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
			direct acting oral anticoagulant"
707234	Abstract is a little awkwardly written. I would suggest starting with the total number of patients screened and number excluded then discuss the fourteen patients included. Also the numbers for the study are very small. Also use "despite" several times in the conclusion.	good pilot, need more patients enrolled	Did you look at patient education as a piece of this pilot? Was there any impact on HF hospitalization?
707251	Good rationale for project. Would be interested in knowing your specific re-admission rate prior to the project initiation. Appropriate analyses conducted.	I'm not sure what to do with the re-admission rate of 8/121 patients. Is this higher or lower than what the re-admission rate was before the M2B program? Could this also be related to factors other than M2B (e.g diagnosis). I would be curious to know how much time the inpt pharmacists spent counseling each family. Did the M2B require a shift in terms of workload or staffing?	Great inclusion of detailed outcome measures. Did the M2B program require additional use of employees?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707261	<p>Appropriate analysis of the project.</p> <p>The statement of "with no reported adverse effects" is not supported by the methods or data described (e.g., there is no definition or description of how adverse events were identified). I would remove from poster unless further data will be provided to support the statement.</p> <p>This is a project that should be performed almost monthly looking at the 80/20 report for drug costs.</p> <p>While savings are important, it can be difficult to get some changes through P/T committee, especially for about \$1,000/month.</p>	<p>This review is along the lines of a MUE. By default, patients were changed over to an new dosing formulation and cost would definitely decrease. Per information in the purpose (There is no conclusive evidence that the use of EC prednisolone reduces the risk of peptic ulceration.¹ Furthermore patients on high dose or long term corticosteroids are often prescribed a separate agent for gastro-protection); but this was not statically reviewed in the results.</p>	<p>The methods and results are lacking in safety information. This poster is submitted under the quality/safety category and not a pharmacoeconomic category. For quality/safety, I want to know whether you did chart review for every patient that was switched or whether you relied solely on voluntary reporting of adverse events through some hospital system.</p> <p>Please clearly state purpose "Evaluate the risk/benefit of changing the prednisone product from EC to FC"</p>
707321	Any exclusions?	This appears to be a pooled analysis of two studies, that both displayed similar results. I am not sure what this adds to the literature, or if this is novel research?	This is an interesting use of published studies to develop a pooled analysis.
707381	The abstract was not clear regarding the 2 clinical trials. Were these trials conducted at the facility? Was approval needed from the institutional review board? This would be important information to include.	Exclusion criteria?	Pooled analysis of existing trials - would be more appropriate for Exhibitor status I would think.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707406	<p>As stated in the title, this abstract describes the financial impact of training PharmD students in a medical information department in a pharmaceutical industry setting. In the first sentence of the Purpose section, stating that the Student Affairs team has been an integral component in the training of PharmD students during their experiential rotations would be clearer than just stating "pharmacy students enrolled in a PharmD curriculum", which doesn't differentiate between didactic and experiential training. The methods and results are generally well described and of interest to meeting attendees. In addition to having a summary of the activities of the students on the rotation it would have been helpful to know how much time the preceptors did spend with the students and a general description of the training program. Since the benefits to the students were not specifically studied, the conclusion should be that investment in the training of the experiential students is offset by the value of the contributions they make, rather than conclusions about the benefits to students. Maybe stating it as " In addition to previous positive feedback from students about the rotation experience, this study demonstrated that</p>	<p>Interesting but I am not sure ASHP is the right avenue for dissemination of this data - perhaps AACP?</p> <p>Remove Pfizer from the title and body of your abstract.</p>	<p>Overall, interesting concept that is relevant to both institutions/companies considering whether students are a worthwhile investment and also to experiential offices within COP's as it pertains to obtaining/keeping preceptors/institutions on board.</p> <p>- In the future, avoid identifying the institution/company name in the title and abstract.</p> <p>-Methods section uses terminology not likely to be recognized by those outside the company/industry...Need to better define terms or include an explanation. On another note, where did the list of students come from? how many sites were involved?</p> <p>-Results could have more specifically addressed many of the things mentioned in the methods</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	investment in the training of PharmD students resulted in a positive ROI and more time for employee innovation." The company name is mentioned 6 times throughout the title/abstract, which detracts from the goal of being non-promotional.		
707422	Interesting but not sure how many ASHP attendees this would interest	Nicely described project that benefits student learning.	Great job. Very interesting idea and way to frame this.
707426	Such an interesting and necessary study to be conducted. Well executed and very informative	The reading level for each drug reference company is likely available and would have been interesting to compare each to your independent evaluation.	Interesting project, are there any recommendations to simplify the other databases which do not meet the Joint national commission recommendations.
707433	Additional information about the role of OneOme would be helpful. Recommend including examples of actual medication recommendations provided.	What types of recommendations were made? Also, consider editing very thoughtfully - lots of awkward sentences, some very long run-ons that are hard to follow. Content is great, but just needs some polishing.	Very interesting research. The results section felt a little choppy but overall great job.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707455	<p>A good institutional project. I would have liked to see statistical analysis performed on the results to validate your conclusions of higher morbidity and mortality with gram-negative MDROs. Otherwise, this observation could be due to chance and/or confounded by other factors.</p>	<p>The comparison of GN infections LOS 17.9 vs 13.7 is unclear. Is this vs GP infections or some other group? if vs GP, I'm not really sure what it means and its clinical value. Perhaps this should just be a descriptive statement like the mortality data. There is also mention of a trend toward higher mortality and LOS in the GN group. I'm not sure your study is really set up to do this and it is probably not necessary. Seems to me this is a purely descriptive effort. If you were to make any inferences, it may be more powerful to do this with regressions for GN/GP infections and the risk factors identified.</p> <p>How was MDRO defined?</p> <p>Does the 1990 represent the total MDRO isolates?</p>	
707486	<p>very unique study. Nice to see someone looking at the accuracy of ddi tools available to the general public as so many people are relying on these tools in place of conferring with an actual health care professional.</p>	<p>very interesting</p>	<p>which subscription based database did you use to compare the information obtained from the open-access websites with to determine if the information provided is correct or not?</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707526	<p>Would like to see statistical comparison of data pre- and post-intervention to see if there was a significant increase in appropriate prescribing of vancomycin load.</p>	<p>This is a good study to help analyze the implementation of a protocol for loading doses of vancomycin. I had a couple concerns with the methods. I recommend addressing why only the emergency department pharmacists were responsible for implementing this since other patients may be started on vancomycin on other floors or in the OR. Also what were the methods that the emergency department pharmacist used to promote the protocol? Did they use presentations with studies at staff meetings or was it just word-of-mouth during work. I recommend using statistical test to determine statistical significance instead of just percentages. Also although overall there was not increase incidence of acute kidney injury between the two years, in the year 2018 there were more patients that received the loading dose of 20 to 30 mg/kg that had acute kidney injury compared to those that received the loading dose in 2017. I recommend addressing this in the conclusion section.</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707529	it wasn't clear in the purpose that you were also assessing safety, you were not explicit in the methods what adverse events and clinical laboratory tests you looked at to assess the safety, data for safety should have been clearly presented in the results section. If this data was presented in the earlier study this should have been explicitly stated. Inappropriate to make claim in the conclusion section that this study provides evidence of safety when you didn't report out any specific data on that.	Great review of a new medication combination to decrease the use/need of post-op opiates. Please include details on how you determined safety w/IBU/Acetaminophen (Lab results) or remove conclusion statement.	Provide more information about ADEs, total MME and lab safety ranges for toxicity determinations.
707536	Some grammatical errors but good information presented overall	Abstract was not very smooth. Project has merit and important for Asian patients.	Was the study IRB approved? Can you clarify the the last sentence of the results section?
707554	Needs more concise title	interesting	
707556	<p>-First sentence in purpose: "Sepsis is a clinical condition which commonly occurs..."</p> <p>-Last sentence in purpose: capitalize "We", "...whether there is a difference.."</p> <p>-Was this IRB approved since it was a retrospective chart review?</p>	The empiric choice of antibiotic should be dependent upon the institution specific antibiogram. What was the definition of sepsis? Was this only culture positive sepsis? Was there a minimum number of hours that the patient needed to receive the drug of interest? Is ICU LOS in hours or days? The conclusion regarding meropenem overuse is not stated as an objective of the study.	<ol style="list-style-type: none"> 1. Gram-negative bacteria. we aimed to... Should be "We aimed" 2. White Blood Cell...wbc does not require capitalization here 3. Results showing breakdown of bacteria isolated from each group and corresponding outcomes would be a nice addition

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707558	<p>Rating of 3 assigned (instead of 4 or 5) because abstract does not add new information to known side effect profile of 90Y-- ibritumomab tiuxetan. Study is of interest to MCM attendees because it highlights clinical role for pharmacist in patient care.</p>	<p>Informative review</p>	
707563	<p>Very well written (complete with details), informative, and very interesting. I spotted one tiny typo on line 12 "... dose orally every12" just needs space after every.</p> <p>Check grammer for final project.</p>	<p>Overall, this is an interesting care to discuss.</p> <p>After research and discussing this with hematology practitioners, I believe that VOD/SOS is not the appropriate terminology for this diagnosis. I can only find the VOD/SOS definition and reports related to receiving HSCT, chemotherapy administration (6-TG, dactinomycin) , and chemotherapy with craniospinal radiation in both peds and adults. This patient has this diagnosis prior to receiving any treatment. A similar disease process could have occurred but it was not VOD/SOS based on the definition in the literature. It could have been a hepatic vein thrombosis perhaps? Also, all of the NAC articles in the literature related to the above mentioned population, not a patient prior to any treatment. Therefore, I have to reject this abstract.</p>	<p>Very interesting case. Rare situation so very useful to have this information available for others to refer to. Well written and detailed abstract</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707575	<p>more information should be provided about the study setting, data analysis and sample section</p> <p>Please describe how errors were detected and documented</p> <p>Please describe in details the intervention</p>	<p>Methods are not clear on what activities truly entailed to result in a significant change.</p>	<p>This is an interesting quality improvement project. It would be helpful to know what type of healthcare setting this evaluated (e.g., hospital type, number of beds, etc.). In addition, it would be helpful to know the staffing patterns and the comparison of required staff on holidays, versus weekends, nights, and weekdays, as it was mentioned that there was a statistically significant difference based on these times.</p>
707579	<p>Overall, well-designed study with important information as we all grow more concerned regarding MDROs. Would be curious to know if there was a certain age where the risk became higher.</p>	<p>What time frame was this study completed? There are some less toxic antimicrobial agents available.</p>	<p>How many patients were screened and excluded? How was "high-dose" IV colistin defined? Overall, a very good study and validation of the risk factors at your institution that other providers can monitor for.</p>
707586	<p>Interesting</p>	<p>Interesting and innovative project. It's unfortunate that the rate of medical student participation was so low; however, this isn't surprising.</p>	<p>This is an interesting and innovative approach to educating medical students as well as offering opportunities for interprofessional education.</p>
707588	<p>the abstract is not in line with the conference themes.</p> <p>There is a lack of clear study methodology. The results are very descriptive with lack of numeric data.</p>	<p>Nicely done.</p>	<p>Very descriptive methodology that will be helpful for attendees to replicate at their sites if needed. Interesting approach toward improving the sterile compounding suite and a useful reminder addressing the importance of upholding these standards.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707612	Seems like a detailed and well organized abstract.	appears to be a subgroup analysis of a previously completed clinical trial by the sponsor. better for the exhibit hall	
707621	<p>1- Why did you use the deficiency cut-off level of 20 ng/ml instead of 30 ng/ml (as per literature ?)</p> <p>2-Given the retrospective design of cohort , I suggest that you may like to revisit your Cox-propotional Hazard model and intergrate potential confounders based in literature , rather than on empical data (age and CIT) . the use of Vitamin D or calcitriol shall be addressed in this model.</p> <p>The follow up in the study period is short</p>	It is difficult when your outcomes go against your original hypothesis. Good job explaining possible explanations for this finding and the need for further investigation.	
707629	My analysis might have been "similar benefit" rather than "same benefit" but overall good analysis.	<p>Need to define the acronym FVC in the abstract.</p> <p>The results section did not include sufficient data analysis information for significance between the 2 age groups (e.g., p values) in order to support the conclusions.</p>	Nice overview of data available from published literature.
707633	This abstract describes the productivity and safety of the IV robotic and workflow systems at an academic medical center. The description is generally clear and of interest to meeting attendees. In the results section, it would be helpful to know what proportion of the total (52,858) chemotherapy doses during the study period were compounded	Very interesting data! How did this impact the financials of the department and the overall workflow?	Could you include something on the cost of the Robotic IV Oncology process vs using manual traditional labor and compounding

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	with the IV robotics and with the IV automation systems.		
707640	Very timely and important topic.	<p>What was the setting for this questionnaire- hospital, clinic, etc.?</p> <p>Did all prescribers approached complete the questionnaire?</p> <p>Include the actual questions asked.</p>	perhaps additional details regarding your questionnaire would be beneficial, can you use this to help fund additional staff?
707655	Interested in knowing if the patients had cirrhosis. If so what stage?	great study, useful info for other sites who may be looking into incorporating this product into their protocols for tx of thrombocytopenia. Will be nice to see results on a larger scale once the product is used more.	good
707664	Very applicable study. Well done!	It would be great if this could be done as a standard of care. Would also be great to know what percentage of patients were readmitted who had received med to bed consultation	Although I do like the project topic. There are a several areas of improvement needed. The methods are not clearly defined and provide an overview of the project purpose rather than the steps taken in the project protocol. The results are not conclusive and do not report findings of the project. Conclusions seem promising, however, it is not transparent where these conclusions are drawn from. Perhaps offering greater detail in the Methods and Results sections would have clarified these discrepancies.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707668	<p>What are the years that these fellows completed their fellowship? How far back did you go for alumni? This may have an important impact on the findings as the job market has changed tremendously.</p> <p>Abstract is missing all methods related to how the data was collected (were the questions based on scales?) and analysis of the data including statistical methods.</p>	<p>Would have liked more information on the actual methods used. Could go into more detail by removing the bulleted list and actually put into narrative form what you did.</p> <p>Low response rates</p> <p>What does "value" mean?</p>	
707673	<p>Describe "cultural issues more fully = never heard that term as causing a call out. Nothing really new in this approach to employee engagement</p>	<ul style="list-style-type: none"> - "Unplanned absences due to employee call outs" seems redundant - Overtime is one word - I'm not convinced that this was scientific enough to constitute a professional poster. - I don't think that instituting mandatory overtime is going to improve burnout. - Completing this project with more of a lean focus, perhaps an A3 workshop, may have improved the poster 	<p>Interesting approach to solve a common issue. This approach could be applicable to most pharmacies.</p>
707707	<p>More details would help outline the research and is there any data regarding exposure and treatment prior to implementation?</p> <p>Please include more detail on the change in process.</p>	<p>Suggest reviewing other QA/QI and process projects for additional evaluation metrics that evaluate program provision or effect.</p>	<p>Overall beneficial to share this information at the meeting. Related to the poster, would like to see more details on what the process was before, what the specific gap was, and how this workflow filled that gap. How were exposures dealt with before? How many</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
			people were treated at that time? It is hard to gauge the effectiveness of this program without a baseline to compare it to.
707712	<p>General statements were used regarding the results of the survey administered to nursing. No data was presented to support the conclusion. For example:</p> <p>--- how many surveys were sent out and how many surveys were completed?</p> <p>--- how many nurses preferred nasal, IM, or both routes of administration?</p>	great project idea	Interesting question, I am sure others are asking or wishing they had asked this at their own institution.
707715	Would like to see more pharmacoeconomic analysis and cost-savings data.	<p>Much has been published by the manufacturer already on this indication and the purported economic benefits. What were the agents used in the comparator group and how do they differ from prior trials? What was the predominant infection in the other 31% in Cohort B?</p>	Awesome comparison of 1x doses of costly medications to determine how effective they are when compared to standard therapies.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707721	<p>it is interesting that you have study about pain medications and you didn't assess pain scores, also the characteristics that you chose to compare seems not as relevant as it could be, no discussion of prior pain medication use, assessment of complications with surgeries, other comorbidities that may have affected outcomes, also why was income included? . The data was not clearly reported, for the additional test w/no significant effect, nice that you included the power the actual data should have been included.</p>	<p>-Recommend being more specific for the purpose - what is being measured? Safety/efficacy?</p> <p>-In the conclusion, would recommend making a statement about how IV APAP impacts the various outcomes</p>	<p>Suggest looking at reported ADEs and lab values as well for comparison.</p>
707723	<p>Excellent job in presented technology check technician study. Impressive that you were able to effect a change in Board of Pharmacy Regulations in the State of Massachusetts. Many states do not permit tech check tech and this is a great and perhaps safer and more reliable alternative. Many states can use this to effect a change in their respective boards of pharmacy.</p>	<p>- Do not need to discuss what Michigan is doing in purpose section. Makes it confusing.</p> <p>- Need to remove first person wording throughout abstract "we" "our"</p> <p>- First half of methods section is more background. Should focus in more on survey generation and distribution. I had to go back and re-read section more than once to understand the results.</p> <p>- Consider focusing more on success/compliance data on poster.</p> <p>- Did other hospitals also receive approved waivers?</p>	<p>Any data comparing before and after?</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707737	Innovative method to engage techs and be in compliance.	Very interesting and applicable article. I really liked how the technicians were given ownership over the gemba walks. Very interesting idea to management to use in a variety of settings.	
707740	very good abstract.	This is an excellent report and a fantastic service. I am curious about the size of institution and other outreach pharmacy services as this is obviously not the same as a small community hospital.	The methods describe the Meds-to-beds project, but lacks details on the methods used to get the presented results (e.g., patient inclusion/exclusion criteria). The conclusion also presents cost data, although the methodology for this cost data seems oversimplified (and the conclusion is not the appropriate section for presenting this data). This abstract is also missing a statement on ethics committee/IRB review.
707744	Could include more data on why you think the amount of MDO was so high in the ambulatory consultations and possibility for correction of the deficiency	This is a good baseline study to determine how the healthcare system is missing HIV diagnosis. The methods are not very clear of how they went about assessing how HIV is being missed. I recommend using more details of how this was completed.	
707764	A lot of cofounders in the historical group that may have affected the outcomes (32% had vanco stopped before results of negative screening and 76% stopped vanco without pharmacy intervention).	Well written and pertinent	Abstract was unclear as to the statistical significance of the results data. Results and conclusions were discussed in general terms such as "a trend" and "similar". I might have rated this abstract higher if this had been addressed.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707768	Well written. It was sometimes hard to follow with so many abbreviations used, consider spelling out some abbreviations every time.	Numerous abbreviations that may be difficult for some to follow.	This is a very well thought out study and very helpful. It is very detailed. The results were a little confusing to follow. This is because of this many symbols used for the abbreviations. For a poster I hope this is an a table to make it a little bit more clear. The conclusion of A patient responding to the FEP- VNRX is pretty strong since this was not done in a clinical setting.
707779	Curious why you had such a small sample size over a 2 year period. Recommend listing limitations to your study.	Was there consideration to compare pt who had PST done to patients who hadn't and review MDRO infections or day of therapy with broad spectrum vs not? MAYbe case match?	While inferred, the purpose of this project was not explicitly stated. Given the 2+ year study the number of patients treated seems very low without mention of screening and exclusion criteria. The study results are purposeful as one would expect. This is a timely and relevant topic.
707780	Need to expand the methodology section. What was the statistical analysis test used?	<p>You did not include a description of the survey</p> <p>how was the sample identified?</p> <p>Location of survey, country, city, state?</p> <p>Research pharmacist location, inpatient vs. outpatient not defined</p> <p>Academic or community hospital?</p> <p>You are interested about research pharmacists activities but include a discussion of</p>	Overall a good start to refine. I would recommend clearly defining the purpose of your survey/project. I cannot tell if your aim is "begin discussing the expansion of research pharmacy clinical services" or to gauge information and perspectives of current and future IDS. Your results mainly focus on the current state of clinical services, and do not touch on the other aims you had listed. Again, a good start to refine.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		<p>general clinical services. which is it?</p> <p>time frame of survey?</p>	
707805	Not enough detail to evaluate as a professional poster.	The project does not appear complete, as the abstract notes methods and results in broad terms with no substance. I know where the authors are going, but this is not enough to review the abstract.	<p>This work is not novel</p> <p>Was the study IRB approved?</p> <p>What relationship does the third party market firm have to the sponsor?</p> <p>How was the market firm selected?</p> <p>are there disclosures for the market firm involvement?</p> <p>How was study population identified?</p> <p>Were participants paid to for their time?</p> <p>No description of the survey instrument - verbal or written?</p>
707825	Interesting analysis of a common tool (drug information resources) we use in every day practice.	Please provide what was included in the 5 point ordinal scale. The results were provided redundantly, in () and in text.	
707826	Brand name in the title/commercial bias for a product	The results section is very confusing on the clinical relevance of the findings and how this relates to the use of andexanet alfa. No conclusions hypothesize the real world impact of this tool.	Great to see this detailed investigation in an ASHP forum.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707829	Overall, pertinent and well done. It's hard to say that the reduction in LOS and DOT is truly clinically significant, but your outcome of changing from IV to PO is still a clinically relevant intervention. I'd be curious to know if the PO formulation costs much less than the IV and if you saved any money in that way?	Were safety parameters compared? readmission or mortality rates?	Would look at 30-day readmission in the pre and post group.
707834	Very interesting. Well done.	great sample size, the low percentage of patients experiencing PC is reassuring	So many abbreviations listed, made it difficult to keep track of everything. Many confounders to consider. What is your time frame?
707839	Interesting study. What are considered to be therapeutic concentrations of rivaroxaban and apixaban? I don't have a frame of reference to determine what's therapeutic or what's considered "sufficiently low". I assume it's in the details of the study?	Interesting study.	
707842	Great subgroup analysis.		
707857	Nice secondary analysis	List author affiliations and potential conflicts	
707864	Include IRB approval or exemption status.	Clinical significance not discussed, should outline that role appears to be promising in mild but not moderate atopic dermatitis. Also hoping that the data is presented in table/chart format for actual poster presentation.	Not innovative but good to know conclusions of original authors are born out through your analysis.
707872	well written and very interesting case report	what was the duration of use of the naltrexone? Any longer term follow up on how it was working after discharge?	-Provide more clarity with explicit objective and definite conclusion about the use of naltrexone in psychogenic polydipsia

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
			-Considering commenting on any adverse effects, and if appropriate to transition to Vivitrol in the future
707902	<p>I would encourage you to review components and requirements of an abstract. I find the data and idea pertinent and innovative. However, the wordiness makes this hard to follow. For example, you list results in your methods. It would not be appropriate to say there were 7 people in the focus group. This is a result. The results are also both qualitative and quantitative. When you say "trainees acknowledge"...how do they acknowledge? Was this in a survey? Did you tell you this in an focus group? How did you objectively find this result? Are you quoting a student? Are you interpreting this from a particular survey question? Did one person say something along the lines of this and you just assume they found value in the experience? There really should be some more objective way of informing your reader of this information.</p> <p>Lastly, there are TOO many parts to this conclusion. You continue to list new results here. If you had to make your conclusion one sentence, what would it be? (i.e. all students should experience adherence simulation). Could</p>	This is an interesting topic. Need to work on writing, spelling and correct use of words.	Please have final poster proofed for English grammar.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	you even do this in one sentence?		
707913	Graphics will enhance understanding		
707922	Well written abstract.	important topic. We rely heavily on automated alerts when prescribing medications as well as verifying those orders. Alert fatigue is a significant issue. Often times when a prescribing error occurs there was an alert for that error but people get so many irrelevant alerts that they ignore the important ones. In my opinion, any research looking at validating that prescribers and pharmacist receive a large number of alerts and trying to streamline what alerts are seen to minimize alert fatigue is welcomed.	Very interesting! I would be interested in the other highly occurring overridden alerts.
707938	This is a good topic to review a case of receiving adexanet alfa for bleeding from apixaban. There is good detail of the presentation of the patient, however, it is lacking lab results, if drawn, assessment of adverse effects of andexanet alfa, other interventions the patient received in the emergency department and hospital stay, dose and administration of andexanet alfa, pharmacokinetics, and what to monitor during the hospital stay.	light on details. particularly time to treatment with andexanet, dose used, patient functional status...	Please include more details of dose; hospital course.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707945	Clearly written with solid methods and results.	Very interesting study	given that it's a survey that was given to a higher level of education students and they were not able to fill out the surveys completely or correctly is interesting.
707956	Need to define intentional and un-intentional discrepancy in the methods and scale used to measure the severity of the discrepancy including minor vs. major. Where the discrepancies categorized (i.e. wrong dose, wrong medication, etc) ? Did the pharmacists make any interventions or just identify a discrepancy, this would be of more value.	During what time frame were patients reviewed? Was this approved by R&D committee? The abstract is not well written requires some editing. Unclear use of "intentional" & "unintentional" definition of minor/major discrepancy.	<p>Methods - note how "intentional" vs. "unintentional" discrepancies were defined. It was not clear what is meant by "severity of medication discrepancy". Who determined the severity and if the discrepancy was intentional or not? What data was assessed to identify risk factors for medication discrepancy?</p> <p>Information on how the data was assessed was not provided - what statistical tests were used?</p> <p>How can this data be applied to practice?</p>
707958	Good study. Would be nice to see pain scores.	What was the dose of liposomal bupivacaine in the automated dispensing cabinets - 133mg or 266mg ? Was different doses used for the different surgeries? In the review, was there a predominant surgery that was reviewed? In the results section, it states that the liposomal bupivacaine used a significant greater quantity of gabapentin. Was that related to a specific surgery? Would have liked to see	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		if the liposomal bupivacaine was ordered by specific surgeons or a specific specialty?	
707961	Interesting project. Well designed and reported.	Good explanation	<p>Abstracts should be written in the third person rather than using "we".</p> <p>if 13 of the 17 encounters that experienced adverse effects used the wrong weight how is it concluded that there is not an associated between the wrong weight and frequency of infusion related adverse events?</p> <p>Pharmacists traditionally calculate the infusion rate for nurses for this reason. Maybe you should consider this intervention or compare these results to pharmacists calculating the infusion rates.</p>
707962	I don't see anything in the conclusions describing if prescribers followed evidence-based policies.	The objective states they want to describe the antimicrobial agents prescribed, however you do not mention the names of the antimicrobials that were used and if they were appropriate for the bacteria the patients had. Recommend commenting on the antimicrobials and if the prescribers followed the policies as described in the objective. If this changed, I would recommend accepting the abstract.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
707966	Would be interesting to know if any insurers have denied claims and how many claims have actually been reimbursed over a defined period of time. Overall dollars reimbursed would also be interesting to share.	More details - especially metrics - helpful	
707972	very nice study, relevant topic; gathered quite a good amount of survey results.	Appreciate involvement in staff input to reduction strategies.	Suggest providing more information about survey questions, framework for development, and discuss perceptions versus program supported interventions.
707975	Very interesting paper!	This is a great study, informative, creative, and provides important information. Methods are set up well and has good analysis with appropriate statistical tests. I would only recommend adding the details of vitamin D levels at the 24 week mark to determine if there is an association with the level and the success rate.	
707987	well written abstract.	Is reporting of DRP's mandatory? If not, reporting bias can influence your prevalence rate.	Interesting results with this being the first study in Singapore
707997	Innovative study. Very interesting! Well written abstract	This is an interesting topic and the abstract is well written. However, I believe that the study would require IRB approval and see no mention of the IRB.	excellent abstract!
708001	good	<p>-Excellent study!</p> <p>-Expand objectives to include things reported in conclusions (costs, hospitalizations, treatment duration)</p> <p>-Incidence per 10 person-years - incidence of what?</p>	Remove trade name from title and body of abstract to risperdone consta and paliperdone for final presentation.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708004	<p>It is a great idea for a study, but presentation needs refining.</p> <ul style="list-style-type: none"> - MAJOR TYPO in the title of the abstract. - The background information provided reviews a bunch of information related to EI and predictors of success, personal satisfaction, and better patient centered care. And then after all of that - the goal is to compare Japan and USA. Why? None of the background reported supports the overall purpose of making these comparisons. The background and purpose should support the reason that this study is being conducted. - Methods were described very well except that the abstract doesn't explicitly state if higher or lower scores are better - you have to kind of assume. - Conclusion is all over the place and should be more focused on the results of the study - they are overstated. For instance, the statement "The difference in EI scores may be attributed to differences in culture, pharmacy curriculum, and standard pharmacy practice" has nothing to do with the findings of this study but it reads as though they are. 	<p>The results contraindicate themselves. In the results section you state that there are no stastically significant differences between Japanese and US pharmacists in regards to EI scores but in the conclusion state that there are.</p>	<p>Suggest adding more to conclusion regarding interpretation of difference and next steps for individuals and organizations to support EI development.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708007	<p>An important study. There is inappropriate grammar: i.e. use of "till" instead of until in methods section. No reference of what international guidelines were used to measure adherence. No mention of statistical tests used but p-values were reported.</p>	<p>The results have a strong focus on blood pressure which is not mentioned in the methods section.</p> <p>It is stated that international guidelines were used, but which ones were used to establish the standards of "adherence" in the study?</p> <p>In conclusion, you stated secondary prevention in critical disease appears to be inadequate. You only investigated stroke and provided no other source for other disease states. Please limit your conclusion to stroke.</p> <p>It also seems that you require all stroke patients to be on an antihypertensive and this may not be appropriate. Is this the intent of the investigation?</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708011	<p>word missing in 1st sentence of Methods: A cross-sectional ____, conducted... Results section grammer error: "comparing compared" Methods are not clear- how data was collected and what data was collected are not reported. Did patients fill out a questionnaire or a pharmacy staff member? Were patients consented? Was this approved by an IRB? Was data taken from medical records? What sociodemographic factors were evaluated- just age, gender, and retirement status? Since age, female gender, and hypertension are components of the CHA2DS2Vasc score, isn't their association with a higher score intrinsically known?</p>	<p>Purpose is very unclear until last sentence. Should outline which modifiable factors you are considering - sociodemographic factors seems to come out of nowhere. Methods are also not clear as they are very "fluffy" in that they don't outline anything. I had to review results to actually understand what was done. Also - a great deal of errors in grammar which made it very difficult to understand elements of the submission.</p>	<p>This study does not add anything that is not already known in relation to thromboembolic risk and associated risk factors. Very unclear; factors not defined.</p>
708014	<p>Interesting evaluation of a change in pharmacy practice in Lebanon. It would be interesting to also know why over 40% of pharmacists still referred to the prescribing physician before substituting medication.</p>	<p>Interesting research idea for a common practice for a brand to generic substitution.</p> <ul style="list-style-type: none"> - It is important to point how did you design the score to assess the knowledge of the pharmacists and how it was validated ? or have you used a validated score? Surveys are generally subjective and validation studies are important. - It is not clear if the regulations in Lebanon allow Pharmacists to automatically substitute brand to generics without contacting the prescriber, why only 58.5% of pharmacists do so? does this refer to lower confidence in the substitution process? 	<p>Very well written. Interested to see what common substitutions were made.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		<p>- It is useful to present some baseline characteristics for community pharmacists especially the numbers of years of practice as this may reflect on the level of confidence and expertise in community practice.</p>	
708016	<p>Need to describe the questionnaire in more detail. Unable to adequately review the abstract because unsure of what a maximum score of 40 and 50 for knowledge and practice meant.</p>	<p>Perhaps including the scale used for the questionnaire : is this a likert scale ? if so sample T-test may not be appropriate for statistical analysis . No results are shown using the statistical tests mentioned</p>	
708017	<p>Based on study findings, can only conclude that patients with MRS > 2 has higher mean CHA2DS2VASc score than those with MRS 0-2. For correlation, a different statistical analysis should be used than comparing means CHA2DS2VASc between 2 groups</p>	<p>Novel idea to look at CHADSVasc and functionality or MRS after stroke</p> <p>Did the authors look at any other risk factors or commodities that would have affected MRS potentially?</p>	
708020	<p>I think this is interesting and well written but more appropriate for community pharmacists. I am not sure this will be widely applicable to health system pharmacists.</p> <p>Please check for English grammar prior to final poster.</p>	<p>Interesting study. Analyzed well, good response rate. Watch capitalization of words. Be sure to list the specific antipyretics in the data so the reader knows specific drugs.</p>	<p>Appropriate use of antipyretics is an important issue and worth evaluation. There are a few areas that I believe need clarification/explanation on the poster. What schools were 3-5 year olds attending? Were they daycare/preschool facilities or does structured schools teach younger children in Lebanon? You stated in the results that 808 mothers and fathers participated. I'm assuming you mean that 808</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
			surveys were returned. I would suspect that some filling out the survey were grandparents and other guardians.
708021	This is a topic of interest for many pharmacist practitioners and management.	most pharmacists who handle clinical trials in US have other responsibilities beyond clinical trial management. it's hard to extrapolate your results to most institutions	
708022	Great Stewardship project!	<p>There are several different formats for reporting seemingly the same type information in the results. I would clean this up and report theses in a standard format or tell us why the information is presented differently.</p> <p>Is there a reason that the appropriate use dropped after the revision? Perhaps there is a logical explanation and it represents a positive finding that the reader may not be thinking about?</p> <p>Were the two newly added surgery types evaluated completely separate? Or, are they also in the previous comparison, 93.8 vs 92.6%?</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708023	<p>discussion in "Purpose" section left me expecting more from the research...I expected you to report about the differences in impact on pts with severe asthma vs mild/moderate.</p> <p>Please have English proofreading before final poster.</p>	<p>Unclear why you created this study, what outcome are you trying to evaluate?</p>	<p>Past tense should have been used since this all occurred already. Was the QOL tool used validated? How does this patient population compared to others - parents' income, education level; access to health care. In the conclusion, would discussion limitations of generalizing the results to all patients with asthma.</p> <p>Purpose states that the study was going to determine the sx most troublesome to the patients but it is not clear in the results if the cough, etc. were troublesome. Information on the demographics of this population is warranted to interpret the results. Did this study only include adults?</p> <p>The authors noted "patients document" - did the patients write answers or was this all completed through an interview. All elements of functional problems listed in the purpose were not reported in the results.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708025	good abstract.	Good topic and abstract was well written.	There were several grammatical errors throughout the abstract.
708026	<p>MgSO4 is an abbreviation that is not approved in the US. Was hypomagnesemia the only indication? The results do not discuss K levels and their correlation with Mg.</p> <p>Remove abbreviation MgSO4.</p>	<p>-Should define IV MgSO4 with first use in writing, not just in title.</p> <p>- second sentence in purpose: "Since 2011.." or "In 2011, IV MgSO4 was reported.."</p> <p>- Methods, second sentence: needs rewording. Last sentence: "Binary logistic regression was used..."</p> <p>- Results: "As for the for the % of death..."</p> <p>-Conclusion: last sentence "...in elderly patients when it comes to correcting.."</p>	interesting
708027	is the tool you used to assess technique validated? if so what tool did you use?	Methods defines categories as "poor, intermediate or good" inhaler uses. Results uses term "bad users" but should match methods. Provide results for each inhaler type rather than only partial results (poor/bad use reported for only 2 of 5 inhaler types. Good use reported for 2 of 5 inhaler types. Methods reports use of SPSS statistical package, but no statistical analysis of outcomes are reported.	Interesting study which reveals a need for further education to ensure proper inhaler use. one question I had was what if patients were prescribed multiple inhalers e.g. a steroid inhaler and a rescue inhaler? Which inhaler is evaluated? Is this an evaluation of their controller inhaler?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708028	<p>Purpose: grammatical suggestion - "strongest cause(s) of stroke"</p> <p>Results: "the order set was not used" (would elaborate more on this in purpose section, especially since it is discussed in the conclusion section of the abstract. Was part of the purpose to evaluate if providers were using a defined order set?</p> <p>The conclusion is a little too detailed. The specifics on monitoring should be included in the methods section. Would be brief and state that education of providers could help to improve the appropriate pre/post infusion monitoring parameters</p> <p>"On the other hand, no adverse effects were observed" would just state no adverse effects related to vernakalant were observed.</p> <p>"A category X interaction was found in 29.4% of the patients, and others of type D was noted in 11.76%." would include "drug" interaction as it was not clear until re-reading the methods that section that drug interactions were assessed.</p>	<p>What system changes were implemented as the result of this review? Were order sets in place?</p>	<p>nice study, well designed; results can definitely be used to improve safety/monitoring of this med at your institution</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708029	Were there any complications from treating the patient's blood pressure? Would have made a better endpoint to analyze for the over treated population. May have been helpful to categorize which patients received TPA.	Readers would benefit from future further analysis of reasons why guideline recommendations are not followed, and practices to improve safety (not giving TPA to a patient with severe hypertension, etc).	Purpose and conclusion do not match.
708031	The word "similar" (as used in your conclusion) is admittedly imprecise. However, based on the results you provided, it could be argued that the safety and tolerability profile of nintedanib in patients is different in patients with SSc-ILD versus those with IPF. For example, vomiting occurred in 24.7% patients with one condition versus 11.6% in the other--that seems to be a pronounced difference.	similar to other subgroup analysis, this is more suited for exhibitor hall.	
708033	The 59% accepted does not seem to match the numbers presented--is there a typo? If the total number of interventions was 120, then 59% is not also 120. What was the actual number of interventions accepted?	Over what period of time was the data collected? Was this a single center study? Was the study IRB approved? Is your goal to develop an automatic IV to PO interchange that is pharmacist initiated? does your medical staff support this?	Please have it proofread for English grammar.
708036	Overall, interesting topic with very few errors in the written context of the abstract.	minor grammatical errors. consider defining the ALT/AST parameters used in the methods in addition to discussing in the results section	This is an interesting review. Based on Health Canada reports, there have been four international reports of liver injury resulting in liver transplants. Were there any similarities between these patients and the patients you evaluated in regards to comorbidities/risk factors

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
			that may have enhanced their risk for liver damage?
708038	unclear what the medication appropriate index tool is, is this related to the Beers Criteria. Is this review of patients charts out of the ordinary job performance of a pharmacist. The results don't necessarily support the conclusion statement that a pharmacist is needed to minimize inappropriate prescribing, did the pharmacists make any interventions during the study?	I would have liked to see more details about the Medication Appropriateness Index and tool used. Additionally, it would have been good to see the numbers for the problems found (and not just p-value).	Important to know what statistical tests were used for the reader to gauge appropriateness and clinical significance. Please include detail of the medication appropriateness index.
708040	Abstract was well written, informative, and should increase awareness of this rare complication attributed to the reinitiation of oxaliplatin in relapsed disease. Also, one minor suggestion is to avoid repetition of "73 year-old female" in lines 2 and 3.	Interesting case.	Good case review
708041	More specifics would be helpful		
708043	the methods do not outline what was included in the survey or how ratings (poor, good, etc) were established and defined. it is unclear how many participants completed the survey (total N) inclusion criteria for who could complete the survey is not clear	Some areas of writing are unclear. Please check grammar and consider elaborating on the survey that was used.	Interesting study. Seems well conducted for an observational study but recognizing inherent limitations.
708045	Overall very applicable study and exciting to see such a big decrease in use. Would be interesting to see if decrease resulted from pharmacist interventions or prescriber habits changing.	Great topic. Something we are dealing with at our institution as well. Please make sure to include examples of your education and tool for review in your poster or have copies available.	great stewardship project. Did something similar in my hospital.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708050	<p>Need to report participant consent and IRB approval. Methods are inadequate - need to include what information was collected. Results are vague. How is the "youngest group" defined? If PhD holder scored 6.71/10, how did the other groups score? Was there a significant difference? What does "attitude for the choice of medication and non-pharmacological measure which was adequate" mean? Conclusion that the role of health care providers and public health ministry is to ensure education is not exactly answering the purpose (i.e. assessing the knowledge and attitude of the population). Need to first conclude something about the population knowledge and attitudes.</p>	<p>There is not enough detail for methods used.</p> <p>The results section did not include specific results for all groups evaluated. There was no specific data with analysis for significance.</p> <p>The conclusion section was not consistent with the study objectives and results.</p> <p>There was no statement regarding approval by an IRB or other appropriate group.</p>	<p>Please provide more detail in the methods section.</p>
708062	<p>It would have been nice to track how often a provider use IV levothyroxine secondary to symptoms of hypothyroidism and what dose.</p>	<p>More descriptive information should be provided about the intervention and the efficacy of the intervention. how the intervention affected the patient signs and symptoms and TSH?</p> <p>More results should be added</p>	<p>great results, and not surprised to see the cost savings associated with this project</p>
708064	<p>Innovative and useful information</p>	<p>Well written and easy to understand.</p>	<p>Novel and of interest to membership.</p>
708078	<p>This was a great study! interesting to see that glp1 was that much more superior than sglit2i.</p>	<p>Very thorough and well-thought out project. This will be interesting topic to many. Great work!</p>	<p>Timely research. Interesting results. At our site we found a reduction in tdd also, though less so than glp1s.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708080	Well written. Conclusion could use more specifics to tie in the results. I am personally not a fan of the phrase "low hanging fruit" when referencing important pharmacist intervention opportunities.	May be useful to develop further categorization to for answering "partially implemented." This will allow further identification of which programs/initiatives need more support to put into action	Provide the number and percent in the results section to help with interpretation. How were these programs identified as "low hanging fruit"? Per guidelines? This survey does not appear to identify programs, it simply asked what hospitals were already doing for stewardship and seeks to align an entire health system. Please ensure you objective matches your methods and results.
708097	It is unclear what interventions the pharmacist was making in the methods. was dosing of 25,000 units/kg divided every 12 hours the only intervention? What happened to the other 24 half of patients not discharged home? did they go to ECF or die (maybe changing wording to survived to discharge would be better)? Pharmacist intervened on 8 out of how many orders? need raw numbers for the 62%. You also collected a lot of other data such as duration of therapy (should use DOT/1000 PD), nephrotoxic medications, LOS, and AKI but never report that data in the results.	The objective should match the study completed, the development and implementation of recommendations has not yet occurred. This appears to be a "before and after" study? What is the actual intervention? Please provide both the number and percent to help with interpretation, stating 64% can be misleading when it is 64% of 8 patients. It is unclear of the significance of the patient's being discharged home, is this meant to be a surrogate for mortality?	<ol style="list-style-type: none"> er day as a 24hour continuous. day as a "24-hour or 24 hour" body weight.Clinical. "body weight. Clinical" space after period required results for length of stay, and acute kidney injury would be nice additions especially in post-MUE higher dose patients <p>Please clarify reporting with #s and percentages.</p>
708109	consider reporting how many people had hyperkalemia in addition ot average K	The study could have been stronger if you identified patients potassium levels 5.1 vs 6 may have been more better results. Additional treatments isn't clearly described either which was part of the secondary endpoint.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708118	Very well written and informative. Should be of strong interest to most readers; and also may inspire many readers to strive to conduct medication reconciliation with every patient encounter and to initiate deprescribing interventions when applicable.	Well written abstract presenting pertinent information for pharmacy practice.	
708131	Make sure to separate methodology from results in your abstract.	Patient demographics?	Why were purchases used as a metric in results but not in initial retrospective review? Why not conduct a similar retrospective review? Falls mentioned in results but not powered to detect difference. Avoid colloquial terms like "sleepers"
708134	This is not original and of little valueno real conclusions or data provided. Per poster reviewer guidelines "Abstracts that review existing literature should be rejected"	Cost savings will be dependent on the sites acquisition costs of the medications, so cost savings may not be universal. Safety benefits would be as found in the articles.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708144	<p>Very well written and interesting. Informative to see the tangible monetary expense of the 3 most common adverse events experienced by patients receiving NCCN category 1 chemotherapy for metastatic pancreatic cancer. Would guess that the patients with AEs would rank their QOL lower than patients without AEs. It would be interesting to see a future study to see differences.</p>	<p>Overall, great job. Your abstract is straight forward and is a great topic for an ASHP poster.</p> <p>1. The project is not totally innovative but gives a spin on the question of financial toxicity (as well as actual toxicity) in a patient population that has poor outcomes. Most of the publications in the literature focus on cost of treatment vs. benefit not the ADEs.</p> <p>5. Would like to see plan for use of the data (how would this change your practice or practice in general)</p> <p>Only things I have for feedback:</p> <p>1. I would change the title of the cost of hematologic adverse events since this does not address other ADEs</p> <p>2. I would only focus on first-line treatments since I feel that patients who receive liposomal irinotecan are those who have failed gemcitabine and therefore tend to be "not as fit" compared to those who have received FOLFIRINOX. Therefore, these ADE may be more from "intensive therapy" in terms of avoiding dose reductions compared to second-line treatments. I think there are confounding variables when including second line treatments.</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		<p>Also, I would have liked to see other ADEs besides hematologic since this may be more significant for a patient's QOL. Obviously, this is not something that needs to be changed.</p>	
708154	<p>Commercial bias in presenting a specific branded product (QuartetRX).</p>	<p>Change (QuartetRX) to the novel technology compound at the beginning of your conclusion sentence. Example: (The data demonstrate the effectiveness of the QuartetRX novel technology compound wet-milling process.)</p>	
708156	<p>Overall, this study will help you establish your new practice but it does not add much to current literature. Your methods are confusing with the abbreviations for the medications. In addition, defining your adverse events is important.</p>	<p>Excellent study! Well done and very organized abstract!</p>	<p>Perhaps describing how the record was abstracted to identify the ADE- is it via manual review? or electronic system coding?</p> <p>How often do clinical pharmacists participate in multidisciplinary ? perhaps describing model briefly would be helpful given that 5 centers were participating.</p> <p>Interesting study and well written abstract otherwise</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708164	Well written and interesting results	<p>1. (fever/flank pain or radiographic imaging). (fever, flank pain or...</p> <p>2. in the other group versus none in the fluor. in the other oral antibiotic group</p> <p>3. fluoroquinolone sparing oral step-down regimens. Meaning appropriateness of not using fluoroquinolones (sparing)?</p>	
708165	Institutions are always looking for ways to decrease drug expenditures while providing positive therapeutic outcomes. A great example of how to affect that change while staying within purchasing group and 340b requirements	Straightforward therapeutic interchange with cost savings realized. If possible, would have been interesting to evaluate and compare efficacy and safety of the two agents as well even it is retrospective.	Were there any drawbacks to this switch (i.e. unexpected adverse effects, patient preference, etc.)? I know that's not the primary aim of your research, but I think pharmacists will be interested in that piece too. Overall well done!
708167	Define biPAP in paragraph one prior to abbreviation. A time course would be helpful (i.e. over what period of BiPAP treatment did PaCO3 and PaO2 levels improve?). How were pre-admission opioids and benzodiazepine administered or tapered during treatment?	What was actually done for the patient is unclear. Implying that OHS may cause HTN, DM2, OA, etc. is very misleading. Although I think there are pieces of this case report that might be helpful to know, the submission is very unclear.	Nice review.
708168	To be honest, I would like to have a "student" role in this program. This is something all academicians struggle with, especially as residency and fellowship programs become more competitive. I do not really have any suggestions for improvement at this time. You could consider administering a specific survey related to the	<p>Interesting and relevant study</p> <p>Abstract is missing specific research endpoints to be evaluated, and the presentation of those results in results section.</p> <p>Overall summary statements are made in results section, but specific results not provided</p>	It would be helpful to have more information regarding the evaluation form used to assess the success of the program. Also, as you were soliciting feedback from students for use in a research project, was IRB approval or exemption sought and received for this project?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	feedback of the students potentially a pre and post survey assessment of those factors.		
708172	This is an interesting project but it doesn't seem like you present any data or results (at least that is described in this abstract).	Wonderful description of methods and reporting channels. Very valuable project.	
708179	There could be more detail in the results, but overall well done.	The results need to include the number of failures, for each group, also need to list what part of the composite score they failed. This is over 5 years and you only list your resistance rates for the most recent year i am guessing. as this rate probably has changed over time it would be beneficial to include that data or limit the years. The premise of the study that levaquin with a higher resistant rate to e.coli than ceftriaxone would result in a better outcome is a forgone conclusion and that sites should use their local antibiogram data.	Very interesting topic. Even though data was collected up to 7 years ago still a very current topic. I would like to see more specifics of your results on your poster. For example, a breakdown of types and numbers of clinical failure for each drug.
708186	well done	How will this affect prescribing practices? Will more stewardship guidelines be put into place as a result? Will you answer the questions posed in your conclusion lead you do perform those further studies?	Very interesting project. Consideration should be given to convert DDD to other Antimicrobial metrics such as Days of Therapy.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708192	well written,	Great job, but this does not appear to be any new information that stroke can impact quality of a patients life.	Overall good info to share. Your results section has some run-on sentences - would recommend editing and making sure to highlight what is the most important piece(s) of data. For your conclusion, it is difficult to say whether or not stroke impacted quality of life when data was not gathered on quality of life prior to the stroke.
708195	Appears commercial in nature for specific device used in hazardous compounding. Promotional? But may be informative. Delete proper name Quartet RX with the word technology compound in the body of your abstract. Ex: (This technology compounds...)	Would like to know how many samples were tested. Would like to see reference for claims about "proven to eliminate aerosolization of powders"	BUD abbreviation used before spelled out. Other abbreviations were not defined in the abstract. If accepted, please note in poster why these two medications were studied.
708219	Minor suggestions: - missing coma: "In May 2016, the FDA..." - missing coma: "Over the same period, the average..."	Great utilization of an order set. Great QA project	Would like to see comparison of FQ usage rates before and after implementation and statistical analysis of results.
708222	very interesting case report.	-First sentence: "..patient who had..." -(TB) after mycobacterium tuberculosis -"Despite the negative result.... WZ was diagnosed with TB infection.." -"Fever subsided next day, however the fever reoccurred	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		<p>three days after..."</p> <p>-High dose tigecycline sentence needs space between "dose followed"</p>	
708233	<p>- Could add raw data over the interpretation of the results (actual TTR vs. above 70%) in the results</p> <p>- Could consider designing pre- and post-implementation of CASH to measure success in the program.</p>	Excellent job describing this innovative program.	Interesting program.
708242	<p>- Purpose statement is vague. Please include more detail as to why this type of study is needed.</p> <p>- Method section is incomplete - What is the primary outcome/endpoint? What type of study was completed? What data was collected? Was data analyzed pre/post-study for comparison? How many total patients were studied? Where is the statistical analysis?</p>	<p>interesting results, useful info for benefit or lack of benefit w/IV apap.</p> <p>Please include more details in your methods section. What data was analyzed?</p>	Your objectives need to be more clearly stated. Your method are scant. Were there any statistical tests performed to determine significance?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708243	<p>Would liked to know the number of participants, number of those who completed one or both modules and break down of responses.</p>	<p>-- There are no number of trainees enrolled in this study (4 or more?) , therefore unable to evaluate results and conclusion.</p> <p>-- The number of enrolled people and how many of them provided positive vs. negative feedback would make this study more relevant.</p> <p>-- Also test before and after online course may provide objective data on the comprehension of the course.</p>	<p>Please include numbers of trainees.</p>
708245	<p>Very good process to begin to categorize the products that will be affected by new rule</p>	<ul style="list-style-type: none"> - Make sure to properly list the NIOSH list on your poster " NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings" - Do not capitalize "P" for "personal protective equipment" - Edit sentence to "A pharmacy technician..." instead of "An" - Results were very confusing. Consider re-wording to pair down listing all the activities and just say "all activities required to be evaluated" or something similar. - Need more data listed. How many drugs, hours this took. 	
708253	<p>Needs more detail. Might be better to submit next year when results known. Title says students but text also includes residents.</p>	<p>Conclusion doesn't show what purpose outlined - the why. More appropriate as student poster in my opinion</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708268	Excellent	<p>Results question/query</p> <p>The numbers in this statement do not total/tally the numbers in the next statement: (Nine patients in the IV push cohort experienced infusion site reactions compared to 7 patients in the IV piggyback cohort (3.18% vs 2.19%; p-value 0.45).</p> <p>Is this statement referring to the sentence above or is it referencing ALL events: (Eleven (78.57%) of the events in the IV push group were deemed.....).</p> <p>Please review the results and ensure all numbers are appropriately tallied.</p>	<p>This topic is a great contribution to the literature. However, I have questions regarding the conclusion. Was an a-priori power analysis done to see how many patients you need in each arm? I can't tell if the study is adequately powered enough to support the rather firmly stated conclusion. Also, you have a statistically significant baseline difference in doses given. The data could be skewed to favor IV push since lower doses were given, assuming fewer dose-related ADRs.</p>
708272	Well done.	<p>This is a topic that is critical to all hospital pharmacists. The struggle between having what you need and not keeping too much of your pharmacy drug budget tied up in inventory is real. My institution struggles with this regularly. I would welcome any new strategies to better manage inventory.</p>	<p>Your abstract is very technically written</p>
708273	Great project with great outcomes.	<p>Good abstract, well written. Good demonstration of how automation can help us save health care dollars.</p>	<p>The significance of low use subset isn't clear. Perhaps this is a group you can target to increase exclusivity breastfeeding rates.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708274	Innovative way to try and prevent readmissions in the HIV patient population.	Would review your methods and results for grammar and punctuation. I think some of your points were hard to pick out and may have been a language barrier issue.	<p>The abstract could have benefited from a review for avoiding those typo and grammatical errors.</p> <p>Otherwise the abstract is well written as far description of methods and results found . It is interesting to learn from the investigators some more details during the poster presentation on some more details about the methods and intervention.</p>
708278	The title is misleading and does not match the purpose. The statement of "It was noted that surgeons are not compliant to guidelines." is completely inappropriate and not specific.	Would like to see numbers/percentage on "many" patients discharged on inappropriate antibiotics. Inappropriate choice of agent or duration. Would like more information on methods as to specifically how the pharmacist impacted care.	Please change title to: Impact of clinical pharmacy antimicrobial intervention in surgical ward- Qatar for final poster presentation.
708281	Well-designed study and well-written abstract. I have no changes to recommend.	Thorough description of methods and reporting of results.	Pharmacist's role?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708283	<p>Your methods do not explain the type of educational intervention made. In addition, products such as theradoc should not be identified by name.</p> <p>Your abstract will be accepted</p>	<p>Well designed study that looked at the impact of directed education. Agree that further educational opportunities exist along with novel screening techniques to help rule out MRSA pneumonia (i.e. nasal PCR).</p>	<p>There are several shortcomings with this abstract: The last three sentences of the results section are conclusions/interpretations rather than objective findings that would be better stated in the conclusion section. Additionally, it should be stated what statistical tests were used in the methods section to determine significance. It is also not stated what duration of time data was collected over (months, years?). Finally, regarding cost, is it \$3.4k saved per patient, or the entire cohort? This is a great study hypothesis that should be re-submitted with the aforementioned changes.</p>
708287	<p>Novel antimicrobial therapy remains a large area of interest and the results being presented are promising in with the addition of further agents for use in CAP</p>	<p>It is unclear why these results are being reported by geographic region. It may be pertinent to include this information in the title to avoid misleading the audience.</p>	
708292	<p>Being a retrospective study, I'm assuming the prescriber made the decision for which agent to use which could add bias to the results. I'm not sure if the baseline demographics, disease severity, etc were similar between the two groups or not.</p>	<p>A lot of abbreviations are used in the abstract that are not defined. Need to define these in your abstract--PASI75 and PASI 90. Not all readers of your abstract will be familiar with these.</p>	<p>While the abstract can be read/interpreted, there is room for grammatical improvements that would make it easier to read. A statement on ethics committee/IRB review is also missing. There are also several abbreviations used which were not spelled out.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708309	Innovative way to teach students of many disciplines. Also gets the learners an early start on working together.	Interesting & novel. Hot topic of IPE!	
708311	Great information for empiric therapy.		
708317	It is understandable that teams are needed to answer these questions in Northern America in globally. Unclear how many individuals were hired and specific job description for each. What's the number in 2019 so much less than all the other years? Does that have something to do with your team?	How do you know that HCP got the critical information they needed? Did you survey them after they received the information or used the self-service to see if they got the information they needed in a timely manner?	Remove Pfizer from the body of your abstract.
708324	Interesting study. Coming from an institution that has a pharmacist directly involved in the hemodialysis unit, there are several other aspects of their job that you could evaluate in the future.	Well designed and presented	The presentation of your statistical analysis for phosphate levels is a little confusing.
708327	good abstract.	Would be interesting to know whether other factors (i.e. concomitant diagnosis, smoking status) affected the outcomes. Consider spelling out MCPHS and reporting pertinent baseline characteristics of those who achieved clinical success versus those who did not.	Results are interesting for this project. Need to define first visit and discharge. Discharge from hospitalization? Please clarify the methods specifically the sentence that states "documented HgbA1c goal of less than 7 percent at the first clinic visit and had a HgbA1c greater than 7 percent within 6 months of the first clinic visit." This statement is confusing. These patients are already at goal at their first visit with the pharmacist.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708328	Well done, relevant topic. Are there other results that can be included (i.e. baseline characteristics such as percent opioid naïve / tolerant pts)?	The written presentation was very good.	
708333	Well-written abstract and very important project/findings regarding anticoagulation and medication safety. Thank you for submitting this project and great work!	This is very well done and highly relevant to pharmacy practice. My only question, which is safety/efficacy rates in under dosed patients, is well addressed in your final sentence of your conclusion. Nice work!	valuable findings, an issue that we often see in our health system as well.
708334	Nice project	It sounds like your event reporting system was used for both errors as well as non-preventable adverse drug reactions which are not errors. I would be interested in the breakdown of errors vs. non-errors. In many facilities in the US, there are separate reporting systems for errors vs. adverse drug reactions.	
708340	The abstract describes an assessment of knowledge of the use, side effects and required monitoring for isotretinoin among patients in the community pharmacy setting who are presently taking or have taken isotretinoin in the past. The methods and results contain adequate information and an appropriate conclusion is made. Edits are required throughout for vocabulary and grammar.	enlightening, I did not know this was available over the counter in Lebanon. In the U.S. we are taught about its high risk nature, so I think this study is innovative and will help public safety	Interesting, unsure applicability to members

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708349	<p>-Would specify that the "maintenance" is for opioid use disorder</p> <p>-Would comment more on the legality of this - generally the initiation occurs at a methadone clinic if being used for OUD and can only be used for pain anywhere else</p>	Thank you for this interesting case report.	
708360	Great impact and results on your meropenem and vancomycin utilization	"while that of piperacillin/tazobactam slightly increased from 67.5 in 2016 to 71.7 in 2018." Prefer while utilization of pip"	This is a great study to reference to show that a pharmacist is crucial to antibiotic stewardship in small hospitals even if the pharmacist is not ID trained. Great methods utilized. Good analysis using DOT/1000 for particular antibiotics, etc. Recommend reporting with statistical analyses in addition to percentage to show statistical differences.
708370	<p>Were patient's bridged with oral risperidone when initiating?</p> <p>Benefit of invega is the lack of an oral bridge needed. What was the guidance recommended to the P & T committee?</p>	While there were significant cost savings realized, do you have any data on re-hospitalizations or adherence with regimens as outpatients?	Overall good info to share. For the poster, I would recommend sticking to the word "guideline" rather than interchanging between guidance and guideline. Would also recommend re-phrasing the first sentence of your conclusion. I don't think "reeducation" is the appropriate word choice.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708376	<p>Which guidelines were used to assess the appropriateness of use of LA antipsychotics? How patients were identified? Please avoid the use of brand names such as Invega Sustenna</p> <p>More information should be provided about the role of pharmacist in this study.</p>	<p>Interesting and worthwhile evaluation of LAI usage. Wonder if it mattered that Period 3 was shorter compared to Periods 1 and 2?</p>	<p>-- good study, clearly explained results and impressive outcomes</p>
708380	<p>good abstract.</p>	<p>interesting study. curious to know if this will be more financially beneficial than the traditional lab test.</p>	<p>I would have appreciated more information on how the conclusion of the best fit was determined for INR between 4 and 5.9. However, otherwise I think this is a good proposal.</p>
708382	<p>good abstract and research question.</p>	<p>Include a sentence detailing the objective of the project at the end of the purpose section. Consider doing a survey of NP and patients to assess satisfaction.</p>	<p>Innovative and relevant article. Very interesting you were able to tie results back to increased throughput. Good preliminary results that are applicable to health-systems.</p>
708400	<p>Need details and metrics</p> <p>Please include further details in methods.</p>	<p>Interesting project. It would be helpful to include some data which could demonstrate # alarms even though your statistical analysis is not complete some basic numerical data could help readers.</p>	
708401	<p>I would recommend defining abbreviations (i.e. DIR) and doing one more check on your grammar.</p>	<p>Easy to follow abstract. Nice description of progress of incorporating students into your workflow. Define DIR</p>	
708403	<p>This is a clear description of a project that led to cost savings and reports of workload reduction, and is of interest to meeting attendees.</p>	<p>I like the approach as we have struggled with this at our institution. What was the impact to daily restocks/stock outs or patient specific fill lists?</p>	<p>This process should have been done all along when you adopt an ADC concept of distribution. However, you do describe in detail how to</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
			control your inventory and thus will accept your poster
708406	Interesting project.	<p>Might be helpful to determine the number of tests performed in each period. Also how many would have been avoided in the pre- period if guidelines had been in place (probably easiest with the repeat in 7 day rule).</p> <p>The conclusion is very definitive. There are many other items that are likely to have impacted the result if using a stark definition of CDI. Just changing testing methods should not really change the true incidence of disease. I would state, led to a decrease in identified CDI.</p> <p>In the last sentence of the results, it is unclear what this 95% CI represents. It seems to be missing a figure.</p>	
708411	<ul style="list-style-type: none"> - Recommend including a brief background regarding CMR under purpose. - Investigation Review Board (IRB) should be capitalized. - Would be interested to know if there was any A1c improvement in those patients whom recommendations/interventions were made, especially since the 	Thorough review of the results. Very good study to show impact of pharmacy services	Not the most innovative topic, but still an interesting project with positive outcomes. More detailed data could have been included in the results section including statistical analysis if applicable.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	title is "CMR effectiveness in A1c reduction."		
708419	Needs more detail		
708436	Over good study and a little different looking at how pip/tazo is given. This was a low yield study and a longer duration of data collection would have been nice to see how that changed the data.	It is difficult to draw any conclusion from another small retrospective study. The results could have been more detailed to describe AKI per what criteria, dosing schemer for EI/ PT, and vanco range for trough. Some description if these patients were more critically ill would have been more helpful as well.	
708437	When was the post discharge phone call? What was the % that you were able to contact	well written abstract.	timely study
708444	Very interesting! great way to use and educate interns!	Innovative program. It would be interesting to know why some interns did not complete the certificate program. What was the time and cost of the program? Who led the program and what benefit did the pharmacy dept see in return?	Great ideas, consider submitting this for a session at a national meeting.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708449	<p>In regards to methods, would have liked to see how this sample of patients were selected, from what type of setting etc. What types of questions are In the survey? Did you collect demographics?</p> <p>In results, the only result you give is that most people don't know about NSAIDs. Can you elaborate on the data in any way? How did you assess this? Was it significant? If SPSS was used, what results did you find with that? WHat were the characteristics about the patients? Did the characteristics have anything to do with your results? More detail would be appreciated.</p>	<p>would recommend to include how many patients filled out the questionnaire; what specific suggestions do you have in increasing awareness of adverse effects of NSAID's?</p> <p>Please include details of methods - sample of questionnaire.</p>	<p>Unable to determine significance of the study and how it contributes to existing literature due to limited information provided. how many patients were sampled? Where did the study take place? Hospital or community setting? What questions were asked in the questionnaire or what were the specific measures of the study?</p>
708466	<p>Not clear if the dosing of the antimicrobial was considered in the assessment of appropriate antimicrobial therapy. Also consider giving more information on how the antimicrobials were considered "inappropriate." Include the resistance patterns for all medications studied/used for empiric coverage.</p>	<p>This review should include all patients, not just those who had a culture positive for PA. This will bias your data as all patients ended up having the bacteria of interest. If you are looking at appropriateness of empiric therapy, you should identify your cohort based on risk factors for PA infection. The empiric antibiotics should be guided by your institution specific antibiogram. This would have been a time to therapy study and not appropriateness of antibiotics study. This is good data to have for your institution, however, the type of study that you have conducted does not provide any</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		generalizable data. The objective does not match the study.	
708469	Provide more detail about how patient satisfaction was evaluated and specific results of the survey. Provide information about whether patients were consented and whether study was approved by or exempt from IRB evaluation. Examples of the types of interventions would be useful.	Objectives not outlined in purpose, but in methods. I think the purpose should include rationale and objectives for this study. Some more details regarding the types of interventions/recommendations would make this more worth while.	More information about intervention(s) in background, more information about how cost avoidance was measured and survey development and design required.
708471	<ul style="list-style-type: none"> - Could discuss the existing literature for the similar topic to justify how unique this study is - Inclusion/exclusion criteria should be specified more in the methods 	Consider providing more detail in your results and conclusions.	Baseline plt counts and POD 1 platelet counts would be interesting to report
708476	This project was well designed and written.	It is unclear in your purpose section why the study is being conducted (stated in the methods section). Unclear as to the benefit of this information outside of an internal QA/QI project.	<p>A 65% increase was noted in AT3, but what was the pre/post? Reader needs to know this information. Is this</p> <p>Protocol was not really used, right? The protocol was for 600 units/kg as a cutoff, but ATIII was used at much lower doses.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708480	please include the number of patients included in the results.	The methods is missing detailed information to better understand what was measured. The results require more detailed information (i.e stats). If this information was added to the abstract it would rank higher	Would define NSAIDs before using this abbreviation. Would be helpful to include total number of patients who completed the questionnaire and average age as well as other baseline characteristics if they were collected. What time period was this study done? Assessing outcome of pharmacist counseling was included in the purpose but not reported in the results section. May want to elaborate on why patients were not satisfied with the follow-up and what type of follow-up was expected of the pharmacist.
708487	<p>Please avoid the use of brand names (amlor)</p> <p>Please be more specific in terms of the used terms: is this study assessing pharmaceutical or therapeutical bioequivalence?</p>	From an international standpoint, this is great data to use in countries were generics may not be as regulated w/regards to equivalency in potency and efficacy.	
708493	<p>Was this a single center study?</p> <p>what was hospital setting - academic or community?</p> <p>what is bed size of NICU?</p>	small number of patients especially in the pre-bundle phase, therefore it's difficult to make the conclusion of the difference in ICU LOS as significant . Are you going to include more patients or do a power calculation to have enough patients included to make the findings more meaningful	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708494	Why are some of the hospitals prescribing more than others?	Well written, interesting and relevant topic	This sounds like a descriptive study, since no comparative statistics performed. Was IRB approval obtained? Include objective of the project in the purpose section. When presenting, be clear to state why focus only on hydromorphone. Do your institutions have guidelines for use already in place?
708496	<ul style="list-style-type: none"> - Suggest removing first-person wording such as "we" and "our" - Well written and scientific - Great response rate for a survey - Would love to hear about how your institution can turn it around and improve the burnout 	Interesting and timely topic. It would be interesting to repeat the survey 1 year to compare results in order to more objectively measure the effects of your efforts to reduce stress and burnout.	
708497	Remember to use a leading zero when identifying P value. The result should be $p < 0.00001$, not $p < .00001$.	Lack of control group is a limitation as stated. How many people reached their individual goal?	This was well designed and interesting. It was very well written.
708498	Extended infusions are becoming standard of care at many institutions without a well designed study being completed. This meta-analysis builds on the data that is already available.	Consider commenting on inclusion/exclusion criteria for the included trials in order for the reader to gauge the impact of the study. This information gets lost when included in the results section.	Please clarify if these are antipseudomonal beta-lactams or not. This is mentioned in the purpose but then not again in the abstract.
708512	patients who were treated with dimethyl fumarate - when then discontinued was this during their hospitalization or afterwards? how longer were they on the therapy prior to discontinuing?	-- unsure how this data correlates with already published literature, what is a contribution of this data to clinical practice is not clear	It would be meaningful to include the hospital/facility size. The results are not written in complete sentences and sentences begin with numbers that should be written out.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708518	Innovative method of teaching this important concept. Good design. Appropriate analysis of outcomes. clear abstract, well-written.	Important and applicable topic. Identified effective strategy to provide education to healthcare providers.	I love the creative idea to approach a difficult topic.
708521	Good abstract, watch the grammar.	<p>This is a descriptive study of a country's experience with DAA tx for HepC- While the conclusion of the authors mirror the guidelines recommendations . The % RVR is higher in G/P group; Inferential statistics would add more strength</p> <p>It is unclear from the abstract whether these patients were tx naïve as it may affect outcomes. What is meant by "accepted " in the conclusion, Is that "tolerated" if so how that was assessed in results. Using abbreviation for the antivirals would have allowed better use of space to describe results and baseline key demographics such as genotype</p>	This is a great topic that can be useful. The objective is well stated and methods are appropriate as a retrospective study. Measures were used appropriately. I recommend using a statistical analysis to compare the response rates between the agents as well as making a comparison of response prior to initiation of the medications. This would be helpful with the conclusion instead of saying that glecaprevir/pibrentasvir had a little higher RVR rate.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708523	<p>Pertinent to practice and a great idea to enhance the impact of pharmacy / pharmacists on patient care.</p>	<p>Interesting project, it might be useful to point to the most identifiable factors/meds/ specific interventions which the team has formulated. In addition to present some additional details for specific clinical conditions or patients with disease states who got the most benefits from the program.</p> <p>-would you also present the time frame for the project?</p> <p>It would be interesting to compare the baseline characteristics for those who refused to enroll in the bedside program and those who did and present a formal statistical analysis for the outcomes.</p> <p>You may wish to present if you have conducted any formal assessment for the improvement of patients' education as this was the secondary goal of the study.</p>	<p>Novel project. Very well written! Be more clear in the objective that you are comparing rates pre- and post. You can probably do some stats on those numbers as well.</p>
708524	<p>Pre study data was small sample size. Great report of program impact. Techs reviewed histories obtained by others within 24 hours of admission, so how did that result in saving 1262 hours for nursing?</p>	<p>Interesting and relevant topics: pharmacy driven med rec and advancing technician roles. Also liked how you capture time saving for nursing to devote to more too of license work.</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708540	<p>What was the exclusion criteria?</p> <p>Conclusion statement states cannabinoids treat numerous disease states but this was not the objective of this project.</p> <p>The data/result that you reported from your literature search does not support that cannabinoids should be used for migraines which you state in your conclusion.</p>	<p>Non-randomized studies have huge referral bias. Animal studies often use very specific products and the applicability of these data to clinical practice is unclear.</p> <p>The results should describe studies to some degree (population size, type of animal).</p> <p>What are "comprehensive reviews" included in the methods for included articles?</p> <p>Results are unclear and probably not supported by data, especially the statement regarding "less side effects."</p> <p>Conclusion should be: RCTs should be conducted in humans to identify the efficacy and tolerability of cannabinoids for the treatment of migraine headaches.</p> <p>Guidelines for posters state "Abstracts which review existing literature should be rejected"</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708541	<p>Interesting project and very thoughtful to the current changes in the opioid crisis and the use of marijuana</p> <p>-Can you explain the low response rate in the survey?</p> <p>- Do you think that pharmacy student enrolled in the elective course for drug abuse and addiction may be different at baseline (attitude and perception) than those who did not?</p> <p>- It is important to present various baseline characteristics among the cohort at each year, from 2015-2018 there may be some other residual confounding affecting their attitude and perception</p>	<p>Interesting report on how opinions on marijuana among pharmacy students have shifted during the years of recreational legalization.</p>	<p>This is a well conducted and well described study of an interesting topic that many states are encountering with new laws going into effect.</p>
708544	<p>this is a description of a service developed by Pfizer but is not really in the spirit of what the professional poster hall is all about.</p>	<p>Remove Pfizer from the title and body of your abstract.</p>	
708547	<p>- Could briefly add intro section at the beginning and discuss the need for this case report</p> <p>- Although the focus is enoxaparin, would add the details in warfarin therapy course since it affects the monitoring of enoxaparin therapy.</p>	<p>Great description and very well-written!</p>	<p>There is very little data on this complicated patient problem. Did you check trough levels as well for accumulation?</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708548	In the future avoid identifying the location in the abstract to help preserve a truly blinded review process.	Should include whether patients were consented for study participation and whether IRB approved or exempt. Adherence data should be included in results.	Good topic - area where pharmacy is needed but difficult to show cost effectiveness for C-suite to hire and spend money to save money.
708550	This project is extremely timely with the implementation of USP 800 by December 1st. Many institutions are struggling with the environmental monitoring piece and getting the institution as a whole to collaborate to develop a program. Although the point of care testing is limited in scope it is a great start and provides a framework for other institutions to use as a model to implement in their institutions!! Great job!	Timely and interesting topic	Interesting topic - remains a challenge for many sites so topic presentation will be very pertinent.
708553	I think it is important to analyze paired shifts in DOT? Less anti-pseudomonal use, more narrow spectrum therapy.	Very good.	Great study assessing the need of provider education to improve antibiotic utilization. Appropriate methods and statistics used. Able to confirm education was a high importance since Phase I didn't impact the antibiotic utilization. May consider to address why they think that educating hospitalists in Phase I did not impact the antibiotic utilization, but educating other medical staff did.
708555	Good methods. Hopefully this is a lasting change the survives the post study period. It would be interesting to see any differences in clinical outcomes following implementation of this protocol		

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708556	<p>Interesting but Not well written. Unsure of what some of your methods mean or refer to. Not sure of applicability to other health systems.</p> <p>Please have your material proofread for English grammar.</p>	<p>Project is not clearly described. What is QCC? Methods are not described fully. No statistical outcomes are stated but SPSS is stated that is was used. Only descriptive stats are provided. The methods and outcomes are unclear.</p>	<p>Would be very interested in the number or percentage who had previous experiemented with drugs. Additionally, follow up at the 6 month mark to see retention and subsequent experimentation</p>
708557	<p>Benzos have been shown to increase mortality, ICU length of stay and delerium.</p>	<p>Did you assess why midazolam was used? were there elevated Qtc intervals? may have helped the results section</p>	<p>very interesting</p>
708558	<p>there is no mention of the approval process or whether it was approved.</p>	<p>Good sample size of patients in this single center study.</p> <p>What other variables were significant or not-significant in relationship to drug levels.</p>	
708559	<p>This report describing results of a survey assessing administration rates and knowledge about influenza vaccination. It was surprising that the vaccine was optional for health care workers in the hospital setting, given the risk to patients. Appropriate conclusions were made. An additional measure to consider to increase vaccination rates in addition to education is implementing and promoting vaccination administration for employees at the worksite.</p>	<p>how participants were selected? was it a random sample? how sample size was calculated? what software was used for analysis?</p>	
708560	<p>Interesting</p>	<p>Interesting results, would focus on defining some of the classifications used in the results section, but understand the limitations of the abstract word count. For example, defining mistakes, violation, slips and lapses.</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708561	would be interesting to complete on a larger multisite scale	Overall a great project. For the poster, consider the following. Is the purpose of the study to only target those completing the teaching certificate? That is what the purpose states, but the methods indicate that the survey was sent to residents completing a university-affiliated residency program. These are 2 different criteria, so make sure to clarify this on your poster.	
708562	Well done.	Any other risk factors for prostate cancer were collected and compared between the 2 groups? The conclusion of statin use was associated with decreased risks of prostate cancer is inappropriate since the first result showed no difference in incidence of prostate cancer between both groups. Only the subgroup analysis for statin duration then it showed a difference, which does not make a lot of sense.	
708563	<p>Please fix grammatical and overall text errors, hard to follow.</p> <p>Please include more detail in methods.</p>	<p>-first sentence of methods section: "... or renal function recovery.." and then were selected from the PI database?</p> <p>- work on flow, specifically in your transition into stating the purpose of the study</p>	Methods were a bit unclear. Where did this take place? Who was intervening?
708564	How many patients during the study time period were admitted with a thrombotic event?	Well done. Can there be information about percentage of patients that had these outcomes before implementation of the service?	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708565	<p>The project is not necessarily innovative but it may be of interest to pharmacy practioners since this is a common oncologic emergency and would fit into many different specialties (ID, Oncology, ED, etc.). Definition of what is considered following the IDSA and NCCN guideline recommendations is vague. For example, G-CSF to treat febrile neutropenia is not recommended in the majority of patients but 83% of patients received G-CSF for febrile neutropenia treatment.</p> <p>The idea behind this abstract is good but I think only a subsection of this should be studied to provide more detail related to the guidelines. For example, appropriate G-CSF use, appropriate antibiotic use, etc. It is difficult to tell what "follow the local guideline" and the IDSA/NCCN guideline recommendations include since there are multiple things where people can select the incorrect thing. For example, was amikacin, vancomycin, and meropenem used appropriately? Was vancomycin stopped within 48 hours as what is recommended per the IDSA guidelines if the patient reaches certain criteria?</p> <p>IRB approval was not mentioned.</p> <p>I think the aim/objective for this</p>	Please fix grammatical errors	Well-written manuscript. Interesting report on treatment of FN in UAE. You reference the guidelines, however G-CSF is not routinely recommended for FN treatment by the IDSA guidelines, but rather prophylaxis.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	project needs to be more specific and this will help strengthen the benefit to the audience related to this poster.		

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708567	<p>I have done some research in this area and think it is a really important topic that most nonpharmacy clinicians are not aware of or miss as part of their medical care. The number of patients that were included was impressive and the reported results that were listed hit all of the important discussion points for clinical practice. I included some comments for potential improvement below this. Great job!</p> <p>1. Methods: I could not find the severity rating of "higher" in either Lexicomp or Micromedex for drug-drug interactions.</p> <p>2. Methods: I have a hard time understanding the difference between category 1 and 2. I assume category 1 means both references have the same severity rating for the DDI and category 2 that they do not have the same severity rating but that one reference lists the DDI as major. I would reword the category 2 definition.</p> <p>3. Methods: some outcomes were reported in the results but was not mentioned as something that was collected in the methods section (ex. age, type of DDI interaction, etc.)</p>	<p>Very interesting and pertinent topic. Please fix grammatical errors so it is easier to follow</p>	<p>Interesting report that quantifies the impact of the high prevalence of DDIs among patients on oral chemotherapy.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708568	A few grammatical errors in the abstract. It would have been interesting to try to tie the level of knowledge with hospital/clinic/ED readmission to show a negative outcome, vs lack of knowledge.	More information about intervention(s) in background, more information about survey development and design required.	
708570	good study design and outcomes data; few grammatical errors that need to be corrected	Excellent information and further supports the use of WHO analgesic ladder in the institution	-Methods are not well defined, unclear what the intervention was -Would recommend having more specific and clear outcomes
708571	it wasn't clear to how you were assessing seizure control, if that was a part of good practice or separate, it should have been more clear how assessing for this. It also wasn't mentioned in the methods section.	what was the alpha used? 0.05?	Please include details on what constitutes "good seizure control".
708575	There should be more detail in the methods section. What kind of questions were asked (yes / no, rating scale, open ended questions)?	Provide more information from results if possible to give your readers more context	Preliminary results noted, but project not completed.
708580	The abstract is incomplete in that it does not report specific compounds tested..	If this research is about finding new NSAIDs without significant side effects, it would be nice for the methods and results to assess and describe that element as well.	
708586	Was this IRB approved?		
708589	interesting! Methods were strong with long follow-up.	great topic, very relevant to today's times given DM is so widespread and high cost burden to many health care systems; Interesting results, would love to see this looked at on a much larger scale to better assess the	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		cancer risk. Some grammatical corrections needed.	
708590	<p>This is a great idea - however it is unclear how this program was assessed. There are no methods to report how the results data was collected. Was it via survey? Who's viewpoint is this data coming from (faculty, student, objective timed data?). Was this IRB approved? How was it analyzed? Results are presented as just a discussion from someone's viewpoint without compilation of actual numbers and figures to support the results. If this is an abstract that is descriptive in nature to simply describe this program, then it should be 1) stated that way in the methods, and 2) findings such as strengths, length of time, mental fatigue, should not be discussed unless they are true findings that were assessed. If it is truly an abstract that is just describing a program, then the design of this program is only what should be discussed.</p>	<p>To improve your study, I would recommend some type of measurement like success of students to obtain a residency. I would think that since you have 5 years of experience with this program you could get some type of data. Also you could collect data from the students about how they think the process prepared them and how satisfied they were with the process (satisfaction survey)</p>	<p>this is an excellent idea, which should be shared with all school and colleges of pharmacy</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708592	<p>Nice study</p> <p>Please have proofreading done to address grammar issues.</p>	<p>It would be helpful to have raw numbers to have a better idea of power and if failure to find difference is a result of power or not.</p>	<p>The sub-group of severe TBI patients should have a population number for size.</p> <p>"Patients who had seizure before TBI prophylaxis..." should be PTS prophylaxis.</p> <p>No side effects data is provided as indicated in the methods section.</p> <p>The conclusion does not really match the results of the study.</p> <p>It may be beneficial to show the two seizure rates in the groups as a hazard ratio can be misleading and really does not tell the whole story.</p> <p>I had trouble reading this abstract with many grammar and spelling issues.</p>
708593	<p>The methods do not listed perforation as inclusion. The title and purpose are almost the exact same, would try to make they different or make the purpose a little more detailed</p>	<p>very interesting. I am sure you will get a lot of questions as to how you got this process approved. Did have you have support from the clinicians ordering the antibiotics? Did you try education first? These are the questions I would be prepared for. Great use and description of statistical analysis.</p>	<p>Very well written abstract and interesting project</p> <p>Well written abstract and excellent analysis - Information valuable for all institutions or AMS programs struggling with antibiotic timeout implementation. The results of the study present good alternative option to timeout by DRG</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708595	Super relevant and the future of stewardship. Great study!	Great topic with a worthy goal.	
708597	<p>Overall, I think this is a great abstract. I could find little data looking at all of these agents in the pharmacy literature. Based on this project, it to lead to a decreased utilization and therefore the cost of IV bags/tubing to a pharmacy (if DEHP-free materials are more expensive). Your project was very thorough and you chose important drugs and endpoints to study. Also, the abstract was well written. Some additional comments below:</p> <ol style="list-style-type: none"> 1. Spelling: "chromatograpgic". 2. In methods, you should add the definition for "non-toxic" in numerical value as mentioned in your results since that is one of your main outcomes. For example, the leachables were "non-toxic" according to the results. What is that specific definition of non-toxic in this setting? 3. First sentence in results should be in methods. 	Well-performed study evaluating leaching and sorption of chemotherapy with different tubing types.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708598	<p>The purpose or objective of the study is not clearly stated. Perhaps, the last sentence can be changed to state that "the purpose of this study is to detect the discrepancies between information from patient's medication lists with substances detected in the blood..."</p> <p>- Also recommend to clearly state the type of study design in the method section.</p> <p>- Remove space between number and % sign. 60% and 13% (2nd sentence under Purpose)</p> <p>- Missing period (Around one fourth of the patients lived in a special care facility. Eighty...)</p>	very well written abstract.	
708600	Well done, however, it is unclear what the objective of the study is in the Purpose section.	Well-written and designed study. Great results!	
708602	Timely topic and nice summary of this descriptive report. I'm sure other hospitals/VAs would be interested in hearing more about your training process.	<p>It would be interesting if you can give more insights on the competency areas or knowledge improved due to the new design of the fair as much as you focused on the improvement in time of the fair.</p> <p>It is also not clear if this was a mandatory competency requirement, so the number of attendees will not change or if these were the same nurses</p>	Sites will be very interested in this timely topic

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
		attended in 2018 (carry on effect rather than due to the new strategy in the 2019 fair)	
708603	This abstract is more appropriate for a scientific meeting. Not relevant for a pharmacy conference.	Does this research require IRB approval?	this doesn't appear to be a pharmacy relevant study.
708604	as stated in the conclusion there is limited application of shoe size as so many factors can effect warfarin maintenance doses	Unfortunately, in practice, it is not necessary to know the patient's shoe size to determine warfarin dose. The abstract mentions that increased height correlates with increased warfarin dose, and increased height correlates with increased shoe size. I find it difficult to believe that knowing a patient's shoe size is necessary for appropriate management of warfarin therapy. Additionally, there are so many confounding factors that influence warfarin dose, that it would be extremely difficult to draw a conclusion that increased shoe size leads to an increased warfarin dose.	This is an interesting thought. I think you built your case well in your intro as to why you decided to investigate this particular correlation. I do though, think you might be a bit more forth coming in your conclusion as to how relevant or useful this might be. Overall well done.
708605	Please clarify in your methods who completed the interviews and reviewed fill history (tech, intern, pharmacist) and where this was completed. In addition, how were patients identified?	great study. Super relevant.	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708606	The results of this project don't really support the conclusion of proving the efficiency of the ASP program. There isn't any baseline data prior to the implementation of the ASP program to allow for appropriate analysis. There were many interventions that were completed, but it's difficult to assess the success of those interventions without baseline data. When was the ASP program implemented with respect to the retrospective analysis?	Methods should include clear definitions for "appropriate antimicrobial administration". Should also discuss dual author review of charts because "appropriateness" is often on a scale. Was the "68%" prior to the implementation of the project or after? if after, what was the rate before? conclusion follows results and methods.	Please have poster language proofread for English grammar.
708607	what were average doses used?	Interesting topic! Would be interesting to see if the incidence of ADRs associated with lorazepam or diphenhydramine increased post-implementation because they were used more frequently. Great job!	
708608	Love this project. It will be extremely beneficial to upcoming students and for colleges of pharmacy to discuss with their students early in their pharmacy curriculum	How participants were selected? how data was analyzed?	More relevant as a student poster
708609	Would suggest moving this "All volunteers were educated about their role during the flu clinic via email and live in-service. Each volunteer was given a specific role with oversight from pharmacists that organized the event. Three immunizing stations were set-up with two immunizers at each table. Each immunizer had needed supplies at their station and a pharmacist overseeing any additional requests that may arise." from	This project seems like it's useful however would be great to know how many possible flu were avoided	Although I applaud the author(s) for the success of the flu clinic, it is unclear what the purpose, methods and statistical findings are of this proposal.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	the "results" section and move it into the "methods" section		
708612	please add more information about the results of the prescription trends	Timely topic. Will be interested to see the set of recommendations that were developed.	Interesting topic. Very relevant.
708613	Needs to be placed in an International Poster session not a general poster session	Interesting	
708614	Identification of diff risk factors was great work to help tailor therapy and prevent infections	The title does not match the objective of the study. How were cases matched with controls? How were controls defined? The study itself is confusing as there are risk factors identified and in the results it appears that the validity of the risk factors are assessed. This seems to be a few studies lumped together.	Great work. Interesting results, I look forward to seeing the poster
708615	<p>This is a great study to show time invested in MR.</p> <p>There is a lack of discussion about the outcomes of these MR interventions. It would be very helpful to know if there were errors identified and what was done to correct them.</p> <p>This may have a benefit to open some minds to show it is possible to accomplish these tasks, but the time must be offset by freeing the clinical pharmacist of some other duties.</p>	<p>Interesting topic - happy to hear that this is something your institution has continued doing. If the purpose of the study is to promote medication error reduction, this is not something that is described in the results. I would recommend editing your purpose on the poster so that it reflects the results you are displaying (e.g. pharmacists' time spent doing medication reconciliation).</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708619	I think this topic is interesting, I am just confused as to exactly what was done and what exactly was collected. The results are very scant.	Excellent project. Nicely described methods and results. Good support of the ISMP info. Nicely written abstract. Easy to understand.	Interesting topic. The need for prophylaxis is a question often asked when oncology patients come to my unit and there isn't always a consistent answer. Would suggest including how many institutions you sent surveys to versus how many were returned. May wish to consider adding more detail to the results section on which were the preferred agents.
708620	Really great study, great methods and conclusion was interesting. Make since though that it wouldn't reduce carbapenems doses (as the culture data would come out before the e-test reflex) but still proves step down is performed once that info is available.	Very interesting. I look forward to visiting your poster.	Great review of carbapenem-saving therapies even if it did not decrease total doses of carbapenem use.
708622	It is important for every institution to look at the incidence and cause of medication errors. Only by delving into the causes can education and process change be implemented to decrease the incidence and severity of errors	exclusion of >13,000 or 2/3 of the errors makes the results difficult to interpret. We have to assume that the rest of the errors follow the same pattern as those analyzed. We don't know if there is some sort of systematic bias that results in the analyzed errors being fully filled out. Additionally, it could be that physicians started the unfinished reports, but got frustrated and quit partway though the reporting process. These are things to think about for the poster if accepted.	Excellent abstract and topic. Similar issues at many other sites.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708623	Unclear from where the project idea stemmed. Reads as initial look at PF4 ordering and then implementation of HIT diagnostic cascade, yet this was inferred and not clear. Was not able to grasp what was changed in the ordering process prior to this study.	setting - academic or community hospital? can a pharmacist initiate the algorithm?	
708624	Abbreviations should be spelled out with first use. Misspelling in Results "patinets." Misplaced period after therapies. ASHP guidelines state that tables should not be included in abstracts.	Many errors in grammar, confusing sentences, awkward at times... very unclear as it is written.	The results table was not at all clear in the format presented. Your conclusion said there was a significant difference but did not specify what the different was (eg improved outcome for which group of patients?)
708625	Pertinent topic given USP 800. Please have the poster proofread for English grammar.	Important topic	I would like to know how many different hazardous drugs were tested and which ones. Also with the "up to 99.99%" result, I would like to know the range. The minimum efficacy needs to be presented for this poster to be balanced. Was the sampling method for residual contamination appropriate for all the drugs tested, i.e. these drugs are compatible with the extraction method and expected to be recovered via chromatography?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708626	The idea of complex care practice with a multidisciplinary team (or patient centered medical home) is not a novel idea and has been discussed in the literature several times. Instead of a descriptive report, perhaps a pre/post intervention analysis of pharmacist related outcomes could have been studied.	This project was well designed and the abstract was well written.	This is well written, but I have difficulty identifying your purpose. This sounds like a great initiative and certainly has my attention, but I have difficulty identifying the overt purpose of this draft. I would also recommend considering statistical analysis of the limited data that you do have, otherwise I think it makes it difficult to support your claim that you expect to see statistically significant data. However, I do find this very interesting and extremely relevant to current practice.
708630	where will this study lead? guidelines? further studies?	Very interesting project. It would be interesting to follow these patients to both maternal and fetal outcomes.	
708631	No comments to share. It is a pretty straight-forward description of their process	To improve your study, I would recommend including more data such as number of pharmacists successfully completing, score of their assessments pre and post, satisfaction with program, etc.	Pharmacist continuing education is a crucial part of development. Using brainstorming tactics and tools to help create effective learning strategies is a great area of focus
708633	Good topic. Well written abstract.	More information should be added on how sample size was calculated and how data was selected	Needs work on grammar. Sentences should not begin with a number unless written out. Misspellings and typos. Interesting topic, distracted by poor writing.
708634	I would like to know how this differed from the previous process.	Interesting concept and timely	No clear results or outcomes are shared...very subjective as written

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
708637	Pertinent topic, and good resources for those hospitals undergoing the same transition.	Per General abstract information: "Projects must be completed at the time of submission. Planned projects or descriptions still being implemented should not be accepted. This project is projected to be completed 50% by June of 2020 and 100% by June of 2021. Please resubmit after completion.	Please add more information about the study methodology, study data and results. It is not clear what and how data was analyzed.
708638	<ul style="list-style-type: none"> - Introduction could include ISTH statement regarding DOAC use in morbidly obese pts or OBESITY paradox theory - Multiple studies are now available regarding this topic. Could discuss those in your poster/abstract briefly. - When comparing baseline characteristics, would discuss the significant difference instead of trends in each variable - Would report subject number in each DOAC - Would consider warfarin group as a comparator 	Perfect! This is a model abstract.	Hot topic, one of interest in my day-to-day practice. Curiously, what were the prescribed doses? Concomitant disease states? Power analysis?
708640	Excellent study	This was a great project. Interesting to see that bupropion is not prescribed as much.	Well done. This is an interesting look at smoking cessation prescribing habits at your facility, but I do wonder how patients are referred to the PharmD at your site? Are they typically sent by PCP provider when needing something more involved than the patch? This might be an interesting discussion point, but could

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			also consider this as a portion of your methods or results. However, this is overall well done!
708641	will you do further analysis and make stronger recommendations to combat heroine addiction with use of cannabinoids? what is the future direction of the recommendation made to help with the opioid crisis?	Interesting project. I am not clear how the authors assessed the physiological concentrations.	
708642	Some "no" responses simply because this is a case report. I think this information is VERY applicable and appropriate. I will be sure to share this information with my team at my healthcare center.	Trade name used in title. Concerned about trade names used in the body of the abstract. Perhaps the title and body of abstract could be worded to refer to "a biosimilar insulin glargine" instead of Basaglar and refer to Levemir in another way beside the trade name?	Feel that the title and overall discussion is misleading—it wasn't so much a basaglar treatment failure as it was a glargine treatment failure (patient hadn't previously been on lantus)
708643	Well written overall and interesting information	specify dates of survey did survey include inquiries based upon generic and trade name Pfizer products? In which country was the survey conducted? How many surveys sent out? total response %? Were surveys sent to inpatient and outpatient practitioners? How is this data applicable to hospital pharmacists?	This abstract sounds promotional in nature to a service that Pfizer offers.

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		This data is more internal QI than substance of interest to hospital pharmacists?	
708644	Need more information in results section to understand the impact of the project and the program. Project needs to be completed to measure impact.	Interesting perspective	
708646	This abstract describes the development of a process for electronic ordering and documentation of continuous subcutaneous insulin infusions for inpatients. The planning and input from multiple disciplines and guidelines was extensive and the final process incorporated several potentially useful components, including an intuitive electronic template, clinical tools, alerts and other aids. This description is of interest to meeting attendees. My only comment is that the fourth sentence in the methods section was hard to understand. It seemed to start with items used to develop the process but end with components included in the process. Clarifying that sentence or dividing it would help in understanding the process. Results and Conclusions sections are written clearly and easy to understand.	Any preliminary results?	Great process to address an area that is neglected in our health systems - it took a while but it was worth it.....make sure to show the specific guidelines

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708647	<p>Interesting analysis of the rate of antidiabetic agents adverse effects and adherence to institution specific criteria for use.</p> <p>Please rephrase conclusion to be decisive.</p>	<p>Why are these agents to be used after insulin in VA when current guidelines would use them earlier. What about patients with established ASCVD or CKD? What are the renewal criteria? Not really a conclusion but rather next steps or actions.</p>	<p>This is a detailed and well-written abstract that meets all of the reviewer's qualifications with the exception of not including a statement on ethics committee/IRB review.</p>
708648	<p>Great study! Hope to see more studies like this in the future!</p>	<p>this study is quite interesting and unique. it would be interesting to see if you could involve dietitians as well since they may also have other options. would be nice to see if with the help that they have received if that had any impact on their htn/dm/chf</p>	<p>This is a really interesting concept! I think it shows that pharmacists can be useful in a variety of roles that may often go unrecognized. I would be interested to see further data on this program to help determine whether or not this has an impact on the meds/disease states being managed by the PharmD at time of screening. Overall, well written abstract on a very unique use of pharmacists!</p>
708653	<p>Very pertinent topic. Well-written abstract and study design.</p>	<p>Interesting project. Sound methods. Results are adequately described.</p>	
708654	<p>interesting read</p>	<p>Overall great info to study/share. Was IRB approval obtained for this study? If so, make sure to include that in the methods section as this is a requirement.</p>	
708655	<p>Good use of new technology for something that has already been studied. Good use of methods to try and exclude contamination.</p>	<p>Not a disease state I am really familiar with - interesting!</p>	

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708656	<p>My practice facility uses diphenhydramine 50mg instead of cetirizine for cases such as this. For completeness I would include with desensitization protocol that you used.</p>	<p>Great abstract and project. Well written and easy to follow. I have some comments below on some of my recommendations for improvement. At my practice website, we do not have a specific protocol and it makes it a rough time for pharmacy.</p> <p>Methods: secondary endpoint to evaluate outcomes of these patients is vague, I would define this with greater detail.</p> <p>Methods/Results: I would like to know what the allergic reaction entailed in terms of severity. You can use grades from CTCAE. It would make a huge difference if the reactions were 2 (moderate) versus grade 4 (life-threatening) with the desensitization protocol.</p> <p>Conclusion: what does this mean for your current practice?</p> <p>I would also like to know the reason why the HCPs/team decided to desensitize versus switching to another agent. Example FOLFIRINOX -> gemcitabine and nab-paclitaxel or just drop the oxaliplatin in pancreatic cancer. I am not sure if this can be easily collected from the patients' medical records.</p>	<p>This is a pertinent topic for pharmacy practice. This reviewer hopes that the final poster will provide more details about patients population and desensitization method.</p>
708657	<p>innovative, interesting, and well written!</p>	<p>Nice information regarding herbal medicine in cancer cells. Will this information be relevant in vivo?</p>	<p>-Please include the exact outcomes that were measured for viability and cytotoxic effects</p>

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708658	Need specific details	Very interesting. It would be helpful for readers to describe the strategies used to obtain the high level of first day deployment.	
708660	Excellent study and well written abstract. Noticed a typo in the conclusion, second statement ("from to")	Interesting cost perspective and analysis of PCMH. Well-written and easy to follow abstract.	Very well written. While it did not entirely produce positive outcomes, limitations were identified with notation for the need for future research.
708661	Were the CPI positions 100% volunteer positions? Or were current interns offered CPI (volunteer hours) in addition to their regular paid hours? An interesting solution to obtaining med histories when students are not on site.	Should define CPI within the text Never discusses results for drug shortage management however discusses in purpose and in conclusions.	
708665	Abstracts reviewing published literature are not eligible for consideration.	Grammar and spelling issues throughout the paper. Difficult to understand the objective and the results of the study. The stated purpose of the study was to determine cases in which coxibs would be a better therapeutic option than NSAIDs. However, did not provide information regarding this in the results or conclusion section.	This literature review sounds like a very formidable undertaking. Under purpose, specify which cases you mean in which these drugs are considered a better therapeutic option. Define which coxibes are included in your analysis. Your primary objective was to analyze the safety profile. Your methods section should expand on what specifically you are evaluating with regards to safety. Instead there is additional evaluation such as mechanism of action, benefits associated with the treatment. Results included discussion of aspirin. It would be helpful to know which

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			coxibes you included in your analysis.
708667	This does not add to the body of literature. Pharmacists have been proven to be effective members of the AST. In addition, your abstract does not document how patients were identified, how interventions were made, or who else was on the team	Great study with reliable documentation to show how pharmacists play a role in AMS practices.	Well written abstract, especially the methods section which highlights the tests used for analysis. Outcome measures are validated and analyzed well. It would be interesting to know if the rates differed between hospitals (especially given the wide acceptance range).
708668	Great cost savings project	Very pertinent topic. Please expand on the purpose statement. Please provide background information as to why this study is needed to advance clinical pharmacy practice. I recommend discussing specific cost savings (in dollars) versus simply stating that there were significant cost savings.	
708674	<p>-Consider including how PharmD programs were selected and potentially the region/location</p> <p>-Consider including type of analysis used in methods</p>	Did you evaluate/compare the student mental health and lifestyle resources in these 5 PharmD programs? Was there any indication that the students did not have readily available access to mental health and lifestyle resources or that access to these would have impacted use of CEDs?	
708678	Although the results are not particularly interesting, this study has some merit in directing the routine use of these types of investigations into medication use.	great MUE	

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708679	Great way to show the impact of a pharmacist	Interesting abstract	interesting. if communication had been improved would this have helped timing?
708680	Interesting results showing benefits of inventory optimization.	important topic. stock outs are a major issue leading to delays in care. strategies that would minimize those delays would be welcomed.	Not a lot of data was presented in the results. More description of methods?
708682	Did the stage of cirrhosis affect the results? Did any receive more than one dose of vitamin K? Well written abstract.	Mention guideline recommendations and/or standard practice in purpose section.	-- this study may not have a power to detect a difference between groups
708683	It would be interesting to see the specific reasons for the reprogramming of the pumps with EMR interoperability. I would have expected to have seen a significantly decreased number of reprogramming and cancellations with that system in place.	Very interesting project.	
708684	Love the superhero idea	Positive initiative showing the power of focused and continued education on inappropriate prescribing habits. Great evidence supporting the focus on the expansion of outpatient stewardship practice.	This is a very timely topic. Please provide more information on how the percentage goals were determined.
708685	This abstract describes the process for developing the order sets for infusion rates. It would be interesting to see what impact this project has on patient care.	Excellent use of a multidisciplinary team approach to improve safety.	Timely and useful descriptive study.
708688	Web-based lecturing is already commonplace at many schools of pharmacy.	Nice to know our model in the US is globally impacting.	This is a good abstract and is well written to share experience in training students . Perhaps consider submitting to AACP annual meeting that is typically in July.

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708689	very well done	Third sentence in first paragraph there is an extra "to". Please make sure to not include in poster if copying and pasting from abstract. Instructions state there is to be no use of acronyms but they are used throughout your abstract.	exciting possibility! Promotional?
708690	Was this IRB approved? Study timeframe was not stated in methods	This abstract shares interesting data that may be of interest to meeting attendees. Overall, it is well written but does lack a clear objective.	Interesting topic
708692	Caveat: I have minimal knowledge of proteomics; but perhaps most of readers would also lack this knowledge. The two samples "were treated with two different concentrations of lovastatin". I suggest listing the two different concentrations; and if there was any difference in the findings between the samples.	1. Purpose: I would remove three receptors since with metastatic breast cancer there is now PD-L1 CPS scores that is tested in practice to utilize immunotherapy. Otherwise, statins and cancer is a hot topic, especially in a cancer that has few treatment options.	
708693	Great data!	Great content. Consider adding the cost avoidance information to your conclusion.	

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708695	<p>Do you have any way of knowing if the same students participated in different time points?</p> <p>I don't understand how 6.8% is lower than 0% in this statement: "The rates of severe depressive symptoms were lower in the June survey (6.8%) compared to the September and April surveys (0%)"</p>	<p>This is an important topic for anyone involved with students and trainees in the profession with increases in depression, anxiety, and suicidality reported in students.</p> <p>In the results section, this statement is unclear: The rates of severe depressive symptoms were lower in the June survey (6.8%) compared to the September and April surveys (0%).</p> <p>It's unfortunate that the sample size declined for each survey. Have you considered repeating the surveys with the following year's P4s, or including the questionnaire in a student self-assessment to increase the yield?</p>	<p>Do you believe there is bias in the reporting over time - those without depressive symptoms being less likely to complete your survey?</p>
708696	<p>Do you have numbers to support "training has allowed for the staff to feel more comfortable?"</p> <p>Good work to keep up the practice periodically.</p>	<p>Suggest addition of information about types of emergencies responding to, the teams and individuals consulted to establish boxes and protocols, assessments made, etc.</p> <p>Please upgrade detail.</p>	<p>Overall beneficial information to share. Some considerations for the poster. Make sure to explicitly state your objective/purpose. Would like to see more concrete results rather than "the pharmacy is ready to respond to any event that occurs." How many people took the refresher course? How did this impact readiness during emergency situations? It is hard to tell the impact of your service based on what is written.</p>

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708698	good abstract and research question.	Numerous misspellings "implantation", "document", "practices" and grammatical errors.	Listing out the 7 groupings would be beneficial for audience. Lots of typos.
708700	Innovative study! Very interesting results. Great work	Interesting. As a practitioner in a pediatric hospital, I would have assumed that gamification would be of benefit. I'm interested to see the full details.	very interesting study. would like to see final poster
708703	<ul style="list-style-type: none"> - Capitalized words that came after "purpose, method, result" - Spell out vitamin K - Check spelling - Thrombosis (instead of thromboses) - Is recurrent thrombosis a safety concern or an efficacy measure? - under purpose, last sentence should be "this study aims..." - define and spell out GLWACH - apixaban, rivaroxaban, dabigatran should be in lower case - Check punctuations. There are some missing periods for some sentences. - Some words don't need to be capitalized (ie, medication names, hypoalbuminemia" - "a total of 12 recurrent thrombi event was discovered" - "there were NO (instead of 	<p>Difficult to follow your abstract to get a clear understanding of what was done. How were variables evaluated? What is the name of the clinic (only abbreviation was used)? How many charts were reviewed? What makes this a case-control study? There are too many missing pieces to this abstract.</p> <p>Please proofread for grammatical errors.</p>	well written case report and excellent information.

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	<p>NOT) significant differences..."</p> <p>- "univariate analysis identified the following AS (instead of IS) significant..."</p>		
708704	<p>The abstract does not meet ASHP guidelines. The information in the results section would be more appropriate in the methods section. As far as I can tell, the abstract does not include any results or analysis.</p>	<p>There was no summary or detail presented as to the results of the transition. Too early to present.</p>	<p>Report is of high interest for pharmacy practitioners given the high number of PGY1 applicants however, this is a description of a project still being implemented.</p>
708709	<p>Very pertinent information. Many institutions struggle with managing inventory in ADCs especially in the ED. Good examples of what to review to decrease inventory, stock outages and expired drugs.</p>	<p>Consider adding more discussion to the conclusion to address items other than cost savings, such as the stock outs, fills, time spent evaluating inventory.</p>	
708710	<p>good</p>	<p>-Rather than describing baseline labs/demographic data in the results section, may be more useful to include actual results of the stated outcomes/objectives</p> <p>-Please report which guidelines are being used (ADA vs BAP) for the monitoring recommendations (weight q3 months, A1c q6 months, etc)</p> <p>-Although the primary objective was the percentage of patients with incomplete reminders who received recommended monitoring, this data was not reported in the results section</p>	

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708712	<p>This is a program discussion but no methods are discussed that allow the reader to understand the results. If this is an abstract describing a program, it should be labeled as such in the methods including how the result information will be compiled and presented. Is it from administrators?</p> <p>Was there IRB approval for this?</p> <p>Conclusions state that it has "proved to be such a great strategy" but now? Conclusions also stated that "real value was also shown during a national opioid shortage in 2018 in which every ambulatory surgery center was able to eliminate the reliance on opioid procurement from the main hospital", yet this is not discussed in the results.</p>	<p>Inclusion of additional tech proposal or return on investment projections would be beneficial for audience.</p>	<p>Need to clearly state methods process that led to changes.</p>
708717	<p>consider rewording the purpose/objective to something more measurable. instead of "to uncover the need for a pharmacist" - i.e. measure pharmacist impact on A1c reduction? introduction seems repetitive in stating that pharmacists can have impact on patients health care. would be interesting to know if the patients had uncontrolled A1c at baseline - (what was average baseline A1c and follow up A1c - in addition to just the change that is stated currently) would consider rewording conclusion to</p>	<p>This is a helpful review of clinical pharmacy intervention. It would be helpful to know how much time the pharmacists spent over the six-month timeframe. In addition, it would be helpful to know the patient population served during this time and any potential barriers encountered while providing services.</p>	<p>-- would be beneficial to provide more pt.'s specific data (age, race, duration of DM) and range of Hgb A1C +/- SD</p> <p>-- Average data does not fully show the impact by itself</p>

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	include something more measurable and objective.		
708718	Interesting to see the actual cost-savings incurred by your institution and how impactful HOPAs position statement is on practices of all sizes	Well-written report on a rural clinic adopting HOPA's recommendations and that resulted in significant cost savings for the institution.	
708719	<p>need to define abbreviations first time used: HAI, ICU</p> <p>first sentence of conclusion: "... successful strategy to enhance patient safety.."</p> <p>second sentence of conclusion: "With aggressive approaches..."</p>	Assess cost-effectiveness in critically-ill patients is brilliant to determine appropriate patient care.	This is an interesting topic and model. The abstract meets all reviewer questions/qualifications and guidelines.
708720	Wow, surprising to see what almost 10% of patients had no mention of HF and poor documentation and staging. I'm sure this was eye opening at your facility. Good proactive approach by discussing at P&T	<p>add "(MUE)" after "medication use evaluation" in the purpose section since you use this abbreviation in the conclusion.</p> <p>do not need to capitalize the word "veteran"</p> <p>review use of coma and semicolon in the methods section</p> <p>eliminate "and" from "Seven patients had no documented and EF"</p> <p>may want to include reason for why 1 patient could not be successfully converted</p>	Nicely written, easy to follow abstract.

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708722	<p>A novel and clearly impactful therapeutic interchange. Abstract is well written and results are promising. One unclear part is was the CDAD rate hospital-wide or only in those prescribed levofloxacin? Would also be interesting to compare AMS pharmacist interchange vs. standard of care before any intervention (even educational) was given.</p>	<p>Somewhere define CDAD.</p> <p>I'm not sure that the decrease in CDAD can be solely associated with a decrease in levofloxacin.</p> <p>You mention an increase in resistance patterns with use of levofloxacin, but fail to show, or even investigate, a reduction with its limitation.</p> <p>You did not describe the interchange policy well or give good substitutions in the abstract. This may be cumbersome, but an example might be helpful. You do hint at ceftriaxone in the conclusion.</p>	
708724	<p>This topic may not be of interest to ASHP's audience. The abstract is difficult to read and follow along due to grammatical issues as well as the reporting of methods and results.</p>	<p>Unable to determine purpose or results. Unclear and incomplete.</p>	<p>The topic is interesting but not well presented.</p>
708754	<p>Timely and interesting topic. Data collection/results appear to be ongoing but hopefully available by the time of the Midyear meeting. This abstract is a descriptive report.</p>	<p>A few typos in the abstract. It appears to be a work in process. I think the project is worth doing and collecting data; but I would like to see the results.</p>	<p>This topic may be of interest to practitioners, but the abstract is difficult to read and follow along. The objective is not clearly stated and the results are lacking necessary data and details. A lot of the results section is written in the future tense indicating that evaluation is not yet complete and does not meet general requirement for presentation.</p>

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			Also, there is no statement on ethics committee/IRB review.