

2019 ASHP Summer Meetings 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
624009	The cost savings prevalence was only 5% yet you had such a significant impact on cost savings. I am not sure how you could comment on that (ie things like inappropriate dose or polypharmacy may also contribute to cost savings).	Well designed - your methods are very clear. Very impressive acceptance rate of providers. I think you need to be careful here in your conclusion with "attaining therapeutic goals" as this was not something that was well reported in your results (such as improvement in A1c, etc).	nice job; no overarching issues
624378	Thank you for this submission; it will be of interest to our attendees.		
634213	This is an area of concern for DOPs due to the reasons outlined. I think a deeper dive into the Overrides is warranted. For example, performing RSI in a pediatric patient on the general medicine ward is a far different situation than RSI in an adult in the ED. This data could be provided in the poster by listing the common prescribed indication as well as the override reason chosen.	Interesting study. Excellent summary of study.	Good QA project. Further analysis of finding that would be of interest-harm to patient by end user.
635825	unclear why this was submitted to AJHP - seems better suited for different journal		
636943	The retrospective design of the study represents a limitation. A prospective design would yield impactful findings. How were outcomes evaluated? How was toxicity information collected?	Topic is of interest and innovative. The results is confusing - likely analyzing more on the numbers may be helpful for better understanding or clarity.	Typo as follows " elimination rate constant (Ke)" in methods section

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638332	Could include previous studies for a similar topic.	The Results (safety and efficacy of biosimilar trastuzumab) are not aligned with the Purpose (compare safety and efficacy of biosimilars) and Methods [literature search for biosimilars (versus a particular biosimilar)]. Use of term "miracle drugs" is not appropriate for professional society presentation.	
638437	Purpose states: Installing the RFID system would improve patient safety for the crash cart. Safety not mentioned except in purpose. Result section is unclear. Conclusion - The RFID system is innovation that every pharmacy should have. - unsupported.		
640230	Overall an important topic. Woman's health is a huge issue. It is so important to remember that when treating a woman, you are also potentially affecting the life of her future children, so very important study. I did see one or two minor typos, so read with a very critical eye when proofing final. Overall, good work.		
640320	Very interesting concept. There could have been several factors that could have influenced the results. Authors suggested the near miss form but there is a potential for other limitations. Those should be expressed on the poster.	We have incorporated huddle boards at our institution (Children's Mercy) but have not focused on safety data. I think a multi-site project could be developed between both of us.	Excellent QA which indicate huddles appears to be an effective safety tool.

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642186	some grammar errors in results paragraph	This is a small group, so was this a statistically significant difference? It seems like there are a lot of confounding factors that may impact "readmission rates" - this isn't really defined and could this be readmission for any reason? Not sure you can draw the conclusion that the pharmacist f/u led to decreased readmission rates, there could be so many confounders.	Study has not yet been concluded, however some results are reported. Statistical analyses are needed prior to conclude that the pharmacist led clinic led to decreased hospital readmissions (did it meet statistical significance). Would have been useful to define what "drug related problems" were.
644617	Could shorten method section as an abstract.	I have not seen a project like this done before and I believe it is applicable to almost every pharmacy. Very interesting.	Prevention of SALA is of interest to medical centers and this validate data-driven prediction model will be of interest.
644681	<p>There is no information on what the pharmacist did to help the patients improve access. While this is a retrospective evaluation, we are still missing what was the activity being measured. Access is one thing, but it was not clear why they were having any access problems or what had the pharmacist done during the encounter with the pharmacist. There is a lot of key information about the invention is missing. You just stated that all patients received the invention.</p> <p>There was an increase access to food, but was it good food. Why did the average A1c go up? Was a subgroup analysis done to look at those that had increased access to the drug or food and their A1c outcome versus those that did not?</p>	I wonder if you applied your model across all formulary classes, how big of a savings would happen	I'm not sure I would consider an assumption of 100% adherence to the clinical recommendations? otherwise, very interesting

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645073	This is a well thought out study that hits a hot button issue given the opioid epidemic we are currently facing. I appreciate the comment that there was a low rate of naloxone dispensing overall. Can you offer reasons as to why that may be the case. My first thought is that the particular PBM does not pay for naloxone which could be a deterrent. Future evaluations could include the number of times naloxone was offered and patients refused, with the same stratifications of health system vs. non health system as well as CPA vs No CPA.	The focus of Naloxone Dispensing Rates in a Hospital-Based Community Pharmacy: A Retrospective Study is both a timely and relevant topic that warrants exploration and has the potential to add to the climate of medical community's understanding of its use among patients.	This topic is timely, important, and of interest to pharmacists. This reviewer's one primary concern is that the methodology did not clarify whether PHI was viewed and used as data, and whether this project was determined to be exempt from use of a consenting process.
646452	well written,	Overall well done. However, not much new information as much of this has already been shown with previous studies.	Consider defining what a LACE+ score is.
646462	Excellent - recommend follow-up report once at Zero harm and the sustainability of the safety program.	Would recommend re-editing with regards to sentence structure, grammar, punctuation and clarity. Some phrases seem inappropriate (Ex, "Staff started to feel more comfortable about reporting..." which is not directly supported by the data). Increased discussion within the methods to further explain interventions (such as 'reporting system enhancement').	

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646651	Not sure why pharmacists don't contact the provider themselves. There may be an increase in acceptance of pharmacist recommendations if communication from pharmacist to physician occurs. Nursing is not always the best way to communicate medication concerns. Consider changing practice and re-evaluating efficacy if the pharmacist speaks directly to the physician.	well written	Overall, well written abstract. Would be interesting to have some feedback as to why the provider acceptance rate was so low.
647154	How can only 8 multi-vial products be manufactured but 9 are on CC formulary? I also do not see a problem listed or defined that you found at your institution. I see that you concluded PDSA5 was successful but I do not see where you ever state there was an issue with safety events prior.	<p>This is a relevant and useful study, and it will be valuable for those who view the poster. My comments/questions:</p> <ol style="list-style-type: none"> 1. The PURPOSE section says there are 8 multi-component vaccines, the RESULTS section says 9 of the products are on formulary. Please resolve or explain this discrepancy. 2. METHODS section could be stronger. Over what time period was the study conducted? Elaborate on how the discrepancies were monitored and who monitored them. There was a discrepancy between the vial counts in the pharmacy bins and what? Define the acronym SERS. 3. Need more detail about what was observed in PDSA 	The project had good end results. QA project is not highly innovative to present at this forum.

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		cycles 1-4. How was "minimal impact" defined?	
647605	<p>results paragraph has sentence "and toradol and morphine" that needs a little work.</p> <p>Often times shouldn't have an apostrophe in conclusion paragraph. Overall very good topic and important to add to literature.</p>	Improper abstract format for case report. Unable to review	Well written, clear, well defined objectives. Little constructive criticisms available.
647637	an interesting cost savings measure. how do you plan to maintain formulary compliance?	More detail would have been nice. What categories of medications accounted for the highest percentage of savings	Thank you for sharing your story and for including solid numerical values associated with your cost savings. In your final poster, please include areas that others similar to you can implement.

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648232	Small sample size but unique and may be of interest to attendees.	This is a fair abstract, nothing more, nothing less. The study has many more limitations than the ones listed in your abstract. The biggest limitation is the introduction of bias. While there is no introduction of commercial bias, the sampling bias (from pharmacists) and response bias (from patients) may artificially inflate the results of the study.	Thank you for sharing your poster concept. For your final poster, please include your study tool and clearly highlight areas that your pharmacists could improve upon when consulting with patients, as this is very useful information for pharmacists all over the world.
648234	This is a well written abstract and I think this is a very interesting idea.	The abstract is well written but the study is fair, nothing more and nothing less. There is a lot of sampling bias that is introduced by the pharmacists asking the patients to participate in the study and there is also an introduction of response bias from patients who agreed to a telephone interview but may not have answered the phone call.	Methods were clearly defined and results were in keeping with that. Might recommend re-evaluating current title. Exchanging the question mark for a colon might be sufficient.
648343	.	seems interesting. I honestly do not practice in an ambulatory setting so it is good to know this was positively perceived on an outpatient basis	Well-written, spelling and grammar appear to be without errors. Seeing as though this was a small sample population that comes from a rural program, I would submit that you highlight the utility of your methods and results. You conclude that your results support the need for additional services in rural communities. If you feel your methods are easily repeatable and will provide useful results, I would highlight that information.
648726	Outcome data is lacking. How many recommendations are carried forward? A longer time window of data collection is recommended.	none	In your results section, do not start the sentence with "298." Recommend spelling out the number instead.

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649097	If the purpose is to assess current practices for converting between ticagrelor and clopidogrel, readers may also think that the abstract describes clopidogrel to ticagrelor. But, this abstract is to assess the transition from ticagrelor to clopidogrel only. May need to clarify that.	Overall well done, interesting study.	No new information as regards to the SWAP-4 study. Since variations in waiting periods and conversion methods were problematic, leading to adverse outcomes, recommend elaborating more on the causes of recurrent MI or other noted adverse outcomes for new knowledge to minimize adverse outcomes
649684	<p>You comment on the percentage reduction, but the number of errors still remains high. I was hoping your were going to provide more insight into the problem and possible way to fix it. What other changes are planned based on your findings?</p> <p>What type of nursing education was provided prior to the implementation of this new program? Was it adequate given the results? Or does the program only address one part of the medication error problem and is not a solution to some of the other common errors?</p>	More information should be provided on medication omissions. Were late doses considered omissions? The rate in both groups is very high.	How were the errors initially identified?
650159	Very well thought out project and a great first step to identifying those at greatest risk of developing a preventable opioid AE. I am hopeful that in the future, you will report on if the incorporation of this dashboard reduced the number of AEs at your institution.	Opioid related issues/effects are at the forefront of discussions among various healthcare professionals at this time. This topic is relevant and has the potential to add to existing practice approaches.	Great project!

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650194	<p>Very useful project.</p> <p>Wish the authors describe what they are de-prescribing PPI to any alternatives? H2-Receptor antagonists may not be alternatives for PPI in elderly patients due to potential for delirium also. Or Tapering PPI off over several weeks??</p>	<p>While most may not be aware VIONE, this study will bring a level of awareness and education for improved quality of care and identification of risk factors among patients.</p>	<p>Interesting and well done. This is an excellent example of how pharmacists can be involved in the deprescribing process. Not surprised that PPI would be an issue. Well done!</p>
650228	<p>1. Objective " a 12 -16 percent increase in Statin prescribing " not met</p> <p>2. Method did not indicate pharmacist involvement to decrease Statin utilization rate</p> <p>3. Not Innovative to change practice without new update ACC/AHA.</p> <p>Thanks for your time for the research. Good luck.</p>	<p>The topic is appropriate, and the findings are of interest.</p>	<p>Very interesting study - well designed. It would be interesting to repeat a similar project in a few years with the most updated guidelines, which would then also need to include non-statin therapies. Well done.</p>
650418	Nice job.		
651197	<p>You report your purpose of the study is "The purpose of this poster is to demonstrate the impact that brief HT trainings can have in the ED and in pharmacy school curriculum" but you have not demonstrated any impact. You are saying that there needs to be HT training within the pharmacy school curriculum; however, the results from Patel, et al. have already "showed the drastic need for HT training incorporated into pharmacy school curriculum "</p>	<p>this is an interesting idea for an abstract, but frankly, this reads like a review article. Based on what is written in the abstract, it will be hard to provide a summary of the findings from 51 papers in such a short format. the selection of ED practitioners and Pharmacy students is also a bit confusing. Why not RN students and Rx students or Any ED provider?</p>	<p>Literature review has been deemed as non-acceptable for the 2019 ASHP Summer Meeting.</p>

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651213	<p>The abstract does not have a statement about ethics committee or IRB approval.</p> <p>The methods are not described in adequate detail. There is no comment on how the severity of ADRs were determined. There is no comment on other contributing factors to ADRs. There is no overall comment on types of signs and symptoms that were evaluated.</p> <p>The results presentation is slightly confusing, mainly impacted by poor wording. The conclusion ends in a run-on sentence.</p>	<p>I would like to see a summary of the WHO-UMC criteria. Also would like to have some examples of what the nutrition and metabolic disorders are. How many patients were discontinued completely in the study?</p>	<p>Would very much prefer more analysis regarding relevant risk factors for AE development</p>
651319	<p>Very interesting program. Please work to publish your results so this type of intervention is documented. It would be interesting to follow these patients longer than 3 months to see if you have a long-term impact on their health outcomes. Nicely done.</p>	<p>It would have been interesting to compare the pharmacist intervention group with a control group of patients that didn't see the pharmacist before establishing with a PCP. But as set up and studied, this is well written.</p>	<p>very interesting. would be interesting to look at other disease states as well (chf, copd, anticoagulation management)</p>
651321	<p>Limited day from this pilot study. It was clear the pharmacists was involved with some of the billed hours, but was the billing enough to offset the direct cost associated with the project. The subsequent analysis that is planned is going to be very important for other practitioners to see and the budget impact will be critical.</p>	<p>If a sentence is started with a number, this should be spelled out (Ninety-two point seven percent versus 92.7%). This feels more like a prospective study given you are awaiting additional contact and follow-up in the spring. The results are more difficult to interpret - is any of this significant without any reported statistics?</p>	<p>Results clarification: "Of the 9 patients who reported medication access needs at follow-up, 5 patients had new access needs and 4 had maintained their access needs". did you mean who reported need at baseline? Also, 27 patient's with food access needs at baseline vs. 15?</p>

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651353	The purpose needs to describe more what the company is and specializes in; I was confused - and School of Pharmacy does not need to be capitalized.	Thank you for sharing your APPE experience at Swisslog - we would be curious to see your raw results with respect to areas that your surveyed, along with structure you use to align your students to your practice site.	Very interesting.
651687	<p>1.Title is misleading; title should have included Review.....</p> <p>2. Your results stated "the study failed to demonstrate a benefit, possibly because it was underpowered" and no statistical power included in the methods section.</p> <p>3. please re-submit with changes; statistic for data analysis, include review to title and follow meta-analysis research format.</p> <p>Thanks for your time for the research. Good luck.</p>	Thank you for your submission. Your thorough literature search is commendable - would like to see what you actually implemented at your site that made an impact on burnout/resilience.	Very interesting and timely work.
651694	Would be helpful to have more detail about number of people in focus groups and if questions in survey/focus groups were vetted or validated in any way.	topic of interest -good insight	Clear methods and relevant conclusions. Well written. No major criticisms.
651759	Results need to be more robust	Clearly written and well organized. Very current topic that resonates with Pharmacy managers and leaders. I believe this poster will attract a good deal of attention.	Some of your methods are not very clear, had to read many times to get a good feel for what was happening
651779	proofread abstract for grammatical errors prior to submission	Interesting study. You might want to have the IDSA guidelines handy if attendees want to know what they are.	No discussion of potential confounding factors is addressed herein. Can the conclusions drawn here be attributed only to inadequate treatment?

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651857	Nice abstract! Technology helps to decrease time spent on fulfilling orders, while keeping patients safer!		
652097	So important to track these interventions to show pharmacists value. Will be interesting to see if these outcomes also lead to better outcomes in the next "phase" of your study.	well documented abstract with considerations to guidelines. Topic is relevant and valuable for the pharmacy audience.	Excellent abstract. Spelling and grammatical errors appear absent. Purpose was highly relevant and well-defined. Methods concise and descriptive, with outcomes that can be precisely measured. The results section included all relevant data and statistical values to endorse utility and significance of the parameters analyzed. Conclusion was well-supported and offers options for future research into value that pharmacists can offer.
652139	.	The conclusion could be just based on results. Conclusions may be too generalized. Also, please describe only associations since this study is retrospective.	There is no explanation of what drug-drug interactions were reviewed nor were the treatment options explained.
652202	.	Interesting subject. Good groundwork. No structural commentary.	would be interesting to look at the fitbit for the amount of deep sleep and light sleep as well and the recommended ranges and averages for different age groups
652208	The Veteran population is a unique group that requires continuous research and focus as it relates to mental health and suicide risk management. This topic addresses an important topic that many healthcare professionals that care for this population need to be aware of.	Well written and adds to the literature.	

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652284	Please clearly define the objective. Is this to compare ondansetron vs palonosetron or is this to compare overall efficacy of monotherapy with serotonin antagonists in this population?	<p>There is no statement about approval by ethics committee or IRB, which is why the abstract does not meet required guidelines.</p> <p>There needs to be a standardization of terminology throughout the abstract. At times, the regimen is called "7 plus 3" and other times "7 + 3." Generally, numbers less than 10 are spelled out.</p> <p>The conclusions make more sense to me since there were so few patients included. They are not overarching and focus on how well antiemetic prophylaxis worked. The methods and results are focused on comparing groups, which does not align with the purpose of the abstract. No real information can be garnered from a comparison with so few patients.</p>	
652475	The topic of healthcare costs has been at the forefront of conversation among patients and healthcare professionals for many years and continues to be growing issue. The burden of these escalating costs is one that should have ongoing research focused on it.	Well written and very interesting.	

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652478	Very useful, but vaguely-written abstract. It is not clear what the authors plan to share with the audience of the ASHP summer meetings. Wish the authors complete their findings and resubmit a summary for future ASHP meetings.	The role and skills of ambulatory care pharmacists is growing and changing and their level of education and use of time is integral to this process. This is a relevant topic based on this changing climate.	I am not sure this is really a case study. Perhaps more content could be added and the submission type could be changed.
652545	I wish the authors described the actual long-acting insulin protocol in the abstract.	Interesting study. I guess I was hoping for more clinical pharmacy involvement (only 12%). The primary outcome was HgA1c but did you collect data on ADR or hypoglycemic events? That would be interesting to see as a secondary variable. Some typos in the abstract (minimal). I would have like to see more impact with pharmacists. Maybe the protocol was designed by pharmacy so maybe a little more explanation of that on the poster would be good.	it would actually probably be interesting to see what just the clinical pharmacist outcome was on this
652636	1. No Research Statistic for data analysis 2. It could have been great to elaborate on the "recommend standardized essentially pharmacy practice elements for EMP services nationally or your own recommended assessment tool? 3. It could have been great to explain the crosswalk analysis? Thanks for your time for the research. Good Luck.	Project provides an analysis of services provided in one health system in which the results can better serve patients but also have pharmacists more involved with direct patient care. Some results are presented in the Conclusion instead of Results section. Action steps included based upon the results.	Thank you for sharing your experiences with establishing EMPs - please share your thoughts on how you actually implemented changes at your organization.

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652886	Very interesting and thank you for sharing. This could be a huge area of growth for pharmacists in ambulatory care and greatly improve patient access.	How was "patient satisfaction" measured? Did the investigators develop a survey tool? Objective data on cost savings remains lacking. The information is completely dependent on self-reporting. Statistical analyses remain lacking. Report the actual numerical change in "no-shows".	well done
652911	promotional?	interesting system, good concept.	Interesting concept
652931	hope you keep collecting these data for longer term follow up	How were "satisfaction surveys" developed? Was there a pre-testing phase? The rate of recommendation acceptance should be further evaluated. Survey return rates should be improved.	Perhaps you could draw out your conclusions some more, but overall very good.
652936	<p>1. Please it is not clear about "Practice 1 and Practice 2: Is the "Practice 1" (Provider alone) and Practice 2 (Provider and Clinical Pharmacist)?. It is little difficult to differentiate the data from Provider alone and Provider plus Clinical Pharmacist?</p> <p>2. No Research Statistics</p> <p>Great. Thanks for your time for the research project. Good Luck.</p>	The research concept is valid. The findings would be of interest to the audience.	Please, please, please publish these results. I worked in a 5 physician internal medicine office and we had similar billing results as a shared format. I feel that if PCP saw this data that they would be willing to hire more pharmacists. This is the innovative type of research that we need to get out to the medical community. Excellent project.
652976	Please be sure to describe respiratory therapy's role in this initiative.	Overall good info to share/present on. Additional details of the cost savings would be of benefit to present on.	

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653012	.	Well-written, useful data	Poster would be improved with a more detailed discussion of root cause analysis. Clustered events the result of multiple or single factors? Which interventions provide the maximum benefit according to analysis?
653022	Recommend updating your purpose to make more clear.	Increased nephrotoxicity with older age- nothing new.	Well written and details provided. Great work!
653042	The story of this single patient in interesting but there are lots of assumptions being made regarding the response of one person and theory behind way it may or may not have happened.	.	
653059	na	This is an interesting topic given the increase in free-standing ERs. You may have missed a period at the very end.	Appreciate your reason for conducting this project.
653065	The authors need to define the Target BP goal. The abstract is very wordy and does not address the interventions used by the pharmacists. I suggest that they read the abstract thoroughly and present a clear abstract for future meeting consideration.	Overall a good show of how pharmacists can benefit patient's and their outcomes.	Unfortunately, the N is pretty small and makes it rather difficult to draw conclusions. However, based on the BP reduction, it is rather clear that pharmacist intervention were useful - would be interesting to compare this to a non-pharmacist group. Also, may be interesting to report how many people reached BP goals.
653115	Thank you for this submission; it should be of interest to attendees		
653149	The last sentence of the Results section is confusing--perhaps it is missing something. 99% ??	.	Your projections for FTE assume that the number of HCV patients stays the same, which as we know the numbers are dwindling due to cure rates. At our medical center we went from having 1.5 FTE dedicated to HCV monitoring to now less than 0.5, within a 2 year timeframe. The last sentence in your results does not make sense to me, maybe you forgot a word but I don't get what you are trying to say there.

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653229	Many details in the Methods section but vague Results. No numbers of other quantifying details/specifics included. Unable to assess the importance of this project due to limited details in the Results section.	Descriptive Report - not necessary to give statistical analysis but some data would have been nice. How strong is the relationship between line items and workload? What about showing the final workload tool developed.	Good descriptive report that is unique.
653341	Information related to inclusion and exclusion criteria has not been incorporated. The utilization information for specific bisphosphonates should be included. There is a high level of utilization with denosumab. Reasoning for denosumab usage should be discussed.	well done. could have provided some pre-clinic data.	abstract would benefit from a more detailed outline of how exactly cost savings were calculated
653616	Would recommend the research project conducting pre- and post-implementation of the protocol and evaluating the changes in SUD outcomes. The current abstract just describes the SUD protocol.	In the last sentence in methods, what "it" is referring to is unclear. This should state that the protocol is designed so that naloxone can be given prior to provider arrival.	There does not seem to be a clear target for analysis. While the purpose is a relevant topic, the methods are lacking in detail regarding what effects the protocol had on patient care, how nurses or clinicians viewed the implementation, etc. The results and conclusion follow the same trend. It is unclear to the reader what safety/quality evaluation took place. Sentence structure needs improvement. Rather than phrases such as "legally binding," "compliant with rules and regulations" may impart a more professional tone.

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653698	<p>1. No data analysis results but you have description information. Planned projects or descriptions of projects still being implemented should not be accepted.</p> <p>2. Your wrote-up seemed to be a letter of intent than wrote-up abstract and methodology and results are not scientific.</p> <p>3. Good description but you missed antibiotics coverage for anaerobic (Flaggy or Clindamycin) and etc.</p> <p>4. Implementing Policy & Procedures are not scientific research projects</p>	nice description of what was developed, but no information on who was included in the development process or any outcomes related to implementation	Hopefully next year you will be reporting the results of implementing this protocol.
653770	Please be sure to include how much of the botulinum toxin expenditure is driven by the 117 patients using it for migraine prophylaxis. Also, be sure to provide more detailed results based on the data collected regarding efficacy, etc.	The Methods section is very detailed and many outcomes (eg, ER visits, rescue meds) mentioned to be evaluated. However, only costs are included in the Results. One goal of a DUE is identify reasons for medication use but the abstract postulates that the CFU could have caused changes. DUEs are designed to determine that. In addition, DUEs need to identify if the inappropriate patients are receiving a medication; thus why have an exclusion criteria. The high use in chronic prophylaxis may be appropriate for some patients. But the abstract wording appears that use in all of these patients is wrong. More analyses of the data are	Well written and shares good data.

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		needed beyond just cost figures.	
654002	Thank you for sharing your pilot project. Please do share what steps you took next (whether implement fully, redesign ,etc.) on your final poster. You certainly demonstrated an impact.	It seems like a very small sample size to draw conclusions. However, interesting topic!	Well-written, without any apparent spelling or grammatical errors. One question the reader is left with is the time between co-visits for each patient. What was the follow-up period, or was there a defined follow-up period?
654235	While the 3CBs are more cost effective and less labor intensive, I wonder how many patients are able to use the 3CBs as opposed to the more patient tailored hospital made bags. Saving money is great, but if not appropriate for the needs of the patient, the benefit goes out the window.	Regarding cost of the equipment especially the laminar flow hood, was the hood only used for tpn? If it is in use 24/7 in a busy IV room the cost should be annual cost of use divided by every IV made in it. In your results what step took only 30 and 18 seconds? Was that the review and validation step? That doesn't seem like an appropriate amount of time to review and validate a tpn order. In your conclusion you state 62% reduction in time and workload. Where is	Cost analysis assessment is definitely highlighted in this QA project. Major multi-center hospitals are outsourcing PN, not very innovative concept.

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		workload defined and measured?	
654243	Interesting; please include specific work flow information in the final poster to aid the learner.		
654372	.	Methods should be modified to indicate how you determined the six agents Mass General is participating in the development of.	The research question is not clear at all here.
654416	nice and interesting to have included multiple targets for multiple different disease states; would be interesting in the future to consider breaking down how impactful this was among all of the different reasons for consults: polypharmacy, opioids, uncontrolled DM with an A1c greater than 9%, etc...	Is there any data on patient clinical outcomes? Rates of acceptance of pharmacist recommendations? What was the percentage of patients that qualified for the services?	Abstract is well-written, without any obvious spelling or grammatical errors. The purpose is evident and the methods are defined well. I feel the results are lacking notation of the documented time spent providing pharmacy services. This would add better perspective and relevance to the revenue listed. Additionally, can anything more be said to support the "sustainable" claim about the pilot program? How might your results support the pharmacist role in the multidisciplinary care approach?
654432	Very nice; will be of interest to our attendees.		

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654560	Is there data on this for the general population? It would be interesting to see how these numbers compare. Consider including some limitations.	<p>"CVE" was not defined. The final sentence in the purpose is a fragment. The final sentence in the conclusion is also a fragment.</p> <p>Unclear if means and standard deviations are appropriate to analyze the data. It seems like age may be non-normal and would require to be analyzed with median and IQR.</p>	
654562	Results not complete and conclusion is pending.		
654738	Very good research project. One advice is to elaborate on details in Administrative and behavioral interventions.	This was very nicely done! The only thing I might suggest would be more detail in Methods about the nature of the enhanced garbing and hygiene practices.	Please provide more detail on what the "enhanced garbing and hygiene practices" consisted of and how they differed from the previous practices.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
654757	Abstracts on shortages will always draw an audience because we face this issue everyday. There may be too many medications analyzed with in this abstract and in the future, reducing the number and diving deeper into a single drug may make an abstract like this more impactful It would be helpful to provide some of the changes that were made to your policy/recommendations on the use of the shortage meds. Also, the presentation of the results in the abstract is hard to follow. I believe graphic depiction on your poster will make this much easier to understand. Please provide reasons for deviation from the approved restrictions and if they had any impact in revising the same restrictions.	Could discuss results more scientifically by running statistical tests between before and after implementation of restriction and appropriate criteria. Would also recommend sharing some restriction or appropriate use criteria in the poster.	In the purpose section, how have opioid an electrolyte shortages had a large impact? In the methods section, "...well-established institutional data collection systems...", is this described in more detail in the full report or are you able to cite the use of clinical informatics personnel or a pharmacy analyst to run the reports? I am curious to know if there is more detail that can be provided with regards to interventions by the pharmacy department. Perhaps the conclusion section could be more specific and better explain why and how there was increased awareness at the institution. Were there structured efforts to communicate the restrictions approved by the P&T committee? Can anything be said about the effectiveness of pharmacists and their efforts in modifying prescribing practices during periods of critical shortages.
654945	Please describe how willing technicians were to move from the day shift to overnight. Was this accomplished through a rotation or reassignment of two technicians.	The conclusions repeatedly refer to MAY and not what actually was observed. Were the techs asked how they felt about having to work different hours? Were there any staff that chose to leave instead of moving shifts?	The results as compared to the conclusion are just a bit confusing a may be worth editing. The results seem to underscore more difficulties encountered than not, but the conclusion supports the shift movement.
654955	Well done and interesting. over 1 billion (largest sample size I have seen in a study). This type of safety data is essential for moving technology forward. Hopefully more of the data will	Please provide numbers to support all claims. More in-depth data analysis needs to be done.	interesting,. would it be possible to look at any patient outcomes?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	be available with the poster presentation.		
654963	Well done study with an impressive sample size. Curious if you could have broken this out a bit more and looked at cancer vs non cancer diagnoses or surgical vs non surgical use of opioids. Please define ADF in the results section. Are there any thoughts moving forward on how to research a way to combat these detrimental effects of opioid prescribing?	Opioid abuse is at the forefront of discussions given the increasing opioid epidemic and this topic relevant to this current issue.	Still a very topical subject! While much of the "crisis" has improved, a significant number of abuse continues. This poster identifies some of the reasons in a neat and clear fashion.
654971	Interesting and useful information.		

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655092	Great but no research statistics. Thanks for your time for the research. Good luck.	I have read this 5 times and I still don't understand what you did. Your conclusion statement seems like it's just a reiteration of your purpose and doesn't really seem to tie anything to results. You talk a lot about what pharmacists can do and optimization of documentation but what did you actually DO in this study, is still unclear to me.	The purpose statement starts off great. As the reader I feel like I understand where this report is going. Half of the methods section is sensible, setting the stage for the various aspects of a healthcare system being taken into account for the evaluation of outcomes. After this point, I have a hard time tracking what is specifically being discussed. At no point are the specific identified outcomes actually identified to the reader. Much of the abstract seems to advocate for certain goals and outcome measures but I am not sure how that was implemented and then evaluated. At the end of the results section you mention a clinical monitoring dashboard for clinical outcome reporting, which is very specific and something a reader will tune in to. What I am interested in is the effect on patient care this has. I see notation of a lot of unidentified outcomes measures and institutional changes that were made but no reference to how those changes or additions were then evaluated.
655114	Please be sure to include a discussion on why there was not a change in LOS or mortality with the pharmacist group.	Well designed and well executed study. The inclusion/exclusion criteria make this very easy to extrapolate to other community hospitals. While not statistically significant, the reduction in time to effective therapy is still numerically meaningful, and the increase in interventions is also meaningful.	Interesting and novel. Well written.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655263	<p>1. If possible, strengthen the Methods by elaborating on a) how the study drugs were selected and b) how the study patients were selected. Also, what components were assessed? If space doesn't permit providing that information, how about at least telling us the components with 100 percent compliance versus those with zero?</p> <p>2.The Conclusion does not flow directly from the results. You had some REMS with very high compliance and some with none at all. I would have expected a conclusion related to that. Without knowing what components had high compliance and which had low, it is difficult for me to assess whether the strategies included in the conclusion are likely to help increase compliance.</p> <p>I actually believe this study would be better suited to publication as an article, where (presumably) the format would allow you to provide much more needed context and detail.</p>	<p>While REMS is not a new subject, many Directors of Pharmacy struggle to manage them and more find little value in this. This is a large study over an entire year with terrific results. Granted this consumed significant resources, but it does help all of us appreciate the benefit of the REMS program.</p>	<p>Please provide more details for the methods. How were the 10 REMS meds selected? How were 92 patients selected for review? Results are very vague -- 51 REMS elements, 15 were 100% compliant. -- were these all for the same medications? 11 had "various" level of compliance - what does this mean?</p> <p>What were the primary reasons for non-compliance?</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655330	Very interesting case. However, would recommend adding the final outcome of the case and more focus on pharmacotherapy section. Why edoxaban and rivaroxaban are both listed? The last few sentences need clarification.	Complicated, but interesting case	Numerous grammatical errors present. For example, "...later in mid-January of 2019 with complains of general discomforts..." and "...care with follow-up examinations to manipulate conditions involved pulmonary embolisms and infarction..." Medical interventions are all mentioned, but the most important aspect to the reader is pharmacological intervention, which is poorly detailed, hence the "No" selected for review questions 3 and 5. While this is an abstract for a case report, there should be some more specific examples of the "current evidence-based studies" that are noted. Perhaps they are discussed in the full report, but you should let your reader know that you have assessed these studies by citing something in your abstract. There needs to be greater detail with regard to the patient's pharmacotherapy course. While not particularly common, this is a very interesting topic to explore. However, pharmacist readers need to know that you will be discussing the drug therapy and evidence in greater detail.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655343	<p>The presence of a pharmacist and the impact on care, specifically the administration of appropriate medications in a timely manner has been described in the literature many times.</p> <p>The stated purpose of this abstract was to assess adherence to rx related guidelines as well as the presence of an RPh in the ED. The later is examined well in this abstract, however, there is no mention as to the frequency that the GLs were adhered or if the RPh made an impact in following the GLs. Were the MDs also trained and if not, Why? The MD is responsible for the prescribing or asking for a delay in administration of medication, drawing lactate levels and cultures, as well as administration of fluids, all included in the 3 hour bundle. Providing the reader with the guidelines you were assessing adherence to would be helpful.</p>	<p>The role and involvement of pharmacists in patient care continues to grow and this is being identified in the emergency department. The inclusion of pharmacist on the care team is one that requires ongoing attention and evaluation.</p>	<p>Overall I believe this study appears to have been well-planned, and it carries a high degree of relevance to the field. Objectives were clearly stated, methods were well described. I only have a couple of critiques. Reconsider grammatical choice "though not statistically significantly". Perhaps, "though this was not statistically significant. I would also argue that a numerical decrease is too vague, as this could be a value of 1 or 100. Rather, you may want to address the lack of statistical significance, but possible presence of clinical significance of some findings, such as length of stay reduction</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655412	The authors need to provide data in a concise fashion to follow the baseline and the findings. The study period was not mentioned. Though it is a Descriptive Report, the Results Section mentions some numbers which will be meaningful if we know the baseline data. Perhaps, the authors will review the abstract and consider for a future meeting.	This is an important aspect of the medication use system that affects many hospitals daily. The addition of a 'day in the life' experience enhances the validity of the survey results in my opinion. Do you have any before and after results that can be shared? i.e. successful transfers, or re-dispenses before and after the project to see if there was an impact? also, what recommendations can you provide to enhance communication between the wards and the technicians? Also, you mention enhancing the patient experience. Have you thought about measuring this and if so how?	Overall pretty clear and no grammatical/structural issues. An explanation of how CPOE is involved with post-order tracking would be valuable.
655436	Although the number of surveys submitted per section was low, the results indicate that this program is effective and well received. The better prepared students are for the residency process the better.	Clear purpose and results. Valuable subject matter.	
655447	would be helpful to know statistics on data as well as what is considered a clinically significant change (i.e. water volume and VAS score)	.	Interesting evaluation. Topic is valuable to pharmacy. Method clarification: Unsure from if the crossover was between healthy young adults and the elderly? (i. e. swallowing group crossover to handling and vice versa)
655465	Great collaboration between institutions within an organization. This is how we improve healthcare for all patients, no matter the institution. More healthcare systems or regional hospitals need to adopt a similar practice	.	Novel concept. I wish our specific institution would allow us to share events outside of our hospital so that we could create a similar system in our metro area.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	and form a group like you have done. Well done!		
655488	Nicely done! Consider inserting a sentence in Methods describing how/why you limited results to 12 articles published in the last 10 years.	Grammar recommendations in capital letters: Purpose -> "due to lack OF interest and training. no new information. Describing the methods and impact on leadership development would have been helpful.	This meets the criteria but it could use expansion in terms of the results. More discussion about the findings or their implementation would be valuable.
655503	it would be nice to include how many patients were actually on clopidogrel and had an actual drug interaction. to explain the clinical relevance to using this test.	Would like to see more data on the results. Would also be interesting to see the outcomes for those who received the test	is there data on the information that was actually collected for the 90 patients?
655505	would be helpful to have more information on how the aggregated data improves pt care/outcomes,	Data analysis is lacking. For PDC data, is there a significant difference across years? The conclusion is structured in an exceedingly general way.	Very Good, but can you also get PDC data for individual patients from each site? This would be good to identify outliers that might need special or extra counseling.
655558	.	There is no statement about IRB approval. The methods do not state what statistical analyses were performed to assess the data. This maybe would be more useful as a tool to focus on overall compliance. I'm not sure if this provides enough detail to determine if the two groups of patients should be empirically dosed differently.	Timely topic with interesting results.
655581	Informative		

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655586	ASHP is a good forum to present this data but I think you might find a larger audience at a sterile compounding meeting.	Very nicely done!	Very interesting
655608	Is it possible for you to leverage with the EMR company to market your tool? A cost savings analysis including the internal tool vs 3rd party cost and cost of the interventions would aid in the poster presentation.	Well-written. "Major interventions" are defined with examples in methods and then again in results with different examples, which is a bit confusing. Otherwise, well-done.	Very nice to look at existing structures can be used
655612	not sure how this is applicable to the practice of pharmacy or the impact of a pharmacist in managing depression	Valid preliminary data has been reported. Reasons for medication avoidance need to be further evaluated. An increased sample size is needed.	well written
655638	Please be sure to be as explicit with the outcomes of the meeting as possible.	While I am not completely familiar with this practice, I would love to know how you were able to keep bias out of the picture in the decision. You worked "in collaboration with a pharmaceutical manufacturer." What impact did this have on the results of the study? What increased in perceived "benefits" (discounts to the medication that the manufacturer produces) did patients receive as a result of this study.	Interesting topic that should generate discussion during the poster session. Methods are interesting but more detailed Results could have been presented.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655645	As you note, abandonment of an order can be due to reason that have nothing to do with self-interception of a potential error. You also note that there is not much precedent for studying order abandonment. For that reason, it is difficult to know what to make of this research or even what hypotheses it generates. If you have something in mind in either regard, it would be great to address that in the Conclusion.	Very interesting topic and food for thought. We all acknowledge that this existed, but you finally put a value to the size of the problem. More work is needed, but this was an excellent project that will spurn greater answers. Congratulations.	Interesting concept. I just have some questions. Put that number 1.94% into perspective for the reader. Is this high? low? What is the benchmark? Also, why were orders abandoned? Do you know if there was a DDI or a drug-lab interaction? if so, this would be a good thing...it means the alerts are helping to enhance patient safety.
655685	One feedback is to add data regarding the method of switching between P2Y12 inhibitors: use of loading dose, interval, etc. Also may consider data analysis on 30 day outcome or 90 day outcome, instead of 7 day outcome	Interested in final data collection and result.	Interesting topic but perhaps more could be drawn out in your conclusion section. Proofread your conclusion.
655752	I think it is important not to go "too far" in your conclusion as to not present with commercial bias especially when comparing two separate clinical studies.	would like to see more balanced evaluation of data	In the results section you state "Among evaluable subjects for PK, " you don't state how many are included in this group.
655754	This is a well thought out project with actual clinical data to support the inclusion of an RPh in an ACO clinic. Curious what the impact would have been if the clinic was staffed more frequently than once weekly.	very nice. Good reporting of your results and clear description of purpose and methods.	Excellent job. Well designed, would be interesting to look at additional metrics and impact with further pharmacist involvement.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655788	Nice study. Glad you included some patient outcome indicators. Would like to know in how many patients the commercially available product provided exactly what the patient needed nutritionally. Nice start to look at clinical outcomes with the cost control measures.	I feel the abstract has very subtle commercial bias toward Fresenius Kabi. . The study by Banko 2019 cited included patients from Jan 2008 to Dec 2014, The first three chamber bag(3CB)was introduced by Kabi in Aug of 2014. In the Banko paper they refer to this type of product by the correct generic name of multi-chamber bag (MCB). In addition the author cherry picked data from the Banko study and only considered the results for MCBs alone which was less than 7% of the patients. When the data for MCB with additions which is the usual case is looked these MCB had a higher infection rate and a higher cost.	Good topic to present to hospital administration for their cost analysis review.
655794	Results does not note number of patients.	Should have shown the actual values used for the cost analysis.	Very interesting and timely.
655808	Nice summary of benefits.		
655809	Interesting topic. Nice that pharmacists are playing a role in education of physicians on timely topics. Nice to show that the role that pharmacists are playing as educators is valued by physicians.	Interesting study	Would much prefer a discussion about the difference attributed to the addition of pharmacists on the team. Abstract acknowledges a long standing history with academic detailing. What is being added by the current discussion?

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655831	<p>1. No Scientific merit such as sample size not mentioned in the methods</p> <p>2. Research should have Statistics at least use Chi Square</p> <p>3. The write up seemed to be a "letter of intent than Abstract write-up.</p> <p>Thanks for your time for the research. Good Luck.</p>	<p>it seems like your methods are more appropriate to be in your purpose. and some of your results would be in your methods. maybe just move those things around to be more appropriately placed. otherwise, nice topic and interesting concept.</p>	<p>Overall this abstract was well written. Purpose and methods are descriptive and complete. I would encourage that the first portion of the results section be combined with the methods, as it seems like an extension of it. Additionally, some clarity surrounding the 30-day follow-up would be useful. The wording seems as though this study is incomplete and ongoing. "Since implementation, 31 patients received..." followed by "To date, all follow-up phone call..." Additionally, it was a little confusing sorting out the 31 patients mentioned initially in the TOC education group, followed by 11 patients in the non-readmission group. Are these patients all from the same sample pool? The conclusion is appropriately concise, leaving goals for future analysis.</p>
655845	<p>The scope of the study is valid, and is of interest to the audience.</p>	<p>none</p>	<p>Smaller data size, but overall very well done!</p>
655861	<p>Great project!</p>	<p>This University based Specialty Pharmacy did an excellent job in helping to care for some very unfortunate patients. I don't know what difference the "specialty Pharmacy" made because I believe that if the University had a "retail" Pharmacy - the patients would probably rcv'd the same care! Can you address?</p>	

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655866	<p>1. Component of methods and results not clearly included but the results mentioned 3 pharmacists and 2 students as the sample size.</p> <p>2. Leadership educational outcomes; before vs after not clearly used for data analysis.</p> <p>3. Research must have statistics to differentiate it from narrative information.</p> <p>Thanks for your time for the research. Good Luck.</p>	Please be sure to have copies of the pre-assessments and surveys available for those interested to review.	While a good and interesting topic, the abstract left a few questions. how was the increase in knowledge and understanding measured?
655884	The topic of white bagging is one that not all pharmacists or healthcare professionals may be aware of so this will serve to bring a greater level of awareness and steps to address this practice.	No study purpose statement, thus do not know the goal of this research. Results are primarily dollar figures. Not all conclusion statements have a result to support.	Well-written. What about the other 19% of meds? Did your institution still allow white bagging for them?
655902	Very useful project. De-prescribing unused PRN orders would also be very helpful;.	Interesting at your institution and it shows the ability to design a quality metric and then make appropriate recommendations for changes. It would be interesting to see some of the orders on the poster and how the duplication can occur. Is there a way to flag these in the system so prescribers have to look at the other order set before proceeding?	This is interesting but I did not find the conclusion to be as descriptive and thorough as it needs to be for adequate explanation.
655907	It will be interesting to see the other survey questions. I would have guessed that more of them would have shown a significant difference between pre and post program. It would also be	Good idea for a project that documents advanced role for specialized technicians. Results were good regarding objective data (time) but low response rate for the subjective results. But still	Well written and timely topic to share with others.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
	interesting to know how this position is funded.	good study with results that are worthy to be shared with others.	
655930	Very well written abstract and interesting study; however, I am not sure ASHP is the correct audience.	Interesting study. One outcome that could have been included was actual patient interactions with the pharmacists. The results are perceptions.	Very interesting results. In the poster, would recommend sharing the details in the education program. Also, the outcome could be the smoking cessation successful rate between active and control groups.
655941	-spelling and grammatical errors -conclusion state no worse outcomes with ASP strategy but these results were not presented in results section of abstract	There is not enough explanation of what is involved with this stewardship program and the drugs being studied. The conclusion needs to explain the results in more detail.	Abstract would benefit from specific mention of the interventions undertaken.
655942	Please be sure to include the actual work flow in the final poster presentation for our attendees.	always a hot button topic, medical marijuana and extracts. Nicely written and nicely detailed program to ensure patient education and compliance.	Please consider working on the Methods section to make it clearer. Also, make a tighter link between the Methods, Results, and Conclusions sections. For example, Methods says you'll be assessing seizure frequency as well as Patient and Caregiver Global Impression of Change Scale. Yet, there is no mention of either in the Results or Conclusions sections.
655971	No information on total numbers - only percentages noted.		

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
655990	Good project.	the last sentence in the purpose, take out that dash and maybe just put that part in quotes, or use a colon. the quote in the conclusion is a little weird to me (the first sentence) but it's fine. overall this is really nicely done.	Very good report on an interesting topic.
656010	I would be interested to know if the medical staff supported this BPA. We struggle with implementing BPAs but trying not to make them "nuisance" alerts for the physicians.	Interesting model for improved monitoring. How much additional Pharmacist time was consumed on this project? Good results. Nicely done and well written.	It doesn't look like all of the data was reported in the results section. For instance, reduction in high/moderate risk orders, medication risks, etc. Would have been nice to do a pre/post data comparison.
656024	This is important for pharmacists to remember when making decisions that could have an impact on compliance.	Pretty impressed with 61 participants in this study. One advantage of a cross over study is the need for fewer participants since they serve as their own control. Interesting data and results. Are the results presented within group or between groups? Both analyses were mentioned in the Methods, but not specified in the Results. Good information for the literature and share with others.	Methods are clear and study is well-written. No recommendations for improvement.
656062	Great project!	Very interesting and valuable work. I wish you had included the amount of Pharmacist time involved in monitoring each patient.	
656087	Excellent safety project	Great review of events and implementation of best practices to keep patient safe.	There needs to be some additional information presented under the purpose to define why the study was necessary. Results need some re writing to present the data in a form that is easier to show what was found.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
656103	Interesting project.	Very nicely done!	Abstract would benefit from inclusion of more quantitative data. What is meant by "significant decreases in proliferation"?
656105	<p>1. IRB approves protocol and approves consent inform and I am not sure what you mean " The review was designated as a quality improvement project by the Institutional Review Board" which may look as bias in the study. Did IRB approved the protocol and patient signed consent form?</p> <p>2. No statistics used to compare drugs outcomes</p> <p>3. Please make changes and re-submit abstract.</p> <p>Please I have read the research data about antipsychotic effects on diabetes and etc.</p> <p>Thanks for your time for the research. Good luck.</p>	Thank you for sharing your project. Your numbers are impressive - please share what role the pharmacist play in ensuring appropriate laboratory monitoring is occurring in this patient population, and perhaps how long it takes them to do this, so that others can incorporate similar measures to get similar or better outcomes.	
656151	Very multidisciplinary approach. I would include some of that aspect in your conclusions. Very much a team approach to improving time to administration.	I think you would reach a larger applicable audience by submitting to PPAG as well.	very interesting could be interesting to check other meds as well?
656161	would be helpful to know over what period of time this intervention occurred	Well written abstract. Methods includes important information in a concise form. Excellent job reporting your results.	Valuable topic to study. well written abstract with considerations to the guidelines.
656165	Good summary of needed topic.		

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
656168	This may be simply a matter of opinion, but I would have expected Results to be expressed in terms of reduction of patch use in opioid naive patients, rather than the percentage of opioid tolerant patients with an increase in patch use. I also think the audience would benefit from more details about the nature of the manual time out process.	What are the steps to overcome the limitation of the study?	Lots of effort to improve opioid prescribing by physicians. But this is a simple scenario of needless opiate exposure that MD's often overlook. Nice job.
656180	This is an interesting study. A power calculation would be helpful to see if there was no observed statistical difference due to a small sample, given that the ADRs occur infrequently or are under reported. Also, was there any reasons given for why meds were re-prescribed? Was this due to MD diagnoses and failure of alternative therapies or patient request?	Interesting topic on much-needed pharmacist interventions.	Very interesting, nice job
656182	Very well written abstract. The study sounds interesting and look forward to hearing more about the results.	Conclusions mention cost containment due to policies in place, but no specific policies explained in abstract	
656199	Thank you for this novel submission and project	Wonderful study. Nice to see an alternative to using timolol eye drops that are difficult to stay on the patient and oral propranolol.	Hemangiomas decrease in size after the first year of life. What part of that knowledge was included in or discussed within the impact of the results?
656205	You need to explain what you mean by resilience or leave it out of your presentation. You should also identify what reasons you found for the turnover. This is what will be of most interest to attendees	The survey design and results are unclear. You say the survey was "robust"? Which survey instrument did you use? It is validated? Also, provide more details on what was measured and what the results were. Any correlations made to turnover?	Well written and contemporary topic to share.

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
656206	This topic is unique and presents exploration into the use of specialty medications and impact they have as many are in the pipeline.	Thank you for sharing your migraine therapy intervention. It is unique and possibly expandable in other health systems. Please do include any cost aversion numbers that you may have calculated, along with cost of service and any reimbursements you may have been able to recoup.	
656210	Location of University of Virginia (UVA) Health System noted.		
656239	It is a useful project.	Interesting project and great results. Many attendees will find this poster informative and motivating. Good luck.	<p>1. purpose: study objective was not clear. Great background information.</p> <p>2. Method confusing with purpose described in methods</p> <p>Valuable topic of interest. Rewriting with considerations to the guidelines recommended. Some grammar errors</p>
656263	Great study to find out gaps between your institution and best practices based on guidelines. I'd be interested to know if there were any adverse outcomes of these patients who rec'd benzo infusions.	Thank you for sharing your poster concept. Please include your actual criteria/scoring tool in your poster and what your next steps are to ensure higher compliance. Patient outcomes information would also be appreciated (not just indication, but also adverse effects, length of days on mechanical ventilation, etc. perhaps compared to other agents for same indications).	Very interesting!
656272		Recommend correcting "appoints" vs. appointments in conclusion	Overall good. I'm not sure how much information this adds to care other than to prep patients for frequency of visits.
656290	Location noted: VA San Diego Healthcare System		

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
656292	It would be good to show a breakout of the hours spent on drug shortages broken out by job title. Also, it would be good to know if the 10 pharmacy leaders did not complete the survey spent a similar amount of time on drug shortages. If yes, this equates to approximately 4 FTE worth of time spent on shortages.	Interesting idea. Would like to see this continued to get more engagement with the survey to yield more meaningful results.	Thank you for sharing your review of impact of drug shortages. For your poster, please explore sharing your costs as related to your overall budget. You do describe costs dropping due to a shortage, but how do they compare with the rise related to use of alternative agents?
656296	Very useful project.	Interesting. It still shows that problem in getting PCP to start therapies that are clearly cited in the HEDIS guidelines. I would maybe consider evaluating what else can be done to improve the prescribing of statins in this population.	Excellent topic of interest. Detailed but simple.
656319	Would be interested to see the results, appreciate the descriptive report. We struggle with heparin events at our institution as well.	Thank you for sharing your process and your improvements are valuable information to others. Please include details steps you took, cost aversion (if any), decrease in error rate, etc. in your final poster.	Very important interesting study
656328	Excellent job in the identification of potential errors. Well done.	Standardization within pediatrics is difficult and not well understood by many adult practitioners. I think you could reach a larger audience if you also presented at PPAG.	Very nicely done!

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
656340	Do not cite studies within the abstract. Follow ASHP guidelines for abstracts. The conclusion could have been a stronger message based on the results that you found. On the poster, show how you inferred the cost avoidance from the numbers that were recorded. Why do you think Am Care was as high as it was compared to national data?	could explain more methods	This study is incomplete. The purpose states that these consultants aim to deliver on 4 components, however only 1 of which (cost) is reported. Also, much of the results is referencing other studies, which is inappropriate - this would be more appropriate for either background or discussion. It is also very difficult to calculate cost avoidance when it is unclear what these "accepted interventions" are. Infer as part of a conclusion without supportive data is inappropriate.
656369	.	Very timely and interesting project. Well written and researched. Please consider including any relationship you may have found with patients who belong to your AntiCoag. Clinic!. Well done.	
656406	not sure this meeting is the best place for presentation of this type of research	The topic is more appropriate for a pharmaceutical sciences conference.	This is difficult to judge as it appears to be plans for research rather than a report of research. It seems it should be listed as research in progress. As such the criteria for its assessment are difficult to apply.
656413	Good description and plan for the future	Thank you for sharing this review. A lot of institutions can relate to this issue.	<p>There are a few grammar issues throughout, including sentence #3 in methods and the second to last sentence in conclusion.</p> <p>Numbers that begin sentences should be spelled out.</p> <p>Would be interesting to know more about the override pulls and waste.</p>

Submission ID	Reviewer 1 Comments	Reviewer 2 Comments	Reviewer 3 Comments
656433		Clear purpose, clear methods, well described results and relevant conclusions. I might selecting a specific number significant figures for reporting the drug concentrations (ex 18 vs 6.15).	