Proceedings of the 58th annual session of the ASHP House of Delegates, June 25 and 27, 2006

Henri R. Manasse, Jr., Secretary

The 58th annual session of the ASHP House of Delegates was held at the Walt Disney World Swan and Dolphin Resort, in Orlando, FL, in conjunction with the 2006 Summer Meeting.

First meeting

The first meeting was convened at 2 p.m., Sunday, June 25, by Chair of the House of Delegates Marjorie Shaw Phillips. Cynthia Brennan, Vice Chair of the Board of Directors, gave the invocation.

Chair Phillips introduced the persons seated at the head table: T. Mark Woods, Immediate Past President of ASHP and Vice Chair of the House of Delegates; Jill E. Martin, President of ASHP and Chair of the Board of Directors; Henri R. Manasse, Jr., Executive Vice President and Chief Executive Officer of ASHP and Secretary to the House of Delegates; and Joy Myers, Parliamentarian.

Chair Phillips welcomed the delegates and described the purposes and functions of the House. She emphasized that the House has considerable responsibility for establishing policy related to ASHP professional pursuits and pharmacy practice in hospitals and health systems. She reviewed the general procedures and processes of the House of Delegates.

The roll of official delegates was called. A quorum was present, including 194 delegates representing 49 states, the District of Columbia and Puerto Rico, delegates from the federal services, chairs of the sections and forums, ASHP officers, members of the Board of Directors, and ASHP past presidents.

Chair Phillips reminded delegates that the report of the 57th annual session of the ASHP House of Delegates had been published on the ASHP Web site and had been distributed to all delegates. Delegates had been advised earlier to review this report. The proceedings of the 57th House of Delegates session were received without objection.

Chair Phillips called on Teri L. Bair for the report of the Committee on Nominations.[a] Nominees were presented as follows:

President-elect

Marjorie Shaw Phillips, MS, FASHP
Pharmacist Coordinator
(Medication Safety/Clinical Research)
Pharmacy Department
Medical College of Georgia Health System
Augusta, Georgia

Janet A. Silvester, MBA, FASHP
Director of Pharmacy Services
Martha Jefferson Hospital
Charlottesville, Virginia

Board of Directors (2007-2010)

Eric Tomasz Hola, MS, MLS
Director, Pharmacy Services
Saint Barnabas Medical Center
Livingston, New Jersey

Janet Mighty, MBA
Assistant Director of Investigational Drug Services
Department of Pharmacy
The Johns Hopkins Hospital
Baltimore, Maryland

Kathryn R. Schultz, Pharm.D.
Clinical Pharmacy Manager
Allina Medical Clinic Administration
Minneapolis, Minnesota

James G. Stevenson, Pharm.D, FASHP
Director of Pharmacy Services
University of Michigan Hospitals
Ann Arbor, Michigan

Chair, House of Delegates

Teresa J. Hudson, Pharm.D, BCPP, FASHP
Associate Director
VA Center for Mental Healthcare and Outcomes Research
North Little Rock, Arkansas

Michele Weizer, Pharm.D, BCPS
Pharmacy eMAR/Automation Manager
Department of Pharmaceutical Services
JFK Medical Center
Atlantis, Florida

A "Meet the Candidates" session to be held on Monday, June 26, was announced.

Chair Phillips announced the candidates for the executive committees of the four sections of ASHP.

Report of President and Chair of the Board. President Martin referred to the combined report of the Chair of the Board and the

Executive Vice President, which had been previously distributed to delegates and which included all of the actions taken by the Board of Directors since the last House session. She updated and elaborated upon various aspects of the report. (A summary of actions taken by the Board of Directors in 2005 – 2006, as published in *AJHP*, was included with the combined report of the Chair of the Board and Executive Vice President.) There was no discussion, and the delegates voted to accept the report of the President and Chair of the Board.

President Martin, on behalf of the Board of Directors, then moved adoption of the ASHP Statement on the Pharmacist's Role in Informatics, which originated with the Section of Pharmacy Practice Managers. Following discussion, the statement was approved (see *AJHP*. 2007;64:200-3).

Report of Treasurer. Marianne F. Ivey presented the report of the Treasurer. There was no discussion, and the delegates voted to accept the Treasurer's report.

Report of Executive Vice President. Henri R. Manasse, Jr., supplemented the written combined report of the Chair of the Board and the Executive Vice President, noting the uniqueness of the Society's commitment to an integrated approach to pharmacy practice in hospitals and health systems. Dr. Manasse also noted several significant anniversaries of service on the ASHP staff: Marla Davis, 30 years; Gerald McEvoy; 25 years, Fern Zappala, Elaine Snow, Bill McGuire, and Charles Myers, 20 years.

Recommendations. Chair Phillips called on members of the House of Delegates for Recommendations. (The name[s] and state[s] or component[s] of the delegate[s] who introduced an item precede each Recommendation.)

Michael Sanborn, Julie Nelson and Lourdes Cuellar (TX): Pharmacist Involvement in Disaster Preparedness

Recommendation: That ASHP work with the appropriate authorities to encourage pharmacist involvement in disaster preparedness at the local, state, and national levels and with community pharmacy organizations to develop joint disaster preparedness strategies.

Background: Recent natural disasters and disaster drills have demonstrated poor coordination of pharmaceutical resources. During these situations, limitations in the availability of medicines, antidotes, and patient information has created potential safety concerns for patients. Oftentimes, pharmacists are not involved or considered in the coordination and planning of pharmaceutical resources during a disaster.

Susan Goodin: (Section of Clinical Specialists and Scientists): American Society of Clinical Oncology Statement

Recommendation: We would like ASHP to address the ommission of pharmacists as part of the health care team in the recent American Society of Clinical Oncology Consensus Statement on Quality Cancer Care, which was published as an early release on July 19, 2006, in the *Journal of Clinical Oncology.*

Background: ASHP acknowledges that pharmacists play a critical role in the safe and effective care of oncology patients and, as an organization, we must convey this message to other health care providers.

Dennis Williams (NC): *Impact of Emerging Techniques and Technologies in Pharmacy Education*

Recommendation: ASHP should explore the impact of emerging techniques and technologies used in the education and training of pharmacists.

Background: Distance education, satellite campuses, and new schools of pharmacy represent new approaches to pharmacy education and training. While they offer advantages, they have potential pitfalls including lack of mentoring and face-to-face interactions. There are also possible effects on experiential training due to stresses of time and resources. Technologies such as electronic formats and Internet access also offer benefits and challenges in the preparation of future practitioners.

Frank G. Saya (CA): Sports Pharmacy

Recommendation: That ASHP develop a professional policy that recognizes, supports, and advocates the role of pharmacists in sports pharmacy and doping control.

Background: Sports pharmacy is an emerging field that encompasses both therapeutics (sports medicine) and doping control (drug testing and education). Roles for pharmacists exist in a variety of settings, including community practice and health systems, with regard to treating, counseling,

and advising athletes. Further, pharmacists are uniquely suited to participate in doping control programs and deter the use (and especially the inadvertent use) of banned substances in sports.

Kathleen S. Pawlicki (MI): Implanted Infusion Devices that Contain Pharmaceuticals

Recommendation: To recommend that ASHP create resources to assist pharmacists in addressing issues related to implanted infusion devices that contain pharmaceuticals.

Background: Outpatient infusion devices that contain pharmaceuticals often present patient safety problems in the inpatient setting. Problems include lack of pharmacist knowledge regarding how these pumps function and concerns regarding logistics and safety when these pumps need to be refilled in the inpatient setting. The pharmacist is typically involved with these situations but training and resource materials are difficult to obtain.

Jannet Carmichael (Past President): Development of a Process for Verifying that a Pharmacist Has the Competencies Required to Engage in Drug Therapy Management

Recommendation: To support the development of a valid process that may be communicated clearly to the public for verifying that an individual pharmacist has the credentials and competencies required to engage in drug therapy management; further, to consider the advantages, from the perspective of public understanding and support, of state board of pharmacy recognition of individual pharmacists who have demonstrated that they have these competencies to differentiate their scope of practice from other pharmacy practitioners.

Background: If we believe that pharmacy offers a distinctive competency that helps patients make the best use of their medications, and if we believe that not all pharmacists are willing to provide the same level of care to patients, then it is important to recognize pharmacists with distinctive competencies related to their scope of practice. This may be done by state board of pharmacy recognition, other nationally recognized credentials, training, or other mechanisms. It may be necessary for those pharmacists who are specifically trained and willing to provide a higher level of drug therapy management to temporarily distinguish themselves by some process to allow pharmacy practice to reach a higher overall practice level.

Deborah Tapley (SC): Direct-to-Consumer Advertising of Herbal Products

Recommendation: To determine the need for policy regarding direct-to-consumer advertising of herbal products and dietary supplements.

Background: With the emphasis on medication reconciliation, health-system pharmacists are increasingly required to evaluate the impact of herbal products and dietary supplements on their patients. Our patients are influenced by direct-to-consumer advertising of these products just as they are for other products. Since these products are regulated under a different law than that which covers prescription and nonprescription medicines, a separate ASHP policy may be appropriate.

Frank P. Sosnowski (NY): Blood Product Shortage

Recommendation: Recommend that ASHP continue to actively work with industry to review the current blood product distribution process and reasons for shortages. ASHP should assist with the distribution of information regarding the shortages and make recommendations as to proper clinical guidelines for the use of these products.

Policy Committee reports. Chair Phillips outlined the process used to generate policy committee reports. She announced that each committee's recommended policies would be introduced as a block. She further advised that any delegate could raise questions and discussion about a specific proposed policy without having to "divide the question" and that a motion to divide the question would be necessary only when a delegate desired to amend a specific proposal or to take an action on one proposal separate from the rest. She noted that requests to divide the question would be granted automatically unless another delegate objected. ***(Note: The following reports on House action on policy committee recommendations give the language adopted at the first meeting of the House. The titles of policies amended by the House are preceded by an asterisk [*]. Amendments are noted as follows: italic type indicates material added; strikethrough marks indicate material deleted. If no amendments are noted, the policy as proposed was adopted by the House.***

The ASHP Bylaws [Section 7.3.1.1] require the Board of Directors to reconsider an

amended policy before it becomes final. The Board reported the results of its "due consideration" of amended policies during the second meeting of the House; see that section of these Proceedings for the final disposition of amended policies.)

Lynnae Mahaney, Board Liaison to the **Council on Administrative Affairs**, presented the Council's policy recommendations A through D.

*A. Medication Management for Patient Assistance Programs

To support the principle that medications provided through manufacturer patient assistance programs should be stored, packaged, labeled, dispensed, and recorded using systems that ensure the same level of safety as *prescription-based programs incorporating a pharmacist-patient relationship*. ~~in traditional medication use systems.~~

*B. Medication Abbreviations

To support efforts to minimize the use of abbreviations in *health care* ~~medication orders~~; further,

To collaborate with others in the development of a lexicon of a limited number of standard drug name abbreviations that can be safely used in patient care.

C. Pharmaceutical Distribution Systems

To support wholesaler/distribution business models that meet the requirements of hospitals and health systems with respect to timely delivery of products, minimizing short-term outages and long-term product shortages, fostering product-handling and transaction efficiency, preserving the integrity of products as they move through the supply chain, and maintaining affordable service costs.

D. Pharmacist Leadership of the Pharmacy Department

To affirm the importance of an organizational structure in hospitals and health systems that places administrative, clinical, and operational responsibility for the pharmacy department under a pharmacist leader.

Kevin Colgan, Board Liaison to the **Council on Educational Affairs**, presented the Council's policy recommendations A and B.

*A. Quality of Pharmacy Education and Expansion of Colleges of Pharmacy

To support the Accreditation Council for Pharmacy Education's continuing role of promulgating accreditation standards and guidelines and engaging in sound accreditation processes to ensure quality in the education provided by colleges of pharmacy; further,

To acknowledge that, in addition to a robust curriculum, ~~the availability of quality faculty, quality specialty-trained clinical faculty~~, *access to* quality experiential educational sites *and the availability of qualified faculty, including preceptors and specialty-trained clinical faculty*, ~~and quality preceptors~~ *are essential* ~~is an important~~ determinants of the ability to expand enrollment in existing or additional colleges of pharmacy; further,

To support such expansion when it does not compromise the quality of pharmacy education.

*B. Interdisciplinary Health Professional Education

To encourage colleges of pharmacy and other health professions schools to teach students the skills necessary for working with other health care professionals and health care executives to provide patient care; further,
To encourage the Accreditation Council for Pharmacy Education to include interdisciplinary patient care in its standards and guidelines for accreditation of Doctor of Pharmacy degree programs; further,

To encourage and support pharmacists' collaboration with other health professionals and health care executives in the development of interdisciplinary practice models; further,

To urge colleges of pharmacy and other health professions schools to include instruction, in an interdisciplinary fashion, about the principles of performance improvement and patient safety and to train students in how to apply these principles in practice; further,

To foster documentation *and dissemination* of outcomes achieved *as a result of* ~~by~~ interdisciplinary ~~care~~ *education of health care professionals.*

Janet Silvester, Board Liaison to the **Council on Legal and Public Affairs**, presented the Council's policy recommendations A through F.
A. Federal Licensing of Drug Distributors

(This proposed policy was referred by delegates.)

*B. Direct-to-Consumer Advertising of Prescription and Nonprescription Medicines

To support direct-to-consumer advertising that is educational in nature about prescription drug therapies for certain medical conditions and that appropriately includes pharmacists as a source of information; further,

To *only* support direct-to-consumer advertising of specific prescription drug products, with the following requirements: (1) that such advertising is delayed until postmarketing surveillance data are collected and assessed; (2) that the *benefits and* risks ~~and benefits~~ of therapy are presented in an ~~comprehensible~~ *understandable* format ~~that allows informed decisions~~ *at an acceptable literacy level for the intended population, (3) that promotes medication safety and allows informed decisions, and* ~~3~~ *4*) that a clear relationship between the medication and the disease state is presented; further,

To support the development of legislation or regulation that would require nonprescription drug advertising to state prominently the benefits and risks associated with product use that should be discussed with the consumer's pharmacist or physician.

*C. Pharmacist's Right of Conscience and Patient's Right of Access to Therapy

To recognize the right of pharmacists, *as healthcare providers,* and other pharmacy employees to decline to participate ~~personally~~ in *therapies they consider to be* morally, religiously, or ethically troubling ~~therapies~~; further,
To support the proactive establishment of *timely and convenient* systems *by pharmacists and their employers* that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating in a nonpunitive manner the right of conscience; further,

To support the principle that a pharmacist exercising the right of conscience must *be respectful of* ~~respect~~ and serve the legitimate health care needs and desires of the patient and *shall* ~~must~~ provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.

D. Redistribution of Unused Medications

To advocate that any program for the return and reuse of medications comply with all federal and state laws (including laws regarding controlled substances); further,

To advocate that in order to ensure patient safety and provide an equal standard of care for all patients, such a program should include the following elements: (1) compliance with practice standards, accreditation standards, and laws related to prescription dispensing; (2) a requirement that these medications must not have been out of the possession of a licensed health care professional or his or her designee; (3) protection of the privacy of the patient for whom the prescription was originally dispensed; (4) inclusion of only those drug products that are in their original sealed packaging or in pharmacy-prepared unit-of-use packaging that is not expired and has been properly stored;
(5) the presence of a system for identifying medications for the purpose of a drug recall or market withdrawal;
(6) a definition of patient eligibility for participation in the program; and (7) adequate compensation of participating pharmacists for any associated costs.

E. Streamlined Licensure Reciprocity

To advocate that state boards of pharmacy grant temporary licensure to pharmacists who are relocating from another state in which they hold a license in good standing, permitting them to engage in practice while their application for licensure reciprocity is being processed; further,

To advocate that the National Association of Boards of Pharmacy collaborate with state boards of pharmacy to streamline the licensure reciprocity process.

*F. FDA Authority to Prohibit Reuse of Brand Names

To advocate that the Food and Drug Administration prohibit reuse of brand names when any active component of the product is changed, or after any other ~~substantial~~ changes are made in the product that may affect its safe use.

Diane Ginsburg, Board Liaison to the **Council on Organizational Affairs**, presented the Council's policy recommendation A.

A. Periodic Reexamination of ASHP's Organizational Structure and Governing Process

To discontinue ASHP policy 0117, Periodic Reexamination of ASHP's Organizational Structure and Governing Process, which reads:

To assign to the Board of Directors responsibility for ensuring that ASHP has a mechanism for examining periodically the organizational structure and governing processes of ASHP.

Phillip J. Schneider, Board Liaison to the **Council on Professional Affairs**, presented the Council's policy recommendations A through H.

*A. Safe Disposal of Patients' Home Medications

To minimize the patient safety consequences and public health impact of inappropriate disposal of patients' home medications by working collaboratively with other interested organizations to (1) develop models for patient-oriented medication disposal programs that will minimize accidental poisoning, drug diversion, and potential environmental impact, (2) advocate that the pharmaceutical industry, *reverse distribution services* and regulatory bodies support the development and implementation of such models, and (3) educate health professionals, regulatory bodies, and the public regarding safe disposal of unused home medications.

*B. Influenza Vaccination Requirements to Advance Patient Safety and Public Health

To advocate that hospitals and health systems require health care workers ~~with direct patient care responsibilities~~ to receive an annual influenza vaccination except when (1) it is contraindicated, or (2) the worker has religious objections, or (3) the worker signs an informed declination; further,

To encourage all hospital and health-system pharmacy personnel to be vaccinated against influenza; further,

To encourage hospital and health-system pharmacists to take a lead role in developing and implementing policies and procedures for vaccinating health care workers and in providing education on the patient safety benefits of annual influenza vaccination; further,

To work with the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.

C. Safe and Effective Extemporaneous Compounding

To affirm that extemporaneous compounding of medications, when done to meet immediate or anticipatory patient needs, is part of the practice of pharmacy and is not manufacturing; further,

To support the principle that medications should not be extemporaneously compounded when they are commercially and readily available in the form necessary to meet patient needs; further,

To encourage pharmacists who compound medications to use only drug substances that have been manufactured in Food and Drug Administration-approved facilities and that meet official United States Pharmacopeia (USP) compendial requirements where those exist; further,

To support the principle that pharmacists be adequately trained and have sufficient facilities and equipment that meet technical and professional standards to ensure the quality of compounded medications; further,

To encourage USP to develop drug monographs for commonly compounded preparations; further,

To educate prescribers and other health care professionals about the potential risks associated with the use of extemporaneously compounded preparations.

D. Accreditation of Compounding Facilities

To encourage unaccredited facilities where extemporaneous compounding of medications occurs to seek accreditation by a nationally credible accreditation body.

E. Elimination of Surface Contamination on Vials of Hazardous Drugs

To advocate that pharmaceutical manufacturers eliminate surface contamination on vials of hazardous drugs; further,

To inform pharmacists and other personnel of the potential presence of surface contamination on the vials of hazardous drugs; further,

To encourage health care organizations to adhere to published standards and regulations to protect workers from undue exposure to hazardous drugs.

*F. Integrated Team-Based Approach for the Pharmacy Enterprise

To advocate a high level of coordination of all components of the pharmacy enterprise in hospitals and health systems for the purpose of optimizing (1) the

value of drug therapy and (2) medication-use safety; further,

To encourage pharmacy department leaders to develop and maintain patient-centered practice models that integrate into a team all components of the pharmacy enterprise, including ~~frontline~~ *general* and specialized clinical practice, drug-use policy, product acquisition and inventory control, product preparation and distribution, and medication-use safety and other quality initiatives.

*G. Pharmacists' Role in Medication Reconciliation

To *ensure* ~~declare~~ that pharmacists ~~have a responsibility to coordinate~~ *are responsible for coordination of* interdisciplinary efforts to develop, implement, maintain, and monitor the effectiveness of the medication reconciliation process; further,

To advocate that pharmacists, because of their distinct knowledge, skills, and abilities, should ~~be accountable for~~ *provide the leadership of an interdisciplinary effort to establish systems for* ensuring the accuracy and completeness of all medication *lists* ~~histories~~ *taken* at admission and for communication of a reconciled list of medications *at any change in level of care and* at discharge; further,

To encourage community-based providers, hospitals, and health systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care; further,

To declare that *pharmacists have a responsibility to educate* patients/*caregivers on their* ~~have a~~ responsibility to *retain* ~~maintain~~ an up-to-date and readily accessible list of medications ~~they are taking~~ *the patient is taking. Pharmacists should assist the patient by assuring the provision of* ~~*providing*~~ *a personal medication* ~~*profile*~~ *list as a part of patient education/counseling efforts.*

H. Cost and Benefits of Clinical Pharmacy Services

To discontinue ASHP policy 8205, Studies on Costs and Benefits of Clinical Pharmacy Services, which reads:

To request that the ASHP Research and Education Foundation encourage studies to assess costs and patient benefits of various clinical pharmacy services in different types and sizes of institutions.

Agatha Nolen, Board Liaison to the **Commission on Therapeutics** presented the Commission's policy recommendations A and B.

A. Universal Influenza Vaccination

To advocate universal administration of influenza vaccinations to the United States population.

B. Minimum Effective Doses (This policy proposal was defeated.)

Candidates for the position of Chair of the House of Delegates were given an opportunity to make brief statements to the House of Delegates. The meeting adjourned at 5:10 p.m.

Second meeting

The second and final meeting of the House of Delegates session convened on Tuesday, June 27, at 4:30 p.m. A quorum was present.

Chair Phillips announced a change in the order of the agenda, with "Recommendations of delegates" to follow "unfinished and new business."

Election of House Chair. Chair Phillips announced the appointment of alternate delegates as tellers to canvass the ballots for the election of Chair of the House of Delegates. Those appointed were Edward Stemley, Chair; Scott Meyers; and Mary Binghay. She called delegates to present completed official ballots to tellers, who certified the eligibility of delegates to vote. After the balloting, the tellers counted the ballots while the business of the House proceeded.

Board of Directors reintroduction of policy. Policy recommendation B in the Board's report on the Commission on Therapeutics--Minimum Effective Doses--which had been defeated at the first meeting, was reintroduced by the Board of Directors. A statement from the Board explained that premarketing studies of drug products are focused on determining the maximum tolerated dose, not the minimally effective dose. The limited information that is available on appropriate dosages may cause dose-related adverse drug events, which increase health care costs and contribute to poor patient compliance. The situation would be improved if the FDA required manufacturers to identify minimum effective doses for medications and to make this information available to health care providers. Following

discussion, Policy B from the Commission on Therapeutics was approved. It reads as follows:

Minimum Effective Doses

To advocate that the Food and Drug Administration require manufacturers to identify minimum effective doses for medications and make this information available.

Board of Directors duly considered matters. The Board reported on 11 professional policies that were amended at the first House meeting. Pursuant to Bylaws section 7.3.1.1, the Board met on the morning of June 27, 2006, to "duly consider" the amended policies. The Board presented its recommendations as follows:

1. Council on Administrative Affairs, "Medication Management for Patient Assistance Programs": The Board agreed that the amended language was acceptable with editorial changes. As edited, the policy reads as follows:

Medication Management for Patient Assistance Programs

To support the principle that medications provided through manufacturer patient assistance programs should be stored, packaged, labeled, dispensed, and recorded using systems that ensure the same level of safety as prescription-based programs that incorporate a pharmacist-patient relationship.

2. Council on Administrative Affairs, "Medication Abbreviations": The Board agreed that the amended language was acceptable.

3. Council on Educational Affairs: "Quality of Pharmacy Education and Expansion of Colleges of Pharmacy": The Board agreed that the amended language was acceptable.

4. Council on Educational Affairs, "Interdisciplinary Health Professionals Education": The Board agreed that the amended language was acceptable.

5. Council on Legal and Public Affairs, "Direct-to-Consumer Advertising of Prescription and Nonprescription Medicines": The Board agreed that the amended language was acceptable with editorial changes in the second clause of the policy. The final policy reads as follows:

Direct-to-Consumer Advertising of Prescription and Nonprescription Medicines

To support direct-to-consumer advertising that is educational in nature about prescription drug therapies for certain medical conditions and that appropriately includes pharmacists as a source of information; further,

To support direct-to-consumer advertising of specific prescription drug products only when the following requirements are met: (1) that such advertising is delayed until postmarketing surveillance data are collected and assessed, (2) that the benefits and risks of therapy are presented in an understandable format at an acceptable literacy level for the intended population, (3) that such advertising promotes medication safety and allows informed decisions, and (4) that a clear relationship between the medication and the disease state is presented; further,

To support the development of legislation or regulation that would require nonprescription drug advertising to state prominently the benefits and risks associated with product use that should be discussed with the consumer's pharmacist or physician.

(Note: This policy supersedes ASHP policy 9701.)

6. Council on Legal and Public Affairs, "Pharmacist's Right of Conscience and Patient's Right of Access to Therapy": The Board agreed that the amended language was acceptable.

7. Council on Legal and Public Affairs, "FDA Authority to Prohibit Reuse of Brand Names": The Board agreed that the amended language was acceptable.

8. Council on Professional Affairs, "Safe Disposal of Patients' Home Medications": The Board agreed that the amending language was <u>not</u> acceptable. Following a motion to reconsider the original language, the policy was adopted as originally presented. The policy reads as follows:

Safe Disposal of Patients' Home Medications

To minimize the patient safety consequences and public health impact of inappropriate disposal of patients' home medications by working collaboratively with other interested organizations to (1) develop models for patient-oriented medication disposal programs that will minimize accidental poisoning, drug diversion, and potential environmental impact, (2) advocate that the pharmaceutical industry and regulatory bodies support the development and implementation of such models, and (3) educate health professionals, regulatory bodies, and the public regarding safe

disposal of unused home medications.

9. Council on Professional Affairs, "Influenza Vaccination Requirements to Advance Patient Safety and Public Health": The Board agreed that the amending language was acceptable.

10. Council on Professional Affairs, "Integrated Team-Based Approach for the Pharmacy Enterprise": The Board agreed that the amended language was acceptable.

11. Council on Professional Affairs, "Pharmacists' Role in Medication Reconciliation": The Board agreed that the amended language was acceptable with an editorial change. The final policy reads as follows:

Pharmacists' Role in Medication Reconciliation

To ensure that pharmacists are responsible for coordination of interdisciplinary efforts to develop, implement, maintain, and monitor the effectiveness of the medication reconciliation process; further,

To advocate that pharmacists, because of their distinct knowledge, skills, and abilities, should provide the leadership of an interdisciplinary effort to establish systems for ensuring the accuracy and completeness of all medication lists taken at admission and for communication of a reconciled list of medications at any change in level of care and at discharge; further,

To encourage community-based providers, hospitals, and health systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care; further,

To declare that pharmacists have a responsibility to educate patients and caregivers on their responsibility to retain an up-to-date and readily accessible list of medications the patient is taking; pharmacists should assist patients and caregivers by assuring the provision of a personal medication list as part of patient education and counseling efforts.

New Business. Chair Phillips announced that, in accordance with Article 7 of the Bylaws, there was one item of New Business to be considered. She noted that if an item of New Business is approved for referral to the Board, the delegates' discussion, ideas, and comments on the item become a part of the referral.

Chair Phillips called on Dennis Williams (NC) to introduce the item of New Business, "Compounding Activities by Pharmacists." Following discussion, the item was approved for referral. It reads as follows:

Promoting Research in and Access to Information about Minimum Effective Doses for Drug Therapy

Motion: To encourage access to and publication of data generated from registration trials (FDA approval studies), postmarketing surveillance evaluations, and investigator-initiated studies that provide insight into minimum effective doses of specific therapies; further,

To advocate sharing of information about minimum effective doses among clinicians, health disciplines, and the pharmaceutical industry; further,

To promote research activities that explore the identification of dosing regimens that optimize safety and effectiveness by identifying minimum effective doses for specific populations; further,

To support labeling changes for FDA-approved products when information about minimum effective doses is available; further,

To promote the use of minimum effective doses in the treatment of conditions when evidence is available.

Background: Data from dose-range studies about pharmacodynamic response are often available in published and unpublished reports during clinical development studies, postmarketing analyses, and other clinical investigations. Dose-response modeling, assessments of adherence, and Monte Carlo simulations are evolving techniques used in outcomes research and behavioral science studies to predict safety and efficacy outcomes based on predictive models. Numerous factors including age, gender, race, organ function, and genetic factors affect the safety and efficacy of drug therapies for specific patients and populations.

Suggested Outcome: Policy statements developed by ASHP councils to promote science and advancement of concepts associated with minimum effective dose with the goal of improving safety and effectiveness of drug therapy.

Recommendations. Chair Phillips called on members of the House of Delegates for Recommendations. (The name[s]

and state[s] or category of the delegate[s] who introduced an item precedes each Recommendation.)

Thomas Burnakis (FL): Elimination of Medication Abbreviations from ASHP Published Material

Recommendation: I recommend that ASHP remove abbreviations, particularly those identified as problematic or unsafe by ISMP and JCAHO, from any Society publications, continuing education presentations/material, and correspondence.

Background: The persistence of the use of abbreviations is fostered by their appearance in the publications health care professionals read. Some organizations pay lip service to suggestions to eliminate the use of abbreviations. ASHP, as the representative of the leading profession promoting the elimination of these dangerous "time savers" should take the initiative to remove abbreviated medication names from Society publications.

Stephen Eckel (NC): Community Pharmacy and Continuity of Care

Recommendation: That ASHP work with other pharmacy organizations such as NACDS, NCPA, and APhA on issues related to medication reconciliation and transfer of information as patients enter and exit the health care system.

Background: After attending this past year's NACDS technology summit, I was amazed at the many conversations that occurred as it relates to exchange of information regarding complete and accurate medication lists among different community pharmacies and physician offices. Never were hospitals mentioned. ASHP meetings rarely talk about community pharmacies. With the future of medication reconciliation, the responsibility of pharmacy for it, and the need for success with it, we need to create open dialogues with community pharmacy organizations.

Kathryn R Schultz (MN): ASHP Support of Use of Declination Forms for Health Care Worker Influenza Vaccines

Recommendation: That ASHP further strengthen its support of health care worker influenza vaccination by encouraging use of declination forms for health care workers.

Background: Declination forms provide information to health care workers (HCWs) on the risks and benefits of the influenza vaccine and the fact that HCWs are a significant source of influenza virus transmission to patients. Use of these declination forms is a proactive means of ensuring that HCWs make a conscious and fully informed decision about whether or not to receive the influenza vaccine. Use of such forms has been shown to increase health care worker influenza vaccination rates.

Carol Rollins (Section of Home, Ambulatory, and Chronic Care Practitioners): Electronic Technology Failure Preparedness

Recommendation: That ASHP facilitate education of health-system pharmacists regarding the risk of electronic technology failure and need for proactive establishment of protocols to manage failure of electronic systems that may involve multiple units within a relatively short period of time and be catastrophic in nature.

Background: Pharmacists must be prepared to manage failure of electronic/computer-controlled systems regardless of the underlying cause of failure. However, the risk of failure within 3-5 years of obtaining long-term equipment is greatly increased by the risk of "tinwhiskers" (precipitates/crystals) as manufacturers of commercial electronic components are rapidly shifting from tin-lead to pure tin circuit board components.

Dennis F. Moore (AR): Threats to Closed-Loop Medication Distribution Systems

Recommendation: That ASHP work through the regulatory arena to minimize influences that are resulting in medications being introduced into a hospital's drug distribution system from outside sources (i.e., patients' use of home medications, bringing medications [TPNs, chemotherapy, etc.] from specialized pharmacies for staff to administer) where purity and sterility cannot be guaranteed and patient safety may be compromised.

Background: CMS regulations for observation patients (in which they are still classified as outpatients) disallow billing for self-administrable medications, resulting in pressure from patients to allow them to take medications brought from home, for which the health system has to verify accuracy and provide storage. Some insurance companies are requiring that products be purchased from specialized pharmacies for

administration within a hospital or health system.

James Stevenson (MI): Standard Product Nomenclature for Sustained-Release Products

Recommendation: To encourage ASHP to work with the FDA, ISMP, and other interested parties to establish standard nomenclature in the naming of sustained-release products in order to reduce medication errors and promote patient safety.

Background: Manufacturers have utilized a wide variety of abbreviations to indicate sustained-release formulations (e.g., CD, SR, XL, LA). Sometimes these abbreviations are attached to multiple sustained-release formulations of the same chemical entity. The variety of naming conventions leads to confusion in the communication of prescription information and fosters medication errors. Adoption of standards in this area would promote patient safety.

Fern Kaufman (PA): Inherent Issues of Patient Care in the Policy, "Pharmacist's Right of Conscience and Patient's Right of Access to Therapy"

Recommendation: To request the Council on Legal and Public Affairs to address the inherent operational issues in the policy, "Pharmacist's Right of Conscience and Patient's Right of Access to Therapy," via an advisory bulletin.

Background: When a patient seeks emergency care for time-dependent treatment, his or her wishes may be disregarded if the only practitioner available has moral or ethical objections to the therapy and "timely and convenient" alternate systems are not available for cost reasons or other factors. The most extreme situation should be used as the litmus test in policy development such that no patient at any time is disadvantaged nor are his or her wishes disregarded because of a moral or religious belief on the part of the practitioner.

Steven Townsend (ME): Use of OTC Brand Names with Prefixes and Suffixes

Recommendation: That ASHP advocate that the Food and Drug Administration prohibit the use of brand names with prefixes and suffixes for over-the-counter products that do not contain the original branded product's active ingredient.

Background: Many OTC products are marketed under a brand name that does not represent the active ingredient. This causes much confusion for patients, providers, and pharmacists. Examples of such products are Children's Pepto (which contains calcium carbonate instead of bismuth subsalicylate) and Tavist ND (which contains loratidine instead of clemastine).

Patricia Killingsworth (ID), Teri Blair (TX), and Teresa Hudson (AR): ASHP Policy 0231, Pharmaceutical Waste

Recommendation: That ASHP refer this policy to the appropriate council for review and update.

Background: Legislation for the appropriate disposal of pharmaceutical waste is an issue in many states. The list of drugs that the EPA suggests be included in our waste plans contains many medications that may not be appropriate for the list. ASHP should consider working with the EPA and other national organizations to ensure a cost-effective process with an appropriate list of drugs to be included in the development of a disposal plan.

Patricia Killingsworth (ID): Pharmacists' Role in Rapid Response Teams

Recommendation: That ASHP address the participation of pharmacists in Rapid Response Teams.

Background: Rapid Response Teams (RRTs) are becoming a standard of patient care in our hospitals. Even though pharmacists provide a unique role in evaluating the effectiveness of medications, they are not always included in the development and implementation of and participation on RRTs. The need for pharmacists' expertise on RRTs needs to be assessed and a recommendation made by ASHP.

Donald Lynx (IL): Reporting of Medication Usage for State Medicaid Rebates

Recommendation: That ASHP work with CMS and state Medicaid agencies to assure that any system or process implemented to maximize rebates, based on physician or clinic medication administration, does not place hospital and health-system pharmacy staff at risk for civil or criminal penalties.

Background: I am providing a memo to ASHP on this issue from the Illinois Department of Health and Family Services.

R. David Anderson (Past President): Utilization of Past Presidents in Continuing ASHP Development

Recommendation: That ASHP recognize the continuing service, understanding, and commitment of Past Presidents by appointing a representative number to councils, committees, subcommittees, commissions, etc., in order to utilize their experience and historical perspective to ensure continuum of thought and ASHP direction.

Background: A review of committees, councils, and commission membership reveals that only two Past Presidents are currently involved in ASHP growth and development.

Jennifer Ellis, Michael Schlesselman, Michael Rubino (CT): Expansion of ASHP Resident Web Site

Recommendation: That ASHP update the residency Web site to include a one-page outline or template summarizing the benefits to patient care, education, and advantages of reimbursement.

Background: In order to increase the number of pharmacy practice residencies, pharmacy directors need a concise outline to use in developing a proposal to senior management. The current Web site has a wealth of information, but adding a template for a proposal would assist pharmacy managers in making the first step.

James C. McAllister III (Past President): Special Distribution Systems

Recommendation: That ASHP enhance its efforts with the FDA and the pharmaceutical industry to minimize, if not eliminate, all "special distribution systems" that plague our staffs, our systems, and compromise patient safety.

James C. McAllister III (Past President): Enhancing Relationships with Academia

Recommendation: That ASHP and all appropriate component groups develop strategies and action plans to create comprehensive, enduring, and formal relationships with schools of pharmacy to address issues of common interest, including student participation in ASHP, provider status, postgraduate education and training program, and other endeavors of mutual interest.

Douglas Lang (MO), Kathleen Donley (OH): Compounding Medications

Recommendation: To encourage further policy development to address (1) the compounding of medications withdrawn from the market because of safety issues and (2) resale or distribution of compunded preperations by third parties to other persons or commercial entities.

Background: Potential language for new policy: To oppose the compounding of drugs that have been withdrawn from the market because of safety reasons; further, not to compound finished drugs from bulk active ingredients that are not components of FDA-approved drugs; further, to oppose the compounding of drugs for third parties who resell the products. Please refer to FDA Compounding Compliance Document.

Recognition. Chair Phillips recognized members of the Board who were continuing in office. She also introduced members of the Board who were completing their terms of office.

As a token of appreciation on behalf of the Board of Directors and members of ASHP, Chair Phillips presented President Martin with an inscribed gavel commemorating her term of office. President Martin recognized the service of Chair Phillips as Chair of the House of Delegates and a member of the Board of Directors.

Chair Phillips recognized T. Mark Woods's years of service as a member of the Board, in various presidential capacities, as Chair of the Board, and as Vice Chair of the House of Delegates.

Chair Phillips called upon President Martin to announce several ASHP Awards--Board of Directors Award of Honor, Dr. David W. Bates; Award for Distinguished Leadership of Health-System Pharmacy Practice, David M. Angaran; Honorary Membership, Col. (Retired) Mike Heath; and Award of Excellence, Dr. Marvin Shepherd.

Chair Phillips then installed the chairs of the executive committees of ASHP's sections and forums: Ted Rice, Chair of the Section of Clinical Specialists and Scientists; Cathy Sasser, Chair of the Section of Home, Ambulatory, and Chronic Care Practitioners; Dale English, Chair of the Section of Inpatient Care Practitioners; Andrew Wilson, Chair of the Section of Pharmacy Practice Managers; Kathryn Marie Clark, Chair of the Pharmacy Student Forum; and Helen Marshall, Chair of the New Practitioners Forum.

Dr. Phillips then recognized other members of the executive committees of sections and forums.

Chair Phillips announced that Teresa J. Hudson had been elected as Chair of the House.

Installation. Chair Phillips installed Cynthia Brennan as President of ASHP, Stanley S. Kent and Sheila L. Mitchell as members of the Board of Directors, and Teresa J. Hudson as Chair of the House of Delegates. She introduced family members of newly installed Board members.

Parliamentarian. Chair Phillips thanked Joy Myers for service to the ASHP House of Delegates as parliamentarian.

Chair Philips thanked members from the State of Florida for their hospitality in welcoming ASHP to Orlando for its Summer Meeting.

Adjournment. The 58th annual session of the House of Delegates was declared officially adjourned at 5:08 p.m. on June 27, 2006.

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[a]The Committee on Nominations consisted of Teri L. Bair (TX), Chair, Daniel M. Ashby (MD), Vice Chair, David J. Blanchard (NY), Dan D. Degnan (IN), Carl W. Grove (ME), Teresa A. Miller (CA), and Deborah J. Tapley (SC).