

<p>2011 Annual American College of Clinical Pharmacy – Pittsburgh, PA Clinical Administration PRN Business Meeting and Networking Forum Minutes Westin Convention Center Hotel: Fayette Room October 17, 2011</p>	
Meeting Attendees	<p>Hebert “Matt” Matthew (outgoing Chair); Suzanne Wortman (Chair); Harminder Sikand (Chair Elect); Charlene Hope (Secretary/Treasurer); Juliana Chan, Andrea Chbeir, Jean B. Douglas, Russell Findlay, Maria Giannakos , Mort Goldman, Emilie Karpiuk, Bill Kehoe (Board Liaison), Shanaz Kinani, Pat Masters, Susan Miller, John Noviasky, Renee Sager, Robert Stanton, Patrick Tabon, Philip Trapskin, Andrew Ventura, Rhonda, Zillmer</p>
Agenda Items	Discussion
1. Introduction	<p>Matt called the meeting to order. Attendees introduced themselves.</p>
2. Board Liaison Report	<p>Dr. Kehoe, outgoing President and Board liaison, presented the Board’s focus for the previous and upcoming year:</p> <p>Board Certification Working with BPS to streamline process for on boarding newly developed certification exams. Organizations can petition for new specialties. Two new petitions from ACCP – pediatrics and critical care. Will be working with other organizations once they receive word from BPS. Pain and Palliative Care Certification also being evaluated; petition submitted from another organization.</p> <p>Governmental Affairs Money is needed to fund the activities in Washington to represent the interest of pharmacy and pharmacists. The ACCP PAC has been up and receiving contributions for the past few months. The PAC is doing well with fund raising. Information is available in the public domain, and any member can find information about how much money the PAC has. Any amount up to \$1000 can be donated by an individual. Reaching out to non-governmental organizations such as the American College of Physicians. Making some inroads in that regard. Organizations – Who is providing clinical pharmacy services? What is the clinical pharmacist doing? What service are they specifically providing? Many organizations are looking at investigating the “what”?</p> <p>Research Institute The College is also looking to position and advance clinical pharmacy through the Research Institute. PBRN and FIT training program are two components of ACCP’s approach to research. Through the PBRN, the MEDAP study was completed. It looked at pharmacists’ interventions in preventing medication errors. Currently they are looking to evaluate the outcomes and attach dollar amounts to this body of work. Committees have evaluated this over the years. RFP for</p>

	<p>pharmacoeconomic evaluation of the MEDAP data. Need to document value and outcomes of pharmacist activities.</p> <p>Health care Reform – need to position clinical pharmacists as there are many other individuals that are looking to do the same activities as the pharmacist.</p>
3. Review of 2010 Meeting Minutes	Meeting minutes were not available at the meeting for review and approval. Will be compiled and presented at another date.
4. PRN Officers Meeting Report	<p>Suzanne provided a summary of the PRN Officers meeting.</p> <ul style="list-style-type: none"> • ACCP has greater than 1800 student members in attendance • PRN handbook has been updated and is available on the ACCP webpage. This includes a calendar of all ACCP activity due dates. Template samples are also included in this resource, including the one for 2012 Meeting. • Need to have 250-word summary of 2012 Focus Session submitted to ACCP by November 18th. Application for reimbursement for this meeting is due to Nancy Perrin by this date. • Committees and Task Forces – A general invitation was emailed to all ACCP members. Approximately 800 individuals applied for 250 positions. If you were not successful in securing a position this year, the recommendation is to continue trying. They do review and read each submission. • Clinical Pharmacy Challenge - A total of 84 colleges participated. Campbell University took the top prize and the University of Tennessee took second place. • Spring Meeting – PRN Networking Breakfasts will be held at the spring meeting. Need to let Nancy Perrin know if we will be participating. ACCP will provide breakfast every morning. Need to have a PRN representative to meet with potential members. • PBRN and Research Institute theme this year is Generating Bright Ideas. Jackie Marinac currently oversees the PBRN. The PBRN was created to document the outcomes and value of clinical pharmacy services. Individuals sign up to participate as a member of the PBRN, and the PBRN will send out invitations to participate in studies. They collate the results to increase the numbers and power of the research being performed. New Director was introduced. No FIT training next year. It will resume in 2013. • Grace Kuo will present a poster on the MEDAP study results at this meeting. • Ongoing theme of the ACCP and the Research Institute - develop, advance and promote clinical pharmacy. Any ideas for a future study can be submitted to the PBRN. <p>Ed Webb announced the newly initiated PAC – tax-deductible donation from individual</p>

	members.
5. Secretary/Treasurer Report	<p>Charlene provided a brief overview of PRN financial information. Finances were reported for the time period January 2011 – August 2011. Revenue generated from memberships totaled \$3,320; in addition, \$175 was generated from online job listings. Total YTD revenue was \$13,283.09. Expenses totaled \$664.00. The final PRN account totals \$12,619.00. PRN has been doing really well.</p> <p>Membership has been increasing – to note student membership has been increasing as well. Total membership count is 329.</p>
6. Old Business	<p>Clinical Administration PRN Grant Program</p> <p>Matt wanted the membership to decide if the program would be a onetime occasion or an annual offering and wanted the membership to provide feedback. PRN Member Juliana Chan developed criteria and an application form. Members reviewed the documents. Harminder recommended that the document be forwarded to the Clinical Administration PRN membership to state yes or no for approval with a comment section included for addition feedback.</p> <p>AARP Article Publication</p> <p>Suzanne provided the background on the history of AARP article. Members decided to write articles on the role of the hospital pharmacist (identifying drug-drug interactions, working with physicians to improve drug therapy, etc). Project never materialized. Based on the Opening Session presentation, which included several slides of AARP magazine covers, there is a renewed interested to move this project forward. Members were invited to volunteer to write the articles. John Novisky also mentioned that he had a contact at AARP.</p>
7. Clinical Administration PRN Grant Program	Discussed under “Old Business”
8. Pharmacy Practice Model Initiative (PPMI)	<p>PRN White Paper –Several articles were compiled and outline was drafted on practice models. It was decided to place this project on hold with the ASHP PPMI Summit that was scheduled to occur this year. Being a leadership PRN, Suzanne expressed the importance of our collective membership making a comment or statement regarding the PPMI paper. A PRN Paper has to be approved by the Board, whereas a White Paper (opinion) does not require peer review.</p> <p>Suzanne asked members if they wanted to move forward with participating in writing the paper.</p> <p>Opinion paper on PPMI</p> <p>Recommendation: Determine if we want to endorse PPMI paper; that is, to agree or not agree with PPMI roles and responsibilities that are outlined; provide an overview of the PPMI from the point view of the ACCP member or clinical specialist; identify areas that may not have been addressed within the paper; and dispel any myths or misnomers that surround what PPMI is as all about.</p>

9. 2011 Annual Meeting PRN Focus session report	Forty members were in attendance at the session.
10. Future programming topics discussion	<p>Suzanne reviewed some of the highlights of the 2010 PRN survey. Programs members were interested in pursuing in the future are: inpatient anticoagulation, creative solutions for addressing staffing shortages, antibiotic stewardship, new technology, pharmacoeconomics, sedation, outpatient prevention programs (transition of care), staff competencies, formulary management, glucose control, core measures, clinical documentation, pain, IRB and research, fall prevention, and decubitus ulcers.</p> <p style="text-align: right;"><i>Bold text - highest ranked</i></p> <p>Suggestions for future programming topics included:</p> <ul style="list-style-type: none"> • Accountable care organizations • "Doing more with the same or less" - Being innovative in providing pharmacy care services; for example, utilizing technicians to do more "tech check tech". • Utilizing ED pharmacists - Joint focus session with ED PRN - what are the benefits of a ED pharmacist; role/impact on medication reconciliation; utilizing students or technicians to perform medication reconciliation; California health regulations requiring pharmacy involvement in medication reconciliation; clinical pharmacy technicians. Decentralized pharmacy technician role - to assist clinical pharmacist with administrative duties • Members agreed to work with ED PRN for the 2012 Focus Session might be beneficial <p>Chaos in health care theme - learning how to manage up, working outside of the box, learning how to develop relationships (interdepartmental, administrative). Working with decision-makers, learning how to get the pharmacy agenda at the top of list; communicating the value of pharmacy services. How do clinical specialist sell themselves and their services? "Aligning the Stars"; "Managing the Chaos" were suggested titles for a focus session. How does one take their message in the pharmacy department and aligned it to the goals of the organization? Patient satisfaction, medication safety - communicating with the C-suite. Need a high level accountability in administration.</p>
11. Brief Presentation(s)	<p>Frontier Funds/FIT Donation</p> <p>FIT liaison recommended that we increase our annual donation to \$1000. All members present agreed to increase the Frontier Funds donation to \$1000 for 2011.</p> <p>Student Travel Awards</p> <p>Discussion took place about whether donations should go to the general ACCP student travel fund or creation of a Clinical Administration PRN student travel fund. All members present agreed to develop a PRN-specific student travel award. Two \$250 awards (\$500 total) are to be designated for Student Travel Award – one specific to Clinical Administration PRN and one to the general fund. Harminder stated that she would create a one page application and criteria.</p>

	<p>Student Liaison to Clinical Admin PRN Students expressing interest can be included on PRN emails and other communication to get a feel for behind the scene workings of the PRN.</p> <p>Resident Travel Fund Tabled to next year to old business.</p> <p>Welcome Pamphlet To be updated and placed on the PRN Web page. Hard copies to be generated for PRN promotion at ACCP meetings and possibly available at focus sessions. Group pictures of PRN attendees were taken.</p>
12. Closing	Meeting adjourned at 7:52pm