Minutes for the
Clinical Administration PRN Business Meeting at the 2007 ACCP Spring Meeting
Monday, April 23, 2007
Gatlinburg Room, Marriott Memphis Downtown, Memphis, TN

Call to order and introductions:
PRN Chair John Noviasky called the meeting to order and welcomed the participants. Everyone introduced themselves, and the members present represented geographical area. 14 members were presented. Each member shared an area of recent focus at their institution, examples included:

- Being proactive to plan for potential JCAHO National Patient Safety Goals RE anticoagulation
- Developing drug libraries for "smart" pumps
- One member new to department – doing a lot of different things, especially technology
- Clinical algorithms
- JCAHO follow up – (just surveyed last week)
- Teaching practice management
- Completing proposal for 12 new FTEs

Examples included:

I.   Minutes from October 27, 2006 meeting were reviewed and approved.
      a. It was noted that the final donation to the Research Institute in 2006 was $500

II.   PRN Officers Meeting Report – Keith Thomasset provided an overview of items discussed at the PRN Officers meeting on Sunday April 22nd.
      a. Spring meeting time template changes; ACCP is considering changing PRN meeting times (e.g. lunch time meetings)
      b. ACCP is working to encourage further student involvement in the organization
      c. Process for commercial support for PRN activities
      d. PRN deadlines – topic needed for Spring Forum 2008

III. Nominations
      a. Call for Nominations – Nominations are being sought for Chair – elect and Secretary/Treasurer. A description of the responsibilities was provided. Key responsibilities include planning PRN activities such as planning and facilitating meetings and planning PRN programming.
      b. Nominations Committee – The committee will be John Noviasky and Todd Nesbitt

IV.   Board Liaison Report (Dr. Matzke)
      a. Spring Meeting – Further discussion of the future structure of the Spring Meeting.

          i. Attendance at the Memphis meeting was approximately 1,600, which is similar to the meeting attendance for the Annual meeting. Dr Matzke asked for further input on changes members would like to see in the Spring meeting structure.

         ii. Changes in the meeting template will become active in 2010. (It will take this long because planning is already underway for the 2008 meeting, and the 2009 Spring meeting will be in Europe.)

  b. Premeeting Symposium and Commercial Support for PRNs

         i. PRNs can submit proposals for premeeting symposium.

         ii. Ideas that are relevant to multiple PRNs are especially well received.

  c. *Pharmacotherapy* – New editorial board members have been appointed.

V.   PRN Focus Sessions

  a. 2007 Annual Meeting Focus Session – Topic is Clinical Decision Support

         i. Topic idea was generated in Annual Meeting in St. Louis

         ii. Issues apply to both prescriber order entry and pharmacy systems

  b. Brainstorm Future Meeting Topics

         i. Issues related to JCAHO Preparation

            1. Meeting anticoagulation JCAHO patient safety goals (from manager perspective)

            2. JCAHO Emergency Department medication review – continuous changes

                a. Justifying and implementing pharmacy services for emergency department

                b. New JCAHO requirements can influence existing emergency clinical pharmacy services

            3. JCAHO preparation – what clinicians need to know (e.g. every clinician needs to know about National Patient Safety Goals)

            4. National Patient Safety Goals – presentation where individuals from different institutions describe how they meet the goals – Plan this program for Spring 2008

                a. Focus on newer goals that relate to pharmacy

                b. Anticoagulation and Medication Reconciliation

                c. Standardized concentrations?

                d. Need to have speakers from a variety of settings (institution size, teaching/non teaching)

                e. Speakers need to provide context of their institution and department at the outset

                f. Try to recruit speakers from PRN

                g. 3 hour program – breakout sessions or other ways to promote active participation/interactive

         ii. Creative ways to expand clinical services

            1. Using Pharmacy Students to provide and supplement clinical services – for example, some hospitals are using pharmacy

students as a major part of the medication reconciliation process
2. Using technicians for clinical services
iii. Methods for Clinical Practitioners to develop efficiency and effectiveness in teaching students
1. Point/Counterpoint RE how to use students
2. Active vs. more passive approaches to experiential learning
iv. Research Methods and Data analysis for Clinical Leaders – practical research methods that would apply to various clinical issues (e.g. evaluation of services to justify, documentation, analyzing intervention data, data mining electronic records, etc.)
1. Data needs to be compelling to financial leaders in institutions
2. Need to use more sophisticated methods to justify services
3. Many finance and quality issues – how do we define these issues in pharmacy?
v. Communication and Collaboration with Colleges of Pharmacy – for example for resources such as residencies
vi. Many finance and quality issues – how do we define these issues in pharmacy?
vii. Communication with Other Departments in the (e.g. Quality Management) Hospital to meet JCAHO and other Standards
viii. Determining Core Clinical Pharmacy Services
1. Justifying Clinical Pharmacy Services
2. Reimbursement for Clinical Pharmacy Services
ix. Aligning Individual Clinicians with Organizational/Departmental Goals
x. Information Technology and Clinical Decision Support (Expand on this topic for 2008 program)
1. **What are the top most essential clinical rules in practice?**
2. **How are systems "fine tuned"**
3. **Software for documentation**
xi. Clinical practice in the future –
1. Drugs in development/genomics influence on practice
2. Long range influence of information technology
3. Background on where we have been in the past in building clinical pharmacy services – past, present, future

VI. Document Webpage and Listserve -- Ideas for improvement
a. Overview of Resources Available – Items are automatically posted as sent on listserve – suggestion was to send email to promote archive (e.g. could list items currently available; also encourage PRN members to send out things have been completed – even if not in response to a question)

      b. Idea was to develop a page where individuals could list their interests and activities, including type of institutions and size

VII. Leadership Certificate Program
      a. ACCP leadership has asked the PRN has to contribute to further develop the ACCP Academy Leadership and Management Certificate Program
            i. PRN Officer(s) will become involved in steering committee for Certificate program, which will include planning the program curriculum
            ii. In addition, the PRN has been asked plan several required electives for the certificate program
      b. Several PRN members are enrolled in the program – their motivation for involvement
            i. Did not plan to be in management/leadership position
            ii. Hoping the program will provide some training
            iii. Balance leadership and management
      c. Elective Program Ideas
            i. General suggestions
                 1. Electives should be broad to attract many people
                 2. Program should be attractive to students so students become interested in clinical leadership positions
            ii. Conflict Management and Conflict Resolution
            iii. Other Personnel Management Issues – relationships change
            iv. Sessions on Key Competencies for Management
                 1. People/Interpersonal relations
                 2. Communications
                 3. Financial Management
                 4. Forecasting Techniques
            v. How to be a change agent/change management – future presymposium?
                 1. Influencing staff
                 2. Interaction with other departments
            vi. Research Methods and Data analysis for Clinical Leaders – practical research methods that would apply to various clinical issues

VIII. Secretary/Treasurer Report
      a. PRN Account Balance – Current balance is $5,583.25. Based on current annual expected expenses, this amount is approximately twice annual expenditures.
      b. PRN Membership Status
            i. The current membership of the PRN as of March 2007 was 186
            ii. Monthly trends in PRN membership and new members from October 2006 to Mar 2007 were distributed
                 1. Overall Membership -- PRN membership declined from 231 members in November 2006 to 184 members in December;

however, from December 2006 to March 2007 membership has remained stable at ~180 members.

2. New Members – Between 1 and 20 new members were added in each month from October 2006 to March 2007. However, there was wide variability, and the group requested further information – specifically, PRN leadership will communicate with ACCP staff to determine if there are more membership renewals in certain months.

IX. Brief Presentation ethical interaction with industry and conflict of interest
   a. John Noviasky has been involved in writing several papers on conflict of interest and made a brief presentation.
   b. Pharmaceutical industry influence is ubiquitous within health care; influence occurs at many levels
      i. FDA user fees
      ii. Industry involvement in various guideline development efforts (e.g. sepsis guidelines)
   c. All these issues act to influence practitioners
   d. Updated ACCP guidelines on ethical interaction with industry will be forthcoming soon
   e. Group discussion of topic
      i. Much of the issue comes down to how to promote appropriate drug use
      ii. There was extensive discussion of current policies for accepting meals etc., speaker bureaus at the members institution
         1. Should pharmacists speak for drug companies?
         2. Often the "expert" on a topic may be the same person that has extensive research funding and/or on speaker's bureau

X. New Business and Informal Topic Discussion
   a. PRN Development
      i. Develop a White Paper – Potential Topics
         1. Clinical Decision Support – Process for developing rules; defining the highest priority rules for decision support
         2. Develop PRN mentoring program
            a. Leadership Certificate program requires person to secure a mentor
   b. Name Change Proposal
      i. Is the term "Administration" appropriate? Does it accurately represent the group?
      ii. Ideas for new names
         1. Clinical Leadership
         2. Clinical Practice Management
         3. Clinical Leadership and Practice Management
         4. Clinical Leadership and Clinical Practice Management
         5. Clinical Leadership and Medication Use Policy

      6. Clinical Services Management
      7. Clinical Services Leadership
      8. Clinical Service Leadership and Management
      9. Clinical Service Management and Leadership
   iii. Two candidate names were proposed:
      1. Clinical Practice Management
      2. Clinical Leadership and Practice Management
   iv. PRN leadership will draft a brief proposal with background and rationale. The proposal will need to be distributed widely across the PRN via listserve for approval. Final approval must come from the ACCP Board of Regents. Goal will be to send to Board in the Summer.

  c. Current Practice Challenges – Examples of discussion topics included:
    i. Specialty Pharmaceuticals and Restricted Distribution -- restricted distribution systems add complexity

The meeting was adjourned at approximately 9:20PM, but many members continued informal discussion.

Respectfully Submitted

James M. Hoffman
Secretary/Treasurer