LOUISIANA SOCIETY OF HEALTH-SYSTEM PHARMACISTS

8550 United Plaza Boulevard • Suite 1001 • Baton Rouge, Louisiana 70809
Telephone (225)922-4520 • Facsimile (225)408-4422

To: Hospital Pharmacy Directors

From: Helen Calmes & Iman Borghol
Annual Meeting Committee

Re: Call for Posters at the 2017 Annual Meeting

Once again it is time to start thinking about the Poster Presentations for the LSHP Annual Meeting. The meeting will be held May 25-27 at the Hyatt Regency New Orleans, 601 Loyola Ave, New Orleans, LA. We would like to challenge each of you to participate in the Poster Session being held in conjunction with the exhibits at the Annual Meeting on **Friday, May 26, 2017**. Poster presentations are a means of communicating new ideas and services with your colleagues. Subject matter may consist of administrative projects, clinical projects, case studies, and new procedure outlines.

An Interactive Poster Session (ACPE Approved) will be featured. Six (6) or more posters will be selected for presenter-participant interaction. "Focus on Patient Safety, Drug Product Preparation, Quality Improvement, Medication Safety, Education of Practitioners and Patients" will be the theme. The goal is to encourage networking and enhance member involvement in our educational program. *All posters are peer reviewed and approved by the Annual Meeting Committee.*

All topics and abstracts should be submitted on or before Friday, May 5, 2017, **via email** to office@lshp.org. (See attached guidelines for submitting abstracts.) If you submit an abstract, you will receive a confirmation from LSHP that your abstract has been received and you are assigned space. *Please make sure to include the address where you would like the confirmation to be emailed.* If you do not receive a confirmation from LSHP, you have until Friday, May 5, 2017 to contact Lauren Landry at the LSHP office by telephone. Absolutely no additional abstracts or requests to submit or resubmit them will be accepted after 5:00 p.m., May 5, 2017.

No more than two entries will be accepted from any person as either author or co-author of a presentation (exceptions must be approved by the Annual Meeting Committee).

Achievement awards as well as a cash award will be presented in the categories of clinical, research and administrative practice, *in addition to awards for student, resident and technician posters.* Awards will be presented to the practitioner according to abstracts and the poster presentation at the meeting. To encourage membership and member involvement, **ONLY** LSHP members are eligible to receive the cash awards (e.g. if the first author is not a member, the award goes the next author that qualifies in order listed on the poster).

Please encourage your staff to get involved! I'm sure your institution has just the right program to be presented as a poster.

POSTER PRESENTATIONS

OBJECTIVES

At the completion of this activity, the pharmacist will be able to:

1. Describe the concepts of patient safety.
2. Review outstanding health-system pharmacy practices or best practices in health-system pharmacy.
3. List the impact of patient safety and safe medication practices.
4. Discuss Continuous Quality Improvement and processes utilize to achieve quality in Pharmaceutical Care.
5. Utilize national standards, evidenced-based medicine and pharmacy literature to improve safety and efficacy.
6. List the ways that national accreditation agencies may positively impact the overall practice of pharmacy in health-systems.
7. Recognize what the high-risk drugs are and how to handle them throughout the continuum of care.
8. List the impact of educational programs on safety and pharmacy practice improvement.
9. Review the impact pharmacist or pharmacy technicians may have in patient safety.

At the completion of this activity, the technician will be able to:

1. Describe the concept of Patient Safety.
2. Recognize what the high-risk drugs are and how to handle them throughout the continuum of care.
3. Review programs in insulin, chemotherapy, anticoagulation and sedatives and introduce the safety practices into your practice setting.
4. Outline how technicians may assist the pharmacist in identifying opportunities to improve medication safety.

INSTRUCTIONS FOR PREPARING ABSTRACTS

Please read the instructions carefully.

1. The entire abstract including title, author, location, text and acknowledgments, must be within a single typewritten page.
2. Abstracts should be informative and contain the following elements:
    a) Short specific title
    b) A one sentence statement of the study's objectives.
    c) Brief statements of the methods, if pertinent.
    d) A summary of the results obtained.
    e) A statement of the conclusions. It is NOT satisfactory to state, “The results will be discussed.”
3. Single-space all typing. The text of the abstract should be a single paragraph starting with a three space indentation. Use standard abbreviations. (See attached example.)
4. Three (3) goals and objectives of the project or study must accompany the poster abstract.
5. Two (2) questions (preferably that cannot be answered by reading the abstract or poster/handouts) with answers must accompany the abstract. The preferred questions are multiple choice or K-type.
6. Goals/Objectives and Questions may be on a separate page.
7. The Curriculum Vitae or résumé of the primary author or the presenting author should accompany the abstract or be submitted no later than 20 days before the meeting (May 5, 2017).

8. Abstracts should be emailed by May 5, 2017 to office@lshp.org .

If you submit an abstract, you will receive a confirmation from LSHP that your abstract has been received and you are assigned space. If you do not receive a confirmation from LSHP, you have until Friday, May 5, 2017, to contact Lauren Landry at the LSHP office by telephone. Absolutely no additional abstracts or requests to submit or resubmit them will be accepted after 5:00 p.m., May 5, 2017.

GUIDELINES FOR PREPARING AND MOUNTING POSTERS

1. Display materials should be mounted on assigned boards during the morning, immediately proceeding the poster session. Set-ups take at least one-half hour; therefore, authors are urged to arrive at the session room at least one hour before the starting time.

2. The poster board is approximately 8 feet wide by 4 feet high with counter space extending the full length for the poster.

3. Prepare a sign with the title and author(s) for mounting at the top of the board. Lettering should be at least one inch high.

4. All illustrations must be prepared before the poster session. Charts, graphs, tables, drawings, and other illustrations should be clear, simple, and able to be read from a meter distance. Display materials must be easy to assemble and able to be mounted with tacks or push pins. You are responsible for all materials necessary for your setup (i.e., push pins, tacks, etc.)

5. The content to the posted material is more important than format. It should be possible for the viewer to grasp the meaning of displayed materials without the need for the author to explain each one, and without much reading. The displayed items should be clearly arranged in the logical sequence of 1) objectives, 2) methodology, 3) results, and 4) conclusions and/or evaluation of the project. **KEEP POSTED MATERIALS SIMPLE AND VISIBLE!**

6. Authors are encouraged to provide handout materials relating to their poster. A counter is mounted across the front of the poster board on which handout materials may be placed.

7. Display materials must be removed from the poster board NO later than one half hour after the close of the session.

8. Please do not write, draw, or paint on the poster panels.

9. LSHP officers will be present at the session to help authors with any information or technical assistance.

10. **It will NOT be possible to use projection or demonstration equipment of any kind (including computers)**, and no additional furniture will be permitted, other than the items provided (poster board and table.)

CONDUCT OF THE POSTER SESSION

1. Posting of displays on the poster board must be completed prior to the scheduled opening of the exhibit hall (12 noon).

2. All posters will be on display for the duration of the exposition portion of the annual meeting, **Friday May 26, 2017,** from 12:00 noon to 3:00 p.m. (3 hours). Poster presentations will be judged from 2:00 p.m. to 3:00 p.m. (Lunch is served between 11:30 am and 12:30 pm).

3. The Interactive Session requires that one of the authors remain at the poster to answer questions and address participants. This will occur from 1:00 p.m. to 3:00 p.m. *All poster session presenters must register for the LSHP Annual Meeting in order to present*.

4. Authors will be responsible for assuring that someone is in attendance for the duration of the judging period (2:00 p.m. to 3:00 p.m.).

5. Abstracts for the poster session will be published in the meeting program if they are received by the deadline.

EXAMPLE ABSTRACTS

❶ THE CLINICAL USE OF FLUCONAZOLE.

Billeter M*, Pankey GA, Simonson DH, Ochsner Foundation Hospital, Pharmacy Department, 1516 Jefferson Highway, New Orleans, LA 70121 and Xavier University of Louisiana, College of Pharmacy.

Abstract

This study evaluated the use of fluconazole in a clinical setting under non-protocol conditions, to determine the appropriateness of use and clinical effectiveness. The Pharmacy Department identified all of the patients who received fluconazole from May 1, 1990, to April 30, 1991. The charts were reviewed retrospectively to determine how and why fluconazole was being used in our hospital. For the first 7 months of the study period, 93 patients accounted for 130 courses of fluconazole therapy. The most common risk-factors for developing a fungal infection were the use of broad-spectrum antibiotics, admission to the ICU, the presence of a central venous catheter, and the use of immunosuppressive agents. The presence of yeast in a urinalysis or in urine culture, and the continuation of home medications were the most common reasons for using fluconazole. *Candida albicans* and *Torulopsis glabrata* were the primary fungi isolated in our patient population. Topical antifungal agents were used unnecessarily with fluconazole in 45% of the cases. Forty-three patients were cured, 26 improved, 9 failed therapy, and 52 courses had an indeterminate clinical outcome while receiving fluconazole. Twenty-two patients died while on fluconazole. Most of the fluconazole use has been for documented fungal infections, and in seven months has accounted for more than $127,000 in accumulated patient charges. The Pharmacy Department has identified several target intervention programs that will be started, based on the results of this study. An educational program for both the pharmacy and medical staffs on the pharmacokinetics and drug interactions with fluconazole will also be conducted.

❷ STANDARDIZED PHYSICIANS ORDER FORMS TO IMPROVE PRESCRIBING, MINIMIZE ERRORS, REDUCE COST AND PROVIDE STAFF EDUCATION

Brown, JW; Calmes, HM; Johnson, J; Knecht, PS; and Lewis, MG; Earl K Long Medical Center, Baton Rouge, LA

Abstract

Preprinted Physician Orders have been used for many years to reduce numbers of handwritten orders, thus reducing errors. Preprinted orders are often used in hospitals and health systems to deal with common, recurring clinical situations and offer many advantages over handwritten orders. From a human-factors perspective, a preprinted order is standardized, thereby minimizing the risk of misinterpreting handwriting. From a clinical practice perspective, preprinted orders can easily provide the clinical parameters of therapeutic products and save time. From a quality perspective, such orders are likely to be more complete, leading to improvements in patient care and safety by minimizing errors associated with illegible handwriting. Studies have shown that the use of a preprinted structured order form significantly reduces medication errors among special patient populations and areas in the institution.

The order form is being designed must have input from all disciplines (who will be using the form) and approved by the appropriate institutional committees (such as P&T, nursing, medical staff). A process was put into place to standardize prescribing of insulin for both scheduled doses as well as continuous infusions in critical care areas. The order sheets allowed for prescribing on the front with provision of educational information on the back of the form. Each numbered section of the sheet was allowed to stand alone not requiring the entire sheet to be written for changes in any one component of therapy. The insulin correction ranges were standardized with physician choice as to insulin dose ranges. The sheets minimized choice of insulin to facilitate patient care. The preprinted forms were implemented also to eliminate range orders and unapproved abbreviations. The forms also reduced physician time in prescribing insulin therapy for patients. In addition, parenteral nutrition and chemotherapy order forms were implemented in much the same manner.

Data that demonstrates how such forms facilitated improved utilization of medications will be presented.