KSHP NEWS

Kentucky Society of Health-System Pharmacists

LINKS

IN THIS ISSUE

President's Message

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Happy May, KSHP members!

I hope this email finds you well. I love this time of year in Kentucky – the sunshine, horse races, graduation parties, and promises of summer vacations are a welcome breath of fresh air that feels like a reward for making it through another winter.

When I took office this past fall, I told you all that my hope was to build on Leslie Kenney's "call to the post" challenge to KSHP members to increase involvement in and support of KSHP to make this the year of "and they're off". I can honestly tell you that our leadership team and members have taken this challenge to heart over the past several months.

In March, we hosted a very successful Practice Advancement Initiative workshop with pharmacy directors and leaders from across the state and collaborated with other key stakeholders to host an Opioid Summit event – both of these excellent programs are described in greater detail in this edition of the newsletter. We have also been working hard to finalize plans for our annual Spring meeting, which promises to be extra special this year as it will be held jointly with the Kentucky Hospital Association's annual meeting. In fact, KSHP has been invited to highlight this collaboration during ASHP's State Affiliate Volunteer Great Ideas Forum during the Summer Meeting – I am proud to report that Leslie Kenney will be representing KSHP in this forum.

Your President-elect, Josh Elder, has been working diligently to plan our annual Strategic Planning session, which will be held the day prior to our Spring meeting. This is one of my favorite days for KSHP, as it is one of the rare opportunities for our leadership team to be physically present in the same room. Josh has great vision for KSHP, and I am excited to see what is produced as a result of this session.

Our committees continue to identify creative ways to serve our members. Just a few examples of recent committee work include:

- Leading the development of KSHP's response to the Board of Pharmacy Hazardous Drug Compounding task force recommendations (Committee on Public Policy)
- Creating a "New Member Handbook" (Committee on Membership and Marketing)
- Developing a speaker proposal form and process (Committee on Programming and Practitioner Education)

Additionally, our Committee on Awards and Nominations is gearing up for our annual awards and elections cycle. Please consider nominating yourself and your colleagues for one of our many KSHP awards – we love to recognize the excellent work our members do on behalf of our patients and our profession!

I continue to be so very proud of the work that KSHP is doing to benefit our members. If you're interested in joining us in this "race", please consider volunteering to serve on a committee, submitting a newsletter article, sponsoring a student or technician to attend one of our meetings, listening to a preceptor development webinar, "liking" us on Facebook, presenting a poster or CE program, donating to the Martha Lou King Foundation, completing the Practice Advancement Initiative Hospital Self-Assessment survey, or reaching out to me directly with any other suggestions for Society work. Thank you for your continued support of KSHP!

SPRING MEETING

Emma Palmer, Pharm.D., BCPS, BCPP
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Join us for an exciting and robust collaborative learning experience with the Kentucky Hospital Association (KHA) and KSHP on Friday May 10th, 2019 at the Lexington Convention Center in Lexington, KY. The meeting is expected to attract at least 600 attendees including pharmacists and hospital administrators.

The focus of this special spring meeting will be on the Opioid Epidemic; an issue that impacts Health-System pharmacists throughout Kentucky.

For more information and to register for this special event, please click here .

CONGRATULATIONS TO THE NEW 2019 PHARMACY GRADUATES

We hope you will join KSHP and continue to attend Society events. Your support and networking is important. It will help us grow together.

Board Actions

March & April 2019
Kortney Osborne Brown, Pharm.D.
KSHP Board Secretary
Pikeville, Kentucky
kortney.osborne@pikevillehospital.org

The full KSHP Board met on Tuesday, March 19th & Tuesday, April 16th via conference call and a meeting locations at Sullivan College of Pharmacy and Lexington. The following decisions were made at that time:

- Philip Schwieterman and the KSHP Public Policy Committee created an official KSHP response letter to the recommendations for implementation of USP <800> made by the Hazardous Drug Compounding Committee and the letter was sent to the Kentucky Board of Pharmacy on behalf of KSHP members.
- The Board approved several new policies which include: an Internal Policy, KSHP Awards Policy, and KSHP Officer Nominations and Elections Policy.
- The Committee on Programming and Practitioner Education created a Call for Speakers proposal form and this was approved by the Board.

KPRN 2019 Kentucky Residents

Stacy L. Miller, Pharm.D., M.B.A., BCACP
Director of Student Affairs
Associate Professor
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Please follow this link for the complete list of pharmacists who have chosen residency positions at Kentucky institutions.

ASHP Annual Meeting KY Delegates

The Kentucky Delegates attending the ASHP Annual Meeting June, 2019 are listed below with their contacts. They would be happy to hear from you concerning matters coming before the ASHP House of Delegates. The complete ASHP Agenda can be found at this link.

Rachel Swope (through 2019) – Rachel.Swope@nortonhealthcare.org

Scott Hayes (through 2020) – jhayes@sullivan.edu

Kimber Boothe (through 2021) – Kimber.Boothe@stelizabeth.com

Kentucky Opioid Summit

Leslie Kenney B.S. Pharm., BCPS
KSHP Immediate Past-President
Director Clinical Pharmacy Services
Norton Healthcare
Louisville, KY
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On Saturday, March 30th, in Lexington, a multidisciplinary group of healthcare providers met for the inaugural meeting of the Opioid Summit. The Summit was funded by the Kentucky Board of Pharmacy Drug Abuse Awareness grant in partnership with the Kentucky Society of Health-System Pharmacists, Kentucky Pharmacists Association, University of Kentucky College of Pharmacy and Sullivan University College of Pharmacy and Health Sciences. Attendees included physicians, pharmacists, nurses, students, members of the Kentucky legislature and a wide variety of community resources providers.

The day's events ranged from unique educational sessions delivered by knowledgeable presenters to solutions-oriented panel discussions to productive networking breaks. The entire day of programming was particularly relevant as every presenter and attendee keenly focused on the current opioid crisis as it exists in Kentucky. For example, the lunch program featured education that resulted in every attendee receiving a naloxone kit if desired. The day concluded with two interactive panel discussions. The first emphasized the variety of and need for referral to community resources. The second engaged Representative Danny Bentley whose perspective and support for opioid-related legislation was enlightening.

The Opioid Summit was distinctive in achieving the goal of bringing together a diverse group of Kentucky providers and community resources for collaboration. The 2019 Opioid Summit laid the foundation for future alliances as Kentucky strives to positively impact the opioid crisis.

Updates from the KSHP Public Policy Committee

Logan Roberts, Pharm.D., BCPS
KSHP Public Policy Committee Chair
Clinical Staff Pharmacist
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Committee Members assisting in this work included Delaney Wright, student, Kayla Kreft, Pharm.D., BCACP, Laura Nice, Pharm.D., and Megan Heath, Pharm.D., M.S., BCPS.

House Bill 64: AN ACT relating to pharmacists

Impact: Moderate

This bill is an amendment to a previous statute which only allows for a 72-hour supply of a maintenance medications in emergency situations in which such authorization may not be readily or easily obtained from the practitioner. The amendment will allow pharmacists to dispense the smallest quantity possible of a medication, even if this may exceed a 72-hour supply, for certain applicable medications. These applicable medications only include maintenance medications for insulin therapy and chronic respiratory conditions such as COPD and asthma.

House Bill 218: AN ACT relating to dialysate solutions and devices

Impact: Moderate

This bill is an amendment to a previous statute and allows a person and/or pharmacy located outside Kentucky to sell and/or distribute dialysate solutions or devices for home peritoneal dialysis in the state of Kentucky. The product must be delivered directly to a patient, healthcare provider, or institution for administration or delivery following receipt of a physician's prescription by a KY licensed pharmacy and transmittal of an order from the pharmacy to the manufacturer. If a manufacturer is directly selling and/or distributing the dialysate solutions, the manufacturer must also have a KY licensed pharmacist conduct a retrospective audit on 10% of the orders processed by the manufacturer each month. This will primarily effect home health pharmacies and other pharmacies that may dispense peritoneal dialysate fluid in more rural areas.

Senate Bill 54: AN ACT relating to prior authorization

Impact: Low

This amendment to a previous statute requires prior authorizations to be valid for any change in dose prescribed during a year's time for maintenance medications with a typical treatment period greater than 12 months (does not apply to opiates and benzodiazepines). This also requires health insurance providers to have an up to date formulary, electronic prior authorization submission, publicize when prior authorizations are required, and establish a time line for "urgent health care services" that must be reviewed in a 24-hour period. Many health insurance providers already meet these standards but this legislation will help to standardize this in particular for those health insurance providers that do not meet these standards.

House Bill 342: AN ACT relating to electronic prescribing of controlled substances

Impact: Minimal

This bill requires practitioners to use electronic prescribing of controlled substances starting January 1, 2021 but allows for many exceptions to this requirement including prescriptions for hospice, prescriptions for residents of nursing facilities, or prescribers who are unable to enroll in electronic prescribing due to a multitude of reasons (financial, unreasonable to have this technology, etc.). Pharmacists will continue to see handwritten prescriptions and should follow current laws and regulations when filling these prescriptions.

Senate Bill 50: AN ACT relating to abortion

Impact: Minimal

This bill is an amendment to a current statute that requires doctors or clinics to report abortions to the Vital Statistics Branch. This amendment adds that each prescription issued for any drug to induce abortion must include education on the potential ability to reverse the effects of the medication and shall be reported to the Vital Statistics Branch within 15 days after the end of the month it was issued. Pharmacists do not have any role in reporting these statistics seeing as this must be reported when giving the prescription to the patient and not when dispensing the medication

Do you know someone you want to nominate for an ASHP Award?

Catherine Shely, Pharm.D., BCPS, FKSHP
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KSHP promotes national recognition of its members through the American Society of Health System Pharmacist awards program. By recognizing the excellence of our active members, KSHP gains greater visibility, increased member engagement, and inspires others to pharmacy service and leadership beyond our state.

KSHP members are encouraged to self-nominate, or contact the KSHP Awards and Nominations Committee for assistance. For example, a letter of recommendation from KSHP may be needed to support your nomination.

See the list of ASHP awards and timelines in the tables at upper right on this page. You are encouraged to obtain more details at https://www.ashp.org/About-ASHP/Awards.

Don't be shy! There is a lot of outstanding work done by KSHP members that furthers the goals and objectives of our national society. Please consider self-nominating or encouraging a colleague to do so.

Please direct any questions to Catherine Shely, KSHP Chair of the Awards and Nominations Committee at catherine.shely@bhsi.com.

ASHP Board of Directors Awards	Nominations timeline
Board of Directors' Award of Excellence	August 1 – October 1
Board of Directors' Award of Honor	August 1 – October 1
Board of Directors' Distinguished Leadership Award	August 1 – October 1
Board of Directors' Donald E. Francke Medal	August 1 – October 1
Board of Directors' Honorary Membership Award	August 1 – October 1
Chief Executive Officer's Award for Courageous Service	August 1 – October 1
ASHP Fellows	June 1 – October 1
ASHP Honorary Membership Award	August 1 – October 1

ASHP Leadership Awards	Nominations timeline
ASHP-ABHP Joint Leadership Award	Deadline is October 1
ASHP Best Practices Award	Deadline is August 1
ASHP Distinguished Service Award	February 1 – April 1
Harvey A.K. Whitney Award	Deadline is 9 months prior to the Summer Meeting
John W. Webb Lecture Award	January 1 – April 1

Pediatric IV Push Medication Practices

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Medication errors and adverse drug events (ADEs) are alarmingly common in pediatric patients and it has been estimated that intravenous (IV) medications are associated with nearly 50% of potential ADEs.[1] Methods of IV medication administration in children include IV push, continuous infusion, and intermittent infusion.[2] IV push, defined as the direct manual administration of a medication using a syringe connected to an IV access device, has become an increasingly popular route of administration, but has also been cited in numerous error reports involving patient injury.[3] In 2015, the Institute for Safe Medication Practices (ISMP) published guidelines to make recommendations for safer practices associated with adult IV push medications. Subsequently, ISMP surveyed practitioners who administer IV push medications to adults in order to assess current practices post guideline publication. The survey revealed several ongoing unsafe practices such as using prefilled syringes as vials, diluting adult IV push medications unnecessarily, and failing to properly label syringes of IV push medications prepared away from the patient's bedside.[4]

In a follow-up publication, ISMP provided recommendations to reduce the risk of medication errors associated with adult IV push medication administration.[5]

We were interested in conducting a similar survey at Norton Children's Hospital (NCH) to identify risky and unsafe practices related to pediatric IV push medications. In December 2018, we sent out a 10-question IV push medication survey to all inpatient, floor nurses at NCH and received 145 responses. In the adult ISMP survey, only 25% of participants reported receiving ready to administer syringes more than half of the time as compared to 57% of our pediatric nurses. However, our nurses reported a more frequent need to withdraw medication from one syringe to another to administer IV push medications as compared to adult practitioners. Cited reasons for this practice included a need to dilute the drug before administration (39.6%), difficulty reading the dose increments on the original syringe (34.4%), or that this practice had been taught to the participant (20.8%). In assessing our dilution practices, some participants reported that they dilute IV push medications more than 10% of the time when medications are provided as single-dose vials (39%), multiple-dose vials (34%), manufacturer's prefilled syringes (20%), and pharmacy syringes with patient-specific doses (7%), respectively. Finally, when asked how often you label IV push syringes that are self-prepared away from the patient's bedside, 53% of respondents

stated always while 20% of respondents answered either rarely or never.

These internal survey results were presented at three different multi-disciplinary committee meetings to solicit feedback and to identify areas for improvement. Healthcare team members felt most concerned with our withdrawing and labeling practices. Therefore, we plan to move forward with re-education surrounding best practices for these identified unsafe practices. This survey is in line with ISMP's recommendation to conduct a gap assessment of IV push medication practices and we plan to conduct a follow-up survey one year post re-education to track our progress towards safer IV push medication practices.[5]

References

1. Kaushal R, Bates DW, Landrigan C, et al. Medication errors and adverse drug events in pediatric inpatients. JAMA. 2001;285(16): 2114-2120.
2. "Pediatric Intravenous Therapy." Plumer's Principle's & Practice of Infusion Therapy, by Sharon Weinstein and Mary E. Hagle, Wolters Kluwer Health, 2014.
3. Institute for Safe Medication Practices (ISMP). ISMP Safe Practice Guidelines for Adult IV Push Medications; 2015. https://www.ismp.org/guidelines/iv-push
4. ISMP. Part I: Survey results show unsafe practices persist with IV push medications. ISMP Medication Safety Alert! Acute Care. 2018;23(22):1-5.
5. ISMP. Part II: Survey results suggest action is needed to improve safety with adult IV push medications. ISMP Medication Safety Alert! Acute Care. 2018;23(23):1-4.

Impact of Pharmacy-Based Transitions of Care

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Transitions of care (TOC) is an important step in transitioning patients between care settings. Several movements have been implemented to encourage better TOC practices in health systems. The Affordable Care Act established the Hospital Readmissions Reduction Program, which allows the Centers for Medicare and Medicaid Services to reduce payments to hospitals that have excess readmissions.[1]

There are several risk factors for hospital readmissions, including medication errors and adverse drug events that occur during TOC. The annual incidence of preventable adverse drug events resulting from medication errors is 400,000 events each year, which translates to one event per patient per hospital day, resulting in increased hospital length of stay and mortality. At least one medication error relating to an insufficient admission medication history occurs in up to 67% of hospitalized patients, and approximately 39% of these errors are considered moderate to severe.[2]

The Joint Commission established medication reconciliation as a National Patient Safety Goal in 2006 as a required means to improve patient safety.[3] Hospitals are presented with significant challenges in implementing and performing this process. Major obstacles in completing an accurate and timely medication history include healthcare factors such as dedicated personnel and the interviewer's drug therapy knowledge. One strategy to overcome this barrier is to incorporate a pharmacist as the primary healthcare provider responsible for performing medication reconciliation.

Several studies have looked at the impact of a pharmacy-based TOC service. A recently published prospective study aimed to identify types of medication discrepancies when medication reconciliation was performed by a pharmacist versus a physician. Investigators found that patient medication histories were frequently recorded inaccurately, mostly due to omitting medications from the history, thus compromising patient safety. Participation of pharmacists in this medication reconciliation process is crucial as they can help reduce these medication-related errors and the associated risks and complications.[4] Another randomized controlled trial regarding pharmacy TOC services at a large teaching hospital aimed to determine the impact of pharmacist counseling at discharge and a follow-up telephone call, and compare this intervention to a historical control group that did not receive this intervention. This study found that pharmacist counseling and follow-up were associated with lower rates of preventable adverse drug events after discharge.[5]

Recently many centers have incorporated pharmacy technicians, students, and residents into this process to assist with TOC services, and have seen promising results.

In summary, adverse drug events are associated with significant costs and prolonged hospital stays. Participation of pharmacists in TOC services helps reduce medication-related errors and enhances patient safety. Since the addition of pharmacy-driven TOC services may result in additional costs to the health-system, hospitals should consider integrating pharmacy technicians, students, and residents into this process to improve patient safety and quality of care.

References:

1. Li, Hanlin et al. Incorporating a Pharmacist Into the Discharge Process: A Unit-Based Transitions of Care Pilot. *Hosp Pharm* 2016;51(9):744-751
2. Bates, David et al. The Costs of Adverse Drug Events in Hospitalized Patients. JAMA 1997;277(4):307-311
3. Buckley, Mitchell et al. Impact of a Clinical Pharmacy Admission Medication Reconciliation Program on Medication Errors in "High-Risk" Patients. Annals Pharmaco 2013;47(12):1599-1610
4. Abdulghani, Khulood et al. The Impact of Pharmacist-Led Medication Reconciliation During Admission at a Tertiary Care Hospital. Int J Clin Pharm 2018;40:196-201
5. Schnipper, Jeffrey et al. Role of Pharmacist Counseling in Preventing Adverse Drug Events After Hospitalization. Arch Intern Med 2006;166:565-571

Meet Your Members

Kayla Riggs
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This article features a pharmacy student who has generated professional and personal questions to help both students and pharmacists get to know KSHP members from across the Commonwealth!

Kayla is a fourth-year student at Sullivan University College of Pharmacy. Upon graduation, Kayla is completing a PGY1 Residency at Riverside Regional Medical Center in Newport News, Virginia.

Lynn Lamkin, PharmD, BCPS, is a 2007 graduate of Purdue University College of Pharmacy. She completed a PGY1 at Children's of Alabama in Birmingham, Alabama in 2008. She is currently the PGY2 Emergency Medicine Pharmacy Residency Director at the University of Louisville.

Why did you choose your path/specialty?

Lynn: I did not begin my career with emergency medicine. As I was exposed to it more in practice, I realized how much I enjoyed the quick thinking and the variety from day to day. I also really enjoy the mixture of critical care and ambulatory care and seeing the medications work immediately.

Kayla: I choose a PGY1 Residency because I would like to gain more confidence as a pharmacist so that I may be better prepared to either specialize the next year with a PGY2 Residency, or potentially pursue a career in the military as an officer.

What is one piece of advice for future residents and APPEs?

Lynn: Don't consume your time as a student worrying about what specialty you want to do. Take time to get the baseline knowledge and skills taught in pharmacy school and be open to all the areas of pharmacy so you can really get a feel for what you like/don't like. This also allows us to appreciate our colleagues so we can help with transitions of care and assure the best patient care once we do get into our specialties.

Kayla: Always keep a positive attitude and look for opportunities to be a "self-driven" learner.

Suggestions for building rapport with other professionals?

Lynn: Be willing to "get your hands dirty". Be open to helping with whatever you can, even if it is not necessarily pharmacy related.

Kayla: Respect their field of study and always be willing to hear what suggestions/ advice they have to offer.

If pharmacy wasn't an option, what career would you choose?

Lynn: A photographer, wedding planner, winery owner, or all in one!

Kayla: A personal trainer and nutritionist!

What is your ideal vacation?

Lynn: Costa Rica. It has the perfect mixture of the forest terrain as well as the beach.

Kayla: Backpacking Europe

What would your superpower be if you were a superhero?

Lynn: Probably something "Incredible" related, like Elastigirl!

Kayla: I would want to be able to "shape shift."

What is something that would like to cross off your bucket list?

Lynn: Aside from skydiving (afraid of heights), I enjoy anything adrenaline related. Between white water rafting or hiking around a volcano (maybe on my ideal vacation to Costa Rica!)

Kayla: I would love to complete a full Iron Man Triathlon.

Past President John J. Piecoro, Jr

Cliff Hynniman, R.Ph., M.S., FKSHP
Editor, KSHP Newsletter
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1987 KSHP meeting

Far too often as your Editor I find myself writing about the passing of a special life who contributed so much to pharmacy. This time the person was also a good friend and colleague throughout my career at the University of Kentucky. Professor John Piecoro passed away April 3, 2019 at the age of 80.

We recruited John at the University Hospital in 1968 after he concluded his commitment in the US Public Health Service where he served in New Orleans at the Poison Control Center. He held B.S. and M.S. degrees, as

well as Residency from Ohio State University. At the time UK was attempting to cover all of the Hospital services with pharmacists. John was assigned to the 4th floor decentralized Pharmacy operations in pediatrics. Like many of us he became a College of Pharmacy faculty member in 1970. Soon in an effort to provide a pharmacist to all services, John was additionally assigned obstetrics and psychiatry which lasted about 3 years until he resigned to become a student in UK's new Pharm.D. Program. In 1978 he became Assistant Director for Pediatrics, and soon Associate Professor of Pharmacy and Assistant Professor, College of Medicine. In 1983 he became Associate Director responsible for coordinating all clinical pharmacy services. Dr. Bob Kuhn was hired in 1985 to head the Pediatrics Service.

In the early years of KSHP many hospitals did not have pharmacists or pharmacy coverage 24-7. The organization looked to the University of Kentucky as a source for leaders. By 1975 he became the 5th University Hospital staff member to be elected President of KSHP. John's experience and leadership and work in pediatrics was quickly recognized. That same year KSHP named him Hospital Pharmacist of the Year. Five years later he became Chair of the ASHP Special Interest Group in Pediatrics. In other roles with ASHP he served on the Council of Organizational Affairs, a Task Force on Advanced Residency Training and Accreditation and the Editorial Board for Clinical Pharmacy. In 1985-1986 he was nominated for ASHP President, but lost the election to Herman Lazarus of the University of Alabama.

In 1987-88 John was the Program Chair for KSHP. The 1987 Kentucky Pharmacist of the Year Award was once again given to John Piecoro. He is the only person in the history of KSHP to be twice so recognized. This certainly is a tribute to his dedicated work on behalf of the Kentucky Society, his education of students, training of residents, and his leadership in pediatrics.

John was installed as President of the Southeastern Society of Hospital Pharmacists (SESHSP) in April 1989 in Huntsville, AL. He was active in this group for many years, encouraged KSHP members to attend their meetings, and was instrumental in bringing that organization to meet in Kentucky with KSHP. He received the SESHSP Lillian Price Award for outstanding Service, leadership, and achievements in hospital pharmacy from that organization.

John was a great personal friend who will be missed. Our kids played together in the early years, we were colleagues and fellow faculty at the University of Kentucky. We had great times hunting in Mexico, hunting in Trimble County Kentucky, making sausage, traveling with the Basketball Wildcats to the Maui Tournament, and so many other happy occasions. John always had a keen ability to connect with people from everywhere, and gather them into the things we were doing here at UK. The pharmacy group at UK hosted visitors from all over the nation and the world who wanted first hand knowledge of what we were doing. We took pride in the Kentucky hospitality provided. John Piecoro was able to exercise that game plan better than anyone. We have much to be thankful for his contributions to pharmacy and his leadership in KSHP.

Link to legacy.com obituary

KSHP House of Delegates

Kimber Boothe, Pharm.D., M.H.A.
Chair, KSHP HOD
System Director Pharmacy Services
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Your House of Delegates have been busy and this article will share an update on the recent annual review, spring elections and our support of the ASHP House of Delegates.

Annual Review

AREA	STRENGTHS	OPPORTUNITIES
Overall	Appreciate the organization of the committees and success in a difficult year of transition. Supportive of new structure since departure of EVP	Identify ways to support technician initiatives
Treasurer	Strong budget performance and decisions.	
College Liaisons		Recommend working with Appalachian College of Pharmacy
COMMITTEE		
Committee on Pharmacy Practice	Congratulations on Practice Advancement Initiative (PAI) Grant	Consider how mentoring program will support PAI
Committee on Public Policy		Work with Ohio and others on considering provider status.
Subcommittee on Publications	Right amount of info in the current formats. Quick and easy.	Increase information on public policy.
Committee on Programming & Practitioner Education	Great content.	More time for networking - facilitate students. Recommend facilitating an open call for educational sessions.
Committee on Membership & Marketing		Introductory video on membership on the website.
Committee on Awards and Nominations	Appreciate the organization and communication.	
Committee on Organizational Affairs & Documents	Appreciate the added structure and clarifications.	

Annual Review

The responsibility of the Delegates is to assess the overall direction and objectives of the organization. The House of Delegates will function as a body representing the professional needs and interests of the membership in the area from which they are elected as a Delegate of Record.

For the Annual reports, the delegates have reviewed the submitted reports and documented strengths and positives of the report as well as opportunities to better align with the direction and objectives of the organization. The HOD have also documented any new business ideas to consider for the respective role or committee.

I want to take this opportunity to thank the outgoing members of the KSHP House of Delegates who are completing their terms at the end of the Spring KSHP meeting on May 10th. Your time has been greatly appreciated and your input invaluable.

Outgoing Delegates

REGION	FIRST	LAST
Lexington	Chelsea	Owens
Louisville	Brett	Cornell
Western KY	Katherine	Conway
UKCOP	Kimberly	Hite
SUCOP	Kimberly	Elder
Past President	Bob	Oakley

We are excited to announce the election of the following delegates to the house. Congratulations and we look forward to your representation.

Elected Delegates

REGION	FIRST	LAST
Lexington	Kimberly	Richards
Louisville	Celina	Cummings
Northern KY	Marilin	Castle
Northern KY	Amanda	McCoy
Western KY	Cynthia	Elliott
UKCOP	Stacy	Taylor
SUCOP	Vinh	Nguyen
Past President	Durran	Taylor

ASHP House of Delegates:

Our national organization policy process is well under way. The topics include:

- Suicide Awareness and Prevention
- Safe Administration of Hazardous Drugs
- Notification of Drug Product Price Increases
- Preventing Drug Product Shortages
- Emergency Refills
- Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Practice
- Therapeutic Use of Cannabidiol
- Pharmacy Expertise in Sterile Compounding
- Pharmaceutical Distribution Systems
- Safe Medication Preparation in All Sites of Care
- Pharmacy Department Business Partnerships
- Pharmacy Technician Student Drug Testing
- ASHP Statement on the Role of the Medication Safety Leader
- Compounded Sterile Preparation Verification
- 340B Drug Pricing Program Sustainability
- Pharmacist Authority to Provide Medication-Assisted Treatment
- Pharmacy Technician Training and Certification
- Intimidating or Disruptive Behavior

Please review the June House of Delegates Session information on the right hand side of this website: https://www.ashp.org/House-of-Delegates/Session-Information-for-Delegates

How Can You Provide Input: You can contact your House of Delegate member or Chair to share your input via phone or email. You will also be able to discuss the hot topics at the KSHP Spring meeting on May 10th over lunch. Please also be on the look out for updates in the KSHP Bluegrass Buzz.

2019 ASHP Regional Delegates Conferences in Atlanta (top) and Chicago were attended by the Kentucky Delegates.