

## ASHP Overall Comments:

*ASHP is providing some general comments as part of an Education effort to improve the quality of written poster abstracts. Please be sure to ALWAYS thoroughly read the poster submission instructions prior to beginning to write your abstract. If possible, it is strongly encouraged that you have an experienced and/or published author proofread your abstract. If a published author is not available, have a colleague, supervisor, or mentor proofread your abstract prior to final submission.*

### Frequent issues in 2014:

- Abstracts are made available to attendees and are NOT edited by ASHP.
- Evaluative Studies including patients must include a statement regarding approval by the Institutional Review Board.
- Many authors used an incorrect format for the title of their abstract.
  - **Correct:**
    - **Implementation of computerized prescriber order entry (CPOE) in a surgical unit: one year later**
    - (Only proper nouns or abbreviations, such as above CPOE, are capitalized in the body of the title.)
  - **Incorrect:**
    - IMPLEMENTATION OF COMPUTERIZED PRESCRIBER ORDER ENTRY (CPOE) IN A SURGICAL UNIT: ONE YEAR LATER
  - **Incorrect:**
    - Implementation of Computerized Prescriber Order Entry (CPOE) in a Surgical Unit: One Year Later

Posters are not rejected solely due to improper title format; however, please remember to follow directions related to proper title format on future submissions.

- **Also, reasons for rejection:**
  - Incomplete project
  - Commercial in tone
  - Lack of clarity in written abstract.

**To withdraw your poster, or for specific questions related to the above, please email [educserv@ashp.org](mailto:educserv@ashp.org)**

**ASHP 2014 MIDYEAR CLINICAL MEETING  
PROFESSIONAL POSTER PROPOSAL REVIEWER COMMENTS**

Submission #	Comments
361606	<p>Although the idea is not novel, there is a lack of published information that addresses formulary systems best practices. No information about the information collected in the surveys was captured in the methods section. As a result, it is difficult to determine how well the purpose and conclusions match.</p> <p>Very good concept. Might be useful to include any non-teaching institutions.</p> <p>Incorrect title format submitted.</p>
361776	<p>The topic is relevant to hospital practice. There are a number of grammatical errors in the abstract, which make some statements hard to understand.</p> <p>No statement of IRB approval and I think you need since you are including pt survey responses/scores</p> <p>The main objective of this study is too broad. There are many ideas within the objective. The most important objective should only be listed with other listed as secondary or not at all. The methods section should be your methods to conduct this study. For example: what outcomes did you evaluate, what time period did you include, definition or resources to define endpoints mentioned, etc. This is only mentioned in the last sentence of the methods. Overall, it is a good research QA/QI pharmacy project, the abstract is not well written.</p> <p>Improper title format.</p>
362065	<p>Interesting study. Who were the members of the hospital subgroup/patient-focused group? A few grammatical errors throughout abstract. What is the timeframe since implementation that resulted in a 90% adherence?</p> <p>Although a good topic around patient safety, I feel there is a lack of data or measurable outcomes. I feel it would have been helpful if in the results section one displayed before and after results.</p> <p>Need for more information on patient focus group. Good description in results</p>
362066	<p>The author's topic was relevant to health-system pharmacists, and programs to reduce the use of insulin pens in more than one patient are important. There were some things that were unclear when reading the abstract: -The methods stated best practice guidelines for the management of insulin pen use was developed, storage boxes were used and safe use of insulin posters were distributed. The results section states that "web guidance" was also developed and this was augmented with the educational posters. I recommend listing the web guidance that was given in the methods section as that was an intervention. It would</p>

Submission #	Comments
	<p>also be helpful to describe what the guidance was (?alerts, informational alerts when ordering or administering insulin pens,?other guidance). -It would be useful to know how long the program was in place (posters, web guidance, storage boxes, individual pen packaging) before the audit was done. Was it shortly after the program was implemented, or after a time period? Did all staff have the opportunity to become aware of the information? - The results describe the outcomes of compliance with labeling procedures and storage. Was there any audit of how often the insulin pens were used correctly and not shared among patients? This is what my impression was the purpose of the program. Are the correct labeling and storage an indicator that the pens are not being shared? This was not clearly described.</p> <p>1.The methods section did not describe any measurable outcome data (e.g., baseline data, etc.), and a comparison strategy (implementation date, duration of post-implementation audit, etc.). 2.The first sentence of the results should move to the methods section (Web based guidance and One pen, One patient posters have been introduced to educate healthcare staff that insulin pens are for use on a single person only). 3.The abstract may be better present as a management case study.</p> <p>Spell out acronyms (i.e. MMUH) The results were a bit confusing-the labeling procedure was not mentioned previously.</p>
362097	<p>The scope of the study is appropriate for ASHP. There are multiple issues pertaining to the experimental design. 1) Please clarify the study timeline (16 versus 18 months). 2) The inclusion criteria are exceedingly broad and there is the potential for one patient to have a disproportionate impact on the data, due to a single patient being maintained on multiple medications with known CNS effects or an established capacity to cross the blood brain barrier. The actual number of patients should be reported and perhaps, provide a statistic related to the number of medications implicated per patient. 3) Were multiple clinical pharmacists completing the consults and is there some level of evaluator variability that should be addressed? 4) Of 224 consults, a very small sample (16 percent) was selected to determine the level of acceptance and this statistic was calculated based on the latter portion of the experimental timeframe. Did the "level of acceptance" change over the course of the study? 5) The Conclusion is rather superficial. Benefits, in terms of actual outcome measures, need to be further refined and discussed.</p> <p>Potentially include a statement that this project was approved by the ethics committee or institutional review board.</p>
362098	<p>Appreciate study of the medication reconciliation process as it is crucial for hospital admissions and pharmacy has such an important role. It may have been desirable to conduct the project with more than 1 technician. Also, it may have been interesting to report on the technician's accuracy, i.e. discrepancies from a second pharmacist interview. Thank you.</p> <p>The idea is not new, quite a lot of hospitals utilize tech to perform this task. I have major</p>

Submission #	Comments
	<p>concerns about time spent by the pharmacist to take medication history that is significantly longer than the technician, 19.6 minutes vs. 9.5 minutes. As a result, the saving in this study appears to be significant. If the above time spent were correct, does the author evaluate the quality of medication history to ensure fair comparison.</p> <p>may not be applicable to all attendees due to the variance in state law which may not allow technicians to play this role.</p>
362100	<p>Interesting exploratory research - induced pluripotent stem cells - iPSCs are a hot topic. I would have liked more specifics in the abstract, but skeletal research methodology appears sound and the submission indicates a potentially promising therapy based on this in vitro work.</p>
362103	<p>clarify this statement in the results section....rotations for 5.4 5.3 years (mean SD).</p> <p>Interesting study</p>
362322	<p>Topic of high importance to pharmacy and healthcare today. This project provides additional data on the effectiveness of using pharmacy technicians in the medication reconciliation process.</p>
362323	<p>There was no intervention, merely counting alarm beeps. It would be nice to know how many patients were monitored, or even if it was decided to remove those alarms that were not meaningful</p> <p>Objective/purpose is not clearly stated, methods are vague, results are just numbers and conclusions are not supported. Questionable if this is complete based on last line in the conclusion section with regards to safety and satisfaction implications.</p> <p>The intended purpose of the study was not completely clear to the reader. It would be nice to have seen the impact of an intervention. Based on the abstract, it appeared that so far, only data analysis has occurred. Also, you may want to further clarify/describe in your poster specifically what alerts you believe (when you say "most) do not require any actions. There are some minor typographical corrections that you may want to fix (commas, spelling out abbreviations) but otherwise very nice.</p> <p>This poster was submitted as an Evaluative Study Report. It is a Descriptive Report.</p>
362330	<p>Fair. Project of interest to attendees. Issues with grammar in abstract: "orders were initially implemented in surgery followed [by] emergency and general practice."; "and a dose(s) basis by 60%." Unspecified periods for pre- and post-implementation data collection for comparison (1 week, 1 month?) Conclusion is clunky; I would reorder the sentences in this paragraph 1, 2, 4, 3, 6 and 5.</p>

Submission #	Comments
	<p>small rural hospital: how many beds, how many staff are using this order set? How many patients was this tested on? Providing percentage improvements with no reference for if this order set was used 10 times or 1000 times I think matters in the interpretation. I would suggest not using "we" or "our" in your abstract. You also might want to work on your results section and just wording it a little differently to make it flow better -instead of saying "another benefit" and "another benefit" again in the next section - you might want to change your phrasing. Lastly, your benefits focus on institutional changes, but what about the patients? Pain scores, less sedation, improved outcomes, shorter hospital stays? This may not have been evaluated specifically but to me would be the key factor on if this is "working."</p>
362338	<p>Case report represents challenges we often encounter in practice. Is there a reason why atypical antipsychotics were not considered? Is it because of the patient's withdrawal? I would clarify during the poster presentation why other drug therapies were ruled out.</p> <p>This report is too vague. It is only a report of a case with no real new information or review of the literature (according to this abstract). Were PB levels drawn and if so, what were they? There is also no reference to available relevant literature.</p> <p>The use of phenobarbital for treatment of alcohol withdrawal is well recognized. Case report doesn't add new information to the treatment of withdrawal. Also a lot of grammatical and spelling issues.</p> <p>Improper title format.</p>
362340	<p>I think this could have been done much better. First there were lots of grammatical issues that need addressed before being put out for presentation. Second the study does not take into account a major confounded in that there were lots of publicity on statin interactions at the same time this safety net was implemented. The results do not take into account prescribing practice changes providers likely made as a result of the additional information being published. In addition the results look at alert rate changes as a percentage. A better measure might have been the actual number of interventions made by the pharmacists as that was the point of the research.</p> <p>This is still an extremely high number of alerts that are ignored. Alert fatigue? Do we know that the cases of rhabo are due to this combo and not from another cause?</p> <p>Improper title format.</p>
362354	<p>This appears to be well done basic science (mechanistic, bench research). My only concern is the very niche audience for this type of information (limited relevance to ASHP's core audience)</p>
362355	<p>The conclusions stated do not match results/methods presented. Methods not specific</p>

Submission #	Comments
	<p>enough--for example, methods state "Improve patient... compliance with medications"--how do you know and how was this measured? or "enhanced focused patient care"--what does this mean specifically--what did you do that was different from before and how was it measured? For your results, you talk about comparing the results with the overall facility rate but then you state that the unit based pharmacists were deployed to all nursing units--so how can the overall facility rate be different if the pharmacists covered all the units? In your conclusion, you state that there was "reduction in medication errors and pharmacist time due to lack of correct medication histories upon admission" but there are no results given which show that either of these metrics were measured.</p> <p>The purpose/design/results of study are good, valuable data to support pharmacists' role in discharge counseling, med rec, education; HOWEVER grammatically, need for much revision re: sentence structures, formatting, etc.</p>
362357	<p>I think the title of the poster is misleading. This project does not measure the use of sucrose in the NICU--as this is not documented in the medical record (which is something that should be considered). This project is a survey of nurses' attitudes towards the use of oral sucrose for pain. Nurses are surveyed; education is provided; and nurses are surveyed again. I would be hesitant to extrapolate the findings of the survey to the use of oral sucrose. I would also like to have more information. What is the size of the NICU? Could an estimate of the frequency of use of sucrose be provided? (I'm assuming the sucrose is a floor stock item supplied by pharmacy). How many nurses were surveyed? How many were included in the education? How long after the education were the nurses re-surveyed? I think the project would carry more weight if the researchers were better able to measure the use of oral sucrose before and after their intervention. I would also be interested in seeing their guidelines for appropriate use--but these may be too lengthy to be included in the abstract.</p> <p>Just a grammatical error in results section</p>
362358	<p>Interesting study.</p> <p>More information on the VRCZ dosing regimen would be helpful.</p>
362359	<p>Good case to show drug induced SIADH</p> <p>1) According to the General Abstract Guidelines, abstracts should not "review existing literature." Your concluding sentences regarding other case reports do just that. The information in your patient case alone is relevant in and of itself for this presentation. The information related to the other previously reported cases feels more appropriate being mentioned in your introduction or as background information, rather than conclusion of your presentation/case report. 2.) Please correct any unapproved abbreviations, most notably "A&amp;Ox3" 3.) Perhaps a statement or two related to any hypothesized theories explaining the possible pathophysiology behind this adverse drug effect would be a nice addition. Either in introduction or conclusion. 4.) Be sure to explain the Naranjo system and</p>

Submission #	Comments
	scale thoroughly on your poster. 5.) You list home medications prior to admission, but do not go into detail about what other inpatient medications were started besides gabapentin. Be sure to list and evaluate for any other potential culprits in this case of hyponatremia.
362363	<p>Recommend moving first paragraph of Results section to Purpose section or omitting it altogether; this information can be included in the poster but does not fit under Results. Also the last 2 sentences of the second paragraph under Results (starting with "In contrast...") do not belong in Results and are essentially repeated in the Conclusion, which is where they belong anyway.</p> <p>Was pharmacy already making Vanco and Pip/Tazo dose adjustment or did this study prompted them to initiate a new pharmacy service? Did they find out the reason why there were more AKI w/ Vanco than Pip/Tazo?</p>
362365	<p>Use of first person is not generally acceptable in a professional publication; however report is interesting and meets required elements.</p> <p>This was not written in poster format. The purpose does not clearly state what your endpoints are, so the methods and the outcomes are hard to follow. What outcomes were you evaluating? Decreased med errors, decreased naloxone use? The purpose and outcomes should be more clear.</p> <p>This poster was submitted as an Evaluative Study Report. It is a Descriptive Report.</p>
362400	<p>Good description of methods and results. Be sure to include details of a CCRP so others who are interested may be able to duplicate such a service.</p> <p>This is an interesting topic but it appears that this abstract was submitted at the last minute. More time should have been spent explaining the methods and results. You should also utilize the space allotted to better explain what the role of the CCRP actually is/was. Was there medication adjustment by this individual? Purpose should be written as a complete sentence. Was this IRB approved? Based on these facts and the brevity of the abstract, I vote to reject this submission.</p> <p>Well described methods and results. Overall good abstract and good attempt at showing outcomes from the community hospital perspective.</p> <p>Incorrect title format submitted.</p>
362402	Timely and pertinent topic for many hospitals across the USA.
362403	I hope the poster would include the number of high-risk patients compared to the non-high-risk. I would like to have the readmission rates compared by some type of statistical test. Also a break-down of the interventions would be beneficial.

Submission #	Comments
	Very timely and applicable study. Objectives clear.
362407	<p>Purpose not stated... only gave historical information</p> <p>While I like the idea of a new pt ed process for inpatients the abstract leaves more questions than answers. Maybe include an example of the ask/teach process or an example of what epic produces to help others understand and think about how they might implement, net something similar in their own practice. Also the results section could use much more work. The work is supposed to be completed per guidelines. It seems you have results but just didn't show them (pt satisfaction scores). Add in specific data (eg percent improvement) to help support the usefulness of this new tool. Did you do staff satisfaction pre/post? Numbers of interventions made? Data doesn't have to be long-term; the utility in pt Ed has already been shown in other literature.</p> <p>Data/results are not reported with the level of detail I would expect for a completed project.</p>
362408	<p>POINT TO CLARIFY: purpose section includes the statement "to evaluate whether or not pharmacists are PROVIDING appropriate metformin therapy"..this implies that the pharmacists are prescribing the metformin. The body of the abstract indicates that the study is monitoring the pharmacist interventions on metformin therapy. Recommend clarifying the wording in the purpose section. Be prepared to answer questions regarding the fact that there is a significant body of evidence which justifies moving toward an expanded use of metformin in the renally impaired.</p>
362409	Please add details of cost savings analysis in your poster
362542	Excellent topic - very timely. This information will be very useful to members proposing using Pharmacists for improved Med. Reconciliation.
362543	Top reasons for not accepting dose changes? of the 17,498 suggestions that alerted, does this mean that 71% were accepted? Is there alert fatigue at all?
362545	<p>a lot of work, but not much here.</p> <p>Project purpose to describe/benchmark smart pump database entries across facilities. This information might be of interested to someone implementing a smart pump database at their facility. One rationale provided by the authors is to potentially use this information to reduce nuisance alerts. However, outcomes related to rate of end user overrides is not presented.</p>
362547	Good example of the cost impact of Obama Care requirements. Some members will find this interesting. This poster will generate other members to conduct similar analysis.



Submission #	Comments
	<p>My assumption is that the author's site already had tamoxifen usage in place for chemoprevention and were just trying to estimate how much more raloxifene was going to cost if used in its place. This is from the first line of the results [...the addition of raloxifen...]. However, if this is true, it should have been described in the Purpose more clearly. The statement "conducted in Excel" does not explain any statistics. "After Scenario" ?? in the Conclusion.</p>
362548	<p>Pertinent topic.</p>
362747	<p>The abstract would benefit greatly from editing to improve clarity. It is difficult to understand exactly what was done. The work is of interest to meeting attendees, but will need to be clarified. For example, "these errors took on average 7.12 hours to resolve" - is that 7 hours per problem, per patient, or the total time (not average as stated)?</p> <p>While this is a very timely topic the abstract does not add any information to what is already know. The abstract is hard to follow at times and I am unsure that I at the end of reading I am still unsure of what the responsibilities of the technician are (i.e. did the technicians complete medication reconciliations or not?). The abstract is verbose and could be condensed which may help with confusion.</p> <p>Improper title format.</p>
362748	<p>It would have been nice to see what % of healthcare residents/students were medical vs pharmacy and if there were differences in Fresno scores between the two groups. Was IRB approval obtained for the study of this program or was this considered a QA procedure?</p> <p>A little bit strong on conclusions, but acceptable. Would be interested in how the participants would score 6 months out.</p> <p>Minor comment(s). Very well done. Interested to know of the 20 who completed, what was break down between MD and RX? Also, is this now part of MD and RX training at your site?</p>
362830	<p>Primary reason for rejection is inconsistent or ambiguous data. Title is misleading - the research only looked at factors associated with adherence, not if changing these factors increases adherence. Description of the results is unclear - the statement "94% of patients were adherent who can afford their medications and 92% of patients were adherent who stated that they cannot afford their medications" does not make sense. Neither does this statement: "patients who 82% of patients takes some medications correctly if they have some knowledge about their HF medications; 28% of patients takes some medications correctly if they have some knowledge." The same information is repeated with different percentages - maybe this was not translated correctly? The findings related to knowledge are applicable and interesting to the audience of this poster. However, some reworking</p>

Submission #	Comments
	<p>needs to be done in the presentation of the results, if the provided conclusions are appropriate (unable to assess due to confusion in presentation of results). Statement regarding IRB approval is missing, if applicable.</p> <p>Good project but can probably examined more unknown factors such as cognition or social support and adherence.</p> <p>Improper title format.</p>
362904	<p>Good study, well written abstract, giving 4 because of small patient population.</p>
362995	<p>This is an interesting topic and project. Overall, the cost savings seems minimal given the number of therapeutic interchanges made. Will be interested in viewing the full poster at the Midyear meeting.</p> <p>Purpose: alter sentence to state "The process of review and approval is done by the institution's Pharmacy and Therapeutics (P&amp;T) committee" Methods: alter sentence to state "With the approval of the institution's P&amp;T committee, the pharmacy department performed a 12-month retrospective review of the purchase orders and cost of all medication within a drug class. Consider using "drug class" rather than simply "class" Alter the following sentence "All P&amp;T committee approved drug-dose equivalency tables were uploaded to the pharmacy department's work stations where drug orders are reviewed and verified. This was complemented with staff education to highlight the approved formulary medication for each drug class and the method of dose conversion between NF and formulary drugs using the drug-dose equivalency tables." Dates should be (Sept 2013-Nov 2013 and Dec 2013-Feb 2014) Consider percent reduction (rather than percentage) Results: alter sentence to state "At the time of this study, there were 8 drug classes, each with a drug-dose equivalency table that was P&amp;T committee approved and instituted in our practice. If you are using an acronym, make sure it is defined! (i.e. ACEi, ARB) Consider condensing the following sentence to "With regard to the primary endpoint in quarter 2013, a 164 NF drugs were prescribed, of which 147 (93%) were converted by the pharmacy staff to the appropriate drug-dose formulary equivalents." Conclusion: consider altering sentence to state "Streamlining the hospital formulary to only select medications within a drug class and using a drug-dose equivalency table to switch prescribed..."</p> <p>This poster was submitted as an Evaluative Study Report. It is a Descriptive Report.</p> <p>Incorrect title format submitted.</p>
362997	<p>Good presentation and analysis. Some members will find this helpful, but some may question whether a 5year horizon isn't long enough for this population?</p> <p>Interesting review. A few grammatical errors throughout abstract. What was the number of patients who required surgery? Were adverse reactions and required monitoring taken into</p>

Submission #	Comments
	<p>consideration when evaluating quality of life?</p> <p>Excellent</p>
363160	<p>I don't see the value of this abstract in the way it is presented. It does not add anything to the body of knowledge. Besides, the introduction needs to be re-written for clarity. Maybe the only information in terms of value is the initial cost saving of pharmaceutical care. In other words, there was an abuse of medications prior to having a decentralized pharmacist. It would have been valuable to identify which areas/class of drugs have been more affected. Is it narcotics, antibiotics, ..... Is it related to medications dispensed from the central pharmacy for patients who are discharged (but the medications are stored in the nursing station). What are other reasons of abuse? How did the pharmacist make the change? Was there any objections/hindrance? how many interventions were made? what type of interventions? is it treatment related? drug dispensing with the nurses? was there any amendments of nursing procedures?....</p> <p>Good implementation of pharmacy services. What specifically led to the cost savings? What barriers were encountered throughout initiating the decentralized model? How were the barriers overcome? Which nursing unit was used as the pilot?</p> <p>Topic is very important to demonstrate the benefit of the expanded role of the pharmacist. Collaborative efforts between pharmacy and nursing demonstrated improved efficiency and cost savings in this pilot. Abstract is well-written and easy to understand.</p>
363161	<p>Nice study! It now be great to see if the education provided correlates with mortality. (those who know more are less likely to die?)</p> <p>Would like to see if gender of the pharmacist had a role in effectiveness</p> <p>Abstract complete with necessary components</p>
363162	<p>Drug-use evaluation study was structure correctly. Very small sample size makes it hard to infer and conclusions about aspirin use in Lebanese results. If the study was opened for a longer period of time and more citizens were polled than results would have been more striking. Not sure where the patients were polled in the community pharmacy. Aspirin is usually over-the-counter and if patients were enrolled in the study only at the pharmacy counter then the population would be bias towards those on other prescription medications.</p>
363164	<p>This project reviewed the amount of excipients in drug dosage forms used in the NICU. Because no safety thresholds have been determined for most of these (an exception being benzyl alcohol); I'm not sure what I should do with this information and I'm not sure what could be done with this project to make it more impactful on my pharmacy practice in the NICU.</p>

Submission #	Comments
	<p>Unoriginal research An evaluation of existing literature; it may have been interesting to determine the cumulative amounts of excipients administered in your particular NICU.</p> <p>It is a valuable project for your institution internally to bring awareness to your providers if you felt it was lacking. Unfortunately, I don't feel as though the project as presented is a new concept. I feel that a better format for your study would be a review article in which you could examine each of the major excipients. You could give providers information on what to watch out for and tips to minimize the amounts of excipients ingested.</p>
363165	<p>Descriptive report but conclusions seem nonsequitur based on purpose. Not innovative.</p> <p>The purpose, methods and results are clear and well written. The conclusion is a weak summary of the results but not misleading. Overall, the research and abstract are well done.</p> <p>The results section appears contradictory. The second sentence states that 25 patients reported taking an antidepressant, but when the patients listed further down in the paragraph are added together, it appears that 28 patients were taking antidepressants (SSRIs, TCAs, SNRI, norepi and dopamine receptor inhibitors). Also, the conclusion does not seem to directly relate to the results since non-pharmacological therapies were not discussed at all in the results. And should it be pharmacist's place to be recommending non-pharmacological options for depression. It seems risky to be recommending non-pharmacological options as pharmacists since this is not what we are trained to do. Are these pharmacists qualified to recommend non-pharmacological options or are psychologists and counselors better options for this? Which non-pharmacological options are you referring to in the conclusion?</p>
363180	<p>Although this topic will be of interest to the readership, IRB approval was not received prior to collecting and evaluating the results. As a result, the research cannot be accepted.</p> <p>The project has value from an educational perspective. It is seemingly more appropriate to present this research at a conference focused on pharmacy education and curriculum development versus a setting with a clinical practice focus. The educational objective is valid but limitations include the lack of a validation strategy or pre-test for the standardized question set, the lack of a validated survey instrument, and the limited survey response yield. Assessment and educational outcome measures may be discussed more fully. There is more validity for this topic in an instructional design and assessment forum.</p> <p>The title of the abstract does not correspond the description. There was nothing "clinical" per say done by the authors. This was more of a survey then a trial</p>
363181	<p>Well written abstract. Report of numbers and information is good. However project has minimal impact to practice? May steer students and PGY1s to tailor their experiences more?</p>
363184	<p>Grammar errors need to be corrected. What antibiotic guidelines are you referring to? Age</p>

Submission #	Comments
	<p>and BMI of patients is not necessary to report as it does not contribute to the observed results. Is it possible that factors not reported in the medical record contributed to the choice of therapy and your identification of supposed 'inappropriately' selected therapy? The project and results appear to have merit, but it needs to be reported better.</p> <p>This abstract focuses on the practices of one institution, and while very important for that institution, does not provide much value for other centers. What would be useful is how you address this identified shortcoming, and if that approach was successful. As it stands it provides very little meaningful data to be used by practitioners at other centers.</p>
363185	<p>Authors are commended for undertaking a project on a relevant issue related to antibiotic knowledge. In reviewing the abstract, there were a few concerns noted. First there were multiple grammatical and spelling issues throughout (i.e., enrolment and arndt), however please note abstract was submitted from Lebanon. Secondly, the methods section was lacking in many areas such as the method of randomization, unclear inclusion and exclusion criteria, no power calculation presented, primary outcome not clearly stated, and more information on the questionnaire as well as what was shared in the verbal counseling session is needed for readers. Additionally, it would be beneficial for readers to have more information on why this intervention was chosen for this particular population (University students) and what can further be done with results.</p> <p>This was an excellent project. It had a great summary of the whole project and the final data in the area that has not been studied by the other pharmacists.</p>
363186	<p>Abstract is clearly written. The topic is very timely, and the conclusions may help others practicing in areas with uninsured populations.</p> <p>Very interesting project. Expansion of Medicaid is a hot topic in many states. Healthcare and how to pay for it affects every American. Topic should be of interest to all pharmacists.</p>
363187	<p>Would recommend including more information in the method section on how the training was created and how long it took to complete.</p> <p>Objective clearly defined; data results analyzed appropriately. Abstract was concise but complete.</p>
363188	<p>No mention of IRB or ethics board approval (I assume that it is still necessary despite being international) if that is true, then I change my score to 1. Some grammatical errors. Overall, the idea seems promising and interesting, though not surprising</p>
363190	<p>Purpose: define RANKL Methods: should include that you were looking for SREs. Authors are strongly recommended to have someone who speaks English as their native language help them with Abstract and poster construction.</p>

Submission #	Comments
	<p>Grammar issues throughout abstract Results hard to follow - degree of renal impairment not stated for patients enrolled in study. Not clear on whether or not all patients were evaluated or only patients with bone metastases from cancer were included.</p> <p>This abstract does not seem novel. It lacks substance that would be relevant or applicable to other sites. Additionally, there are many grammatical errors and several acronyms that need to be spelled out more clearly.</p>
363191	<p>Unit dose distribution has been utilized and proven effective here in the US for over 30 years</p> <p>Reserve for International poster section. Not particularly applicable to US practice sites</p>
363192	<p>Significant grammatical errors; how did you choose your dosing- 5g vs. 6 g total daily dose?</p> <p>Large study that adds to knowledge about continuous infusion meropenem. Was the improvement in "treatment expenditures" drug costs or ICU costs? Need to define all abbreviations.</p> <p>Several spelling errors and missing data that makes the abstract hard to read. The only statistically significant differences seen were in re-hospitalization and cost, but no specific data was provided, only general statements. The abstract could be improved with specific data as it is very vague as written.</p>
363195	<p>Overall this is a good abstract. It's an interesting topic, but would like to know for these patients who were not at range with warfarin, what percentage of patient had a thrombotic event on NOAC. Should include what statistic was used</p>
363196	<p>It would be optimal to include some specific results/patient outcomes beyond simply reporting that the functionality is working.</p> <p>Timely topic with questions appearing frequently on list serves with little/no response. Nicely done.</p> <p>I believe that this study is innovative, since I have never been exposed to it before. Having an order set that is presented in this poster will be useful to the practice of pharmacy, particularly in the ICU</p>
363199	<p>Avoided commercial tone by referring to generic products. Is 1 month enough time to see the difference in A1c due to omega-3 supplementation? Present p-values at the end of a sentence, not in the middle "Patients diagnosed with diabetes had higher hemoglobin A1c values as compared to those without diabetes (7.6 versus 5.7%, p</p>

Submission #	Comments
	Study is of interest to many pharmacists. However, I do not feel that much can be gained from this study. Too many confounders. Overall, it is relevant enough to present at a poster session
363200	I have no issue with the data presented. I would like to see some information on what you are going to do with the data presented in the poster.
363202	<p>This is a well written and well structured abstract. The abstract provides useful economic information. I am anxious to see the finished poster with more details about specific treatments given.</p> <p>General review of costs regarding FN</p> <p>Would not start out result section with numbers; would be interested to see whether diagnoses of febrile neutropenia based on ICD9 codes were actually accurate; often times, neutropenic patient report a fever have home and have no episodes in the hospital; not clear how this study is novel/innovative - it is a known and a proven fact that FN is associated with significant economic burden in healthcare.</p>
363203	<p>Lack of scientific merit.</p> <p>Interesting subject, nice to have stats available</p>
363223	<p>Very relevant project to practice. I would like the authors to share the top indications or uses for the off-label utilization of medications as well as describe some of the ADEs that occurred.</p> <p>Interesting topic, but does not state IRB approval. Improper title format.</p>
363225	<p>Typically in scientific writing, writing in the 3rd person is common. "We evaluated" may need to be adjusted, consider "The benefit of having a pharmacist on the team was evaluated"</p> <p>"The top five medications dispensed was" was should be "were". Having a pharmacist on short-term medical mission teams can improve the cost of procurement of medications used on mobile medical clinics and have a well-managed formulary. --- Re-word this? the last part of the sentence does not flow from the beginning. So we are comparing 2012 to 2013 and it seems there was there a pharmacist present for both these time periods per the "purpose statement". if so, how can we compare the two years i.e. what is different about it besides the hpylori recommendation and is there another confounding factor that isn't stated? Unsure if the outcome is solely affiliated with a pharmacist being present if the</p>

Submission #	Comments
	pharmacist was present in both 2012 and 13.
363227	All clinical research involving patients must be approved by the appropriate ethics committee or institutional review board, and, if appropriate, informed consent must be obtained from all subjects. A statement to this effect must be included in the abstract.
363229	<p>Data presented is confusing. Its an interesting study, but results do not make sense. What is presented in the conclusion is a different discussion than what your objective is. In the Result section, would be nice to see the impact of the program. The study states reduce hospital readmission...what are those results?</p> <p>There are a lot of grammar errors in this abstract. The "Conclusion" is not related to the report.</p>
363239	<p>I had to re-read the abstract multiple times and still had a hard time understanding some of the information provided. For example, I did not see the relevance of the last sentence in the purpose when I initially read the abstract. Later in the abstract the authors discuss equivalence between morphine and hydromorphone but the issue addressed in the results does not seem to correspond to the last sentence in the purpose. The methods and results section should be described more clearly. It was not clear how the institution limited starting doses of hydromorphone. Results: the authors state that there was an "increased number of opiate naive patients". This statement implies that this number was higher than previously reported but there is no other number reported. Would define what was considered "high dose" hydromorphone, was that the 2 and 4 mg dose? State in the conclusion that the team "enforce[d]" the appropriate use of hydromorphone; not clear if the team did other things except education and changing the syringes (which clearly worked!) Suggest a different verb than "enforce".</p> <p>Education is a very important step in preventing adverse outcomes. Would appreciate a stronger distinction between opioid tolerant and naive, and stronger outcome measures. Additionally, you mention a 'significant improvement' in the amount of high dose opioid use yet did not define a high dose of opioids, nor cite statistical tests--this would contribute to the scientific quality of the study, as would a stronger description of the methods.</p> <p>This study seems more like a process improvement project as opposed to a drug-use evaluation. Regardless, the abstract's methods are vague (ex: an "extensive chart review was performed for each patient" but no details were given as to what information was collected). Additionally, a second and third study were completed at this site and the results were mentioned without any other explanation as to what occurred during those studies. This abstract does not provide sufficient information as it is at this point in time.</p>
363240	Describes a process that was successfully implemented to reduce Rituximab administration



Submission #	Comments
	<p>errors during infusion pump programming.</p> <p>Glad to hear about the reduction in errors with the calculation spreadsheet/directions. Suggestion to possibly reduce errors further: work on keeping units consistent with CPOE, infusion pump and order set, either ml/hr or mg/hr. Probably easier to try and change the order set from mg/hr to ml/hr since the other two are expressed as ml/hr. Hope that helps.</p>
363241	<p>Please briefly state what is included in the initial risk stratification criteria for alcohol withdrawal syndrome. Suggest omitting the last sentence in the conclusion, as the potential reduction in risk of other complications is merely speculation and was not evaluated in this study.</p> <p>Good abstract overall. The idea of a using CIWA AR is not novel, however the data is from a community hospital which makes it interesting. Good attempt at analyzing a large sample size although would have liked to see statistical data support the results obtained.</p>
363244	<p>Good analysis; purpose is achieved and will be useful for users who use the public domain drug hierarchies.</p>
363245	<p>Please note whether the project was approved by an IRB. Some actual data in the results section would have been useful to read. Good project.</p>
363247	<p>The conclusion that pharmacists knowledge is not supported by the results. This is submitted as a descriptive report but seems to be formatted more as an evaluative study without results. I think the idea is okay and may be worth submitting once the competency is complete and results can be accurately analyzed.</p> <p>- The sentence "A comprehensive glycemic control manual was authored. It is a twenty-five page document that reviews diabetes pathophysiology and diagnosis, glycemic team consult criteria, appropriate diet orders, timing of scheduled insulin and protocol initiation and insulin titration" should really go in METHODS section, not RESULTS, since it was something you were evaluating with your survey and was a new addition to your class. The fact that the pharmacists who read this prior to class were more comfortable is the result you are reporting. - You mention that "A training competency will be created to assess the pharmacists ability to perform a basal bolus consult. This competency will be completed upon completion of the basal bolus class and will allow the pharmacist to begin performing consults." This is mentioned in your methods section, but it does not appear that it was ever completed or included in your class (you say "continues to be authored"). If you did not evaluate anything with regards to this, or did not use it in your study, then I would leave it out of your "results" section. Perhaps you might mention that you used the survey results (if true) to enhance or change the competency questions, which are still in progress. If this WAS a part of the class, be sure to mention this and describe how it was linked to any results. - Overall, your results section should really focus mostly on the actual results of your survey questions SPECIFICALLY since that was your main METHOD for this</p>

Submission #	Comments
	<p>evaluation. Give more details instead of just "findings included data regarding glycemic team consults and overall comfort..." What data regarding consults and what were the percentages/comments related to the comfort, etc.? Also appropriate for the results section, which was included, was if the pharmacists did or did not read the manual and how their corresponding comfort level correlated? After describing these things, then you can go on to discuss the changes that were made to your class, etc as a result, and then draw your conclusions. Do not just talk about changes that were made without a corresponding reason for it that is somehow tied to your study. For example, you talk about changes that were made to the class, but I really do not see how those changes were tied into the survey responses, though I have no doubt they were.</p>
363248	<p>I thought the abstract was well written, the topic was very applicable to a lot of hospital settings and I think this could be used as an example for other hospitals.</p> <p>Well written abstract and interesting topic using validated process improvement methodology.</p>
363249	<p>Only concern is no mention of IRB approval for study. However, very interesting and well written abstract that I think would contribute a lot to the meeting.</p>
363250	<p>Nice study. Would like to know if the visit data could be broken down by nurse educators, pharmacists, dieticians and exercise physiologists? It be good to say how much an impact pharmacist could make without the other health care providers involved.</p>
363252	<p>Transitions of care is a very timely topic and is an area of great focus. The intervention group consists of a small sample so future efforts should be addressed at increasing the sample size. Standard deviation or standard error data should be reported. I would urge the authors to verify that statistics and p-values are appropriately reported, as all items are reported as non-significant (check "greater than" and "less than" characters). One of the other considerations is reporting data on time since diabetes diagnosis. Were any participants newly-diagnosed?</p> <p>While this project is of scientific merit, their results are contradictory. They state that their results found improvement but all the p values are listed as greater than 0.05 or greater than 0.056. I do not think this was a symbol conversion problem.</p> <p>Improper title format.</p>
363253	<p>Confusing "... BS ..." I don't understand this part. "Using n-1, median AUCS were 1146.6 BS 4044.0. AUC of the full dose using n-2 was 4037.1".</p> <p>No IRB approval noted in the abstract</p>
363254	<p>I think knowing how often the 5mg or 10mg loading dose was used. Was 5mg used more</p>

Submission #	Comments
	for elderly patients and 10mg for younger patients? What determined the loading dose used?
363255	<p>This case report is well written however it isn't that unique of a case. The fact that the patient was HIV negative was interesting but the abstract failed to address any other immunodeficiencies that could have lead to the illness. The rest of the case concerning the treatment of the infection was not unique and quite common.</p> <p>Well written.</p>
363256	<p>Excellent systematic process detailed in abstract. Very beneficial for other health systems considering PGY2 residency for SOT.</p> <p>Not sure how this is innovative or research.</p> <p>Improper title format.</p>
363257	<p>All information shared in the abstract focuses on positives of SSTS versus IV PCA,. Pharmacoeconomics does not take into account any potential cost of adverse events with SSTS nor the potential cost difference between the different modes of therapy drug cost.</p> <p>Interesting/novel topic. Impressive to see an actual Phase 3 study of SSTS. Many practitioners will be interested in this topic and its analysis of clinical benefits and financial impacts. Abstract is of outstanding quality.</p>
363261	<p>Very remedial writing in abstract; says very little about the actual service model, but instead gives definitions that every pharmacist should already know. No description of how this model is innovative or different beyond what has already been described in the literature or presented previously in abstract form. Maybe a fine project, but this abstract does not give the justification of why this model is important for the rest of us to know about.</p> <p>First three sentences under Purpose could be eliminated as they are too basic. More detail needed in all other sections. What was the model? What were the tools? How did it impact care?</p>
363262	<p>The general abstract guidelines state that abstracts which are reviews of existing literature are not acceptable. While this abstract does have one calculation at the end of the results section on the cost per member per month based on the literature if obinutuzumab was substituted, the stated purpose of the paper that was emphasized was that this was a literature review. The methods focused on a review of the clinical and economic information, with a brief description of using the data learned from the review to calculate per member per month cost differences if obinutuzumab was substituted for rituximab. If more details were given about the budget impact analysis methods and results, the abstract would be more in compliance with the abstract guidelines. Even the conclusion notes that</p>

Submission #	Comments
	<p>based on the literature review (not the budget analysis or calculations) that obinutuzumab was an acceptable option in patients 65 years and older.</p> <p>Have lots of questions about the methodology of the economic modeling, really need to discuss what type of analysis was performed. Is this a CMA, CBA, CEA?</p> <p>This abstract is mostly a review of existing literature which the reviewing guidelines state should result in rejection. The proposed economic benefits are not novel and I don't believe this abstract offers any additional insight over a basic literature search.</p>
363264	<p>It would be nice to know what the percentage of patients who completed therapy in a clinic without this type of multidisciplinary team. Of the patients in this clinic who discontinued therapy (21%) what was the reason for the other 1% (10% non-compliance, 10% ADRs, 1%?).</p>
363265	<p>Improper title format.</p>
363266	<p>1)how is multicenter defined? 2)what types of ICUs - surgery, cardiac, med/surgery, etc? 3)By which standard(s) did you consider electrolyte replacement to be correct or incorrect 4)how was wrong route of administration determined? 5)who collected the data, staff pharmacists or advanced clinical specialists? 6)what type of patients were evaluated in this project, there is nothing with regard to age, sex, principal diagnosis or comorbidities 7)what type of hospital, private or academic</p> <p>Some grammar and word usage is inappropriate, however the content is valid. I'm not sure what the P value is referring too in the Results section (last statement). I do not see two comparative groups.</p> <p>The methods did not include a tool that would objectively indicate a "correct" method for adjusting electrolyte disturbances. Consider using an objective protocol to determine if the correction doses were appropriately administered. Also, differentiate a particular ICU (Medical ICU, Surgical ICU, Neuro ICU ...etc) because the goals for each patient subset may be slightly different. Correction for a surgical ICU patient may be more aggressive than a Neuro ICU patient given the post-surgical or clinical condition of the patient. Incorporate stronger methods to substantiate and validate the conclusions. Result numbers were off/incorrect for dyskalemia breakdown. Review the grammar.</p>
363267	<p>There is inappropriate spacing/paragraph splits in the results section. Define abbreviations (e.g., NCC MERP)</p> <p>I think highlighting error rates with regards to PN solutions is valuable. I am, however, confused as to the comparison and think it needs to be described in better detail in the poster. The abstract indicates that the error rates are lower than the national average so implementing guidelines and CPOE made the difference. What I can't tell is if there was data from before those changes. Without knowing that, all you can say is that you are better</p>

Submission #	Comments
	<p>than the national average but not if you changes had any impact.</p> <p>Incorrect title format submitted.</p>
363268	<p>Insufficiency due to both hyponatremia and hyperkalemia was noted (grammar issue). When was the steroid initiated the 1st time?</p> <p>There seems to be little direct evidence that the CPS was the cause of the intestinal obstruction. Although one can suspect this product, could it be related to other medications that slow the intestinal transit like opioids or anticholinergics? It is unclear. In addition, I am confused by the comment "operation was arranged on Dec 13, and the obstruction was eventually resolved with 4 liters of normal saline irrigation" because it is unclear whether the operation (aka surgery) occurred and when/how the normal saline was given. Its clear that in this patient that CPS was ineffective and may have played a role in this case. But the overall cause and effect is unclear to me and is unsubstantiated.</p>
363270	<p>Interesting topic. The description of methods "uses Excel" does not adequately describe methodology or statistical methods used to arrive at results and base conclusions however. Not sure about the last statement in the conclusion section that this cost reduction [...] will provide further research of an underrepresented population [....]</p> <p>Very well done. Very clearly written and easy to follow. I will be interested to view the actual poster for more details. Congratulations on a job well done!</p>
363272	<p>It would be helpful if the authors shared the reason behind starting this service (i.e. did they report or observe ADEs which prompted pharmacist consultation)?</p> <p>This is an interesting report. The abstract has some grammatical errors and some abbreviations are not defined.</p> <p>Very innovative idea. Probably have more info then the abstract can describe, thus at time confusing. But great project.</p>
363274	<p>This abstract adds nothing to the body of knowledge pertaining to management of CINV. This abstract adds nothing to improve hospital pharmacy practice. [1] The Results do not provide any data. [2] The Conclusion is not based on data presented in the Results [3] Possible promotional bias with Results referring to aprepitant efficacy.</p> <p>Not innovative/novel; pharmacists manage antiemetics at majority of the major institutions in this country - many have it incorporated as part of their order sets; Unclear how the conclusions are deduced based on the results presented. Also, risk factors for CINV (stated in conclusion) are well known, established and incorporated in the NCCN/ASCO guidelines.</p>

Submission #	Comments
	Chemotherapy- induced should be lower-case in your title.
363275	<p>Authors should spell out all abbreviations in the abstract; unclear what guidelines they were referring to in the first sentence. Would not say in the first sentence that "patients with severe...will be on" would say "should be on" since not all patients will received recommended therapy. Methods: authors should have used the past tense throughout. The second sentence does not seem to fit here. Would be best for a conclusion. When was the post omalizumab ICS consumption assessed? Did the authors have access to all pre and post asthma management data for all subjects. Results: assuming that the "mean ED visits" was per patient? would clearly state this. How many patients/what percent of patients had zero ED prior to omalizumab? was this number significantly different? The authors mentioned a % reduction in cost. Would like to see an actual \$ amount to fully understand the cost reduction. It is unclear if the pre- and post-data were for the patients who received this medication or another group of patients.</p> <p>Relevant topic, methods and results adequately described. Would be nice to know how long after DIOT patients were followed. Unclear how you estimated ED costs. Otherwise good!</p> <p>Incorrect title format submitted.</p>
363276	Methods of evaluation are unclear: there is no information detailing if the assessment was simply subjective or objective in nature. Also the last sentence in the results paragraph is unclear as to grammar or language interpretation. The conclusion simply states that both routes are faster for topical and topical + systemic.
363277	<p>Would likely need to list other concomitant medications these patients were also receiving. Their histories, as reported, suggest that they could also have been receiving medications that would be predisposing them to having GI necrosis and bleeds. The case report appears to be attempting to make the assumption that the CPS caused the issue without fully disclosing/discussion other potential factors.</p> <p>The calcium (vs. sodium) is not available as a commercial product in the US. However, in a general sense, the cases are of interest.</p>
363278	<p>This is very helpful information to share since all pharmacies are currently facing various drug shortages. There are a few errors in the abstract that need to be cleaned up before publishing such as some generic names are capitalized, numbering, avoid using Brand names (Durogesic), etc.</p> <p>This is a relevant topic in practice because of the wide spread drug shortages. Spelling/grammar and inconsistency of brand/generic names and capital letters versus lower case. It is also missing some punctuation.</p>
363280	bias. this data belongs in the exhibit hall for this product.

Submission #	Comments
	There is a commercial bias of promoting one product vs. another one. This is certainly a pharmaceutical company-initiated and analyzed evaluative and marketing study. This may be more appropriately presented in a booth in Exhibit Hall or in an Exhibitor's Theatre.
363281	
363284	Please revise statements: "With the increasing in number of residency programs " to With the increase in number of residency programs and "Once became a resident preceptor" to once becoming.
363287	<p>The abstract states moderate differences in medical costs were seen (~\$1200 less among LB patients), but that there were greater financial penalties with increased length of stay among patients who received LB as opposed to those who did not (\$4400). In the conclusion, it is stated that there is a reduced length of stay. Somewhat conflicting. It appears that the LB patients stayed longer and that made their cost more expensive.</p> <p>Improper title format.</p>
363288	<p>Abstract was well written and MUE conducted on a relevant pharmacy topic. May be beneficial for readers if authors highlight that the greatest risk of mortality in the meta-analysis was seen in off-labeled use of tigecycline for ventilator associated pneumonia. Also consider incorporating information in methods section in terms of hospital policy for the administration of tigecycline, for example does it require an infectious disease consult?</p> <p>Safety was mentioned in both the intro and conclusion, but no results discuss safety related outcomes such as ADRs or mortality. The overall rate of adherence to the institution's restriction would be beneficial. I would like to see a more definitive action based on the results.</p> <p>Easy to follow and potentially very relevant for other sites.</p>
363289	study outcome is not clearly identified; reducing LOS is not mentioned on the purpose but it is in the conclusion.
363290	Hot topic!
363291	<p>No mention of IRB in this chart review. I wondered if physician education/required ID consults could have make a difference in the data.</p> <p>A statement regarding IRB or other appropriate committee approval was not included.</p>
363292	If I read this correctly I believe that it concludes that administration of low-dose aspirin qualifies a patient for stress ulcer prophylaxis. In my opinion this is not supported by the

Submission #	Comments
	<p>current literature. I cannot support the acceptance of this abstract with that conclusion. I think the information could be more effectively presented if the patients were compared to current recommendations for the use of stress ulcer prophylaxis to determine not only those with inappropriate omission but also those patients on SUP inappropriately.</p> <p>There are some spelling and grammar issues with this abstract. It is not difficult to read, but it could be a little easier to read. In particular, the word "patients" has an "f" in it each time.</p> <p>Cerebral and Cardiovascular Center should be capitalized in your title.</p>
363294	<p>Not much information.</p> <p>The grammar in the abstract makes it very hard to read, however, the purpose was discernable as where the methods and results. Results and Conclusions could have been expanded.</p> <p>There are some grammar issues in this abstract. It was a little difficult to follow your data in the results section. It appears you looked at wrong diluent (wrong type of diluting fluid) and wrong concentration (miscalculated concentration/concentration error)-it might be a good idea to keep consistent with the terms you use to describe each event. You state that your baseline period ended in 2012. Your abstract includes interventions but the reader does not know when those interventions were made and where the organization is now with this process. It would be good to see a more defined timeline and what has transpired since 2012.</p>
363295	<p>Difficult to follow abstract but fair data could be extrapolated.</p> <p>Good abstract.</p>
363296	<p>Relevant to practice. Would recommend to change "po" to PO which is the preferred abbreviation. Recommend changing wording in the conclusion - "...decreases unnecessary prolonged use of parenteral therapy and can shorten the duration of hospital stay". Changing to PO drugs is not a guarantee!</p>
363297	<p>The abstract is a little hard to read. It appears to be a descriptive report and not an Evaluative Study and it does not indicate if it was approved by the appropriate ethics committee or institutional review board. If this is a descriptive report, then the results are adequately described.</p> <p>There are a few grammatical errors in the results section which made it a little difficult to follow.</p> <p>This poster was submitted as an Evaluative Study Report. It is a Descriptive Report.</p>



Submission #	Comments
363298	<p>Please state how pain relief was evaluated (ie. visual analog scale score comparisons). Regarding grade/incidence of mucositis/xerostomia, please state exactly what 'not significantly affected' means (ie. median grade and incidence of mucositis should be included before and after using mouthwash). Was food intake evaluated, since it was included in the Methods? This is an abstract that should be divided into 2 abstracts, as it appears that 2 studies are being described.</p> <p>Well written and original, though much study is ongoing in this subject area.</p> <p>Interesting that these two protocols were paired. I think it's important to attempt to explain the relationship between a prostaglandin antagonist like diofenac and how PGF2 provided a benefit. Missing details on retrospective group - e.g. did all the participants receive diclofenac mouthwash? What was the dose and frequency of the diclofenac? Was it prn? If so, was there a significant difference in pain relief in those who received vs those who did not? What was the measurement used to determine pain relief? You mention food intake in the methods section but not in the results section. There are no statistics included. Overall fairly interesting.</p>
363299	<p>There are no results presented. The results section describes the method used for the MR, and not the results of using/developing/implementing this program.</p> <p>- No discussion/mention on how (or if at all), and by whom the method was evaluated and what it was compared to (was there an existing system or nothing formal?). At least feedback from hospital staff or the participating pharmacists would be relevant. Statements like "All in all, use of guidelines and recommendations serve to ensure that the MR is of the highest quality possible..." and your concluding sentence, "Our experience is that the method enables pharmacists at our community hospital...MR with high quality and high relevance" are not supported by anything mentioned in your abstract. There should be some discussion of how you came to this conclusion or how you determined "quality" and "relevance." - You mention wanting a tool to aid pharmacists who are at varied levels of experience, but your guide relies heavily on evaluating therapies for appropriateness according to guidelines, etc and seems to include a good amount of detailed information that might be outside the knowledge base of those less experienced clinical pharmacists. Were there specific key drugs/disease states you focused on? Were the pharmacists provided guides to aid them in assessing appropriateness (in case they were less experienced or familiar with a certain area). Or was there specific training to prepare the pharmacists for this role? If not, should there be? - Grammar/language errors. Overall, I was able to understand the abstract but it was very choppy with many areas that did not flow well in English or were confusing. - I feel there IS existing data on this subject, but you perhaps did not find using your search terms. I would try "medication profile" or "patient profile" and couple with the word pharmacist. Many of the literature out there is likely to be tied to the types of interventions made after such medication reviews are done, but they should contain information about "how" the reviews were conducted. Also, there might be information related to this in studies about MTM (since a profile review would be considered to be part</p>

Submission #	Comments
	of this). "Medication reconciliation" might also trigger some matches in your search.
363300	<p>Research is not original.</p> <p>Purpose of the study is very general and has been addressed in past studies. Research is not original and neither is the approach of the study to an old problem. Would avoid outline format in the results section. Conclusion was broad and empty.</p>
363301	Well-written, however topic is extremely abstract. Poster has the potential to serve as an educational piece for the audience. But the audience is limited to experts in this narrow professional field. Recommend adding a robust Background statement about why the audience should care about this mapping. Why is this a significant exercise?
363302	<p>Interesting study, seems well designed overall. It sounds as though the survey results were collected on a 5-point likert type scale. If this is the case, it may be more appropriate to use a statistical test for paired ordinal data (for example: Wilconxon signed rank text) instead of the paired t-test which is meant for continuous, normally or near-normally distributed data. Also, was IRB approval obtained for the study?</p> <p>Please note whether you requested approval from the IRB for this project. What is the 45.5% referring to regarding the age of the participants? Were these hospital or school owned laptops/tablets as opposed to the students using their own devices? Interesting topic. I would think that user preferences would be an issue in future purchases.</p> <p>Naked p-values and use of symbols.</p>
363304	<p>very interesting topic, worthy of poster presentation</p> <p>Very interesting study! I am assuming your organization went with option #3?</p> <p>Good concept and idea, would have ranked your study higher if there wasn't CDC and EPA recommendations for your preferred disinfectant. IPA spray with wiping did eradicate the multidrug resistant organism in all 15 samples so I don't think you can say that method was not effective. Since investigator/cleaner error/contamination was the reason for the non-pathogenic contamination, is it possible that "re-training on proper disinfectant technique" take care of this issue?</p>
363305	<p>Very interesting. Typo "used" in Purpose Section? Should it be ... phenotypes "using" formalin-fixed paraffin-embedded tumor (FFPet) tissue ...</p> <p>Important research that could change future testing in these patients</p>
363306	one random typo (nave instead of naive) otherwise interesting, particularly with the addition

Submission #	Comments
	<p>of the financial analysis</p> <p>well written, with reasonable, but not very satisfying or definitive, conclusion.</p>
363307	<p>Very good abstract and extremely relevant given the current status of outbreaks of measles and mumps. Definitely a must for the conference.</p> <p>Good first step in analyzing the data. Would be interested in seeing data related to risk factors in sero-negativity if available.</p> <p>Overall good abstract. Would suggest the authors address information specific to hepatitis B immunity interpretations and its limitations.</p>
363309	<p>This reviewer appreciates that one of the end points was pharmacy technician accuracy. I did have a difficult time following the abstract as it relates to time "5.0 3.8 minutes compared to 5.2 4.5 minutes" Is there a word missing in the comparison and the next?</p> <p>For evaluative reports, should denote if IRB approval and/or consent was obtained. Interesting project. Could have added more detail to the abstract -- what is the difference between phase I and phase II? Also, some of the numbers didn't come across clearly -- what is 5.0 3.8? Was there supposed to be a dash or a parentheses here?</p> <p>I like the idea of using technician to collect patient-specific information, though it is not a completely new concept. It definitely will save some time for the pharmacist. The 'result' section is somewhat confusing to me. I do not understand '...5.0 3.8 minutes compared to 5.2 4.5 minutes.....'. One spelling error 'facture' in the Methods section. I would like to see financial saving of using only pharmacist versus technician/pharmacist combination. In the combination model, pharmacist still needs to re-review the case before drafting the care plan. So with that, do we really generate any saving??</p>
363311	<p>Good use of LEAN principles. The drug selected is problematic for some members that will find this poster very interesting. More details are necessary.</p>
363312	<p>Not all of the results were included. Purpose statement includes "patient outcome assessment" along with "evaluated final patient outcomes at discharge" in Methods; but no results pertaining to this are included. In addition, no results addressing medical procedure to stop bleeding. Patient demographics not presented or factored into the results. What percentage of those receiving 3-PCC were expected to be non-warfarin related cases? Any recommendations to the reader from your study? The primary message of the abstract is: 14 patients received this medication and 4 had an INR less than 1.4 in the end. How will the reader use these results to better patient care? No IRB approval statement included.</p> <p>Not enough patients evaluated to draw meaningful conclusions. In this case, much more data on these smaller number of patients should have been presented. Why were the results</p>

Submission #	Comments
	<p>surprising if PCC is only indicated for reversing oral anticoagulant bleeding? What were the final patient outcomes (ie. were other procedures needed)?</p>
363313	<p>Interesting study. Typos within title and within results (specifically p value documentation). Good documentation demonstrating worthiness of incorporating clinical pharmacists.</p> <p>Excellent topic. Evaluation of pharmacist-led MMP in the PCMH setting is a hot topic and great area to evaluate its benefit. Abstract is very well written and of high quality. Other pharmacy practitioners will benefit from learning about this institution's program and success.</p>
363314	
363315	<p>Conclusion mentioned results that were not described in results section. Otherwise, study was well done and valuable.</p> <p>Conclusion contains brand name. Some minor editing issues with punctuation. Results a little hard to follow. Hopefully will be illustrated with graphs on poster.</p> <p>Overall nice abstract. There are a few typos and grammar issues, that authors are suggested to review prior to presenting.</p>
363317	<p>Please review grammar; difficult to understand. Please clarify TPN "prescription". Do you mean parenteral nutrition order itself or what it contains as in base and additives? TPN is now referred to as PN; please update.</p> <p>The grammatical errors make some of the results difficult to interpret. Overall, the subject matter is interesting. Hopefully, a follow up evaluation can be done after interventions are implemented to determine any improvements.</p> <p>The title should be specific ---&gt; Evaluation of Appropriate Use and Length of Therapy for TPN Usage in Elderly Patients. Also review the grammar prior to poster printing</p>
363318	<p>Adequate descriptive report on APP use in non-US setting. There already many reports of APP patterns, authors should be prepared to state how this report adds value and what are implications.</p> <p>Purpose: "...clinically inadequate response to antipsychotic treatment or...persistent psychotic symptoms." Isn't this the same? "Various augmentation therapies with other antipsychotics that are limited or no evidence of supporting efficacy has been used." Unsure as to what this line means? Methods: What is the method of "evaluation"? Results: Why were only 116 patients included? This sounds like an observational report with no guidelines/direction. Need more definition for why particular parameters were reviewed.</p> <p>Title is not specific for project, not all of secondary objectives were addressed, and lack of</p>

Submission #	Comments
	conclusions. There were several grammar errors that made the abstract difficult to read. High dose haloperidol should be defined as well as criteria for response to an antipsychotic.
363319	The title is not totally accurate - focus was on discharge medications, not all components of discharge management for ACS patients, and the title should reflect that. Some of the information in results (such as describing the primary endpoint) belongs under the methods section instead. Some minor grammar issues. What did you classify as a reasonable explanation? Be cautious with the word "adherence" - it seems that what you assessed is actually prescription of these medications by the treating physicians, not patient adherence. May just clarify that this is prescriber adherence. For conclusions, based on your results (specifically with the justification for non-adherence), how can pharmacists help to increase compliance with prescription of these medications?
363320	Not much new data here.  A topic of long history in ICU care. Results would be better to include the 10 patients of appropriate use to sum up the total number of 69 patients.
363321	"Staphylococcus aureus" should be in italics.
363323	It would have been interesting to collect data that included healthcare professionals and compare this subgroup to non-healthcare consumers.  Interesting study--however, I am not sure it adds much to the knowledge that we know about OTC use in the general population.  Very interesting study. Details regarding what is meant by "fully understand" the drug label would be helpful. I would assume you asked if patients knew what the specific cough/cold product was used to treat. Also, demographic of the patients would better describe the population.
363324	I like the way the authors initiated this project based on an observed problem; then, reviewed the literature, and successfully implemented their guidelines. Although results are somewhat limited, the use of INH tobra has decreased. Nice example of how pharmacist-led interventions can make a real difference. I recommend accepting because I think it is a nice model that can be used by others.  Incorrect title format submitted.
363328	The abstract was well written and relevant to many hospital practice sites. Might be nice to see actual statistics run on your numbers before and after implementation. Methods discussed are clear and would seem to be easily translated to other sites.  This is an excellent project. Was it IRB approved? I struggled to read your first sentence as

Submission #	Comments
	written. Please consider revising and eliminating the well-time to onset of symptoms or something more practitioners will easily identify
363329	<p>Would be interested to hear if this transplants into improved confidence in real world arrhythmia cases.</p> <p>This abstract seems to me to fit more into the evaluative study reports. That would require IRB submission which is not mentioned. I do think this is a unique idea however I feel that the way the information is categorized is inappropriate and I cannot support for acceptance.</p>
363331	<p>did you separate out the classes of antibiotics?</p> <p>Authors are commended for undertaking this clinically challenging topic that will be of great interest, particularly for ambulatory care practitioners. It may be beneficial to provide more information on what antibiotics were specifically evaluated within the study and also to discuss clinically relevant parameters (i.e., was time in therapeutic range altered?, did patients require an adjustment of warfarin levels?, did patients experience any clinical events such as thrombosis or bleeding episodes?)</p>
363332	<p>Interesting study.</p> <p>Interesting!</p>
363333	<p>Watch for possessives: "Based on the patients..." should be "Based on the patient's..." and "Values for SCRs...during the patients 2014 admission..." should be "Values for SCRs...during the patient's 2014 admission..." and "...adjust the same patients..." should be "...adjust the same patient's..." Abstract is pretty confusing as written. Suggest a table to compare the two admissions in terms of vanco dosing, trough levels, and SCr values for ease of comparison. Generally, Abstracts are not referenced.</p>
363335	<p>This was a good project.</p>
363337	<p>The author didn't indicate that the project was approved by the IRB. The conclusion only referred to the incidence of HA CDI, but didn't conclude on the risk factors for HA CDI as mentioned on the purpose.</p>
363338	<p>--error in therapeutic goal by IDSA, should be 15 mcg/ml --IDSA is not "et al" --did not discuss type of patients and if they were match by disease state or fluid balance</p> <p>The abstract is well written however it doesn't provide a lot of new information. It would be nice to see results that had some kind of statistical analysis testing to demonstrate if the identified differences were significant. It seems that a quick statistical tests results show that the difference is not statistically significant. The total N number is not that high either.</p>

Submission #	Comments
	It would be much better if the N number was higher to help increase power and maybe make the results more interoperable for other institutions.
363339	Excellent project, design and impact/applicable-ness to practice.
363340	<p>Specific information is not provided for this abstract to be accepted. Unclear/no specific project goal. How is CDI SIRs calculated? Why yearly patient days? What do the ratios mean (eg, 0.570.37)? Were patient variables (age, severity of illness, other disease states) factored into the analyses? Unclear of the less than 25,000 patient days/year. What recommendations do you have after this research for the reader in regards to "provides a great opportunity to improve antimicrobial stewardship efforts" and "CDI SIR may not be a good surrogate"? How will the reader use your research results? No IRB approval statement included.</p> <p>Improper title format.</p>
363341	<p>--did not address any additional side effects from tranexamic acid --inclusion/exclusion use for of tranexamic acid based on concurrent disease states --any effect on length of stay or cost??</p> <p>I think it would be beneficial to do a cost analysis on blood utilization vs. tranexamic acid.</p> <p>Approval by ethics committee or IRB not mentioned. Abstract clearly written and study provided reproducible results.</p>
363365	<p>Improper format, not enough information multiple spelling mistakes (although I think this is an international submission)</p> <p>The abstract is not in the appropriate format and contains several spelling errors. Results do not support conclusions - there is no mention about time to antibiotic dose in the results. There is little information on what was collected or actual data in the results sections (what were the mortality rates? how did you assess that delay in abx was associated with mortality?).</p> <p>The abstract is poorly written. It has many grammatical errors and spelling errors. It does not provide enough information to fully evaluate it.</p> <p>antibiotic and hang should be lower case in your title.</p>
363367	Well written abstract. Might be nice to have statistics run on the data.
363368	Interesting survey, with decent results (though response rate not ideal). Topic of current interest so my thought was that this should be accepted/presented

Submission #	Comments
	Again, this is another great abstract of a study that was somewhat innovative. The topic is interesting. The survey is somewhat not innovative.
363379	<p>This is an eye-catching title, but does not describe the improvements very well. It describes improvements made, but no actual results as to how the changes improved services.</p> <p>The intervention is unclear. The results are descriptive at best and the conclusion could be a general statement that has nothing to do with the quality improvement project.</p> <p>Some recommendations: "...are seldom found per an ASHP survey...; While there is not a dedicated ED pharmacist at VA...; Results: After the implementation of this project, all...; Due to IMO and CO, medications are pulled from a profiled cabinet, allowing less room..." Also, did you evaluate the error rates before and after the implementation of this new process?</p>
363380	<p>What do you mean by "the largest not-for-profit health system"? Some grammar issues throughout. Your results are not comprehensive enough - what was the use of glycoprotein inhibitors in each cohort (control group and pilot, as well as UFH versus bivalirudin)? How did the thienopyridine choice differ for control versus pilot (if at all, but likely it did due to the time periods)? What were some of the characteristics of your patients? You need to add some information from your control group in results - how did the use of UFH and bivalirudin change for low risk and high risk patients based on implementation of the pilot? Did you classify "appropriate use" of bivalirudin as in compliance with the pilot protocol? And if so, it would be a given that it would increase, since it would seem that compliance with the protocol is necessary for your study. I was hesitant to give this a 3 - I think it's a good project, and of much interest to the audience. I think I have a good sense for the intent of the project, and it is definitely timely and appropriate. However, the presentation of information in this abstract does not tell the reader much about what was determined from this research, and how this can be applied.</p> <p>1. Very little information on demographics included in the abstract. Were the patient populations similar? What agents were used in the control group? 2. Either a calculation error or a typographical error in the results for bleeding rate in control group.</p> <p>Improper title format.</p>
363381	<p>This is a well written and structured abstract. I applaud the author for examining the effect of new anticancer therapy on the health care budget and doing so with recognition of the benefits to patient outcome.</p> <p>Very good</p>
363382	No advantage of IV acetaminophen with a p=0.38.



Submission #	Comments
363383	<p>No project purpose is presented (implied). What were the actions taken by the P&amp;T committee to the MUE results? Project would be more meaningful if follow-up data/results presented to assess degree of changes in prescribing patterns affected. Otherwise the project message is: a variety of insulin needle lengths are being prescribed. May want to include the reasons for the "longer" needles are on the market if these are considered more "risky". No IRB approval statement.</p> <p>Interesting DUE and excellent feedback to medical staff. Would be interested in the impact of this program in the future. Interesting to see if this also impacted outpatient prescriptions by the same providers.</p> <p>Simple but relevant MUE, which was used to change practice at your institution. All points were clear and well explained.</p>
363386	<p>Not much new here.</p> <p>Results as expected. Can you clarify if dosing ranges are total daily dose?</p> <p>Good. My only question is how many patients did you look at (what was your sample size) but otherwise I think this is a good abstract.</p>
363388	<p>-Under results, please Define "clinical calls" - is this a follow-up call on how they are tolerating the medication? -Interesting concept, difficult to see how the survey is perceived if a patient has never filled at an HS-SPS but completed the survey compared to those who completed the survey and has had Rx's filled at both types of pharmacies. This data would be more valuable to determine the difference. -How are the surveys handled? Is the survey over the phone or electronic? If over the phone from a representative from the HS-SPS, is there potential for bias that the patient may feel compelled to rate services higher if they filled at the HS-SPS? People are more likely to be truthful if they do not feel like they are going to be identified for their answers.</p> <p>- Recommend discussing a little about what times of services the HS-SPS provides. - How does the HS-SPS work? is there a phone number that patients can contact? since most reading this probably will not be familiar with HS-SPS recommend expanding.</p>
363390	<p>It is not clear that the conclusion in the abstract regarding the main reasons that limit conversion follow from the method and results of the research project. In the methods section, 6 antibiotic groups are outlined, but in the results, these are collapsed to 5 groups. Was this intentional? The abstract may benefit from editorial review for grammar.</p> <p>This study looks at IV to PO conversions and differences based on medication class. No discussion was provided regarding other outcomes told to be measured in the methods section. The results section does a nice job explaining conversion rates and the difference between different drug classes. To make the conclusion regarding the reasons that limit the</p>

Submission #	Comments
	conversion of IV to PO conversions would need data to back up this statement, and that was not studied in this project. This would be better served as an idea during the discussion section of a poster or manuscript.
363391	Great original research. Spacing inconsistencies in purpose section No statistical analysis provided in methods section
363392	<p>Very interesting findings. These provides some excellent data for pharmacists to counsel patients on use of medications as well as lifestyle modifications.</p> <p>assessing initiation of orlistat - not addressing clinical use of orlistat, effectiveness in the studied population</p>
363393	<p>Recommend stating in the Purpose what the recommended antiemetic regimen is for highly emetogenic chemotherapy.</p> <p>This was more of an internal review of practice</p> <p>Overall the results did describe a pattern of non-adherence to the NCCN guidelines. However, the data should be written as descriptive as there was no comparator group (therefore no need for chi square). Also please correct the spelling of 'emetogenic'. Lastly the first sentence of the results should be re-written to describe that the antiemetic agents chosen did not follow NCCN guidelines. It was not the patients who were not adherent; it was the antiemetic agent selection that did not follow the guidelines.</p>
363394	<p>I don't feel this abstract provides significantly new information to the field of pain management.</p> <p>I am surprised by the use of meperidine for cancer pain. Even though this does not change the medical literature, it is a good example of a quality assurance/quality improvement study that could be done at other institutions. Since this study was done in Lebanon, I'm not sure how widely used the NCCN guidelines are in the treatment of cancer pain.</p>
363395	<p>Many misspellings "metoclopramide" "emetogenic". Also would state as "highly-emetogenic" instead of high ematogenic. I think study should have included patients on olanzepine and aprepitant to be able to compare. Conclusion not proven by data.</p> <p>Was nonpharmaceutical methods also taken into account? Is the access to a neurokinin receptor antagonist different in Lebanese hospitals than in other countries?</p>
363396	It would be useful to know the ranges of precision error % and preparation times. It's confusing that the conclusion states that robotics can prepare chemo at a time with less prior arrangement than manual preparation but it appears mean preparation time is less for

Submission #	Comments
	manual preparation in the Results section.
363399	<p>Very interesting! In addition to spelling/grammatical errors, please address the dose and time course to response.</p> <p>Potentially add a bit more information regarding the dose used and how long it took to see the results. Otherwise, I found this to be a very interesting case!</p>
363400	
363402	<p>Very innovative project. Well done. I would expect during poster session to understand your perspective as to why do you think there was no improvement on the 7 items that you described.</p> <p>This sentence should not be in abstract methods suggests promotion and/or bias of university "Northeastern University has a rich long-standing history of practice-oriented education using a world-renowned cooperative education model."</p> <p>Incorrect title format submitted.</p>
363403	
363405	<p>Interesting disease state for future pharmacist involvement.</p> <p>Good description of the activity and evaluation process. Nice job of projecting results to how they would be implemented in practice. Uncertain how broad of an audience would have particular interest in this topic, but it seems to be well done.</p> <p>great results, good example of a simple intervention that pharmacists and students can make to reduce the incidence of an preventable condition.</p>
363406	
363407	<p>nice project, it's nice to see that pharmacist intervention and education resulted in a reduction in readmission rate for patients. It would have been nice to know the demographic data of the patients in the pharmacist group vs control group, disease severity, socioeconomic status (ie all of the patients discharged from your hospital were not on Medicare? etc</p>
363408	<p>Recommend first statement of abstract be re-worded or offer more cohesive introduction, example "Transitions of care are prone to medication related problems which left undetected can cause issues related to safety, higher healthcare costs or even rehospitalization." Conclusion states that intervention can decrease overall health costs which if stated should be better supported with above data.</p> <p>What was the time frame that eleven post hospital discharge patients were seen? what was</p>

Submission #	Comments
	the cause of hospitalization, did it matter? Were any interventions made regarding the medications that could have potentially caused a ADR?
363409	<p>Presume the tool will be on the poster - that will be interesting to see - also believe you mean monthly "audits" in the results, not monthly edits.</p> <p>a comprehensive results with a practical recommendation that will improve Medication -use process.</p> <p>Would love to see the data collection tool.</p>
363411	<p>Could be interesting to those involved with OIG work plan and mitigation action plans.</p> <p>May not be interesting to many.</p>
363412	<p>The methods state the intent is to evaluate the impact of pharmacist intervention on hospital re-utilization rates and med comprehension. However there is no baseline described, so it is not possible to adequately evaluate the actual impact of the intervention. Similarly we can't tell whether the pharmacist education is an improvement compared to the nursing-based counseling on medication comprehension. Further I can't tell what the "comprehension" score really means, what the possible max score is (is it 2.1 out of 5, or out of 10?) and whether this is a validated tool.</p> <p>This abstract was generally well written and followed the abstract submission guidelines. I only have a couple of comments: -The intervention (pharmacy resident medication education session and medication review) was shown to significantly improve patient comprehension in 28 patients who took the comprehension survey before and after the intervention. While the presentation to acute care within 30 days was presented, since there is no comparison group, it can't be determined whether that was an improvement. It would be useful to know the comprehension scores and readmission rates of a control group (the existing nurse-conducted program) to determine if the pharmacist led program is more beneficial. In addition to a control group, it would be useful to see the outcomes in a larger population of patients. The results presented, however, are promising and of interest to health-system pharmacists.</p>
363413	Does not mention approval by ethics committee or IRB.
363663	
364161	<p>Interesting.</p> <p>This is a very good study, and should be shared with schools of pharmacy to influence change in actual curriculum and practice</p>

Submission #	Comments
364163	the project is not yet completed
364164	<p>The project itself seems fine, however the abstract is riddled with grammatical errors, and would also avoid referring to oneself or facility as "we" in an abstract. One note is that in the results section, the author states that there has been improvement in patient education and satisfaction d/t more one-on-one time with the respiratory therapist. The purpose and methods of the study do not mention looking at this and no means for measuring this conclusion were stated. Unsure how that conclusion was made?</p> <p>I can't see how you can conclude that medication waste has dropped to zero</p>
364166	<p>though just one year numbers, interesting results and this would be a poster attendees would want to talk to the presenters about, and I suspect students would take information back to their faculty and ask for a course like this</p> <p>Good topic. Feel the numbers (although low) are good for a newly started program. Would be interesting to see reasons why the 3 students didn't get a residency.</p>
364167	Very interesting retrospective research regarding complaisance to chronic disease state medications and subsequent TTR for warfarin. This research may be useful when starting patients on warfarin to assess their predicted TTR, or potential need to start them on an alternative anticoagulant.
364169	<p>This seems to be a good poster. It would be great if the author specified the type of standardization or any other trainings involved in reducing errors.</p> <p>Excellent project focused on medication safety in an ambulatory practice. This reader a little concerned about the potential to replicate the method in other practices.</p>
364170	
364173	<p>Excellent results from new electronic module of electronic medical record. This should be interesting to many and the benefits show consideration for others to implement similar processes. Great!</p> <p>Seems a bit narrow in scope; did you look at anything else besides time?</p>
364174	<p>Unfortunately 86% of patients were excluded from the study. Study would have more value if conducted for longer than 3 months. Dramatic reductions in length of stay. Need to discuss CAM-ICU treatment in the poster. A lot of grammatical errors.</p> <p>Excellent abstract, but does not state IRB approval. Improper abstract format.</p>
364175	-Use third person when writing scientifically. Do not use words like "Us", "we". Consider

Submission #	Comments
	re-writing to state "the facility" "the pharmacy" -Cost savings initiatives happen at facilities all the time like this - is this considered interesting/new? Different facilities have different cost-containment strategies and buying power - filgrastim may be cheaper for some facilities based on their supplier and health-system buying power.
364176	Relevant, well designed study that is important to pharmacy practice. Very well done. Incorrect title format submitted.
364177	<p>--does not include much info about how APPE students were trained; materials/didactic information provided --or was this all based on coaching? --impressions of ETC staff and patients not included in assessment. Would expect that student ratings would be high as it is a new environment for them. --did medication histories impact workflow for inpatient?</p> <p>The abstract isn't detailed enough regarding how they implemented students and doesn't seem to provide any novel information. I would like to see results on types of interventions or reduction in med-errors.</p> <p>Would liked to have seen more information about the design and implementation of the new service - pharmacy departments appreciate being able to see more details about these phases considering the impact is well known, however, the implementation is the most difficult.</p>
364178	<p>Interesting study. Abstract needs to be cleaned up before publishing. There are a lot of abbreviations used that are not defined. There are a lot of results listed in this abstract and the way these are presented is confusing. The traditional way of reporting standard deviations and other statistics is not used.</p> <p>This is an interesting concept. A significant limitation to this study is a low 'n'. A table is recommended for comparison of pre- and post- groups. It is difficult to say if students would have scored differently had they taken the same competency assessment without attending the educational session. It would also be helpful to know if students knew what was being studied to evaluate for Hawthorne Effect. Maybe students paid more attention knowing they would be evaluated again.</p>
364179	<p>Research is not novel and has been well reported in the literature. The study methods report that 50 patients were to be analyzed but only reports the results on 24 patients. The research group lacked a control group to validate the results of the study. The conclusions made cannot be substantiated by the results discussed.</p> <p>Was there IRB approval for study?</p>
364180	

Submission #	Comments
364181	<p>nice to add to the body of evidence supporting pharmacist-run DM clinics</p> <p>Abstract listed as evaluative, however, no IRB/consent statement included and format would suggest it is rather descriptive. Abstract needs re-writing overall. First sentence is an awkward beginning. Methods should more clearly define inclusion and exclusion criteria. Outcomes should be stated clearly. Results section should spell out the numbers at the beginning of the sentences (write "forty" instead of "40").</p> <p>The primary and secondary outcome should be listed under methods. The secondary outcome is referred to in the result but I don't know what that outcome is. Not sure what the exclusion, "if the subjects were referred to pharmacy managed insulin clinic less than a month" means. Less than one month prior to the start of the study?? Lost to follow-up in less than one month?? In the methods section there are two sentences listing exclusions in separate places. I think one sentence is exclusion for intervention group and another for the control group but not positive. Would all pts be excluded if they saw an endocrinologist? Please clarify. A p value of 0.3 does not need to be described- (failed to reject null hypothesis which means there is no difference between two groups)-clinicians should know what this means. There are some minor grammatical errors. Baseline is one word. In the conclusion- The pharmacist managed insulin titration should read "In the pharmacist....". Last sentence in methods states, "Based on SMBG readings, pharmacists will adjust insulin doses without consulting the PCPs." however the study is completed so the sentence should not be in future tense. The title states that the impact is in highly uncontrolled diabetes patients however there was no specific baseline HgbA1C to capture just "highly uncontrolled" patients. Could a patient with a Hgb A1C of 7.3% be included? I think this research is a wonder idea and results seem promising however there is no mention that the study was reviewed by an IRB or that informed consent was obtained (if deemed necessary by the IRB). Thus I have to reject this abstract based on ASHP criteria. I think if this could be written with above comments including a statement regarding IRB approval you can try submission again in the future.</p>
364182	<p>Very good methods to ensure compliance by incorporating in the CPOE system.</p> <p>There needs to be more information provided before associating compliance with a SCIP measure with a decrease in C diff.</p>
364183	<p>There are many possible limitations to your project. Overall, good topic and worthy of poster presentation.</p> <p>Interesting to see that level of discontinuation with dabigatran therapy but would like to see some interpretation of what these numbers mean. Specifically, how does this compare to discontinuation rates seen in RELY trial? Did this mirror what was found in the phase III trial? Would recommend including percentage with the breakdown of patients who discontinued therapy.</p>

Submission #	Comments
	Clinically important topic but the duration of use was not included in the design. It may have underestimated the number of patients stopped the therapy. The study was organized and the results were clearly presented, however, the conclusion is a "generic" one and can be applied to most medications instead of one that is drawn based on the findings. TYPO error: 1st line "United States" not "United Sates"
364184	<p>Interesting research topic. Application is limited by the low sample size, but still an interesting topic nonetheless.</p> <p>The title is confusing would have incorporated the research theme. Seems like this could be accomplished in other courses or by mentoring (except for the research component). This poster doesn't add much except that the more familiar one is with something the more ready they perceive themselves to be. Such a small group that the stats don't really tell us much.</p> <p>The industry fellowship and the hospital residency program, separately, are not new idea, but the combination may possibly likely be. It stimulates industry and hospital/health system to rethink collaboration. It also integrates residency and fellowship training and thus, learns from each other. I would have given this abstract a '5' except the 'Purpose' does not match the 'Methods'. Specifically, nothing is mentioned in the 'Purpose' section about hospital training except may be the word 'residency' while in the 'Methods' section, it states '... will receive hospital practice experience...' Overall, it is an excellent idea and may warrant serious consideration for future pharmacy graduates.</p>
364185	<p>This abstract is interesting; however, it seems promotional. In addition, it is more of a narrative than an evaluative study report. I do not see scientific results and/or data to support the conclusions. According to the Abstract, "the pegfilgrastim structure-function relationship is important for pharmacists when making formulary decisions between different G-CSF options". However, formulary addition of biologic products will be based on FDA approval and institutional review of clinical efficacy, safety, and cost.</p> <p>Research is not original. Instead of reviewing the data for a formulary decision which is very commonly done in pharmacy, it would be interesting to see at least retrospective data from your facility on Filgrastim and its effectiveness and or adherence. The information collected for this abstract could be incorporated also into that retrospective study. Also a study that is IRB approved makes it stand out from the others.</p> <p>Not sure how this study adds value to the data that already exists. Abstract seems like a regurgitation of the information that is already available and easy to access.</p>
364186	Project is innovative , great job!
364187	It would be nice to see expanded qualitative analysis of the RBAs and subsequent interventions (not limit it to just qualitative data.) Additionally, to show the value of PCSS consider including the direct patient impact of your interventions. Just stating the volume of



Submission #	Comments
	RBAs does not capture the impact.
364188	<p>Not much meat for a protein-based report</p> <p>Good evaluation. One minor comment- it's unclear if this should be categorized as an evaluative study report or case report?</p> <p>This is an interesting project. Would have liked to brief results of the experiment in the results section (ie/ agitated bags had highest number of aggregates as compared with bags that were handled appropriately- maybe with some descriptive stats). Generalized comments that are presented in the results section are actually conclusions.</p>
364189	<p>Is this setting an academic hospital? was this project IRB approved?</p> <p>I am recommending to reject primarily because the numbers, as presented, do not seem to make sense. The authors state that a total of 15 pts received tPA within one hour when pharmacist was not present, which they calculate as 57.7% of the total cohort. But, there appears to have been only 17 pts in the total group treated when no pharmacist present (26 - 7 - 2). Thus, that would be about 88% within 1 hour without a pharmacist. This seems to nullify their entire conclusion. I am also concerned about the very small number of patients (7) treated when a pharmacist was present. I think they need to continue this study with additional patients, especially more in the pharmacist-present group.</p> <p>Not original; please see the following link for an ASHP article on this topic:  <a href="http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=2596">http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=2596</a></p>
364190	<p>The abstract did not clearly describe the service that was provided.</p> <p>- This is an interesting and unique pharmacy model - The methods section could be more succinct. Would appreciate using flow chart on poster with examples or details that succinctly describe the process that was created utilizing this unique pharmacy setup. - The conclusion states that this model significantly increases compliance, etc but this was not the intent of the poster or supported by the purpose/methods/results section.</p>
364191	<p>Consider using target range of 140-180 for goal range rather than 70-180 to be consistent with best literature. consider providing results of how many hypoglycemia events were symptomatic/ required rescue</p> <p>overall good idea for a project but more information about how recommendations were made and if a protocol was followed should be included. regarding results - the reporting on hypoglycemic results should be clarified to ensure that the reader knows that it was not statistically different. the conclusion may want to address why or how to better improve hypoglycemia as that is the most concerning in the ICU.</p>

Submission #	Comments
364192	<p>Spell out all abbreviations on poster.</p> <p>Overall very good abstract! Nicely written, well described study design and clear impact on improving patient care.</p>
364193	<p>Outstanding information on specialty services and prior authorization/clinical management/call center for effective workflow. This is timely and should be very interesting to many.</p>
364194	<p>Nice report! -How are pharmacists involved in this case? Are they managing the EPO doses in these patients or just reviewing the care from MD's. If your conclusion is to state that a clinical pharmacist should be in the unit, then how did this impact the results?</p> <p>10.29 1.44 g/dL -- I believe this is supposed to have a +/- sign in it? 47 patients (26.0 %) had hemoglobin level -- should be had levels or had a level "This study demonstrates that, adhering to the KDOQI recommendations for EPO dosing and managing iron status improve anemia management in hemodialysis patients." -- Is that actually demonstrated? All that was stated in the results to me seemed that the prescribed and guideline recommended doses weren't similar, as well as the prescribed and taken doses of EPO were not similar. No where does it say the patients who were dosed according to the guidelines did better than those that were not following guideline recommendations. Recommend re-wording results if the conclusion is actually true. Otherwise, recommending re-wording the conclusion.</p> <p>Not sure that the conclusion is accurate. I do not feel that from the data given, the conclusion can be made.</p>
364195	<p>You state that pharmacists each collected data from 20 consecutive patients but there were 40 pharmacies and only 454 patients - please clarify. Because you give a significant p value for documented interactions between groups, you should give the breakdown of percentages in each of the groups instead of just the 15.4% for the group as a whole.</p> <p>Interesting study - good to get data on outpatient use - some study design flaws (patient recall re why on drug or other concomitant meds) but overall interesting. Also, PPIs associated with C diff risk.</p> <p>[International submission] The sample size (454 patients over 30 community pharmacies) and patient interview methodology makes this descriptive and qualitative evaluation of proton pump use interesting and of value. I would have liked to see a comparison of "appropriateness" if recommended/prescribed by a pharmacist versus patient self-selection vs. physician-prescribed reported in the abstract, but suspect/hope this will be communicated in the poster.</p>

Submission #	Comments
364196	<p>Were all of the female students who participated in this study pharmacy students? The author refers to "college females" in the conclusion. What potential influence could the students' pharmacy education have played in their self-care choices for PMS?</p> <p>The investigation of a common women's health condition is appreciated. In reviewing the abstract, a few concerns were noted. There is a lack of rationale of why pharmacy students in particular were chosen as the investigated population as it would be difficult to extrapolate the findings given the limited population. Additionally, the primary outcome was not well defined, the inclusion and exclusion criteria were unclear (were those with premenstrual dysphoric disorder excluded?), there was no discussion of a power calculation or specific statistical tests utilized, and did not address if the survey had been validated. Would have also have liked to see more explanation on what the counseling session entailed so this could be reproduced in other settings.</p>
364197	<p>None.</p> <p>Please remove the name of the institution from the abstract. It was implied that reduction of the MTX concentration might increase motivation, if the number of cycles completed is known that might be beneficial to validate your conclusion.</p>
364198	<p>There are typos in title "related to medication at admission in a psychogeriatric in a psychogeriatric ward related to medication at admission" with the words being listed twice. The abstract overall is hard to read. The intent of the study was acceptable but the results could be clearer and better tied to the conclusion.</p> <p>The title is very long and redundant and needs re-worded. This abstract has good content but needs re-reviewed for grammatical issues. All sections include choppy sentences or sentences fragments that need reworded.</p> <p>Research is not original and neither is the approach of the study to an old problem. Since people usually scan the meeting program by looking at the title, would consider rewording it and decreasing the number of words to 10-12 words. In general title should described what was investigated and how. Current title is lengthy.</p>
364199	<p>Unique case report.</p> <p>Interesting case</p>
364200	<p>overall the study provided little data to the body of literature. The conclusion does not match teh objective. it is a big reach to state that the consumption data provided here supports the use of rigid guidelines.</p>

Submission #	Comments
	<p>Research is not original and lacks scientific quality with a lack of measurable outcomes. The number of daily doses per 100 bed-days should be correlated to a measurable outcome of change or a quality improvement practice that would have been attributable for reducing daily doses per bed-day. Reporting benchmarking data is important but is best represented when tracking an initiative or change. Unfortunately, I have to recommend that this abstract is not accepted at this time.</p> <p>An interesting and potentially novel abstract but likely not relevant for other sites. The data is specific to this institution.</p>
364201	<p>The wording in the results section was a little confusing but overall seemed to justify the conclusion</p> <p>Study results are good, helpful in supporting a role for pharmacists to become involved in cost containment measures; -- was this approved by an ethics/review board? would mention this in the abstract. -- Not sure how many people are familiar w/the SPSS software results showing the distribution of you data, may want to include a sentence explaining the significance of your findings?</p>
364202	<p>Study is described clearly.</p>
364203	<p>Grammar errors need to be corrected. The retrospective nature of the trial introduces significant flaws due to the potential for the absence of information in the medical record that could support proper use of the antibiotics. This point should be mentioned. What 'international' guidelines are you referring to as the basis for your assessment?</p>
364205	<p>Even though some aspects may not be directly generalizable (due to the specific EMR this institution uses and the large size of the hospital), the presentation appears to encompass accessible descriptions of key systems changes and process steps that should be implemented to integrate clinical research medication dispensing/use into the overall medication use system. It appears there will be a lot of information to be of interest to even small facilities who have pharmacist(s) involved in study medication management. I suspect the "Investigational Drug Management" system being described is a proprietary one (likely from McCreddie Group), but the presentation appears to contain a lot of excellent, sharable details beyond something that might have a promotional tone related to the software.</p>
364206	<p>While a fairly nice report about the risks associated with acyclovir regarding nephrotoxicity (esp in pts who are dehydrated), I simply don't see any clear evidence that this patient's continuing mental status problems were due to the acyclovir. Could not this had been due to the disease state itself? I don't see any such information reported by the neurologists, at least in what was provided in the abstract.</p>

Submission #	Comments
364207	<p>What were the reason(s) prescribers gave for continuing a PPI despite recommendation to stop? Why were 5 of 12 lost to follow-up? Was this really a "randomized" selection of patients or was it a convenience sample? The methods just state that pts included were inpatients, without specifying an age range (or minimum).</p> <p>Feel this falls into the descriptive study category. Feel nothing new this study has to add. The authors should have expanded under purpose as to what this is of significance.</p>
364210	<p>The only problem was that all the suicides seemed to be drug-related. Was there a screening process to take out any non-drug-related suicides?</p> <p>Interesting. Quantitative different in levels - toxic versus normal levels of drug (overdose versus regular dose).</p>
364211	<p>Interesting and timely. This may be a good model for other medications, however, extending the BUD as a result of batch preparation will leave members with many questions about following USP 797 standards that are not discussed in this abstract.</p> <p>Not enough information contained to evaluate. The author mentions under methods that samples of each batch are withdrawn for sterility tests but the results of those tests are not mentioned. Sterility is a key factor when determining beyond use dating of compounded sterile preparations for patient use.</p>
364212	<p>in results, would change "drug no indicated" to drug with no indication; The first two sentences of the conclusion do not flow well. Would recommend to rewrite them.</p> <p>The goal of the abstract is well-planned but further editing is needed. Throughout the abstract rewording is needed to better convey the meaning. There are several misspellings in the conclusion (conciliation is listed instead of reconciliation and heath is typed instead of health). The last sentence should be revised to better explain the conclusion. I am unsure the meaning of the last sentence as it is worded.</p>
364213	<p>Minor spelling issues: "facilitys" instead of facilities Would have liked to see statistics run for cost improvements from Baseline and year 1. Overall a very interesting abstract.</p>
364214	<p>very interesting! Include statistics (p value, etc) for results.</p> <p>Was an Infectious Disease provider involved? Important to know resistance testing with inappropriate prescribing. Who monitored for resistance and adherence? How was the regimen used determined?</p> <p>Good abstract overall. Methods well described and conclusions supported by the restuls. Would have liked to see statistical analysis of the results and additional data e.g. analysis of</p>

Submission #	Comments
	medication event database to augment the results of the study.
364215	<p>Very good study. Patients in-hospital are often overlooked and more knowledge in hospital will hopefully translate to better compliance at home. A good follow up study would be to track readmission rates of the two groups, particularly for diseases known for frequent relapse due to noncompliance.</p> <p>Very interesting study. I would suggest clarifying what is meant by "patient specific medication schedule."</p> <p>many foreign studies, as in this poster, provide inspiration of ways to solve common issues we are facing. suggestion: title: add in key words such as "Germany", "elderly patients"; purpose: probably due to English language translation, a clearer statement of purpose would help readers to understand the study; methods: include the description of how to select the control group; results: end of first paragraph: % of patients received questionnaires in EACH group, instead of total no. of patients (IG +CG)</p>
364216	<p>This is interesting information, however not sure you can make these broad conclusions just from 5 pharmacy schools. Were these pharmacy schools regionally concentrated or across the entire country? And how many total number of females were included in your study? Maybe females are more likely to respond to surveys.</p> <p>Interesting topic. Very relevant for especially the invitations to interview. Please go into specifics if possible about that in the poster so that institutions seeking residents can apply that. In poster please discuss what accounted for the high rate of response to survey of 82%</p> <p>A note of IRB approval would be beneficial in this report. Results of this study are difficult to interpret. There is no mention of baseline demographics of respondents making it difficult to know if more females answered the survey than males, for example. A table detailing variables such as leadership, research, experience, etc. used in the multivariate analyses would be beneficial. Do match results parallel that of the graduating pharmacy schools (i.e. are more female pharmacists graduating than males thereby increasing the likelihood of females matching with residencies?). Or, are more females seeking residencies than males thereby selecting for more female residents than males?</p> <p>Improper title format.</p>
364217	<p>The methods section is very poorly written lacks a certain level of detail and almost too generic. Did not understand the first line referring to PDCA and Six Sigma DMAIC since they are similar PI methodologies. One would use one or the other typically. There is also mention of implementation of bar-code scanning; however, do not how this fits into the study. I would recommend focusing your abstract. Make sure your purpose and results are matched and methods are more clearly written. The results of study do not correlate with the purpose which was to identify contributing factors.</p>

Submission #	Comments
	<p>I think it's a good description of using PDCA - what were your additional safety check added? You decreased your error rate to a third, so that is worth sharing? Also - what were the failure points involved with the barcode scanning technology? Like the safety forum as an idea.</p>
364218	<p>Would have liked to see a baseline survey to compare confidence pre- and post-intervention. This may have done more to help make your final point more meaningful. Great idea, and I love the idea of a media specialist.</p>
364220	<p>The study needs more patients to make any claim of the "success" of the "protocol" which needs to be included for this review. There is no statistical analysis of the findings. Overall, it is a very poorly presented poster abstract. The concept of managing hypoglycemia in a hospital setting is important, so, we will accept this poster.</p> <p>IRB approval should be stated. The primary objective should be clearly defined as a single outcome as opposed to "effectiveness in managing low blood glucose". Potentially consider to re-evaluate the protocol after the new additions and enroll patients over a three month period of time to have a larger comparison.</p>
364221	<p>Great venue for this abstract. How often and frequently interactions occur would be a beneficial addition during the presentation. Added costs for the technology, program(s) used, and relative availability in the hospitals would be interesting data as well. This would be of interest to other facilities facing similar problems.</p> <p>The concept of using video conferencing to precept residents may set a new frontier for future residency training. While I personally do not believe in this type of training and cast doubt in its effectiveness, it may possibly be the standard of training students and residents in the future. The purpose of the study matches the conclusion with methods and results clearly identified. In reading the abstract, it appears that there are more 'cons' than 'pros'. Unless the health system is a true system (i.e. with one CMS #), using video learning in a different site may lead to loss of reimbursement. Yes, the topic is controversial, but I think it stimulates our thinking outside of the box. I believe occasional use in this health system due to distance is definitely warranting its consideration.</p>
364222	<p>useful information with the usual caveats related to the PK of meds in healthy subjects</p> <p>This is a very nice pharmacokinetic study that appears to have been very well done and provides information that should be very useful to clinicians. I like the way the authors chose drugs to test that seem likely to be used with canagliflozin (except for maybe rifampin). Thus, I would recommend acceptance - this is information should be very useful to the many clinicians who attend Mid-Year.</p> <p>Question re statement of concomitant use of CANA and rifampin - the study used 300 mg</p>

Submission #	Comments
	of CANA but the results suggest increasing a 100 mg CANA dose to 300mg - is the 300 mg CANA enough since the AUC and Cmax decreased???? What did the 100 mg CANA dose show?
364223	
364224	Ada County Idaho should be capitalized in your title.
364225	
364226	was patient ethnicity evaluated as a variable in these deaths?
364227	<p>This abstract appears to simply be a review of the pertinent literature but does not actually report a case.</p> <p>This is a drug information and literature review, not a case report.</p> <p>this is a literature review, not a case report.</p>
364231	<p>Excellent poster abstract.</p> <p>What is the eligibility criteria referenced in methods section? How does prioritization of counseling occur? Your first statement on results sounds more like a conclusion. Do you know if any of the pts in the 431 were actually contacted and part of the Press-Ganey survey or is this due to chance alone? How is nursing staff involved and know what pts you will be counseling or is this completely independent process and pts are counseled twice?</p> <p>Incorrect title format submitted.</p>
364232	<p>Good results. Would have hoped that investigators continued the study for a longer period of time to see if the results hold steady for a year or more. would like to see that data in the future as well.</p> <p>Good concept</p>
364233	Unable to understand the abstract. Read it three times, too much technical jargon, not sure if you audience will be able to understand. The purpose of your study is unclear. Grammar errors also making this abstract difficult to follow.
364234	<p>62 in one month!!</p> <p>This study does not add to the current body of knowledge as it is consistent with current data but with an overall low sample size. Your next step could be very interesting in what kind of protocol you develop with this information and if you have any see any decrease in your rates of CDI.</p>



Submission #	Comments
364235	<p>Very Good. I would have liked the authors to provide either statistics or subgroup analysis to compare the groups; ie. I imagine the breast reconstruction pts to be either younger (breast reductions) or older (post-cancer reconstruction) than the intraabdominal group. Were there similar numbers in each subgroup? My only other comment is that the authors "waffled" in the conclusion. They found that IV APAP was NOT cost effective adjunctive therapy for these two specific patient populations in their hospital (not that it "may not be cost effective").</p> <p>Conclusion is confusing - results show that length of stay was significantly lower and total average cost per stay was also significantly lower - about \$ 4000. This is not a huge cost saving, nonetheless it's a cost saving. There is plenty of literature out there showing that IV Tylenol is not cost-effective, so this study would actually interest a lot of institutions where use of IV Tylenol is controversial.</p> <p>Incorrect title format submitted.</p>
364236	<p>Very well written</p> <p>Through most of the abstract, levothyroxine discussed first, then in conclusion mentioned last, makes it slightly disjointed. Recommend consistently mentioning one topic first. Also, the levothyroxine discussion in the purpose section does not flow well.</p>
364238	<p>All clinical research involving patients must be approved by the appropriate ethics committee or institutional review board, and, if appropriate, informed consent must be obtained from all subjects. A statement to this effect must be included in the abstract. There is no such statement.</p> <p>Study is of interest to current pharmacy practitioners and could potentially improve patient care. Title is a bit lengthy; consider decreasing number words.</p>
364239	<p>Excellent presentation and a very timely topic. This poster will have great appeal to a large audience who will enjoy this data and will be empowered to try similar projects. Well done.</p> <p>Interesting evaluation. A bit confusing to follow the two different aspects of the study in a single abstract but assume it will be much clearer during the actual poster presentation. Overall, the abstract is of high quality and results/conclusions are quite impressive.</p>
364240	<p>Nice study looking at the impact of a pharmacist in the intensive care unit. While the data is telling, lost of literature has been published regarding the impact of ICU pharmacists. Would recommend finding a unique spin or area within your study when presenting/publishing to set it apart from previous studies. Since most pharmacist interventions are "soft dollars", would recommend using cost-avoidance as opposed to cost savings (this does not include IV to PO which are actual cost savings).</p>

Submission #	Comments
	Very thorough but to the point. Interesting to list out which interventions were made most frequently. We also use Sentri 7 at our institution, but I am unsure of how reliable cost saving is if information is pulling directly from Sentri 7? Was this information pulled from elsewhere, or is Sentri 7 set up to be able and accurately determine this?
364244	<p>There is a a lot of data collected - all which is meaningless in the format presented.</p> <p>Conclusions need to be expanded, not just restate results. Directions for abstract submission not followed on several occasions. 1. Use of abbreviation "DERS" without explanation. 2. Tables (2) in results section. 3. References in conclusion section.</p> <p>Uses abbreviations that were not defined.</p>
364245	Overall I can see this being somewhat helpful to others who are in the process of implementing similar systems at their institutions. It might have been helpful to not only indicate barriers identified but also changes that were made to overcome them, as that's what's probably most helpful for others encountering a similar situation. Also might want to be careful about abbreviations and acronyms and some minor grammar issued that could be polished.
364246	Well described methods and results. Conclusion supported by the data discussed. Decent sample size analyzed. Overall good abstract.
364247	<p>Number of patients reviewed?</p> <p>How was nephrotoxicity defined and measured?</p> <p>Nicely written abstract!</p>
364248	<p>This was very well written and is an interesting idea. Check on the subject-verb agreement in your last sentence. "The TOC pharmacist visitS facilitateS enhanced inpatient/ambulatory/outpatient hand-off communication regarding medication additions or changes, allergy information, laboratory data or other patient follow up post discharge."</p> <p>Interesting collaboration to improve medication reconciliation. The role of your pharmacy TOC program and the role of the outpatient ambulatory primary care practice was somewhat unclear. Would be nice to have information on date of implementation and whether additional staff was hired to perform MTM.</p>
364249	Overall this is a interesting way to detect efficacy differences. The title should reflect that the opioid usage is the key data point in patients receiving liposomal bupivacaine vs standard anesthesia. The results should note if there was any difference in opioid usage based on procedure. There is a slightly longer, though not significant, length of stay with

Submission #	Comments
	liposomal bupivacaine - perhaps add that.
364250	<p>The abstract overall is not descriptive enough and the results are confusing. The overall 30 plus year time frame makes no sense, considering the dramatic changes in practice over this time span. The topic is interesting but the review needs more focus/detail/definition. Why do so many hospitals use bar code technology if it doesn't reduce medication errors?</p> <p>I don't feel this add significant information to pharmacy literature. The abstract is difficult to follow.</p>
364251	<p>Topic is of high importance to pharmacy practice. The project is innovative, addressing the development of tools that will improve practice.</p> <p>The following sentence was a little confusing. May need to review use of commas. "The simulation lab incorporated an interactive discussion with the pharmacy technician, highlighting how valuable their role is to the medication use process, outlined the goals and expectations of the assessment, and incorporated a medication misadventure story for discussion and reflection."</p>
364253	<p>The purpose section needs to identify the intervention. Why did use increase? And how did this occur? More patients put on LAIA? Different LAIA? Increased efforts to get patients to clinic? In the results section, it is unclear as to what 11 doses/month refers to. All patients reviewed only received 11 injections? The conclusion mentions the use of paliperidone. Is this what the study is addressing?</p> <p>Would avoid using first person tone. Methods were clear and concise. Few grammar errors ('institutions' in the methods should be 'institution's'). It would be interesting to look at the cost savings of reduced admissions.</p>
364254	<p>This is a great study. Would like to see what the intervention was in reducing readmission rates.</p> <p>Some questions to consider: 1) Was this all cause readmissions or heart failure only readmissions?; 2) Was HF stratified (e.g., EF</p> <p>Is the study powered such that you can make the claim the clinic reduced readmission rates? If not would consider reporting just the readmission rates for the two groups. A few sentences on what the heart Failure clinic did would be helpful (ie was it an interdisciplinary team that worked w/veteran's? did the clinic do any special follow up/treatments w/the CHF patients above and beyond what the regular clinics did? Or was it simply just a clinic only for CHF patients so easier to get them in to see a provider sooner?</p>
364255	Great research; great topic!

Submission #	Comments
	<p>N= 213 with 68% response rate on web-based survey of Canadian hospital pharmacy practitioners. Results on barriers to ADR reporting and employee engagement in reporting are consistent with previous studies, but the geographic population studied (Quebec) may be unique/different. This information will be of value as part of process improvement efforts by the authors and others and results may help inspire or catalyze action on the part of US Pharmacists attending the poster session.</p>
364256	<p>Very good topic - especially important and relevant during the L.R. and N.S. shortages earlier this year. This may impact the message for this poster.</p> <p>Interesting model. A projected year 5 balanced crystalloid usage of 95% may be difficult to achieve in practice, it would be helpful for the author to address the feasibility of these results.</p> <p>1. With a brief reference data base search, the reviewer was not able to find published studies which appear to be a duplicate study. 2. It appears that the study applied the principles of BIA; however, the wording of conclusion appears to be somewhat away from the facts found. The sentence, "This budget impact analysis suggests that increased usage of calcium- free balanced crystalloids for fluid resuscitation may represent an important opportunity for hospitals to minimize complications and increase efficiency associated with managing SIRS" is not supported by the results. BIA is not a clinical outcome analysis. The wording of conclusion should focus on the budget, not complications. Especially, the reviewer recommends revising the last sentence, "Savings were evident across ---". The potential savings were only suggested in the BIA but not evident or proven.</p>
364257	<p>Regarding the arm rest samples for cyclophosphamide, the percentage should be 88% (=30/34), not 91%. Please provide an explanation about why there is more contamination with cyclophosphamide. The last sentence in the Conclusion appears to introduce new data (that was not previously mentioned in the Results) - please explain.</p> <p>The utility of a study like this is important but the purpose was a little confusing and did not match the conclusions well. I was not sure if the purpose of the study to describe an ongoing study or assess for improved contamination levels detected in past studies.</p>
364258	
364259	<p>Well written case. The conclusion needs some work as I'm not sure probenecid was 'developed' to enhance the effectiveness of antibiotics.</p> <p>Well written. Interesting case. Good job.</p> <p>Very interesting case. Pertinent to many hospital pharmacists.</p>
364260	<p>The definition of emerging drug to broadly defined. What is considered newly approved? That are plenty of medications that have been around for a long period of time that are very</p>

Submission #	Comments
	<p>costly. Why were antineoplastic drugs excluded then included in the results section as 15% of the drugs evaluated? Methods state that the literature was reviewed to identify possible alternatives but this is not discussed in the results or conclusion. This study may have better utility as a pharmacoeconomic design. Abstract contains typos. Inconsistent or ambiguous data</p>
364261	<p>The purpose is not clear. Why calculate these figures (DDD, DOT, 1000PD, MD mkd)? Are these to be compared to national numbers or some 'benchmark'? Were the 2012-13 data from the same institution? If one of the project goals is to assess stewardship program efforts, then this is to be an objective and more assessment of the program is to be included. I am interpreting this project as: we measured and calculated the amount of antibiotic use per pediatric patient in our institution. So now what do we do with these figures? How do we use these results to better patient care? What can other institutions learn from our research and use this information? No IRB approval statement included.</p> <p>This abstract was fairly hard to read, especially the results section. In the results section, you list results as 496 ddd/1000JP but don't list what "JP" stands for? In addition, when discussing the antiviral piece it lists "jt/1000jp" but have no explanation of what "jt" and "jp" mean. Without an explanation of these meanings it is hard to understand. Other areas of concern include the methods section where you talk about how you would calculate mean doses but then give none of this information in teh results. It would also be nice to see a sentence or two description of what your antimicrobial stewardship committee has done to see a possible decrease.</p> <p>Very general, descriptive results. Would be nice to see if specific antimicrobial stewardship initiatives impacted DOT.</p>
364262	<p>Improper title format submitted.</p>
364263	<p>Good. Abstract has a few grammar issues; eg."Chi-square and Fisher tests, when appropriated." (should be, "where appropriate.") I do NOT understand "presence of patients reanimation pre written order sheet prescription". I don't think the term is reanimation, but possibly reexamination or readmittance? Last sentence of conclusion is redundant (clunky). Was there any analysis of interviewer reliability? Overall, still a good study to point out that the pharmacy is the ONLY department looking at the whole drug-use process at the place/point of administration.</p>
364264	<p>Interesting concept for a study. Customer satisfaction seemed high. It would mean much more if there were documentation of improved patient outcomes.</p> <p>This evaluation study describes need and desire for diabetes education of inpatient healthcare practitioners. What it does not evaluate is impact on patient outcomes. It would be very useful to see a follow up survey to see if the martial being taught is actually utilized by HCP.</p>

Submission #	Comments
	Improper title format submitted.
364265	<p>This is a very useful description of a process I would think other institutions are assessing.</p> <p>Just a question: Were there events/errors associated with the usual process of reconstitution/administration of alteplase by non-pharmacy staff that led to the need to change your hospital's process?</p>
364266	
364267	<p>Interesting topic; written well.</p> <p>This was an interesting study and could help justify adding a pharmacist to trauma teams or geriatric teams in general. IN the Methods section, it was stated that "Acceptance of pharmacists recommendations was reviewed after discharge process and these patients were followed for related 30-day readmission." Was this evaluated? I can not find that this was discussed in the results or conclusion. Did the trauma team make changes based on the pharmacist's findings at all?</p> <p>Improper title format submitted.</p>
364268	<p>HCHAPS and CRNPs- if you have an acronym you need to spell it out the first time used Methods sound like an admission medication reconciliation as well as a discharge counseling portion. Improved patient experience-- how did you measure this? just by the overall results? State approval by ethics committee.</p> <p>Improper title format submitted.</p>
364269	<p>It is a very good project. It would be great to elaborate on the criteria which you used to identify positive, neutral and negative indicators.</p> <p>"Critic" should be changed to "critique" within methods section. Good overall abstract on value/outcomes of pharmacists.</p>
364271	<p>It would be good if the authors included their sample size calculation, the statistical significance of the results (p) and more information about the comparison. Did the authors compare the results at baseline and at follow-up in the same group of patients?</p> <p>Superb job, well designed and carried out and I liked that you addressed the unexpected increase in hyperglycemia in your study. I'm sure your group will be able to drill down to the reasons for this and hopefully adjust your protocol to reduce hypoglycemia while minimizing hyperglycemic events</p>

Submission #	Comments
364272	<p>Well written. very applicable to most hospital settings. Would like to see more information regarding your processes for improving this.</p> <p>This reviewer appreciates the detailed results in the abstract. She also felt the remarks on potential quality improvement measures were feasible.</p> <p>Very nicely done. Well written and timely. Purpose was clearly stated. Design was good and necessary approvals noted. Interesting to see the difference in dose changes made between those followed by endocrinology service (96%) and those not (less than half). Why so few? Highlights the importance of these services in guiding patient care and improving outcomes. It would be nice to see if improvements are realized with process changes instituted based on this research.</p>
364273	<p>The methods section was clear and well described. The results were a bit muddy. The following appears on its surface to be a contradiction: "27 percent experienced at least one episode of hypoglycemia. Rates of hypoglycemia were very similar between pump patients (2.3 percent) versus non-pump patients (2.7 percent)" - please review. The conclusion section extends outside the scope of the study. e.g. The comment about education provision to health care providers does not appear to be within the perview of the study at all; there are no observations about health care practitioner education or lack of it. Instead, please revise the conclusion to include only reflections on your data e.g. "Despite the use of the insulin pump in this population, elevated A1C levels were seen in the majority of patients."</p>
364274	
364276	<p>Grammar: "Follow-up was performed was if required after the initial encounters" - please clarify this statement. -Not sure if this is a "new practice" or "new information". Several facilities in our metro city actually do this, and have been utilizing students for discharge and admission counseling for multiple years, pharmacists are responsible for this service when students are not available. HOWEVER, it is interesting to see the results with patient satisfaction from a recognized survey.</p> <p>"Follow-up was performed was if required after the initial encounters" - re-word, take out second was "interventions the pharmacists attention" -- add to prior to pharmacists Nursing satisfaction and relationships also significantly improved as the pilot expanded through nursing request. -- If this "significantly improved", must show data and analysis.</p> <p>Very pertinent to hospital pharmacists, and this information can help many institutions. Not sure that "nursing satisfaction and relationships" should be included in the results section without a data to support that statement. Also, in the methods section there is a typo in the sentence starting with "Follow-up was performed..." Overall helpful and informative poster.</p>
364277	<p>Great process to evaluate, and wonderful that you included the night shift! It may give others the idea to review this at their institution. Please review for one minor spelling issue</p>

Submission #	Comments
	(I believe "compatibly" should be "compatibility").
364278	Great assessment and offers a lot of opportunities for follow-up studies - would love to see impact on patient outcomes? Decreased ADEs, changes in LOS or readmissions.
364279	<p>Should be interesting to read poster regarding Qatar clinical pharmacists activities. A good international poster.</p> <p>- looking forward to you clinical activity tool for data collection...even if its a spreadsheet</p> <p>Results are vague. Authors should identify actual activities and time to assist the reader in understanding the nature of interventions assessed. Why was the time spent less that in published reports for medical record review or order review, was the difference statistically significant?</p>
364280	<p>Drug hypersensitivity syndrome is a known and serious side effect for Gabapentin. What the study is describing is not new and can not be considered a case report.</p> <p>The case is kind of interesting just lacks a lot of needed data. I believe that the Naranjo scale has to be used to try to attribute the reactin being secondary to gabapentin. I also think that there has to be a better description of why gabapentin might have been the implicated drug. In the abstract you list that the patient was on NO medications prior to admission but then started on 8 medications (including gabapentin) during hospitalization. This makes it hard to understand why gabapentin may have been associated with the development of DHS as opposed to the other 7 medications.</p> <p>1. Please thoroughly check your English, grammar and punctuation. Specifically, there were several places where there seemed to be small words missing like "a," "an," "from," "the" - just made the sentences seem choppy and abbreviated. Also noted some sentence fragments as well as long run-on sentences without adequate punctuation. Please take note of how you refer to the "patient" in your writing. For smooth flow, it should be "the patient," rather than just "patient." Also, watch for possessive punctuation with this regard (ie: patient's versus patients). At times this seemed to be written in an abbreviation type of style, but should really be more formal presentation for this sort of platform. 2.) You may want to mention the other drugs that commonly are implicated in DHS. Also, this is also often referred to as "DRESS" - may want to mention this. 3.) Also, are there any scoring/evaluation criteria for diagnosing/identifying this condition, or what is the Naranjo score linking causality in this event? What are the differential diagnoses? Have any of the other inpatient medications ever been implicated in this syndrome?</p>
364281	Please review grammar in abstract, ie: Several small studies have demonstrate no increased risk of venous thromboembolism (VTE) in patients who have received TXA in total knee or total hip replacement (TKR or THR).



Submission #	Comments
	<p>There have been recent published studies evaluating the effects of TXA for blood conservation as well as evaluating the number of VTE's reported with its use. The primary objective of "net clinical benefit" should be clearly stated. Was "net clinical benefit" the review of blood conservation without VTE? If so this should be clearly defined. Also the statistical test used to measure the results should be stated. Overall, it was a good retrospective review.</p>
364282	<p>In methods section, check the years. Try to expand further on the results to support your conclusion.</p> <p>This is a nice analysis and serves as a starting point for identifying ways to improve immunization rates at a single center.</p> <p>conclusion comments: - did you test what strategies improve immunization rates? if not, it is hard to say what "will" improve rates. Instead, it may be best to say what strategies "may" improve rates. - I do not believe comma is necessary in last sentence.</p>
364283	<p>Perform statistics on results and include in abstract. (# recommendations/# recommendations accepted) Grammar should be fixed for this sentence: "The remaining 9 reports were not sent due to the time of discharge where the clinical pharmacist was not present."</p>
364285	<p>Interesting topic. There has been so much focus on pharmacist involvement in med rec at admission, so it's nice to see data on involvement at discharge.</p> <p>Simple and to the point Project was focused Could be replicated at other sites Nice job!</p> <p>good study, valuable results to promote implementation of new discharge counseling procedures at other institutions. --was this approved by and irb/ehctics board? Would mention this in your abstract.</p> <p>Improper title format submitted.</p>
364286	<p>Interesting review involving a very significant number of patients!</p> <p>Unsure the point of the study or what you would gain/clinical impact from the results.</p>
364287	<p>Great decrease in costs.</p> <p>"This represents a 42% cost savings, or \$14.56 per patient, when comparing the third quarter of 2012 to the first quarter of 2014." The comma should be after \$14.56 rather than "per patient". The 42% cost savings is based on per patient but not on the overall drug spend described earlier.</p>

Submission #	Comments
364288	<p>Apostrophe missing (pharmacys vs. pharmacy's) "Recently, a component of the pharmacy's patient education program incorporated inhaler instruction" consider inserting APPE before student each time it is written (APPE student vs. student) Under Methods section, for consistency include instructional inbtwn initial sessions "capture of all patients included in the initial instructional sessions was not deemed plausible" Under Results section: In total 276 patients were instructed and then asked to teach back; not all patients with inhalers were included due to logistical reasons, "such as" (instead of commonly?) unavailability of unit-based pharmacist-student teams during off hours. Also, above you state "unit-based pharmacist-student team," but in Conclusion section you state "clinical pharmacist-student team." Be consistent!</p> <p>Kindly consider adding the rubric used to measure patient's scores as well. What statistics were used to compare pre and post tests? Some grammar mistakes (e.g., use past tense when writing abstracts).</p>
364289	<p>Although a good project- the abstract does not adequately describe the pilot period versus the the pilot validation. Be sure to clearly define the project methods in the poster</p> <p>Unsure what PtAMT refers too in the methods section - is that the RN and or Pharmacy Tech? "The purpose of this study was to analyze the accuracy of PTA medication histories obtained by advanced pharmacy practice experience (APPE) students and certified pharmacy technicians versus registered nurses" = I don't see where this is compared in the methods or the results? If using historical results - where are those discussed. Although the use of a technician in the med rec process is interesting and results valuable, I don't feel this abstract presents the data in an understandable or replicable manner. Would 91 med errors with only 22 patients evaluated be considered clinically useful or appr? OR is this what the students and techs found nursing doing?</p> <p>It is an interesting idea to utilize pharmacy students in acquiring home medications lists.</p>
364290	<p>Very good research and valuable to practice!</p> <p>Improper title format submitted.</p>
364291	<p>Interesting study. it would be good if authors have included any predictors (i.e demographic characteristic for patients) that would affect withholding metformin.</p> <p>study objective is clear defined, conclusions are consistent with the study objective and results</p>
364292	<p>This abstract described a budget impact analysis of substituting canagliflozin in a group of patients currently taking sitagliptin. The methods and results were described well and relevant to those involved in clinical and economic decisions in health-system settings.</p>

Submission #	Comments
	This is a Cost Minimization Analysis when a Cost Benefit Analysis or Cost Effectiveness Analysis is warranted. Unless the 2 medications have exactly equivalent outcomes, this is an inappropriate technique.
364293	Very good abstract. It would be more helpful if the author identified what qualified as high risk patients, e.g., complicated medications, etc.
364294	<p>This reviewer appreciated the comparison of data from 2011 and 2013. Use of the CDSS criteria is appropriate and did strengthen the methods.</p> <p>Please include cost savings estimates for the 1.5 extra doses of medicine. If this MUE was IRB approved, please include</p>
364295	
364296	<p>Education is always a good idea. "Well received" may be overstating the case.</p> <p>Consider listing the topics presented and how knowledge by OR pharmacy staff would improve patient care.</p>
364297	A very interesting abstract.
364298	<p>Great, interesting, and important project. Patients need to know there is a variation in dosage between products!</p> <p>Interesting, but not sure of the true relevance</p>
364299	Good realistic financial analysis
364301	<p>Excellent description and approach to the topic. Would like to see discussion points on both case based discussion format and surgical setting as back drop included in poster to give complete description to audience. Well done.</p> <p>Unclear from abstract what information/results could be taken from this study and incorporated into a pharmacy practice curriculum or residency. If the abstract were re-formatted to be more concise/clear, it may have had a better rating.</p>
364302	<p>Did not define if hospital has protocol or what I are the authors defined as therapeutic apt.</p> <p>Good topic and Quality Improvement investigation with significant findings, although findings only apply to one facility so not sure that this topic would generate interest among a large percentage of ASHP attendees. Would be stronger and more likely to have a higher review rating if the study included a follow-up assessing similar data points after the implementation of a heparin protocol including weights. Outcomes data (i.e. adverse</p>

Submission #	Comments
	reactions as a result of inappropriate use of UFH) would also be good to present.
364303	<p>Was the census in the ED taken into account? Was there some type of normalization for patient days/visits to prevent skewing of the data. Were the pharmacists aware that activities were being tracked before the techs and APPE students were in place as that could have changed the number of interventions (Hawthorne effect)?</p> <p>Good justification of utilizing pharmacy "extenders."</p>
364304	<p>Purpose of abstract has a question in it that makes no sense. The methods are too specific yet the purpose was completely too simplistic for the average health system pharmacist attending this poster session. Should have placed much more emphasis on results.</p> <p>Very appropriate question to look into. Chlorothiazide is very expensive and utilizing the medication with a longer stability would benefit many hospitals and provide cost savings.</p> <p>Recognizing and benefiting from cost reduction with reliable research is beneficial for the hospital and patient. Research does not appear to be industry driven given the focus on cost reduction.</p>
364305	<p>In theory good idea for investigation, but hard to put the results in context given small sample and no control for confounding variables. Description of methods was appropriate and writing style was clear. Not sure how valuable the results of this investigation are, given its limitations.</p> <p>Research is not original with poorly defined methods, a lack of scientific quality and no identification of statistical tests utilized. Another concern was that "hundreds of patients" were evaluated but only 73 were included in the study. The inclusion/exclusion criteria should be listed. It is also unclear what the comparator group is. Unfortunately, I have to recommend that this abstract is not accepted at this time.</p> <p>Does not mention appropriate ethics committee or IRB approval. Would recommend changing category to cardiology only (not anticoagulation). What were inclusion and exclusion criteria? Would suggest comparing results to patients with listed diagnosis and not taking digoxin.</p>
364306	<p>This is an excellent intervention. I certainly have been frustrated in my career about inadequate ED dosing of vancomycin. I am very pleased to see the positive results - this CDS tool may be something that can be used by many hospitals to improve care. I will hope to be able to use this information to impact the hospital where I work as a consultant. Great Work !!</p> <p>Even though times were not clinically different, consider evaluating which variables affected admin time the most. was it clarifying orders, mixing, off hours patients in order to</p>

Submission #	Comments
	see what can be done to prevent outlying cases from increasing average admin times.
364307	<p>Not enough information contained in the abstract to evaluate</p> <p>It is unclear to this reviewer if this is a work in process or if the work has been completed--this reviewer assumes that the pharmacist is in place. Results in the abstract state "...are identified and described" and the "new specialty pharmacist position and services developed as a result of NCM is described". There is no detail provided about the results that are to "be described". As a result of having no results for analysis, assessing the conclusion is difficult. It is possible that the conclusions are 100% correct, but this reviewer is unable to assess based on the information provided.</p>
364308	<p>The project purpose is not clearly stated; implied that a reference chart will be prepared. Were other reliable and recognized resources (eg, PubMed, International Pharm Abstracts, Google Scholar) used to locate literature and evidence to support the compatibility conclusions? What quality assurance steps were taken to ensure the chart information is accurate? Did at least two pharmacists review all the information and agree to the answer? Please share a few results. Do you plan to have the results available during the poster session? If not, then what will the person visiting your poster wanting to learn about combination drug compatibility for SC infusions in a single syringe learn from your poster?</p> <p>Information on how many of these drug combinations were not in usual compatibility resources, eg, Micromedex, Kings, etc., would better describe the data. I am not certain this information adds to the body of literature regarding drug compatibilities.</p>
364309	<p>Very interesting review.</p> <p>Nice study! Interesting</p>
364311	<p>It appears as though this abstract is paired with a similar one both touting the use of tedizolid given to me for review (ID 364316). While this abstract is much better constructed, it lacks information on wholesale cost for tedizolid and does appear to push this drug in conclusion for MCOs "depending on cost and outpatient usage patterns".</p> <p>I fail to see how this is a descriptive report based on the definition provided. This is not a completed new, improved, or innovative role or service involving pharmacy practice. Once tedizolid is available on the market and there is real use with it this would be an excellent DUE to examine if the results and DOT seen in the clinical trials are replicated in clinical practice.</p> <p>Improper title format.</p>
364312	What is difference in experimental and control group?

Submission #	Comments
	<p>was this cost data based on an intervention data base or an average determined from ASHP.</p> <p>114 medication therapy changes were made in the intervention group (experimental group?) Conclusion should state that there is essentially no difference between the control and experimental group and site potential reasons (i.e. new program, lack of training, inability to attend rounds). Suggest possible areas to improve.</p>
364313	<p>At first glance, this appeared to be a qualitative review of existing literature, which would not be in compliance with the abstract guidelines. However, after reading the entire methods section, it does seem to be a systematic literature review, which would indicate new work. I would recommend that if it is a true systematic review, that it be stated in the abstract title. The authors did have criteria for inclusion of studies, and specified outcomes of interest (effect of dosing frequency and duration on patient's adherence); However, some determination of the studies' quality and ability to pool their results should be included. There are no statistics, pooling of results, or effect sizes as would be seen if meta-analysis were able to be performed, however, that may have not been possible if the studies were too heterogeneous. Since there was at least a qualitative description quantifying the number of studies with various qualities, I think the results are useful, even if they are highly predictable.</p> <p>Pills? in 2014? Really?</p> <p>Improper title format.</p>
364314	<p>Please include proof of how safe use of system NSAIDs has been optimized.</p> <p>A description of a P&amp;T report and the outcomes of the recommendation? What were the ramifications of the change? Was there physician resistance? ADRs decreased? Cost savings? Patient outcomes improved? Decreased cardiovascular effects?</p> <p>Stating the process by which this was accomplished would be beneficial. For example, education provided, implementation process, etc. Also, who prescribed diclofenac, e.g., post-op, ortho, etc. and how many units of diclofenac were dispensed over the past year? Was a diclofenac MUE carried out before hand to determine inappropriate use?</p> <p>Improper title format.</p>
364315	<p>More patient evaluations are needed. Some of the numbers in the results section don't add up. How can 50% percent of patient be diabetics, if n=16 but there were 68 patients studied? The numbers take a bit to digest and could have been worded more clearly. 6 percent of what (last sentence)? Results presented in the methods section. Which treatment worked better, sliding scale or the combination?</p> <p>Interesting study, however, there is no statement regarding approval from IRB or other</p>

Submission #	Comments
	appropriate committee/body which is a requirement for clinical evaluative studies to be accepted.
364316	<p>This project seems to have commercial bias for tedizolid, simply emphasizing the shorter labeled duration of therapy, and doesn't seem to add new information beyond what has been presented in previously published studies. Additionally it is quite similar in scope to another poster being considered, but with less detail.</p> <p>Purpose and Method are the same so no description of methods available. Results are difficult to understand and conclusion does not logically follow from results. Uncertain if actual treatment courses were examined or estimates were done to reach conclusions</p> <p>This abstract is essentially a review of the literature of tedizolid. There is no pharmacoeconomic application of the trial results in either a simulated or real world setting. A DUE of actual tedizolid use would be interesting as then you would be able to examine whether the decreased length of therapy results are replicated in clinical practice and apply real world pharmacoeconomic analysis to this question.</p>
364319	
364320	Limited number of patients participated- it would be important to investigate why so few patients accepted the invitation to participate.
364321	well done, written.
364322	<p>Good study, very applicable to current events within the region.</p> <p>1.Nasal route of naloxone is currently off-label in the U.S. The abstract needs to indicate the off-label use. 2.The prospective user of the BIA, the budget holders or the stakeholders, should be clearly indicated. The abstract should include information on the current distribution system and the budget. It is not clear who would be the budget holder of the retail pharmacy distribution model. 3.The editorial questions: a. In the purpose, the sentences, "Intranasal naloxone, an opioid overdose reversal agent, has been distributed through state-funded programs to bystanders and opioid abusers in Massachusetts for the past decade. In March of 2014, the Governor of Massachusetts declared the increase in opioid overdose deaths in Massachusetts an epidemic, calling for interventions to address this growing problem", could be shortened to a sentence. b. In the purpose, the sentence, "By shifting the distribution of intranasal naloxone from state-funded programs into the retail pharmacy setting, the potential for a substantial positive impact to reduce opioid overdose deaths exists in Massachusetts", could be incorporated into the conclusion or may be deleted. c. In the results, the sentences, "Intranasal naloxone is equally effective as intramuscular and intravenous naloxone. Intranasal route of administration is an appropriate first-line treatment to reverse opioid overdose. Time from patient contact to response does not differ between administration routes; however, intranasal delivery is safer for administration by lay people and is also associated with fewer adverse effects", may be</p>

Submission #	Comments
	<p>deleted or revised. Even if comparison scenarios show different outcomes, a BIA still can be done. d. In the results, the sentences, "Distributing intranasal naloxone through pharmacies will provide even more widespread access and education that has the ability to further increase these positive outcomes", is an investigators' view, not found by the investigation. May be deleted. 4.A couple of words regarding the literature search strategy should be included, e.g., a name of data base. 5.The abstract assumed the replacement of the current system. No information was provided whether the current system meets needs or not. The abstract needs to provide the year one BIA results and to justify expansion to 150 distribution pharmacies in the year two (induced demand or steady state demand?). 6.The results of the BIA do not support the result section. The conclusion needs to be revised. 7.The abstract should be revised. The reviewer scored 3 with reservation.(Message to ASHP).</p> <p>Very pertinent topic in today's healthcare environment. Intranasal naloxone is a hot topic for many healthcare systems. Appreciate the conclusion's mention that patient care/life-saving aspect of intranasal outweighs the cost of the program. This abstract is extremely well-written and thorough. The purpose, methods, results and conclusions are easy to follow. This abstract is of outstanding quality.</p>
364323	<p>Interesting premise. Providing a profile of the "average MSL" will be enlightening. Another aspect would be very interesting and that is providing a more detailed history of the development of MSLs, particularly as juxtaposed to the more traditional sales rep.</p> <p>Methods section does not provide information on the contents of the survey, how the subjects were selected from the groups. Results not complete and does not include sufficient information for review.</p> <p>Project is incomplete – “currently being analyzed and will be presented” is not acceptable.</p>
364324	<p>Excellent. Very well done. Innovative and creative program. Important information for other practitioners to see.</p> <p>Generally define acronyms with their first use (ASP, WMH). The methods section indicates evaluation of outcomes such as mortality and 30-day readmission, but these were not reported in the results section.</p> <p>Improper title format.</p>
364325	<p>Malnutrition in these patients continues to be a challenge. Purpose needs to be better defined here. Was the PN appropriate? Were protein goals met? Were any patients intubated?</p> <p>Goal was to show that "there are no potential problems" with esophagectomy patients. However, 29.9% of patients had measurable weight loss. Which patients had this weight</p>



Submission #	Comments
	<p>loss? Were they the ones getting less Kcal/kg? Are the PN being given inappropriately without Nutrition Support Team involvement or is the PN being given appropriately by the surgery team. The results need to be more clearly stated as related to purpose of study.</p> <p>The purpose did not coincide with the conclusion. The purpose should be clearly stated and the conclusion should support or refute the purpose. Was the conclusion "Patients with NST had a better outcome than those without" or was there some other conclusion. Make this information clear on the poster. Work on the grammar also.</p>
364326	<p>This is a very good project; Well done - Congratulations Some spelling/grammar issues in the abstract.</p> <p>Well done as the methods and results were detailed and not biased</p>
364327	<p>The methods section is confusing and possibly misleading pertaining to the control group. My understanding is that there was no pharmacist intervention in the control group. Yet, they are reporting findings that X% of recommendations were accepted in both the study and control groups. I suspect that a pharmacist may have reviewed patients in the control group to determine # of potential interventions and calculated a percentage based on # of PCP interventions/ # potential, but this is not clearly stated. Based on the methods provided, this study is not reproducible.</p> <p>This was an interesting research project. Consider discussing or defining Medication Onboarding in the purpose.</p>
364328	<p>The subject of this abstract is of interest to pharmacists, but it would be easier to follow with some editing and reorganization. The abstract first describes a gap analysis of the delays in resolving medication related issues and gives the results of the gap analysis in the methods section. The results describe the development and functions of an outpatient formulary committee to address issues identified in the analysis and then describe the effect of the committee interventions on resolution of issues. The abstract would be much more readable if the methods section described how the gap analysis was conducted and the formation and activities of the committee and the results section gave the details of what was found in the gap analysis and what the effects of the formulary committee were on the issues that had been identified in the gap analysis. -In the Purpose section, the statement was made that the medication use system in the outpatient setting has become increasingly complex. It would be good to mention how the system is now more complex (more volume, new drug information, shortages).</p>
364329	<p>Excellent idea to have such a course to aid students in the residency process. I see so many wonderful students who are apprehensive about applying for a residency because of the daunting process. Kudos to Idaho State U! Abstract is nicely written as well.</p>
364330	<p>Recommend modifying methods to show pharmacist called patients; in reading, looks like</p>

Submission #	Comments
	pharmacist spoke to doctor & doctor contacted patients.
364331	<p>You note your belief that IRB approval was not required, but that may not be correct. Typically, internal use of quality assessment data does not require IRB approval. But if that data is to be shared in a publication, as appears to be the case, it likely requires IRB approval.</p> <p>Interesting data. What is the plan moving forward with the findings? Is there an antimicrobial stewardship program currently in place?</p>
364332	<p>Although a good study, abstract indicates still pending IRB approval? --relevant to current practice, to be able to identify ahead of time what pts may need more strict monitoring to avoid hypoglycemia during hospitalization; results can be used to change monitoring practices.</p> <p>IRB approval pending</p>
364333	<p>The objectives of the study are not clear. The study results do not match the study objectives. The authors mentioned prevalence in the title and incidence in the methods. Nothing is mentioned about treatment in the methodology. How the authors assessed the compliance (what tool did they use). Which guidelines did the authors use to diagnose and classify hypertension. The authors can not make conclusion about the Lebanese pollution from a small sample in a clinic. The authors did not mention how the study sample was selected.</p> <p>Some numbers and symbols did not come out clearly.</p> <p>No mention of IRB approval in this prospective study that required informed consent. Your rates of hypertension are much higher than I have seen reported in other studies of Lebanon, and I wonder if that has to do with the charity care population. Personally I would focus on this as an outcome instead of widespread education</p>
364334	None.
364335	<p>Very useful for system optimization!</p> <p>Good subject to evaluate and publish! So much attention on this since the push toward greater adoption of CPOE, but it existed for pharmacists before CPOE (and still exists) and with less attention. SO glad to see this abstract! Excellent that you included not only quantitative data in your results but also front line user's evaluation (feelings) on the impact of the changes.</p> <p>Was the alerts turned off from the prescribers side as well? Agree alert fatigue continues to</p>

Submission #	Comments
	be an issue with all systems.
364336	<p>Good. The authors should remember to "translate" their abstract for the audience, which is US pharmacists; such as "30,000 GBP" (\$51,600) and concordance (adherence) and explain what "NHS" is. There are also a few typos "managing the infusion clinic, he felt save [should be SAFE] in increasing the interval"; outside of the British spellings ('s' for 'z' in optimize, individualize), which I do recognize. Good points about the pharmacist-patient relationships allowing patients the reassurance of support during treatment changes or individualization.</p> <p>Multiple spelling errors (e.g., fond instead of found, save instead of safe). The format and delivery of this report was poor.</p> <p>-Used several acronyms w/defining them (GBD, NHS, MDT). -Regarding the 2nd sentence of the case report that discusses the cost benefit of having a "highly specialized pharmacist" involved, is that the cost benefit seen from these two cases or a result of another study?</p>
364337	<p>well written.</p> <p>Although results from a larger patient population would be need to confirm this information, this study is very interesting and informative.</p>
364338	<p>An interesting evaluation and outcome. I think the title is not quite accurate, though. This project seems to be more a comparison of resource use among differing epilepsy treatment intensities than simply focusing on the untreated population.</p> <p>This study fails to define the severity/kind of epilepsy making chosen cohort comparisons as meaningful as possible. generally it would require &gt;1 diagnosis for epilepsy to conclusively identify an epileptic patient. I am not certain that the conclusion drawn has been validated by the authors.</p> <p>A very good analysis of an important topic. I think further examination of why patients are untreated would be interesting and highly relevant (i.e. what percentage of patients in the Untreated cohort have never been on an AED versus those that have been on an AED and were taken off it).</p>
364339	<p>Need a more robust write-up. Not clear on connection between extending the BUD to medication delivery times. However, poster is related to a hot topic &amp; merits presentation for stimulating discussion.</p> <p>more information required for stability testing that go beyond manufacture recommendation</p>
364340	<p>This represents due diligence on the part of pharmacy in selecting the most appropriate device for the facility. However, this is not an innovative concept as we all have had to go</p>

Submission #	Comments
	through this process at one time or another.
364341	<p>Number of patients?</p> <p>Very good project, well done. Information provided was very useful to the reviewer. Would caution not to add data to the conclusion (better glycemic control without increasing risk of hypoglycemia) that wasn't reported in the results.</p> <p>Well designed study. Results were a bit hard to follow.</p>
364342	<p>Not providing innovation or new information.</p> <p>A good review - now that you have this data, what are you going to recommend as far as future changes to use in your facility? It also would be good to know the denominator - 76 patients received naloxone out of how many total patients receiving opiates?</p>
364343	<p>Purpose is not clearly stated. Phraseology and sentence structure requires correction. The methods section explains the process of the program, but not how it was assessed. No outcomes are mentioned. The results section requires additional details, such as what costs were saved and how these savings were identified. There is also not a clear link that the new program was the factor resulting in the cost savings. The conclusion mentions points that do not seem related to anything described earlier. This project may have been worthy of being approved if it was described better in this abstract.</p> <p>The strength of this project is that it outlines a rational approach to selection of a FQ agent. Although their methodology may be translatable to only a few hospital systems; I think many hospitals, both small and large, may gain some insights into FQ management. I also like the emphasis on decreasing FQ use - I hope their will be more information on the poster as to specific interventions that are helping with this aspect of the abstract.</p> <p>What were the alternatives used instead of fluoroquinolones?</p> <p>Improper title format.</p>
364344	
364345	<p>The primary criticism would be that the computer generated regimens appeared to only be directly compared to the manually calculated (delivered) TPN formulas and not compared against standards from ASPEN/ESPEN. This would significantly improve the abstract and better support the conclusions.</p> <p>Standardized protocols are excellent options for parenteral nutrition calculations and administration given the complex nature of this product. Increasing safety and reducing the risk of under dosing or over dosing will benefit the patient and improve outcome.</p>

Submission #	Comments
364346	<p>Was IRB approval received for this research?</p> <p>an organized study on a fast developing area in drug information and related education</p> <p>The term "medical app" is not well defined in this study and can refer to a large variety of healthcare related mobile applications. It is also hard to generalize the student pharmacist view of mobile applications and impact of pharmacy school curriculum when you only polled one class from one university. The number of students actually polled was not included. The study was otherwise structured correctly.</p>
364347	
364348	<p>Study addresses adherence to guidelines. Authors should consider next phase in which outcomes or impact are analyzed.</p> <p>Clarify the target of the educational session(s): patients, MH staff, and primary care? Who received a list of patients on BZD? And was this linked to attending the class? Why do you think fewer people completed to post-education survey?</p> <p>Important topic and well executed. In the results section, you stated that 55% of pts w/ PTSD were prescribed BZDs and then go on to break it down to groups of 30% and 27% - be consistent with the numbers (30+27=57). It may be helpful to identify if the 17 patients were the same pre and post education.</p>
364349	<p>This is a good descriptive report, but the method section is confusing. Some of the information in methods should be moved to the results section. Need more information on the literature and market survey.</p> <p>Improper title format.</p>
364350	<p>The purpose statement states that this program was established to improve customer satisfaction. However, there is no further comment on this in the abstract. In the methods section the authors state that adverse event tracking would be measured. There is no comment on adverse events in the results section.</p> <p>Please quantify and qualify the adverse reactions as well.</p>
364351	<p>The stated purpose of the study was to investigate whether the program would improve medication adherence but the results stated that the medication adherence data is still in the process of being analyzed.</p> <p>Since patients were contacted, was there any IRB approval process for this study? Also, would be nice to see results from adherence portion of study.</p> <p>Many info needed regarding potential confounders (what was reason some patients got</p>

Submission #	Comments
	meds filled at hospital versus outpatient pharmacy). Poorly written- don't begin sentences with numbers - need to spell out numbers in words.
364352	<p>Results: include data on adolescent MDD in state of MA that were used for BIA [eg, prevalence, etc]. Dollar amounts stated as both 34 billion and 34 million. Typo?</p> <p>Not sure you can make the economic impact you suggest with the given information. Seems like quite a stretch to assume the cost savings stated. How much exercise? Duration/frequency?</p> <p>Misleading title and existing literature review Title misleading- study seems to be comparing fluoxetine alone vs. exercise alone but title states "fluoxetine with exercise". Also should just be an economic evaluation since not much clinical evaluation can be performed with the given information (it was more of a literature review for the clinical component). Title says aged 10-18 and the literature search used included down to age 6. Technically the black box warning for this population includes patients up to 25 year of age (so including age 24). Also, fluoxetine is not the only FDA approved medication for adolescents- escitalopram is approved for MDD in children &gt;12.</p>
364353	Based on what is described here in the abstract, this is not very innovative. There does not seem to be anything new here. This has been done and published repeatedly.
364354	<p>There appear to be language/translational issues. Specifically the data in the results section regarding the 'intentional discrepancies' is unclear.</p> <p>Grammar needs some work. ~80% of discrepancies were intentional? If so I don't understand how 65 of 97 pts had errors if this high of percent was intentional. I am not clear on the conclusion statements. I think this sounds like a great practice and potentially greatly impacting safety but the results section was a little confusing to me.</p>
364355	<p>This study seemed fairly advanced for a descriptive abstract. First there were some grammatical errors and typos that need fixed and the specific Lebanon location needs defined (city, country, etc). The study can be important as this is a general concern for all of healthcare. In addition the results showed the potential impact and role pharmacists can have to help educate and protect patients from counterfeit medications. Also did the patients complete an informed consent, and if so what was the completion percent rate? Lastly, might give slightly more info in background section on why cfm is bad for patients and what new legislation was out into place related to this topic.</p> <p>First letter in the conclusion is missing.</p> <p>Not sure how well this information can be extrapolated to the U.S. population. A few grammar errors.</p>

Submission #	Comments
364356	Well designed, well written.
364357	<p>The first sentence is a little confusing. Are these students on their advanced pharmacy practice experiences (APPE). Little confused about them missing lectures since didactic learning is typically completed before APPE rotations start. There are grammatical errors and run-on sentences making the abstract challenging to review. It is not clear how the PS is associated/affiliated with the SOP/COP. Do the students all go to the same hospital? Or is this abstract just about one of the sites? The methods section was very difficult to follow. For example, it was not apparent what a "placement induction" is. There is a comment about a patient pharmaceutical care plan in the purpose. It was not clear how this related to the rest of the abstract.</p> <p>Need to proof read for spelling and grammar. At times hard to read/follow. Maybe helpful instead of referring to "placements" using the term "rotation"?</p> <p>In the purpose, the statement, " all tasks set should be completed and raised concerns of missing other degree components. " does not fit with the rest of the sentence. Maybe something like, ", and defined tasks. Students also had concerns about missing other degree components." Many words have British versus American spellings. I'm not sure if the abstract has to be in one format. Although this abstract nicely describes how the university fixed a problem it was having with its hospital experience the information is not necessarily innovative. The university met with everyone involved to determine set tasks for the experience and describe feedback that should be provided. I think this is the expectation of every pharmacy school from the start of the program that asks clinicians to precept.</p>
364358	<p>What were the costs involved in the time spent preparing for the APPE and precepting the student? Would you anticipate these types of major projects with each APPE student? How often would you offer the rotation? Would you precept more than one student per rotation?</p> <p>1.The purpose: It is not clear whether the abstract intends to describe implementation of a process or measure financial outcomes of the program. 2.The abstract needs to clearly indicate who the beneficiaries of the program are: students or the program provider? 3.The methods do not contain enough information on types of productivities measured and how to translate the productivities into monetary terms, assuming that the program provider's focus is only financial outcomes of the program. 4.The abstract could be better presented as a management case study.</p> <p>Interesting topic. It is an excellent idea to evaluate cost-savings of APPE students as they are valuable resource for these types of mini-projects and it is also a valuable learning experience for the student. Would have liked to have seen more detail in the purpose/methods that described the types of projects and also how cost savings were calculated. Overall, the abstract is of good quality.</p>
364360	The abstract does not contain a statement regarding IRB approval.

Submission #	Comments
	<p>There seems to be a typo in the purpose section with the section that starts with 'Pharmacist.' Expand on the results section. The average scores were 70% and 92%. Are these good numbers? Define what these numbers represent.</p>
364361	<p>This is a good project. I have the following questions: 1. Was there an IRB approval? 2. Was the clinical result the same among patients who received drugs with extension of dose interval. Is there any analysis whether there has been any re-admission, or complication? Any particular thing to report?</p> <p>add word to sentence" "Prospective interventional multicenter study had done in two hospitals for optimize the treatment of RA with BT expanding dosage interval in patients with good response." change portion "to had been done". Should discuss if any negatives associated with reduced dosing.</p> <p>Several typos. Incorrect or missing punctuation.</p>
364362	<p>This abstract provides useful information for health-system pharmacists who are facing the same issues due to drug shortages. The abstract methods are well written and the results justify the recommendation to consider extended dosing of piperacillin/tazobactam in many patients. My only question is that early in the methods, it is stated that the extended dosing strategy is either non-inferior or superior to traditional dosing except in obese critically ill patients. It would be good to restate that in the conclusion that it is a viable option for use in all patients except that subgroup. It would also be helpful to estimate what proportion of the overall number of patients treated with piperacillin/tazobactam fall into that category to address the overall population impact of using extended dosing.</p> <p>This is a cost minimization analysis. It would be cost effectiveness analysis if the researcher looked at successful clinical outcomes per expenditure or similar.</p> <p>The first paragraph in the methods section, Placed in wrong section, it should be included in purpose section</p>
364363	<p>Timely topic. Interesting process/research comparing the hospital's outpatient pharmacy to outside community practice. Minor point, the 'p' for P-value should be in caps.</p> <p>Good idea; good project. Evaluative reports should not the IRB approval and/or informed consent was obtained.</p> <p>In this small retrospective study, it confirms our belief that bedside delivery will improve patient adherence and satisfaction of obtaining medications. Counseling is the key difference favoring bedside delivery. With more hospitals heading into the ACO model, this survey may generate larger study to reaffirm the possible advantage of having a pharmacy inside the hospital that can deliver discharged medications directly to patients before they</p>



Submission #	Comments
	leave the hospital, but it definitely is a good start.
364364	Please define "euglycemia" on the poster. Sentences starting "altogether" seems incomplete. Were there any serious or sentinel events for those with hypoglycemia? Suggest including a % with your "n"
364365	
364366	<p>This is an excellent example of utilizing resources for the betterment of multiple services provided (e.g. patient care and education). The methods and design were well thought out and the results were impressive. This study can be applied to numerous hospitals/health systems throughout the country. Well done.</p> <p>None.</p>
364367	<p>would include what inappropriate use is: i.e for that particular infection</p> <p>Within the purpose section, the abstract lacked rationale for specifically investigating fluoroquinolone use. Inclusion criteria was vague and no exclusion criteria, information on statistical analysis, or clear primary outcome measure was provided. Abstract does not indicate if informed consent was obtained from all participants. Additionally, results were difficult to follow with general statements included that did not have supporting data. Unclear as to what additional information this abstract provides to the existing literature.</p> <p>Good abstract. I hope you are able to bring this information to the prescribers to help improve counseling and practices.</p> <p>Improper title format.</p>
364368	Patient needs and lifestyle was not mentioned until the conclusion section? In conclusion section rate is listed as almost 100% but in results the average adherence rate was listed as "over 95%", it would be nice to state your exact figures. What was your adherence rate in your MS population prior to using this method? **ASHP staff - significant grammar issues throughout abstract, also in Purpose it states "SM Patient" I believe it should read "MS Patient".
364369	Seemed like a good case. However, your title leads readers to think that hep c treatment is correlated or leads to eosinophilic vasculitis. But in your case, you state that the patient already had these rashes and that he had started his hep c treatment 2 months after his derm appointment. Please clarify.
364370	What was the basis for inclusion/exclusion of search results. The studies included is a very low percentage of those identified.

Submission #	Comments
364371	<p>Interesting subject. No objective data provided to back up claim that errors were reduced.</p> <p>Spelling/grammar issues</p> <p>The results and conclusion section do not correlated. There are statements in the RESULTS section that appear editorial: "We were further able to classify it under various category as High Risk medications at Memorial Hospital Miramar, Antihypertensive, Oral hypoglycemic and COPD/Asthma. We would like to share the data in the above category as well." Additionally, conclusion is not supported by results described.</p> <p>Improper title format.</p>
364374	<p>Because you compared the cost of your investigational diabetes education program to the ADA program, I would like to know what exactly their program did compared to yours. Was it more intensive? Was it conducted in the same age group? Was the content more extensive? To only compare the cost of the two programs isn't a fair comparison because there are so many other elements that should be considered when comparing the two programs.</p> <p>Excellent project and cause. Thorough in design, methodology and reporting of results. Project impact and conclusion is applicable to practice.</p>
364376	<p>Good patient safety topic. I would have liked to see a zolpidem to zolpidem patient comparison between the two study periods. It would also be interesting to see if any differences in patient/clinical characteristics (risk factors for falls) between the two groups. Perhaps your 2013 group may be at higher risk compared to 2014, which might partly explain the differences in fall rates.</p>
364377	<p>Review grammar</p> <p>Relevant and practical and adds more literature to the current available literature out there. This is a tough area to control cost. In poster recommend to describe the criteria used for selection of the 8 agents.</p>
364378	<p>Very timely project that further confirms that the value to outpatient pharmacy services.</p> <p>The abstract is well written, the process and results are clearly reported and there is a large sample size. It would have been better to have included survey questions to gauge the baseline adherence of the subjects answering the survey. It seems that the responses were things they think would improve adherence and not strategies they actually used to improve their own adherence. The study does not demonstrate that the selected strategies were actually the most effective at changing behavior as it states in the conclusion but the title does reflect that it is a survey about attitudes.</p>

Submission #	Comments
364379	<p>Good review overall. Interesting results.</p> <p>1. With a brief reference data base search, the reviewer was not able to find published studies which appear to be a duplicate study. 2. To mitigate the perception, a generic term should be used for the brand name of Treximet™ in the abstract (e.g., the combination, etc.) 3. A couple of words regarding the literature search strategy would be included, e.g., a name of data base 4. The editorial questions: a. In the results, the sentences may not be relevant for the results section and may be revised. i. While the components of Treximet are available as two separate drug regimens, the combination in a single dose tablet provides advantageous pharmacokinetic properties that provide patients with a decreased time to headache relief, increased headache relief at two hours, and greater satisfaction of therapy compared to its individual components or placebo. ii. Although more expensive, approximately 61% of patients are relieved with Treximet while only 52.5% are relieved with sumatriptan. In addition to drug costs, after taking into consideration other direct costs such as physician visits, emergency department visits, and hospitalizations, Treximet is shown to be the more costly alternative. b. In the conclusion, the sentence, "Although this budget impact has some notable limitations, the sensitivity analysis proves that sumatriptan is more cost efficient compared to Treximet", is not supported by the results. Even the sensitivity analysis could not prove but support the results.</p> <p>-Topic of abstract is very relevant in today's healthcare environment. Good analysis of ROI between the two agents. Purpose, methods, and results are very clear and well-written. Easy to understand the abstract. Conclusion supports the literature review and cost analysis. Overall, this abstract is of high-quality.</p>
364380	<p>An cost containment informative poster regarding IV acetaminophen. May be of value to others considering high cost drugs and initiatives to control costs.</p> <p>This project of great interest to Pharmacy managers and practitioners.</p>
364381	<p>This is a very good study. It would be great if the author can provide the survey for the audiences to see at the poster board.</p> <p>Results section did not have specific results regarding the perceived barriers even though a p value of statistical significance was reported.</p>
364382	
364383	<p>Very clear abstract with conclusions supported by results. This is of interest to a broad readership and applicable to multiple hospitals across the country.</p>
364384	<p>Poor write-up, decent enough study. Abstract is very wordy to the point of clunky. Eg: My approach to the title "Reducing Falls on a Geri Pysch Unit - Pharmacy's Contribution". In the purpose, was the hospital concerned about the fluctuations in the fall rate (doubtful), or just the high fall rate (likely)? "An interdisciplinary [team, missing word] approach was</p>

Submission #	Comments
	<p>created to reduce falls on the unit." BPSD not explained as behavioral and psychological symptoms of dementia - which non-geriatric pharmacists wouldn't know. I would propose that the RPh's impact on the fall rate was substantially in the area of 3 and 2 primarily, and not 1. (I would list them 3, 2, 1.) Results could be reported as "From July 2012 to April 2013, the fall rate on the unit (not plural) had been fluctuating in a range of 10.7 to 29.3 falls per 1000 patient days." I would rewrite the conclusion as "As part of an interdisciplinary team approach, the Pharmacy Department's three-prong services of general patient monitoring, fall risk assessment and monitoring and nursing education programs helped reduce the fall rate in a geri psych unit."</p> <p>Under METHODS: 1. Nursing 2. fall 3. general. Items 2. fall need to capitalized as well as 3. general. Inconsistency. Use of work "bouncing"- would suggest another verb.</p> <p>Research is not original and neither is the approach of the study to an old problem. Methods does not clearly describe what was done or how. Too many acronyms were used without provided definition.</p>
364385	<p>Useful information for other hospitals starting an ED program.</p> <p>well-done research and quality outcomes to justify an ED pharmacist.</p>
364386	<p>Under methods section: Correct ass to assess Unsure of the reasoning for including the process for securing funds. Seems out of place. More information regarding data collected, including specific numbers as percentages can be misleading. Unsure that you can truly correlate decreased filling times to increased time for patient counseling as the pharmacist is not directly involved usually in ALL aspects of the filling process.</p>
364387	<p>- great idea for quality improvement project and pharmacist run clinic! - would like to see number of patients or percent that required dose to be increased back to starting dose.</p>
364388	<p>This study was labeled as a descriptive report and methods describe literature search. The results contain a pharmacoeconomic analysis. The study design is not constant and the reference to a single branded product alludes to possible commercial bias. Abstract contains undefined acronyms and brand names in the title.</p> <p>Study has a bias and commercial tone. Data is ambiguous. Abstract is about single product, and conclusion seems biased. This is a fairly new product, and there is not enough information yet in the literature to support the author's conclusion or analysis.</p>
364390	
364391	<p>Would recommend to include how many pharmacists have gone through the program and their feedback.</p>

Submission #	Comments
	<p>Very innovative and important to advancing pharmacy practice.</p> <p>I think this is a great idea. Unfortunately, sample size is very small. Hope more colleges can offer similar courses for their students. Future study should focus on the outcome, i.e. # of students from the class obtains residency/fellowship positions.</p>
364392	<p>The project objective is misleading (...reviews the clinical, economic, and financial impact of riociguat [Adempas]); data were not available to analyze all of these. Why not use MassHealth financial data? A sensitivity analysis is mentioned in the Methods. Where are the results for the efficacy and financial analyses? Although all of the results were improved with the medication, all of these are surrogate endpoints. The authors should include wording that comments on the clinical endpoints, which may not have been measured in the studies. I am not able to answer, "What will I learn from this poster when going through the poster session?" They state a pharmacoeconomic study was conducted with sensitivity analysis. But the only results presented is via combining study results (functional efficacy) together (but did not state what methods to combine). How is this a pharmaeconomic study? Where are the 'safety and budget impact analysis' as mentioned in the title?</p> <p>Very informative study and discusses the budget impact model. This would be good information to share with other practitioners.</p>
364393	<p>It is a good project. Such projects are always helpful. I would ask however that The second survey post-match indicated that 79.1% of these students accepted a residency position, was it for all students? It would be good to associate this piece of information with the questions asked. ie, in 2013, 91% agreed that questions are similar while in 2014, 100%. Did it affect the residency acceptance rate. It would be good to highlight the survey post match and check among those who did not match, what are the thoughts of things can be done, or done better. Good Job.</p> <p>Good work to demonstrate positive outcomes to prep for interviews</p>
364394	<p>Terrific project. Would be even better if there was data if there was data on impact on medication safety measures.</p>
364395	<p>Results are vague, number and/or type of interventions would be stronger than \$ savings as they also mentioned other initiatives.</p>
364396	<p>The topic of the abstract is of interest to health-systems pharmacists, but there were some areas that were not written clearly. The purpose states there have been 9,632 laboratory confirmed influenza-associated hospitalizations "since October 2013". Since time goes on, that would be better stated as a range ( ex. "from October 2013-May 2014" or in the 2013-14 flu season). Next, the total economic burden was given, but those figures should be better defined. It is unclear what population and time period these figures refer to (all the US? between 2006-10? yearly? during a lifetime? currently?); The methods and results</p>

Submission #	Comments
	<p>sections are well written and easier to follow. The conclusions were appropriate based on the results, but I could not understand what the authors were referring to in the last sentence. "...an opportunity exists to reduce ILI ED visits, ..." What is recommended by the authors to reduce the visits? rapid diagnostic testing? earlier treatment of confirmed cases? I wasn't sure from the results of the abstract.</p> <p>Conclusions don't match purpose well.</p>
364397	<p>It would be nice to know the expected (usual) completion rate for such a survey. It is unclear from these results if only community pharmacies were considered for POC testing in the survey. It is also unclear what NASPA executives based their responses on regarding membership knowledge. Subject is interesting and germane.</p>
364398	<p>Good topic to research. Under methods, consider writing out vs. listing 1,2,3.</p> <p>Improper title format.</p>
364399	<p>Are the authors planning on measuring outcomes (metrics) with some of the newly created activities in the practice model?</p> <p>This is an interesting, well designed and timely topic. If available, I think it would be interesting to hear about some specifics as it relates to the change in your practice model.</p> <p>Would encourage the development of more measurable outcomes</p>
364401	<p>This would be an excellent abstract, however there are no results to this study. What is presented looks preliminary and that more analysis is pending.</p> <p>some distracting grammatical errors were noted throughout.</p> <p>What improvements were considered? Improper title format.</p>
364402	<p>The authors need to provide details of the "protocol", and provide Pre-, vs. Post-protocol implementation effects on reducing the 30-day hospital admission.. The conclusion reads like the Background. We need numbers to make a case. We accept this poster abstract as the topic is of importance.</p> <p>Purpose - change to "Deborah's". This seems like it should be in the Methods section with results from the analysis in RESULTS: "We analyzed the standardization of clinical care by developing a nurse driven C.difficile protocol that allowed nurses to send out stool samples without a physician's order and follow steps on how to manage a C.difficile patient to reduce transmission rates."</p>
364403	<p>Why would a conservative dosing regimen lead to more held doses? This needs to be</p>

Submission #	Comments
	<p>explained better as it seems a more aggressive regimen would result in more held doses. It would be beneficial to see what the mean and range CI values were. Also would be helpful to know these numbers for the held doses.</p> <p>good abstract. I would like to see a more in depth explanation of some of the numbers and results but for an abstract it is really good and surprising.</p>
364404	<p>This is a well-written abstract, but its just an analysis of published studies and I don't think it is appropriate for a poster presentation. I would be very interesting as a published paper.</p> <p>significant decrease in opioid consumption, are we referring to statistical significance or clinical, p value CI not mentioned here. I liked the use of the sensitivity analysis.</p> <p>Evaluations of such products usually fail to cover cost analysis and economic impact of novel agents. This abstract does both an economic and therapeutic review and presents the results in a very simple and effective method.</p>
364405	<p>For the results section, there should be more results based on the Methods "Analysis will be completed to determine if the rapid-detection test reduced the time to appropriate antibiotic treatment and also to determine potential and actual cost savings to the institution." Was there cost savings? Did this change the antibiotic selection from broad spectrum to a more targeted antibiotic? It is interesting but there needs to be more information in the abstract.</p> <p>Interesting topic. Would like to see more in result section, such as time to appropriate therapy, why vancomycin discontinued (resistance?).</p> <p>Study is interesting but difficult to follow abstract because very choppy wording.</p> <p>Improper title format.</p>
364406	
364407	<p>I think this is a good project and deserves to be presented. It is very positive that pharmacists had an impact in decreasing the time notification; this certainly adds further justification for a pharmacist presence in the ED. The project could have been stronger if other outcome data had been measured or presented. For example, is there any evidence that this earlier notification provided specific outcome advantages - i.e. hospital admissions, etc.</p> <p>Very pertinent topic, not much data published in this area</p>
364409	<p>Only concern is for spelling error in Purpose of " pfour " which technically would not allow for acceptance, while minor in the scope of things.</p> <p>Would like to know how any pts got a PCC and FFP or vit K and if it impacted either</p>

Submission #	Comments
	<p>groups response.</p> <p>Improper title format.</p>
364410	<p>Very nicely described study abstract. New data presented on compliance with national guidelines. Well described clinical outcomes data. Well substantiated conclusion statement.</p>
364411	<p>Very timely topic given concerns with transitions of care and quality based revenue.</p> <p>Should consider the cost of implementing the service when determining total savings.</p> <p>Excellent topic very relevant, well written and to the point. In poster provide more detail on: How was the target determined Therapeutic class/drug and devices that were recovered</p>
364412	<p>Address which are appropriate seizure meds due to those with high carbohydrate content</p> <p>New/different information. Select audience but could be a great tool for others. Would be interested in reference - how do you determine carbohydrate content of a drug?</p>
364413	<p>This abstract seems more fit for the evaluative study report. This appears to be original research of the effect of a TOC pharmacist not just the description of the practice of TOC pharmacy. Collection and analysis of this data would require the approval of an IRB in my opinion as this appears to be some sort (retrospective or prospective) of cohort study.</p>
364414	<p>Unfortunately this study is only partly completed as the only results reported are baseline utilization of 2 medications used to treat delirium. While interesting and necessary at the local/institutional level, without the data from post implementation, broader applicability is lacking.</p> <p>Purpose not clearly stated. It is stated in the purpose that delirium is associated with acute onset of cerebral dysfunction typically characterized by altered baseline mental status.." Would remove baseline. "The dopamine antagonist haloperidol is the most commonly prescribed medication for this indication..." infers an FDA approved indication. Results state that frequency of haloperidol prescriptions varied drastically. Need to be more specific. How often was the CAM-ICU performed? What was the level of sedation? Were benzodiazepines newly prescribed? Conclusion does not add to the literature.</p> <p>Improper title format.</p>
364415	<p>Mostly retrospective review with little ability to be used at other institutions.</p>
364416	<p>Good clinical comparison and cost analysis. Many members will find this data helpful. Some may dispute the cost figures used in this analysis.</p>



Submission #	Comments
	<p>1.The methods and the results sections do not contain information on components of BIA and simply described the literature review. Therefore, the reviewer considers that the abstract is not relevant. The investigators need to be familiarized with BIA. 2.The results did not present any data to support the conclusion," Furthermore the results of the BIA suggest levetiracetam to be more costly option by approximately \$1,200 to \$2,000 per patient per year in comparison to lamotrigine".</p> <p>Project topic is of interest and budget impact analysis of this area is of need. Purpose and methods are clearly written. Conclusion appears to be based mainly on literature review and not actual clinical outcomes at their institution, which is a limitation. (Minor spelling typo in conclusion - "to be a fist line monotherapy" - should be "first". Overall, appears to be a very good abstract.</p>
364417	No comments provided for this abstract.
364418	What were the time frames of the two previous analysis?
364419	<p>I had not heard of shared governance models until reading this abstract. This sounds interesting, informative, and should be excellent poster.</p> <p>Very Interesting concept</p> <p>Improper title format.</p>
364420	<p>The authors have no understanding of the issues, or technology they studied. The BUD is the time of storage. The USP does not address the clinical situation, like implantable pumps, extended infusions. This is not withing USP domain. To dismiss all other organisms as not significant is also a mistake - all positive cultures must be noted and cited as contamination.</p> <p>Great study subject and nice description of the study. In the methods section, you did not address what would happen if the BUD occurred between the time of hanging and the set change time. The abstract did not describe how 120 hours was chosen as the maximum CSP hang time, perhaps this information will be in the poster? Also, the abstract did not note if IRB approval was obtained which would be nice to know.</p>
364421	<p>The project itself seems worthy of a poster. The results section of the abstract contains information that should be in the poster itself and makes it difficult to figure out what the main point of the results were based on purpose of project/poster.</p> <p>Monitor for spelling and grammatical errors.</p>
364422	The project is good, however the result section is very brief, as if we are saying, it is in process. I would be more tending to reject not because it is not valuable, but because the

Submission #	Comments
	<p>result section is one statement that was not elaborated. It might be the right answer, but still if they have nothing else to share, then it might not be worth accepting. The method section is well detailed and it is good.</p> <p>Please provide more information about the sample sizes and years evaluated provided two by Michael et al. and Malani et al. were utilized for the BIA due to variability and changes could that happen over time</p>
364423	<p>there are several issue with this abstract 1) poor methodology to group all surgical types together 2) IV apap must be started in the PACU, given as 1 g four times daily for 24-48 hours for any comparison to be made 3) opioid burden should be made by comparing opioid use in patients receiving 4 g/day IV apap to same surgery surgical controls 4) this data is meaningless and the author arrived at inappropriate conclusions 5) there is also abundant literature to show that PO/rectal apap is poorly absorbed within 24-48 hours following surgical procedures 6) an IV apap DUE with proper methodology would be a significant addition to the literature, unfortunately most all IV apap DUEs presented to date have no real clinical value secondary to poor methodology</p> <p>It would obviously be useful to have a control group of similar patients who did not receive IV APAP. You allude to this when you spring at the reader in the Conclusion that the length of stay in your study group was no different than in similar patients not receiving IV APAP, but you don't give specific data in your Results section nor do you indicate that you even studied such a group. You mention in your Methods section that you recorded use of concomitant APAP-containing products but I don't see in the Results that you report these data.</p>
364424	<p>Nice findings!</p> <p>Ensuring appropriate surgical antibiotic prophylaxis is certainly not a new problem -- it is one that many to most hospitals are still struggling with or have room for improvement. I am not impressed with the sample size (total of 46 in a before &amp; post-intervention sample selection design &amp; think must be underpowered, yet still had one statistically significant finding. Think this poster is worthwhile sharing based on lessons learned by the researchers in at least successfully dosing preop prophylactic antibiotics.</p>
364425	<p>Would recommend changing the title, little confusing as to what the abstract is about.</p> <p>I think results are over-exaggerated. Saying that the caregiver gained 2 hours of time per day implies that in the past, they did nothing during that time but wait for the medication. More than likely, they were doing something else.</p>
364426	<p>It was unfortunate that incidents more than tripled after education, but nice to see serial evaluation of incident reporting for 2 quarters. It would be interesting to see if education impact persisted after 1st qtr 2014 or if incident percentages were again elevated.</p>

Submission #	Comments
	<p>Not sure I agree with the conclusion, since 3/35 had incidents to begin with then 13/41 after the initial education. I'd like to know what this education entailed - a lecture? Online module? Discussion? Or just here's the acronym, now take a test... defining this might help us accept your conclusion.</p>
364427	<p>More information is needed on patient demographics including reason for taking opioids and length of time patients has been receiving opioids prior to taper. Also, another concern is the amount the patient is taking as an outpatient (follow up of January 2013 patients) versus the medical records.</p>
364428	<p>Outstanding. I have no real criticism of the abstract. Well-written (missing only one possessive apostrophe), concise, results presented cleanly. The results prompt me to propose further areas for research - why do the SNFs with the federally mandated monthly drug regimen review by a RPh have the highest MR error rate? Why do the homeless have the lowest MR error rate? I can propose a reason for the BHU group to have a lower error rate; due to the high level of scrutiny from third-party insurers for their drug costs. What was the p value of Asians and other minorities vs. the other ethnicities studied? A well-done study that provides new information in the field, and promotes further research - Excellent!</p> <p>Nicely done. More detail on whether high risk medications were involved would be nice but not necessary. Was there any specific training or review of the students' work? Interesting and well written.</p>
364909	<p>This abstract is a well-written description of stability testing of a reconstituted chlorothiazide parenteral product. My only question is whether the abstract is in the correct category or whether it should be classified differently? The methods and results were easy to follow and the conclusion is appropriate based on the results.</p>