

Oklahoma Society of Health-System Pharmacists

QUARTERLY NEWSLETTER

SEPTEMBER 2010



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Letter From The President

Chelsea Church, Pharm.D., BCPS

LEAD! LEAD! LEAD! LEAD! LEAD! LEAD! LEAD! LEAD! LEAD! LEAD!

LEAD! What a strong word. And strong is exactly how our summer for OSHP has been. The Board of Directors, committee chairs, and I welcomed our ASHP Affiliate Liaison, Beverly Black, to Oklahoma City. She led our Strategic Planning Retreat at St. Anthony Hospital on July 20. And what a day it was! It was a highly motivating event that will “lead” to many great ideas and goals for OSHP to strive for over the next couple of years. LEAD is one such accomplishment.

If asked to sum up OSHP in just a few words, what would you say? The Strategic Team came up with the answer . . . LEAD (Leading, Educating, Advocating, and Delivering) for Oklahoma Health-System Pharmacists. And this simple tagline became our inspiration for the retreat. I want to thank the BOD and committee chairs for their participation, insight, and wonderful ideas that evolved throughout our all-day brainstorming sessions.

The retreat was a success and it provided us a great map for “leading” OSHP to the next step.

And as we look to the future, what comes to mind as we wind down summer? School starting, football returning (yeah), and “leading” the way to our Fall Meeting! The Programming Committee has been working diligently and has put together a great agenda. Another exciting component of the Fall Meeting will be the return of both the Residency and Vendor Showcases. It should be a great time in Tulsa, so mark your calendars for Friday, October 8 at St. John’s Hospital.

Other “leading” areas of interest for the upcoming months will be an active membership drive, the continuance of CMTM discussions, and a few new surprises! We hope to expand our involvement with both pharmacy students and technicians. Plus, we have a little something planned for our wonderful members, too.

It is a great time to become involved with OSHP. I want to again thank you for giving me the opportunity to “lead” OSHP into the future!



We’re on the Web!
www.oshp.net

American Assoc. of Colleges of Pharmacy Meeting

OSHP members were very active at the American Association of Colleges of Pharmacy (AACCP) meeting in Seattle, Washington in July. Tracy Hagemann completed the Academic Leadership Fellows Program (mentor: Michael Burton) and presented her project. There were three Wal-Mart Scholars from the University of Oklahoma (pictured on right): Christina Bulkley (mentor: Lourdes Planas), Kate Denney (mentor: Alan Spies), and Molina Mhatre (mentor: Beth Resman-Targoff).



Posters were presented by members Susan Conway (Assessment of curricular “streams” of knowledge and skill development), Dennis Thompson (Evaluating the Soler method in bibliometric searches), Ben Welch (Lunar cycle effects: true or false), Miki Finnin, Ann Lloyd, Alice Kirkpatrick, Michelle Lamb, and Teresa Nguyen (Faculty survey to determine cultural competency content in current pharmacy curriculum), Matthew Bird, Kimi Vesta, and Winter Smith (A structured, longitudinal introductory pharmacy practice (IPPE) medicine rotation), Shane Desselle, JoLaine Draugalis, and Alan Spies (Identifying psychological contract breaches in academic pharmacy using a modified Delphi procedure and Pharmacy faculty’s perceptions of important organizational citizenship behaviors), and JoLaine Draugalis (Preparation strategies and career paths of pharmacy deans: a 20-year perspective).

Beth Resman-Targoff attended Rho Chi events as Region VI Councilor. Shane Desselle was installed as Chair of the Social and Administrative Sciences Section and Chair-Elect for the Council of Sections (and AACCP Board of Directors) and gave a presentation on mentoring relationships among faculty. Alan Spies spoke about defining, developing and implementing professional development programs for faculty and students. JoLaine Draugalis described advancement activities at The University of Oklahoma and was Chair of the Argus Commission. Numerous other faculty and students from The University of Oklahoma and Southwestern Oklahoma State University Colleges of Pharmacy attended the meeting.

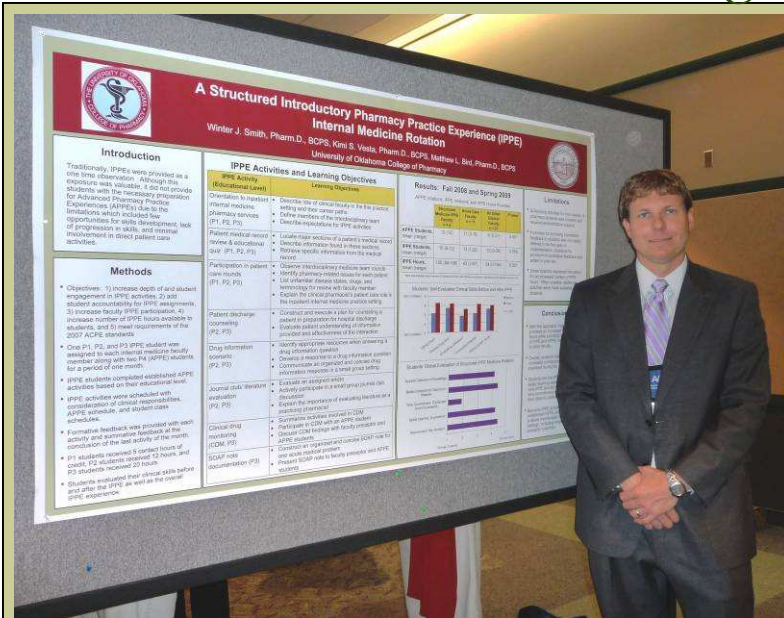


Susan Conway



Dennis Thompson

American Assoc. of Colleges of Pharmacy Meeting



Matthew Bird



Cecilia Plaza, JoLaine Draugalis



Tamra Davis, Miki Finnin

ASHP Summer Meeting and Exhibition 2010

Report of the OSHP Delegates

OSHP was represented at the 62nd Annual ASHP House of Delegates (HOD) meeting by elected delegates Barbara Poe (Norman Regional Health System), Darin Smith (Norman Regional Health System), and Nancy Williams (SWOSU).

The ASHP HOD meetings took place at the Tampa Convention Center in Tampa, FL on June 6th and 8th, 2010. Prior to each official session, Oklahoma delegates attended the Open Forum chaired by the Vice Chair of the House, as well as caucus sessions on policy proposals/changes, which were facilitated by the Chair of the HOD.

At the Open Forum on Saturday, June 5th, each ASHP Council report was covered briefly, offering an opportunity for delegates to discuss whether any proposals could be improved through amendment. Prior to the first HOD, the first caucus opened up for debates on all policies that were being submitted for consideration and approval. A second caucus was held prior to the second HOD session to allow for debate on new business (2 items) as submitted by delegates.

At the first HOD Meeting, the following policies/resolutions were presented by the Council Chairs for amendment and consideration:

Council on Education and Workforce Development

Interprofessional Education and Training (*passed*)
 Minimum Hiring Standards for Pharmacy Technicians (*passed*)
 Professional Development (*passed*)

Council on Pharmacy Management

Pharmaceutical Distribution Systems (*passed*)
 Impact of Insurance Coverage Design on Patient Care Decisions (*passed*)
 Prudent Purchasing of Pharmaceuticals (*passed*)

Council on Pharmacy Practice

Standardization of Device Connections to Avoid Wrong-Route Errors (*passed*)
 Medication Safety Officer Role (*passed*)
 Role of Pharmacists in Safe Technology Implementation (*passed*)
 Just Culture and Reporting Medication Errors (*passed*)
 Patient Access to Pharmacy Services in Small and Rural Hospitals (*passed*)
 Scope and Hours of Pharmacy Services (*passed*)
 Use of Two Patient Identifiers in the Outpatient Setting (*passed*)

Council on Education and Workforce Development

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ASHP Summer Meeting and Exhibition 2010

Report of the OSHP Delegates, Cont.

Council on Public Policy

Full Health Insurance Coverage (*passed*)
Risk Evaluation and Mitigation Strategies (*passed*)
FDA Authority on Recalls (*passed*)
Postmarketing Comparative Clinical and Pharmacoeconomic Studies (*passed*)
Medication Therapy Management (*passed*)
Definition of Meaningful Use of Health Information Technology (*passed*)
Regulation of Home Medical Equipment Medication Products and Devices (*passed*)
Employment Classification of Pharmacy Residents (*passed*)

Council on Therapeutics

Preservation of Antimicrobials for Medical Treatment (*passed*)
Safety and Effectiveness of Ethanol for Treatment of Alcohol Withdrawal Syndrome (*passed*)
Use of Surrogate Endpoints for FDA Approval of Drug Uses (*passed*)
Quality Consumer Medication Information (*passed*)
Research on Drug Use in Obese Patients (*passed*)

At the second session of the HOD, the following two items were submitted for discussion, review, and amendment. These items were then forwarded to the Board for action. Actions may include referral to the appropriate Council for development of policy language for next year's HOD.

House New Business

Medical Use of Marijuana (*passed*)*

**Passage of an item of new business by the ASHP HOD means that it is referred directly to the ASHP Board of Directors. Bills regarding medical use of marijuana are currently pending in the legislatures of fifteen states, so this item of new business was ultimately passed so that the ASHP Board of Directors would discuss it.*

Statement on the Role of the Pharmacist in Providing Medication Therapy Management (MTM) Services (*passed*)

At the second meeting, elections took place for Chair of the HOD and Treasurer. Delegates elected Gerald Meyer (Pennsylvania) to continue as the Chair of the ASHP House of Delegates, and Philip Schneider (Kansas) was elected as Treasurer of ASHP. Additionally, President Diane Ginsburg (Texas), ASHP Board of Director members Michael Sanborn (Texas) and Christine Jolowsky (Minnesota), and newly-elected Treasurer Philip Schneider were sworn in. Also at the second meeting of the House, delegates submitted recommendations for possible ASHP action during the coming year.

OSHP delegates Darin Smith and Nancy Williams represented OSHP at the ASHP Foundation Donors Breakfast. Oklahoma was one of only 11 state/regional affiliates recognized for its contribution to the Foundation. Barbara Poe and Darin Smith also attended the ASHP-PAC luncheon.

The delegates would like to congratulate Susan Conway (OUCOP/Integrus Baptist) for her recognition as Fellow of the American Society of Health-System Pharmacists (FASHP). Also we would like to recognize Burl Beasley (Mercy) for his poster presentation entitled "Cost savings and adverse drug event identification utilizing pharmacy technicians as part of the admission medication reconciliation process".

As your delegates, we would like to take this opportunity to thank the membership of OSHP for the opportunity to represent Oklahoma Health-System Pharmacists in policy decision-making at the national level.

Please feel free to contact us or visit the ASHP website at www.ashp.org/hod for further information regarding the above HOD proceedings.

Get to Know the OSHP Officers

Secretary, Edna Patatanian, Pharm.D.

Current Title & Institution

Associate Professor of Pharmacy Practice, Southwestern Oklahoma State University College of Pharmacy Practice Site: Mercy Health Center Rehabilitation Medicine

Pharmacy School & Post-Graduate Training

Pharmacy School: OU College of Pharmacy – B.S. (1987), Pharm. D. (2000)

Post-Graduate Training: Ambulatory Care Residency, OU College of Pharmacy (2001)

Family, Pets, Hobbies, etc.

Family: Mom -86 years old- (she lives with me, I don't live with her)

Hobbies: I love to travel, shop, work in the yard, listen to music, work out, spend time with family and friends, and just relax.

Rewarding Aspects of OSHP Involvement

Through OSHP membership I have met so many great people with whom I have become friends. Since joining OSHP, I have served as Western District Chair, Treasurer, President, Nominations Committee Chair, and now Secretary. Serving as an officer has taught me different organizational and leadership skills. I am very proud to be a member of OSHP and thank my colleagues for their support.

Western District Chair, Peter N. Johnson, Pharm.D., BCPS (Please call me Pete!)

Current Title & Institution

Assistant Professor, Department of Pharmacy: Clinical and Administrative Sciences (Oklahoma City); University of Oklahoma College of Pharmacy and Adjunct Assistant Professor, Section of Critical Care, Department of Pediatrics; University of Oklahoma College of Medicine

Practice Site: The Children's Hospital at OU Medical Center, Pediatric Intensive Care Unit

PGY1 Pharmacy Residency Director at OU College of Pharmacy in conjunction with OU Medical Center

Pharmacy School & Post-Graduate Training

Pharmacy School: University of Mississippi School of Pharmacy – B.S. Pharmaceutical Sciences (2002), Pharm.D. (2004)

Post-Graduate Training: Pharmacy Practice Residency, University of Kentucky Chandler Medical Center (2005) and Pediatric Pharmacy Practice (PGY2), University of Kentucky Medical Center (2006); Lexington, Kentucky

Family, Pets, Hobbies, etc:

Family: I am the youngest of 3 kids (1 brother and 1 sister), but I must say that I am the most handsome and cantankerous. My family currently resides in Mississippi.

Pets: I am not a big fan of pets, but if I had one, I would probably go with a dachshund. They have the most energy and spunk of any pet that I have ever had.

Hobbies: I am a huge sports fan including college sports (the Southeastern Conference of course—I have not jumped into the Big 12 bandwagon despite living in OK for almost 5 years), NFL, and tennis! I also am into fitness and have found that it is an awesome stress reliever. I enjoy listening to music and movies; I go to the movie theater almost every week. In addition, I am also blessed to belong to a great church group and spend a lot of time hanging out with them.

Rewarding Aspects of OSHP Involvement

People: I have really enjoyed getting to know the many great members of OSHP across the state. As the current Western District Chair and Past Member/Chair of the Programming Committee, I have been able to network with so many pharmacists to help me not only with aspects of the organization, but also in my clinical practice.

Continuing professional development: I also believe that one of the best aspects of OSHP has been the programming at the Western/Eastern District Meetings. It has opened my mind to the fact that we do not always have to travel to national conferences to find innovative practices in health-system settings. There are many exciting programs going on here in Oklahoma.

Clinical Pearls:

Etomidate and Adrenal Suppression in Sepsis

Jana G. Shults, Pharm.D., PGY-1 Resident 2009-2010; Oklahoma City Veterans Affairs Medical Center

Etomidate is frequently utilized for rapid sequence intubation in the critical care setting, but use also extends into anesthesiology for induction and maintenance of general anesthesia or procedural sedation. Etomidate is an ultra-short acting non-barbiturate hypnotic which produces induction of anesthesia with minimal cardiovascular or respiratory effects. Additional benefits include a shorter duration of action than short-acting barbiturates, rapid recovery, and a wide safety margin. The onset of action is 10-20 seconds and the duration of action of a single dose is 4-10 minutes.¹

Though it has many desirable properties as an induction agent, etomidate produces adrenal suppression through the specific and reversible blockade of the 11-β-hydroxylation step of adrenal steroid synthesis. The adrenal suppression is likely due to a direct effect on adrenal glands as opposed to affecting the upregulation of adrenocorticotropic hormone or the synthesis of cortisol binding globulin.² This is evidenced by unresponsiveness to ACTH stimulation induced by corticotropin or cosyntropin. Cosyntropin, a synthetic polypeptide with an identical initial amino acid sequence to natural corticotropin, is the preferred diagnostic aid for adrenal insufficiency due to reduced antigenicity.³ Adrenal suppression does not appear to be dose related. It generally persists for 6-8 hours; however, reports have shown suppression for up to 4 days after a single dose.¹ This side effect is concerning for providers who treat septic patients, as inherent rates of relative adrenal insufficiency in sepsis as high as 77% have been reported.⁴

Two studies have evaluated adrenal insufficiency associated with etomidate in septic patients. In a 2006 study, Mohammad, et al. assessed the incidence of relative adrenal insufficiency after etomidate administration in patients with septic shock. Thirty-eight patients received etomidate before a cosyntropin stimulation test, with the median time interval between etomidate administration and stimulation test being about 7 hours. The incidence of relative adrenal insufficiency was 76% in patients receiving etomidate compared with 51% in patients undergoing induction with another unidentified agent (p = 0.0077).⁵

In 2008, Cotton and colleagues evaluated risk factors for developing adrenal insufficiency in critically ill trauma patients. They retrospectively studied trauma

patients in the intensive care unit who underwent cosyntropin stimulation testing in 2002-2004. Patients were deemed to have etomidate exposure if they had received etomidate 24 hours or more before testing. Patients who received etomidate within 24 hours of testing were excluded from etomidate exposure analysis. Testing was performed in 137 patients of which 83 (60.6%) were nonresponders. Rates of etomidate exposure were significantly higher in the nonresponder group (71%) compared to the responder group (52%) (p < 0.01). This risk remained after controlling for covariates of age, mechanism of injury, Injury Severity Score, and Revised Trauma Score. Rates of sepsis/septic shock, mechanical ventilation, and mortality were similar between responders and non-responders. Of the 87 patients with etomidate exposure, only 9 patients had exposure within 48 hours of cosyntropin stimulation testing. The range of time from exposure was not reported for the remaining 78 intensive care patients. After excluding the 9 patients from analysis, adrenal insufficiency risk after exposure remained significant.⁶



Though it is important to understand the correlation of etomidate with relative adrenal insufficiency in the presence of sepsis, patient outcomes are of greater importance in clinical practice. To date, two studies have evaluated outcomes in patients with relative adrenal insufficiency in sepsis and the associated use of etomidate.

The 2007 Corticus study sought to refine the value of baseline and ACTH-stimulated cortisol levels in relation to mortality from severe sepsis or shock. Four hundred and seventy-seven patients with severe sepsis and septic shock who had undergone an ACTH stimulation test on the day of onset of severe sepsis were studied in 20 European intensive care units. Patients were excluded from the evaluation if they had received etomidate within 24 hours of the ACTH stimulation test. Half of the patients received at least one dose of etomidate more than 24 hours before inclusion in the study. In the 237 etomidate-treated patients, nonsurvivors had lower cortisol concentrations than survivors (24.5 ± 15.7 vs. 29.2 ± 21.4, p = 0.05). Nonsurvivors also displayed smaller increases in baseline cortisol values in response to the stimulation test (7.6 ± 5.7 vs. 10.5 ± 2.4, p = 0.04). Treatment with etomidate was associated with an increased risk of death, particularly in patients who did not receive steroids.⁷

Clinical Pearl: Etomidate and Adrenal Suppression in Sepsis Cont.

A 2008 study by Kim, et al. compared the incidence of adrenal insufficiency and mortality between septic shock patients who received etomidate and patients who received midazolam.⁸ In contrast with the previously presented studies⁵⁻⁷, patients with cosyntropin stimulation tests performed within 24 hours of administration of induction agents were included. Sixty-five patients were analyzed in the study. The hospital mortality rate was 36% in the etomidate group and 50% in the midazolam group, however this difference was not significant ($p = 0.269$). The incidence of relative adrenal insufficiency was significantly increased in the etomidate group compared to the midazolam group (84% v. 48%, $p = 0.003$). In a secondary multivariate analysis, etomidate use was the only significant factor affecting the incidence of relative adrenal insufficiency (OR, 5.59, 95% CI 1.61-19.4).⁸ The different design employed in this study makes comparisons with previous data difficult.

In summary, etomidate is associated with transient adrenal suppression, and this finding has been confirmed as an independent risk factor for relative adrenal insufficiency in sepsis. However, the clinical implications of the utilization of etomidate for rapid sequence intubation in sepsis have not been completely elucidated. Until further clarification becomes available, providers who are involved in rapid sequence intubation should evaluate each patient and consider downstream effects of etomidate as an induction agent.

REFERENCES:

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2. Prigent H, Maxime V, Annane D. Science Review: mechanisms of impaired adrenal function in sepsis and molecular actions of glucocorticoids. *Crit Care* 2004; 8(4): 243-52.
3. Corticotropin, ACTH. In: Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2009 [cited June 30, 2010].
4. Annane D, Sebille V, Charpentier C, Bollaert PE, Francois B, Korach JM, et al. Effect of treatment with low doses of hydrocortisone and fludrocortisone on mortality in patients with septic shock. *JAMA* 2002; 288: 862-71.
5. Mohammad Z, Afessa B, Finkelman JD. The incidence of relative adrenal insufficiency in patients with septic shock after the administration of etomidate. *Crit Care* 2006; 10(4): R105.
6. Cotton BA, Guillaumondegui OD, Fleming SB, Carpenter RO, Patel SH, Morris JA Jr, et al. Increased risk of adrenal insufficiency following etomidate exposure in critically injured patients. *Arch Surg* 2008; 143: 62-7.
7. Lipiner-Friedman D, Sprung CL, Laterre PF, Weiss Y, Goodman SV, Vogeser M, et al. Adrenal function in sepsis: the retrospective Corticus cohort study. *Crit Care Med* 2007; 35: 1012-8.
8. Kim TY, Rhee JE, Kim KS, Cha WC, Suh GJ, Jung SK. Etomidate should be used carefully for emergent endotracheal intubation in patients with septic shock. *J Korean Med Sci* 2008; 23: 988-91.

Upcoming Events

Date	Event	Location
Thursday, September 16, 2010	Western District Meeting	Ted's Escondido, Oklahoma City
Tuesday, September 28, 2010	Eastern District Meeting	French Hen, Tulsa
Friday, October 8, 2010	OSHP Fall Meeting	St.John's Hospital, Tulsa
December 5-9, 2010	ASHP Midyear Clinical Meeting	Sands Hotel, Las Vegas, NV

Welcome 2010 Oklahoma Residents

Name	Specialty	Affiliation	Graduated From	Grad Year	Prior Residency
Ross Clark	PGYI Pharmacy Practice	Chickasaw Nation Health System	OU	2010	
Michael Brady	PGYI Pharmacy Practice	Choctaw Nation Healthcare Center	Creighton University	2010	
Donnie Hodge	PGYI Pharmacy Practice	Claremore IHS	SWOSU	2010	
Lisa Nguyen	PGYI Pharmacy Practice	Integris Baptist Medical Center	OU	2007	
Trevor Knol	PGYI Pharmacy Practice	Norman Regional Health System	OU	2010	
Stefanie Stogsdill	PGYI Pharmacy Practice	Norman Regional Health System	OU	2010	
Krista Brooks	PGYI Pharmacy Practice	OKC Dept. of Veterans Affairs Med. Center	SWOSU	2010	
Frank Lee Boyd	PGYI Pharmacy Practice	OKC Dept. of Veterans Affairs Med. Center	Texas Tech Univ	2010	
Jenny Chen	PGY2 Infectious Diseases	OKC Dept. of Veterans Affairs Med. Center	Univ. of Southern Nevada	2009	Sacred Heart Hospital, Pensacola, FL
Anna Nguyen	PGYI Pharmacy Practice	Saint Francis Hospital	Univ. of Pacific	2010	
Rebecca Stodieck	PGYI Pharmacy Practice	Saint Francis Hospital	SWOSU	2010	

Welcome 2010 Oklahoma Residents

Name	Specialty	Affiliation	Graduated From	Grad Year	Prior Residency
Heather Edwards	PGY2 Primary Care	OU College of Pharmacy- Oklahoma City	SWOSU	2009	Integris Baptist Medical Center
Holly Herring	PGY2 Cardiology	OU College of Pharmacy- Oklahoma City	OU	2009	OU College of Pharmacy- OKC
Sarah Hopps	PGY2 Oncology	OU College of Pharmacy- Oklahoma City	OU	2009	Rush Medical Center, Chicago, IL
Kelsey Kohman	PGY2 Internal Medicine	OU College of Pharmacy- Oklahoma City	Univ. of Kansas	2009	Via Christie, Wichita, KS
Misty Miller	PGY2 Pediatrics	OU College of Pharmacy- Oklahoma City	OU	2009	OU College of Pharmacy- OKC
Christina Bulkley	PGY1 Pharmacy Practice	OU College of Pharmacy- Oklahoma City	OU	2010	
Candace Hooper	PGY1 Pharmacy Practice	OU College of Pharmacy- Oklahoma City	OU	2010	
Jessica Collum	PGY1 Community Practice	OU College of Pharmacy- Oklahoma City	SWOSU	2010	
Ruth Garrison	PGY2 Primary Care	OU College of Pharmacy- Tulsa	OU	2009	VA Medical Center, OKC
Julie Nix	PGY1 Community Practice	OU College of Pharm/ Osbourne Drug-Miami, OK	OU	2010	
Carl Coats	PGY1 Pharmacy Practice	W.W. Hastings Indian Hospital- Tahlequah, OK	SWOSU	2010	

Oklahoma Society of Health-System Pharmacists

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To submit an article, photos, or updates, send an email to:

Winter Smith
Winter-Smith@ouhsc.edu

— or —

Debbie Poland
dpoland@nrh-ok.com

Help OSHP grow—forward this newsletter to your coworkers and print copies for others to read.

— Thanks for your support

Our Goals

- Advance rational, patient-oriented drug therapy.
- Promote pharmacists as integral members of the health care team, fully utilizing their clinical and drug-use-control functions.
- Serve as a primary advocate for advancing professional practice, enhancing the cost-effectiveness of pharmaceutical services, and improving the quality of patient care.
- Promote the pharmacists' value to patients to insure that appropriate medication management is applied for their benefit.
- Encourage good health by fostering the optimal and responsible use of drugs, including prevention of improper or uncontrolled usage.
- Assure sufficient, competent manpower in the profession by offering education and training programs.
- Contribute to continuing education programs for pharmacy practitioners and support staff.
- Provide leadership in the identification, analysis and evaluation of health care trends and in the development of public policy, and address legislative and regulatory initiatives of concern to the pharmacy profession.

Not yet a member of OSHP? Join Today!

Benefits

- **Meetings and conferences** provide current information pertaining to all areas of the health-system pharmacy profession and related areas.
- **Monthly district meetings** are an excellent opportunity for continuing education.
- **Networking with pharmacy professionals**, sharing past work experiences, and generating new ideas.
- **Opportunity to participate** in the future planning of health-system pharmacy.

Membership Categories

- Active - Pharmacist: \$75.00/year
- Active - First Year Pharmacist Licensee: \$50.00/year

Associate Members:

- Supporting: \$50.00/year
- Technician: \$20.00/year
- Pharmacy Student: \$20.00/year

For full details about membership in OSHP visit <http://www.oshp.net>

New Members

- | | |
|-----------------------|--------------------|
| Melissa Anderson | Tara Newton |
| Megan Andrews | Van Nguyen |
| Aaron Beach | Long Nguyen |
| Kirsten Boggs | Christy Pennington |
| Justin Booth | Dana Pierce |
| Christina Bulkley | Lourdes Ramos |
| Simona Busuioc | Chris Rice |
| William Chapman | Michelle Richard |
| Chelsea Coates | Amy Riley |
| Jessica Cochran | Beth Rutherford |
| Michelle Cox | Tiffany Sanders |
| Susan Dozal | Jo'Nel Speegle |
| Heather Edwards | Alan Spies |
| Padmanie Espinal | Diana Steint |
| Miki Finnin | Laura Tarrh |
| Jackie Harper | Alexandra Taulbee |
| Chris Harrison | Karen Thompson |
| Holly Hoffman-Roberts | Stephanie Tyler |
| Allison Hooper | Dwight Vance |
| Sukaina Hussain | Coty Walters |
| Fred Keehn | Tabatha Welker |
| Minhye Kim | Amy Wesson |
| Emily Lam | Bethany Wilson |
| Lisa Lauderdale | Melissa Wilson |
| Justin Lee | Bruce Winchester |
| Kyle Nettleingham | |