

Spring 2012

OSHP Newsletter

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Letter from the President

Ann Lloyd, Pharm.D., BCPS

Welcome to all new and current members of OSHP. I look forward to serving you as your 2012-2013 President of OSHP.

I would like to thank the outgoing Board of Directors for the countless hours that they put into making OSHP a successful organization. I have learned so much from them in the past year serving as President-elect. Please join me in extending thanks to Past-President, Chelsea Church, outgoing Secretary, Edna Patatianian, and outgoing Eastern District Chair, Mark Mills.

I would like to say thank you in advance to the 2012-2013 Board of Directors who will serve with me this year: Nancy Williams as Past-President, Miki Finnin as President-Elect, Kari McCracken as Secretary, Pete Johnson as Treasurer, Teresa Truong as Western District Chair, and Kristie Williams as Eastern District Chair. Shirley Dunn, our staff secretary, will continue to help us with the day to day management of the organization.

I believe that we should focus on the mission of OSHP as a platform for the direction of the organization over the next year. As the healthcare system changes with new regulations and advances in technology, the practice of pharmacy must change, too. I believe that we need to continue to promote the importance of the pharmacist as an integral member of the healthcare team. We need to look for innovative areas for pharmacists to become engaged on the patient-centered team. And, we need to further our collaborations with the other pharmacy organizations in the state to advance these efforts.



President's Letter - continued

OSHP has a history of involvement with proposed legislative and regulatory changes. I plan to continue our efforts in this area through the strong leadership of the Legislative Committee. Through their efforts and in collaboration with the other state pharmacy organizations, I believe that pharmacy can provide a unified voice, successfully promoting the changes we believe are necessary for our profession.

Under the leadership of Past-president Williams, we started a mentoring program to engage our students and new practitioners. I believe that we must find ways to energize these new leaders to become change agents within our profession. I hope that many of our new practitioners will consider service to OSHP by joining one of the standing committees. We will also engage our future practitioners by maintaining our support of the student chapters of OSHP at both colleges of pharmacy in the state.

We will continue to provide our membership with educational opportunities at the district meetings and the fall and annual meetings. I would like to challenge the Programming Committee to consider partnering with fellow pharmacy organizations as well as reaching out across the state to all of our health-system pharmacists. I hope they will consider offering specialized workshops or summits on topics critical to pharmacists in our state.

It is my hope that this is the year that the OSHP membership truly embraces our mission and tag line of LEAD: *leading, educating, advocating, and developing* for Oklahoma Health-System Pharmacists. Please think about what you can do to find your place in our organization. I have sent the call for volunteers to serve on our standing committees, and I look forward to hearing both from returning committee members as well as some of you who have not been involved in the past. Thank you for your support. I look forward to serving you as President of OSHP this year.



Newly installed officers: (L-R): Miki Finnin (President-Elect),
Kristie Williams (Eastern District Chair), and Kari McCracken (Secretary)

2012 Annual Meeting Summary

This year's annual meeting was held on March 30th at the St. John Medical Center Mary K. Chapman Health Plaza in Tulsa. There were 101 attendees, which included 67 pharmacists, 7 pharmacy residents, 23 pharmacy students, and 4 pharmacy technicians. ACPE-accredited continuing education was provided for pharmacists (6 hours) and pharmacy technicians (3.5 hours). Session topics focused on medication safety, national pharmacy issues, medical websites, stroke prevention in atrial fibrillation, and drugs of abuse. Additionally, a pharmacy director's panel was held and Oklahoma pharmacy resident research was showcased during the residency project pearls sessions. Updates were provided by representatives from the Oklahoma State Board of Pharmacy, Oklahoma Pharmacists Association (OPhA), SWOSU College of Pharmacy, and OU College of Pharmacy. Between the morning and afternoon sessions, awards were presented and new officers installed. Attendees enjoyed the vendor showcase during the morning break and at lunchtime. Many thanks to our vendors for your support! Door prizes were provided by ASHP and OSHP.

Congratulations to our OSHP Award Recipients! Thank you for your contributions to OSHP and the profession of pharmacy.

- Health-System Pharmacist of the Year – Chelsea Church
- Continuing Excellence Award – Darin Smith
- Sylvia J. Martin Outstanding Technician Award – Laurie Elaine Johnson
- President's Leadership Award & Bristol-Myers-Squibb Award – Nancy Williams
- Past President's Award – Chelsea Church
- Service Awards
 - Mark Mills – OSHP Eastern District Chair
 - Edna Patatanian – OSHP Secretary
- OSHP Scholarships
 - Christine H. Castro (OUCOP)
 - Duy M. Nguyen (SWOSU)

Congratulations to our new and continuing OSHP officers! We look forward to working with you this year.

- President – Ann Lloyd
- President-Elect – Miki Finnin
- Past President – Nancy Williams
- Secretary – Kari McCracken
- Treasurer – Peter Johnson
- Eastern District Chair – Kristie Williams
- Western District Chair – Teresa Truong

Eastern District Yearly Summary

If attendees need a CE certificate for the Eastern District meetings, please send an e-mail to the OSHP Eastern District Chair at OSHPEasternDistrictChair@yahoo.com along with your name and the e-mail address indicating where you would like the certificate to be sent. Feel free to email me with questions and/or concerns.

2012 Meetings

Date	Topic	Speaker	OK CE Hours*	Attendees
January 17 th	Treatment of Opioid Induced Constipation	Gregory Holmquist, Pharm.D., CPE	1	47
February 21 st	The Role of Intravenous Acetaminophen for Postoperative Pain	Brian Burleson, Pharm.D., BCPS	1	46
March 8 th	Rivaroxaban for Reducing the Risk of Stroke and Systemic Embolism in Patients with Nonvalvular Atrial Fibrillation	Jeff Stroup, Pharm.D., BCPS, AAHIVE	1	37
May 1 st	Managing Iron Deficiency Anemia with Feraheme® (ferumoxytol) Injection For Intravenous (IV) Use in Adult Patients with Chronic Kidney Disease	Jay Walls, MD	1	27

*pending or approved

Thank you to Salix, Cadence, Johnson and Johnson, and AMAG Pharmaceuticals for sponsoring these programs.

Upcoming Meetings (All Tentative):

- June 21st – Exploring the Pharmacology of Pradaxa in Patients with Non Valvular Atrial Fibrillation
- July 12th - Immune-Mediated Coagulopathy: An Under-Recognized Post-Operative Complication
- August – Topic will be Curosurf (poractant alfa) – more information to follow

Thank you to Boehringer-Ingelheim, ZymoGenetics, and Cornerstone Therapeutics for sponsoring these upcoming meetings.

I look forward to seeing the Eastern District members at the meetings!

Kristie Williams, Pharm.D.
OSHP Eastern District Chair, 2012-2014

Western District Yearly Summary

There is a new method for obtaining a Certificate of Attendance. If attendees need a certificate, please indicate this at the same time you RSVP for the Western District meetings. If indicated, I will EMAIL the certificate to you the day after the meeting. Feel free to email me with questions and/or concerns regarding this new method.

2012 Meetings

Date	Topic	Speaker	OK CE Hours*	Attendees
February 23 rd	Pradaxa Efficacy, Safety, Dosing, and Administration	Philip C. Comp, M.D., Ph.D.	1	52
March 8 th	Current Clinical Developments in Community-Acquired Bacterial Pneumonia and Acute Bacterial Skin and Skin Structure Infections	David J. Ritchie, Pharm.D., FCCP, BCPS	1	48
April 26 th	Immune-Mediated Coagulopathy: An Under-Recognized Post-Operative Complication	Bradley Boucher, Pharm.D., FCCP	1	22
May 17 th	Epidemiology and Treatment: Strategies for Healthcare-Associated Pneumonia (HCAP)	Himal Bajracharya, M.D.	1	32

*pending or approved

Thank you to Boehringer-Ingelheim, Forest, ZymoGenetics, and Pfizer Pharmaceuticals for sponsoring these programs.

Upcoming Meetings (All Tentative):

- June 12th – Asthma Assessment and Management: An Interactive Case-Based Discussion
 - Speaker: Louay K. Nassri, M.D., FAAP, FCCP
- August 23rd – Topic to be announced

Thank you to Merck, and GlaxoSmithKline for sponsoring these upcoming meetings. I look forward to seeing the Western District members at the meetings!

Teresa Truong, PharmD, BCPS, CDE
 OSHP Western District Chair, 2011-2013

Clinical Pearls: Is there a risk for reaction to hetastarch in a latex-allergic surgical patient?

**Julia Chiappe, Pharm. D., Drug Information Specialist;
INTEGRIS Baptist Medical Center**

QUESTION: Is a surgical patient with a latex allergy at risk for hypersensitivity reactions to hetastarch?

FOLLOW-UP: Suspected hetastarch reactions occurred perioperatively in another facility in patients with documented allergies to latex. The case report by Ritchey et al.¹ had been found by the requestor and prompted this inquiry.

ANSWER:

The important question to address appears to be whether latex allergy should be considered a contraindication to hetastarch administration. Findings to support this may warrant significant updates with warnings within electronic order entry systems. A review of the pharmacologic and safety information for the hetastarch subclass will precede discussion of any cross-sensitivity potential between latex and hydroxyethyl starch.

Hydroxyethyl starches (HES) are colloids synthetically derived from a waxy corn starch (amylopectin) by substituting hydroxyethyl groups within the polymer.¹ The degree of molar substitution and resultant higher molecular weight is directly related to rate of elimination and is the main classifying characteristic. Immunogenicity has been theorized but never proven to be related to degree of molar substitution.^{2,3} HES available in the U.S. are latex free, including the highly substituted hetastarches Hespan[®] and Hextend[®] as well as the minimally substituted tetrastarch (Voluven[®]).⁴⁻⁶ Internationally available hexastarch and pentastarch follow HES nomenclature with substitutions of 60 and 50 hydroxyethyl groups respectively for every 100 glucose units within the amylopectin polymer.^{7,8}

One of many safety issues to consider with HES is hypersensitivity to hydroxyethyl starch or any component of the formulation. A precaution in the hetastarch labeling describes potential cross-sensitivity in patients allergic to corn due to the amylopectin originating from corn starch. The same precaution does not appear in the tetrastarch prescribing information, although both agents are derived from corn starch.⁴⁻⁶

Both the event itself and causative agents involved in perioperative hypersensitivity events are difficult to identify in anesthetized and surgically draped patients receiving multiple agents in a short period of time.^{1,9} Colloids are considered to be one of the least common triggers of such events¹⁰ with HES possessing much lower immunogenicity compared to albumin and dextran. In a prospective study by Dieterich et al., the low incidence of hypersensitivity reactions reported for HES was explored by studying sera of 1004 patients 14 days after HES exposure. Immunogenicity of HES was found to be very low with only one patient developing antibodies of the IgM subclass without any adverse reactions. The HES-induced antibody was directed against the hydroxyethyl group and not against the starch molecule itself, likely due to its similarity to glycogen prevalent in human cells.²

Clinical Pearl – continued

Hall et al. summarized two evaluations published in the 1970s by Beez and Dietl, and Ring and Messmer. A 0.0004% incidence of allergic reactions and 0.006% risk of life-threatening reactions were estimated respectively from the two separate reports.¹¹ Another study, cited by Saudan, reported a 0.058% incidence of HES-induced anaphylactoid reactions in adults compared to 0.099% for albumin and 0.273% for dextran.³ Angioedema, hypotension, and urticaria are possible anaphylactoid reactions to HES due to non-IgE-mediated immunologic mechanisms. Rarely, anaphylaxis due to an IgE-mediated immunologic reaction is possible and has been reported.⁹ Pruritus induced by HES is a very common reaction thought to be due to deposition and slow elimination of HES from the cells of the monocyte-macrophage system of the skin. Incidence of HES-induced pruritus is estimated at 34% with 44% of the pruritus cases becoming severe and refractory to treatment. The onset may be delayed up to six weeks after HES exposure and pruritus can persist up to 24 months. HES deposits causing prolonged, refractory pruritus appear to be dose dependent and will eventually subside once deposits clear.^{9,12-14} These agents may cause both IgE-mediated and non-IgE mediated immunologic reactions.⁹

Vercauteren et al. described an anaphylactoid reaction consisting of bronchospasm, perifascial edema, and hypotension occurring one minute after infusion of less than 20 mL of 6% pentastarch solution during C-section delivery. The HES was used to prevent hypotension associated with neuraxial anesthesia. Allergy/hypersensitivity history for the patient was not discussed in the report.⁷

Ritchey et al. described a case of a 78-year-old female with a history of experiencing perioperative hemodynamic decompensation during multiple surgical procedures. Her allergy list included nausea and pruritus with codeine, and cardiovascular collapse with iodinated contrast dye. The patient was labeled as having anesthesia-related intolerance. A subsequent procedure was undertaken in a latex-free environment using neuraxial anesthesia and intra-arterial blood pressure monitoring. Five minutes after infusion of hetastarch 6% in lactated Ringer's (Hextend[®]), the patient developed pruritus and severe nausea and vomiting, as well as hypotension which responded to epinephrine. The pruritus subsided and no rash developed. The hetastarch infusion was discontinued after 150 mL had been given. A re-challenge inadvertently occurred in the PACU when the hetastarch was restarted and the patient developed pruritus and chest pain. This was discontinued after less than 50 mL had infused. A retrospective review of the patient's medical records for past surgeries revealed that she developed cardiovascular decompensation immediately and only after hetastarch administration on four separate occasions. Past surgeries not involving infusion of hetastarch resulted in no adverse events. None of the prior surgeries was conducted in a latex-free environment. Prior to discharge, the patient was found to have a highly positive radioallergosorbent test (RAST) to latex, but no history of manifested clinical reaction to latex. Eleven weeks after the event, formal intradermal testing with various dilutions of hetastarch were negative with positive histamine controls. Intradermal testing with latex was not performed to rule out a false positive RAST. The consulting allergist felt that the reactions were due to latex anaphylaxis. A non-IgE mediated reaction involving hetastarch also was deemed a possibility. The author discussed in detail great disagreement with the allergist's findings.¹

Clinical Pearl – continued

Hall et al. described an intraoperative reaction occurring within minutes of initiation of 6% hetastarch (Hextend®) solution ten minutes before the end of nephrectomy surgery in a 22-year-old male. He had no prior surgical history and only a codeine allergy documented. Approximately 200 mL of hetastarch had infused when mechanical ventilation became difficult and blood pressure decreased dramatically. The hetastarch was discontinued and agents given to reverse an allergic reaction. The patient's vital signs recovered ten minutes after receiving albuterol, phenylephrine boluses, ephedrine, isotonic crystalloid, and epinephrine. He had received no other IV medications for 45 minutes prior to the hetastarch solution given towards the end of the procedure. After removal of the surgical drapes, it was noted that the patient had an urticarial rash. This resolved within eight hours. Allergy skin tests performed two months after the event were negative for latex, lidocaine, propofol, cisatracurium, succinylcholine, vecuronium, midazolam, fentanyl, ondansetron, neostigmine, and cefazolin. The hetastarch skin tests using multiple dilutions as well as undiluted solution also were negative, pointing to a non-IgE mediated anaphylactoid reaction.¹¹

Ebo et al. described a 46-year-old female who developed urticaria and hypotension immediately after infusion of a European pentastarch solution. She had a history of atopy and prior surgeries without consequence. The patient refused skin testing; however, four months after the event alternative analyses were conducted. A diagnosis of IgE-mediated drug allergy was based on measuring the presence of IgE-sensitized basophils. This case report was the first to report an IgE-mediated reaction to pentastarch.¹⁵

After review of the most recent published case reports involving perioperative reactions to HES, no correlation was found between a history of presumed or confirmed latex allergy and risk for allergy to HES solutions. The report by Ritchey et al., identified by the requestor, described the patient's IgE-mediated sensitivity to latex as a separate finding from a possible non-IgE-mediated reaction to hetastarch. The other case reports did not report latex allergy history. Further information about the cases observed at the outside facility should be gathered, analyzed, and possibly published to add to the knowledge on this important topic. Special attention to corn allergies and to how latex allergies were discovered and manifested in the patients may lead to alternative conclusions. For example, individuals allergic to corn starch on powdered gloves could have been labeled with a latex allergy. Identifying causes for perioperative hypersensitivity reactions is a well known challenge. At this time, review of the relatively rare reports of HES hypersensitivity reactions does not suggest latex allergy as a risk factor for development of such a reaction.

References

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7. Vercauteren MP, Coppejans HC, Sermeus L. Anaphylactoid reaction to hydroxyethylstarch during cesarean delivery in a patient with HELLP syndrome. *Anesth Analg* 2003;96:859-61.
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9. Hydroxyethyl starch allergy (Drug allergy and idiosyncratic reactions). Lexi-Comp Online™, Hudson, Ohio: Lexi-Comp, Inc.; accessed May 7, 2012.
10. Ledford DK. Perioperative anaphylaxis: Clinical manifestations, etiology, and diagnosis. In: UpToDate, Basow DS (Ed), UpToDate, Waltham, MA, 2012.

SWOSU Spring 2012 sOSHP Chapter Highlights

Advisors: Tiffany Kessler and Nancy Williams

Spring semester was quite busy and productive. We hosted several guest speakers at meetings and ended with a very successful Professional Development Project. We started off with a membership drive in January. It was a full house at this meeting. About 30 students showed up and were very interested in joining the OSHP student chapter this semester.

For our February student chapter meeting, Dr. Edna Patatanian, SWOSU faculty member at Mercy Health Center in Oklahoma City, educated us about her work in geriatric pharmacy. She described her accomplishments after graduation from pharmacy school, and she shared with us her experience in a primary care residency. She also gave a brief description of all the different residency programs available in Oklahoma while encouraging students to apply. Students were very interested and enthusiastic about these programs.

In March, we welcomed Dr. Tracy Hagemann, Dr. Jamie Miller, who is a Southwestern College of Pharmacy alumnus, and Dr. Erin Lammers, a PGY-2 pediatrics resident from OU Health Sciences Center. They all shared with us their experiences in pediatric residencies and roles as leaders in various organizations. Students received a lot of insights on pediatric residencies from them. Furthermore, Dr. Hagemann also provided us an update on pharmacy advocacy and what we students can do to help to make our pharmacy voices heard.

For April, instead of having our traditional monthly meeting with a guest speaker, we hosted a residency discussion panel that was open to all college of pharmacy students. For this panel, we invited Dr. Krista Brooks, another Southwestern College of Pharmacy alumnus and recent graduate from a PGY-1 residency at the VA Medical Center, to give students an introduction to residencies. Three current PGY-1 residents from Norman Regional Health System were invited and came with Dr. Nancy Williams to complete our panel. They all gave us their perspectives on the process of applying for residency programs, CV and interview tips, how students can prepare for residency, vital information on different residency programs and how to find additional information, and their experiences as current residents. This panel was a non-traditional meeting that was very successful and informative.

SWOSU - continued

Finally, we had our big fundraiser of selling t-shirts and baked goods for the spring semester. Thank you to the officers from the fall and spring; they came up with some very neat and humorous designs for t-shirts. We also elected new officers for the fall 2012 semester at our March meeting. A lot of the old officers decided to stay and continue their contribution to sOSHP while some new officers were welcomed on board. Congratulations to the new officers! Keep up the good work! Our last project for the semester is to submit the paperwork to ASHP to continue our recognition as a Student Society of Health-System Pharmacy (SSHP). We are very proud about being an officially recognized ASHP-SSHP.

That wraps up what we had accomplished for the spring semester. All of us are really looking forward to the exciting activities that next semester will bring. We are very proud of what we accomplished this year. We would like to thank all of our officers for their hard work during the past year that makes it all possible. Also, we would like to thank our faculty advisors for being so patient and supportive!

Officers	Spring 2012	Fall 2012
President	Victoria Lam	Melody Elder
President-Elect	Melody Elder	Jennifer Le
Secretary	Jennifer Le	Thomas Tran
Treasurer	Corey Williams	Corey Williams
Fundraising Co-Chairs	Thomas Tran Ying Lin	Nazifa Chowdhury Nhu Tran

Faith Hospice Community Service



SWOSU Student distributing med card at Agape



OU Spring 2012 sOSHP Chapter Highlights

Faculty advisors: Michele Splinter and Ann Lloyd

The University of Oklahoma student chapter had a very involved spring semester. In **February**, Debra Weatherford, ARNP, CNS and Dr. Michele Splinter, Pharm.D., M.S., BCPS spoke of their experiences on a multidisciplinary team at the OU Medical Center and their previous experiences in health care systems.

In **March**, we held a joint meeting with APhA-ASP. Tim Litsch, from Prime Therapeutics, spoke about mail-order pharmacy, an area many students had never been exposed to before. He described the company and a pharmacist's role in a mail-order pharmacy.



In **April**, we had officer elections for the following positions: President, Vice-president (Tulsa and OKC), Secretary (Tulsa and OKC), Treasurer (Tulsa and OKC), Service Chair (Tulsa and OKC), and Historian (Tulsa and OKC). The elected officers for the 2012-2013 are noted below.

On April 14th, 2012, the chapter participated in the Big Event, a campus-wide community service project held on both Oklahoma City and Tulsa campuses. In OKC, we had a poison prevention booth at the Ralph Ellison Library where we passed out pamphlets and brochures to parents and children. We also played a poison prevention game to reinforce which household items are considered poison and which are not.

Members on the Tulsa campus also participated in the Big Event by volunteering at Patrick Henry Elementary School. Members helped out with various improvement projects around the school, such as repainting furniture, decorating classroom doors, and doing yard work. While these activities were not health-related, we were still able to get out and represent the organization.

On April 16th, 2012, our members participated in the Department of Mental Health's children's picnic with the Poison Control Center on the state capitol grounds. We set up a booth with various activities and games for the children to learn about poison prevention.

This year sOSHP had the opportunity to start a new program in collaboration with Marcus Garvey, a local charter school, in order to educate elementary age students about the dangers of poisons within the home. sOSHP members developed lesson plans and presented the material to the students during their one hour substance abuse prevention class. The lesson plans consisted of poison awareness and prevention. We hope to continue this program for years to come, improving and adding to it as we progress.

OU- continued

sOSHP members presenting the material to the students during their one hour substance abuse prevention class.



The University of Oklahoma's sOSHP has again gained recognition as an Officially Recognized Student Society of Health-System Pharmacy by ASHP. As such, one student received a free registration to the ASHP Midyear meeting. This was given to Long Nguyen, who attended the meeting and presented a poster explaining the Marcus Garvey project. In addition, Sheeva Chopra received a leather portfolio as current president of an officially recognized chapter. Amulya Vanguri received the past president's award. We would like to thank all the 2011-2012 officers for their hard work and welcome the new officers for 2012-2013.

	Spring 2011-Spring 2012	Fall 2012-Spring 2013
President	Sheeva Chopra	Roshni Patel
Vice-President	Tiffeny Tu (OKC) Kyle Cohenour (Tulsa)	Amy Sid (OKC) Rebekah Panak (Tulsa)
Treasurer	Joseph VanTuyl (OKC) ThanhHien Wang (Tulsa)	Courtney Bishop (OKC) Calli McLean (Tulsa)
Secretary	Amy Sid (OKC) Whitney Lewis (Tulsa)	Xiangyu Tan (OKC) Lindsey Crane (Tulsa)
Historian	Debbie Leung (OKC) Allyson Votruba (Tulsa)	Stephanie Garland (OKC) Allyson Votruba (Tulsa)
Service Chair	Roshni Patel (OKC) Sarah Martien (Tulsa)	Ruby Oh (OKC)

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 (yearly dues)

- Active pharmacist - \$75.00
- Active – 1st year pharmacist licensee - \$50.00

Associate Members

- Supporting - \$50.00
- Technician - \$20.00
- Pharmacy Student - \$10.00



Edna Patatanian and Nancy Williams



Beverly Black (ASHP) and Nancy Williams

Mark Mills and Nancy Williams



Beverly Black (ASHP) and Pete Johnson



Shirley Dunn and Nancy Williams



Beth Resman-Targoff and Chelsea Church,
"OSHP Hospital Pharmacist of the Year"

Panel members (L-R): Darin Smith, Jacyntha Sterling, and Fred Keehn



Nancy Williams showing the winning OSHP t-shirt designed by the SWOSU sOSHP Chapter.

OU students enjoying the meeting





Darin Smith – “Continuing Excellence Award” and Michele Splinter

Christine Castro (OU Scholarship Winner) and Michele Splinter



Duy Nguyen (SWOSU Scholarship Winner) and Michele Splinter



Laurie Johnson (Sylvia J. Martin Outstanding Technician Award Winner) and Michele Splinter



Some of the exhibitors.

Talking with the exhibitors.

