



## Connecticut Society of Health-System Pharmacists

*Informing and Advocating for Professional Pharmacists in Connecticut.*

# NEWS BRIEF

**Summer/July /2016**

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**Legislative Update**

**Continuing Education**

Dear Sherri ,

We hope you are enjoying the summer and recharging your professional batteries to prepare yourself for the busy fall. CSHP has two major conferences scheduled

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[Pharmacy Technician News](#)  
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in the fall, and I encourage all members to attend at least one of these events: Tri-State Health System Pharmacy Educational Summit on September 30th and the *Catch the Wave* and Greg Gousse Residency Conferences on November 11th.

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~PharmacyTechnicianCE.org

**CSHP Headquarters**

888-506-3784

[office@cshponline.org](mailto:office@cshponline.org)

We don't want to lose you. If  
your home or work contact  
information  
has changed,  
please let us know.

Another important activity for CSHP members is the opportunity to recognize colleagues by nominating them for CSHP Awards and to serve on the CSHP Board of Directors. We all work with colleagues who distinguish themselves daily with their excellent work and service to the profession. The CSHP awards are an opportunity to give those Society members special recognition beyond the walls of the institution in which you work. By nominating colleagues for these awards, you shine a light on those role models and help inspire other Society members to reach beyond their current limits. Please nominate colleagues for our annual CSHP awards by August 5th at 4 p.m.

Lastly, volunteer leadership activities such as service on the Board of Directors help hone leadership skills and offer opportunities for learning that ultimately pay big rewards for your career. Moreover, these activities help advance the Society and profession. If you are interested in taking a formal leadership role in CSHP, review the open Board positions and put your name forward for the opening that best fits your talents. Nominations for the 2017 Board of Directors are due on Monday, July 25th, 4 p.m

The CSHP Board of Directors looks forward to your engagement in the CSHP activities described above. Remember, as a CSHP member, you have a say in what the Society does, how it is done and how we represent the interests of your profession. As a CSHP family, we all LEARN, SERVE, TEACH and GROW together!

Please engage in these activities so you can realize your full professional potential!

Sincerely,

Eric M. Tichy, PharmD, BCPS, FCCP  
2016 CSHP President

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**Inside CSHP**

**CSHP Leadership Opportunities**

It's not too late to submit your nominations for the 2017 CSHP Board! Members of the Board have the opportunity to play a significant role in guiding the Society and have an influence on the future of your profession. In addition to the specific responsibilities listed below, every Board member should be willing to be actively engaged in the business of the Society, to attend Board meetings and to support the activities of the Society as needed.

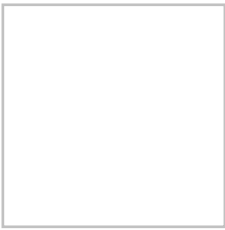
**Nominations Deadline: 4 p.m., July 25th**

Please take a moment to review the CSHP offices & their responsibilities:

**President-Elect:** Term of office -3 years (1 year as President-Elect, 1 year as President, and 1 year as Immediate Past President)

The President-Elect assumes the duties of the President in his/her absence. The Immediate Past President is the nominee of the Board of Directors as a state delegate to the ASHP House of Delegates during the year in which s/he is President-Elect. Both the President-elect and the Immediate Past President act as advisors to the President and assist with Society initiatives.

**Treasurer:** Term of Office - 2 years The Treasurer oversees the Society's financial management.



**USEFUL LINKS**

[CSHP Online Membership Application](#)

[ASHP Website](#)

[CT Dept. of Public Health](#)

[Your Legislative Contacts](#)

[CT Dept. of Consumer Protection](#)

[US Food and Drug Administration](#)

August 26, 2016  
Deadline for submissions to the next issue of News Brief  
E-mail to our editor, [Michelle Vo Pakchoian](#)

News Brief is a service for and about CSHP and its current members. We invite you to send us information to share as well as your comments on the information contained in this issue.



CSHP is an association of individual members. Send us information to help celebrate **your professional and personal accomplishments and milestones and to share your expertise.** Examples: promotions, degrees or certificates, publications, new jobs, awards, grants, presentations; marriage, birth, special anniversary, volunteer activity; book review, case study, new technique

S/he reviews all transactions and statements, signs checks, develops the draft budget, oversees investments and facilitates the annual review of societal finances by a Certified Public Accountant. S/he works in concert with the management office in matters relative to accounts receivable and payable, bookkeeping, and the creation of financial reports.

**Secretary:** Term of office -1 year

The Secretary reviews the minutes of the Society's meetings, writes correspondence for the Society and advises on other Society communications. The Secretary monitors societal actions and recommends changes to the Constitution, By-Laws and Operations as appropriate.

**Junior Board Member:** Term of office: 2 years (1 year as Junior Board Member and following 1 year as Senior Board Member)

The Junior Board Member serves on the continuing education committee and assumes overall responsibility for planning and coordinating monthly CE programs.

The Senior Board member serves as chairperson of the Annual Meeting Committee and assumes responsibility for the overall coordination of this meeting.

Questions? Contact [David Goffman](#), Nominations Chair,

To submit a nomination, or to nominate yourself, please complete the [attached nominations form](#) and either fax (781/245-6487) or e-mail to the CSHP office by 4 p.m., July 25th.

NOTE: You don't have to serve on the CSHP Board or chair a committee to hone your leadership skills. Whether you've only an hour to spare or several hours a month, there are many opportunities to affect the future of your Society and profession. [Click to find out.](#)

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**Give Credit Where Credit is Due!**

Honor your colleagues by nominating them for one of CSHP's prestigious awards to be presented during the annual 2016 Catch the Wave conference Awards Luncheon. Winning a CSHP award is a substantial enhancement to a resume as well as a wonderful way to recognize and celebrate deserving colleagues.

NOTE: Nominees must be current CSHP members.

Awards include:

- Meritorious Achievement Award -Awarded to a CSHP member who made significant contributions to enhance patient care, an original contribution to pharmacy administration, or expanded the role/impact of CSHP.
- Paul G. Pierpaoli Award - Awarded to a CSHP member who made significant long term contributions to the practice of pharmacy.
- Pharmacist of the Year - Awarded to a CSHP member who best exemplifies service to the profession and community.

For more information and to nominate a colleague, please see [attached nominations form](#).

**Deadline: We are accepting nominations until 4 p.m., August 5, 2016.**

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**SAVE THESE DATES**

**Tri-State Health System  
Pharmacy Summit**  
Friday, September 30, 2016  
Jointly presented by CSHP,  
NJSHP, and NYSCHP  
at the DoubleTree by Hilton  
Hotel, Tarrytown, NY  
[Information](#)

**Catch the Wave**  
Friday, November 11, 2016  
Radisson Hotel Cromwell  
featuring 2 keynote speakers  
and the Greg Gousse  
Residency Conference  
[Information and Registration](#)

**We Welcome Our  
Newest & Returning  
Members**

- \*Sehjan Bhura, PharmD,  
Waterbury Hospital
- \*Bryant Griffin, PhT, YNHH
- \*David Kuczynski, PharmD  
Candidate, UConn
- \*Jeffrey Luck, MBA, Sandoz  
Biopharmaceuticals
- \*Robert J. Martin III, Merck  
& Co. Inc.
- \*Sara A. Mohamed, PharmD,  
YNHH
- \*Gary Thompson, RPh,  
Waterbury Hospital

**Become a Resident Leader**

Congratulations to all of our graduating residents this year! We wish you all the best in your future endeavors!

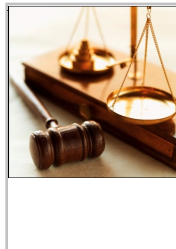
As this residency year comes to an end and a new one starts, we're calling for nominations for the next chairperson of the CSHP Resident Task Force. If you are a resident who will continue to work in Connecticut this year and a CSHP member, please consider this opportunity to become more active in our organization. We also encourage residents to get involved in planning events. We look forward to meeting everyone soon!

For anyone nominating a resident for CSHP Resident Taskforce Chair, please email us at [office@cshponline.org](mailto:office@cshponline.org)

**Legislative and Advocacy**

**CSHP Legislative Committee Report**

by Tom Buckley, RPh, MPH, CSHP Legislative Chair



The CT General Assembly did not pass a budget before their midnight May 4th deadline, so a special session was called for May 12th. The outcome will follow in a future *News Brief*.

Legislative actions finalized before the deadline include the passing of *An Act Increasing Access to Overdose Reversal Drugs*, which improves a previous bill on the use of opioid antagonists by not holding a health professional liable for any damages in the administration of an antagonist, opening up availability to first responders, prohibiting insurance companies from instituting prior authorizations of an antagonist, limiting the initial prescription of an opioid drug to 7 days, and changes to the electronic prescription monitoring program to require reporting of a dispensed controlled substance within 24 hours of dispensing.

Two bills did not pass. The first one included a change in the pharmacist vaccination administration from the current age of 18 to a minimum age of 12. The second would have provided Medicaid reimbursement for pharmacist medication management services.

We have been discussing a change in strategy for next year's legislative session regarding medication management reimbursement: focusing our efforts away from Medicaid and toward commercial payers. More information on that initiative will be forthcoming in future newsletters.

Legislators need to hear from their constituents -who are pharmacists - on our issues. **Your congressional district is**

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CSHP represents you and your interests as a pharmacy professional. We work to create the best possible work environment for all. Throughout the year, CSHP's Committee, in concert with our lobbyist, identifies issues of special concern to health-system pharmacists, monitors the progress of legislation, submits written testimony and provides verbal testimony.

As noted above, during the legislative session, we utilize a tracking service call "Bill Book". "Bill Book" contains information CSHP's Legislative Committee and paid lobbyist are monitoring on behalf of CT pharmacy staff. We post these reports on the CSHP web site's [Legislative Session](#) page.

Become part of this important work on behalf of all CT pharmacists. For more information on CSHP's legislative initiatives, please contact [Tom Buckley](#), Legislative Chair.

**Continuing Education**

**Purchase ASHP eBOOKS and support your state affiliate**

Download the ASHP eBooks app for any smartphone or tablet, or download eBooks to your computer for offline access.

**SHOP eBOOKS**

USE CODE CT2014 for your state affiliate to receive credit.

It's time to



[CLICK FOR ALL THE DETAILS AND  
TO REGISTER ON LINE](#)

The CSHP *Catch the Wave* Committee continues to plan for the upcoming *Catch the Wave* and Greg Gousse Residency Conferences on Friday, November 11, 2016, at the Radisson in Cromwell, CT. After the success of last year's program, the Greg Gousse Residency Conference is fully integrated into *Catch the Wave*, and we have planned events to increase the interactions with residents and other pharmacists throughout the state to network and mentor. The Greg Gousse Residency Program also provides an opportunity for residents to present a clinical pearl outside of their institutions.

This year, *Catch the Wave* features two, prominent keynote speakers. Paul Abramowitz is the current CEO of ASHP. He has been a leader in the promotion of pharmacy and obtaining provider status for pharmacists. Rob Culberson is a motivational speaker who has authored [Do It Well, Make It Fun](#) about changing your attitude at work and at home. He has presented to the Wisconsin Society of Health System Pharmacists. Visit his [website](#) if you'd like to learn more about him. We also have some great speakers on clinical topics including treating MRSA, opiate treatment, and ICU delirium.

This year, we will again host a reverse expo which is a great opportunity for industry partners to meet with decision makers from Connecticut hospitals in a less formal setting. We hope that all of your hospitals will send a representative and show their appreciation for the support of our industry partners.

[Attendee registration for Catch the Wave](#)

is now open online.

And, we encourage you to submit a

[poster!](#)

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### Professional News of Note

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#### **ASHP House of Delegates Approves Bold Proposals**

*submitted by Molly Billstein Leber, PharmD, BCPS, FASHP*

This year was an exciting year for ASHP Policy at the House of Delegates which met at the Summer Meeting in Baltimore. CSHP was well-represented by Molly Leber, Lorraine Lee and Stacy Vaeth. The American Society of Health-System Pharmacists (ASHP) joined the physicians of the American Medical Association in a **call to ban DTC ads** with a policy stating, "To advocate that Congress ban direct-to-consumer advertising for prescription drugs and medication-containing devices."

Other key Policies that passed include the following:

#### **1605 Safety of Epidural Steroid Injections**

Source: Council on Therapeutics

To encourage healthcare providers to 1) inform patients about the significant risks and potential lack of efficacy of epidural steroid injections, 2) request their informed consent, and 3) inform patients of alternative therapies and their risks and benefits; further,

To recommend pharmacist involvement in the medication-use process associated with epidural steroid injections when such injections are medically necessary.

### **1608 Therapeutic Indication in Clinical Decision Support Systems**

Source: Council on Therapeutics

To advocate that healthcare organizations optimize use of clinical decision support systems by including the appropriate indication for medications.

### **1617 Automated Preparation and Dispensing Technology for Sterile Preparations**

Source: Council on Pharmacy Practice

To advocate that health systems adopt automation and information technology for preparing and dispensing compounded sterile preparations when such adoption is (1) planned, implemented, and managed with pharmacists' involvement; (2) implemented with adequate resources to promote successful development and maintenance; and (3) supported by policies and procedures that ensure the safety, effectiveness, and efficiency of the medication-use process; further,

To educate patient safety advocacy groups and regulatory agencies on the capabilities and benefits of automation and technology for preparing and dispensing compounded sterile preparations, and to encourage them to establish expectation of adoption by health systems; further,

To foster further research, development, and publication of best practices regarding automation and information technology for preparing and dispensing sterile preparations.

### **1621 Timely Board of Pharmacy Licensing**

Source: Council on Public Policy

To advocate that the National Association of Boards of Pharmacy (NABP) collaborate with boards of pharmacy to streamline the licensure process through standardization and improve the timeliness of application approval; further,

To advocate that NABP collaborate with boards of pharmacy and third-party vendors to streamline the licensure transfer or reciprocity process; further,

To advocate that boards of pharmacy grant licensed pharmacists in good standing temporary licensure, permitting them to engage in practice, while their application for licensure transfer or reciprocity is being processed.

### **1622 Inclusion of Drug Product Shortages in State Price-gouging Laws**

Source: Council on Public Policy

To urge state attorneys general to consider including shortages of lifesaving drug products within the definition of events that trigger application of state price-gouging laws.

To see all the Policies passed by the 2016 ASHP House of Delegate please visit:

<http://www.ashp.org/DocLibrary/Policy/HOD/SummarySlidesPDF.pdf>

If you would like to suggest a policy, please refer to the following link:

<http://www.ashp.org/menu/PracticePolicy/PolicyPositionsGuidelinesBestPractices/SuggestPolicy>

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## **Pharmacy Technician News**

CSHP's Pharmacy Technician Task Force has re-formed with Kent Owusu, PharmD, BCPS, and Bryant Griffin, PhT, both of Yale-New Haven Hospital, at its helm. The main goals of this committee is to determine how to better serve pharmacy technicians in the state of Connecticut and to increase pharmacy technician membership and involvement in CSHP.

The Task Force hopes to accomplish the following:

- Collaborate with communications committee to increase awareness of opportunities and educational resources available to pharmacy technician members.
- Encourage pharmacy technician participation as developers and presenters in continuing education events.
- Provide mentoring programs with pharmacists serving as mentors for pharmacy

technicians across the state.

- Encourage pharmacy technician political advocacy for the profession.

If you would like to participate, please contact [Kent Owusu](#) or [Bryant Griffin](#).

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### Student News

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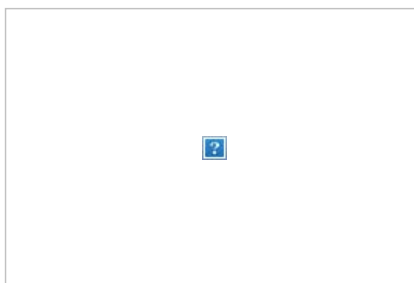


#### Student News from USJ

*by Meredith Gilbert, Chapter President*

The University of Saint Joseph Student CSHP Chapter closed out the spring semester with many exciting events. We truly enjoyed our 4th Annual Residency and Fellowship Informational Session, where we were visited by program directors and residents from Hartford Hospital, Saint Francis Hospital and Medical Center, UConn Health, VA Connecticut, Waterbury Hospital, and Yale-New Haven Hospital. Panel members provided invaluable information and advice about residencies and fellowships with attendees, and we would like to thank all who contributed this year.

Additionally, the Heart Health Awareness Committee held a successful outreach during a Friday evening event at the XL Center. Students performed blood pressure screenings and educated community members about the American Heart Association initiative Hands-Only CPR.



Lastly, we would like to thank our final guest speaker of the semester at the School of Pharmacy. A well-known advocate for heart health, Ms. Leigh Pechillo gave a poignant talk about the importance of heart health education and the great significance pharmacists play in this field.

We look forward to the warm summer months and to the upcoming events within our student chapter of CSHP, as we continue to spread awareness about the significance of health-systems pharmacy.

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#### Student News from UConn

*by Sagune Sakya, Chapter President*

Though the UConn Student Chapter of CSHP school year has ended, our summer had an exciting start. In May, our previous UConn chapter president, Anna Slupecki (P4), attended the Cardinal Student Leadership Conference in Houston, Texas. She had a great experience and will hopefully bring back some of what she learned there to the chapter.

For the upcoming school year, we have elected a new executive board:

- President: Sagune Sakya (P3)
- Vice President: Kurtis Stocker (P3)
- Treasurer: Michael Paulin (P3)
- Secretary: Doug Buckheit (P2)
- Outreach Officer: Shannon Kelley (P3)
- Historian: Danielle L'Heureux (P3)

When the school year starts, UConn CSHP will be represented at the "Get to Know Your Organizations" ice cream social at the School of Pharmacy to showcase the benefits of joining the organization. Also in the fall, we look forward to many future events. In September, we plan on fundraising for the American Liver Foundation and participating in the Liver Life Walk. We will also be holding the Clinical Skills Competition.

Throughout the semester, we plan on organizing more events, such as a pharmacy clinical specialist panel for UConn pharmacy students to learn more about the different areas that a pharmacist can specialize in and what specializing involves. We also will set up hospital site visits for students to shadow pharmacists at different hospitals. In addition, we look forward to attending *Catch the Wave* in November.

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### Special Feature - Winners of "The Great Eight"

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Enhance your resume by contributing a clinical pearl, case study, book review or other article that would be of interests to pharmacists in CT. For consideration for publication in the spring issue, send your article to [Michelle Pakchoian](#) by August 26.



Left to right: Emily Perriello, Evan Pan, Sylvia Narciso

#### **First place: Sylvia Narciso (Waterbury Hospital):**

*Evaluating the appropriateness of double gram-negative coverage in severe septic patients in the emergency department*

**Objective:** The use of dual antimicrobial therapy directed against Gram-negative pathogens remains controversial in medical literature. There is a strong suggestion that combination empirical antimicrobial therapy may improve clinical outcomes for patients with serious Gram-negative bacterial infections compared to monotherapy. The objectives of this study are to determine if dual Gram-negative coverage is ordered appropriately in patients at an increased risk of multidrug resistant pathogens, such as *Acinetobacter* and *Pseudomonas* species, and administered within the first hour of recognition of severe sepsis or septic shock within the emergency department (ED).

**Methods:** An Institutional Review Board exempt, retrospective electronic medical chart review was conducted on 107 patients diagnosed with severe sepsis and septic shock from September 2014 - March 2015 indicated by ICD-9 codes. Exclusion criteria included the following patients: < 18 years of age, neutropenic, departed the ED against medical advice prior to antibiotic therapy, or transferred to a different hospital prior to antibiotic therapy.

**Results:** Of 107 eligible patients diagnosed with severe sepsis or septic shock, 9.3% of patients received dual Gram-negative coverage within the ED (n = 10). Of these 10 patients, 8 patients received dual Gram-negative coverage with at least one risk factor for Gram-negative multidrug resistant pathogens while 2 patients did not have any risk factors. Six patients with one or more risk factors received dual Gram-negative coverage outside of the ED within two hours of being transferred. Sixteen patients warranting dual Gram-negative coverage received it outside of the ED more than 2 hours following transfer. Five patients received dual coverage outside of the 2-hour window following transfer but did not present with any risk factors. 60.5% of patients that presented with appropriate risk factors warranting dual Gram-negative coverage did not receive



the combination throughout their hospital stay (n = 46). Approximately 70.1% of patients did not receive any antibiotic within the first hour following sepsis diagnosis, regardless of spectrum of activity (n = 75).

**Conclusion:** Combination empiric antimicrobial therapy targeted against serious Gram-negative pathogens is strongly encouraged in severe septic patients. Despite employing combination therapy for dual Gram-negative coverage in an order set within the electronic medical record, increased compliance is necessary to enforce best practices as 60.5% of patients who presented with a risk factor that warranted dual Gram-negative therapy did not receive it. Current guidelines recommend empiric antibiotic coverage within the first hour of recognition of sepsis. These results support the need to improve time to antibiotic administration to improve clinical outcomes of severe septic patients as 70.1% of patients did not receive any antibiotic within the first hour following diagnosis in the ED.

**Second place: Eva Pan (Hartford Hospital): *Evaluation of carboplatin dosing using actual compared to adjusted body weight in gynecologic malignancies***

**Objective:** Current American Society of Clinical Oncology guidelines support the use of actual body weight when calculating doses for most antineoplastic medications. Recommendations for the dosing of carboplatin, however, are more complex and are a current subject of discussion amongst oncology healthcare professionals. Our study aims to evaluate the Gynecologic Oncology Group's (GOG) current recommendations of applying the Cockcroft-Gault equation to estimate a patient's glomerular filtration rate using actual body weight for patients with a body mass index (BMI) < 25 kg/m<sup>2</sup> and adjusted body weight for patients with a BMI = 25 kg/m<sup>2</sup> for carboplatin dosing in gynecologic cancers.

**Methods:** This study is a retrospective chart-review conducted in a large academic institution. All adult patients who received carboplatin from January 1, 2006 to July 30, 2015 at Hartford Hospital were identified and included if they were chemotherapy-naïve and received a first cycle of carboplatin and paclitaxel with or without bevacizumab for the treatment of a gynecologic malignancy. Patients were stratified according to BMI (<25 kg/m<sup>2</sup> or =25 kg/m<sup>2</sup>). The primary outcome is carboplatin activity as measured by the mean percent decrease in platelet count after chemotherapy cycle 1. Secondary endpoints include median percent decrease in absolute neutrophil count (ANC) after chemotherapy cycle 1, as well as the incidence of any grade 2, 3, or 4 thrombocytopenia or neutropenia throughout all cycles of chemotherapy. Data were analyzed using descriptive statistics and differences between groups were evaluated with Student's t-test or Mann-Whitney U test.

**Results:** Of 632 total patients identified, 115 patients met inclusion criteria, with 28 patients in the BMI <25 kg/m<sup>2</sup> group and 87 patients in the BMI =25 kg/m<sup>2</sup> group. The median percent decrease in platelet count after chemotherapy cycle 1 was 11.6% for those with BMI <25 kg/m<sup>2</sup> and 18.14% for those with BMI =25 kg/m<sup>2</sup> (p = 0.609). The median percent decrease in ANC after chemotherapy cycle 1 was 28.93% and 17.50% for patients with BMI <25 kg/m<sup>2</sup> and =25 kg/m<sup>2</sup>, respectively (p = 0.113).

**Conclusion:** Based on the results of our primary endpoint, we found no obvious difference in change in platelet count between patients receiving carboplatin with BMI <25 kg/m<sup>2</sup> dosed based on actual body weight and those with BMI =25 kg/m<sup>2</sup> dosed based on adjusted body weight. These findings suggest no clear difference in carboplatin activity between the two BMI groups and thus provide support for the current 2011 GOG recommendations for carboplatin dosing in gynecologic malignancies.

**Third place: Emily Perriello (Hartford Hospital): *Improper continuation of atypical antipsychotics after treatment and resolution of acute delirium in the intensive care unit***

**Objective:** Evidence suggests administration of atypical antipsychotics (AAP) may decrease delirium duration in patients in the intensive care unit (ICU), yet they can result in a myriad of unwanted side effects. The purpose of this study was to determine the incidence of AAP initiation for the treatment of acute delirium in the ICU, ultimately resulting in inappropriate continuation of therapy upon discharge from the hospital.

**Methods:** This was a single-center, retrospective chart review. Adult patients (= 18 years of age) admitted to an ICU between 7/1/2010 and 7/1/2015 who were Confusion Assessment Method positive (CAM+) were evaluated. Patients were included if they were CAM+ at any point during

their ICU admission and initiated on a scheduled AAP. Patients were excluded if they were admitted to a neuro-ICU, were previously receiving an AAP before the CAM+ assessment, were initiated on an AAP for reasons other than delirium, only received AAP therapy on an "as needed" basis, or had a preexisting condition preventing delirium assessment. Patients were also excluded if the nurse was unable to complete a CAM evaluation for any reason during their admission. We assumed an incidence of 30% for continuing an atypical antipsychotic at hospital discharge. A sample size of 341 records would produce a two-sided 95 percent confidence interval of 0.10.

**Results:** Of the 208 patients included in the study, 173 (83.17%) were found to be prescribed AAPs in an appropriate manner at discharge compared to 35 (16.83%) who continued AAP therapy inappropriately. Of those patients who received appropriate therapy, 135 (78.03%) had their AAP discontinued before they were discharged, 12 (6.94%) were continued on the AAP because they were still CAM+, 10 (5.78%) were being tapered, and 16 (9.25%) were being continued for other reasons documented in their discharge summary. Patients that were considered to appropriately continue AAP therapy were more likely to be admitted to the hospital from home (61.27% vs. 42.86%,  $p=0.044$ ) and be discharged to home (34.1% vs. 17.14%,  $p=0.048$ ). Patients discharged to rehab were significantly more likely to continue AAP therapy inappropriately (13.29% vs. 40.0%,  $p<0.001$ ). Patients with a surgical ICU admission were more likely to have AAP therapy continued inappropriately when they were discharged (17.9% vs. 34.3%,  $p=0.029$ ).

**Conclusion:** These results demonstrate the need for improving transitions of care processes when patients are treated for acute delirium with atypical antipsychotics and are discharged from the hospital. Increasing education to prescribers and pharmacists is imperative, especially when caring for high risk groups identified in this study.

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### **Opportunities**

Each week, new professional development and educational opportunities are posted on the [Resources section of the CSHP web site](#).

We offer a general "Opportunities" page and dedicated pages for Residents and Pharmacy Technicians. Here is a sample of a recent post:

#### **Advance Your Practice Skills with an [ASHP Traineeships](#)**

The ASHP Foundation is now accepting applications for all 2016 traineeships, including:

- Advanced Antithrombotic Management
- Advanced Pain Management
- Critical Care Concentrated
- Enhanced Oncology Patient Care
- Patient-Centered Ambulatory Care Optimized

All of the traineeships are five-month programs that include distance learning and onsite experiential training. The deadline to submit applications is September 25, 2016.

Direct your questions about the traineeships to Barbara Nussbaum, RPh, MS, PhD; Vice President, ASHP Foundation 301-664-8736 [bnussbaum@ashp.org](mailto:bnussbaum@ashp.org).

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## **CSHP is your professional organization**

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### **THERE TRULY IS STRENGTH IN NUMBERS.**

CSHP is the professional society that represents the interests of those who practice in health-system environments.

For information, please visit our web site or contact our office at 888/506-3784 or [office@chsponline.org](mailto:office@chsponline.org)

Please encourage your colleagues to join us.

Click for an [application](#) with details of member benefits.

OR

[apply on line](#)

Click here for a [student application](#)

Note: We can fill out applications and registrations, and complete a credit card transaction over the telephone. The CSHP office is here to assist you on weekdays from 9 - 5.

Connecticut Society of Health-System Pharmacists, 888/506-3784,  
office@cshponline.org, 591 North Avenue Suite 3-2, Wakefield, MA 01880

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### Constant Contact



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