LEAD! LEAD! LEAD! LEAD! LEAD! LEAD! LEAD! LEAD! 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!
OSHP members were very active at the American Association of Colleges of Pharmacy (AACP) 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 AACP 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.
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)

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  - Scope and Hours of Pharmacy Services (passed)
  - Use of Two Patient Identifiers in the Outpatient Setting (passed)
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/Integris 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

Pharmacy School & Post-Graduate Training
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
Post-Graduate Training: Ambulatory Care Residency, University of Kentucky Chandler Medical Center (2001)

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 adrenocorticotropin 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.³ 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. In contrast with the previously presented studies, 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). 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:

Upcoming Events

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>Thursday, September 16, 2010</td>
<td>Western District Meeting</td>
<td>Ted’s Escondido, Oklahoma City</td>
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<tr>
<td>Tuesday, September 28, 2010</td>
<td>Eastern District Meeting</td>
<td>French Hen, Tulsa</td>
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<tr>
<td>Friday, October 8, 2010</td>
<td>OSHP Fall Meeting</td>
<td>St. John’s Hospital, Tulsa</td>
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<tr>
<td>December 5-9, 2010</td>
<td>ASHP Midyear Clinical Meeting</td>
<td>Sands Hotel, Las Vegas, NV</td>
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### Welcome 2010 Oklahoma Residents

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<tr>
<th>Name</th>
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<th>Affiliation</th>
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<th>Grad Year</th>
<th>Prior Residency</th>
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<td>Ross Clark</td>
<td>PGY1 Pharmacy Practice</td>
<td>Chickasaw Nation Health System</td>
<td>OU</td>
<td>2010</td>
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<tr>
<td>Michael Brady</td>
<td>PGY1 Pharmacy Practice</td>
<td>Choctaw Nation Healthcare Center</td>
<td>Creighton University</td>
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<td>Donnie Hodge</td>
<td>PGY1 Pharmacy Practice</td>
<td>Claremore IHS</td>
<td>SWOSU</td>
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<tr>
<td>Lisa Nguyen</td>
<td>PGY1 Pharmacy Practice</td>
<td>Integris Baptist Medical Center</td>
<td>OU</td>
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<tr>
<td>Trevor Knol</td>
<td>PGY1 Pharmacy Practice</td>
<td>Norman Regional Health System</td>
<td>OU</td>
<td>2010</td>
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<tr>
<td>Stefanie Stogsdill</td>
<td>PGY1 Pharmacy Practice</td>
<td>Norman Regional Health System</td>
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<td>2010</td>
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<tr>
<td>Krista Brooks</td>
<td>PGY1 Pharmacy Practice</td>
<td>OKC Dept. of Veterans Affairs Med. Center</td>
<td>SWOSU</td>
<td>2010</td>
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<tr>
<td>Frank Lee Boyd</td>
<td>PGY1 Pharmacy Practice</td>
<td>OKC Dept. of Veterans Affairs Med. Center</td>
<td>Texas Tech Univ</td>
<td>2010</td>
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<tr>
<td>Jenny Chen</td>
<td>PGY2 Infectious Diseases</td>
<td>OKC Dept. of Veterans Affairs Med. Center</td>
<td>Univ. of Southern Nevada</td>
<td>2009</td>
<td>Sacred Heart Hospital, Pensacola, FL</td>
</tr>
<tr>
<td>Anna Nguyen</td>
<td>PGY1 Pharmacy Practice</td>
<td>Saint Francis Hospital</td>
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<td>Rebecca Stodieck</td>
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<td>Saint Francis Hospital</td>
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<tr>
<td>Heather Edwards</td>
<td>PGY2 Primary Care</td>
<td>OU College of Pharmacy-Oklahoma City</td>
<td>SWOSU</td>
<td>2009</td>
<td>Integris Baptist Medical Center</td>
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<tr>
<td>Holly Herring</td>
<td>PGY2 Cardiology</td>
<td>OU College of Pharmacy-Oklahoma City</td>
<td>OU</td>
<td>2009</td>
<td>OU College of Pharmacy- OKC</td>
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<tr>
<td>Sarah Hopps</td>
<td>PGY2 Oncology</td>
<td>OU College of Pharmacy-Oklahoma City</td>
<td>OU</td>
<td>2009</td>
<td>Rush Medical Center, Chicago, IL</td>
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<tr>
<td>Kelsey Kohman</td>
<td>PGY2 Internal Medicine</td>
<td>OU College of Pharmacy-Oklahoma City</td>
<td>Univ. of Kansas</td>
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<td>Via Christie, Wichita, KS</td>
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<tr>
<td>Misty Miller</td>
<td>PGY2 Pediatrics</td>
<td>OU College of Pharmacy-Oklahoma City</td>
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<td>Christina Bulkley</td>
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<td>Candace Hooper</td>
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<td>Jessica Collum</td>
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<td>OU College of Pharmacy-Oklahoma City</td>
<td>SWOSU</td>
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<td>Ruth Garrison</td>
<td>PGY2 Primary Care</td>
<td>OU College of Pharmacy– Tulsa</td>
<td>OU</td>
<td>2009</td>
<td>VA Medical Center, OKC</td>
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<tr>
<td>Julie Nix</td>
<td>PGY1 Community Practice</td>
<td>OU College of Pharm/ Osbourne Drug-Miami, OK</td>
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<tr>
<td>Carl Coats</td>
<td>PGY1 Pharmacy Practice</td>
<td>W.W. Hastings Indian Hospital- Tahlequah, OK</td>
<td>SWOSU</td>
<td>2010</td>
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Oklahoma Society of Health-System Pharmacists

PO Box 18731
Oklahoma City, OK
Webpage: http://www.oshp.net

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

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

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.

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 Steinl
Miki Finnin       Laura Tarrh
Jackie Harper     Alexandre 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

New Members