Expand your professional network!

ICHP Networking Lunch

Thursday, September 12th
11:30 am - 1:00 pm
Crystal Room
### Thursday, September 12th

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Event/Presentation</th>
<th>Location</th>
<th>Accredited for:</th>
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<tbody>
<tr>
<td>8:00 am - 9:00 am</td>
<td>Breakfast</td>
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<td>Foyer</td>
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<tr>
<td>9:00 am - 10:00 am</td>
<td>General</td>
<td>Old Vaccine Tales</td>
<td>Venetian Room</td>
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<tr>
<td>10:00 am - 11:15 am</td>
<td>Update on New Drug Approvals 2019</td>
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<tr>
<td>11:30 am - 1:00 pm</td>
<td>Networking Lunch</td>
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<td>Crystal Room</td>
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<tr>
<td>1:10 pm - 3:00 pm</td>
<td>Keynote</td>
<td>Having True Impact on the Opioid Crisis: What Everyone Should Know</td>
<td>Venetian Room</td>
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<tr>
<td>3:00 pm - 4:30 pm</td>
<td>Management</td>
<td>Leaning Into Process Improvement - One Sigma at a Time</td>
<td>Oak Room</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Management</td>
<td>A System Approach to Drug Shortages</td>
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<tr>
<td>4:30 pm - 6:00 pm</td>
<td>Clinical</td>
<td>Is it Time to Ditch the Third Wheel? A Review of Triple Antithrombotic Therapy</td>
<td>Venetian Room</td>
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<tr>
<td>6:00 pm - 7:30 pm</td>
<td>NPN &amp; PAC Reception</td>
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<td>Foyer</td>
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### Friday, September 13th

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<tr>
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<tr>
<td>7:00 am - 8:30 am</td>
<td>Breakfast</td>
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<td>Foyer</td>
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<tr>
<td>8:00 am - 10:30 am</td>
<td>Ambulatory</td>
<td>Clinical Pearls for Cardiovascular Disease in the Elderly</td>
<td>Crystal Room</td>
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<tr>
<td>8:00 am - 9:00 am</td>
<td>Pharmacy Practice</td>
<td>Development of Outpatient Pharmacy Services for Specialty Medications</td>
<td>Venetian Room</td>
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<tr>
<td>9:30 am - 10:30 am</td>
<td>Pharmacy Practice</td>
<td>Wellness Intervention Strategies for Healthcare and Educational Sites</td>
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<tr>
<td>10:30 am - 12:00 pm</td>
<td>Exhibits &amp; Break</td>
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<td>Terrace &amp; Brook Rooms</td>
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<tr>
<td>12:00 pm - 1:15 pm</td>
<td>Lunch &amp; Town Hall</td>
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<td>Venetian Room</td>
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<tr>
<td>1:30 pm - 2:30 pm</td>
<td>General</td>
<td>National Update on Drug Pricing Trends and Advocacy Efforts</td>
<td>Crystal Room</td>
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<tr>
<td>2:30 pm - 3:30 pm</td>
<td>Pharmacy Technology</td>
<td>Do Not Pass Go: Creating Safety With IV Workflow Management Systems</td>
<td>Crystal Room</td>
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<tr>
<td>3:45 pm - 4:30 pm</td>
<td>Pharmacy Technology</td>
<td>Pharmacy Technology Pearls 2019</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Pharmacy Technology</td>
<td>Intersecting Clinical Pharmacy, Patient Safety, Pharmacy Operations, and Technology - a Panel Discussion on Roles in Pharmacy Informatics</td>
<td>Crystal Room</td>
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<tr>
<td>2:30 pm - 3:30 pm</td>
<td>Clinical</td>
<td>Is There a Role for Monoclonal Antibodies in the Treatment of <em>Clostridioides difficile</em> Infection?</td>
<td>Venetian Room</td>
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<tr>
<td>3:45 pm - 4:30 pm</td>
<td>Clinical</td>
<td>Candida auris: The New Fungus in Town</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Clinical</td>
<td>Beating the Pain Game: Non-Opioid Analgesic Strategies Amid an Opioid Crisis</td>
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<tr>
<td>6:30 pm - 9:00 pm</td>
<td>President's Dinner</td>
<td>(invitation only)</td>
<td>Ditka's Oakbrook Terrace</td>
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### Saturday, September 14th

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:30 am - 8:30 am</td>
<td>Student</td>
<td>The Road to Residency: Preparation Pearls for Pharmacy Students</td>
<td>Venetian Room</td>
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<tr>
<td>8:00 am - 9:15 am</td>
<td>Pharmacy Practice</td>
<td>Utilizing Clinical Practice Guidelines in the On Demand Age</td>
<td>Crystal Room</td>
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<tr>
<td>9:30 am - 10:30 am</td>
<td>Pharmacy Practice</td>
<td>Let's get Digital: Implementation of Digital Medicine and Telehealth Within a Population Health Care Model</td>
<td>Crystal Room</td>
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<tr>
<td>10:30 am - 11:30 am</td>
<td>Residency Project Pearls 2019</td>
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<tr>
<td>8:00 am - 11:30 am</td>
<td>Student</td>
<td>The Road to Residency: Preparation Pearls for Pharmacy Students</td>
<td>Venetian Room</td>
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<tr>
<td>11:30 am - 1:00 pm</td>
<td>Awards Luncheon</td>
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<td>Terrace Room</td>
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<tr>
<td>1:00 pm - 3:00 pm</td>
<td>Closing General</td>
<td>ASHP Pharmacy Forecast Workshop: Trends That Will Shape Your Future</td>
<td>Crystal Room</td>
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<tr>
<td>1:00 pm - 3:00 pm</td>
<td>Residency Showcase</td>
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<td>Oak &amp; Brook Rooms</td>
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Students are welcome to attend all sessions if they pay for all three days - though Saturday is student-specific.
QuVa Pharma

Corporate Headquarters:
QuVa Pharma, Inc.
3 Sugar Creek Center Blvd, Suite 250
Sugar Land, TX 77478

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**FIND IT ON THE APP!**

Scan the QR code with your phone or visit [https://attendify.com/app/0pzq6h/](https://attendify.com/app/0pzq6h/)
2019 ANNUAL MEETING

GENERAL LEARNING OBJECTIVES

1. Review patient safety initiatives and their impact.
2. Explain various aspects of the opioid crisis.
3. Discuss management issues impacting daily practice.
4. Outline evidence-based medicine practices related to various disease states in both ambulatory care and inpatient services.
5. Examine the benefits of technology in the workplace.
6. List different changes impacting pharmacy practice for pharmacists and pharmacy technicians in the near future.

REGISTRATION

Meeting materials are available for pick-up during designated hours at the meeting. CPE handouts are available online.

The ICHP registration desk is located in the conference center foyer. Registration desk hours are:

THURSDAY, SEPTEMBER 12th
8:00 AM - 7:30 PM
FRIDAY, SEPTEMBER 13th
7:00 AM - 5:45 PM
SATURDAY, SEPTEMBER 14th
7:30 AM - 3:15 PM

MEETING DRESS CODE

The meeting dress code is business casual. The meeting room temperatures may vary – please remember to bring a sweater or jacket.

NAME BADGES

Badges should be worn at all times as a courtesy to other meeting participants. Your badge is your admission pass for all meeting sessions and exhibits, and indicates any dietary restrictions.

CONTINUING PHARMACY EDUCATION CREDIT

Education sessions will be offered for CPE credit:

- Pharmacist registrants may earn up to an estimated 16.75 contact hours (1.675 CEUs)
- Pharmacy technician registrants may earn up to an estimated 15.25 contact hours (1.525 CEUs).

ICHP determines the number of contact hours for each session.

Please note: PTCB requires CPhTs to earn only pharmacy technician-specific ('T-specific') credit to qualify for recertification.

PROGRAMMING

Program variations may occur. Syllabus includes all available information at time of print.

POLLS EVERYWHERE

Session polls will be conducted using Poll Everywhere. Basic visual instructions can be found on page 43 of this syllabus.

POLLS:
PollEv.com/ichp OR PollEv.com/ichp3 OR PollEv.com/ichp5
Varies by room
**ACREDITATION**
The Illinois Council of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The 2019 ICHP Annual Meeting will offer a maximum of 16.75 contact hours of continuing pharmacy education in states that recognize ACPE providers.

**FACULTY DISCLOSURE**
It is the policy of the Illinois Council of Health-System Pharmacists (ICHP) to ensure balance, independence, objectivity, and scientific rigor in all of its education programs. In accordance with this policy, faculty must disclose to the participants any significant relationships with commercial companies whose products or devices may be mentioned in faculty presentations, or with the commercial supporter of these continuing pharmacy education programs. These disclosures are included in the syllabus (page 35) and will be announced during the program.

**TARGET AUDIENCE**
Health-system pharmacists and pharmacy technicians; pharmacy students.

**PROGRAM EVALUATIONS AND CREDIT**
ICHP ACCREDITED PROGRAMMING
In order to receive continuing pharmacy education (CPE) credit, all meeting attendees will need to access CESally.com to complete evaluations. Credit will be reported to CPE Monitor.

You will have 6 weeks after the Annual Meeting to complete your online evaluations and submit your request for CPE credit. Do not delay in completing your ICHP evaluations. Instructions for completing ICHP live program evaluations online are included on page 36. When completing your program evaluation for credit, if a CPE program number ends in both ‘P’ and ‘T’, pharmacists must choose the ‘P’ program and technicians must choose the ‘T’ program.

**ACPE UNIVERSAL ACTIVITY NUMBERS**

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**CPE MONITOR**
Your NABP e-Profile ID is required to receive CPE credit on www.CESally.com. Visit www.mycpemonitor.net for more information.

**GENERAL MEETING INFO**

**CPE DEADLINE**
End of Day
October 28, 2019
Why work with us?
Because you care.

We are a company dedicated to human lives and to ensure that each individual receives the care and compassion they deserve. UNITED Pharmacy Staffing prides itself in supplying only the most qualified pharmacy personnel available for interim & permanent placement.

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REGISTERED PHARMACISTS
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What's your pharmacy SuperHero Name? Just for fun!

Follow the chart below - The word matched to your birth month is the first part of your superhero name. The word matched to the first letter of your first name is the second part of your superhero name! So, what's your super pharmacy name?

### BIRTH MONTH
- January - Super
- February - The Incredible
- March - Captain
- April - Green
- May - Doctor
- June - Professor
- July - The Invisible
- August - Iron
- September - Atomic
- October - Turbo
- November - Galactic
- December - Alien

### INITIAL OF FIRST NAME
- A - Aliquot
- B - Beaker
- C - Capsule
- D - Decadron
- E - Equivalence
- F - Formulary
- G - Glucose
- H - Hormone
- I - Injection
- J - Jaundice
- K - Ketone
- L - Laxative
- M - Microbe
- N - Necrosis
- O - Opioid
- P - Pharmacy
- Q - Queasy
- R - Receptor
- S - Suppository
- T - Tincture
- U - USP
- V - Vaccine
- W - White Coat
- X - X-ray
- Y - Yesterday
- Z - Zovirax

PLAY A GAME!
8:00 AM - 9:00 AM
Foyer
BREAKFAST

GENERAL SESSION
9:00 AM - 10:00 AM
Venetian Room
OLD VACCINE TALES
At the end of this presentation, pharmacist participants should be able to:
1. Explain common vaccine misconceptions among parents, patients and healthcare providers.
2. Examine the evidence-based information about common vaccine misconceptions.
3. Apply common strategies to help healthcare providers, patients and parents make informed decisions about vaccination.

At the end of this presentation pharmacy technician participants should be able to:
1. Explain common vaccine misconceptions among parents, patients and healthcare providers.
2. Examine the evidence-based information about common vaccine misconceptions.
3. Apply common strategies to help healthcare providers, patients and parents make informed decisions about vaccination.

Type of Activity: Application-based 1.0 contact hour (0.1 CEU)
UANs: 0121-0000-19-054-L01-P
0121-0000-19-054-L01-T
Julio A. Rebolledo, PharmD, BCPS, BC-ADM, AE-C

10:00 AM - 11:15 AM
Venetian Room
UPDATE ON NEW DRUG APPROVALS 2019
At the end of this presentation, pharmacist participants should be able to:
1. Define the following terms used in the FDA approval process: accelerated approval, breakthrough therapy, fast track, priority review.
2. Describe new drug approvals by the US Food and Drug Administration and their main indications and major safety concerns, including side effects and drug interactions.
3. Identify the novel mechanisms of action for new drug approval categorized as first-in-class.
4. Explain administration techniques of drugs reviewed, such as route of administration, dosing guidelines, and dosing adjustments.

At the end of this presentation pharmacy technician participants should be able to:
1. Define the following terms used in the FDA approval process: accelerated approval, breakthrough therapy, fast track, priority review.
2. Describe new drug approvals by the US Food and Drug Administration and their main indications.
3. Identify first-in-class therapies and what disease states they are used in.
4. Explain the formulation, preparation, and route of administration of drugs reviewed.

Type of Activity: Knowledge-based 1.25 contact hours (0.125 CEUs)
UANs: 0121-0000-19-055-L01-P
0121-0000-19-055-L01-T
Brittany Lee, PharmD
2019 ANNUAL MEETING NETWORKING SESSION DISCUSSION TOPICS

ACADEMIA
1. How is your college addressing the Entrustable Professional Activities?
2. What innovative teaching or learning methods have you employed in the classroom?
3. How is your college addressing mind and wellness amongst faculty, staff and students?
4. What are some tips for challenging the student or resident who continually "exceeds expectations?"

AMBULATORY CARE
1. Describe continuum of care services that you currently provide at your site.
2. Are there any additional services that you’d like to expand to enhance patients’ safety? Please specify.
3. What types of patient outcomes would be improved after providing these services (i.e. ECHO Model: Economic, Clinical, Humanistic Outcomes)?
4. Are there ambulatory care pharmacists in Illinois that have expertise in these services? Please feel free to share with ICHP for future presentations.
5. How can ICHP help ambulatory care pharmacists in their efforts to expand their services in IL?
6. What types of reimbursement for services (or billing for ambulatory care pharmacy services) are you experiencing at your site? Has this changed, if at all, with shift to value-based care?

LEADERSHIP/MANAGEMENT
1. How can or have you helped your staff become little “L” leaders within your organization?
2. What resources have you found that have helped you develop your leadership skills?
3. What major issues have you had to address in anticipation of regulatory inspections?
4. What can leaders do to get staff members (pharmacists and technicians) involved in professional organizations?
5. What management issues keep you up at night?

NEW PRACTITIONERS
1. How do you balance starting a new career with often competing personal priorities (buying a house, getting married, starting a family, etc.)?
2. Where do you think the profession of pharmacy is heading during your career?
3. What are the things you look for when deciding whether an organization is the right place for you to work?
4. What are some challenges you face as a new preceptor? How have you worked to overcome them?
5. What teaching styles do you enjoy incorporating into your precepting of students and/or residents?
6. What are your strategies to ensure well-being and resilience in order to prevent burnout?

PHARMACY PRACTICE
1. What are your thoughts on tech check tech? Have you implemented this in your pharmacies?
2. How do you handle staffing as pharmacy services are expanded?
3. What is your experience with robotics in the pharmacy? Examples: preparing IV medications, restocking medications, etc.
4. How does your pharmacy handle drug discontinuation orders? Are these all reviewed by a pharmacist?
5. Does your institution have any policy or approach in place to combat the opioid crisis?
6. How does your institution handle drug shortages?
7. What approach is your institution taking regarding USP 797 and 800?

PHARMACY TECHNICIANS
1. What are some barriers that are keeping technicians from attending ICHP meetings?
2. How can ICHP/employers promote to technicians to join ICHP?
3. What are the largest factors contributing to job satisfaction/retention within your place of employment?
4. Do you think that education should be standardized for technicians across the country and that pay should reflect such education/training/tenure?
5. What are some advanced roles that are unique to your place of employment?
6. Do you have any tips for a symbiotic relationship with your techs/pharmacists/residents/leadership group?
7. What is one thing you are hoping to take away from this annual meeting?
8. If ICHP was to offer to bring a technician to shadow the ICHP annual meeting, do you think that any technicians at your institution would take advantage of this?
KEYNOTE
1:10 PM - 3:00 PM
Venetian Room
HAVING TRUE IMPACT ON THE OPIOID CRISIS: WHAT EVERYONE SHOULD KNOW

At the end of this presentation, pharmacist participants should be able to:
1. Describe the efforts that need to be made to change the current culture of prescribing opiates.
2. Review pain management expectations while considering ways to limit opiate prescribing.
3. Describe the pharmacist’s role in educating patients and prescribers on the appropriate use of opiates for pain management.
4. Discuss how legitimate prescribing of opiates can lead to non-medical use, abuse and overdose.
5. Identify areas within your own health-system where improvement can be made to help combat the opioid crisis.

At the end of this presentation, pharmacy technician participants should be able to:
1. Describe the efforts that need to be made to change the current culture of prescribing opiates.
2. Review pain management expectations while considering ways to limit opiate prescribing.
3. Describe the pharmacy technician’s role in educating patients and prescribers on the appropriate use of opiates for pain management.
4. Discuss how legitimate prescribing of opiates can lead to non-medical use, abuse and overdose.
5. Identify areas within your own health-system where improvement can be made to help combat the opioid crisis.

Type of Activity: Knowledge-based
1.5 contact hours (0.15 CEUs)
UANs: 0121-0000-19-056-L05-P 0121-0000-19-056-L05-T

Noelle RM Chapman, PharmD, BCPS, FASHP
Joseph M. Mele
Jonah J. Stulberg, MD, PhD, MPH, FACS

ABOUT OUR KEYNOTE SPEAKERS

NOELLE RM CHAPMAN, PHARM.D., BCPS, FASHP
Dr. Chapman is a Vice President of Pharmacy Operations for Advocate Aurora Health in Illinois. She received her PharmD from the University of Wisconsin, completed a Pharmacy Practice Residency at Northwestern Memorial Hospital, and is a graduate of the American Society of Health System Pharmacists Foundation’s Pharmacy Leadership Academy. Some of Noelle’s responsibilities include drug diversion prevention, opioid stewardship, and government relations and interests include experiential education, leadership development, and process improvement. Noelle is an active member of Illinois Council of Health-System Pharmacists (ICHP), ACCP, and ASHP.

JOSEPH M. MELE
Joseph M. Mele is Senior Diversion Investigator assigned to the Chicago field division, Chicago, Illinois. Investigator Mele has 21 years of experience with the DEA and 21 years of experience in law enforcement. The role of the Diversion Investigator (DI) within the DEA is to enforce the Controlled Substance Act and the Chemical Diversion and Trafficking Act regarding the manufacture, distribution and dispensing of legally produced controlled substances and listed chemicals in order to prevent diversion of these products into the illicit market, while ensuring an adequate uninterrupted supply of pharmaceutical controlled substances and listed chemicals to meet the legitimate medical, commercial and scientific needs of the public.

JONAH J. STULBERG, MD, PhD, MPH, FACS
Dr. Stulberg is a General Surgeon and Health Services Researcher at Northwestern Memorial Hospital. He earned his Ph.D. in Health Services Research with a concentration on Epidemiology and Biostatistics and a Master’s in Public Health in Public Policy at Case Western Reserve University in Cleveland, Ohio. Dr. Stulberg’s clinic interests are in complex abdominal wall reconstruction and hernia repair, and his research interests focus on surgical quality improvement and public health policy. Dr. Stulberg joined the Surgical Outcomes and Quality Improvement Center (SOQIC) at Northwestern in 2015. He is currently the Director of the Opioid Reduction Efforts and runs a Video-Based Learning Collaborative for the Illinois Surgical Quality Improvement Collaborative (ISQIC), a 56-hospital quality collaborative with hospitals throughout Illinois.
CHAMPIONS PROGRAM

Champions serve as a point person for bi-monthly ICHP CPE live webinar programs. They also post news briefs on important legislative issues, ICHP events and networking opportunities. Don't have an ICHP Champion at your work site? Consider volunteering to be a Champion!

CHAMPIONS PROGRAM PARTICIPATING SITES

- Advocate Good Samaritan Hospital
- Advocate Lutheran General Hosp
- Ann Kiley Center
- Carle Foundation Hospital
- Culbertson Memorial Hospital
- Decatur Memorial Hospital
- Graham Hospital
- Hamilton Memorial Hospital
- John H. Stroger Hospital
- KSB Hospital
- Memorial Medical Center
- Mercy Hospital & Medical Center
- Midwestern University
- Mount Sinai Hospital
- NM Delnor Hospital
- NorthShore University HealthSystem
- Northwestern Medicine Delnor Hospital
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- OSF Sacred Heart Med Ctr
- OSF St. Francis Medical Center
- OSF St. Mary Medical Center
- Riverside Medical Center
- Roosevelt Univ College of Pharmacy
- Rosalind Franklin University
- Rush University Medical Center
- SIEE School of Pharmacy
- St. Anthony Medical Center
- St. John's Hospital
- Swedish Covenant Hospital
- Swedish American Hospital
- UI Health
- UIC College of Pharmacy

Contact Trish Wegner at TrishW@ichpnet.org if you are interested in volunteering!

NPN & PAC RECEPTION

Thursday, September 12th
6:00 pm – 7:30 pm
Foyer
Meet our ICHP lobbyists!

Read more about our lobbyists on page 17 of the syllabus.
3:00 PM - 4:30 PM
Terrace and Brook Rooms
EXHIBIT PROGRAM & BREAK

3:00 PM - 4:30 PM
Foyer
BEST PRACTICE POSTER
Speak with the 2019 Best Practice award winner, Adam Bursua, PharmD, BCPS, about his poster, “Reduction of Harm from Opioid Therapy through Focused Improvements in the Opioid Medication Use Process”.

4:30 PM - 5:30 PM
Oak Room
LEANING INTO PROCESS IMPROVEMENT - ONE SIGMA AT A TIME
At the end of this presentation, pharmacist participants should be able to:
1. Identify some Lean/Six Sigma tools that can be utilized in Pharmacy Process Improvement Efforts.
2. Outline how these tools can be used by all levels of pharmacy staff.
3. Review a pharmacy performance improvement project utilizing these tools.

At the end of this presentation pharmacy technician participants should be able to:
1. Identify some Lean/Six Sigma tools that can be utilized in Pharmacy Process Improvement Efforts.
2. Outline how these tools can be used by all levels of pharmacy staff.
3. Review a pharmacy performance improvement project utilizing these tools.

Type of Activity: Knowledge-based
1.0 contact hour (0.1 CEU)
UANs: 0121-0000-19-057-L04-P
0121-0000-19-057-L04-T
Emily Boyer, CPhT
Michelle Heidel, PharmD
Kristi Stice, PharmD, BCPS

5:30 PM - 6:00 PM
Oak Room
A SYSTEM APPROACH TO DRUG SHORTAGES
At the end of this presentation, pharmacist participants should be able to:
1. Describe the impact drug shortages have on health care systems.
2. Discuss strategies to mitigate drug shortages.
3. Identify opportunities to educate healthcare providers on current drug shortages and impact to patient care.

At the end of this presentation pharmacy technician participants should be able to:
1. Describe the impact drug shortages have on health care systems.
2. Discuss strategies to mitigate drug shortages.
3. Identify opportunities to educate healthcare providers on current drug shortages and impact to patient care.

Type of Activity: Knowledge-based
0.5 contact hour (0.05 CEU)
UANs: 0121-0000-19-058-L04-P
0121-0000-19-058-L04-T
Julie Kasap, PharmD, BCPPS

POLLs:
PollEv.com/ichp OR PollEv.com/ichp3 OR PollEv.com/ichp5
Varies by room
Instructions on page 43

CPE Deadline:
End of Day
October 28, 2019
IS IT TIME TO DITCH THE THIRD WHEEL? A REVIEW OF TRIPLE ANTITHROMBOTIC THERAPY

At the end of this presentation, pharmacist participants should be able to:

1. Compare and contrast dual and triple antithrombotic therapy and review the recent clinical trials comparing safety and efficacy of these two strategies.
2. Discuss important limitations regarding dual antithrombotic therapy and gaps in present literature.
3. Using knowledge of the evidence and limitations, design an optimal antithrombotic plan for a given patient scenario.

Type of Activity: Application-based
1.5 contact hours (0.150 CEUs)

UAN: 0121-0000-19-059-L01-P

Erika Hellenbart, PharmD, BCPS
Stephanie Dwyer, PharmD

LIZ BROWN-REEVES

Liz Brown is starting her 19th session at the Illinois State Capitol. She spent nearly a decade of her career serving as a member of Speaker Michael J. Madigan’s staff where she was Legislative Director – running floor operations, overseeing committees, including Executive and Revenue Committees, and analyzing legislation. Liz has been named “Best Contract Lobbyist” and was previously named “Best Legislative Staffer” by Capitol Fax while she served on Madigan’s Staff. On the political side, Liz has served as campaign manager, candidate recruiter and media advisor on dozens of legislative races throughout the state. She also served as staff to the Democratic National Conventions in 2000 & 2004 and most recently in July of 2016. Liz worked as a Regional Campaign Manager for the Illinois House Democrats for Democratic Chairman Madigan during the 2018 General Elections. Liz received her Bachelor’s Degree in Political Science from Southern Illinois University at Carbondale.

MITCH SCHABEN

Mitch Schaben is beginning his eighth year in the Illinois State Capitol. Mitch joins Liz Brown-Reeves Consulting straight from the Senate Democratic Staff where he served on the Policy, Budget and Communications Staffs for Senate President John Cullerton. Mitch also is the Campaign Coordinator for Appropriations Chairman State Senator Andy Manar. Mitch is originally from Iowa, where he received a Bachelor’s of Arts from Luther College.

ICHP LOBBYISTS

WiFi
Network: Events2018
Password: Events2018

THURSDAY, SEPTEMBER 12TH

6:00 PM - 7:30 PM
Foyer
NPN & PAC RECEPTION
Meet our ICHP Lobbyists!
...SO THAT RONNY HAS THE CHANCE TO SEE HIS GRANDSONS GROW UP.

Ronny
Living with neuroendocrine tumors
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— United States CMS FY 2020 inpatient prospective payments system final rule

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*A combination of samples was run in both the prospective and contrived arms of the study. T2Bacteria showed an overall average sensitivity of 90% in the prospective arm of the study, with an overall average PPA of 97% in the contrived arm of the study. I. Nguyen, M. H., et al. Annals of Internal Medicine, 2019. T2Direct Diagnostics is a trademark of T2 Biosystems, Inc. All software and documentation is subject to T2 Biosystems, Inc. copyrights. ©2019 T2 Biosystems. All rights reserved. t2_1040 08/19 R01

Booth #313
Booth #202
At the end of this presentation, pharmacist participants should be able to:

2. Compare and contrast treatment regimens for the management of hypertension in the elderly based on primary literature and the 2017 ACC/AHA Hypertension guidelines.
3. Examine recommendations for the use of statins as primary and secondary prevention in patients over 75 years of age as defined by the 2018 ACC/AHA Multisociety Guideline on the Management of Blood Cholesterol.

Type of Activity: Application-based 1.50 contact hours (0.15 CEUs)

UAN: 0121-0000-19-060-L01-P
Alexandra Goncharenko, PharmD, BCPS
Daniel Majerczyk, PharmD, BCPS, BC-ADM, CACP
Christie Schumacher, PharmD, BCPS, BCACP, BC-ADM, CDE
Elizabeth Van Dril, PharmD, BCPS
9:30 AM - 10:30 AM
Crystal Room
DEVELOPMENT OF OUTPATIENT PHARMACY SERVICES FOR SPECIALTY MEDICATIONS

At the end of this presentation, pharmacist participants should be able to:
1. Interpret what is considered a specialty medication.
2. Investigate the barriers that delay initiation of therapy and how they can be overcome.
3. Choose financial assistance options for patients on specialty medications.

At the end of this presentation pharmacy technician participants should be able to:
1. Interpret what is considered a specialty medication.
2. Investigate the barriers that delay initiation of therapy and how they can be overcome.
3. Choose financial assistance options for patients on specialty medications.

Type of Activity: Application-based
1.0 contact hour (0.1 CEU)
UANs: 0121-0000-19-061-L04-P
0121-0000-19-061-L04-T

Betty Xiaowen Fang, PharmD, BCACP
Kelly Morton, PharmD

8:00 AM - 9:00 AM
Venetian Room
WELLNESS INTERVENTION STRATEGIES FOR HEALTHCARE AND EDUCATIONAL SITES

At the end of this presentation, pharmacist participants should be able to:
1. Identify current trends and unintended consequences of burnout among healthcare professionals.
2. Describe intervention strategies to promote wellness in educational settings.
3. Apply wellness intervention strategies to simulated cases.

At the end of this presentation, pharmacist participants should be able to:
1. Discuss policies for managing opioid use disorder with medication assisted treatment (MAT) and naloxone in the hospital and overcoming potential barriers.
2. Review strategies and community outreach programs that hospitals implemented to address OUD in Illinois.

Type of Activity: Application-based
1.0 contact hour (0.1 CEU)
UAN: 0121-0000-19-062-L04-P

Milena McLaughlin, PharmD, MSc, BCPS-AQ TD, AAHIVP
Jennifer Phillips, PharmD, BCPS, FCCP, FASHP

9:00 AM - 10:30 AM
Venetian Room
HOSPITAL-BASED STRATEGIES TO TACKLE THE OPIOID EPIDEMIC

At the end of this presentation, pharmacist participants should be able to:
1. Share global, national, and state data on the Opioid use disorder (OUD) epidemic.
2. Discuss policies for managing opioid use disorder with medication assisted treatment (MAT) and naloxone in the hospital and overcoming potential barriers.
3. Evaluate administration of naloxone formulations to manage an opioid overdose and describe state laws regarding naloxone access.
4. Review strategies and community outreach programs that hospitals implemented to address OUD in Illinois.

Type of Activity: Application-based
1.5 contact hours (0.15 CEUs)
UAN: 0121-0000-19-063-L05-P
Abby Kahaleh, PhD, MS, MPH, BPharm, FAACP
Andrew Merker, PharmD, BCPS, BCIDP, AAHIVP
Tran Tran, PharmD, BCPS

10:30 AM - 12:00 PM
Terrace & Brook Rooms
EXHIBITS & BREAK

Please take time to stop in and thank our meeting sponsors and exhibitors! They help keep our meeting fees low!

10:30 AM - 12:00 PM
Foyer
BEST PRACTICE POSTER
Speak with the 2019 Best Practice award winner, Adam Bursua, PharmD, BCPS, about his poster, “Reduction of Harm from Opioid Therapy through Focused Improvements in the Opioid Medication Use Process”.

CPE Deadline: End of Day
October 28, 2019
1. In 2017 the Illinois General Assembly created the Collaborative Pharmaceutical Task Force to review 16 different concerns with today’s pharmacy practice in addition to reviewing the entire Illinois Pharmacy Practice Act for the purpose of updating it. ICHP has been represented on Collaborative Pharmaceutical Task Force by Scott Meyers. The Task Force met for its final time in August developed a list of recommendations to be presented to the General Assembly this fall. The fall veto session consists of three days in October and three days in November and will likely not provide enough time to duly consider or implement all the recommendations of the Task Force. With the current Practice Act set to sunset on December 31st of this year, what is most likely to happen is that the legislature will extend the Act for another year with the plan to duly consider all the Task Force recommendations and more in the 2020 spring session. We plan to go over the various Task Force recommendations and what we would like our members to do over the next few months.

2. As you are probably aware, the ICHP Board of Directors has begun the process of identifying its next Executive Vice President with Scott’s planned retirement at the end of 2020. We will be taking a few minutes to provide attendees with an update on the progress so far, the plan for marketing of the position, the criteria for potential candidates and an overall timeline for the process. Please come prepared with any questions you may have regarding this process.

3. The ICHP Board of Directors has very recently approved the formation of the ICHP Pharmacy Technician Network. The Network will help bring more technician members together to help plan and develop the role of pharmacy technicians as members of the health care team. What activities or topics would you like to see the Network pursue as it becomes established?

4. Last year, ICHP established two new Networks, the 340B Network and the Small and Rural Hospital Network. Members of the 340B Network participated in a 340B Town Hall meeting hosted by the UIC College of Pharmacy last fall. Since that time a variety of sources have or were already developed to provide updates on the 340B program. UIC plans to hold an annual Town Hall that would be open to all members each fall. Our question is, are there enough other sources of information on 340B available, does ICHP need to continue the activities of this Network? In addition, the Small and Rural Hospital Network has not yet met, is there a need for this Network?

5. In a perfect world where ICHP has ample resources, what would you like to see it provide? Besides lower or no dues!
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Booth #101

MERCK & CO., INC.
Kenilworth, N.J., U.S.A.

Booth #200
GENERAL SESSION
1:30 PM - 2:30 PM
Crystal Room
NATIONAL UPDATE ON DRUG PRICING TRENDS AND ADVOCACY EFFORTS
At the end of this presentation, pharmacist participants should be able to:
1. Describe recent drug pricing trends and their impact on healthcare spending.
2. Explain how drug pricing is affected by several factors, including regulations, third parties, and market environment.
3. Discuss recent drug pricing legislation that has been introduced and or passed in the United States Congress.

At the end of this presentation pharmacy technician participants should be able to:
1. Describe recent drug pricing trends and their impact on healthcare spending.
2. Explain how drug pricing is affected by several factors, including regulations, third parties, and market environment.
3. Discuss recent drug pricing legislation that has been introduced and or passed in the United States Congress.

Type of Activity: Knowledge-based
1.0 contact hours (0.1 CEU)
UANs: 0121-0000-19-064-L04-P
0121-0000-19-064-L04-T
Michael Ganio, PharmD, MS, BCPS, FASHP

TRACK 1 - PHARMACY TECHNOLOGY SESSION
2:30 PM - 3:30 PM
Crystal Room
DO NOT PASS GO: CREATING SAFETY WITH IV WORKFLOW MANAGEMENT SYSTEMS
At the end of this presentation, pharmacist participants should be able to:
1. Discuss the substitution myth associated with the use of technology.
2. Illustrate how to address safety risk throughout a technology build and implementation process.
3. Describe how to use a pharmacy IV workflow management system dashboard to monitor sterile compounding practices.

At the end of this presentation pharmacy technician participants should be able to:
1. Discuss the substitution myth associated with the use of technology.
2. Illustrate how to address safety risk throughout a technology build and implementation process.
3. Describe how to use a pharmacy IV workflow management system dashboard to monitor sterile compounding practices.

Type of Activity: Application-based
1.0 contact hour (0.10 CEU)
UANs: 0121-0000-19-065-L05-P
0121-0000-19-065-L05-T
Charlene A.M. Hope, PharmD, MS, BCPS, CPPS
Kathleen Kane, PharmD
Maggie Wong, PharmD, BCPS
Daniel Chen, PharmD
Michelle Geurink, RPh
4:30 PM - 5:30 PM
Crystal Room
**INTERSECTING CLINICAL PHARMACY, PATIENT SAFETY, PHARMACY OPERATIONS, AND TECHNOLOGY - A PANEL DISCUSSION ON ROLES IN PHARMACY INFORMATICS**

At the end of this presentation, pharmacist participants should be able to:
1. Describe different career and educational pathways toward a role in pharmacy informatics
2. Define responsibilities for different roles in pharmacy informatics
3. List roles for pharmacists and technicians in pharmacy informatics

At the end of this presentation pharmacy technician participants should be able to:
1. Describe different career and educational pathways toward a role in pharmacy informatics
2. Define responsibilities for different roles in pharmacy informatics
3. List roles for pharmacists and technicians in pharmacy informatics

**TRACK 2 - CLINICAL SESSION**

2:30 PM - 3:30 PM
Venetian Room
**IS THERE A ROLE FOR MONOCLONAL ANTIBODIES IN THE TREATMENT OF CLOSTRIDIODES DIFFICILE INFECTION?**

At the end of this presentation, pharmacist participants should be able to:
1. Review the pathophysiology of Clostridioides difficile infection.
2. Recognize common risk factors for recurrent Clostridioides difficile infection.
3. Discuss the role of monoclonal antibodies in the treatment of Clostridioides difficile infection.

Type of Activity: Knowledge-based
1.0 contact hour (0.1 CEU)
UAN: 0121-0000-19-067-L01-P

Larry Danziger, PharmD

3:45 PM - 4:30 PM
Venetian Room
**CANDIDA AURIS: THE NEW FUNGUS IN TOWN**

At the end of this presentation, pharmacist participants should be able to:
1. Discuss the epidemiology, pathophysiology, and microbiology of Candida auris.
2. Identify the risk factors associated with Candida auris infections.
3. Review the pharmacologic treatment options for Candida auris.

Type of Activity: Knowledge-based
0.75 contact hour (0.075 CEU)
UAN: 0121-0000-19-069-L01-P

Sharon Sam Yu, PharmD, BCIDP, AAHIVP

3:30 PM - 3:45 PM
**BREAK**

3:45 PM - 4:30 PM
Venetian Room
**IS THERE A ROLE FOR MONOCLONAL ANTIBODIES IN THE TREATMENT OF CLOSTRIDIODES DIFFICILE INFECTION?**

At the end of this presentation, pharmacist participants should be able to:
1. Review the pathophysiology of Clostridioides difficile infection.
2. Recognize common risk factors for recurrent Clostridioides difficile infection.
3. Discuss the role of monoclonal antibodies in the treatment of Clostridioides difficile infection.

Type of Activity: Knowledge-based
1.0 contact hour (0.1 CEU)
UAN: 0121-0000-19-067-L01-P

Thorsten Ericksen, CPhT
Heather Harper, PharmD, BCPS
David Tjhio, PharmD
Maggie Wong, PharmD, BCPS

**PCE Deadline:**
End of Day
October 28, 2019

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Varies by room
Instructions on page 43
4:30 PM - 5:30 PM
Venetian Room
BEATING THE PAIN GAME: NON-OPIOID ANALGESIC STRATEGIES AMID AN OPIOID CRISIS

At the end of this presentation, pharmacist participants should be able to:
1. Describe opioid analgesics and their potential for misuse and abuse leading to the opioid crisis.
2. Discuss non-opioid analgesic options for treatment of acute pain.
3. Explain safe practices for use of opioids.

At the end of this presentation pharmacy technician participants should be able to:
1. Describe opioid analgesics and their potential for misuse and abuse leading to the opioid crisis.
2. Discuss non-opioid analgesic options for treatment of acute pain.
3. Explain safe practices for use of opioids.

Type of Activity: Knowledge-based
1.0 contact hour (0.1 CEU)
UANs: 0121-0000-19-070-L01-P
0121-0000-19-070-L01-T
Megan Rech, PharmD, MS, BCPS, BCCCP

6:30 PM - 9:00 PM
Ditka’s Oakbrook Terrace
PRESIDENT’S DINNER
(Invitation Only)

CPE Deadline:
End of Day
October 28, 2019

POLLS:
PollEv.com/ichp OR
PollEv.com/ichp3 OR
PollEv.com/ichp5

Varies by room
Instructions on page 43
Stay connected!

ICHP is on all of your favorite social media sites. Make sure you connect with us to stay up-to-date on the latest news in Illinois Pharmacy!

Go to www.facebook.com/ichpnet and “like” our page! Make sure you continue to like, share and comment on our posts so that they continue to show up in your newsfeed. You can also join our group on Facebook – this is a private group (meaning your friends won’t see what you post unless they’re also a member) of ICHP members. Feel free to share questions, concerns and ideas related to pharmacy with your peers and get realtime feedback! Just click the blue “Visit Group” button on the upper right hand side of the page.

Go to www.twitter.com/ichpnet and “follow” us! Don’t forget to retweet us! Also tag ICHP in any pharmacy related tweets you send out!

A picture’s worth a thousand words…see what we have to say on Instagram! Log into your Instagram account. Click on the magnifying glass, search: ichpnet and click follow! It’s that easy to keep ICHP at your fingertips!

Stay connected professionally with ICHP via LinkedIn – www.linkedin.com. In the top left hand corner search for ichp. Scroll down to “Company Results” – there you should see ICHP (Illinois Council of Health-System Pharmacists) – just click “Follow” and voila…you’re connected!
TRACK 1 - TECHNICIAN SESSION
8:00 AM - 11:30 AM
English Room
VALUE BASED CARE: BEHIND EVERY PHARMACY TECHNICIAN THERE IS A TRUE VALUE

At the end of this presentation, pharmacist participants should be able to:
1. Describe the role of the pharmacy technician within a multi-disciplinary team.
2. Describe the types of interventions that are made by the pharmacy technician.
3. Explain how the role of pharmacy technician developed within a multi-disciplinary team to improve value based care.
4. Describe the patient care outcomes measured and tracked by the pharmacy technician to show value.
5. Describe the challenges faced by the pharmacy technician within a multi-disciplinary team in a primary care clinical setting.

At the end of this presentation pharmacy technician participants should be able to:
1. Describe the role of the pharmacy technician within a multi-disciplinary team.
2. Describe the types of interventions that are made by the pharmacy technician.
3. Explain how the role of pharmacy technician developed within a multi-disciplinary team to improve value based care.
4. Describe the patient care outcomes measured and tracked by the pharmacy technician to show value.
5. Describe the challenges faced by the pharmacy technician within a multi-disciplinary team in a primary care clinical setting.

Type of Activity: Knowledge-based
0.75 contact hour (0.075 CEU)
UANs: 0121-0000-19-071-L04-P
0121-0000-19-071-L04-T

Joshua Wentland, CPhT
9:30 AM - 10:30 AM
English Room
**LOOKING AHEAD: ADVOCACY MEASURES FOR PHARMACY TECHNICIANS**

At the end of this presentation, pharmacist participants should be able to:
1. Identify the legislative process a bill must take before being signed into law
2. Describe current Illinois laws regarding pharmacy technician scope of practice
3. Compare and contrast pharmacy technician legislation between different states
4. Discuss strategies to monitor and advocate for pharmacy technician legislation in the state of Illinois.

At the end of this presentation, pharmacy technician participants should be able to:
1. Identify the need for networking for a successful pharmacy career.
2. Review action steps one can adopt to immediately begin networking.
3. Select and apply at least one new networking concept during this ICHP meeting.

Type of Activity: Knowledge-based
1.0 contact hour (0.1 CEU)
UANs: 0121-0000-19-073-L03-P
0121-0000-19-073-L03-T
Sharon Karina, PharmD

10:30 AM - 11:30 AM
English Room
**NETWORKING: WHO, WHAT, WHEN, WHERE, WHY, AND HOW?**

At the end of this presentation, pharmacist participants should be able to:
1. Identify the need for networking for a successful pharmacy career.
2. Review action steps one can adopt to immediately begin networking.
3. Select and apply at least one new networking concept during this ICHP meeting.

At the end of this presentation, pharmacy technician participants should be able to:
1. Identify the need for networking for a successful pharmacy career.
2. Review action steps one can adopt to immediately begin networking.
3. Make a new connection with a colleague during this ICHP meeting.

Type of Activity: Application-based
1.0 contact hour (0.1 CEU)
UANs: 0121-0000-19-074-L04-P
0121-0000-19-074-L04-T
Brooke Griffin, PharmD, BCACP

8:00 AM - 9:15 AM
Crystal Room
**UTILIZING CLINICAL PRACTICE GUIDELINES IN THE ON DEMAND AGE**

At the end of this presentation, pharmacist participants should be able to:
1. Describe the role and evolution of clinical practice guidelines in health care.
2. Identify and develop methods that pharmacists can use to stay up to date with changing clinical practice guidelines.
3. Apply strategies integrating timely updates of clinical information to the American Diabetes Association Standards of Medical Care.

Type of Activity: Application-based
1.25 contact hours (0.125 CEUs)
UAN: 0121-0000-19-075-L04-P
Brian Cryder, PharmD, BCACP, CACP
Daniel Majerczyk, PharmD, BCPS, BC-ADM, CACP

9:15 AM - 9:30 AM
Foyer
**BREAK**

**CPE Deadline:** End of Day October 28, 2019
LET’S GET DIGITAL: IMPLEMENTATION OF DIGITAL MEDICINE AND TELEHEALTH WITHIN A POPULATION HEALTH CARE MODEL

At the end of this presentation, pharmacist participants should be able to:

1. Define the pharmacist’s role in population health at a large academic medical center.
2. Propose management strategies for gaps in care as it relates to medication use, access, and patients’ characteristics.
3. Evaluate the benefits and barriers when implementing expanded digital pharmacist services within an interdisciplinary population health care team.

Type of Activity: Application-based
1.0 contact hour (0.1 CEU)

UAN: 0121-0000-19-076-L04-P

Vydia Chakravarthy, MS-HSM
Klodiana Myftari, PharmD, BCACP

10:30 AM - 11:30 AM
Crystal Room
RESIDENCY PROJECT PEARLS 2019

• Evaluating the impact of medication-assisted treatment for alcohol use disorder on hospitalization rates in a veteran hospital
• Does switching from ticagrelor to clopidogrel increase MACE events?
• Evaluation of antibiotic prescribing and time to administration in febrile neonates in the emergency department

At the end of this presentation, pharmacist participants should be able to:

1. Discuss the results of a retrospective chart review on the use of medication assisted treatment for alcohol use disorder on rehospitalization rates in a veteran population.
2. Recognize the incidence of MACE events and factors which may affect MACE events when switching from ticagrelor to clopidogrel based on a 12-hour loading dose protocol.
3. Discuss the pathophysiology and management of late-onset neonatal sepsis presenting from the community.
4. Describe barriers to timely administration of appropriate antibiotics in the late-onset sepsis and interventions to optimize care.

Type of Activity: Knowledge-based
1.0 contact hour (0.1 CEU)

UAN: 0121-0000-19-077-L04-P

Sundus S. Awan, PharmD
Magdalena Dankowska, PharmD
Joette Amundaray Miller, PharmD

TRACK 3 - STUDENT SESSION

8:00 AM - 11:30 AM
Venetian Room
THE ROAD TO RESIDENCY: PREPARATION PEARLS FOR PHARMACY STUDENTS

• How to build your professional network
• Financial planning for pharmacy students and residents
• General PGY-1 info: What are your options in ambulatory care and community practice?
• General PGY-1 info: What are your options in hospital and industry?
• How to conduct yourself at the Midyear/Showcase and getting ready to be interviewed
• The Match Process/Post Match Scramble & PhOrCAS
• Get the inside scoop from a residency director
• Get the inside scoop from a resident

Brian Carlson, CFP, CLU
Christopher W. Crank, PharmD, MS, BCPS, AQ ID
Jacob Gettig, PharmD, MPH, MEd, BCPS, CHCP
Alifiya Hyderi, PharmD
Brittany Lee, PharmD
Bryan C. McCarthy, Jr, PharmD, MS, MJ, BCPS
W. Justin Moore, PharmD
Hina Patel, PharmD, BCPS
Jennifer Phillips, PharmD, BCPS, FCCP, FASHP
Molly Rockstad, PharmD, BCPS, BCACP
Hailey P. Soni, PharmD, BCPS
**CLOSING GENERAL SESSION**

1:00 PM - 3:00 PM  
Crystal Room  
**ASHP PHARMACY FORECAST WORKSHOP: TRENDS THAT WILL SHAPE YOUR FUTURE**

At the end of this presentation, **pharmacist** participants should be able to:
1. Explain the imperative changes in healthcare and their impact on pharmacy practice.
2. Analyze the ASHP Pharmacy Forecast and its role in strategic planning.
3. Discuss the role of the Pharmacy Forecast on student professional development.
4. Create and support discussions around preparing the next generations of pharmacists for practice model changes.

At the end of this presentation, **pharmacy technician** participants should be able to:
1. Explain the imperative changes in healthcare and their impact on pharmacy practice.
2. Analyze the ASHP Pharmacy Forecast and its role in strategic planning.
3. Create and support discussions around preparing the next generations of technicians for practice model changes.

Type of Activity: Application-based  
2.0 contact hours (0.2 CEUs)  
**UANs:**  
0121-0000-19-078-L04-P  
0121-0000-19-078-L04-T  
Charlene A.M. Hope, PharmD, MS, BCPS, CPPS  
Anthony C. Scott, PharmD, DPLA  
Xavier Torres, PharmD, MHA  

**POLLS:**  
PollEv.com/ichp OR PollEv.com/ichp3 OR PollEv.com/ichp5  
Varies by room  
Instructions on page 43  

**CPE Deadline:**  
End of Day  
October 28, 2019  

**Deadline:**  
End of Day  
October 28, 2019  

**IMPACT PATIENT CARE**
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It is the policy of the Illinois Council of Health-System Pharmacists to ensure balance, objectivity, and scientific rigor in all their individually or jointly presented continuing education programs. All faculty participating in any Illinois Council of Health-System Pharmacists’ continuing education programs are expected to disclose any real or apparent conflict(s) of interest that may have any bearing on the subject matter of the continuing education program. Disclosure pertains to relationships with any pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic.

The intent of this disclosure is not to prevent a speaker with a potential conflict of interest from making a presentation, but to let the audience know about the relationship before the presentation. It is intended that financial interests or affiliations be openly identified so that, with the full disclosure of the facts, the attendees may form their own judgments about the presentation.

ICHP faculty and planning committee disclosures are listed to the right. Any conflicts were resolved through peer review of their presentations and transparency in planning discussions.
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Name: Company: Relationship:

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Honoraria/Speaker/Teacher

Planning Committee
David Martin • Syneos Health
Syneos Health, Client is Janssen • Stockholder
Employee
Trish Wegner • Pfizer, BD, Cardinal • Stockholder
INSTRUCTIONS FOR OBTAINING CPE CREDIT FOR ICHP ACCREDITED COURSES

Please READ all information carefully so you understand the deadlines and how to access credit statements.

To obtain CPE credit for each ICHP accredited course attended, attendees must complete the following requirements.

After the meeting (or after the CE session), all attendees will need to access ICHP’s online CPE system at CESally.com, and complete and submit all evaluations to have your ICHP credit automatically submitted to CPE Monitor.

USE THE APP – a Convenient Option!
The Annual Meeting mobile app has a unique link for each session’s Activity Overview Page on CESally.com; you may complete your evaluation through the mobile app, onsite, once the session ends. Pick the Pharmacist or Technician title as appropriate for each CE session you attended. You do NOT need to use the app, it is an option for your convenience only!

Please honor the CPE deadlines! Do NOT Delay in completing your CPE processing. If you encounter problems, we will need time to assist you before the final deadline.

QUICK OVERVIEW
1. Fill out your CPE Attendance Record (2-part white and yellow form in folder) during sessions.
2. Turn in BOTH the White and Yellow copy at Registration check out.
3. Registration attendant signs BOTH copies, keeps the White copy, you keep the yellow copy. Please SAVE your yellow copy!
4. Go to CESally.com and Login if you have an account; or “Sign Up!” to create an account if new to the site. Important! You must enter your NABP eProfile ID & birthdate as MMDD to set up your account and get credit. CESally.com is mobile friendly - you may complete the entire process, start to finish, on any device.
5. Complete your evaluations for credit:
   Option 1: Complete each session evaluation and submit for credit via mobile app session URL link.
   Option 2: Complete the session evaluation later via laptop, etc. You MUST turn in your Attendance Record Sheet for either option. We need that for ACPE records.
6. If you are not using mobile app links - use the Search function on CESally.com to find all the Program Titles you attended and Add to your To-do List.
7. Go to your To-do List to select programs to evaluate and Start the To Do List. Follow the directions.
8. Remember to REPORT CE & SUBMIT CE – once completed, you will see a submission confirmation message.
9. Go to your CPE Monitor account at NABP.net to print off official transcripts or statements of credit. (Please note: It may take up to 48 hours for your credit to upload to CPE Monitor.)

DETAILED STEPS ON HOW TO COMPLETE THE EVALUATION PROCESS
Session Entry Access Codes will be announced by the moderators during each session – write the codes on your “CPE Attendance Record” sheet (2-part white and yellow form). Please fill in your “Name” information on your CPE Attendance Record. At the end of your participation at the conference, please turn in BOTH the white and yellow copies of your Attendance Record at the Registration desk. Registration attendants sign both copies and keep the white copy. You will get the yellow copy back. Keep the yellow copy of the CPE Attendance Record for your file as you will need the Session Codes which you wrote down to complete the process of receiving your credit.

Detailed instructions to complete evaluations online:
1. Go to www.CESally.com and click on “Sign Up!” Or log in with your existing account. For HELP at any point, click on the HELP tab or go to: www.cesally.com/help/.
2. Complete the Sign Up process and select a username and password. Important: Please store your username and password in a safe place. You will need to maintain a valid email address with CESally.com. Each participant must have an individual email address.
3. Enter your NABP eProfile ID and birthdate as MMDD when prompted by CESally.com.

PLEASE NOTE – YOU MUST HAVE A CESALLY.COM ACCOUNT AND LOG IN BEFORE YOU CAN COMPLETE YOUR CPE PROGRAM EVALUATIONS THROUGH ANY DEVICE OR APP.
4. Once you have created your account, or logged in, use the Annual Meeting app or any device and click on the unique session link to go directly to the Activity Overview Page and follow the directions there. OR use the Search Box on CESally.com (in the upper right corner) to find your activity by typing in the UAN #, the title, or type in 2019 ICHP Annual Meeting and search to see all the sessions. You have several options for completing or saving for later.

Please pay CLOSE attention to the Title and the Pharmacist or Technician label at the beginning of each title.

- PHARMACISTS: You may NOT receive credit for Technician programs.
- TECHNICIANS: PTCB requires Technician-specific CPE credit to recertify.

5. Identify the program(s) attended and choose either to:
   a) Click on that Activity title to open the information page, and you will see your options in the right hand column on the information page.
   b) OR Click on the checkbox inside the small information box, then go to the bottom of the page and see your options there.

6. Choose from either a) or b) above, to Complete Now, Save for Later, OR ADD to To-do List.

7. When you are ready to complete your CPE credit process, go to your To-do List, select the programs you want to evaluate, and click on Start To-do List tab. Follow directions to EVALUATE the program(s).
   - You will verify your attendance, provide the session ENTRY CODE that was given to you during the program, and complete an evaluation of the activity and the speaker(s).
   - Always click on Go To Next Step when you complete a task.

8. Click on “Report CE” and “Submit CE”. Your CPE credit will be uploaded to CPE Monitor automatically. Look for the submission confirmation message when you have successfully completed the process.

9. If you have any questions contact us at members@ichpnet.org.

10. Go to www.NABP.net to download an official copy of your CPE transcripts. Click on the CPE Monitor link and log in to access your CPE Monitor records.

Important: Per ACPE requirements, official transcripts and statements of credit are available ONLY through the learner's e-profile in CPE Monitor.

PLEASE NOTE: You will have until the end of day Monday, October 28, 2019 to complete your online evaluation and submit it for your CPE credit. ICHP policy requires that CPE evaluations be completed within a specific deadline to ensure timely submission of your CPE credit to your CPE Monitor account, and to meet the ACPE deadlines. Anything submitted after the ACPE deadlines will be rejected by CPE Monitor. If you miss the deadline you will lose your credit.

REMEMBER - IF YOU EXPERIENCE ANY PROBLEMS, WE WILL NEED TIME TO ASSIST YOU. PLEASE DO NOT DELAY!

IMPORTANT NOTICE: Only registered attendees to the CPE presentations are eligible to receive credit. CPE attendance records and meeting registration lists are used to verify that those who process credit on CESally.com attended the live programming. Any discrepancies will be reviewed for possible action in accordance with ACPE and Board of Pharmacy standards and policies.
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The above represents lifetime contributions of those ICHP members who have contributed to the ICHP Pharmacy Action Fund in the last 12 months (as of 8.29.19). To contribute online now or print a mail-in form, go to www.ichpnet.org > Pharmacy Practice > Advocacy > Pharmacy Action Fund (PAC) > Contribute to PAC.
TALK TO US ABOUT ICHP!

Stop by the photo booth (in the foyer) during one of our breaks. We want to hear about your experiences in pharmacy and ICHP! Help us spread the word about the best organization in pharmacy!
Upcoming Events - ICHP

- **Sangamiss CPE Event**  
  **OCTOBER 8, 2019**  
  **Topic:** Taking the Scenic Route (of Administration): Oral Versus IV Antibiotics for Osteomyelitis and Endocarditis  
  **Bella Milano, Springfield, IL**  
  Accredited for Health-System Pharmacists

- **NISHP Double Feature**  
  **OCTOBER 16, 2019**  
  **Topic 1:** Integration of Pharmacy Services During Mergers and Acquisitions: Operational and Strategic Challenges (non-CE)  
  **Topic 2:** The Role of Telehealth in Pharmacy  
  **Park Ridge Country Club, Park Ridge, IL**  
  Accredited for Health-System Pharmacists & Pharmacy Technicians

- **Champion Live Webinar**  
  **OCTOBER 22, 2019**  
  **Topic:** Review of HIV for Technicians  
  Accredited for Health-System Pharmacy Technicians  
  *Open Access to all member technicians!

- **2019 Leadership Retreat**  
  **NOVEMBER 15-16, 2019**  
  **I Hotel and Conference Center - Champaign, IL**  
  By invitation only

- **NISHP Double Feature**  
  **NOVEMBER 21, 2019**  
  **Topic 1:** Coagulation Factor XA (non-CE)  
  **Topic 2:** Updates in Pharmacy Education and Training  
  **RPM Italian, Chicago, IL**  
  Accredited for Health-System Pharmacists

- **2020 Spring Meeting**  
  **MARCH 27 - 28, 2020**  
  **Embassy Suites Conference Center - East Peoria, IL**

- **2020 Legislative Day**  
  **APRIL 22, 2020**  
  **Springfield, IL**
INDICATIONS AND USAGE
Vancomycin injection is a glycopeptide antibacterial indicated in adult and pediatric patients (1 month and older) for the treatment of:
- Infections caused by aerobic and anaerobic Gram-positive bacteria (1.1, 1.2)
- Infections caused by Gram-positive bacteria and for the treatment of infections in patients who cannot tolerate or have developed resistance to beta-lactam agents (1.3, 1.4)
- Infections caused by aerobic and anaerobic Gram-positive bacteria in patients that have demonstrated resistance to other agents in the treatment of infections (1.5, 1.6)
- Infections caused by aerobic and anaerobic Gram-positive bacteria, (1.7-1.8)
- Infections caused by aerobic and anaerobic Gram-positive bacteria, such as staphylococci and streptococci, in patients who have developed Gram-positive resistance to other agents (1.9)

CONTRAINDICATIONS
- Hypersensitivity to Vancomycin (4)
- Vancomycin Injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria (1.6)

DOSEAGE AND ADMINISTRATION
- Use this formulation of Vancomycin Injection only in patients who require the entire (500 mg, 1 g, 1.5 g or 2 g) dose and not any fraction thereof (2.1)
- For intravenous use only. Do not administer orally (2.2)
- Administer Vancomycin injection by intravenous infusion over 60 minutes or greater to reduce the risk of infusion reactions (2.3)
- Adult Patients: 1 g divided every 6 hours or 2 g every 12 hours (2.4)
- Pediatric Patients (1 month and older): 10 mg/kg per dose given every 6 hours (2.5)
- Patients with Renal Impairment: See full prescribing information for recommended doses in patients with renal impairment (2.6)
- See full prescribing information for further important administration and preparation instructions (2.7, 2.8)

DOSE FORMS AND STRENGTHS
Vancomycin Injection: Single-dose flexible bags containing 500 mg vancomycin in 100 mL, 1 g vancomycin in 200 mL, 1.5 g vancomycin in 300 mL, and 2 g vancomycin in 400 mL of liquid (3).

WARNING: RISK OF EMBRYO-FETAL TOXICITY DUE TO EXCIPIENTS
This formulation of Vancomycin Injection is not recommended for use during pregnancy because it contains the excipients polyethylene glycol (PEG 400) and N-acetyl D-alanine (NADA), which caused fetal malformations in animal reproduction studies. If use of vancomycin is needed during pregnancy, use other available formulations of vancomycin. (5.1, 8.1)

INDICATIONS AND USAGE
Vancomycin injection is a glycopeptide antibacterial indicated in adult and pediatric patients (1 month and older) for the treatment of:
- Infections caused by aerobic and anaerobic Gram-positive bacteria (1.1, 1.2)
- Infections caused by Gram-positive bacteria and for the treatment of infections in patients who cannot tolerate or have developed resistance to beta-lactam agents (1.3, 1.4)
- Infections caused by aerobic and anaerobic Gram-positive bacteria in patients that have demonstrated resistance to other agents in the treatment of infections (1.5, 1.6)
- Infections caused by aerobic and anaerobic Gram-positive bacteria, (1.7-1.8)
- Infections caused by aerobic and anaerobic Gram-positive bacteria, such as staphylococci and streptococci, in patients who have developed Gram-positive resistance to other agents (1.9)

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- Pediatric Patients (1 month and older): 10 mg/kg per dose given every 6 hours (2.5)
- Patients with Renal Impairment: See full prescribing information for recommended doses in patients with renal impairment (2.6)
- See full prescribing information for further important administration and preparation instructions (2.7, 2.8)

DOSE FORMS AND STRENGTHS
Vancomycin Injection: Single-dose flexible bags containing 500 mg vancomycin in 100 mL, 1 g vancomycin in 200 mL, 1.5 g vancomycin in 300 mL and 2 g vancomycin in 400 mL of liquid (3).

WARNING: RISK OF EMBRYO-FETAL TOXICITY DUE TO EXCIPIENTS
This formulation of Vancomycin Injection is not recommended for use during pregnancy because it contains the excipients polyethylene glycol (PEG 400) and N-acetyl D-alanine (NADA), which caused fetal malformations in animal reproduction studies. If use of vancomycin is needed during pregnancy, use other available formulations of vancomycin. (5.1, 8.1)

DOSE FORMS AND STRENGTHS
Vancomycin Injection: Single-dose flexible bags containing 500 mg vancomycin in 100 mL, 1 g vancomycin in 200 mL, 1.5 g vancomycin in 300 mL and 2 g vancomycin in 400 mL of liquid (3).

CONTRAINDICATIONS
- Hypersensitivity to Vancomycin (4)
- Vancomycin Injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria (1.6)

ADVERSE REACTIONS
The common adverse reactions are anaphylaxis, “red man syndrome”, acute kidney injury, hearing loss, neutropenia. (1.1)

To report SUSPECTED ADVERSE REACTIONS, contact Xellia Pharmaceuticals USA, LLC at 1-833-295-6953 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS
- Anesthetic Agents: Concomitant administration of vancomycin and anesthetic agents has been associated with methemoglobinemia and anaphylactic-like flushing (2.7, 3)
- Piperacillin/Tazobactam: Increased incidence of acute kidney injury in patients receiving concurrent piperacillin/tazobactam and vancomycin as compared to vancomycin alone. Monitor kidney function in patients (7.2)

Please see full prescribing information at www.xellia.com/US

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**Vancomycin**

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**Features**

- Fits in automated dispensing cabinets
- 16 month shelf life in overwrap
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**INDICATIONS AND USAGE**

Vancomycin Injection is a glycopeptide antibacterial indicated in adult and pediatric patients (1 month and older) for the treatment of:

- Septicemia (1.1)
- Infective endocarditis (1.2)
- Lower respiratory tract infections (1.3)
- Bone infections (1.4)
- Skin and skin structure infections (1.3)
- Clostridium difficile-associated diarrhea (1.6)

**DOSAGE AND ADMINISTRATION**

- **Adult Patients:** 2 g divided every 6 hours or 1 g every 12 hours.
- **Pediatric Patients:** 1 g every 12 hours.
- **Use this formulation of Vancomycin Injection only in patients who require the entire (500 mg, 1 g, 1.5 g or 2 g) dose and not any fraction thereof.**

**CONTRAINDICATIONS**

Hypersensitivity to vancomycin

**WARNINGS AND PRECAUTIONS**

- **Nephrotoxicity:** Systemic vancomycin exposure may result in acute kidney injury.
- **Phlebitis:** To reduce the risk of local irritation and phlebitis, administer Vancomycin Injection by a secure intravenous route of administration.
- **Clostridium difficile-Associated Diarrhea:** Evaluate patients if diarrhea occurs.
- **Ototoxicity:** Ototoxicity has occurred in patients receiving vancomycin. Monitor auditory function.
- **Development of Drug-Resistant Bacteria:** Prescribing Vancomycin Injection in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.
- **Risk of Embryofetal Toxicity Due to Excipients:** Use other available formulations of vancomycin during pregnancy because it contains the excipients polyethylene glycol (PEG 400) and N-acetyl D-alanine (NADA), which caused fetal toxicity in animal studies.

**ADVERSE REACTIONS**

Please see full prescribing information for further important administration and precautions.

**DRUG INTERACTIONS**

- **Potentially Additive**
  - Use this formulation of Vancomycin Injection only in patients who require the entire (500 mg, 1 g, 1.5 g or 2 g) dose and not any fraction thereof.

**IMPORTANT SAFETY INFORMATION**

- **Lower Respiratory Tract Infections**
- **Bone Infections**
- **Skin and Skin Structure Infections**
- **Infected Endocarditis**

**WARNINGS**

- **DOSAGE ADJUSTMENT**
  - **Patients with Renal Impairment:** See full prescribing information for dosing recommendations.
  - **Lower Respiratory Tract Infections**
  - **Bone Infections**
  - **Skin and Skin Structure Infections**
  - **Infected Endocarditis**

**PHARMACOLOGICAL CATEGORIES**

- **ANTIBACTERIAL**

**PREGNANCY**

- **RISK OF EMBRYO-FETAL TOXICITY DUE TO EXCIPIENTS**

**HUMAN MILK FeEDING**

- **NURSING MOTHERS:** Maternty to use other available formulations of vancomycin.

**ADDITIONAL INFORMA TION**

- **LABELING CHANGES**
- **CLINICAL STUDIES**
- **PATIENT COUNSELING INFORMATION**
- **HOW SUPPLIED**

**POLLING - “HOW TO”**

1. **Poll is Presented...**

   - Look here for instructions on EACH poll!

2. **Answer by Web Address:**
   - pollev.com/ichp
   - pollev.com/ichp3
   - pollev.com/ichp5

3. **Answer by Text:**
   - If you have left a presentation with an “ichp” poll, you must text LEAVE to 22333, then text “ichp3” or “ichp5” to 22333 to switch rooms.

   Moderators will let you know if you are in an ICHP or ICHP3 or ICHP5 room.

**Watch the Live Results!**

[Image of a tablet showing a poll question: What is your favorite color?]

Options: Red, Blue, Green, Purple

- **Red:** 33%
- **Blue:**
- **Green:**
- **Purple:** 67%

**Watch the Live Results!**
ICHP would like to thank these companies for providing sponsorships for the 2019 Annual Meeting.

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**Exhibit Hall Hours:**
**Terrace & Brook Rooms**

- Thursday, September 12th from 3:00 pm - 4:30 pm
- Friday, September 13th from 10:30 am - 12:00 pm