



GULF COAST SOCIETY OF HEALTH-SYSTEM PHARMACISTS

April/ May 2010

INSIDE THIS ISSUE :

President's Report	1
Calendar of Events	2
Student Section	4
Resident Section	6
CE Programs	8,9
2010-2011 Officers	10

The GCSHP website is linked to TSHP website. Log on to the TSHP website at www.tshp.org and under the Links tab, click on GCSHP!!!

PRESIDENT'S REPORT

Jennifer Nguyen, PharmD, BCPS

Welcome colleagues! We have had an eventful spring thus far. On March 30th, 2010, we had our officer installation at the Residency Council Meeting with former TSHP president Todd Canada performing the induction. The new officers installed for the 2010-2011 term are:

Monica Robinson Green
President-Elect

Allison Wilson
Secretary

W. Donovan Strader
Treasurer

Chau "Annie" Hong
Director

I look forward to working with these individuals in the upcoming year. Our other officers will continue presiding in their current positions. Candy

Eggleston, the previous treasurer, will be leaving us though. Thank you for all your hard work the last two years, Candy.

In the upcoming year, GCSHP will continue to be involved with students and supporting them in their endeavors. We will be funding a service scholarship in addition to our current leadership scholarship. We will also continue to support our affiliate student chapters. Currently, we are sponsoring the UH-SSHP president and vice president to attend the annual ASHP Summer Leadership Program. We hope to encourage our students to remain members of ASHP, TSHP, and GCSHP once they become licensed pharmacists.

As the incoming GCSHP president, I will be faced with many of the challenges that prede-

cessors have faced. I hope to increase membership, especially technician membership, as well as increase involvement in the community this upcoming year. Any other suggestions are welcome, so please send your ideas to jennifer.nguyen@va.gov. I would like to thank you all for continuing to support our society and profession.

~ Jennifer Nguyen



CE Programs

Thursday, June 3, 2010
5:00 PM
MD Anderson
Hickey Auditorium

Thursday, July 15, 2010
6:00 PM
La Griglia
2002 W. Gray Street

PRECEPTOR TOOL KIT
PROVIDING THE TOOLS NECESSARY
TO BECOME AND CONTINUE TO BE
EFFECTIVE PRECEPTORS

~ see pg 8

SEDATION
ASSESSING AND MANAGING
SEDATION IN THE INTENSIVE CARE
AND PERIOPERATIVE SETTINGS

~ see pg 9

MAY 2010

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9 <i>Mother's Day</i>	10	11	12	13	14 <i>Graduation</i>	15 <i>Weekend</i>
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31 <i>Memorial Day</i>					

TSHP MENTOR PROGRAM

The Texas Society of Health-System Pharmacists has made available a service to interested pharmacy students and pharmacists, The TSHP Mentor Program! The program provides student members the opportunity for networking, professional development, and career guidance to ensure the advancement of the pharmacy profession.

TSHP hopes this fostered relationship between the pharmacist and student will allow students to grow personally and professionally within the organization and profession.

Interested individuals can complete an online application to become a mentor and/or a mentee at www.tsHP.org. Please encourage your TSHP colleagues to take advantage of this opportunity to contribute to the professional growth of future pharmacists!

SCHEDULE

- ⇒ May 14-15, 2010
Graduation Weekend

- ⇒ June 3, 2010
Preceptor Tool Kit CE

- ⇒ June 6-9, 2010
ASHP Summer Meeting

- ⇒ July 15, 2010
Sedation CE

June 2010

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4 <i>Independence day</i>	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

STUDENT SECTION

TEXAS SOUTHERN UNIVERSITY

Celia Fenceroy, President

TSU NOW!

The year has been awesome for the TSU-SSHP chapter. Having the President and President-Elect of ASHP meet with TSU and UH students was incredible. TSU-SSHP was also fortunate to have great speakers from all areas of expertise prepare students for great residency opportunities. We closed the year with a great TSHP

Annual meeting in Galveston, Texas and a large collection of Teddy Bears from all SSHP chapters in Texas. The bears were donated to Texas Children's Hospital in Houston.

As the outgoing president, I would like to thank all the officers and members for an incredible year. I would also like to welcome the 2010-2011 officers.

President:
Kingsley Nwogu
President-Elect:
Kinyatta Weatherspoon
Vice-President:
Gwendolyn Burgess
Secretary:
Quyên Ho
Treasurer:
Thanh-An Nguyen
Historian:
Hestining Hasan
Fund-raising Chair:
Derek Kimani

~ Celia

UNIVERSITY OF HOUSTON

Amy Moss, President

The TSHP Annual Seminar was a huge success for the University of Houston and we could not be more proud! This year UH won the stuffed animal drive competition and the stuffed animals were delivered to Texas Children's Hospital. We are once again very proud of our own Allison Palmer (P4) and Christi Parker (P4) for placing first at the annual TSHP clinical skills competition! The following UH students received TSHP Research and Education (R&E) Foundation funded scholarships: Khushbu Patel (P3), Britney Ross (P3), and Amy Moss (P3). The annual TSHP R&E Foundation Poster Competition was held this weekend as well and UH students, Stephanie Gryzmala (P3) and Sarah Sokol (P3), were the first place poster winners in the student category! The most impor-

tant award was presented to our chapter and it was recognition for our Service Excellence In Community Outreach Programs.

We held our annual officer retreat and induction on Friday, May 14, 2010 with Gulf Coast President, Dr. Jennifer Nguyen as our inductor. The retreat was a huge success and we're all very excited about the year ahead. We would like to congratulate the UH-SSHP 2010-2011 officers!!!

President:
Avani Desai

President elect:
Sunaina Rao

VP of Programming :
Christina Tan

VP of Communications:
Tara Thompson

Secretary:
Twisha Patel

Treasurer:
Vicky Do

Historian:
Yao Hua Lin

Orientation Chairs:
Carly Discher
Toni Goldberg

Service Chairs:
Saroosh Lodhi
Christy Su

Convention Chairs:
Cristina Brioso
Jessica Davis

Fundraising Chairs:
Wenya Ruan
Anjulie Pham

Social Chairs:
Ashton Stinnette
Holly Murray

It was truly an honor to serve as your UH-SSHP president this past year. I could not have done it without our sponsors Drs. Kimberly Birtcher and Jessica Cotreau, all of our diligent officers, and of course the support of GCSHP!

~ Amy

STUDENT SECTION

SSHP RESIDENCY-BOUND STUDENTS!!!!!!

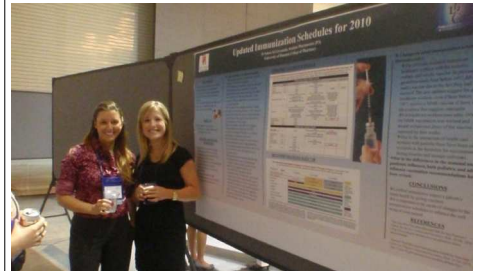
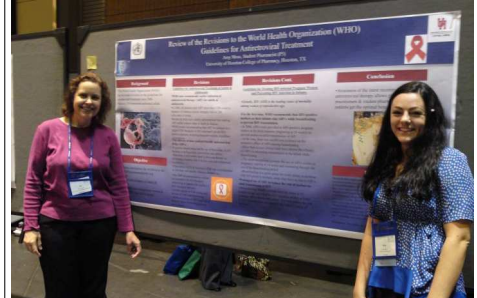
Texas Southern University

Kristine Aquino-Harris County Hospital District, Houston, TX
Abraham Aseh-Memorial Hermann Southwest Hospital, Houston, TX
Oluremi Eyikogbe-Mother Frances Hospital, Tyler, TX
Angela Hamilton-Saint Dominic/Jackson Memorial Hospital, Jackson, MS
Bibilola Omolaju-Med Communication, Inc-Fellowship, Memphis, TN
Natalie Osagie-Baptist Memorial Hospital, Memphis, TN
Ketal Patel-Texas Southern University College of Pharmacy & Health Sciences, Houston, TX
Regina Ramirez-University of Texas Medical Branch, Galveston, TX
Cynthia Sarpong-University of Florida College of Pharmacy-Fellowship, Gainesville, FL
Ashley Scott-The Medical Center of Central Georgia, Macon, GA
Sania Sultan-North Florida/South Georgia Veterans Health System, Gainesville, FL

University of Houston

Paige Austin-Memorial Hermann Southwest Hospital, Houston, TX
Johnna Dees -Baylor University Medical Center, Dallas, TX
Nancy Dinero-North Florida/South Georgia VA System, Lake City, FL
Kandi Icenhower-Harris County Hospital District, Houston, TX
Gerald Kim-Texas Health Spring, Houston, TX
Sunita Madadi-Kaiser Permanente, Sacramento, CA
Minhtri Nguyen-Baylor University Medical Center, Dallas, TX
Clayton Otto-Michael E. Debakey VA Medical Center, Houston, TX
Katerine Palacios-Central Texas Veterans Healthcare System, Temple, TX
Allison Palmer-Vanderbilt University Medical Center, Nashville, TN
Essie Parankimavila-Baylor University Medical Center, Dallas, TX
Christine Parker-Vanderbilt University Medical Center, Nashville, TN
Badal Patel-Critical Care Systems, Phoenix, AZ
Sruti Patel-Methodist Medical Center, Dallas, TX
Erin Ressler-Warm Springs Health & Wellness Center - IHS residency, Warm Springs, OR
Sara Schepcoff-Spectrum Health, Grand Rapids, MI
Adrienne Sevin-St. Luke's Episcopal Hospital, Houston, TX
Ali-Reza Shah-Mohammadi-Harris County Hospital District-Administration, Houston, TX
Kyana Stewart-Huntsville Hospital System, Huntsville, AL
Tuan Vo-Scott & White Memorial Hospital, Temple, TX
Stephanie Weightman-Children's Medical Center, Dallas, TX

UH-SSHP TSHP ANNUAL SEMINAR PHOTOS



**R
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N****What's New in the Management of
Nonvariceal Upper Gastrointestinal
Bleeding Seven Years Later?**

*An Update to the 2003 Guidelines for
Clinical Pharmacists*

Daisy Chang, PharmD
**Pharmacy Practice Resident
Harris County Hospital District**

Upper gastrointestinal bleeds (UGIB) represent a tremendous economic burden, accounting for \$5632 (with complications) and \$3402 (without complications) in hospitalization costs annually². Emerging new data since the publication of the 2003 consensus guidelines on UGIB have prompted 34 experts from 15 countries to gather and update the guidelines on the management of patients with nonvariceal UGIB. These guideline changes published January 19, 2010 include the revision to 11 previous recommendations and addition of 10 new clinical recommendations.

When a patient first presents to the emergency department with an acute UGIB, pharmacists play a vital role. First, pharmacists can ensure that physicians order all the appropriate labs, including a complete blood count. If the patient's initial hemoglobin level is 70 g/L or less (7 g/dL), the consensus is now to recommend physicians to begin transfusion. This is primarily due to the fact that many UGIB patients are elderly and/or have cardiovascular comorbidities that reduce their tolerance for anemia. Second, pharmacists should verify that physicians order all the appropriate tests (this means making sure that all patients are tested for *H. pylori* infection) and to encourage repeating the *H. pylori* test if initial test results are negative.

At initial patient presentation, the experts continue to emphasize the importance of early stratification of patients based on risk levels for rebleeding and mortality. Low-risk patients can be discharged promptly after endoscopy while high-risk patients should be hospitalized for at least 72 hours because it takes 72 hours for high-risk lesions to become low-risk after an endoscopy. For the high-risk patients, experts recommend a preendoscopic proton-pump inhibitor (PPI) therapy as it may reduce the endoscopic lesion and the need for endoscopic intervention.

Additionally, the experts recommend con-

tinuing to encourage physicians to pursue early endoscopy (within 24 hours) for most patients with an acute UGIB. In patients who are receiving anticoagulants, data on the clinical impact of correcting coagulopathy is conflicting. In a 2007 retrospective cohort study³ with 233 nonvariceal UGIB patients, Wolf et. al found that relative to normal INR, mild (INR < 1.3) to moderate (INR > 1.3) anticoagulation does not increase the risk of bleeding after endoscopy (OR 0.65, 95% CI 0.31-1.37, $P = 0.26$), transfusion requirement (estimated 1.48 more units of blood for every increase in INR of 1.0, $P = 0.16$), surgery to control bleeding (OR 0.34, 95% CI 0.05-2.27, $P = 0.26$), length of hospital stay (estimated 2.85 more days in the hospital for every increase in INR of 1.0, $P = 0.17$, or mortality (OR 0.83, 95% CI 0.31-2.21, $P = 0.71$). However, in a separate 2009 retrospective cohort study⁴, Barkun et. al reviewed 1869 patient files from the Canadian Registry on Non-Variceal Upper Gastrointestinal Bleeding and Endoscopy (RUGBE) and found that while neither platelet nor INR predicted rebleeding rates, INR > 1.5 did independently and significantly increase the risk of mortality (OR 1.88, 95% CI 1.08-3.26). As pharmacists, do encourage correction of coagulopathy but discourage physicians from delaying endoscopic procedures simply due to waiting for the coagulopathy to correct first. Early endoscopy (<24 hours) is key for most patients but advise against routine use of promotility agents prior to endoscopies to enhance diagnostic yields.

After successful endoscopic therapy in high-risk patients, the 2010 UGIB guidelines also recommend the use of high-dose intravenous PPI therapy (80 mg bolus followed by 8 mg/hr of continuous infusion) to reduce not only rebleeding rates but also mortality. Previous 2003 UGIB guidelines did not include this mortality benefit in their recommendation statement. In a 2009 meta-analysis⁵, Laine et. al found that high-dose intravenous PPI therapy after endoscopy significantly reduced rates of mortality (RR, 0.41 [CI, 0.20 to 0.84]), rebleeding (RR, 0.40 [CI, 0.28 to 0.59]), and surgery (RR, 0.43 [CI, 0.24 to 0.58]).

During the discharge process, pharmacists also play a vital role by helping physicians select the best medication regimens for various kinds of patients. For those requiring an NSAID but developed ulcer bleedings, recommend physicians to prescribe a supplemental PPI therapy. In a 2007

RESIDENT SECTION

randomized controlled trial⁶ involving 441 patients with UGIB while taking NSAIDs, Chan et. al found that combining a PPI with a COX-2 inhibitor helped to reduce the risk of recurrent bleeding from COX-2 inhibitor monotherapy (8.9% difference, 95% CI 4.1 to 13.7; p=0.0004).

For those patients who require a baby aspirin for cardiovascular prophylaxis but developed acute ulcer bleeds, discuss with the physician the risks for cardiovascular complications vs. the risks for recurrent bleeding. Recommend physicians to restart the aspirin as soon as the cardiovascular risks exceed the bleed risks in patients who require aspirin for cardiovascular protection but the decision should be made on a case-by-case basis.

If physicians wish to prescribe clopidogrel, instead of aspirin, as monotherapy for cardioprophylaxis due to a major concern for rebleeding with aspirin, recommend prescribing a supplemental PPI therapy instead. Studies^{8,9} have shown that combining a PPI with aspirin statistically significantly reduces the risk of recurrent bleeding associated with clopidogrel monotherapy with no significant effect mortality rates.

The bottom line is that the 2010 guidelines now recommend all patients to go home with a prescription for a single daily-dose of oral PPI because rebleeding may occur 72 hours after the endoscopy. As the use of NSAIDs, aspirin, and other agents with high risks of bleeding becomes ever more popular, the opportunities for clinical pharmacists to improve patient care are tremendous. Pharmacists should be aware of emerging data concerning the management of UGIB and be prepared to relay this information to physicians to help them provide the best evidence-based health care to patients.

For precise wording of the statements and scientific rationale, refer to the 2010 International Consensus Recommendations on the Management of Patients with Nonvariceal Upper Gastrointestinal Bleeding.

References

Barkun AN, Bardou M, Kuipers EJ, et al. International Consensus Recommendations on the Management of Patients with Nonvariceal Upper Gastrointestinal Bleeding. *Annals of Internal Medicine* 2010; 152: 101 - 113.

Zhao Y, Encinosa W. Hospitalizations for gastrointestinal bleeding in 1998 and 2006. HCUP Statistical Brief 65. Rockville, MD: Agency for Healthcare Research and Quality; 2008.

Wolf AT, Wasan SK, Saltzman JR. Impact of anticoagulation on rebleeding following endoscopic therapy for nonvariceal upper gastrointestinal hemorrhage. *Am J Gastroenterol*. 2007;102:290-6.

Barkun A, Bardou M, Gralnek I, Shingina A, Razzaghi A, Rostom A. Impact of elevated INR and of low platelet count on outcomes in acute upper GI bleeding (UGIB). *Gastroenterology*. 2009;134.

Laine L, McQuaid KR. Endoscopic therapy for bleeding ulcers: an evidencebased approach based on meta-analyses of randomized controlled trials. *Clin Gastroenterol Hepatol*. 2009;7:33-47; quiz 1-2.

Chan FK, Wong VW, Suen BY, Wu JC, Ching JY, Hung LC, et al. Combination of a cyclo-oxygenase-2 inhibitor and a proton-pump inhibitor for prevention of recurrent ulcer bleeding in patients at very high risk: a doubleblind, randomised trial. *Lancet*. 2007;369:1621-6.

Lai KC, Chu KM, Hui WM, Wong BC, Hung WK, Loo CK, et al. Esomeprazole with aspirin versus clopidogrel for prevention of recurrent gastrointestinal ulcer complications. *Clin Gastroenterol Hepatol*. 2006;4:860-5.

Chan FK, Ching JY, Hung LC, Wong VW, Leung VK, Kung NN, et al. Clopidogrel versus aspirin and esomeprazole to prevent recurrent ulcer bleeding. *N Engl J Med*. 2005;352:238-44. [PMID: 15659723]

**Has your contact
information changed?**

Please send all changes to

Katy Hanzelka at

khanzelka@mdanderson.org



Pharmacist Preceptor CE 'Preceptor Tool Kit'

June 3, 2010

Dinner served: 1700

Program: 1730 - 2030

Speakers:

Beverly A. Talluto, B.S., M. HSc., PharmD, Associate Dean for Clinical Programs, Texas A&M Health Science Center, Irma Lerma Rangel College of Pharmacy

Mary L. Chavez, B.S., PharmD, FAACP, Chair of Pharmacy Services, Texas A&M Health Science Center, Irma Lerma Rangel College of Pharmacy

Location: M.D. Anderson Cancer Center Hickey Auditorium R11.1400

The Hickey Auditorium is located on the 11th floor of the Clark Clinic building of MD Anderson in the Rose (R) Zone off Holcombe Boulevard and MD Anderson Boulevard. Look for Entry Marker 2 off Holcombe Boulevard to get to Parking Garage 10 (cost ~\$10) since it is closest to the meeting room in at the hospital. Go to the nearest entrance from Parking Garage 10 (3rd or 4th floors enter hospital) looking for Elevator A. Take Elevator A to the 11th floor and turn to the left to find the room.

Educational Goal / Audience:

To provide pharmacists with the tools necessary to become and continue to be effective preceptors.

Educational Objectives:

Define the preceptor's role in experiential education

Define professionalism

List preceptor and student expectations

Produce relevant learning objectives

Prepare strategies to motivate students

Evaluate feedback, assessment and evaluation tools

Devise strategies for difficult rotations

Distinguish precepting challenges: adult learner and student generation differences / cultural diversity

This program is sponsored by Texas A&M Irma Lerma Rangel College of Pharmacy and the Gulf Coast Society of Health-Systems Pharmacists

RSVP no later than 12pm, Monday May 31, 2010 to <http://www.tshp.org/displayemailforms.cfm?emailformnbr=132679>

Continuing education credits will be provided to GCSHP members at no charge. A \$15 fee will be assessed to non-GCSHP members.



The National Pharmaceutical Association is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education. This program has been assigned the following Universal Program Number (0215-9999-10-739-L04-P) and has been accredited for 3.0 contact hours (0.300 CEUs). Attendees must sign-in at the beginning of the training and stay throughout the workshop and a program evaluation form must be completed and turned in at the end of the program to receive credit. Statements will be mailed to participants 4 to 6 weeks after completion.

SEDATION

SEDATION EDUCATION DEMONSTRATING ADVANCES IN THE INTENSIVE CARE AND PERIOPERATIVE SETTINGS

2010 CME/CE Curriculum

www.SEDATION-cme.org

ASSESSING AND MANAGING SEDATION IN THE INTENSIVE CARE AND PERIOPERATIVE SETTINGS

THURSDAY, JULY 15, 2010 at 6:00 PM

Gulf Coast Society of Health-System Pharmacists Meeting

PRESENTER

Joseph F. Dasta, MSc, FCCM, FCCP

Professor Emeritus
The Ohio State University
College of Pharmacy
Columbus, Ohio

LOCATION

La Griglia

2002 W. Gray Street
Houston, Texas
713-526-4700

RSVP to Amanda Shlien at ashlien@francefoundation.com or 860-598-2282

Needs Statement/Target Audience: This activity is intended for anesthesiologists, pulmonologists, intensivists, CRNAs, ICU, CCU, SICU nurses, and hospital pharmacists who manage patients requiring sedation in intensive care and perioperative settings.

Educational Activity Learning Objectives

Upon completion of this activity, the participants should be able to:

- Manage adult patients who need sedation and analgesia while receiving ventilator support according to current standards and guidelines
- Use validated scales for sedation, pain, agitation, and delirium in the management of these critically ill patients
- Assess recent clinical findings in sedation and analgesia management and incorporate them into the management of patients in the acute care and procedural sedation settings

Accreditation Statement: The France Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation

Physicians: The France Foundation designates this activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.


Pharmacists: The France Foundation is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education and will award 0.1 CEU to pharmacists who attend the activity and complete the registration and evaluation forms. This is an application-based activity. There is no fee to participate in this activity. Statements of credit will be sent within 4-6 weeks. ACPE No. 0391-0000-10-001-L01-P.

Nurses: Nurses who are certified by the American Nurses Credentialing Center (ANCC) may utilize activities that are certified by ACCME accredited providers toward their requirement for certification renewal by the ANCC. A certificate of attendance will be provided by The France Foundation, an ACCME-accredited provider.

Resolution of Conflicts of Interest: In accordance with the ACCME Standards for Commercial Support of CME, The France Foundation will implement mechanisms, prior to the planning and implementation of this CME activity, to identify and resolve conflicts of interest for all individuals in a position to control content of this CME activity.

Disclosures: The France Foundation adheres to ACCME Essential Areas, Standards, and Policies regarding industry support of continuing medical education. Disclosure of the planning committee, reviewers, and faculty's commercial relationships will be made known at the activity. Speakers are required to openly disclose any limitations of data and/or any discussion of any off-label, experimental, or investigational uses of drugs or devices in their presentations.

Commercial Support Acknowledgment: This activity is supported by an educational grant from Hospira.

 The France Foundation fully complies with the legal requirements of the Americans with Disabilities Act and the rules and regulations thereof. If any participant of this activity given by The France Foundation is in need of accommodation, please fax written requests to 1-860-434-5390.



GCSHP Newsletter is published quarterly

Submit contributions to

Monica Robinson Green, PharmD, BCPS, Editor

phone: (281) 260-3375

e-mail: Monica_Green@hchd.tmc.edu

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Recording Secretary	Allison Wilson	awilson@tmhs.org	
Treasurer	W. Donovan Strader	William.Strader@memorialhermann.org	Payment inquiries
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Industry Representative	Randall Dausin		Annual Seminar