NYSCHP | New York State Council of Health-system Pharmacists
230 Washington Ave Extension, Albany NY 12203 - 518-456-8819

PREPARATION OF RESIDENCY PRESENTATION PROGRAM ABSTRACTS

General Information

Applications must be received by **February 1, 2022**

1. Abstracts must be prepared in Microsoft Word, Times New Roman font, 10 or 12 pitch print. The following word limit guidelines should be followed:
    a. Title – 25 words or less
    b. Background – 100 words or less
    c. Objective – 100 words or less
    d. Methods – 200 words or less
    e. Results – 200 words or less
    f. Conclusions – 100 words or less

2. Abstracts should include the following: The specific objective or purpose of a study/topic, the methodology (if appropriate), a summary of the results, and a conclusion. Tables and figures may be included in the abstract provided they can be placed within the abstract form. Additional space cannot be provided.

    a. "Research-in-progress" abstracts will be accepted. Please note "In progress" for **Results** and **Conclusions.**

3. Proofread abstracts carefully, particularly doses, numerical values, and drug names. After the deadline, changes cannot be made to the title or content. Be sure to use proper format, see examples for submission type designation. Use standard abbreviations. Special functions such as tabs, underlines, trademarks, subscripts, bold italics, superscripts, or hyphenations in the abstract may be used with Microsoft Word. Special symbols (Greek letters, degree signs, and plus/minus) may also be used.

    Abstracts with a commercial tone will not be accepted. Abstracts which review existing literature not be accepted.

4. Please type the abstract **exactly** as noted here. Your cooperation is greatly appreciated. See the example below for style.

    - Type the title of the abstract in all upper case letters. Please be sure your title accurately and concisely reflects the abstract content. The title will appear in the meeting program exactly as you type it. After the title, enter a hard return.

    - Type the name of the first author in the following manner: last name, space, first initial of the first name. Then, type a comma, enter one space and enter the names of other authors following the same format (last name, first initial of first name). Please remember to separate the names of the authors with a comma and then one space do not place any additional commas, periods, semicolons or colons to separate last name from the first name of an author, etc.

    - Underline the name of each author, and place an asterisk (*) after the name of the primary author - the person to whom questions/comments should be addressed. After the last author's name, enter a hard return.

    - Type the name and then the address of the affiliated institution (including zip code). After the address, enter a hard return and then another hard return in order to skip one line.

    - Type the abstract. Single spacing is preferred.

5. When using abbreviations, spell out in full the first mention, followed by abbreviation in parenthesis.

6. Descriptive Report Abstracts

- The abstract must contain rationale detailed description of the project or case, and the importance of the report to pharmacy practice.
- The statement, "details will be discussed" will **not** be accepted.

7. Evaluative Study Abstracts
   - All clinical research represented in the abstract was approved by the appropriate committee or institutional review board and if appropriate, informed consent was obtained for all subjects. This must be indicated in the abstract.
8. Headings
   - Include headings for each section and **bold** them: Background, Objective, Methods, Results, Conclusions
     - Note, headings are not included in the total word count.

Sample Abstract - to show style:

IMPACT OF A PHARMACY-DRIVEN TRANSITION OF CARE PROGRAM FOR PATIENTS WITH ACUTE CORONARY SYNDROMES

Gorman E*, Brown G, Costello J, Woodruff A

Buffalo General Medical Center, 100 High Street, Buffalo, NY 14203

Background: Pharmacist transition of care (TOC) intervention has been shown to increase patient understanding and adherence to medications and decrease hospital readmissions in high-risk patients. A pharmacy TOC service was implemented at Buffalo General Medical Center (BGMC) in July 2016 for patients admitted with acute coronary syndrome (ACS) and heart failure exacerbations. These patients received pharmacist conducted medication reconciliation, discharge counseling, and post-discharge phone call. This study was conducted to determine the impact of the newly implemented pharmacy-led TOC program on readmission rates in patients with ACS.

Objective: The primary outcome was 90 day all-cause readmission rate. Secondary outcomes included 90 day cardiovascular-related readmission rate. Patients were excluded if they were discharged to post-acute care, left against medical advice, or had scheduled CABG surgery within 30 days.

Methods: This was a retrospective, single-center, pre-post observational cohort study to assess the newly implemented pharmacy TOC initiative at BGMC. Patients were matched for age, gender, and ACS type to a historical cohort who received no pharmacy TOC intervention.

Results: There were 150 patients included in the pharmacy TOC group and 150 patients in the historical control group. There was a statistically significant reduction in all readmissions at 90 days in the pharmacy TOC group (24.7% vs. 13.3%, p = 0.0124). There was a statistically significant reduction in cardiovascular-related readmissions in the pharmacy TOC group (16.7% vs. 8.0%, p = 0.0225).

Conclusions: The implementation of a pharmacy TOC service was associated with less 90 day all-cause and cardiovascular readmissions for ACS patients.