Presenters

Leigh Anders, PharmD

Regional Director of Pharmacy Operations

Ardent Health

Kerry Bowlin, CPhT

Pharmacy Operations Specialist

Ardent Health

Jennifer Gass, PharmD, MS, MHA, BCPS, BCCCP

Clinical Director of Pharmacy Services

Ardent Health

Disclosures

The presenters have no real or perceived conflicts of interest related to this presentation

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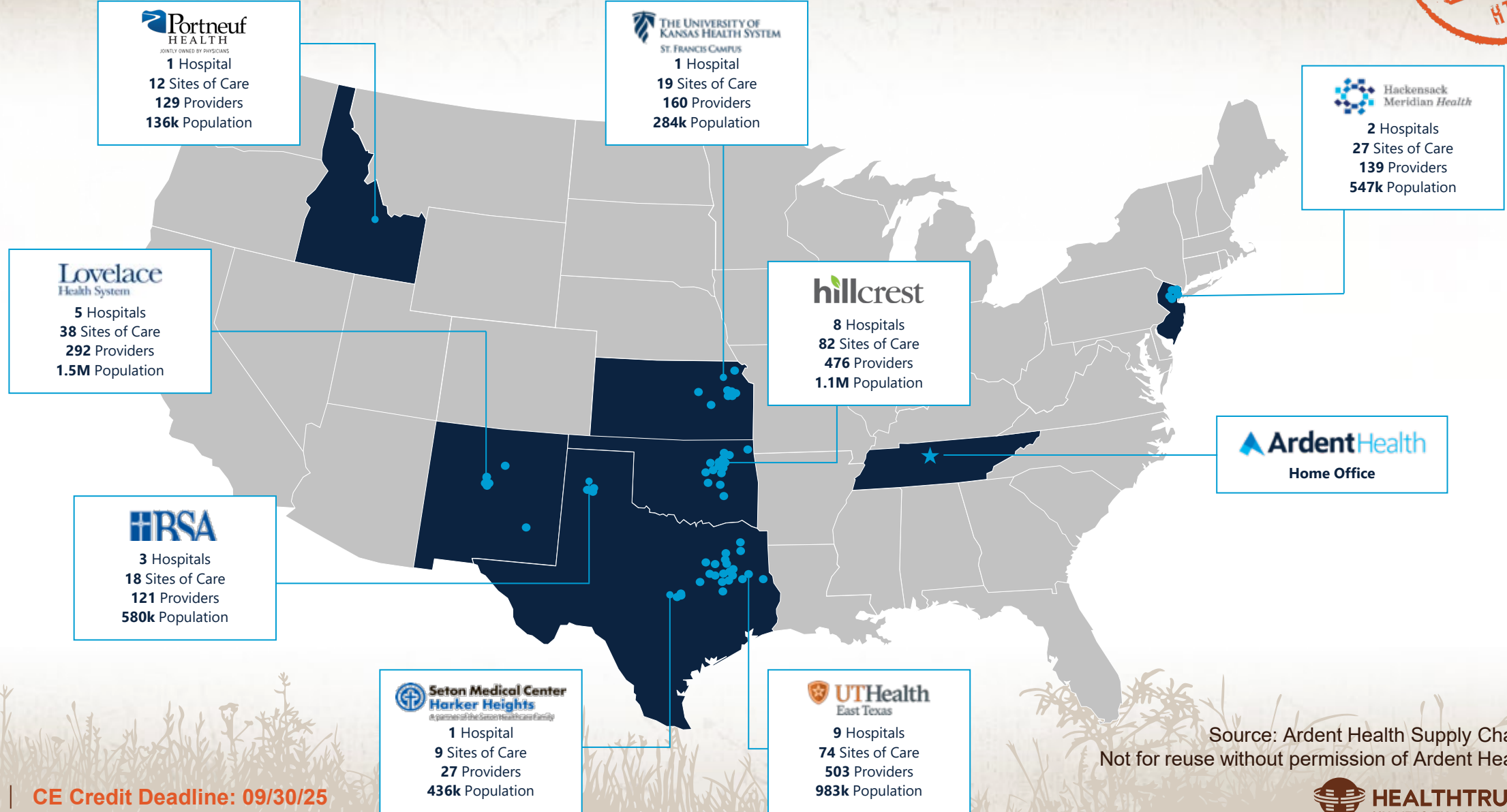
Learning Objectives

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

- Recall workflow adaptations to improve staff engagement and retention

- Recognize strategies to improve pharmaceutical cost and inventory containment.

- Identify the current state of pharmaceutical care and new opportunities for expansion

Ardent Health

Portneuf HEALTH
JOINTLY OWNED BY PHYSICIANS
- **1** Hospital
- **12** Sites of Care
- **129** Providers
- **136k** Population

THE UNIVERSITY OF KANSAS HEALTH SYSTEM
ST. FRANCIS CAMPUS
- **1** Hospital
- **19** Sites of Care
- **160** Providers
- **284k** Population

Hackensack Meridian Health
- **2** Hospitals
- **27** Sites of Care
- **139** Providers
- **547k** Population

Lovelace Health System
- **5** Hospitals
- **38** Sites of Care
- **292** Providers
- **1.5M** Population

hillcrest
- **8** Hospitals
- **82** Sites of Care
- **476** Providers
- **1.1M** Population

RSA
- **3** Hospitals
- **18** Sites of Care
- **121** Providers
- **580k** Population

Ardent Health
Home Office

Seton Medical Center Harker Heights
a partner of the Seton Healthcare Family
- **1** Hospital
- **9** Sites of Care
- **27** Providers
- **436k** Population

UTHealth East Texas
- **9** Hospitals
- **74** Sites of Care
- **503** Providers
- **983k** Population

Source: Ardent Health Supply Chain.
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How did I get here?

How did you become a leader in your pharmacy group?

- I completed a business degree or other training to prepare for a leadership role

- The previous leader left & I had the most knowledge of the facility or experience

- The position seemed like the next reasonable career move

- I moved & a leadership position was what was open at the time

- I don't really know how I landed here

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I'm a leader, now what?

General Challenges

- Processes

- Clinical considerations

- Human resources

- Workplace politics
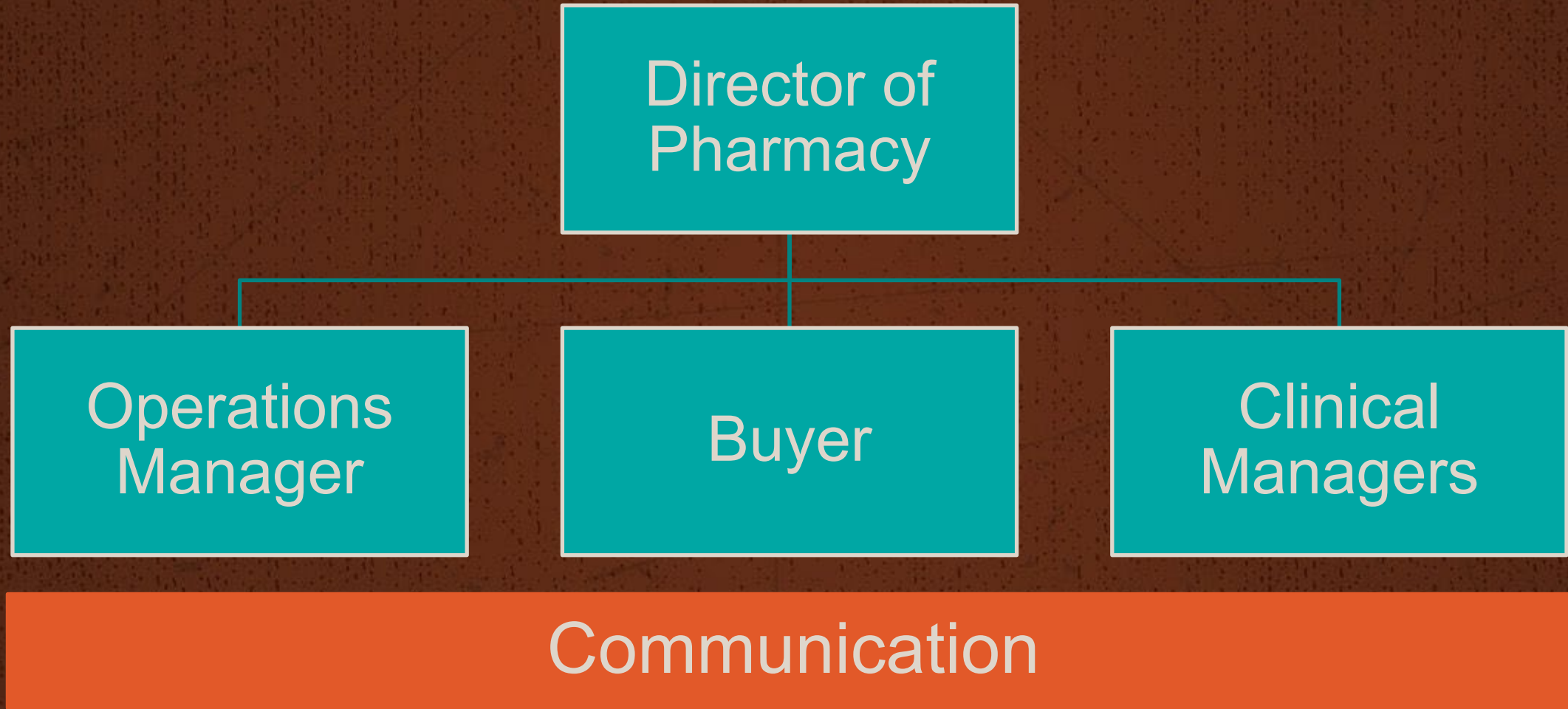
- Health information technology adoption

Internal Conflict

- New team

- Different is better

- How to get things done

- Your team includes "up"

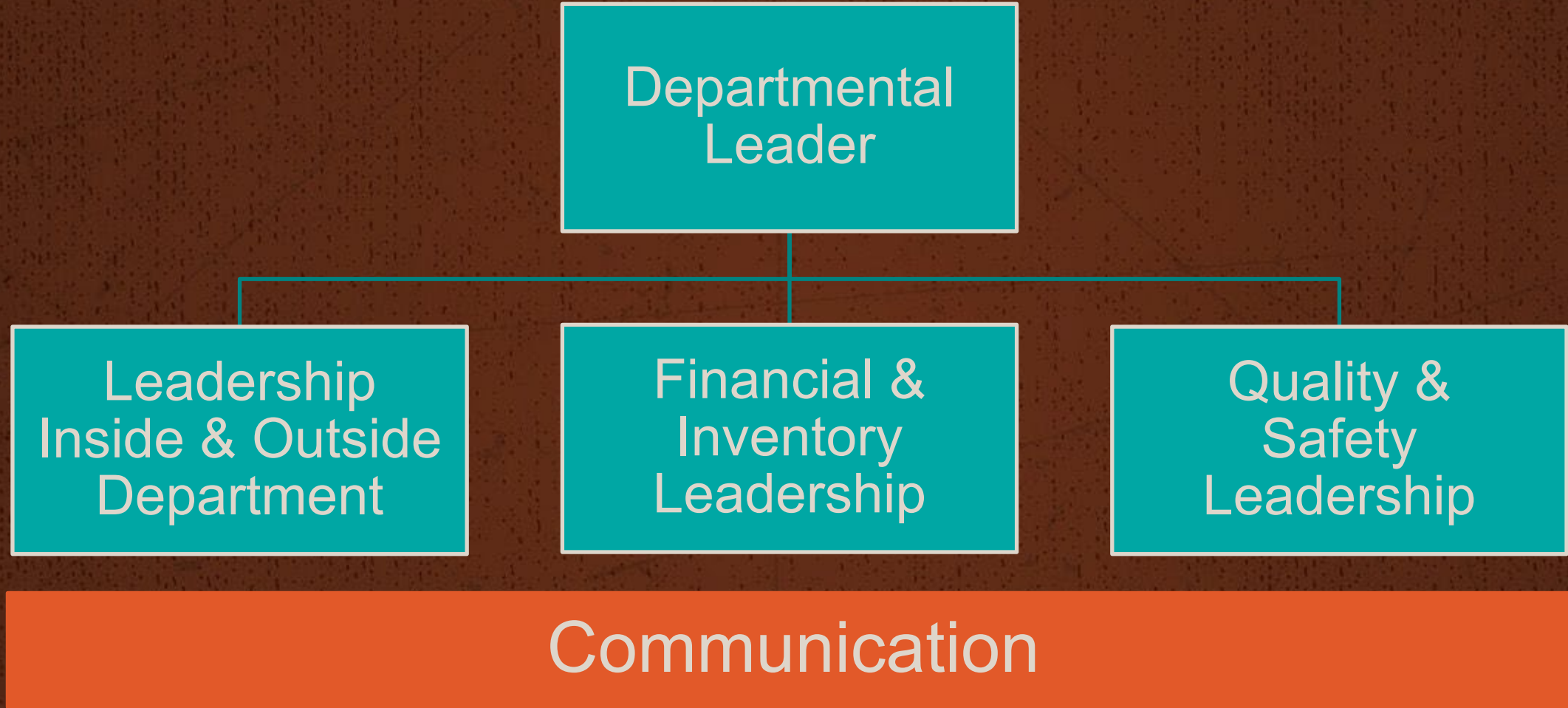- How to make the goal

- Avenues of support

Sources:
1. Peters MJ, et al. Managing the unexpected: considerations for new pharmacy leaders. *Am J Health Sys Pharm.* 2024;81(12):483-7.
2. Mark SM. Things I wish I had known before becoming a pharmacy leader. *Hosp Pharm.* 2013;48(1):68-76.
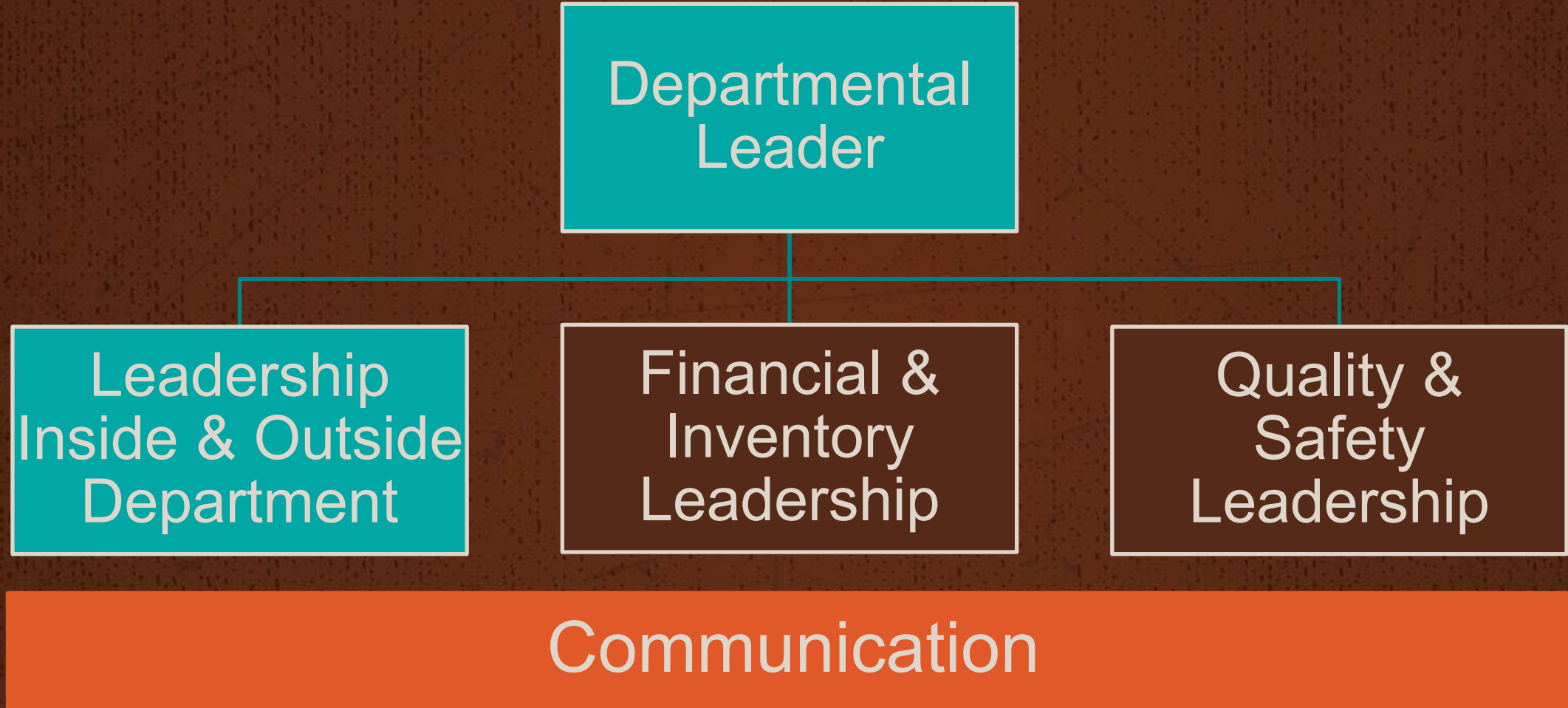
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Leadership Hierarchy

Director of Pharmacy

Operations Manager

Buyer

Clinical Managers

Communication

Leadership Activities

Departmental Leader

Leadership Inside & Outside Department

Financial & Inventory Leadership

Quality & Safety Leadership

Communication

Leadership Activities

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                    │    Departmental     │
                    │      Leader         │
                    └─────────────────────┘
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│   Leadership     │ │   Financial &    │ │   Quality &      │
│ Inside & Outside │ │    Inventory     │ │    Safety        │
│   Department     │ │   Leadership     │ │   Leadership     │
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│                    Communication                         │
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Workflow Adaptations

- Collaborative leadership style

- Positive energy

- Developing your vision & knowing your "why"

- Creating relationships

- Communicating up & down the hierarchy

- Daily huddles

- Leading by walking around

- Advocating for your team

- Understanding your business

- Developing new leaders

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Source: Studer Q. *Hardwiring Excellence*. Fire Starter Publishing; 2003.

Leadership Styles

"Lean is about…

- *continuous improvement & respect for people."*

- *…giving everybody in the organization the opportunity to do their best every day & to feel completely engaged & fulfilled by the work that they do."*

         - Philip Holt

White Coat Leadership

- All knowing
- "In charge"
- Autocratic
- "Buck stops here"
- Impatient
- Blaming
- Controlling

Lean Improvement Leadership

- Patient
- Knowledgeable
- Facilitator
- Teacher
- Student
- Helper
- Communicator
- Guide "coach"

Sources:
1. Holt P. *The Simplicity of Lean*. Royal Boom Publishers; 2019.
2. John Toussant, M.D. former CEO of ThedaCare.
3. Graban M. *Lean Hospitals*. 2nd ed. CRC Press; 2012.

Positive Leadership

- Build great relationships & teams
  - Be an encourager
  - Lead by walking around
- Your positive energy will energize your team
  - Higher work performance
  - More cohesive team
- Continue to learn & grow
  - Create a leadership library
  - Attend leadership development programs
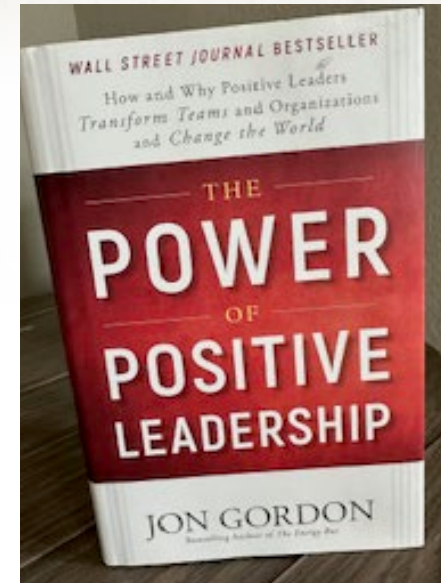
Easy to implement strategies to help leaders have resilience, positivity & optimism to overcome challenges

Sources:
1. Gordon J. *The Power of Positive Leadership.* John Wiley & Sons, Inc; 2017.
2. Ardent Health Supply Chain. Not for reuse without permission of Ardent Health

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Driving Culture

Positive Leaders Drive Positive Cultures

Vision statement:

- True North – guides your decision-making

- Does your team know where you are headed?

- Create a vision statement for your department

- Once you know what you stand for, it is easy to make decisions

- Ask each team member to create their own "why"

  - Example: "**To** mentor pharmacy leaders everywhere **so that** they can improve their culture, motivate their teams & elevate the pharmaceutical care in their organizations."

  - Ask how **their** vision contributes to the **team** vision

Source: Studer Q. *Hardwiring Excellence*. Fire Starter Publishing; 2003.

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Communication Builds Trust

Interactions with Your Leader

- Meeting preparation
  - Be prepared
  - Meet in your office
  - Align with mission & goals
  - Promote your pharmacy & staff
- Managing the business
  - Turnover
  - Supply costs
  - "Own the ground you stand on"

Interactions with Others

- Create relationships
  - Break down silos
  - Collaborate
  - Process improvement
  - "Fresh eyes"
- Meet with your CFO
  - Budget variances/financial performance
  - New positions
  - New equipment

Interactions with Your Team

- Daily huddle
  - Share news, get feedback
  - Include all staff – take notes
- Email
  - Concise – bullet points
  - Deadlines or attachments
- 1:1 Meetings – quarterly
  - Close your computer
  - Actively listen
  - Find out what motivates

Sources:
1. Studer Q. *Hardwiring Excellence*. Fire Starter Publishing;2003.
2. Ardent Health Supply Chain. Not for reuse without permission of Ardent Health.

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Daily Huddle – "Stand Up" Meetings

- 5–15 minutes

- All facilities need to huddle daily

- Distribute huddle notes for those not in attendance

- Agenda
  - Connect to purpose
  - Safety – equipment, personnel
  - Issues to be aware of for the day
  - Metrics & trends
  - Opportunities for improvement (OFIs)
  - Positive feedback – end on a high note

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Leading by Walking Around

- Gets you out of your office

- Gives an accurate picture of work being done

- Makes you visible & accessible to your team

- Observe to understand, not to coach or correct

- Ask questions
  - What are you working on?
  - Can you walk me through the steps of this process?
  - How long does it take to complete?
  - Is there anything that impedes your work?
  - What do you think is the cause of the problem?
  - How can we solve the problem?

"Go to the *Gemba*"

…a Japanese term meaning, "the actual place."

This Lean principle encourages leaders to observe processes & interact with staff in an effort to address issues & spot potential opportunities for improvement.

Final Thoughts

- Leadership is a journey of continuous learning & growth

- Engage, communicate with & lead your team with purpose

- Your influence creates a strong, positive culture

It is amazing what your team will accomplish!

Image source: Ardent Health Supply Chain. Not for reuse without permission of Ardent Health.

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Assessment Question #1

Which of the following workflow adaptations is most effective for improving staff engagement & retention?

A. Decreasing the frequency of 1:1 meetings to annually

B. Relying solely on email communication for staff updates

C. Implementing daily huddles & leading by walking around

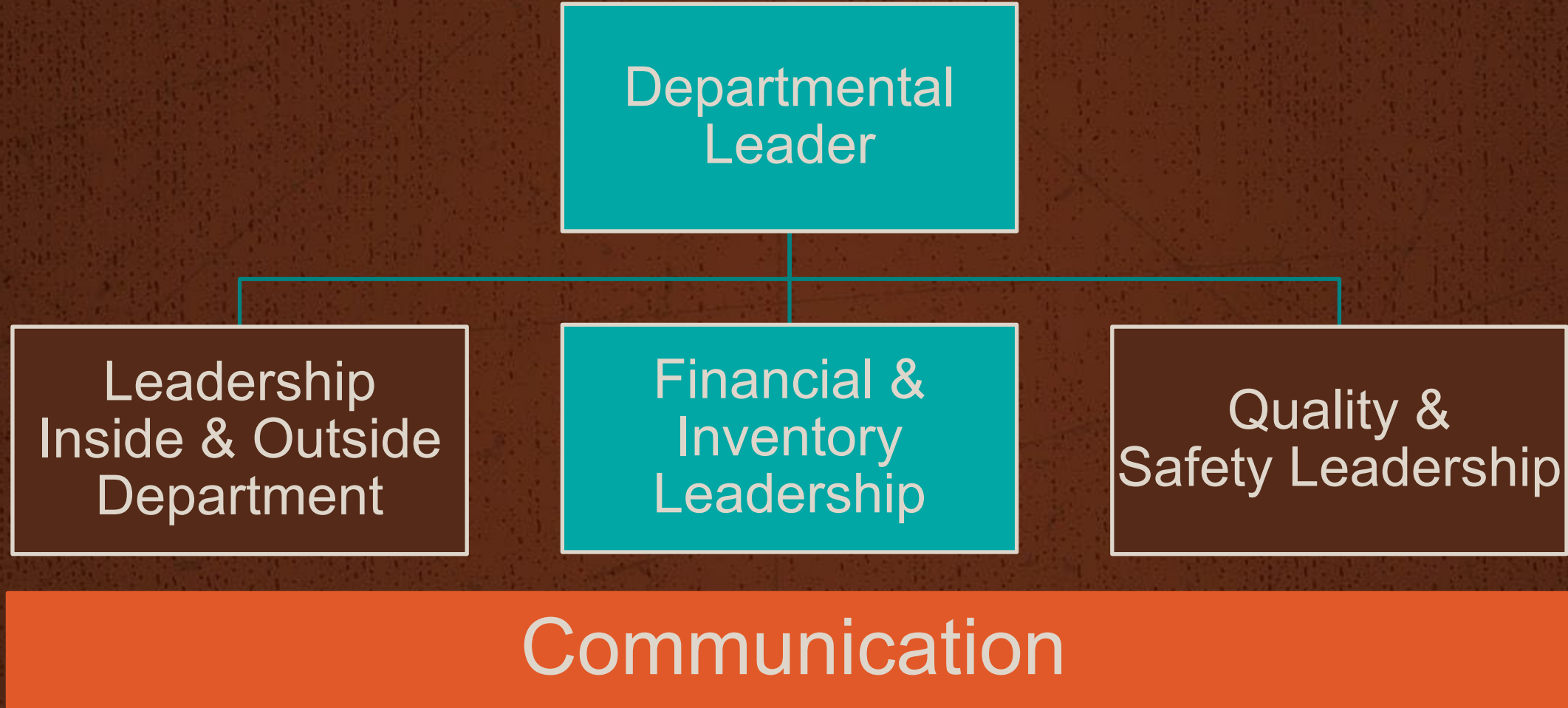D. Mandating staff complete all tasks without team input
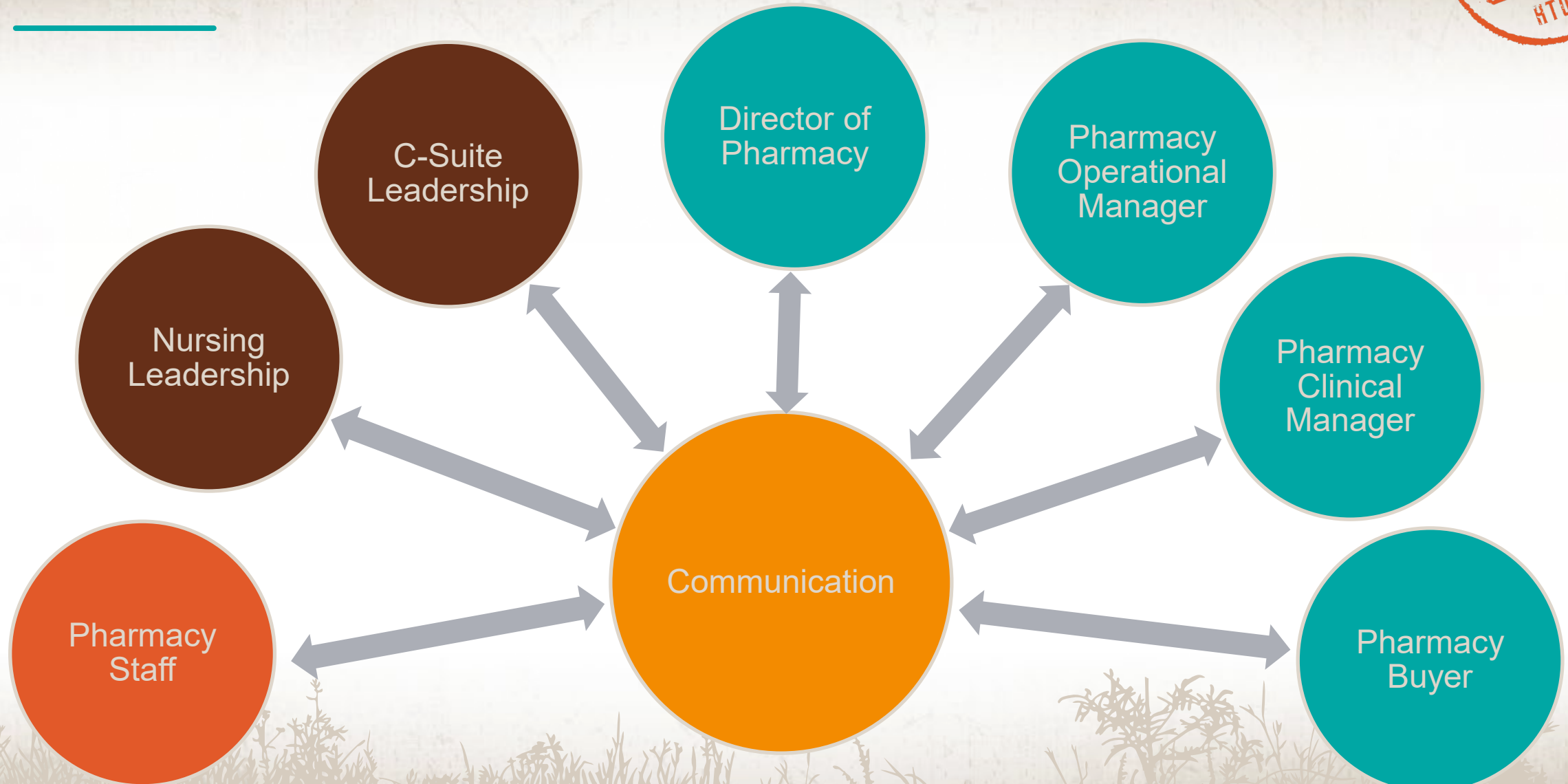
Assessment Question #1: Correct Response

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D. Mandating staff complete all tasks without team input

Leadership Activities

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                    │  Departmental   │
                    │     Leader      │
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| Leadership Inside & Outside Department | Financial & Inventory Leadership | Quality & Safety Leadership |

Communication

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Communication in Leadership

Who is a Pharmacy Buyer?

Key Principles:

- **Reliable**
- **Agile**
- **Communicator**

- Wide range of impact in the pharmacy
  - Financial impact
  - Operational impact
  - Clinical impact
- Commonly a senior pharmacy tech
- Training is all done on the job
- Needs strong communication skills
- Quick to pivot

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Roadblocks for Buying

Shortages

- Pharmaceutical company can be responsible or the drug warehouse
- Roadblocks
  - Raw material
  - Production delays
  - Shipping delays
  - Increase demand
  - Product leaving the market

Recalls

- Pharmaceutical company responsible
- Raw material not an issue but the facility conditions or compounding was
- Production cannot start up until FDA gives approval

Cost Containment – Expired Meds

Key Principles:

- **Regular review**
- **Formulary**
- **Move inventory**

- Review automated dispensing cabinets for any medications that have not been used over 90 days

- Monitor current min & max in stations & any overfilling that may be happening

- Create a plan to communicate items that are going to expire to neighboring hospitals in your system

- Review how much is going to your reverse distributor & what is getting a credit

- Review formulary items

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Cost Containment – Shortages

Key Principles:

- **Work quickly**
- **Teamwork**
- **Communicate**

- Get with Clinical Manager or staff on what is the next alternative to the item on shortage

- Work with the Operations Manager to formulate a conversation plan to "ride the wave" of the shortage

- Communicate with pharmacy staff on any changes of the item

- Buyers should go out hunting to find any opportunities to get the needed drug to keep them afloat

- DOPs should be communicating to leaders outside the pharmacy

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Cost Containment – General

Key Principles:

- **Save money**
- **Workflow**
- **Compliance**
- **Waste management**

- Contract compliance – driving rebates & pricing
- Buy unit dose or repackage in-house
- Buy 503B product or compound in-house
- Regular review of what is being ordered
- Regular review of min & max in central pharmacy
- Regular review of unused & expired medications in central pharmacy
  - Involve Clinical & Operations Managers if these can be removed

Inventory Control

- Data analytics

  o Automated dispensing cabinet reports on min, max & usage

  o Perpetual inventory system on movement of medications

  o Electronic medical administration record reports to show usage by administrations

  o Electronic medical administration record reports for compounding

  o Unit dose packaging software

  A combination of the above items can give you different angles on drug usage in your facility & where things are being left to expire

Inventory Control, *continued*

- Operations Manager

  o Regular review of any drugs that are unused or expired that can be removed

  o Regular review of min & max at ADC stations

  o What is being UD & compounded in-house

- Clinical Manager

  o Regular review of ADC stations on what can be removed

  o Regular review of items in central pharmacy that could be removed or strengths condensed

  o Regular review of formulary items on the shelf

Summary

- Directors of Pharmacy (DOPs) are the individuals who are responsible for all of decisions made regarding inventory even if they don't purchase medications

- There is no "Goldilocks spot" for inventory management or cost containment but more of a "Goldilocks bubble"

- Cost containment is something pharmacy is asked to improve every year & if you work as a team you can hit your goals

- **Communication is the key to your success**

- Proactive is always better than reactive

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Assessment Question #2

Which of the following is a strategy to address cost containment in the pharmacy?

A. Buying off-contract products

B. Oversee the medication min & max in the automated dispensing cabinets

C. Every 2 years review the medications on the pharmacy formulary

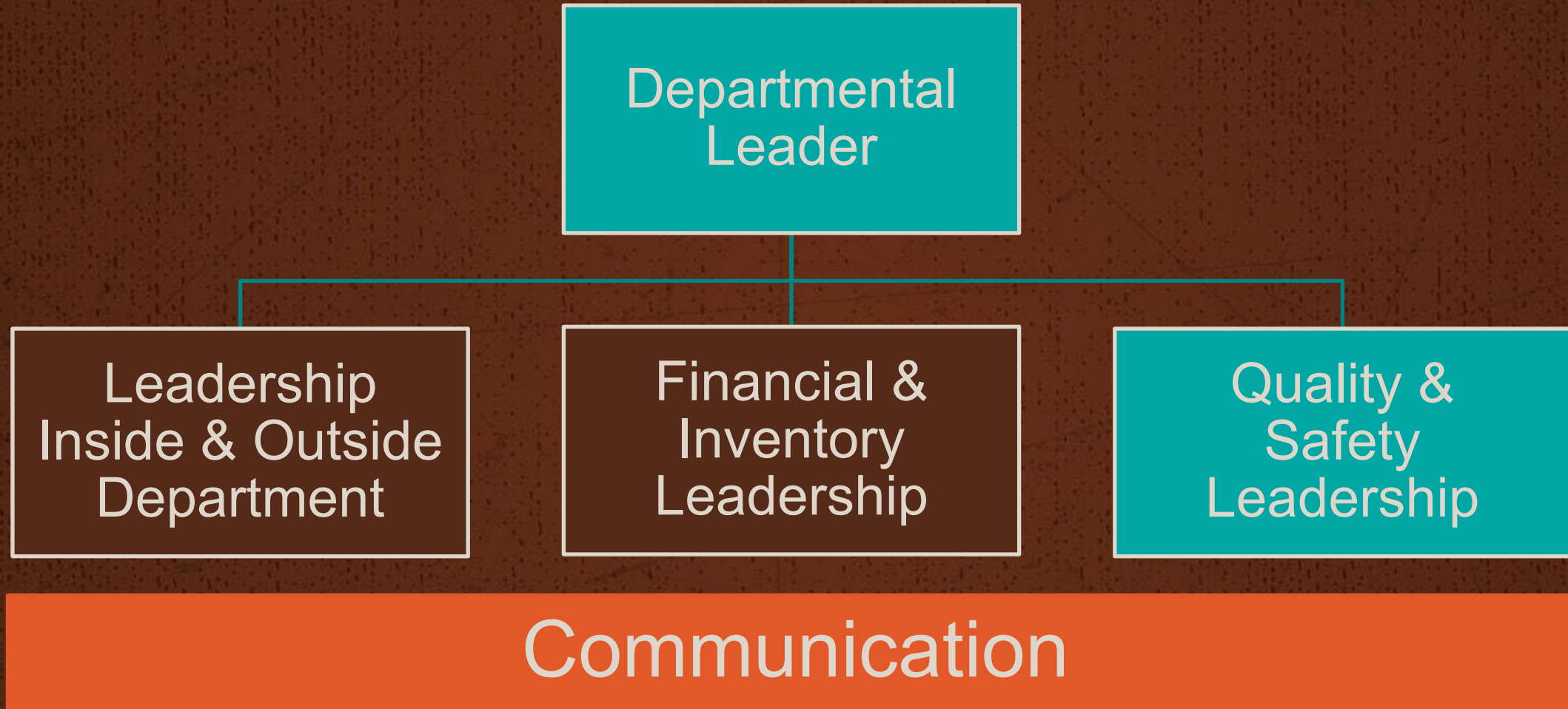D. Letting everyone in the pharmacy order medications that are needed

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D. Letting everyone in the pharmacy order medications that are needed

Leadership Activities

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                    │  Departmental   │
                    │     Leader      │
                    └─────────────────┘
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| Leadership Inside & Outside Department | Financial & Inventory Leadership | Quality & Safety Leadership |

Communication

Financial Impact of Pharmaceutical Care

Good pharmaceutical care creates financial savings

- Cost versus value of therapies

- Preventing adverse events

- Preventing medication errors

- Reduced readmission / value-based purchasing

- Billing for services

- Regulatory

- Public Reporting / HCAHPS

Source: Ardent Health Supply Chain. Not for reuse without permission of Ardent Health.

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History & Current State of "Pharmaceutical Care"

Pharmaceutical Care

- 1990, Hepler & Strand
- "The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life."

Medication Therapy Management

- 2003 Medicare Prescription Drug, Improvement, & Modernization Act
- Supported pharmacy billable services
  - Optimize therapeutic outcomes
  - Detect & prevent medication problems

Comprehensive Medication Management

- 2010 Patient-centered Primary Care Collaborative
- Modern standard of care
  - Patient-centric care
 - All medication therapy
  - Multi-disciplinary team

Sources:
1. de Oliveira DR, et al. Medication Therapy Management: 10 Years of Experience in a Large Integrated Health Care System. *J Manag Care Spec Pharm*. 2020;26(9):1057-1066.
2. "Comprehensive Medication Management in Team-Based Care," *American College of Clinical Pharmacy*: https://www.accp.com/docs/positions/misc/cmm%20brief.pdf. Accessed 5/28/2025.

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Comprehensive Medication Management (CMM)

- Ensures each patient's medications are individually assessed:
  - Appropriate for the patient
  - Effective for the medical condition
  - Safe given the comorbidities
  - Safe with concomitant medications
  - Able to be taken by the patient as intended
- Focus on **all medications** & impact on patient health
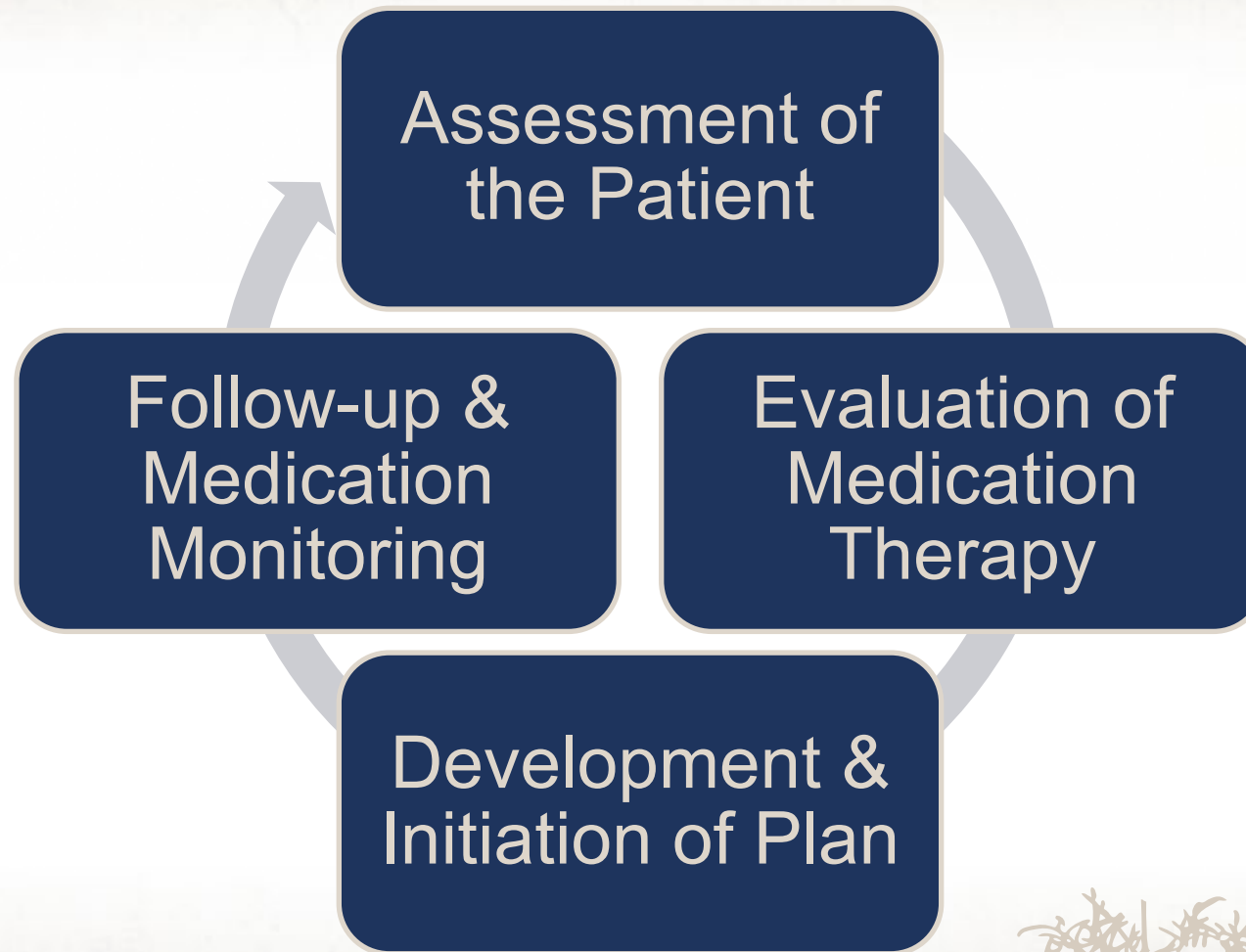- Multi-disciplinary team input & decision-making
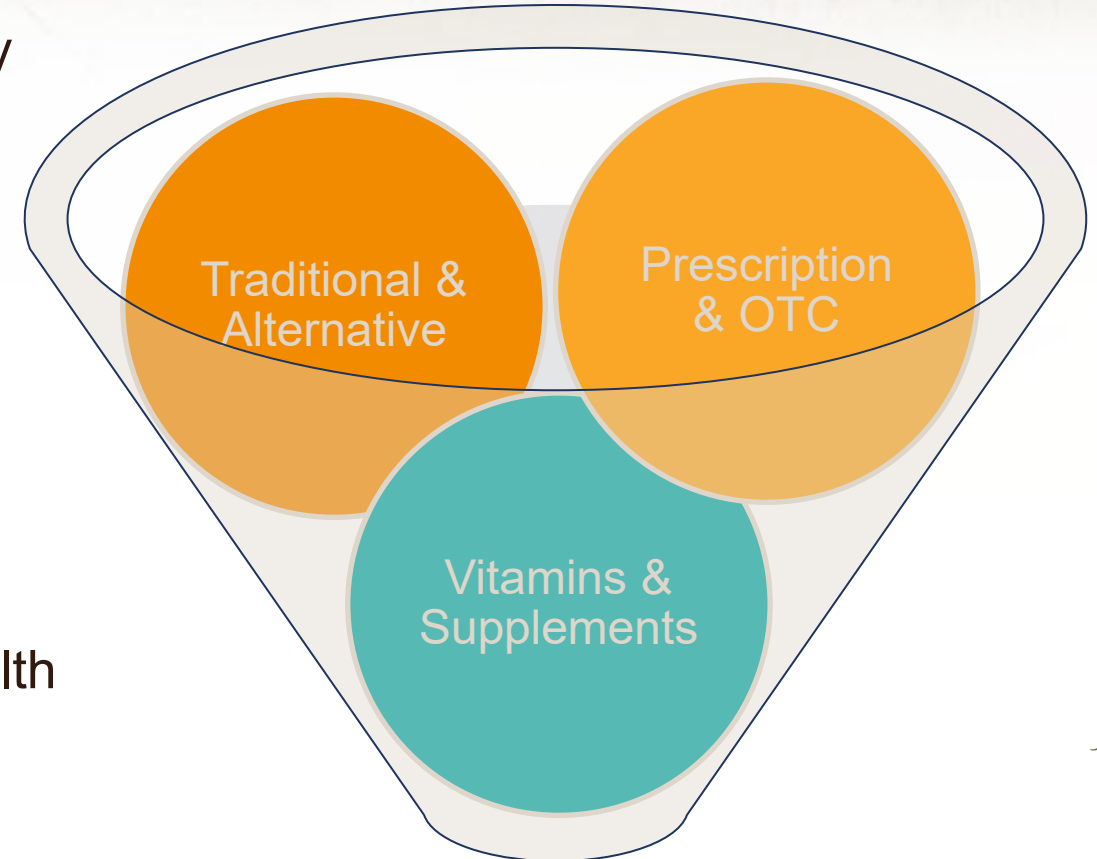
Source: "What is the Comprehensive Medication Management Process?"
Get the Medications Right:https://gtmr.org/what-is-the-comprehensive-medication-management-process/.
Accessed 6/1/2025.

Traditional & Alternative

Prescription & OTC

Vitamins & Supplements

Medications

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Comprehensive Medication Management (CMM)

Assessment of the Patient

Evaluation of Medication Therapy

Development & Initiation of Plan

Follow-up & Medication Monitoring

Source: "Comprehensive Medication Management in Team-Based Care," *American College of Clinical Pharmacy*:https://www.accp.com/docs/positions/misc/cmm%20brief.pdf. Accessed 5/28/2025.

Identifying Target Patients

Key Principles:

- **Targeting patients**
- **Being efficient**
- **Team-centric**

	Pros	Cons
Rounds	Multi-disciplinary, comprehensive	Time consuming; potentially inefficient
Unit Based	Comprehensive	Time consuming; potentially inefficient; may not be multi-disciplinary
Consults	Collaborative; focused on patients most in need & unique situations	Patients may be missed
List	Focused on target patients	List must be maintained; may not take into account changes in patient population
Surveillance Software	Focused on target patients	Limited to technology & maintenance of rules; costly

Right Pharmacist for the Job

Key Principles:

- **Team-focused**
- **Staff growth**
- **Innovation**

- All pharmacists are "clinical"
  - Clinical services range
    - Drug information
    - Medication centric care
    - Pharmacokinetic dosing & monitoring
    - Direct team & patient interactions
- Training & team development
  - Cross training
  - Leadership opportunities
  - Operate at top of individual licenses

Being Part of "Multi-disciplinary"

Key Principles:

- **Building rapport**
- **Being present**
- **Identifying opportunity**

- Multi-disciplinary care
  - Patient centric
  - Scope of disciplines involved varies
  - Improved patient outcomes
  - Teams are self-reinforcing
- Pharmacists' role
  - Team member education
  - Comprehensive medication therapy management
  - Patient education
  - Active engagement & presence

Source: Rahayu SA, et al. Role of Pharmacists in the Interprofessional Care Team for Patients with Chronic Diseases. *J Multidiscip Healthc*. 2021;14:1701-1710.

Critical Timing & Transitions

Key Principles:

- **Improving visibility**
- **Targeting safety**
- **Poly-pharmacy prevention**

- Patient medication error risk elevated around transitions
  - Initial presentation to the acute care facility
  - Transitions between levels of care
  - Procedures
  - Discharge
- Opportunities for working with team members not typically a part of the multi-disciplinary team
  - Improve facility focus on patient safety
  - Increase awareness pharmacy's role
  - Look here for initiative opportunities

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Stepping Outside of the Hospital

Key Principles:

- **Patient Support**

- **Continuity of Care**

- **Admission avoidance**

- Medication use doesn't stop at discharge
  - Discharge medication reconciliation
  - Discharge patient education
  - Financial planning & support
  - Meds-to-beds programs
  - Engagement with outside pharmacies
  - Engagement with clinics
- Ambulatory care engagement
  - New physicians expect pharmaceutical support
  - Key in specialty practice areas & high chronic disease & medication burden

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Overcoming Barriers

Resources: Pharmacy Team Membership

- Training
- Mentoring
- Hiring
- Adjust schedules/shifts
- Clearly define expectations
- Team members' ideas

Resources: Technology

- Identify gaps
- Make the most of what you have
  - Work with your IT team
  - Connect with other facilities
- Source new resources
- "Old-fashioned"

Workflow

- Develop standard work
- Physical space optimization
- Practice at top of license
- Centralized tasks in decentralized spaces
- Team members' ideas

Overcoming Barriers, *continued*

Legal Limitations

- Carefully review laws

- Seek clarification

- Reach out to board

- Do not get discouraged

- Engage with other facilities

Multi-disciplinary Team

- Know the people

- Small steps

- High value tasks

- Demonstrate patient impact

- Build support

- Communication

Organizational Leadership

- Sell your team

- Bring data to the table

- Advocate for abilities & opportunities

- Do NOT overcommit

- Provide ongoing evidence of impact

Summary

- Countless opportunities exist
- Multi-disciplinary team providing patient-centric care
  - Communication & relationship building are required
  - Be present & engage
- Cost containment & savings follow good clinical practice
- Never forget the fundamentals
  - Patient compliance & understanding are required
  - Pharmacokinetic/dynamic monitoring
  - Adverse effect monitoring & prevention

- **Change can be incremental**
- **Protect your team!**
  - **Resources**
  - **Time**

Comprehensive Medication Management is an opportunity to grow & uplift your team

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Assessment Question #3

Which of the following represents a significant improvement of pharmacy services associated with the modern concept of Comprehensive Medication Management?

A. Consideration for drug-drug interactions

B. Detecting & preventing medication problems

C. Optimizing therapeutic outcomes

D. Providing multi-disciplinary patient-centric care

Assessment Question #3: Correct Response

Which of the following represents a significant improvement of pharmacy services associated with the modern concept of Comprehensive Medication Management?

A. Consideration for drug-drug interactions

B. Detecting & preventing medication problems

C. Optimizing therapeutic outcomes

D. Providing multi-disciplinary patient-centric care

References

- American College of Clinical Pharmacy ® | ACCP. www.accp.com. https://www.accp.com/docs/positions/misc/CMM%20Brief.pdf

- Clark T, White SJ, American Society Of Health-System Pharmacists. *Wisdom from the Pharmacy Leadership Trenches*. American Society Of Health-System Pharmacists; 2015.

- de Oliveira DR, Brummel AR, Miller DB. Medication Therapy Management: 10 Years of Experience in a Large Integrated Health Care System. *Journal of Managed Care Pharmacy*. 2010;16(3):185-195. doi:https://doi.org/10.18553/jmcp.2010.16.3.185

- Feinstein H. Insights Into Small and Rural Hospital Pharmacy Practice. Pharmacy Times. Published March 4, 2025. Accessed July 21, 2025. https://www.pharmacytimes.com/view/insights-into-small-and-rural-hospital-pharmacy-practice

- George S, Elrashid S. Inventory Management and Pharmaceutical Supply Chain Performance of Hospital Pharmacies in Bahrain: A Structural Equation Modeling Approach. *SAGE Open*. 2023;13(1):215824402211497. doi:https://doi.org/10.1177/21582440221149717

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- Gordon J. *The Power of Positive Leadership: How and Why Positive Leaders Transform Teams and Organizations and Change the World*. Hoboken, New Jersey Wiley; 2017.

- Graban M. *Lean Hospitals : Improving Quality, Patient Safety, and Employee Satisfaction*. Crc Press; 2009.

- Holt P. *The Simplicity of Lean : Defeating Complexity, Delivering Excellence*. Management Impact; 2019.

- Kouzes JM, Posner BZ. *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations*. 6th ed. Wiley; 2017.

- Mark SM. Things I Wish I had Known before becoming a Pharmacy Leader. *Hospital Pharmacy*. 2013;48(1):68-76. doi:https://doi.org/10.1310/hpj4801-68

- Peters MJ, Hall J, Hammonds WM, Rhodes JAM, Vest TA. Managing the unexpected: considerations for new pharmacy leaders. *American Journal of Health-System Pharmacy*. 2024;81(12):483-487. doi:https://doi.org/10.1093/ajhp/zxae029

HEALTHTRUST UNIVERSITY CONFERENCE

- Pevnick JM, Keller MS, Kennelty KA, et al. The Pharmacist Discharge Care (PHARM-DC) study: A multicenter RCT of pharmacist-directed transitional care to reduce post-hospitalization utilization. *Contemporary Clinical Trials*. 2021;106:106419. doi:https://doi.org/10.1016/j.cct.2021.106419

- Rahayu SA, Widianto S, Defi IR, Abdulah R. Role of Pharmacists in the Interprofessional Care Team for Patients with Chronic Diseases. *Journal of Multidisciplinary Healthcare*. 2021;14(14):1701-1710. doi:https://doi.org/10.2147/jmdh.s309938

- Sallam M. Enhancing Hospital Pharmacy Operations Through Lean and Six Sigma Strategies: A Systematic Review. *Curēus*. 2024;16(3). doi:https://doi.org/10.7759/cureus.57176

- Studer Q. *Hardwiring Excellence : Purpose Worthwhile Work Making a Difference*. Fire Starter Pub; 2003.

- Wan C, Huang Y, Chen L, Xi X. The influence of non-clinical pharmacists' understanding of and attitudes towards pharmaceutical care on their willingness to serve as clinical pharmacists in China. *BMC Health Services Research*. 2022;22(1). doi:https://doi.org/10.1186/s12913-022-07734-8

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- **Jennifer Gass – Jennifer.Gass@ArdentHealth.com**

- **Leigh Anders – Leigh.Anders@ArdentHealth.com**

- **Kerry Bowlin – Kerry.Bowlin@ArdentHealth.com**