

2015

ASHP Health-System Pharmacy Initiative
moving forward



The ASHP 2015 Campaign

What is the ASHP 2015 Initiative?

- Designed as a “call to action” for the ASHP Vision for Pharmacy Practice
- Developed in 2002, launched in 2003
- Six broad goals, 31 objectives
- Each objective measurable, with
 - ❖ baseline data
 - ❖ targets, and
 - ❖ progress reports

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ASHP Vision for Pharmacy Practice

(Approve by HOD June 2001)

ASHP dedicates itself to achieving a vision for pharmacy practice in hospitals and health systems in which pharmacists:

- 1. Will significantly enhance patients' health-related quality of life by exercising leadership in improving both the use of medications by individuals and the overall process of medication use.**
- 2. Will manage patient medication therapy and provide related patient care and public health services.**
- 3. Will be the primary individuals responsible for medication use and drug distribution systems.**
- 4. Will be recognized as patient care providers and sought out by patients to help them achieve the most benefit from their therapy.**

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ASHP Vision for Pharmacy Practice

(Approve by HOD June 2001)

ASHP dedicates itself to pharmacists.....

- 5. Will take a leadership role to continuously improve and redesign the medication-use process with the goal of achieving significant advances in (a) patient safety, (b) health-related outcomes, (c) prudent use of human resources, and (d) efficiency.**
- 6. Will lead evidence-based medication use programs to implement best practices.**
- 7. Will have an image among patients, health professionals, administrators, and public policy makers as caring and compassionate medication-use experts.**

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Four themes to vision

- Making medication use effective
- Making medication use scientific
- Making medication use safe
- Making a meaningful contribution to public health

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Also links to the workforce vision

ASHP Long-Range Vision for the Pharmacy Workforce in Hospitals and Health Systems

Am J Health-Syst Pharm. 2007; 64:1320-30.

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■ ASHP REPORTS Long-range vision for the pharmacy work force

ASHP Long-Range Vision for the Pharmacy Work Force in Hospitals and Health Systems

Ensuring the Best Use of Medicines in Hospitals and Health Systems

Am J Health-Syst Pharm. 2007; 64:1320-30

Executive Summary

The ASHP Vision for the Pharmacy Workforce in Hospitals and Health Systems expresses a vision for building the workforce capacity of pharmacy departments in hospitals and health systems to meet the growing challenges related to optimizing the use of medicines in those settings.

Challenges

The scientific knowledge about drugs and the professional knowledge about pharmacy service delivery expand continuously. Many patients in hospitals and health systems in the United States have serious, complex, and urgent health problems that require advanced diagnostic evaluations, intricate medical procedures, and aggressive care. Medication use in hospitals and health systems is a prominent therapy for virtually all patients, and it is inherently complex and dangerous.

Pharmacy functions

The objective of the overall pharmacy function in hospitals and health systems is to support sound patient

care through the safe, evidence-based, and cost-beneficial use of medicines. Hospitals and health systems—in part because of demands by the government and external quality bodies—will require that pharmacists and pharmacy technicians possess and maintain sound credentials attesting to their competence to handle the tasks assigned to them. The overall pharmacy function in hospitals and health systems includes:

- Reviewing individual patients' medication orders for safety and effectiveness and taking corrective action as indicated.
- Collaboratively managing medication therapy for individual patients.
- Educating patients and caregivers about medications and their use.
- Leading continuous improvements in the medication-use process.
- Leading the interdisciplinary and collaborative development of medication-use policies and procedures.
- Acquiring quality drug products from trusted supply sources.
- Preparing medications in the doses and dosage forms needed.
- Distribution of medications to inpatients and outpatients.

- Ensuring the availability of quality drug information.
- Influencing drug administration policies, procedures, and the use of related devices.
- Conducting quality reviews of medication utilization in the hospital's or health system's population of patients and seeking improvements where indicated.
- Leading and influencing decisions about medication-related informatics, other technology (including drug administration devices), and automated processes in medication use.

Medication use in hospitals and health systems is a prominent therapy for virtually all patients, and it is inherently complex and dangerous.

The most effective pharmacy departments coordinate and integrate these functions into a cohesive whole.

Developed through the ASHP Council on Education and Workforce Development and approved by the ASHP Board of Directors on January 11, 2007.

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Health-Syst Pharm. 2007; 64:1320-30.

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Aligns with national quality initiatives

- **The Joint Commission**
- **Centers for Medicare and Medicaid Svcs.**
- **Institute of Medicine**
- **Pharmacy Quality Alliance**
- **Leapfrog Group**
- **National Quality Forum**
- **ASHP Quality Improvement Initiative**

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ASHP 2015 Initiative Goals

- **Goal 1**: Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications.
- **Goal 2**: Increase the extent to which h-s pharmacists help individual non-hospitalized patients achieve the best use of medications.
- **Goal 3**: Increase the extent to which h-s pharmacists actively apply evidence-based methods to the improvement of medication therapy.

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ASHP 2015 Initiative Goals

- **Goal 4**: Increase the extent to which pharmacy departments in health systems have a significant role in improving the safety of medication use.
- **Goal 5**: Increase the extent to which health systems apply technology effectively to improve the safety of medication.
- **Goal 6**: Increase the extent to which pharmacy departments in health systems engage in public health initiatives on behalf of their communities.

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Changes to objectives - 2008

- Extensive member comment period and internal review
- Revised 5 objectives, deleted 5 objectives, and added 5 new objectives (total 31 objectives)
- Revised goals and objectives are available on the 2015 web site: www.ashp.org/2015

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Baseline data for new objectives

- **Baselines were established using data collected from the 2008 ASHP National Survey and the Homecare Needs Assessment Online survey**
- **Baselines data are available on the 2015 web site (see *Status of the 2015 Goals and Objectives*)**

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How are we doing?

- **Significant improvements on:**

- ❖ Objectives involving implementation of technology
- ❖ Objectives overlapping with Joint Commission standards

- **Modest improvement on:**

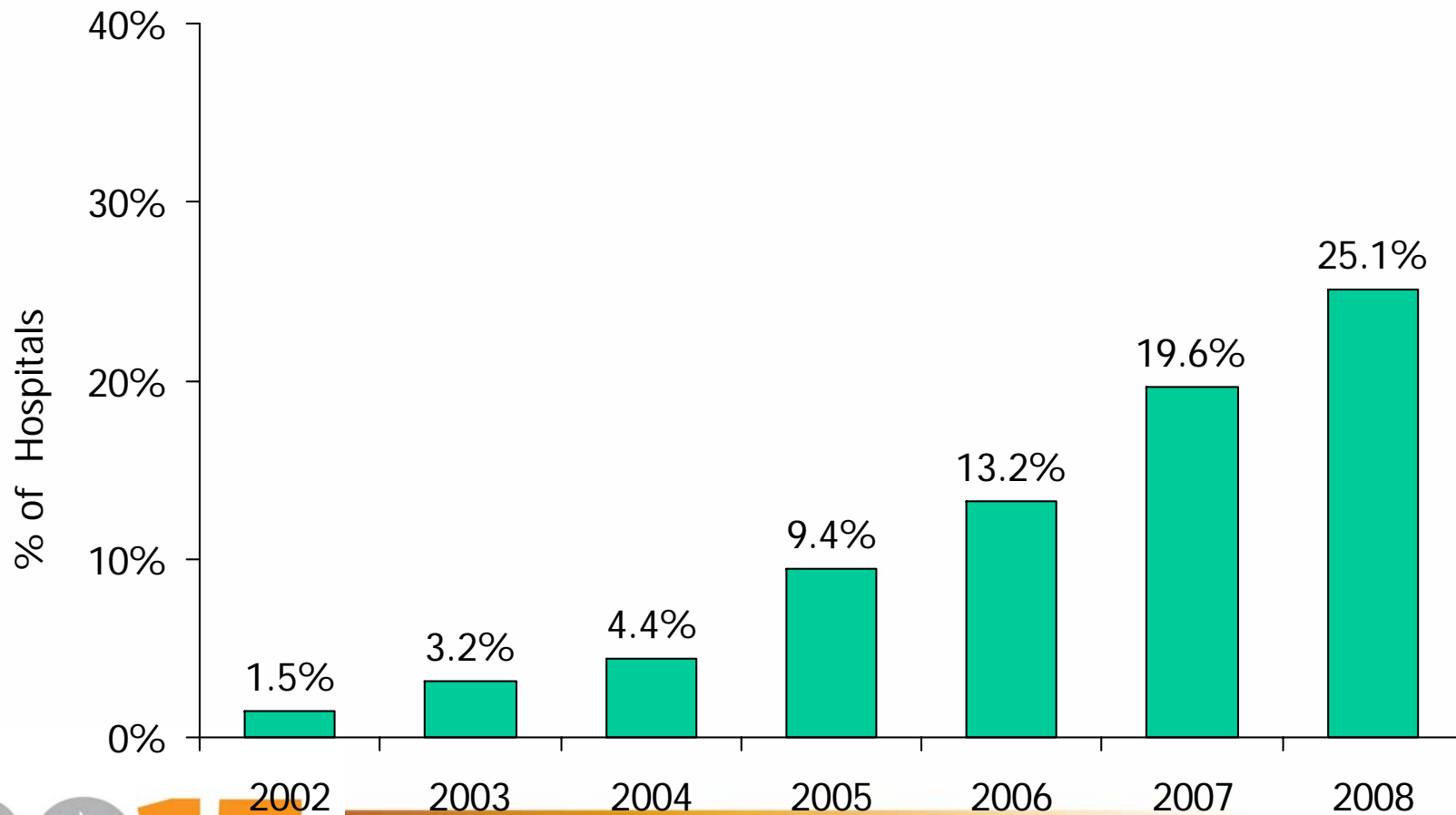
- ❖ Objectives focusing on evidence based medication use
- ❖ Objectives related to disease-specific quality indicators
- ❖ Objectives focused on public health

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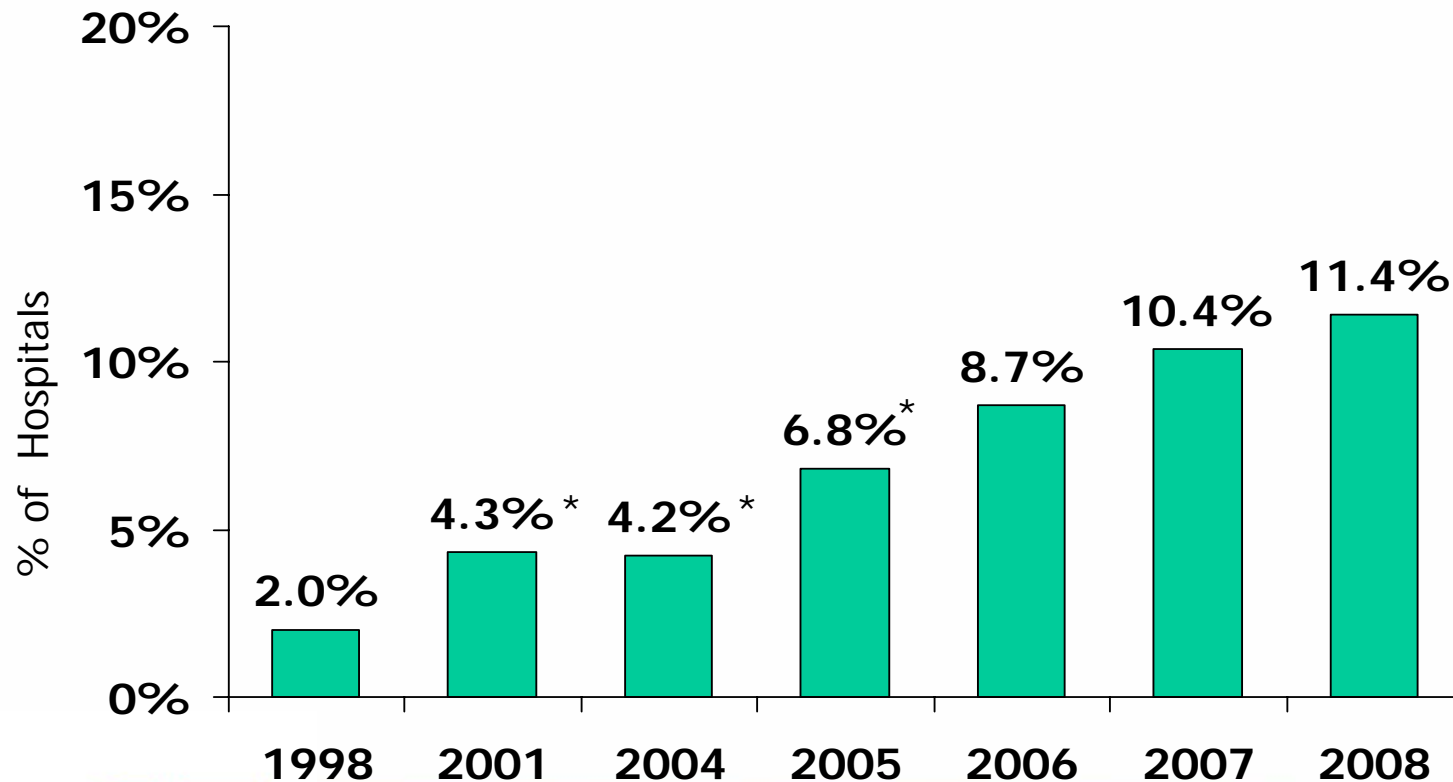
Example of good progress – in technology adoption:

Objective 5.2 - 75% of hospitals will use machine-readable coding to verify all medications before administration to a patient.



Example of good progress – in technology adoption:

Objective 5.3 - For routine medication prescribing for inpatients, 70% of hospitals will use computerized prescriber order entry systems that include clinical decision support.



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Sources: 1998 (Ash, AMIA symposium) and ASHP National Hospital Pharmacy Surveys

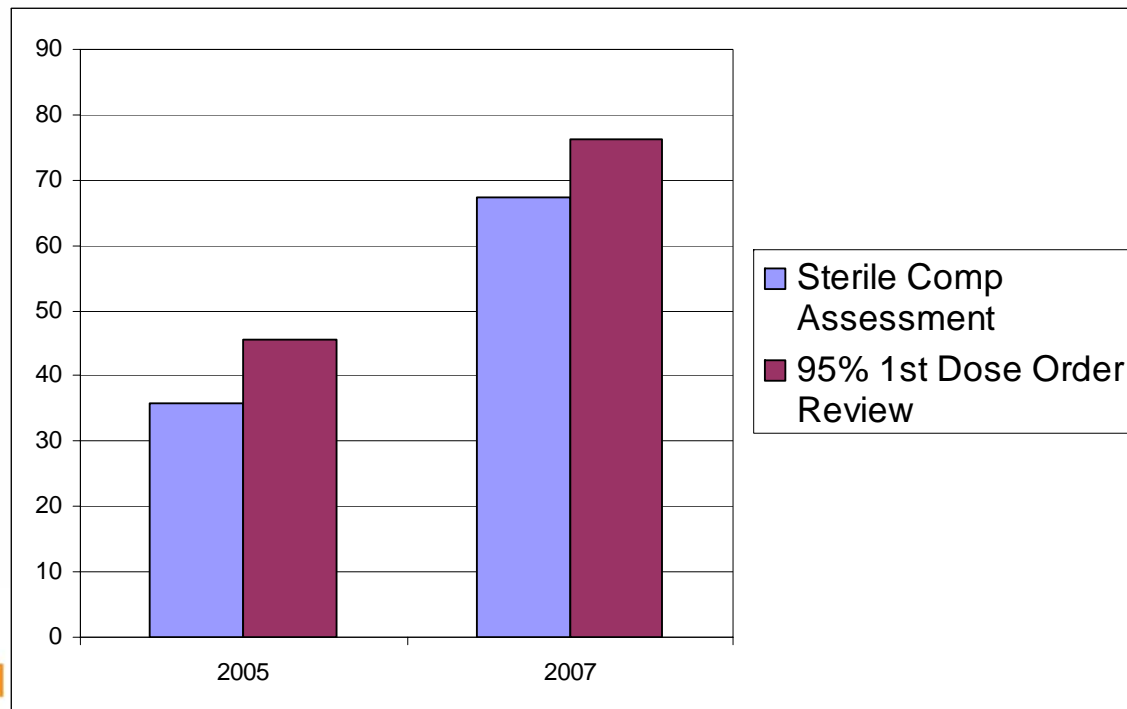
* 1998, 2001, and 2004 are CPOE only (with or without decision support)



Examples of progress – TJC related:

Objective 4.2 - Pharmacies will conduct an annual assessment of the processes for compounding sterile medications.

Objective 4.3 - Hospitals have at least 95% of routine medication orders reviewed by a pharmacist before the first dose. *(Not including emergencies or immediate procedures)*

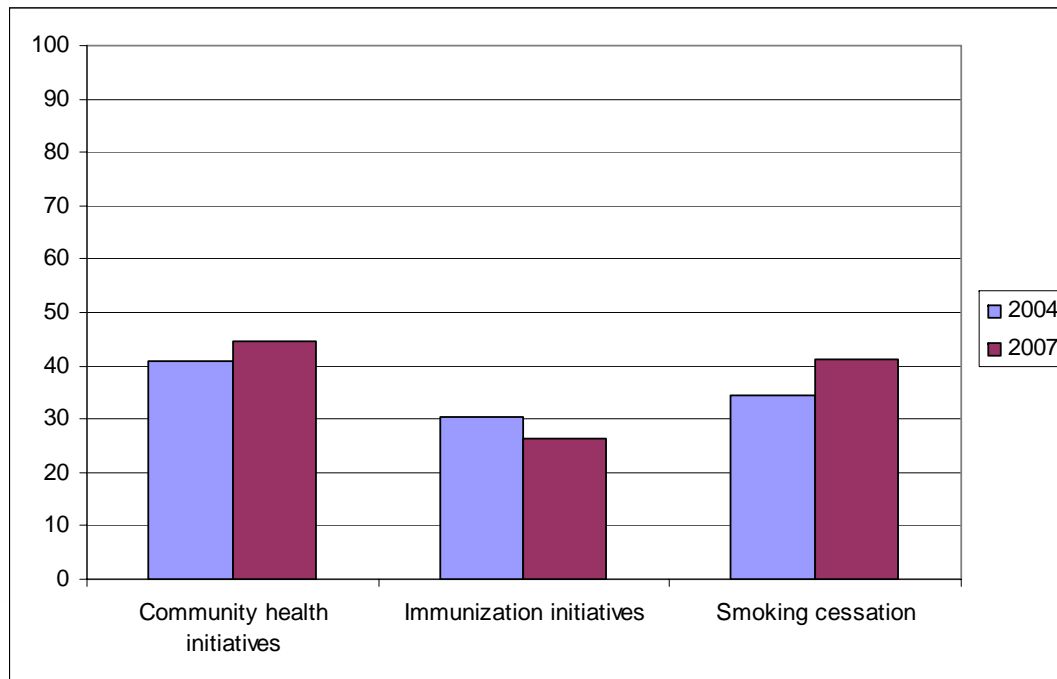


Examples: Modest or no improvement

Objective: 6.1 - Pharmacies will have specific ongoing initiatives that target community health.

Objective 6.2 - Pharmacy departments will be directly involved in ongoing immunization initiatives in their communities.

Objective 6.4 - Hospital pharmacies will participate in smoking cessation counseling.



Significant new objectives - 2008

- **NEW Objective 4.6 - 50% of new pharmacy technicians entering hospital and health system practice will have completed an ASHP-accredited pharmacy technician training program.**
 - ❖ **BASELINE DATA 2008: 18.5%**

- **NEW Objective 4.7 - 90% of new pharmacists entering hospital and health-system practice will have completed an ASHP-accredited residency.**
 - ❖ **BASELINE DATA 2008: 34.4%**

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2015 Web Tools and Resources

● Self-assessment tool

- ❖ Easy to use
- ❖ Repeat assessments allow measurement of progress
- ❖ Helps prioritize

ASHP Health-System Pharmacy 2015 Initiative Self-Assessment Tool					
GOAL 1 Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications. <i>Please rate each of the following statements as best describes your practice site:</i>					
2015 Objective	Fully Implemented Throughout A	Fully Implemented for Some Areas B	Formally Discussed/ Considered, Not Yet Implemented C	No Discussion or Activity D	Not Applicable to Setting N/A
1.1 Upon admission pharmacists take the medication history of a majority of INPATIENTS with complex and high-risk medication regimens ¹ .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Pharmacists monitor ² a majority of INPATIENTS with complex and high-risk medication regimens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Pharmacists manage medication therapy for INPATIENTS with complex and high-risk medication regimens, in collaboration with other members of the health-care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 At discharge INPATIENTS with complex or high-risk medication regimens receive medication counseling ³ by a pharmacist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Pharmacists interface with INPATIENTS or their caregivers in a meaningful way that patients/caregivers will remember speaking with a pharmacist while in the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Pharmacists ensure that effective medication reconciliation occurs during transitions across the continuum of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To evaluate adherence with individual 2015 GOALS, tally the number of A's, B's, C's, & D's Totals:	_____	_____	_____	_____	_____



2015 Web Tools and Resources

● Crosswalk

- ❖ Links the objectives of the Initiative to other national priorities
- ❖ Provides web site addresses and references

A Crosswalk Linking the Goals and Objectives of the ASHP Health-System Pharmacy 2015 Initiative to Other Health Care Priorities						
ASHP 2015 Goals and Objectives	Priorities that Correspond to ASHP 2015 Objectives ^a				Literature Supporting the 2015 Objectives	
	CMS ^b	TJC ^c	National Quality Forum	Resources from ASHP and Other Organizations		
Goal 1. Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications.						
Objective 1.1 Pharmacists will be involved in managing the acquisition, upon admission, of medication histories for a majority of hospital inpatients with complex and high-risk medication regimens ¹ in 75% of hospitals. Baseline: 9.9% (2004) Progress: 19.2% (2007)		MD1.10 MD4.10 MD7.10 NSQIP 3- Medication Reconciliation		Institute for Healthcare Improvement (IHI) Medication Reconciliation Review Tool Medication Reconciliation: Bridging Communications Across the Continuum of Care	1-12	
Objective 1.2 The medication therapy of a majority of hospital inpatients with complex and high-risk medication regimens will be monitored ² by a pharmacist in 100% of hospitals. Baseline: 69.6% (2005) Progress: 65.7% (2007)		MD4.10 MD6.10 MD6.20 MD7.10 MD8.10	Draft Therapeutic Drug Monitoring Measures (lines 409-420)	National Academy for State Health Policy— State Adverse Event Reporting System	13-19	
Objective 1.3 In 90% of hospitals, pharmacists will manage medication therapy for inpatients with complex and high-risk medication regimens ³ in collaboration with other members of the health-care team. Baseline: To be measured in 2008	HCAHPS (questions 36-41)	MD7.10	Safe Practices Summary 2006	IHI – High Alert Medications IHI – Implement Multidisciplinary Rounds National Academy for State Health Policy— State Adverse Event Reporting System Society of Hospital Medicine Venous Thromboembolism Resource Room Stanovoy and Regulatory Authority for CDTM by State	1, 20-23	

2015



How do our members use 2015?

• Individual Hospital/Department

❖ Common approaches

- As foundation for strategic planning
- As guide for changing practice models
- As basis for resident projects
- As basis for departmental Performance Improvement

• Hospital groups or Hospital systems

- ❖ Education
- ❖ Surveys of system for adoption
- ❖ Using results to focus programs, education, or initiatives

• State Affiliates

2015





2015 Initiative *Campaign*

2015



What is the 2015 Initiative *Campaign*?

- **Modeled after IHI 100k Lives Campaign**
- **Goal of this *Campaign* is to promote states adoption of the 2015 Initiative**
 - ❖ Means to keep 2015 visible and utilized
 - ❖ Means to recognize those who have used the initiative
 - ❖ Means to continue progress towards vision for practice

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State Affiliates involvement with the 2015 Initiative *Campaign*

- ***Campaign* promotes State Affiliates inclusion of the 2015 Initiative into Affiliate programs**
- **Promotes an exchange of ideas between State Affiliates**
- **State Affiliates are recognized as “Champions” on the 2015 web site**

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What is the benefit to State Affiliates?

- **Help to identify support within organizations to advance practice**
- **It provides a framework for education programming, helping to improve pharmacy practice**
- **Ties national initiatives focused on pharmacy advancements in patient safety**

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Campaign Application

- **Campaign is a way to recognize State Affiliates**
- **By becoming a 2015 Champion you are pledging support for 2015**



The 2015 Campaign

*Achieving Quality Medication Use
Through Pharmacy Services*

Date: _____

_____ supports the ASHP 2015 Health-System Pharmacy Initiative goal of utilizing health-system pharmacists to see an improvement in the safety, efficacy, and science of medication use for patients by the year 2015.

We pledge to support this effort in ways appropriate to our organization. We are considering the following (check all that apply):

- Increase quality in medication use through work on specific 2015 initiative objectives
- Facilitate continuous quality improvement through sharing of information, tools, and programs that have enhanced medication use within the organization
- Share success stories related to implementation of 2015 objectives
- Collect and/or share data with ASHP
- Seek opportunities to partner with other health professionals in achieving the objectives of 2015
- Commit to promoting the role of the pharmacist in quality through education of providers, health care leaders, and/or the community
- Other _____



2015 Champions

- **Arizona Pharmacy Alliance**
- **Louisiana Society of Health-System Pharmacists**
- **Iowa Pharmacy Association**
- **Minnesota Society of Health-System Pharmacists**
- **Texas Society of Health-System Pharmacists**

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How to sign-up

- **Organizational agreement that the 2015 Initiative is a priority**
- **Contact your State Affiliate Representatives**
- **Build 2015 into your agenda/programming**
- **Share your successes**

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Questions?

2015



2015 INITIATIVE SURVEY

Four themes identified

- Used in **strategic planning activities**
- **Surveyed** members and institutions within state
- Used for **educational programming**
- Developed **other creative uses**

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Incorporation into Strategic Planning

- **Affiliate Boards of Directors have identified the 2015 Initiative as an organizational priority**
- **Several have used the Initiative as discussion items at the organization's Leadership/Board retreats**
- **2015 Initiative goals are formally incorporated in strategic plans**
- **To implement 2015, each Board member of an affiliate is a champion for one 2015 goal**

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“Survey Says...”

- **Affiliates have surveyed members to ask how their facilities comply with each goal**
- **Communicate survey results with members**
- **Publish survey results in newsletter/journal; compare state and national averages**

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Used for Educational Programming

- **Formal sessions at Annual Meeting**
- **ASHP staff or Board member as speaker**
- **Speaker from local institution using 2015**
- **Poster sessions as spotlight for local health systems using 2015**

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Other great ideas...

- **Innovative Practice Award based on 2015 goals**
- **Each 2015 goal assigned to residency programs in state**
- **Highlight one 2015 goal each month in the organization's newsletter**
- **...What creative ideas can you think of?**

2015



Questions?

2015

