

# Human Resources

## **Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Drug Therapy Management (0905)**

*Source: Council on Public Policy*

To advocate expansion of collaborative drug therapy management (CDTM) practices in which the prescriber and the licensed pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient's drug therapy; further,

To acknowledge that as a step toward the goal of universal recognition of and payment for pharmacist CDTM services, public or private third-party payers may require licensed pharmacists to demonstrate their competence to provide CDTM, before the payers authorize them to engage in or be paid for such clinical services; further,

To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist's competence to provide CDTM and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

To support the use of clinical privileging by hospitals and health systems to assess a licensed pharmacist's competence to engage in CDTM within the hospital or health system; further,

To advocate that state boards of pharmacy apply the principles of continuous quality improvement in assessing the quality, safety, and outcomes of CDTM.

*(Note: Privileging is the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.)*

*This policy supersedes ASHP policy 0318.*

## **Intimidating or Disruptive Behaviors (0919)**

*Source: Council on Pharmacy Management*

To affirm the professional responsibility of the pharmacist to ensure patient safety by communicating with other health care personnel to clarify and improve medication management; further,

To advocate that hospitals and health systems adopt zero-tolerance policies for intimidating or disruptive behaviors; further,

To encourage hospitals and health systems to develop and implement education and training programs for all health care personnel to encourage effective communication and discourage intimidating or disruptive behaviors; further,

To encourage colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors; further,

To collaborate with other organizations to advocate codes of conduct that minimize intimidating or disruptive behavior in hospitals and health systems.

## **Education, Prevention, and Enforcement Concerning Workplace Violence (0810)**

*Source: Council on Public Policy*

To advocate that federal, state, and local governments recognize the risks and consequences of workplace violence in the pharmacy community and enact appropriate criminal penalties; further,

To collaborate with federal, state, and local law enforcement and other government authorities on methods for early detection and prevention of workplace violence; further,

To encourage all workplace environments to develop and implement a policy for pharmacy personnel that (1) educates about prevention and deterrence of workplace violence, (2) identifies escalating situations that can lead to violence and instructs employees on protection and self-defense, and (3) provides continued support and care to heal personnel who were directly or indirectly involved in an incident of workplace violence; further,

To encourage the health care community to develop and maintain a communication network to share information about incidents of potential and real workplace violence.

## **Appropriate Staffing Levels (0812)**

*Source: Council on Public Policy*

To advocate that pharmacists at each practice site base the site's pharmacist and technician staffing levels on patient safety considerations, taking into account factors such as (1) acuity of care, (2) breadth of services, (3) historical safety data, and (4) results of research on the relationship between staffing patterns and patient safety; further,

To advocate that regulatory bodies not mandate specific, uniform pharmacy personnel ratios but rather ensure that site-specific staffing levels optimize patient safety; further,

To encourage additional research on the relationship between pharmacy staffing patterns and patient safety.

*This policy supersedes ASHP policy 0717.*

## **Image of and Career Opportunities for Hospital and Health-System Pharmacists (0703)**

*Source: Council on Education and Workforce Development*

To sustain and enhance the public information program promoting the professional image of hospital and health-system pharmacists to the general public, public policymakers, payers, other health care professionals, and hospital and health-system decision-makers; further,

To provide ASHP informational and recruitment materials identifying opportunities for pharmacy careers in hospitals and health systems.

*This policy supersedes ASHP policy 0214.*

## **Tobacco and Tobacco Products (0713)**

*Source: Council on Pharmacy Practice*

To discourage the use and distribution of tobacco and tobacco products in and by pharmacies; further,

To advocate for tobacco-free environments in hospitals and health systems; further,

To seek, within the bounds of public law and policy, to eliminate the use and distribution of tobacco and tobacco

products in meeting rooms and corridors at ASHP-sponsored events; further,

To promote the role of pharmacists in tobacco-cessation counseling; further,

To join with other interested organizations in statements and expressions of opposition to the use of tobacco and tobacco products.

*This policy supersedes ASHP policy 8807.*

### **Influenza Vaccination Requirements to Advance Patient Safety and Public Health (0615)**

*Source: Council on Professional Affairs*

To advocate that hospitals and health systems require health care workers to receive an annual influenza vaccination except when (1) it is contraindicated, or (2) the worker has religious objections, or (3) the worker signs an informed declination; further,

To encourage all hospital and health-system pharmacy personnel to be vaccinated against influenza; further,

To encourage hospital and health-system pharmacists to take a lead role in developing and implementing policies and procedures for vaccinating health care workers and in providing education on the patient safety benefits of annual influenza vaccination; further,

To work with the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.

### **Financial Management Skills (0508)**

*Source: Council on Administrative Affairs*

To foster the systematic and ongoing development of management skills for health-system pharmacists in the areas of (1) health-system economics, (2) business plan development, (3) financial analysis, (4) pharmacoeconomic analysis, (5) diversified pharmacy services, and (6) compensation for pharmacists' patient-care services; further,

To encourage colleges of pharmacy to incorporate these management areas in course work and clerkships.

*This policy supersedes ASHP policy 0003.*

### **Professional Development (0511)**

*Source: Council on Educational Affairs*

To recognize that providing professional development opportunities for health-system pharmacy practitioners is an essential component of staff recruitment and retention as well as quality of work life; further,

To strongly encourage health-system pharmacy directors and administrators to support professional development programs as an employee benefit that ultimately improves patient care and aids in recruiting and retaining qualified practitioners; further,

To recognize that professional development encompasses more than staff development programming and includes informal learning among colleagues, mentoring, and other types of learning; further,

To develop educational programs, services, and resources to assist health-system pharmacies in supporting professional development.

### **Opposition to Creation of New Categories of Licensed Personnel (0521)**

*Source: Council on Legal and Public Affairs*

To reaffirm the following statement in the White Paper on Pharmacy Technicians (April 1996) endorsed by ASHP and the American Pharmacists Association:

“Although there is a compelling need for pharmacists to expand the purview of their professional practice, there is also a need for pharmacists to maintain control over all aspects of drug product handling in the patient care arena, including dispensing and compounding. No other discipline is as well qualified to ensure public safety in this important aspect of health care.”

Further,

To oppose the creation of new categories of licensed pharmacy personnel; further,

To advocate that all professional pharmacy functions be performed under the supervision of a licensed pharmacist to avoid confusion regarding the roles of pharmacy personnel within health systems.

*This policy supersedes ASHP policy 0025.*

### **Cultural Diversity Among Health Care Providers (0409)**

*Source: Council on Educational Affairs*

To foster awareness of the cultural diversity of health care providers; further,

To foster recognition of the impact that cultural diversity of health care providers may have on the medication-use process; further,

To develop the cultural competencies of pharmacy practitioners, technicians, students, and educators.

*This policy was reviewed in 2008 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.*

### **Staffing for Safe and Effective Patient Care (0201)**

*Source: Council on Administrative Affairs*

To encourage pharmacy managers to work in collaboration with physicians, nurses, health-system administrators, and others to outline key pharmacist services that are essential to safe and effective patient care; further,

To encourage pharmacy managers to be innovative in their approach and to factor into their thinking legal requirements, accreditation standards, professional standards of practice, and the resources and technology available in individual settings; further,

To support the following principles:

- Sufficient qualified staff must exist to ensure safe and effective patient care;
- During periods of staff shortages, pharmacists must exert leadership in directing resources to services that are the most essential to safe and effective patient care;
- Within their own organizations, pharmacists should develop contingency plans to be implemented in the event of insufficient staff—actions that will preserve services that are the most essential to safe and effective patient care and will, as necessary, curtail other services; and
- Among the essential services for safe and effective patient care is pharmacist review of new medication orders before the administration of first doses; in settings where patient acuity requires that reviews of new medication orders be conducted at any hour and

similar medication-use decisions be made at any hour, there must be 24-hour access to a pharmacist.

*This policy was reviewed in 2006 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.*

### **Image of and Career Opportunities for Pharmacy Technicians (0211)**

*Source: Council on Educational Affairs*

To promote the image of pharmacy technicians as valuable contributors to health care delivery; further,

To develop and disseminate information about career opportunities that enhance the recruitment and retention of qualified pharmacy technicians.

*This policy was reviewed in 2006 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.*

### **Pharmacist Recruitment and Retention (0218)**

*Source: Council on Legal and Public Affairs*

To support federal and state incentive programs for new pharmacy graduates to practice in underserved areas; further,

To provide information and educational programming on strategies used by employers for successful recruitment and retention of pharmacists and pharmacy technicians; further,

To conduct regular surveys on trends in the health-system pharmacy work force, including retention rates for pharmacists and pharmacy technicians.

*This policy was reviewed in 2006 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.*

### **Professional Socialization (0110)**

*Source: Council on Educational Affairs*

To encourage pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters the adoption of a) high professional aspirations for pharmacy practice, b) high personal standards of integrity and competence, c) a commitment to serve humanity, d) habits of analytical thinking and ethical reasoning, and e) a commitment to life-long learning.

*This policy was reviewed in 2005 by the Council on Educational Affairs and by the Board of Directors and was found to still be appropriate.*

### **Professional Development as a Retention Tool (0112)**

*Source: Council on Educational Affairs*

To recognize that pharmacy department staff development is an essential component of staff recruitment and retention as well as quality of work life; further,

To recognize that staff development encompasses more than formal inservice or external programs and includes informal learning among colleagues, mentoring, and other types of learning; further,

To strongly encourage pharmacy directors and health-system administrators to support staff development programs

as an important benefit that aids in recruiting and retaining qualified practitioners; further,

To assist pharmacy directors with staff development initiatives by providing a variety of educational programs, services, and resource materials.

*This policy was reviewed in 2005 by the Council on Educational Affairs and by the Board of Directors and was found to still be appropriate.*

### **Pharmacist Credentialing (0006)**

*Source: Council on Educational Affairs*

To support the position that credentialing is a voluntary professional activity distinct and separate from the licensing process; further,

To endorse the goals and the standards-based approach to credentialing being pursued by the Council on Credentialing in Pharmacy (CCP); further,

To support the position that all widely accepted post-licensure pharmacy credentialing programs must meet quality standards that are being established by CCP.

*This policy was reviewed in 2005 by the Council on Educational Affairs and by the Board of Directors and was found to still be appropriate.*

### **Drug Testing (9103)**

*Source: Council on Legal and Public Affairs*

To recognize the use of pre-employment drug testing or drug testing for cause during employment based on defined criteria and with appropriate validation procedures; further,

To support employer-sponsored drug programs that include a policy and process that promote the recovery of impaired individuals.

*This policy was reviewed in 2006 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.*

### **Employee Testing (9108)**

*Source: Council on Legal and Public Affairs*

To oppose the use of truth-verification testing such as polygraphs as routine employment practices because of the possible interference with the rights of individuals; further,

To recognize the limited use of such testing during employment where such testing may protect the rights of individuals against false witness.

*This policy was reviewed in 2006 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.*

### **Pharmacy Technicians (8610)**

*Source: Council on Legal and Public Affairs*

To work toward the removal of legislative and regulatory barriers preventing pharmacists from delegating certain technical activities to other trained personnel.

*This policy was reviewed in 2006 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.*