

Organization and Delivery of Services

Patient-Reported Outcomes Tools (1107)

Source: *Council on Therapeutics*

To advocate for expanded use of validated patient-reported outcomes (PRO) tools in clinical research and direct patient care; further,

To support development of validated PRO tools that are sensitive to differences in cultural and health literacy; further,

To encourage additional research on PRO tools, including studies to assess their correlation to overall patient outcomes; further,

To educate clinicians and patients about the appropriate use of PRO tools.

Pharmacist Accountability for Patient Outcomes (1114)

Source: *Council on Pharmacy Practice*

To affirm that pharmacists are obligated by their covenantal relationship with patients to ensure that medication use is safe and effective; further,

To declare that pharmacists, pursuant to their authority over a specialized body of knowledge, are autonomous in exercising their professional judgment and accountable as professionals and health care team members for safe and effective medication therapy outcomes; further,

To encourage pharmacists to define practices and associated measures of effectiveness that support their accountability for patient outcomes; further,

To promote pharmacist accountability as a fundamental component of pharmacy practice to other health care professionals, standards-setting and regulatory organizations, and patients.

Pharmacists' Role in Medication Reconciliation (1117)

Source: *Council on Pharmacy Practice*

To affirm that an effective process for medication reconciliation reduces medication errors and supports safe medication use by patients; further,

To advocate that pharmacists, because of their distinct knowledge, skills, and abilities, should take a leadership role in interdisciplinary efforts to develop, implement, monitor, and maintain effective medication reconciliation processes; further,

To encourage community-based providers, hospitals, and health systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care; further,

To declare that pharmacists have a responsibility to educate patients and caregivers on their responsibility to maintain an up-to-date and readily accessible list of medications the patient is taking and that pharmacists should assist patients and caregivers by assuring the provision of a personal medication list as part of patient counseling, education, and maintenance of an individual medical record.

This policy supersedes ASHP policy 0620.

Medication Therapy Management (1005)

Source: *Council on Public Policy*

To support medication therapy management (MTM) services as defined in Section 3503 of the Patient Protection and Affordable Care Act (PL 111-148); further,

To affirm that MTM is a partnership between the patient (or a caregiver) and a pharmacist, in collaboration with other health care professionals, that promotes the safe and effective use of medications.

Impact of Insurance Coverage Design on Patient Care Decisions (1017)

Source: *Council on Pharmacy Management*

To advocate that all health insurance policies be designed and coverage decisions made in a way that preserves the patient–practitioner relationship; further,

To oppose provisions in health insurance policies that interfere with established drug distribution and clinical services designed to ensure patient safety, quality, and continuity of care; further,

To advocate for the exclusion of hospital and health-system outpatient settings from restrictive reimbursement requirements.

Patient Access to Pharmacy Services in Small and Rural Hospitals (1022)

Source: *Council on Pharmacy Practice*

To advocate that critical-access hospitals (CAHs) and small and rural hospitals meet national medication management and patient safety standards, regardless of size or location; further,

To provide resources and tools to assist pharmacists who provide services to CAHs and small and rural hospitals in meeting standards related to safe medication use.

This policy supersedes ASHP policy 0503.

Scope and Hours of Pharmacy Services (1023)

Source: *Council on Pharmacy Practice*

To support the principle that all patients should have 24-hour access to a pharmacist responsible for their care, regardless of hospital size or location; further,

To advocate alternative methods of pharmacist review of medication orders (such as remote review) before drug administration when onsite pharmacist review is not available; further,

To support the use of remote medication order review systems that communicate pharmacist approval of orders electronically to the hospital's automated medication distribution system; further,

To promote the importance of pharmacist access to pertinent patient information, regardless of proximity to patient.

This policy supersedes ASHP policy 0403.

Health-System Use of Medications and Administration Devices Supplied Directly to Patients (0806)

Source: *Council on Pharmacy Management*

To encourage hospitals and health systems not to permit administration of medications brought to the hospital or clinic by the patient or caregiver when storage conditions or the source cannot be verified unless it is determined that the risk of not using such a medication exceeds the risk of using it; further,

To support care models in which medications are prepared for patient administration by the pharmacy and are obtained from a licensed, verified source; further,

To encourage hospitals and health systems not to permit the use of medication administration devices with which the staff is unfamiliar (e.g., devices brought in by patients) unless it is determined that the risk of not using such a device exceeds the risk of using it; further,

To advocate adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications and use of related devices.

This policy supersedes ASHP policy 0706.

Standardization of Intravenous Drug Concentrations (0807)

Source: Council on Pharmacy Practice

To develop nationally standardized drug concentrations and dosing units for commonly used high-risk drugs that are given as continuous infusions; further,

To encourage all hospitals and health systems to use infusion devices that interface with their information systems and include standardized drug libraries with dosing limits, clinical advisories, and other patient-safety-enhancing capabilities.

Pharmacist's Leadership Role in Anticoagulation Therapy Management (0816)

Source: Council on Therapeutics

To advocate that pharmacists provide leadership in the interdisciplinary development, implementation, maintenance, effectiveness monitoring, and assurance of continuity of care of anticoagulation management programs; further,

To advocate that pharmacists be responsible for coordinating the individualized care of patients within anticoagulation management programs; further,

To encourage pharmacists who participate in anticoagulation programs to educate patients, caregivers, prescribers, and staff about anticoagulant medication uses, drug interactions, adverse effects, the importance of adhering to therapy, and recommended laboratory testing and other monitoring.

Standard Drug Administration Schedules (0707)

Source: Council on Pharmacy Management

To support the principle that standard medication administration times should be based primarily on optimal pharmacotherapeutics, with secondary consideration of workload, caregiver preference, patient preference, and logistical issues; further,

To encourage the development of hospital-specific or health-system-specific standard administration times through an interdisciplinary process coordinated by the pharmacy; further,

To encourage information technology vendors to adopt these principles in system design while allowing flexibility to meet site-specific patient needs.

Universal Influenza Vaccination (0601)

Source: Commission on Therapeutics

To advocate universal administration of influenza vaccinations to the United States population.

This policy was reviewed in 2010 by the Council on Therapeutics and by the Board of Directors and was found to still be appropriate.

Integrated Team-Based Approach for the Pharmacy Enterprise (0619)

Source: Council on Professional Affairs

To advocate a high level of coordination of all components of the pharmacy enterprise in hospitals and health systems for the purpose of optimizing (1) the value of drug therapy and (2) medication-use safety; further,

To encourage pharmacy department leaders to develop and maintain patient-centered practice models that integrate into a team all components of the pharmacy enterprise, including general and specialized clinical practice, drug-use policy, product acquisition and inventory control, product preparation and distribution, and medication-use safety and other quality initiatives.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Health Care Quality Standards and Pharmacy Services (0502)

Source: Council on Administrative Affairs

To advocate that health care quality improvement programs adopt standard quality measures that are developed with the involvement of pharmacists, are evidence-based, and promote the demonstrated role of pharmacists in improving patient outcomes.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Health-System Facility Design (0505)

Source: Council on Administrative Affairs

To advocate the development and the inclusion of contemporary pharmacy specifications in national and state health care design standards to ensure adequate space for safe provision of pharmacy products and patient care services; further,

To promote pharmacist involvement in the design-planning and space-allocation decisions of health care facilities.

This policy was reviewed in 2009 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Mandatory Tablet Splitting for Cost Containment (0525)

Source: Council on Professional Affairs

To oppose mandatory tablet splitting for cost containment in ambulatory care; further,

To encourage pharmacists, when voluntary tablet splitting is considered, to collaborate with patients, caregivers, and other health care professionals to determine whether tablet splitting is appropriate on the basis of the patient's ability to split tablets and the suitability of the medication (e.g., whether it is scored or is an extended-release product); further,

To urge pharmacists to promote dosing accuracy and patient safety by ensuring that patients are educated on how to properly split tablets; further,

To encourage further research by the United States Pharmacopeia and the Food and Drug Administration on the impact of tablet splitting on product quality.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Documentation of Pharmacist Patient Care Services (0407)

Source: Council on Administrative Affairs

To encourage the documentation of pharmacist patient care services in order to validate their impact on patient outcomes and total cost of care.

This policy was reviewed in 2008 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Continuity of Care (0301)

Source: Section of Home, Ambulatory, and Chronic Care Practitioners

To recognize that continuity of patient care is a vital requirement in the appropriate use of medications; further,

To strongly encourage pharmacists to assume professional responsibility for ensuring the continuity of pharmaceutical care as patients move from one setting to another (e.g., ambulatory care to inpatient care to home care); further,

To encourage the development of strategies to address the gaps in continuity of pharmaceutical care.

This policy was reviewed in 2007 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Performance Improvement (0202)

Source: Council on Administrative Affairs

To encourage pharmacists to establish performance improvement processes within their practice settings that measure both operational and patient outcomes; further,

To encourage pharmacists to use contemporary performance improvement techniques and methods for ongoing improvement in their services; further,

To support pharmacists in their development and implementation of performance-improvement processes.

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.

Pharmacy Benefits for the Uninsured (0101)

Source: Council on Administrative Affairs

To support the principle that all patients have the right to receive care from pharmacists; further,

To declare that health system pharmacists should play a leadership role in ensuring access to pharmacists' services for indigent or low-income patients who lack insurance coverage and for patients who are underinsured; further,

To advocate better collaboration among health systems, community health centers, state and county health departments, and the federal Health Resources and Services Administration (HRSA) in identifying and addressing the needs of indigent and low-income patients who lack insurance coverage and of patients who are underinsured.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Patient Satisfaction (0104)

Source: Council on Administrative Affairs

To encourage pharmacists to establish mechanisms within their practice settings that measure the level of satisfaction patients have with pharmacy services and with the outcomes of their drug therapy; further,

To construct such mechanisms in a manner that will (1) provide a system for monitoring trends in the quality of pharmacy services to patients, (2) increase recognition of the value of pharmacy services, and (3) provide a basis for making improvements in the process and outcomes of pharmacy services; further,

To facilitate a dialogue with and education of national patient satisfaction database vendors on the role and value of clinical pharmacy services.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Patient Adherence Programs as Part of Health Insurance Coverage (0116)

Source: Council on Legal and Public Affairs

To support the pharmacist's role in patient medication adherence programs that are part of health insurance plans; further,

To support those programs that (1) maintain the direct patient-pharmacist relationship; (2) are based on the pharmacist's knowledge of the patient's medical history, indication for the prescribed medication, and expected therapeutic outcome; (3) use a communication method desired by the patient; (4) are consistent with federal and state regulations for patient confidentiality; and (5) are consistent with ASHP policy on confidentiality of patient health care information.

This policy was reviewed in 2010 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Pharmacist Validation of Information Related to Medications (9921)

Source: Council on Professional Affairs

To support consultation with a pharmacist as a primary means for consumers to validate publicly available information related to medications.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Collaborative Drug Therapy Management Activities (9801)

Source: House of Delegates Resolution

To support the participation of pharmacists in collaborative drug therapy management, which is defined as a multidisciplinary process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy; further,

To recognize that pharmacists participate in collaborative drug therapy management for a patient who has a confirmed diagnosis by an authorized prescriber; further,

To recognize that the activities of a pharmacist in collaborative drug therapy management may include, but not be limited to, initiating, modifying, and monitoring a patient's drug therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient on medications; and administering medications.

This policy was reviewed in 2007 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Multidisciplinary Action Plans for Patient Care (9804)

Source: Council on Administrative Affairs

To support pharmacists as integral participants in the development of multidisciplinary action plans for patient care (care MAPs), disease-management plans, and health-management plans.

This policy was reviewed in 2007 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Collaborative Drug Therapy Management (9812)

Source: Council on Legal and Public Affairs

To pursue the development of federal and state legislative and regulatory provisions that authorize collaborative drug therapy management by the pharmacist as a component of pharmaceutical care; further,

To actively support affiliated state societies in the pursuit of state-level collaborative drug therapy management authority for pharmacists.

This policy was reviewed in 2007 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Medication Administration by Pharmacists (9820)

Source: Council on Professional Affairs

To support the position that the administration of medicines is part of the routine scope of pharmacy practice; further,

To support the position that pharmacists who administer medicines should be skilled to do so; further,

To support the position that pharmacists should be participants in establishing procedures in their own work settings with respect to the administration of medicines (by anyone) and monitoring the outcomes of medication administration.

This policy was reviewed in 2007 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.