



American Society of
Health-System Pharmacists
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December 8, 2008

The National Quality Forum
601 Thirteenth Street, NW
Suite 500 North
Washington, DC 20005

Re: NQF Member Vote on Safe Practices for Better Healthcare – 2009 Update

On behalf of the American Society of Health-System Pharmacists (ASHP), thank you for the opportunity to vote on the proposed 2009 update to the Safe Practices for Better Healthcare. Our membership ID is 0800ASHSP and our votes have been submitted online via the NQF Member Portal.

The Society would like to gratefully thank NQF for considering and addressing all of ASHP's comments submitted on October 10, 2008 (available at <http://www.ashp.org/DocLibrary/Policy/PatientSafety/nqfsafepacticescomments.pdf>). ASHP is pleased that the NQF successfully incorporated many of the Society's comments into the voting draft of the National Voluntary Consensus Standards for Safe Practice for Better Healthcare: 2009 Update. These comments related to medication reconciliation, including the addition of a link to the My Medication List™ tool (www.safemedication.com/MedTool.pdf); pharmacy leadership systems, including the expansion of the definition of formulary systems and addition of the consideration of technology and pharmacy technician utilization that optimizes pharmacists' ability to provide patient care; and several other comments relating to VTE prevention, contrast media-induced renal failure prevention, anticoagulation safety, pharmacists' involvement in fall reduction efforts, malpractice insurance issues, among others.

ASHP believes these practices will have an effect on reducing the risk of harm to patients and enhancing the quality of healthcare by promoting harmonization of evidence-based standards with daily practices of patient care. ASHP applauds the NQF in this mission and votes to approve the following Safe Practices (SP) as proposed in the writing draft: SP 4, SP 8, SP 12, SP 13, SP 28, SP 29, SP 30, SP 32, and SP 33. The Society votes to approve SP 17, SP 18, SP 20, SP 21, SP 22, SP 23, SP 24, and SP 25, but urges NQF to consider the comments provided below. ASHP abstains from voting on SP 27, SP 31, and SP 34.

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Medication Reconciliation—Safe Practice 17

Line 1581 is written, “Educate clinicians regarding the importance of medication reconciliation upon hire, and frequency of ongoing education is based on the risk of noncompliance and adverse drug events determined by the organization.” ASHP encourages NQF to consider that providing education to ensure ongoing competence based on the risk of or actual noncompliance is a retroactive approach. Other standards for competency assessment, such as those described by The Joint Commission, require yearly assessment. This proactive approach is more likely to prevent medication errors and adverse drug events that can result from suboptimal, duplicate, or omitted therapies. The importance of this proactive and annual approach is highlighted by the fact that best practices for processes and personnel involved in medication reconciliation are an evolving science.

Pharmacy Leadership Structures and Systems—Safe Practice 18

The Society is concerned about the change on line 1877 from “Pharmacists should actively *lead* medication management processes” to “Pharmacists should actively *participate in* medication management processes.” ASHP strongly advises NQF to revert to the original language. In this safe practice of Pharmacy Leadership Structures and Systems, the Society deems it particularly important to emphasize the leadership role of the pharmacist in medication management processes as the trained medication expert on the patient care team.

Based on Principles of a Sound Drug Formulary,¹ a document endorsed by seven organizations including the American Medical Association, we strongly urge that line 1919 that reads “the formulary system should have a process in which the medical staff has oversight and approval of the formulary,” be changed to “Physicians, pharmacists, and other health care professionals provide oversight of the formulary system.” The term “medical staff” is not clearly understood as currently written, while the proposed replacement text has been endorsed by multiple stakeholder groups, including physicians, pharmacists, health plans, and pharmacy benefits management groups.

Line 2031 is currently written as follows: “Encourage and reward pharmacists to complete credentialing consistent with their scope of practice, such as residency training or board certification.” ASHP seeks reconsideration of the following comment the Society submitted on October 10, 2008: *ASHP believes that the implementation approach confuses two separate issues: credentialing and professional development. ASHP suggests clarification with the following changes. Line 1896 (now line 2031) should be focused on credentialing as: “REQUIRE pharmacists TO COMPLETE CREDENTIALING CONSISTENT WITH THEIR SCOPE OF PRACTICE SUCH AS RESIDENCY TRAINING OR board certification.” An additional implementation approach of continuing development should be inserted as: “ENSURE THERE IS A MODEL AVAILABLE, SUCH AS CONTINUING PROFESSIONAL EDUCATION, FOR ONGOING PROFESSIONAL DEVELOPMENT FOR PHARMACISTS.”*

Influenza Prevention, Central Line Associated Blood Stream Infection Prevention, Surgical Site Infection Prevention, Daily Care of the Ventilated Patient, Multi-Drug Resistant Organisms Prevention, and Catheter-Associated Urinary Tract Infection Prevention—Safe Practices 20 through 25

ASHP commends NQF’s efforts in infection control through these measures related to healthcare-associated infection and approves the above listed safe practices. However, the

Society strongly advises caution based on the potential implication on payment decisions if healthcare-associated infection preventability is implied to be absolute.

Thank you for the opportunity to provide feedback on the proposed Safe Practices for Better Healthcare for 2009. If you have any questions concerning the Society's vote and final comments, please contact me by phone at (301) 664-8815 or via e-mail at mandrawis@ashp.org.

Regards,

A handwritten signature in black ink, appearing to read "Mary Andrawis". The signature is fluid and cursive, with the first name "Mary" and last name "Andrawis" clearly distinguishable.

Mary Andrawis, Pharm.D., M.P.H.
Medication-Use Quality Improvement Associate
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References

1. American Medical Association endorsement of Principles of a Sound Drug Formulary System. Report of the Board of Trustees, American Medical Association. House of Delegates Proceedings, 54th Interim Meeting. December 3-6, 2000. (available at <http://www.ama-assn.org/ama1/pub/upload/mm/443/drugformularyprincip.pdf>).