



**ASHP** Health-System Pharmacy Initiative

*moving forward*

A Crosswalk Linking the Goals and Objectives of the ASHP Health-System Pharmacy 2015 Initiative to Other Health Care Priorities

The ASHP Health-System Pharmacy 2015 Initiative focuses on actions that will improve the practice of pharmacy in health systems. The goals and objectives of the ASHP 2015 Initiative coincide with the national health care priorities of the United States government, hospital and health system accreditors, and other health professional organizations.

ASHP has prepared a crosswalk linking the objectives of the ASHP 2015 Initiative to other national priorities. Web site addresses and references have been provided for organizations or studies that support the intent of the ASHP 2015 Initiative.

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ASHP 2015 Goals and Objectives		Priorities that Correspond to ASHP 2015 Objectives <sup>a</sup>				Literature Supporting the 2015 Objectives
		CMS <sup>b</sup>	TJC <sup>c</sup>	National Quality Forum	Resources from ASHP and Other Organizations	
<b>Goal 1. Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications.</b>						
<b>Objective 1.1</b>	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 <sup>d</sup> in 75% of hospitals.  Baseline: 9.9% (2004) Progress: 19.2% (2007)	√ (DDI, PIM)	MM.1.10 MM.4.10 MM.7.10  <a href="#">NPSG 8-Medication Reconciliation</a>		<a href="#">Institute for Healthcare Improvement (IHI) Medication Reconciliation Review Tool</a>  <a href="#">Medication Reconciliation: Bridging Communications Across the Continuum of Care</a>	1-12
<b>Objective 1.2</b>	The medication therapy of a majority of hospital inpatients with complex and high-risk medication regimens will be monitored <sup>d</sup> by a pharmacist in 100% of hospitals.  Baseline: 69.6% (2005) Progress: 65.7% (2007)	√ (DDI, PIM, SCIP/HF: Card-2, VTE-1, VTE-2, HF-3)	MM.4.10 MM.6.10 MM.6.20 MM.7.10 MM.8.10	<a href="#">Draft Therapeutic Drug Monitoring Measures (lines 409-429)</a>	<a href="#">National Academy for State Health Policy—State Adverse Event Reporting System</a>	13-19
<b>Objective 1.3</b>	In 90% of hospitals, pharmacists will manage medication therapy for inpatients with complex and high-risk medication regimens <sup>d</sup> , in collaboration with other members of the health-care team.  Baseline: 79.8% (2008)	<a href="#">HCAHPS (questions 36-41)</a>  √ (DDI, PIM, SCIP/HF: Card-2, VTE-1, VTE-2, HF-3)	MM.7.10	<a href="#">Safe Practices Summary 2006</a>	<a href="#">IHI – High Alert Medications</a>  <a href="#">IHI - Implement Multidisciplinary Rounds</a>  <a href="#">National Academy for State Health Policy—State Adverse Event Reporting Systems</a>  <a href="#">Society of Hospital Medicine Venous Thromboembolism Resource Room</a>  <a href="#">Statutory and Regulatory Authority for CDTM by State</a>	1, 20-23

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<b>Objective 1.4</b>	<p>Hospital inpatients discharged with complex and high-risk medication regimens<sup>d</sup> will receive discharge medication counseling managed by a pharmacist in 75% of hospitals.</p> <p>Baseline: 22.4% (2004) Progress: 11.8% (2006) 16.8% (2007)</p>	<p>√ (DDI, PIM, SCIP/HF: HF-3)</p> <p>Omnibus Budget Reconciliations Act of 1990 (Pub.L. 101-508)</p> <p>C.7.2 Care Transitions Intervention Strategy: Medication Management</p>	<p>MM.5.10 MM.5.20 MM.7.10</p> <p><a href="#">NPSG 3E-Safe Anticoagulant use</a></p> <p><a href="#">NPSG 8-Medication Reconciliation</a></p>		<p><a href="#">IHI - Medication Reconciliation</a></p> <p><a href="#">IOM Preventing Med Errors (Executive Summary, p. 10, 12)</a></p> <p><a href="#">Testing the Re-Engineered Hospital Discharge—Project RED</a></p>	1, 24, 25
<b>Objective 1.5</b>	<p>50% of recently hospitalized patients (or their caregivers<sup>d</sup>) will recall speaking with a pharmacist while in the hospital.</p> <p>Baseline: 23% (2002)</p>		<p><a href="#">TJC Speak Up Brochure</a></p>		<p><a href="#">ASHP's Just Ask Campaign</a></p> <p><a href="#">ASHP 's Tools for Talking to Patients</a></p> <p><a href="#">National Council on Patient Information and Education</a></p>	26, 27

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<b>Objective 1.6</b>	In 90% of hospitals, pharmacists will ensure that effective medication reconciliation <sup>d</sup> occurs during transitions across the continuum of care.  Baseline: 67.7% (2008)	√ (DDI, PIM)  C.7.2 Care Transitions Intervention Strategy: Medication Management	<a href="#">NPSG 8- Medication Reconciliation</a>	<a href="#">Draft Therapeutic Drug Monitoring Measures (p. 39)</a>  <a href="#">Safe Practices 2006 (#14)</a>	<a href="#">IHI - Preventing ADEs (p. 5, 10)</a>  <a href="#">IHI - Medication Reconciliation</a>  <a href="#">IOM Preventing Medication Errors (Executive Summary, p. 9)</a>  <a href="#">ISMP Recommends Brown Bags</a>  <a href="#">Reducing Discrepancies in Medication Orders at Handoffs</a>	

- a. The policies cited support or are philosophically aligned with the objectives of the ASHP 2015 Initiative but may not explicitly detail the role of pharmacists or pharmacy in achieving those goals.
- b. √ indicates that this ASHP 2015 Objective corresponds to a quality measure established by Centers for Medicare and Medicaid Services (CMS) 9th Scope of Work Indicators. For additional information on that initiative, see [http://www.cms.hhs.gov/QualityImprovementOrgs/Downloads/9thSOWBaseContract\\_C\\_08-01-2008\\_2\\_.pdf](http://www.cms.hhs.gov/QualityImprovementOrgs/Downloads/9thSOWBaseContract_C_08-01-2008_2_.pdf)
- c. This ASHP 2015 Objective corresponds to the standard or goal of The Joint Commission (TJC) listed.
- d. See Glossary of Terms for complete definitions.

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<b>Goal 2. Increase the extent to which health-system pharmacists help individual non-hospitalized patients achieve the best use of medications.</b>					
<b>Objective 2.1</b> In 70% of health systems providing clinic care, pharmacists will manage medication therapy for clinic patients with complex and high-risk medication regimens <sup>d</sup> , in collaboration with other members of the health-care team.  Baseline: 40.4% (2005) Progress: 37% (2007)	√ (DDI, PIM)  C.6.2.12 Required Activity QI Assistance – Prescription Drug Therapy  C.7.2 Care Transitions Intervention Strategy: Medication Management	MM.4.10 MM.5.20 MM.6.10 MM.7.10  <a href="#">NPSG 8- Medication Reconciliation</a>		<a href="#">ASHP Minimum Standard for Pharmaceutical Services in Ambulatory Care</a>  <a href="#">IHI - High Alert Medications (p.13)</a>  <a href="#">IHI – Reduce Adverse Drug Events Involving Anticoagulants: Warfarin Clinics</a>  <a href="#">Statutory and Regulatory Authority for CDTM by State</a>	13, 22, 28-38
<b>Objective 2.2</b> In 95% of health systems providing clinic care, pharmacists routinely counsel clinic patients with complex and high-risk medication regimens. <sup>d</sup>  Baseline: 26% (2005) Progress: 33.1% (2007)	√ (DDI, PIM)  Omnibus Budget Reconciliations Act of 1990 (Pub.L. 101-508)  C.7.2 Care Transitions Intervention Strategy: Medication Management	MM.5.20 MM.6.10 MM.7.10		<a href="#">ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling</a>  <a href="#">National Council on Patient Information and Education</a>  <a href="#">IOM Preventing Medication Errors (Executive Summary, p. 10, 12)</a>	13, 29, 37, 39, 40

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<b>Objective 2.3</b>	In 90% of home care services, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens <sup>d</sup> , in collaboration with other members of the health-care team.  Baseline: 88.7% (2008)	√ (DDI, PIM)  C.6.2.12 Required Activity QI Assistance – Prescription Drug Therapy	MM.4.10 MM.5.10 MM.5.20		<a href="#">National Academy for State Health Policy—Care Coordination for People with Chronic Conditions</a>  <a href="#">Statutory and Regulatory Authority for CDTM by State</a>	41
<b>Objective 2.4</b>	In 90% of long term care facilities, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens <sup>d</sup> , in collaboration with other members of the health-care team.  Baseline: 85.8% (2008)	√ (DDI, PIM)  C.7.2 Care Transitions Intervention Strategy: Medication Management	MM.4.10 MM.5.10 MM.5.20		<a href="#">National Academy for State Health Policy—Care Coordination for People with Chronic Conditions</a>  <a href="#">Statutory and Regulatory Authority for CDTM by State</a>	22, 41, 42

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	CMS <sup>b</sup>	TJC <sup>c</sup>	National Quality Forum	Resources from ASHP and Other Organizations	
<b>Goal 3. Increase the extent to which health-system pharmacists actively apply evidence-based methods to the improvement of medication therapy.</b>					
<b>Objective 3.1</b> In 90% of hospitals, pharmacists will be actively involved in providing care to individual patients that is based on evidence <sup>d</sup> , such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice.  Baseline: 82.0% (2008)	C.7.2 Care Transitions Intervention Strategy: Medication Management	MM.2.10 MM.3.10 MM.4.10 MM.7.10 MM.8.10  <a href="#">Core Measures</a>		<a href="#">ASHP Therapeutic Position Statements</a> <a href="#">ASHP Therapeutic Guidelines</a>  <a href="#">ASHP Evidence-Based Practice Resource Center</a>  <a href="#">National Guideline Clearinghouse (NGC)</a>  <a href="#">Cochrane Collaboration</a>  <a href="#">Agency for Health Research &amp; Quality (AHRQ) Effective Healthcare Program</a>  <a href="#">AHRQ Evidence-based Practice Centers Reports</a>  <a href="#">AHRQ Centers for Education and Research on Therapeutics</a>  <a href="#">Preventing Venous Thromboembolisms in the Hospital</a>  <a href="#">Robert Wood Johnson Foundation – Evidence-Based Care</a>  <a href="#">American Heart Association: Get With The Guidelines</a>  <a href="#">Surgical Care Improvement Project</a>	1, 23, 43

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<b>Objective 3.2</b>	In 90% of hospitals, pharmacists will be actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets. <sup>d</sup>  Baseline: 89.7% (2008)		MM.2.10 MM.7.10 MM.8.10  <a href="#">Core Measures</a>		<a href="#">ASHP Guidelines for Pharmacists Role in the Development, Implementation, and Assessment of Critical Pathways</a>  <a href="#">Robert Wood Johnson Foundation – Evidence-based Care</a>  See also resources for Objective 3.1	1, 37, 42, 43
<b>Objective 3.3</b>	In 90% of hospitals, pharmacy departments will actively participate in hospital-wide efforts to ensure that patients receive evidence-based medication therapies required by the CMS hospital quality initiative, Joint Commission Core Measures, and/or state-based quality improvement and public reporting efforts.  Baseline: 91.1% (2008)	√ (SCIP: Card-2, VTE-1, VTE-2)	MM.2.10 MM.4.10  <a href="#">Core Measures</a>		<a href="#">ASHP Therapeutic Position Statements</a> <a href="#">ASHP Therapeutic Guidelines</a>  <a href="#">National Guideline Clearinghouse</a>  <a href="#">American Heart Association Get With The Guidelines</a>  <a href="#">American College of Cardiology - Cardiovascular Care at Its Best</a>  <a href="#">IOM--Priority Areas for National Action: Transforming Health Care Quality</a>  <a href="#">American Diabetes Association</a>  <a href="#">Venous Thromboembolism Safety Toolkit</a>	1, 15, 16, 29, 44-60

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<b>Objective 3.4</b> In 70% of hospitals, pharmacists will actively be involved in medication- and vaccination-related infection control programs. <sup>d</sup>  Baseline: 76.1% (2008)	√ (Pneumococcal, Influenza, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3,)	<a href="#">Core Measures</a>		<a href="#">ASHP Guidelines on Antimicrobial Prophylaxis in Surgery</a>  <a href="#">ASHP Guidelines on the Pharmacist's Role in Immunization</a>  <a href="#">Surgical Care Improvement Project—Infectious Diseases</a>  <a href="#">CDC Infection Control Guidelines</a>  <a href="#">IOM—Priority Areas for National Action: Transforming Health Care Quality</a>  <a href="#">National Committee for Quality Assurance—The State of Healthcare Quality</a>  <a href="#">HCA—Safe Critical Care Project: Testing Improvement Strategies</a>  <a href="#">Pandemic Influenza Assessment Tool for Health-System Pharmacy Departments</a>		

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<b>Goal 4. Increase the extent to which pharmacy departments in health systems have a significant role in improving the safety of medication use.</b>					
<b>Objective 4.1</b> 90% of health systems will have an organizational program, with appropriate pharmacy involvement, to achieve significant annual, documented improvement in the safety of all steps in medication use.  Baseline: 60.5% (2004) Progress: 78.5% (2007)	C.6.2.12 Required Activity QI Assistance – Prescription Drug Therapy	MM.8.10	<a href="#">Safe Practices (#1)</a>	<a href="#">MedQIC Quality Improvement Methods</a>	1, 62
<b>Objective 4.2</b> 80% of pharmacies in health systems will conduct an annual assessment of the processes used throughout the health system for compounding sterile medications, consistent with established standards and best practices.  Baseline: 35.7% (2004) Progress: 67.5% (2007)		MM.4.20 MM.8.10		<a href="#">ASHP Guidelines on Quality Assurance for Pharmacy-Prepared Sterile Products</a>  <a href="#">USP Chapter &lt;797&gt; (Standards p. 30)</a>	
<b>Objective 4.3</b> 80% of hospitals have at least 95% of routine medication orders reviewed for appropriateness by a pharmacist before administration of the first dose. <i>(Not including doses required in the context of emergencies or immediate procedures such as surgeries, labor and delivery, cardiac catheterization, etc.)</i>  Baseline: 45.7% (2005) Progress: 76.2% (2007)	√ (DDI, PIM)	MM.4.10	<a href="#">Safe Practices Summary 2006</a>	<a href="#">IHI – Pharmacist Interventions</a>  <a href="#">IHI –Improve Core Processes for Ordering Medications: Ensure Pharmacist Review of All Medication Orders</a>  <a href="#">ISMP Medication Safety Alert – Pharmacist Review</a>	13

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		CMS <sup>b</sup>	TJC <sup>c</sup>	National Quality Forum	Resources from ASHP and Other Organizations	
<b>Objective 4.4</b>	90% of hospital pharmacies will participate in ensuring that patients receiving antibiotics as prophylaxis for surgical infections will have their prophylactic antibiotic therapy discontinued within 24 hours after the surgery end time.  Baseline: 31% (2004) Progress: 53.4% (2007)	√ (SCIP: Inf-3)	MM.4.40  <a href="#">Core Measures</a>  <a href="#">Fact About ORYX® for Hospitals, Core Measures and Hospital Quality Measures</a>	<a href="#">Safe Practices (#21)</a>	<a href="#">ASHP Guidelines on Antimicrobial Prophylaxis in Surgery</a>  <a href="#">Surgical Care Improvement Project—Infectious Diseases</a>  <a href="#">CDC Infection Control Guidelines</a>	1, 63-65
<b>Objective 4.5</b>	85% of pharmacy technicians in health systems will be certified by the Pharmacy Technician Certification Board.  Baseline: 60.5% (2004) Progress: 57.9% (2006)		HR.1.20 <sup>e</sup>		<a href="#">ASHP Policy 0412</a>  <a href="#">Pharmacy Technician Certification Board</a>  <a href="#">National Association of Boards of Pharmacy</a>	1, 13, 66
<b>Objective 4.6</b>	50% of new pharmacy technicians entering hospital and health-system practice will have completed an ASHP-accredited pharmacy technician training program. <sup>d</sup>  Baseline: 18.5% (2008)		HR.1.20 <sup>e</sup>		<a href="#">ASHP Policy 0412</a>	66, 67
<b>Objective 4.7</b>	90% of new pharmacists entering hospital and health-system practice will have completed an ASHP-accredited residency.  Baseline: 34.4% (2008)		HR.1.20 <sup>e</sup>		<a href="#">ASHP Accreditation Web Page</a>  <a href="#">ASHP Policy 0701</a>  <a href="#">IOM Preventing Medication Errors (Executive Summary, p. 23)</a>	68

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- HR.1.20 Staff qualifications are consistent with (his/her) job responsibilities.

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<b>Goal 5. Increase the extent to which health systems apply technology effectively to improve the safety of medication use.</b>						
<b>Objective 5.1</b>	75% of hospitals will use machine-readable coding to verify medications before dispensing.  Baseline: 9.2% (2004) Progress: 11.5% (2005) 18.4% (2007)	Key strategy for 9th Scope of Work			<a href="#">ASHP Section of Pharmacy Informatics and Technology</a>  <a href="#">NCC MERP Recommendations on Bar Coding</a>  <a href="#">ISMP--Pathways for Medication Safety: Assessing Bedside Barcoding Readiness</a>  <a href="#">FDA Bar Coding Rule</a>  <a href="#">ISMP Statement on Bar Coding</a>	1, 13, 69
<b>Objective 5.2</b>	75% of hospitals will use machine-readable coding to verify all medications before administration to a patient.  Baseline: 4.4% (2004) Progress: 11.5% (2005) 19.6% (2007)	Key strategy for 9th Scope of Work	MM.5.10		<a href="#">ASHP Section of Pharmacy Informatics and Technology</a>  <a href="#">ISMP Testimony to FDA on Bar Coding</a>	1, 13, 70-74

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<b>Objective 5.3</b>	<p>For routine medication prescribing for inpatients, 70% of hospitals will use computerized prescriber order entry systems that include clinical decision support.</p> <p>Baseline: 3.1% (2004) Progress: 8.7% (2006) 10.4% (2007)</p>	Key strategy for 9th Scope of Work	MM.1.10	<a href="#">Safe Practices Summary 2006, (#12)</a>	<a href="#">ASHP Section of Pharmacy Informatics and Technology</a>  <a href="#">Leap Frog – CPOE Web Resources</a>  <a href="#">IOM Preventing Medication Errors (Executive Summary p.7)</a>  <a href="#">ISMP Testimony to Senate on Medical Errors</a>  <a href="#">RAND Research Highlights—Health Information Technology</a>	1, 13, 75-90
<b>Objective 5.4</b>	<p>In 65% of health systems, pharmacists will use medication-relevant portions of patients' electronic medical records for managing patients' medication therapy.<sup>d</sup></p> <p>Baseline: 21% (2004) Progress: 34.7% (2007)</p>	C.7.2 Care Transitions Intervention Strategy: EMR	MM.1.10 MM.4.10		<a href="#">ASHP Section of Pharmacy Informatics and Technology</a>  <a href="#">RAND Research Highlights—Health Information Technology</a>  <a href="#">IOM Patient Safety (Executive Summary, p. 9)</a>	1

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<b>Objective 5.5</b>	In 70% of health systems, pharmacists will be able to access pertinent patient information and communicate across settings of care to ensure continuity of pharmaceutical care for patients with complex and high-risk medication regimens. <sup>d</sup>  Baseline: 19% (2004)	C.6.2.12 Required Activity QI Assistance – Prescription Drug Therapy	MM.1.10  <a href="#">NPSG 8-Medication Reconciliation</a>		<a href="#">ASHP Section of Pharmacy Informatics and Technology</a>	1

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<b>Goal 6. Increase the extent to which pharmacy departments in health systems engage in public health initiatives on behalf of their communities.</b>						
<b>Objective 6.1</b>	60% of pharmacies in health systems will have specific ongoing initiatives that target community health.  Baseline: 41% (2004) Progress: 44.7% (2007)				<a href="#">Healthy People 2010</a>	1
<b>Objective 6.2</b>	50% of pharmacy departments in health systems will be directly involved in ongoing immunization initiatives in their communities.  Baseline: 30.4% (2004) Progress: 26.2% (2007)	√ (Pneumococcal, Influenza)			<a href="#">ASHP Guidelines on the Pharmacist's Role in Immunization</a>  <a href="#">CDC Infection Control Guidelines</a>  <a href="#">Healthy People 2010</a>	1, 92-99
<b>Objective 6.3</b>	85% of hospital pharmacies will participate in ensuring that eligible patients in health systems receive vaccinations for influenza and pneumococcus.  Baseline: 67.1% (2004) Progress: 74.3% (2007)	√ (Pneumococcal, Influenza)	<a href="#">Core Measures Fact About ORYX® for Hospitals, Core Measures and Hospital Quality Measures</a>		<a href="#">ASHP Guidelines on the Pharmacist's Role in Immunization</a>  <a href="#">Prevention/Control of Influenza-ACIP Recommendations</a>  <a href="#">CDC Infection Control Guidelines</a>  <a href="#">Health People 2010</a>	13, 92-99

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<b>Objective 6.4</b>	80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counseling.  Baseline: 34.3% (2005) Progress: 41.1% (2007)		<a href="#">Core Measures</a>  <a href="#">Fact About ORYX® for Hospitals, Core Measures and Hospital Quality Measures</a>		<a href="#">Public Health Service/Surgeon General: Treating Tobacco Use and Dependence</a>  <a href="#">American Cancer Society--Guide to Quitting Smoking</a>  <a href="#">American Lung Association</a>  <a href="#">Healthy People 2010</a>  <a href="#">Smoking Cessation Leadership Center</a>  <a href="#">Robert Wood Johnson Foundation American Legacy Foundation</a>  <a href="#">CDC Tobacco-Free Sports Initiative</a>  <a href="#">ASHP Tobacco Cessation Web Resource Center</a>	14, 100-102
<b>Objective 6.5</b>	90% of pharmacy departments in health systems will have formal up-to-date emergency preparedness programs integrated with their health systems' and their communities' preparedness and response programs.  Baseline: 79.1% (2005) Progress: 83.5% (2007)	General Requirement C.4.9.d.	EC. 4.10 EC. 4.20 IC. 6.10  <a href="#">Emergency Preparedness</a>		<a href="#">ASHP Emergency Preparedness Web Resource Center</a>  <a href="#">Department of Homeland Security</a>  <a href="#">AHRQ Public Health Emergency Preparedness</a>  <a href="#">AHA Emergency Readiness</a>	13

- a. The policies cited support or are philosophically aligned with the objectives of the ASHP 2015 Initiative but may not explicitly detail the role of pharmacists or pharmacy in achieving those goals.
- b. √ indicates that this ASHP 2015 Objective corresponds to a quality measure established by Centers for Medicare and Medicaid Services (CMS) 9th Scope of Work Indicators. For additional information on that initiative, see [http://www.cms.hhs.gov/QualityImprovementOrgs/Downloads/9thSOWBaseContract\\_C\\_08-01-2008\\_2\\_.pdf](http://www.cms.hhs.gov/QualityImprovementOrgs/Downloads/9thSOWBaseContract_C_08-01-2008_2_.pdf)
- c. This ASHP 2015 Objective corresponds to the standard or goal of TJC listed.
- d. See Glossary of Terms for complete definitions.

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## Glossary of Terms

ASHP - accredited pharmacy technician training programs are those programs that have met the requirements and been officially evaluated through the ASHP accreditation process (document review that includes comparison to established standards, goals and objectives; on site survey by peers; and evaluation by the ASHP Commission on Credentialing). ASHP is currently the only organization that offers program specific accreditation for pharmacy technician training programs; this accreditation focuses on curriculum and experiential training requirements that are unique to pharmacy technicians.

Complex or high-risk drug regimens are those that are particularly subject to potential danger or hazard: e.g. challenging dosing schedules or routes of administration, medications with documented and significant drug interactions, polypharmacy, and medications with a narrow therapeutic index, insulin, antithrombotics, chemotherapy, etc.

Core measures currently include 21 clinical quality measures, 13 of which include medications. These include medications associated with an acute myocardial infarction (ASA, betablockers, ACE inhibitors, fibrinolytics), heart failure (ACE inhibitors or ARBs), Pneumonia (vaccination, ATB selection), surgical care improvement (prophylactic ATBs).

Infection control programs, for the purposes of this initiative, include all medication- or vaccination-related efforts related to minimizing infections in the hospital setting. This might include antimicrobial stewardship programs, efforts to increase vaccination rates, antibiotic surgical prophylaxis protocols, etc.

Medication reconciliation should occur at the point of admission, transfer, discharge or any other handoff to another setting, service provider, or level of care. The pharmacist ensuring that effective medication reconciliation occurs is intended to mean that the pharmacist assures quality of the process, whether they directly perform the reconciliation or not.

Monitoring is the ongoing review of the whole patient, reviewing pertinent patient data (e.g., laboratory values, medications, patient parameters) and evaluating patient response to therapy. Monitoring is NOT the routine profile review that pharmacists perform at transcription/data entry.

Evidence-based medicine use draws on the results of controlled clinical trials and consensus advice on best practices.

Evidence-based protocols are intended to include treatment protocols and order sets that are supported by evidence and clinical practice guidelines.

Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice. These services include but are not limited to the following, according to the individual needs of the patient:

- a. Performing or obtaining necessary assessments of the patient's health status;
- b. Formulating a medication treatment plan;
- c. Selecting, initiating, modifying, or administering medication therapy;
- d. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness;
- e. Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
- f. Documenting the care delivered and communicating essential information to the patient's other primary care providers;
- g. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications;
- h. Providing information, support services and resources designed to enhance patient adherence with his/her therapeutic regimens;
- i. Coordinating and integrating medication therapy management services within the broader health care-management services being provided to the patient.