



ASHP Health-System Pharmacy Initiative

(Revised July 2010, new and revised objectives in **bold**)

| Goal/Objective | | Baseline | Progress |
|----------------------|--|-------------------------|---|
| 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* in 75% of hospitals. | 9.9% (2004) | 19.2% (2007) 15.8% (2009) |
| Objective 1.2 | The medication therapy of a majority of hospital inpatients with complex and high-risk medication regimens will be monitored* by a pharmacist in 100% of hospitals. | 69.6% (2005) | 65.7% (2007) 56.1% (2009) |
| Objective 1.3 | In 90% of hospitals, pharmacists will manage medication therapy for inpatients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team. | 79.8% (2008) | 67.1% (2009) |
| Objective 1.4 | Hospital inpatients discharged with complex and high-risk medication regimens* will receive discharge medication counseling managed by a pharmacist in 75% of hospitals. | 22.4 (2004) | 11.8% (2006) 16.8% (2007) 17.4% (2009) |
| Objective 1.5 | 50% of recently hospitalized patients (or their caregivers*) will recall speaking with a pharmacist while in the hospital. | 23% (2002) | |
| Objective 1.6 | In 90% of hospitals, pharmacists will ensure that effective medication reconciliation* occurs during transitions across the continuum of care. | 67.7% (2008) | |

| Goal/Objective | | Baseline | Progress |
|----------------|--|-----------------|-----------------|
| Goal 2 | Increase the extent to which health-system pharmacists help individual non-hospitalized patients achieve the best use of medications. | | |
| Objective 2.1 | In 70% of health systems providing clinic care, pharmacists will manage medication therapy for clinic patients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team. | 40.4% (2005) | 37.0% (2007) |

| Goal/Objective | | Baseline | Progress |
|-----------------------|---|-------------------------------|-----------------|
| Objective 2.2 | In 95% of health systems providing clinic care, pharmacists routinely counsel clinic patients with complex and high-risk medication regimens. | 26.0% (2005) | 33.1% (2007) |
| Objective 2.3 | In 90% of home care services, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team. | 88.7% (2008) | |
| Objective 2.4 | In 90% of long term care facilities, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team. | 85.8% (2008) | |

* See glossary on the last page of this document.

| Goal/Objective | | Baseline | Progress |
|-----------------------|--|-----------------|-----------------|
| Goal 3 | Increase the extent to which health-system pharmacists actively apply evidence-based methods to the improvement of medication therapy. | | |
| Objective 3.1 | In 90% of hospitals, pharmacists will be actively involved in providing care to individual patients that is based on evidence, such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice. | 82.0% (2008) | |
| Objective 3.2 | In 90% of hospitals, pharmacists will be actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets. | 89.7% (2008) | |
| Objective 3.3 | 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. | 91.1% (2008) | |
| Objective 3.4 | In 70% of hospitals, pharmacists will actively be involved in medication- and vaccination-related infection control programs. | 76.1% (2008) | |

| Goal/Objective | | Baseline | Progress |
|-----------------------|---|-----------------|------------------------------------|
| Goal 4 | Increase the extent to which pharmacy departments in health systems have a significant role in improving the safety of medication use. | | |
| Objective 4.1 | 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. | 60.5% (2004) | 78.5% (2007) 64.2% (2009) |
| Objective 4.2 | 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. | 35.7% (2004) | 67.5% (2007) |

| Goal/Objective | | Baseline | Progress |
|----------------|---|-------------------------|-----------------|
| Objective 4.3 | 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>) | 45.7% (2005) | 76.2% (2007) |
| Objective 4.4 | 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. | 31.0% (2004) | 53.4% (2007) |
| Objective 4.5 | 85% of pharmacy technicians in health systems will be certified by the Pharmacy Technician Certification Board. | 60.5% (2004) | 57.9% (2006) |
| Objective 4.6 | 50% of new pharmacy technicians entering hospital and health system practice will have completed an ASHP-accredited pharmacy technician training program*. | 18.5% (2008) | |
| Objective 4.7 | 90% of new pharmacists entering hospital and health-system practice will have completed an ASHP-accredited residency. | 34.4% (2008) | |

* See glossary on the last page of this document.

| Goal/Objective | | Baseline | Progress |
|----------------|--|----------------|--|
| Goal 5 | Increase the extent to which health systems apply technology effectively to improve the safety of medication use. | | |
| Objective 5.1 | 75% of hospitals will use machine-readable coding to verify medications before dispensing. | 9.2% (2004) | 11.5% (2005) 18.4% (2007) 24.0% (2008) |
| Objective 5.2 | 75% of hospitals will use machine-readable coding to verify all medications before administration to a patient. | 4.4% (2004) | 13.2% (2006) 19.6% (2007) 25.1% (2008) 27.9% (2009) |
| Objective 5.3 | For routine medication prescribing for inpatients, 70% of hospitals will use computerized prescriber order entry systems that include clinical decision support. | 3.1% (2004) | 8.7% (2006) 10.4% (2007) 11.4% (2008) 15.4% (2009) |

| Goal/Objective | | Baseline | Progress |
|-----------------------|---|-----------------|------------------------------|
| Objective 5.4 | In 65% of health systems, pharmacists will use medication-relevant portions of patients' electronic medical records for managing patients' medication therapy.* | 21.0% (2004) | 34.7% (2007) 49.9% (2009) |
| Objective 5.5 | 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. | 19.0% (2004) | 72.3% (2009) |

| Goal/Objective | | Baseline | Progress |
|-----------------------|---|-----------------|-----------------|
| Goal 6 | Increase the extent to which pharmacy departments in health systems engage in public health initiatives on behalf of their communities. | | |
| Objective 6.1 | 60% of pharmacies in health systems will have specific ongoing initiatives that target community health. | 41.0% (2004) | 44.7% (2007) |
| Objective 6.2 | 50% of pharmacy departments in health systems will be directly involved in ongoing immunization initiatives in their communities. | 30.4% (2004) | 26.2% (2007) |
| Objective 6.3 | 85% of hospital pharmacies will participate in ensuring that eligible patients in health systems receive vaccinations for influenza and pneumococcus. | 67.1% (2004) | 74.3% (2007) |
| Objective 6.4 | 80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counseling. | 34.3% (2005) | 41.1% (2007) |
| Objective 6.5 | 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. | 79.1% (2005) | 83.5% (2007) |

* See glossary on the last page of this document.

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.

Footnote

At the five year mark since its inception, the goals and objectives of the ASHP 2015 Initiative were reviewed for appropriateness and progress. Based on this review and a call for comments from members, several objectives were modified or deleted, and a few were added. The information below summarizes those changes, becoming effective March 2008. The glossary of terms was also added at that time.

Original objective 1.3: In 90% of hospitals, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the health-care team.

Revised objective 1.3: In 90% of hospitals, pharmacists will manage medication therapy for inpatients with complex and high-risk medication regimens, in collaboration with other members of the health-care team.

New Objective 1.6: In 90% of hospitals, pharmacists will ensure that effective medication reconciliation occurs during transitions across the continuum of care.

Original Objective 2.3: In 85% of home care services, pharmacists will have organizational authority to manage medication therapy* in collaboration with other members of the health-care team.

Revised Objective 2.3: In 90% of home care services, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team.

Original Objective 2.4: In 65% of long-term care facilities, pharmacists will have organizational authority to manage medication therapy* in collaboration with other members of the health-care team.

Revised Objective 2.4: In 90% of long term care facilities, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team.

Original Objective 3.1: For 100% of health-system patients, pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy.

Revised Objective 3.1: In 90% of hospitals, pharmacists will be actively involved in providing care to individual patients that is based on evidence, such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice.

Original Objective 3.2: In 100% of health systems, pharmacists will be actively involved in the development and implementation of all evidence-based therapeutic protocols involving medication use.

Revised Objective 3.2: In 90% of hospitals, pharmacists will be actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets.

Original Objective 3.3: In 90% of hospitals, pharmacists will participate in ensuring that patients hospitalized for an acute myocardial infarction or congestive heart failure will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge. [Objective Eliminated]

Original Objective 3.4: In 90% of hospitals, pharmacists will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive beta-blockers at discharge. [Objective Eliminated]

Original Objective 3.5: In 90% of hospitals, pharmacists will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive aspirin at discharge. [Objective Eliminated]

Original Objective 3.6: In 90% of hospitals, pharmacists will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive lipid lowering therapy at discharge. [Objective Eliminated]

Original Objective 3.7: In 90% of health-systems providing clinic care, pharmacists will participate in ensuring that non-hospitalized patients who are receiving medications to decrease blood glucose levels will be assessed annually with a HbA1c test. [Objective Eliminated]

New Objective 3.3: 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.

New Objective 3.4: In 70% of hospitals, pharmacists will be involved in medication- and vaccination-related infection control programs.

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*.

New Objective 4.7: 90% of new pharmacists entering hospital and health-system practice will have completed an ASHP-accredited residency.