

IMPLEMENTATION STATUS OF ACTIONS TAKEN BY THE 2008 HOUSE OF DELEGATES

ITEM	SOURCE	ACTIONS TAKEN
<p><u>Alternative Drug Coding Systems (0801)</u> To encourage federal agencies, the pharmaceutical industry, pharmacy and medical software providers, and purveyors of clinical data repositories and drug databases to explore the potential benefits of supplementing or modifying the National Drug Code with a coding system that can be effectively used across the medication-use continuum.</p>	<p>House of Delegates Resolution Mark H. Siska (MN) Denis J. (Jeff) Ramirez (DC) John C. Poikonen (MA) Dennis A. Tribble (FL) Brent Fox (AL)</p>	<p>ASHP shared bar-code medication administration error reports with the Food and Drug Administration (FDA) and plans to set up a meeting with FDA and other key stakeholders. A column on the topic has been submitted to the <i>American Journal of Health-System Pharmacy (AJHP)</i> as part of an effort to educate ASHP members. ASHP is monitoring a pilot project by the Centers for Medicare & Medicaid Services (CMS) that is evaluating the use of RxNorm as an identifier as well as the efforts of a National Council for Prescription Drug Programs work group on the topic. ASHP will communicate this policy to the Office of the National Coordinator for Health Information Technology with the goal of spurring federal attention and funding to the issue.</p>
<p><u>Role of Pharmacy Interns (0802)</u> To advocate for changes in state practice acts and regulations that would define a scope of practice for pharmacy interns that is not limited to that of a pharmacy technician; further, To explore and promote new staffing models that foster expanded roles for pharmacy interns, providing work experiences that build upon their knowledge and help them develop as future pharmacists.</p>	<p>Council on Education and Workforce Development Policy Recommendation A</p>	<p>ASHP's Government Affairs Division is working to determine how best to influence individual state regulation. The topic was discussed at the 2008 Midyear Clinical Meeting (MCM) with members of state boards of pharmacy and state legislative chairs. The Government Affairs Division is developing model legislative language based on existing state statutes that will be shared with the National Association of Boards of Pharmacy (NABP) and used by state affiliates in advocacy with state boards of pharmacy where appropriate. The Section of Inpatient Care Practitioners (SICP) Section Advisory Group (SAG) on Pharmacy Practice Experiences is working on a Web toolkit to help pharmacies define roles for interns. The role of the pharmacy intern will also be addressed at ASHP's Practice Model Summit, tentatively scheduled for 2010.</p>
<p><u>Standardized Pharmacy Technician Training as a Prerequisite for Certification (0803)</u> To advocate that completion of an ASHP-accredited pharmacy technician training program be a prerequisite for the Pharmacy Technician Certification Examination.</p>	<p>Council on Education and Workforce Development Policy Recommendation B</p>	<p>ASHP sent a letter to the Pharmacy Technician Certification Board (PTCB) to make them aware of this new policy and to call on PTCB to take steps to move in the direction advocated.</p>
<p><u>Collaboration Regarding Experiential Education (0804)</u> To promote collaboration of health-system teaching sites with the colleges of pharmacy (nationally or regionally), for the purpose of fostering preceptor development, standardization of experiential rotation schedule dates and evaluation tools, and other related matters.</p>	<p>Council on Education and Workforce Development Policy Recommendation C</p>	<p>ASHP sent a letter to the American Association of Colleges of Pharmacy (AACP) and the Accreditation Council for Pharmacy Education (ACPE) regarding the new policy and ASHP's desire to collaborate. As a result, some initial discussion has occurred with AACP.</p>

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<p><u>Entry-Level Doctor of Pharmacy Degree (0805)</u> To be an active participant in the Accreditation Council for Pharmacy Education (ACPE) process for the revision of accreditation standards for entry-level education in pharmacy; further, To actively monitor the long-range impact that the single entry-level degree will have on residency education, availability of experiential training sites, graduate education, and continuing education programs, and the resulting health-system pharmacist applicant pool.</p>	<p>Council on Education and Workforce Development Policy Recommendation D</p>	<p>ASHP is considering methods by which the impact of a single entry-level degree (Pharm.D.) might be monitored.</p>
<p><u>Health-System Use of Medications and Administration Devices Supplied Directly to Patients (0806)</u> 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.</p>	<p>Council on Pharmacy Management Policy Recommendation C</p>	<p>ASHP convened the Task Force on Caring for Patients Served by Specialty Suppliers in November 2008. The Task Force prepared a report to serve as a guide for future actions topic that was reviewed by the Board in January 2009 and will be published in <i>AJHP</i>. ASHP presented its perspective on specialty pharmacy at the January 2008 Center for Business Intelligence Meeting on Specialty Pharmaceuticals, Biotech Therapies, and Injectables; provided educational sessions on the topic at the 2008 Leadership Conference; and testified at the FDA Public Workshop on Risk Minimization Action Plans about the cumbersome nature of restricted drug distribution systems and their effects on the drug distribution process.</p>
<p><u>Standardization of Intravenous Drug Concentrations (0807)</u> 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.</p>	<p>Council on Pharmacy Practice Policy Recommendation C</p>	<p>The goals described in this policy are reflected in the recommendations from ASHP's IV Safety Summit, held in July 2008. Policy 0807 has been included in ASHP's advocacy related to the Summit, including a launch event scheduled for early 2009 and a coalition effort between the convening organizations. ASHP also assisted the United States Pharmacopeia in developing and implementing a survey to establish a comprehensive list of commonly used concentrations for pediatric and neonatal intravenous (IV) infusions and line flushes.</p>
<p><u>Disclosure of Excipients in Drug Products (0808)</u> To advocate that manufacturers declare the name and derivative source of all excipients in drug products on the official label. (Note: <i>Derivative source</i> means the botanical, animal, or other source from which the excipient is originally derived.)</p>	<p>Council on Pharmacy Practice Policy Recommendation D</p>	<p>Dr. Manasse sent a letter to the Pharmaceutical Research and Manufacturers of America, the FDA, and the Generic Pharmaceutical Association explaining this ASHP policy and urging the organizations to take appropriate action.</p>

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<p><u>Medications Derived from Biologic Sources (0809)</u> To encourage pharmacists to take a leadership role in their health systems for all aspects of the proper use of medications derived from biologic sources, including preparation, storage, control, distribution, administration procedures, safe handling, and therapeutic applications; further, To facilitate education of pharmacists about the proper use of medications derived from biologic sources. <i>(Note: Section 351(a) of the Public Health Service Act [42 U.S.C. 262(a)] defines biological product as follows: a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or analogous product, or arsphenamine or derivative of arsphenamine [or any other trivalent organic arsenic compound], applicable to the prevention, treatment, or cure of a disease or condition of human beings.)</i></p>	Council on Pharmacy Practice Policy Recommendation E	<i>AJHP</i> published a series on biologics in July 2008, and ASHP conducted educational sessions on the topic at the 2008 MCM.
<p><u>Education, Prevention, and Enforcement Concerning Workplace Violence (0810)</u> 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.</p>	Council on Public Policy Policy Recommendation A	ASHP engaged in outreach to federal, state, and local law enforcement to identify existing programs and tools for use by ASHP members; identified and profiled organizations that have policies and programs to address workplace violence; and researched existing networks to share information and lessons learned.
<p><u>Regulation of Dietary Supplements (0811)</u> To advocate that Congress grant authority to the Food and Drug Administration (FDA) to (1) require that dietary supplements undergo FDA approval for evidence of safety and efficacy; (2) mandate FDA-approved dietary supplement labeling that includes disclosure of excipients; (3) mandate FDA-approved patient information materials that describe safe use in a clear, standardized format, including the potential for interaction with medications and cautions for special populations; and (4) establish and maintain an adverse-event reporting system specifically for dietary supplements, and require dietary supplement manufacturers to report suspected adverse reactions to the FDA; further, To oppose direct-to-consumer advertising of dietary supplements unless the following criteria are met: (1) federal laws are amended to include all the requirements described above to ensure that dietary supplements are safe and effective; (2) evidence-based information regarding safety and efficacy is provided in a format that allows for informed decision-making by the consumer; (3) the advertising includes a recommendation to consult with a health care professional before initiating use; (4) any known warnings or precautions regarding dietary supplement–medication interactions or dietary supplement–disease interactions are provided as part of the advertising; and (5) the advertising is educational in nature and includes pharmacists as a source of information. <i>(Note: Dietary supplement as used in this policy is defined by the Dietary Supplement Health and Education Act of 1994, as amended; 21 U.S.C. 321.)</i></p>	Council on Public Policy Policy Recommendation B	ASHP identified legislative opportunities in the 111th Congress and new presidential administration to advocate for this new authority and advocated in opposition to direct-to-consumer advertising as FDA develops guidance on pre-clearance of direct-to-consumer broadcast advertisements.

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<p><u>Appropriate Staffing Levels (0812)</u> 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.</p>	<p>Council on Public Policy Policy Recommendation C</p>	<p>ASHP transmitted the policy to NABP and state boards of pharmacy. This policy was discussed on monthly state affiliate legislative chair conference calls and in meetings with health-system pharmacists serving on state boards. It will also be addressed at ASHP's Practice Model Summit, tentatively scheduled for 2010.</p>

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<p><u>Medicare Prescription Drug Benefit (0813)</u> To strongly advocate a fully funded prescription drug program for eligible Medicare beneficiaries that maintains continuity of care and ensures the best use of medications; further, To advocate that essential requirements in the program include (1) appropriate product reimbursement; (2) affordability for patients, including elimination of coverage gaps; (3) payment for indirect costs and practice expenses related to the provision of pharmacist services, based on a study of those costs; (4) appropriate coverage and payment for patient care services provided by pharmacists; (5) open access to the pharmacy provider of the patient’s choice; (6) formularies with sufficient flexibility to allow access to medically necessary drugs; and (7) well-publicized, unbiased resources to assist beneficiaries in enrolling in the most appropriate plan for their medication needs. (Note: <i>Fully funded</i> means the federal government will make adequate funds available to fully cover the Medicare program’s share of prescription drug program costs; <i>eligible</i> means the federal government may establish criteria by which Medicare beneficiaries qualify for the prescription drug program.)</p>	<p>Council on Public Policy Policy Recommendation D</p>	<p>ASHP participated in a Health Resources and Services Administration/Office of Pharmacy Affairs Advisory Meeting to provide input on a report to Congress on the value of pharmacists’ services and expansion to all Medicare 340B participants, including community health centers. ASHP submitted testimony to the Senate Finance Committee advocating for changes to Medicare Part D payments and improved medication therapy management (MTM) and met with key House and Senate committee staff to advocate for changes in Part D. ASHP is working with the Leadership for Medication Management coalition to secure introduction of coalition-developed legislation that would enhance MTM and recognize pharmacists as providers under Medicare Part B. Along with the Association of Community Cancer Centers and other stakeholders, ASHP met with CMS to refine and resubmit a proposal for a three-phase approach to establishing ambulatory payment classification (APC) payments to better compensate for pharmacy services, and testified on the topic at an APC panel meeting in August 2008. ASHP provided comments to the American Pharmacists Association/National Association of Chain Drug Stores Foundation on the “Core Elements of MTM” document (version 2). ASHP scheduled 140 Capitol Hill visits for ASHP members on Legislative Day to discuss payment for services through more robust MTM programs and Part B provider status. ASHP provided comments to Congress on proposed legislation (H.R. 5780) concerning selective payment for pharmacists’ services under Part B. ASHP successfully advocated for legislation that requires evidence-based and transparent processes as criteria for compendia recognized by Part D. ASHP provided educational sessions at the 2008 Summer Meeting and MCM about the current state of MTM, the relationship to provider recognition, and potential for new practice models, and conducted a networking session on proper use of current procedural terminology codes to provide MTM.</p>

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<p><u>Federal Review of Anticompetitive Practices by Drug Product Manufacturers (0814)</u> To strongly oppose anticompetitive practices by manufacturers that adversely affect drug product availability and price; further, To encourage appropriate federal review of these practices.</p>	<p>Council on Public Policy Policy Recommendation E</p>	<p>ASHP is participating in ongoing advocacy with the Federal Trade Commission as issues are identified and conditions warrant.</p>
<p><u>Uniform State Laws and Regulations Regarding Pharmacy Technicians (0815)</u> To advocate that pharmacy move toward the following model with respect to technicians as the optimal approach to protecting public health and safety: (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians, (2) mandatory completion of an ASHP-accredited program of education and training as a prerequisite to pharmacy technician certification, and (3) mandatory certification by the Pharmacy Technician Certification Board as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state; further, To advocate registration of pharmacy technicians by state boards of pharmacy; further, To advocate, with respect to certification, as an interim measure until the optimal model is fully implemented, that individuals be required either (1) to have completed an ASHP-accredited program of education and training or (2) to have at least one year of full-time equivalent experience as pharmacy technicians before they are eligible to become certified; further, To advocate that licensed pharmacists be held accountable for the quality of pharmacy services provided and the actions of pharmacy technicians under their charge. (Note: <i>Certification</i> is the process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. <i>Registration</i> is the process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians.)</p>	<p>Council on Public Policy Policy Recommendation G</p>	<p>ASHP is participating in ongoing advocacy via the Pharmacy Technician Initiative. To date, 17 state affiliates have agreed to partner with ASHP in seeking changes in state laws and regulations consistent with ASHP policy. Individual conference calls were held in Fall 2008, and quarterly conference calls were held with all partners. Model regulatory language was developed in December 2008, and a PowerPoint presentation was developed for use by partners and ASHP leaders and staff. ASHP enhanced its efforts in South Carolina by partnering with the state affiliate to hire a lobbyist familiar with the legislature.</p>

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<p><u>Pharmacist's Leadership Role in Anticoagulation Therapy Management (0816)</u> 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.</p>	<p>Council on Therapeutics Policy Recommendation B</p>	<p>ASHP established a Web-based resource center on anticoagulation therapy management to assist members in meeting The Joint Commission (TJC) National Patient Safety Goal (NPSG). ASHP provided Webinars and other educational programs on implementing anticoagulation programs, including the Patient Care Impact Program on anticoagulation at 2008 Summer Meeting and MCM, and published the book <i>Managing Anticoagulation Patients</i>. ASHP successfully petitioned TJC to modify a draft Sentinel Event Alert to highlight pharmacist-led anticoagulation clinics as a mechanism to improve patient safety, and provided comments on TJC 2008 and 2009 NPSGs. ASHP engaged with CMS and anticoagulation clinic practitioners to reverse opinions by local fiscal intermediaries that threatened to shut down many clinics by disallowing certain billing practices. ASHP continues to monitor TJC, the National Quality Forum (NQF), and other organizations for opportunities to comment on quality measures relating to anticoagulation therapy.</p>
<p><u>Generic Substitution of Narrow Therapeutic Index Drugs (0817)</u> To support the current processes used by the Food and Drug Administration (FDA) to determine bioequivalence of generic drug products, including those with a narrow therapeutic index, and to recognize the authority of the FDA to decide if additional studies are necessary to determine equivalence; further, To oppose a blanket restriction on generic substitution for any medication or medication class without evidence from well-designed, independent studies that demonstrate inferior efficacy or safety of the generic drug product.</p>	<p>Council on Therapeutics Policy Recommendation C</p>	<p>The topic was discussed during the July 2008 legislative chair conference call and materials were posted in the corresponding E-room. Several states agreed to share examples of testimony.</p>
<p><u>ASHP Statement on Bar-Code-Enabled Medication Administration (0818)</u> To approve the ASHP Statement on Bar-Code-Enabled Medication Administration Technology.</p>	<p>Section of Pharmacy and Informatics Executive Committee Policy Recommendation</p>	<p>The statement was published in <i>Best Practices 2008-2009</i> and in the March 1 issue of <i>AJHP</i>. The statement was promoted via ASHP NewsLinks and a press release and was distributed to bar-code stakeholders.</p>

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<p><u>ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive (0819)</u> To approve the ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive.</p>	<p>Council on Pharmacy Management Policy Recommendation A</p>	<p>The statement was published in <i>Best Practices 2008–2009</i> and in the March 1 issue of <i>AJHP</i>. The statement was promoted via ASHP NewsLinks and a press release and was distributed to various stakeholders, including TJC, the American Hospital Association (AHA), and the American College of Healthcare Executives (ACHE). A feature on the importance of “C-suite” pharmacists was published in the Winter 2009 issue of <i>InterSections</i>. The SICP Educational Steering Committee and SAG on Small and Rural Hospitals submitted a proposal for the 2009 MCM addressing the need for pharmacists’ training in communicating to and managing the C-suite.</p>
<p><u>ASHP Statement on Standards-Based Pharmacy Practice in Hospitals and Health Systems (0820)</u> To approve the ASHP Statement on Standards-Based Pharmacy Practice in Hospitals and Health Systems.</p>	<p>Council on Pharmacy Management Policy Recommendation B</p>	<p>The statement was published in <i>Best Practices 2008–2009</i> and in the February 15 issue of <i>AJHP</i>. The statement was promoted via ASHP NewsLinks and a press release and was distributed to various stakeholders, including TJC, AHA, and NQF.</p>
<p><u>ASHP Statement on Pharmacy Services to the Emergency Department (0821)</u> To approve the ASHP Statement on Pharmacy Services to the Emergency Department.</p>	<p>Council on Pharmacy Practice Policy Recommendation A</p>	<p>The statement was published in <i>Best Practices 2008–2009</i> and in the December 15, 2008 issue of <i>AJHP</i>. The statement was promoted via ASHP NewsLinks and a press release and was distributed to various stakeholders, including the Agency for Healthcare Research and Quality, TJC, and associations that represent emergency care practitioners. A copy of the statement was also sent to the attention of Dr. Robert Wise and Kelly Podgorney at TJC.</p>
<p><u>ASHP Statement on the Pharmacy and Therapeutics Committee and the Formulary System (0822)</u> To approve the ASHP Statement on the Pharmacy and Therapeutics Committee and the Formulary System.</p>	<p>Council on Pharmacy Practice Policy Recommendation B</p>	<p>The statement was published in <i>Best Practices 2008–2009</i> and in the December 15, 2008 issue of <i>AJHP</i>. The statement was promoted via ASHP NewsLinks and a press release and was distributed to various stakeholders, including TJC, the American Medical Association (AMA), the American Nurses Association, AHA, and ACHE. The ASHP statement and guidelines on formulary management have been shared with two ASHP members of a Society of Hospital Medicine panel on pharmacoconomics and with CMS and NQF as they seek to define "standing protocol."</p>

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<p><u>ASHP Statement on Confidentiality of Patient Health Care Information (0823)</u> To approve the ASHP Statement on Confidentiality of Patient Health Care Information.</p>	Council on Public Policy Policy Recommendation C	The statement was published in <i>Best Practices 2008–2009</i> and in the March 1 issue of <i>AJHP</i> . The statement was promoted via ASHP NewsLinks and a press release and was distributed to various stakeholders. Consideration was given to whether this policy should be discussed by the Joint Commission of Pharmacy Practitioners in light of NABP’s new community pharmacy accreditation program. The Section of Home, Ambulatory, and Chronic Care Practitioners examined this policy in the context of patient confidentiality in outpatient pharmacies and clinics in hospitals and health systems.
<p><u>ASHP Statement on Criteria for an Intermediate Category of Drug Products (0824)</u> To approve the ASHP Statement on Criteria for an Intermediate Category of Drug Products.</p>	Council on Therapeutics Policy Recommendation A	The statement was published in <i>Best Practices 2008–2009</i> and in the March 1 issue of <i>AJHP</i> . The statement was promoted via ASHP NewsLinks and a press release and was distributed to various stakeholders.
<p><u>Multi-Site and Geographically Dispersed Pharmacy Residency Programs</u> The ASHP Board of Directors should 1) request that the ASHP Commission on Credentialing evaluate and develop clear criteria and methods for accreditation of multi-site and geographically dispersed residency programs, and 2) allocate appropriate resources to support effective implementation of pharmacy residency accreditation of programs that may be centrally managed and offered in multiple geographic locations, including residencies offered in alternate sites of practice.</p>	Recommendation Caryn Bing (NV)	The Commission on Credentialing continued a dialogue about multi-site issues in residency accreditation at its August 2008 meeting. The Commission will explore this concept at future meetings.
<p><u>Safe Handling and Preparation of Gene Therapy Agents</u> ASHP should develop guidelines on the safe handling and preparation of gene therapy agents.</p>	Recommendation Michael W. Kelly (IA) Kelly M. Smith (KY) Ted L. Rice (PA) Marie A. Chrisholm-Burns (AZ) Erin R. Fox (UT) Susan Goodin (NJ)	The Section of Clinical Specialists and Scientists (SCSS) SAG on Gene Therapy reviewed available guidelines, including those of the European Association of Hospital Pharmacists, to determine if an appropriate resource is already available from other sources. The SAG is also considering a survey to determine the extent of pharmacy involvement in gene therapy research as part of efforts to assess the need for a guideline.
<p><u>Black Box Warnings</u> ASHP should explore how to handle FDA black box warnings and offer guidance to the membership.</p>	Recommendation Helen M. Calmes (LA)	See the Board’s Report on the Council on Therapeutics 2008 for a discussion of this topic.
<p><u>Medication-Use Process Terminology</u> ASHP should work to eliminate use of the terms “transcribe” and “transcribing” from the medication-use lexicon and replace it with a more appropriate term.</p>	Recommendation John Poikonen (MA)	The Council on Pharmacy Practice considered the topic at its September 2008 meeting and supported the Recommendation.
<p><u>Guidelines for Remote Verification of Medication Orders</u> ASHP should develop guidelines and standards for a safe and effective process for remote verification of electronic medication orders that include recommendations on interstate, intrastate, and international remote order verification.</p>	Recommendation Frank Sosnowski (NY) Mike Blumenfeld (NY) Debra Feinberg (NY) Tom Lombardi (NY) Leigh Briscoe-Dwyer (NY)	ASHP guidelines on this topic are under development.

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<p><u>Clinical Pharmacist's Role in the Emergency Department</u> ASHP should develop a document that describes the clinical specialist's roles, responsibilities, and qualifications for practice in the emergency department.</p>	Recommendation Michael W. Kelly (IA) Kelly M. Smith (KY) Ted L. Rice (PA) Marie A. Chisholm-Burns (AZ) Erin R. Fox (UT) Daniel Hays (NY)	The Council on Pharmacy Practice considered the Recommendation at its September 2008 meeting and deferred development of such a document to the SCSS SAG on Emergency Medicine, which was instrumental in developing the ASHP Statement on Pharmacy Services to the Emergency Department.
<p><u>Review of ASHP Policy 0404</u> The appropriate ASHP Council should review ASHP policy 0404 ("Standardization, Automation, and Expansion of Manufacturer-Sponsored Patient Assistance Programs") and consider revising it to advocate for one standardized application form.</p>	Recommendation Judy Schneider (MN)	The Council on Pharmacy Management considered policy 0404 at its September 2008 meeting as part of sunset review and deemed it adequate.
<p><u>Availability of Medication Guidelines in Other Languages</u> ASHP should advocate that FDA and manufacturers publish medication guidelines in other languages for use in areas with significant populations of non-English-speaking patients.</p>	Recommendation Giselle Rivera (PR)	Further clarification will be requested from FDA.
<p><u>Developing Mentoring Relationships</u> ASHP should explore development of a set of tools for pharmacists and students to develop skills that build mentoring relationships to foster a more prepared and professional health-system workforce.</p>	Recommendation Elaine Huang (WA) Dan Crona (CO) Meghan Davlin (OH) Carrie Jacobs (IN) Kate Palmer (IA)	A letter was sent to the recommenders highlighting changes made to ASHP's MentorExchange. ASHP has made efforts to seek additional mentors via ASHP Fellows, Pharmacy Leadership Institute graduates, and state affiliates, and supported affiliates in promoting MentorExchange on a local level. ASHP has also encouraged interaction with the Sections and the New Practitioner Forum.
<p><u>Use of Terms "Resident" and "Residency"</u> ASHP should monitor actions of other medical organizations in regards to the definition of terms used to describe postgraduate training for pharmacists (i.e., "resident" and "residency").</p>	Recommendation Thomas J. Johnson (SD)	A letter was sent to the recommender describing ASHP's communication with AMA and ASHP's intent to continue to monitor the situation.
<p><u>Implementing Recommendations of Center for Health-System Pharmacy Leadership's Student and New Practitioner Leadership Task Force Report</u> ASHP should assertively implement the recommendations outlined in "Leadership: Not an Option But a Professional Obligation," the report of the Center for Health-System Pharmacy Leadership's Student and New Practitioner Leadership Task Force.</p>	Recommendation Erin Hendrick (CO)	A letter was sent to the recommender expressing ASHP's desire to work with the ASHP Foundation on implementing these recommendations.
<p><u>Standardized Concentrations for Parenteral Nutrition Solutions</u> ASHP should consider developing a policy about the relative benefits of standardizing parenteral nutrition concentrations.</p>	Recommendation Dennis Williams (NC)	ASHP endorsed nationally recognized guidelines for parenteral nutrition from the American Society for Parenteral and Enteral Nutrition.
<p><u>Guidelines for Affiliation Agreements Between Hospitals and Colleges of Pharmacy for Faculty Placement Within Health Care Institutions</u> ASHP should develop guidelines to assist pharmacy directors in initiating and maintaining agreements with colleges of pharmacy regarding faculty placement within their health care systems that maximize value to the health system, the pharmacy department, and the college of pharmacy.</p>	Recommendation Lourdes Cuellar (TX)	See the Board's Report on the Council on Education and Workforce Development 2008 for a discussion of this topic. ASHP is considering implementing a networking session for pharmacy directors and college of pharmacy faculty at its meetings.
<p><u>Use of Smart Infusion Pumps</u> ASHP should develop a policy encouraging health-systems to implement use of smart infusion pumps to enhance patient safety and defining the pharmacist's role in use of this technology.</p>	Recommendation Deb Saine (VA)	This issue is addressed by ASHP policy position 0807 (see above).

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<p><u>ASHP Leadership in the Development of Requirements Beyond Licensure for Pharmacists in Advanced Patient Care Roles</u> ASHP should assume a leadership role in developing standards for requirements beyond licensure (e.g., the pharmacy profession’s presently recognized training and certifications) for pharmacists in advanced patient care roles.</p>	Recommendation Kristina De Los Santos (AZ) Dianne Wright (AZ) Larry Anderson (AZ) Ernie Dole (AZ) Joe Anderson (NM) Melanie Dodd (NM) Dennis Williams (NC)	See the Board’s Report on the Council on Public Policy 2008 for a discussion of this topic.
<p><u>Extending Resident Member Benefits to Fellows</u> ASHP should explore extending to fellows the same dues levels, membership benefits, and categorization as resident members.</p>	Recommendation Lindsey R. Kelley (MN)	The Membership Development Advisory Group considered the Recommendation at its meeting and no change in graduates’ dues structure was recommended.
<p><u>ASHP Support for H.R. 5780, “Medicare Clinical Pharmacist Practitioner Services Coverage Act of 2008”</u> ASHP should support H.R. 5780, “Medicare Clinical Pharmacist Practitioner Services Coverage Act of 2008.”</p>	Recommendation Kristy Butler (OR) Delegations from AZ, NM, NC, OR	ASHP provided comments on proposed legislation H.R. 5780 concerning selective payment for pharmacists’ services under Medicare Part B.
<p><u>2020 Residency Planning</u> ASHP should work with other interested parties and key stakeholders to develop a strategic plan to achieve the 2020 residency requirement for all new graduates advocated in ASHP policy 0701.</p>	Recommendation Dale English II (OH) Kathy Donley (OH) Karen Kier (OH) Peg Huwer (OH) Doug Stillwell (OH)	A letter was sent to the recommenders describing ASHP’s progress on the health-system front and its efforts to work with APhA, the Academy of Managed Care Pharmacy, the American College of Clinical Pharmacy, AACP, ACPE, and other stakeholders on the residency issue.
<p><u>Professional Status of Pharmacists and Residents</u> ASHP should develop a policy that advocates that all states recognize pharmacists and pharmacy residents practicing in hospitals and health-systems as professionals and therefore exempt employees under labor laws.</p>	Recommendation William Yee (CA)	See the Board’s Report on the Council on Public Policy 2008 for a discussion of this topic.
<p><u>Proper Disposal of Expired and Unusable Pharmaceuticals</u> ASHP should develop best practices for pharmaceutical waste disposal that comply with the Resource Conservation and Recovery Act (RCRA) of 1976 [42 U.S.C. 6901-6992k], with the EPA regulations on pharmaceutical waste in waterways, and with applicable state and federal department of transportation requirements for transportation of such waste.</p>	Recommendation Michael McEvoy (IL) Todd Karpinski (IL) Scott Meyers (IL) Andrew Donnelly (IL) Jim Dorociak (IL) Jered Bauer (IL)	ASHP staff and members participated in a meeting to advise the Environmental Protection Agency on strategies to improve the utility of and ease data collection on the disposal of pharmaceutical waste. The Practice Development Division submitted a proposal for funding to support a Web resource center and print, live, and Webinar-based educational programming on the proper disposal of pharmaceutical products.
<p><u>Support for Data Codification</u> All ASHP policies should be reviewed to ensure that they support the proper codification of data for automated retrieval.</p>	Recommendation John Poikonen (MA)	The Section on Pharmacy Informatics and Technology (SOPIT) is working to identify the most logical course of action to address this Recommendation, including publishing an article in <i>AJHP</i> on current issues related to data codification.

IMPLEMENTATION STATUS OF ACTIONS TAKEN BY THE 2008 HOUSE OF DELEGATES

ITEM	SOURCE	ACTIONS TAKEN
<p><u>Ending ASHP Use of Terms “Clinical” and “Staff” to Describe Pharmacists</u> ASHP should eliminate use of the terms “clinical” and “staff” when describing pharmacists.</p>	<p>Recommendation Dale English II (OH) Randy Kuiper (MT) Brian Benson (IA) Patricia Knowles (GA) Jennifer Edwards (MT) Tommy Mannino (LA) Helen Calmes (LA)</p>	<p>Delegate English was encouraged to publish a commentary on this issue in <i>AJHP</i> and was also made aware of the work ASHP is doing related to practice models.</p>
<p><u>Safe Disposal of Patient’s Home Medications</u> ASHP should take the lead in developing guidelines that describe specific methods to be used for the safe disposal of unused or expired home medications and to actively promote the education of health care professionals, the public, and other stakeholders (e.g., state boards of pharmacy) regarding the safe disposal of such medications.</p>	<p>Recommendation Fei Wang (CT) Michael Rubino (CT) Michael Schlesselman (CT)</p>	<p>See the Board’s Report on the Council on Pharmacy Practice 2008 for a discussion of this topic. The Practice Development Division submitted a proposal for funding to support a Web resource center and print, live, and Webinar-based educational programming on the proper disposal of pharmaceutical products.</p>
<p><u>Disclosure of Raw Material Origin in Drug Products</u> ASHP should develop a policy advocating a requirement for drug manufacturers to disclose the origin of raw materials used in drug products.</p>	<p>Recommendation Tricia Killingsworth (ID)</p>	<p>See the Board’s Report on the Council on Public Policy 2008 for a discussion of this topic.</p>
<p><u>Objective Measures of the Impact of Pharmacy Education and Training</u> ASHP should collaborate with the Accreditation Council for Pharmacy Education (ACPE) to create objective measures to “actively monitor the long-range impact” of pharmacist training programs as referred to in ASHP policy 0805 (Entry-Level Doctor of Pharmacy Degree).</p>	<p>Recommendation Kristy Butler (OR)</p>	<p>ASHP is working on a method for effectively collaborating with ACPE in implementing ASHP policy position 0805.</p>
<p><u>House of Delegates Chair Elections</u> ASHP should use audience response technology to expedite the election of the Chair of the House of Delegates.</p>	<p>Recommendation Scott Takahashi (CA)</p>	<p>ASHP staff evaluated options to implement this Recommendation and determined that they were cost-prohibitive for the 2009 House of Delegates Meeting. The proposal will be reconsidered in 2010, however.</p>
<p><u>Equivalence of Telepharmacy and Pharmacist-Present Order/Medication Checking</u> ASHP should formally promote the use of telepharmacy as a preferred alternative to distributive systems that operate without a pharmacist’s oversight, where telepharmacy is defined as an electronic means by which a pharmacist at a remote location performs the services that would ordinarily be performed by a pharmacist on site.</p>	<p>Recommendation Mark Siska (MA) Jeff Ramirez (MA) John Poikonen (MA)</p>	<p>See the Board’s Report on the Council on Pharmacy Management 2008 for a discussion of this topic.</p>
<p><u>Use of Clinical Decision Support to Limit Need for Near-Universal Pharmacist Order Review</u> ASHP should advocate study of the potential use of clinical decision support in the place of the current practice of near-universal pharmacist order review.</p>	<p>Recommendation Mark Siska (MA) Jeff Ramirez (MA) John Poikonen (MA)</p>	<p>See the Board’s Report on the Council on Pharmacy Management 2008 for a discussion of this topic.</p>

IMPLEMENTATION STATUS OF ACTIONS TAKEN BY THE 2008 HOUSE OF DELEGATES

ITEM	SOURCE	ACTIONS TAKEN
<p><u>Educational Accreditation Support for ASHP Affiliates</u> ASHP should evaluate the feasibility of establishing a program to provide educational accreditation services through its ACPE-accredited provider status to support state affiliates in providing high-level education to its members.</p>	<p>Recommendation Scott A. Meyers (IL) Todd Karpinski (IL) Scott Meyers (IL) Andrew Donnelly (IL) Jim Dorociak (IL) Jered Bauer (IL)</p>	<p>ASHP conducted a survey to determine the overall enterprise of state affiliates' processing of ACPE educational units and determined that ASHP will not be able to serve as an ACPE provider for state affiliates. State affiliate executive directors and ASHP staff met in February to discuss other actions ASHP could take to support state affiliates, including:</p> <ul style="list-style-type: none"> • Placing programs within the state affiliate meeting (as ASHP Advantage currently does), which is well received and should be continued if feasible. • Referring affiliates to another ASHP affiliate that is an ACPE-approved provider. • Negotiating a group contract for several state affiliates. • Providing training (e.g., via Webinars) on the new ACPE standards. • Distributing information and advice on obtaining commercial support to the extent possible, which may include sharing online grant submission information and providing education to affiliates.
<p><u>Multi-Facility Automation Architecture</u> ASHP should encourage pharmacy automation vendors to offer a multi-facility architecture that (1) facilitates centralized medication formulary maintenance, (2) provides efficient methods for entry and update of formulary information, (3) minimizes the possibility of data entry error that could jeopardize patient safety, and (4) supports the reporting of formulary utilization and configuration.</p>	<p>Recommendation Mark Siska (MA) Jeff Ramirez (MA) John Poikonen (MA)</p>	<p>The SOPIT SAG on Automation considered the Recommendation and incorporated it into their charge.</p>
<p><u>Process for Submission of Interim Recommendations by Delegates</u> ASHP should develop a process by which delegates can submit recommendations to the Chair of the House between sessions of the House of Delegates.</p>	<p>Recommendation Tricia Killingsworth (ID) Caryn Bing (NV)</p>	<p>ASHP currently has a process to accept ideas for policy development throughout the year but will continue to work to develop a more user-friendly and publicized Web portal for members.</p>
<p><u>Support for Centralization of Distribution Services</u> ASHP should support the practice of centralizing distributive pharmacy functions, up to and including centralized sterile preparation functions, where such centralization can provide a uniformly higher quality of dose preparation than would be practical at the individual patient care sites served by such centralization.</p>	<p>Recommendation Mark Siska (MA) Jeff Ramirez (MA) John Poikonen (MA)</p>	<p>See the Board's Report on the Council on Pharmacy Management 2008 for a discussion of this topic.</p>
<p><u>Revision of ASHP Policy 0318</u> Revision of ASHP policy 0318 (Role of Licensing, Credentialing, and Privileging in Collaborative Drug Therapy).</p>	<p>New Business Ernie Dole (NM)</p>	<p>The Council on Public Policy supported the Recommendation to revise ASHP policy position 0318 and the proposed revised policy will be considered by the 2009 ASHP House of Delegates.</p>
<p><u>AJHP Green Initiative</u> Members should be able to opt out of having a hard copy of <i>AJHP</i> mailed to them.</p>	<p>New Business John Poikonen (MA)</p>	<p>This Recommendation was considered by the Committee on Finance, which determined that it was not in ASHP's best interest to provide an online-only subscription to <i>AJHP</i> at this time.</p>