

April 6, 2009

MEMORANDUM

TO: Delegates and Alternate Delegates, ASHP House of Delegates

FROM: Henri R. Manasse, Jr., Ph.D., Sc.D.  
Secretary, House of Delegates



SUBJECT: Proposed Resolution

Article 7.2.2 of the ASHP Rules of Procedure for the House of Delegates refers to resolutions. In part, this section reads:

- 7.2.2 Resolutions to be considered by the House of Delegates must be presented in writing to the Secretary of the House of Delegates at least 90 days in advance of the session and be signed by at least two active members of ASHP.
- 7.2.2.1 Resolutions not voluntarily withdrawn and meeting the above criteria shall be presented to the House of Delegates at the first meeting and acted upon at the second meeting.
- 7.2.2.2 The House shall be informed of resolutions not presented to it and the reasons therefore."

Pursuant to the above article, attached is one resolution submitted to the House of Delegates.

## Resolution to the 2009 ASHP House of Delegates

**Submitted By:** Dominick Caselnova (MT) and Randy Kuiper (MT)

**Received:** February 26, 2009

**Motion:** To amend ASHP Policy 0406 (Workload Monitoring and Reporting) to read as follows:

To strongly discourage the use of pharmacy workload and productivity measurement systems ("pharmacy benchmarking systems") that are based solely upon dispensing functions (e.g., doses dispensed or billed) or a variant of patient days, because such measures do not accurately assess pharmacy workload, staffing effectiveness, clinical practice contributions to patient care, or impacts on costs of care, and therefore these measurement systems are not valid and should not be used; further,

To advocate the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care; further,

To define pharmacy workload as all activities related to providing pharmacy patient care services; further,

To continue communications with health-system administrators, consulting firms, and professional associations regarding the value of pharmacists' services and the importance of using valid, comprehensive, and evidence-based measures of pharmacy workload and productivity; further,

To encourage practitioners and vendors to develop and use a standard protocol for collecting and reporting pharmacy workload data and patient outcomes; further,

To advocate to health-system administrators, consulting firms, and vendors of performance-measurement services firms the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care.

**Background:** ASHP policy 0406 would be amended as follows (underscore indicates new text; ~~strikethrough~~ indicates deletions):

To strongly discourage the use of pharmacy workload and productivity measurement systems ("pharmacy benchmarking systems") that are based solely upon dispensing functions (e.g., doses dispensed or billed) or a variant of patient days, because such measures do not accurately assess pharmacy workload, staffing effectiveness, clinical practice contributions to patient care, or impacts on costs of care, and therefore these measurement systems are not valid and should not be used; further,

To advocate the development and implementation of ~~a pharmacy workload monitoring system~~ pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care; further,

To define pharmacy workload as all activities related to providing pharmacy patient care services; further,

To continue communications with health-system administrators, consulting firms, and professional associations ~~on regarding~~ the value of pharmacists' services and ~~on the use of valid and reliable data to assess pharmacy workload and staffing effectiveness~~ the importance of using valid, comprehensive, and evidence-based measures of pharmacy workload and productivity; further,

To encourage practitioners and vendors to develop and use a standard protocol for collecting and reporting pharmacy workload data and patient outcomes; further,

To advocate to health-system administrators, consulting firms, and vendors of performance-measurement services firms ~~the use of comprehensive pharmacy workload and staffing effectiveness measurements~~ the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care.

Health-system pharmacy productivity is a complex and often misunderstood subject. While the practice of health-system pharmacy has evolved and changed significantly, the benchmarking productivity systems used by many consultants and others have remained largely unchanged. Productivity measurements based solely upon dispensing functions or a variant of patients days are not a valid tool to assess current health-system pharmacy practice. The inappropriate use of these traditional measurements does not adequately reflect, nor support, current recommended ASHP standards of practice for health system pharmacy. These inappropriate systems also hinder our ability to achieve ASHP's 2015 initiatives and meet many evolving Joint Commission requirements.

Many organizations engage outside consultants who continue to utilize these inappropriate productivity measurements. Directors of Pharmacy that are held to these standards often have little ability to challenge these so-called "outside experts." The leadership gap in health-system pharmacy is already a major concern. Use of these inappropriate productivity recommendations often results in substandard staffing, which increases stress on pharmacy leadership and discourages the best and brightest candidates from becoming Directors of Pharmacy.

Alternative benchmarking systems that more accurately reflect true health-system pharmacy productivity have been proposed. For example, the ASHP Section of Pharmacy Practice Managers has developed a white paper for submission to the *American Journal of Health-System Pharmacy* on the effective use of workload and productivity systems in health-system pharmacy that will further elaborate on the types of metrics that should be used. Although ASHP policy

0406 currently supports the development and utilization of these valid measurement systems, we feel that the policy needs to be revised to more strongly discourage use of inappropriate measures of pharmacy workload and staffing effectiveness. A statement from ASHP condemning the practice would provide much-needed support to counter the use of inappropriate measures and would be consistent with and complement the Section white paper.

**Suggested Outcomes:** Hospital administrators and consultants will abandon the use of inappropriate measures of pharmacy workload and staffing effectiveness. Productivity systems will be developed and utilized that foster and support recommended standards of clinical practice in health-system pharmacy.