



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 2015 Initiative coincide with national health care priorities, including governmental, accrediting, and those of other health professional organizations.

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

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[2015 Crosswalk](#)

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	ASHP Goals and Objectives for Pharmacy Practice in Health Systems to be Achieved by 2015	Priorities that correspond to 2015 Objectives ^a					Literature Supporting the 2015 Objectives
		CMS ^b	CDC ^c	JOINT COMMIS SION	State Collaborative Practice	Other Organizations	
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. Baseline 12.7% (2004)			MM.1.1 MM.2.4 MM.7.1 National Patient Safety goals- Medication Reconciliation		National Quality Forum Institute for Healthcare Improvement (IHI)	1-10
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. Baseline 62.2% (2005)			MM.4.1 MM.6.1 MM.6.2 MM.7.1		National Quality Forum	11-17
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. <i>Note: The original goal in 2004 was <u>70%</u></i> Baseline 60.3% (2004) Current Status: 44.6% (2006)				Various states by Statutory and Regulatory Authority		1, 18-20

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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. Baseline 16.0% (2004) Current Status: 11.8% (2006)	Omnibus Budget Reconciliations Act of 1990 (Pub.L. 101-508)		MM.6.1 MM.6.2 MM.7.1 National Patient Safety goals- Medication Reconciliation		Institute for Healthcare Improvement (IHI)	1, 21, 22
Objective 1.5	50% of recently hospitalized patients (or their caregivers*) will recall speaking with a pharmacist while in the hospital. Baseline 23% (2002) <i>* Family members, for example.</i>					National Council on Patient Information and Education	23, 24

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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. Baseline: 40.4% (2005) <i>* Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.)</i>			MM.7.1	Various states by Statutory and Regulatory Authority		11, 20, 25-34
Objective 2.2	In 95% of health systems providing clinic care, pharmacists routinely counsel clinic patients with complex and high-risk medication regimens. Baseline: 26.0% (2005)	Omnibus Budget Reconciliations Act of 1990 (Pub.L. 101-508)		MM.6.1 MM.6.2 MM.7.1		National Council on Patient Information and Education	11, 26, 34-36

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Objective 2.3	<p>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.</p> <p>Baseline: 82.1% (2006) <i>* Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.)</i></p>				Various states by Statutory and Regulatory Authority	37
Objective 2.4	<p>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.</p> <p>Baseline: 64.5% (2006) <i>*Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.</i></p>				Various states by Statutory and Regulatory Authority	20, 37, 38

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Goal 3. Increase the extent to which health-system pharmacists actively apply evidence-based methods to the improvement of medication therapy.							
Objective 3.1	<p>For 100% of health-system patients, pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy.</p> <p><i>Note: The original goal in 2004 was 75%.</i></p> <p>Baseline: 74.2% (2004)</p>			MM.2.1 MM.3.1 MM.8.1		Center for Education and Research on Therapeutics (CERTS) National Guideline Clearinghouse (NGC) Agency for Health Research & Quality (AHRQ) Cochrane Collaboration National Library of Medicine	1, 39
Objective 3.2	<p>In 100% of health systems, pharmacists will be actively involved in the development and implementation of all evidence-based therapeutic protocols involving medication use.</p> <p><i>Note: The original goal in 2004 was 80%.</i></p> <p>Baseline: 95.3% (2004)</p>			MM.2.1		see 3.1	1, 34, 38, 39

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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. Baseline: 19.7% (2004)	CMS/JOINT COMMISSION revised measure		Core Measures		American College of Cardiology American Heart Association National Committee for Quality Assurance IOM	1, 13, 14, 40-45

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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. Baseline: 17.2% (2004)	√	√	Core Measures		American College of Cardiology American Heart Association IOM National Committee for Quality Assurance	1, 40, 41, 43, 45-47

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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. Baseline: 18.1% (2004)	√	√	Core Measures		American College of Cardiology American Heart Association IOM	1, 40, 41, 45, 48, 49

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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. Baseline: 10.5% (2004)	√		Core Measures		National Cholesterol Education Program National Committee for Quality Assurance American Diabetes Association	1, 26, 41, 50-54

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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. Baseline: 3.9% (2005) <i>Note: 23.5% of hospitals have such a program, but only 16.17% have pharmacy participation.</i>	√				American Diabetes Association American Association of Clinical Endocrinologists National Committee for Quality Assurance	11, 55-57
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. <i>Note: Original target was 80%.</i> Baseline: 60.5% (2004)			MM.8.1			1, 58

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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. Baseline: 35.7% (2004)			MM.4.20		USP International Standard ISO 9000	1, 59, 60
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. (updated 2005) Baseline: 45.7% (2005) <i>(*Not including doses required in the context of emergencies or immediate procedures such as surgeries, labor and delivery, cardiac catheterization, etc.)</i>			MM.4.1			11
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. Baseline: 31.0% (2004) <i>(46.7% of hospitals have a program, but only 66.4% have RPh involved)</i>	√	√	Core Measures		Surgical Infection Project Surgical Care Improvement Project	1, 61-64

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Objective 4.5	85% of pharmacy technicians in health systems will be certified by the Pharmacy Technician Certification Board. Baseline: 60.5% (2004) Current Status: 57.9% (2006)					NABP Pharmacy Technician Certification Board	1, 11
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. Baseline: 9.2% (2004) Current Status: 11.5% (2005)					NCC MERP Promoting and Standardizing Bar Coding ISMP Bar Coding FDA /Bar Coding FDA/Bar Coding to Reduce errors	1, 11, 65

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Objective 5.2	75% of hospitals will use machine-readable coding to verify all medications before administration to a patient. Baseline: 4.4% (2004) Current Status: 13.2% (2006)					National Quality Forum	1, 11, 66-70
Objective 5.3	For routine medication prescribing for inpatients, 70% of hospitals will use computerized prescriber order entry systems that include clinical decision support. Baseline: 3.1% (2004) <i>(4.2% have inpatient CPOE, but only 73.6% have DSS)</i> Current Status: 8.7% (2006) <i>*Clinical decision support may include, for example, medication interaction screening, dose checking, allergy checking, i.v. compatibility checking, and expert decision rules.</i>					Leap Frog IOM	1, 11, 71-88

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Objective 5.4	<p>In 65% of health systems, pharmacists will use medication-relevant portions of patients' electronic medical records for managing patients' medication therapy.*</p> <p>Baseline: 21% (2004) (24.5% have EMR, but only 91.8% have RPh use it to manage medication therapy)</p> <p><i>*Managing medication therapy may include initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.</i></p>					<p>IO'M-1989 report</p> <p>NQF</p> <p>1</p>
Objective 5.5	<p>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.</p> <p>Baseline: 19% (2004) (*For example, among hospitals, clinics, home care operations, and chronic care operations)</p>			MM.1.1		1

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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. Baseline: 41% (2004)					HP 2010 1, 89, 90
Objective 6.2	50% of pharmacy departments in health systems will be directly involved in ongoing immunization initiatives in their communities. Baseline: 30.4% (2004)	√	√			National Foundation for Infectious Disease Advocacy (NFIDA) National Advisory Committee on Immunization Practices HP 2010 1, 89-98
Objective 6.3	85% of hospital pharmacies will participate in ensuring that eligible patients in health systems receive vaccinations for influenza and pneumococcus. Baseline: 67.1% (2005)	√	√	Core Measures		National Foundation for Infectious Disease Advocacy (NFIDA) American Medical Association (AMA) HP 2010 11, 90-98

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Objective 6.4	80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counseling. Baseline: 34.3% (2005)			Core Measures		American Cancer Society American Lung Association HP 2010 Smoking Cessation Leadership Center American Legacy Foundation	11, 99-103
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. Baseline: 79.1% (2005)		√	Emergency Planning EC. 4.10 EC. 4.20		Department of Homeland Security	11

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