

# House of Delegates

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## June 2022 House of Delegate Recommendations

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The delegate[s] who introduced each Recommendation is [are] noted. Each Recommendation is forwarded to the appropriate body within ASHP for assessment and action as may be indicated.

**1. Review of ASHP Policies To Insert Pharmacogenomics Where Appropriate**

Justin Konkol (WI)

ASHP should take a global review of all current policy and insert pharmacogenomics where appropriate.

**Background:** Many clinical policies talk about evaluating treatment decisions on pharmacodynamics and pharmacokinetics. Would recommend to prevent unneeded wordsmithing in the house for future meetings to globally evaluate and insert this term where appropriate.

**2. ASHP Incorporate Pharmacy Technician Training into High School Career and Technical Programs**

Maari Loy (ND)

Technicians graduate with ASHP-accredited tech certificate at high school graduation.

**Background:** Technician shortage. High schools already have students.

**3. Revision of ASHP Policy 1410, Access to Oral Contraceptives Through an Intermediate Category of Drug Products**

Mollie Scott (NC)

Assess policy to be more inclusive of all staff-administered contraceptives and to encourage access regardless of patient age.

**Background:** Pharmacists provide a variety of products, not just oral.

**4. Early Review of New ASHP Policy: Advancing Diversity, Equity, and Inclusion in Education and Training**

Zahra Nasrazadani (KS), Christopher Edwards (AZ), Josh Blackwell (TX)

Requesting early review of policy Advancing Diversity, Equity, and Inclusion in Education and Training; recommend that the initiating council (CEWD) revisit this amended policy in the upcoming year, rather than at the scheduled sunset review.

**Background:** The ASHP DEI Task Force has identified a need (Task Force recommendation #13) for equitable education and training, particularly as it applies to BIPOC, and even more specifically to learners who are Black. During the first session of the June 2022 House of Delegates, the above-named policy was the first to be reviewed and was immediately amended to erase BIPOC, thereby significantly severing the spirit of the policy and the reported intent of the Task Force. With so little discussion in the House, this decision warrants further consideration and deliberation. Equality requests that all people are treated with the same broad brush but EQUITY -- a primary charge of the Task Force -- demands application of individualized accommodations to people and populations according to their specific need. The policy recommendation as originally worded rightfully identified that need according to copious evidence and should be revised to the originally wording, prior to the amendment that undercut its important purpose. The ASHP Del Task Force has identified a need (Task Force recommendation #13) for equitable education and training, particularly as it applies to BIPOC, and even more specifically to learners who are Black. During the first session of the June 2022 House of Delegates, the above-named policy was the first to be reviewed and was immediately amended to erase 'BIPOC, thereby significantly severing the spirit of the policy and the reported intent of the Task Force. With so little discussion in the House, this decision warrants further consideration and deliberation. Equality requests that all people are treated with the same broad brush but EQUITY -- a primary charge of the Task Force -- demands application of individualized accommodations to people and populations according to their specific need. The policy recommendation as originally worded rightfully identified that need according to copious evidence and should be revised to the originally wording, prior to the amendment that undercut its important purpose.

**5. Review of New ASHP Policy, Autoverification of Medication Orders, To Include Pharmacy Resources**

Jodi Taylor (TN)

Please consider changing “pharmacist hours” in clause 3 to “pharmacy resources” to improve protection.

**Background:** RDC & Caucus discussions support this change.

**6. Pharmacists in Ambulatory Surgery Centers and/or Outpatient Surgery Centers**

Tricia Meyer (TX)

To advocate for a higher level of pharmacy services and oversight by the pharmacist in ambulatory surgical center and/or hospital outpatient surgery center.

**Background:** Ambulatory surgery centers and/or outpatient surgery centers typically do not have regular pharmacists staffing. Pharmacist consultants may perform medication reviews for 3-4 hours on a monthly or quarterly basis. Hours of consultants do not allow time for effective controlled substance review, safe medication practices, and drug security.

**7. Advocate for the Prioritization of Using Ready-To-Administer Medications in Procedural Areas**

Steven Knight (TX)

To encourage that medications used in procedural areas or non-operating room anesthesia be supplied to providers in their ready to administer dosage form minimizing the safety risks of potentially mislabeling or not labeling syringes.

**Background:** ISMP and APSF (Anesthesia Patient Safety Foundation) newsletters have identified safety risks associated with labeling mishaps or omissions. Adding the expectation that providers (e.g. anesthesiologists, CRNAs, etc.) draw up syringes from vials requiring labeling has inherent risks, like mixing up and mislabeling.

**8. Development of a Drug Diversion Prevention and Investigation Training Program for Pharmacists and Diversion Specialists**

Angela Livingood (NC)

ASHP should develop a training program dedicated to the prevention of drug diversion and investigation of diversion incidents within the health-systems for pharmacists charged with this responsibility.

**Background:** ASHP took a leading role in acknowledging drug diversion within hospitals and health-systems with the publication of Preventing Diversion of Controlled Substances guidelines and partnership with PTCB in designing Controlled Substance Diversion Prevention curriculum. Ultimately the Pharmacy Director or pharmacist designee is responsible for an institution's drug diversion program. Access to a certificate training program to inform these efforts will be an asset to drug diversion pharmacists/specialists and pharmacy leaders.

**9. Revision of New ASHP Policy, Autoverification of Medication Orders**

Randy Martin (TX)

Revise the ASHP policy on autoverification to account for potential misinterpretations and adverse impact upon patient safety and allocation of pharmacy resources.

**Background:** This new policy requires additional work and consideration as evidenced by extensive house discussion. There is significant potential for misinterpretation and misuse. In addition, this policy is in direct conflict with existing regulations and the Joint Commission.

**10. Formalize Process To Refresh Background and Rationale Content During Sunset Review Process**

Roger Woolf (WA)

ASHP should formalize a standard process to update the background and rationale of policies under review to reflect current environment and encourage forward thinking content.

**Background:** Informed review of current policy requires complete background and rationale that takes the following into account. 1) Environment changes since original 2) Scope of the issue being addressed 3) any newly accepted terminology and direction from the Board. Subsequently any new language or terms include in the policy update should have sufficient content added in rationale to support it. Several policy reviews in the house this year had outdated supporting information that made it difficult for delegates to connect to the revisions being proposed.

**11. Revisit ASHP Meeting Dress Code**

Christopher Scott (IN)

Please evaluate loosening the ASHP meeting dress code.

**Background:** Because it's 2022.

**12. Gun Violence Prevention**

Brian Gilbert (KS), Katherine Miller (KS), Zahra Nasrasadani (KS), Joanna Robinson (KS), Amy Sipe (MO)

To recommend that ASHP Board and Councils review policy 2107: Role of the Pharmacy Workforce in Preventing Accidental and Intentional Firearm Injury and Death and other related policies prior to its scheduled review to ensure it strongly states the views of ASHP members related to the national health crisis that is gun violence.

**Background:** In May 2022 there were multiple incidences of mass shootings which involved elementary school children as well as health care professionals in a hospital setting. Countless lives have been lost due to gun violence with the CDC estimating 45,222 firearm related deaths in the United States in 2020 alone. The CDC estimates 124 US people die each day from a firearm related homicide or suicide with gun violence now being the leading cause of death in children. In addition to the moral and

psychological toll these acts have on the public it is estimated that gun violence related healthcare costs approached nearly \$1 billion in the 2016-2017 fiscal year per the US Government Accountability Office. Gun violence is an ever growing healthcare crisis of which medical organizations, including ASHP, are uniquely positioned to advocate on behalf of patients.

**13. Consideration of Alignment of ASHP Policies and Values with State and Local Laws When Selecting Locations for Meetings and Events.**

Ryan Gibbard, Victoria Wallace, Edward Saito (OR)

ASHP should host meetings or events where state and local laws are congruent with current and future ASHP policies and values (e.g. gun violence, diversity, healthcare inequities, etc).

**Background:** ASHP has several policies relevant to the issues of violence prevention, diversity, and reducing healthcare inequities (i.e. 1705, 1718, 2036, 2017, 2035). In recognition of current societal events (e.g., Black Lives Matter Movement, discriminatory laws against LGBTQ+ individuals, eroding of women's rights, ongoing mass shootings), and to affirm that ASHP members have a right to feel safe when engaged in professional activities, we would like to see ASHP actions aligned with these policies and values. Furthermore, ASHP brings sizeable meetings and thus revenue to a number of locales throughout our country and is a visible presence in the locations that host these meetings. We advocate that ASHP consider the impact of local and state laws in choosing a meeting location and whether these laws create a safe and inclusive environment for those attending, consistent and in alignment with the values and policies of our organization. Words are not enough, and specific action must be taken to advocate for community health and protect the physical and psychological safety and well-being of our members when engaging in professional conferences and meetings.

**14. ASHP To Educate Health System Pharmacists on How To Effectively Advocate To C-Suites On National Provider Status**

Kathy Baldwin (FL)

**Background:** Change the narrative.

**15. Development of Model State Pharmacy Practice Acts to Support Pharmacist Prescribing**

Julie Groppi (FL), Anthony Morreale (DVA), Roger Wolff (WA)

ASHP should convene a taskforce to develop model state practice acts to promote a consistent approach to advance pharmacist prescribing.

**Background:** States have made great progress in advancing pharmacist prescribing but significant variations exist in terminology and approach. This taskforce should outline

recommendations for autonomous and collaborative prescribing while defining risks and benefits of the approaches. Concise recommendations will promote advancement of pharmacists to support comprehensive medication management services and increase access to patient care. This taskforce should include representatives from Department of Veterans Affairs as well as key state affiliates who have had success in expanding practice acts to identify best practices and may identify lessons learned.

**16. House of Delegates Open Forum**

Kat Miller (KS), Justin Konkol (WI), Chris Edwards (AZ)

To evaluate if the House of Delegates Open Forum meets the intent of gathering feedback on Policies from ASHP membership

**Background:** General ASHP membership was not actively present at the Open Forum of the 2022 House of Delegates which led the meeting to appear/run like a duplicative caucus. If the intent is to gather feedback from members, the open forum should be evaluated to ensure the time and/or venue is the most valuable to its members.

**17. Advancing High-Value Clinical Pharmacy Services**

Tom Dilworth (WI)

To advocate that ASHP guide the identification and development of high-value clinical pharmacy services across the continuum of care; further,  
To advocate that ASHP, health-systems and researchers collaborate to develop clinical pharmacy productivity metrics that allow pharmacy leaders to demonstrate the value of clinical pharmacy services across the continuum of care; further,  
To advocate that health-systems and organizations prioritize high-value clinical pharmacy services while de-prioritizing lower-value clinical services and/or delegating lower-value clinical services to non-pharmacists and/or technology; further,  
To advocate that ASHP guide the development of public relations materials that showcase the clinical services and value pharmacists bring to the healthcare enterprise suitable for use by health-systems, organizations and the pharmacy workforce to promote the profession and accurately describe clinical services provided by pharmacists to key stakeholders, including but not limited to payers, other healthcare providers, and the general public.

**Background:** Pharmacists provide many high value clinical services across the continuum of care yet we lack succinct, validated metrics that capture the value pharmacists bring to the health care enterprise. There is an urgent need for ASHP to guide and foster the development of such metrics for use by pharmacy leaders so they may use these data to demonstrate the value of clinical pharmacy services in their organizations and promote these services to other healthcare providers, payors and the general public.

**18. Pharmacist's Role as Public Health and Preventative Health Experts**

Julie Groppi (FL)

ASHP should develop policy to highlight the essential public and preventative health roles of pharmacists.

**Background:** ASHP should highlight the public and preventative health roles of pharmacists that have evolved and develop a policy statement to describe pharmacists as public health leaders. This policy should describe efforts to promote expansion of the practice of pharmacy to be inclusive of efforts that focus on increasing patient access to medications and care, emphasizing access efforts to rural, underserved and underresourced areas. This should highlight efforts of pharmacists as public health leaders in areas where patient access is optimized by using pharmacists effectively such as hormonal contraception, PrEP and PEP, Test to Treat, "cold packs", STI treatment, etc.

**19. Autoverification Logic Intraoperability**

Christopher Edwards (AZ), Melinda Burnworth (AZ), Danielle Kamm (AZ)

To advocate for interoperable logic systems used in autoverification functionality across health records (EHRs).

**Background:** As research and best practices become available regarding logic models that lead to safe use of autoverification for select medication orders, implementation of these logic models will be limited to organizations that use the same EHR as the organization reporting the logic model. Ensuring intrapoperability will help to improve safety when implementing previously described autoverify logic across health systems.

**20. ASHP To Consider Completion of the Pharmacy Leadership Academy and Provide ACHE-Qualified Education Credits To Support Pharmacists Obtaining ACHE Fellow Designation**

Lt Col Jin Kim (USAF), Lt Col Rohin Kasudia (USAF)

ASHP should consider partnering with ACHE so students completing ASHP's Leadership Academy can obtain dual CE credit and support obtaining FACHE designation.

**Background:** Fellow ACHE is the premier credentialing for hospital administrators. Many pharmacists in senior leadership roles have obtained this credential.

**21. Educating Middle School and High School Students about Opportunities in Pharmacy To Promote the Profession as a Possible Career Choice**

John Muchka (WI)

To support the education of middle school and high school students on the many roles of pharmacists

**Background:** There are many opportunities in pharmacy with our changing healthcare landscape. With decreasing enrollment in pharmacy schools and pharmacist shortage post pandemic the pool of pharmacists is dwindling. Teaching students about the many roles and opportunities in the profession may help with recruitment efforts.

**22. Promotion of Open Forum on Saturday**

Paul Driver (ID)

Increase the emphasis and importance of the Open Forum to delegates and nondelegates in promotional flyers for Summer Meeting

**Background:** The Open Forum is the only opportunity for nondelegates to give input on policies immediately before the HOD meeting. Currently it happens the day before the 1st meeting of the House. It seems to be poorly advertised and/or promoted. The attendance by delegates and nondelegates is not as robust as it could or should be. ASHP should place emphasis on the importance of this Forum in promotional flyers for the Summer Meeting to encourage nondelegates to attend and provide their input on the new policy proposals. Emphasize that this is the only opportunity as a nondelegate to effect change on national policy.

**23. Ensure Adequate and Standardized Supply of Emergency Medications and Supplies in Non-EMS Accessible Locations**

Christi Jen (SCSS), Stephanie Weightman (SCSS), Megan Musselman (SCSS), Christopher Edwards (AZ), Jeff Little (KS), Jerome Wohleb (NE), Zahra Nasrazadani (KS), Katie Reisbig (NE), Tiffany Goeller (NE)

To advocate for pharmacist involvement in the interprofessional evaluation and recommendation of stocking of emergency medications and supplies in non-EMS accessible locations

**Background:** The US CFR 121.803 requires certain medications and supplies for flights for medical emergencies but do not require the stocking of epinephrine auto-injectors for ease of administration or naloxone, among many other medications/supplies. Many non-EMS accessible locations (e.g., airplanes) contains a stock of emergency supplies and medications that are not adequate or standardized to manage emergencies. Pharmacists play a significant role in an interprofessional team to evaluate emergency medications and supplies and ensure that non-EMS accessible locations have the resource needed to quickly manage a patient prior to transferring to a higher level of care.



**24. RFID Standardization Requirements**

Kellie Musch (OH)

Request ASHP create a policy or statement regarding RFID technology requirements and standardization for medications.

**Background:** The ASHP Foundation recently published a report on the use of RFID technology and how it continues to expand within health-system pharmacies. A guidance should recommend standards for tags and readability of the information to improve interoperability within the medication use process from drug manufacturers, 503B compounding pharmacies, and repackagers. Certain vendors have created proprietary standards for their passive RFID tags that impacts the readability of these tags between multiple systems. RAIN RFID Alliance promotes standardization between RFID quality and content.

**25. Development of Interstate Experiential Education Opportunities**

Justin Konkol (WI)

ASHP should partner with schools of pharmacy's and health systems to develop future interstate experiential opportunities which can help advance diversity within healthcare systems.

**Background:** Many schools of pharmacy continue to struggle with diversifying the student body based off the geographic make-up of their respective states. Development of new programs/structures which could bring students from more racially diverse SOP's to other states should be evaluated and developed to help provide a structure and framework that can be reproduced to support such a program. This would include rotation structure, hours requirement, housing options, state licensing rules/laws etc.

**26. New ASHP Policy on Pharmacoequity**

Bernice Man (IL)

I'd recommend an ASHP Council (possibly Council on Public Policy) develop new policy that addresses pharmacoequity.

**Background:** Pharmacoequity was a term coined in 2021 in JAMA (doi:10.100/jama.2021.17764) that aims to ensure that all individuals regardless of race and ethnicity, socioeconomic status, or availability of resources, have access to the highest quality medications required to manage their health needs. Current ASHP policy on equity doesn't address this concept.

**27. Development of Hazardous Drug (HD) Environmental Monitoring and Medical Surveillance Guidelines**

Christy Norman (GA)

To recommend development of robust and specific practice guidelines for environmental monitoring of hazardous drugs and personnel medical surveillance in pharmacy.

**Background:** The ASHP Guidelines on Hazardous Drugs was most recently updated in 2018 to align with the publication of USP 800, and while the update was comprehensive, many of the recommendations in the guidelines mirror the level of detail provided by the USP 800 standard. In particular, there is little additional detail in the sections on hazardous drug environmental monitoring and medical surveillance of personnel handling hazardous drugs and both of these aspects of USP 800 are recommendations, not requirements of the standard. Since there is no clear guidance on best practices for these two aspects of safe handling, facilities and practitioners struggle on how to approach and how to implement new processes. The Safe To Touch consensus conference on HD surface contamination was convened September 2020 and resulted in the publication of 11 consensus statements regarding surface contamination monitoring for adoption by stakeholders in the drug supply chain, policy, and healthcare arenas (See: AJHP, 2021;78:1568-1575, <https://doi.org/10.1093/ajhp/zxab134>). The consensus statements go beyond guidance provided by USP 800 and provide high-level recommendations on what should be done for an effective HD environmental monitoring program, but do not provide the detail that is needed by practitioners and would typically be provided by an ASHP guideline document.

## 28. Professional Identity Formation

Vickie Ferdinand-Powell, Kimberly Zammit, Robert DiGregorio (NY)

Collaborative work is encouraged with organizations outside of ASHP to promote the development of a professional identity that reflects the many roles pharmacists play on the healthcare team.

**Background:** 1. The professional identity of pharmacists all over the world is as a dispenser.

2. Work needs to be done to educate legislators, the community, and others on the healthcare team about the education pharmacists complete.

## 29. Pharmacist Involvement in the Design of Clinical Trials

Jesse Hogue (MI)

ASHP should consider developing a policy statement or update the ASHP Guidelines on Clinical Drug Research to support and describe pharmacist involvement in the design of clinical trials to provide guidance on drug dosing, administration and monitoring in all patients.

**Background:** ASHP has Guidelines on Clinical Drug Research and Guidelines for the Management of Investigational Drug Products, but both focus on managing investigational drugs in the hospital and involvement in ongoing clinical trials. Neither supports or describes the involvement of pharmacists in the development of clinical trials to provide guidance on drug dosing, administration and monitoring. The Council on Therapeutics 5: Enrollment of Underrepresented Populations in Clinical Trials policy was amended to add a similar clause, but it seems like it either warrants being further developed in a stand-alone policy or that the Guidelines on Clinical Drug Research should be updated to include it.

**30. ASHP Statement on Pharmacy Workforce Shortages**

Jerome Wohleb (NE), Katie Reisbig (NE), Emily Johnson (NE), Melinda Burnworth (AZ), Chris Edwards (AZ), Christi Jen (AZ), Tonya Carlton (NH), Elizabeth Wade (NH), Brian Kawahara (CA), Cheri Briggs (DE), Deborah Sadowski (NJ), Jeff Cook (AR)

The profession(s) within pharmacy should be proactive in planning and include innovative strategies to address predicted challenges in the workforce.

**Background:** Pharmacy will be facing workforce shortages in congruence with many other health care disciplines. Declining student enrollment, early pharmacist retirements, ongoing technician shortages have been identified in several states validating the urgency of this request. ACCP data is clearly representing this trend. During ASHP's Open Forum for Members, I requested a straw poll if interest in a recommendation submission and 65% of the delegates present were in favor.

In summary, this recommendation is supported by 11 delegates representing 7 states and one council member.

**31. Access to Transgender Care to Manage Gender Dysphoria**

Tim Brown (SPE), Jeff Little (SPPL)

Policy supporting access to medications used for transgender patients for gender dysphoria management.

**Background:** State laws against medical care to LGBTQ+ patients have increased dramatically. ASHP needs a stance or supportive policy for these patients.

**32. Increased Delegate Work Time Between Caucus and House Meeting**

Jodi Taylor (TN)

Future HOD activity scheduling should evaluate if more work time can be allotted between the first caucus and the first meeting of the House (with full recognition of the challenges of meeting scheduling).

**Background:** Two policies were referred during the first meeting of the house that could have been optimized prior to presentation on the House floor if delegates had more time to work after the first Caucus. Additionally, delegates that did opt to fully engage in amendment drafting did not have time to get lunch before the first meeting of the House convened.

### 33. **Revision of FDA Rule on Barcodes on Immediate Containers**

Ben Anderson, Kevin Marvin (SOPIT)

Advocate that the Food and Drug Administration (FDA) in coordination with U.S. Pharmacopeia (USP)

implement rules for pharmaceutical manufacturers to encode lot numbers and expiration dates

within the barcodes of internal and unit dose packages (immediate containers) to support automation

of expiration date and lot number logging and validation to the patient level,

furthermore, remove

the requirement for linear barcodes on immediate containers to allow 2D barcodes that support this

additional encoding.

**Background:** 2D Barcodes on wholesaler lots are currently required to carry the lot number and expiration dating but this rule does not currently apply to the immediate containers. Now that pharmacies are required to log this information to the patient level it is necessary to carry this requirement forward to the barcodes on the immediate containers to support efficiency, safety and capture of quality data in patient care systems. The current FDA rule requiring linear barcodes on the immediate containers needs revision.

### 34. **Membership Dues**

Dale English II (KY)

Recommend that given both the all-time record number of ASHP members as well as the very strong ASHP Treasurer's report that ASHP leadership strongly consider freezing any increases in membership dues for at least the next two (2) years given the current landscape of inflation nationally as well as globally.

**Background:** The current landscape of inflation nationally as well as globally continues to hit all individuals throughout our nation and the world. While pharmacists continue to be compensated better than many individuals in our nation, we are not without being affected by the current level inflation. It is vital that ASHP consider how this is professionally and personally effecting ASHP members. ASHP has a responsibility to continue to assist its members during these challenging times of record inflation and not raising ASHP membership dues for at least the next two (2) years.

**35. Residency Training and Direct Patient Care**

Dale English II (KY)

Recommend ASHP provide an update on the effectiveness and impact of ASHP policy position 2027, "Residency Training for Pharmacists Who Provide Direct Patient Care" and ASHP's current and/or future plans of advocating this policy; further,

Recommend ASHP Section of Community Pharmacy Practitioners review and provide their input and/or recommendation on the terminology "pharmacists who provide direct patient care" utilized in the policy statement; further,

Recommend ASHP review the ACPE requirements that graduates of ACPE-accredited Doctor of Pharmacy programs are "practice ready," how this policy may be in opposition of ACPE accreditation standards, as well as the effects of this policy on patient care and the pharmacy profession.

**Background:** This recommendation is not meant to be in opposition of pharmacy residency training however until we have the capacity to allow all pharmacy graduates to complete a pharmacy residency is policy continues to be troublesome. If ASHP believes that pharmacy residency training should be a requirement for "pharmacists who provide direct patient care", ASHP needs to be working with all stakeholders to ensure pharmacy residency capacity is available for all Doctor of Pharmacy graduates. The terminology "pharmacists who provide direct patient care" cannot be limited to pharmacists working in the traditional health-system, inpatient environment, especially given ASHP's expansion to include the Section of Community Pharmacy Practitioners. Community pharmacists are the most accessible healthcare providers and are "pharmacists who provide direct patient care" to innumerable patients on a daily basis. This policy may be seen as possibly detrimental to the overall pharmacy profession given the limited number of pharmacy residencies, and especially as it pertains to "practice ready" graduates of ACPE accredited Doctor of Pharmacy programs.

**36. Medication Safety in Operating Rooms and Anesthesia Procedural Locations**

Tricia Meyer (TX)

ASHP align with the Anesthesia Patient Safety Foundation (APSF) to advocate for/recommend use of pre-filled syringes in anesthetic locations in addition to assisting pharmacist's members in developing budgetary justification through improved anesthesia provider efficiency, decreasing provider needle sticks, drug wastage etc., and methods to estimate the true benefit/cost ration of investing in safety.

**Background:** Many hospital pharmacy departments have been unwilling to adopt a full scope of pre-filled syringes in areas the OR and procedural locations due to expense. The APSF has placed medication safety as one of their top 10 priorities & are requesting pharmacy provide a full scope of pre-filled syringes, outsourced or in-sourced, to

anesthesia providers to help enhance medication safety. The anesthesia providers currently prepare syringes in a distracting and time pressured environment with preparing critical medications. The expense/cost of this initiative has stalled the implementation. Many hospital pharmacies only provide 1-2 prefilled syringes and allow anesthesia providers to prepare remaining at bedside. Anesthesia medications can be up to 30 medications administered during a surgery although 10 medications may be a realistic average. Additionally, with recent staffing shortages and high salary costs of contract CRNA's and AA's, pre-filled syringes can provide OR efficiency and improved throughput. In the UK, the Royal Pharmaceutical Society core guidance includes "manipulation of medicines in clinical areas is minimized and medicines are presented as pre-filled syringes or other ready to administer preparations wherever possible. . . .

In a recent book on Medication Safety during Anesthesia and the Peri-operative period, both authors (who are anesthesiologist's medication safety researchers and experts) send pharmacy a call to action by stating "It will be interesting to see how long it takes for this recommendation to be widely implemented. " ASHP has a history of collaboration with the American Society of Anesthesiologists and APSF.