



**ASHP Accreditation
for
International Hospital and Health-System Pharmacy Services**

Standards Assessed Only During Survey

Standard Number	Standard	Description
1.1.c	Leadership and Management	Effective leadership and practice management skills are necessary for the delivery of pharmacy services in a manner consistent with hospital and patient needs. Such leadership fosters continuous improvement in patient care outcomes and operations.
1.1.d	Leadership and Management	Pharmacy department management focuses on the pharmacist’s value and responsibilities as a patient care provider and as a leader of the pharmacy enterprise through organizational structures that support this mission.
1.1.e	Leadership and Management	Such structures require communication and collaboration with other departments and services throughout the hospital that support pharmacy patient care.
1.2.e	Pharmacy Strategic Planning, Mission, Vision, Goals, and Scope of Services	The mission, vision, and goals are reviewed and updated based upon need.
1.2.h	Pharmacy Strategic Planning, Mission, Vision, Goals, and Scope of Services	The mission statement is reviewed by organizational leadership, pharmacy department leadership, and staff regularly for necessary modifications based on scope of practice.
1.3.d	Pharmacy Standards and Guidelines	The hospital and the pharmacy department strive to meet these standards, regardless of the particular financial and organizational arrangements by which pharmacy services are provided to the hospital and its patients.
1.5.2.a	After-Hours Pharmacy Access	In the absence of 24-hour pharmacy services, access to a limited supply of medications is only available to authorized, licensed health care professionals for use in carrying out urgent medication orders. <ul style="list-style-type: none"> • When possible, the number of individuals who have access to these medications is limited (e.g. charge nurse or shift supervisor).

1.5.2.g	After-Hours Pharmacy Access	The use of well designed night cabinets, after-hours medication carts, automated dispensing devices, and other methods precludes the need for non-pharmacists to enter the pharmacy.
1.6.1.a	Financial Performance	The pharmacy department has a budget that is <ul style="list-style-type: none"> • consistent with the hospital's financial management process and • supports the scope of and demand for pharmacy services.
1.6.1.b	Financial Performance	Oversight of workload and financial performance is managed in accordance with the hospital's requirements.
1.6.1.c	Financial Performance	Pharmacy department management provides for the determination and analysis of <ul style="list-style-type: none"> • pharmacy service costs, • capital equipment costs, and • new project growth.
1.6.1.d	Financial Performance	The pharmacy department budget processes enable the analysis of pharmacy services by unit of service and other parameters appropriate to the organization (e.g., organization-wide costs by medication therapy, clinical service, specific disease management categories, and patient third-party enrollment).
1.6.1.e	Financial Performance	The pharmacy director has an integral part in the organization's financial management process.
1.6.2.a	Health System Integration	Other functional units within the hospital factor the cost of pharmacy services being provided by the pharmacy department into the departmental budget when appropriate.
1.6.3.a	Revenue, Reimbursement, and Compensation	The pharmacy director is knowledgeable about revenues for pharmacy services, including <ul style="list-style-type: none"> • reimbursement for medication dispensing, • patient care, and • disease state and drug therapy management services where applicable.
1.9.c	Policies and Procedures	All personnel are familiar with and adhere to the contents of the policy manual.
1.9.d	Policies and Procedures	Appropriate mechanisms are established to ensure compliance with all policies and procedures.
1.9.f	Policies and Procedures	New and revised policies and procedures are provided and available to the pharmacy department staff on an ongoing basis in a readily retrievable format, such as online or an easily accessed binder in each facility and, when necessary, <ul style="list-style-type: none"> • staff is provided training and education related to policies and procedures.

1.10.b	Patient Confidentiality	The pharmacy department protects and secures the integrity and confidentiality of patient and transactional data.
1.11.b	Committee Work	Members of the pharmacy department take part in <ul style="list-style-type: none"> • staff recognition, • patient service programs, and • other programs as identified by the pharmacy department.
1.12.1.e	Staffing and Competencies	The pharmacy department is a cross-functional group whose skills set includes operations management, clinical care, financial management, and process improvement. Skills in informatics and analytics are desirable. Depending on the size and scope of the setting, these functional responsibilities may be assigned to a single person or a team.
1.12.7.b	Orientation of Personnel	During the orientation period, the trainer’s normal workload is reduced in order to provide dedicated instruction time to the person being oriented, particularly in distributive settings.
1.12.7.c	Orientation of Personnel	The orientation period of new personnel is tailored to both the new employee’s needs and the functions of the employee’s position.
1.12.7.d	Orientation of Personnel	Evaluation of the effectiveness of orientation programs is done in conjunction with the competency assessment required before a new hire can assume full responsibility for the new position.
1.12.8.b	Orientation of Personnel	The pharmacy department has established appropriate mechanisms to regularly assess the effectiveness of such communications.
1.13.c	Performance Evaluation and Staff Development	Evaluations include comments from <ul style="list-style-type: none"> • professional and • technical staff and, where possible, • other members of the healthcare team.
1.13.d	Performance Evaluation and Staff Development	Pharmacy department staff meets the expectations defined in their position descriptions for adequate performance of their duties.
1.13.g	Performance Evaluation and Staff Development	The pharmacy department also facilitates staff development by providing access to <ul style="list-style-type: none"> • appropriate evidence-based training materials and • primary literature.

1.13.h	Performance Evaluation and Staff Development	The specific competencies are based on factors such as <ul style="list-style-type: none"> • patient population needs and the • patient care services provided.
1.13.i	Performance Evaluation and Staff Development	Continuing education and professional development ensures compliance with appropriate licensures and other credentials.
1.15.a	Interprofessional Education	The pharmacy department actively participates in interprofessional educational programs offered at the hospital, including those offered by disciplines other than pharmacy. Such programs may include <ul style="list-style-type: none"> • grand rounds and similar offerings, • experiential learning experiences for students, • internships, • fellowships, and • residency programs.
1.15.b	Interprofessional Education	When possible, all pharmacy department-provided continuing education programs are accredited by the appropriate accrediting body or bodies.
1.16.a.1	Well-Being and Resilience	Workforce well-being and resilience supports improved <ul style="list-style-type: none"> • patient safety, • patient-clinician relationships, • high-functioning care teams, and • engaged and effective staff. Pharmacy staff burnout can cause significant human suffering and can negatively impact patient safety and overall healthcare quality throughout entire organizations and systems.
1.16.a.2	Well-Being and Resilience	The pharmacy department supports the <ul style="list-style-type: none"> • professional, • emotional, • physical, and • social well-being and resilience for of their staff.
1.16.b	Well-Being and Resilience	Dedicated resources are available to help staff <ul style="list-style-type: none"> • maintain their compassion for others and self; • maintain their sense of purpose, meaning, and professional fulfillment; • develop resiliency skills; and • maintain or develop habits of healthy living and self-care.
3.1.1.f	Formulary	The pharmacy department disseminates the formulary by electronic (preferred) or other means to meet the needs of all health care professionals.

3.2.a	Drug Information	Expertise in evaluating literature on drugs should be considered essential to the provision of drug therapy management.
4.3.b	Just Culture	Evidence exists of a non-punitive approach to reporting medication events, near misses, and errors in the pharmacy department and in the hospital.
4.3.c	Just Culture	Analysis of medication event reports and near misses begin with a systems-based approach rather than starting with individual failures.
5.a	Information Management	<ul style="list-style-type: none"> • The hospital utilizes an electronic information management system to maintain patient records, such as an integrated or closed-loop information system or electronic health record (EHR) for all inpatients and outpatients. • Alternatively, a comprehensive pharmacy information system is used that is interfaced with other hospital information systems and software systems such as a prescribing system, laboratory system, nursing charting and documentation system, radiology and other diagnostic departments systems, ambulatory care or physician office practice systems, and other appropriate systems to promote safe and effective medication use.
5.b	Information Management	<p>The hospital EHR or pharmacy information system houses</p> <ul style="list-style-type: none"> • patient information (age, height, weight, allergies/sensitivities, at minimum), • patient medication profiles, • the hospital medication formulary and • all relevant guidelines and restrictions, • clinical decision support tools, and • all diagnostic information needed <p>to perform all pharmacy clinical and operational functions for safe</p> <ul style="list-style-type: none"> • medication ordering, • preparation, • dispensing, • administration and • monitoring.
5.c	Information Management	<p>The hospital EHR or pharmacy information system also houses</p> <ul style="list-style-type: none"> • billing information and • may contain information regarding product inventories.

5.d	Information Management	If used, automated dispensing cabinets placed in <ul style="list-style-type: none"> • patient care areas and • other areas of the hospital • are fully interfaced with the EHR or pharmacy information system.
5.e	Information Management	All electronic records and computer systems containing patient information have <ul style="list-style-type: none"> • adequate safeguards to maintain the confidentiality and security of patient information and • are supported by redundant back-up systems to ensure continuous use.
5.f	Information Management	Downtime procedures <ul style="list-style-type: none"> • are developed and • are readily available to all staff members in cases of • equipment failure or • other interruptions in electronic system use.
5.1.a	Availability of Information	The EHR and/or pharmacy information system and all other information systems and software systems are available in <ul style="list-style-type: none"> • the pharmacy department and • all of its facilities, in • patient care areas and • diagnostic areas, to provide adequate access to information for <ul style="list-style-type: none"> • all health care professionals in the organization and • in the pharmacy department.
5.1.b	Availability of Information	If present, the hospital intranet provides access to <ul style="list-style-type: none"> • medication policies and procedures, • the medication formulary and • any guidelines or restrictions, and • drug information resources from local, national, regional and international publishers that are • needed by health care professionals.
5.1.c	Availability of Information	Reference books that provide needed medication information are provided for health care professionals to supplement electronic resources, or exist in place of electronic resources, and are placed throughout the organization for convenient and immediate use by health care practitioners.
5.2.a	Computerized Prescriber Order Entry (CPOE)	The hospital uses a safe and reliable mechanism for ordering medications, and a computerized prescriber order entry system (CPOE) is preferred.

5.2.b	Computerized Prescriber Order Entry (CPOE)	If separate systems are utilized for ambulatory care or in physician offices, the pharmacy department staff has access to patient records in those systems.
5.2.c	Computerized Prescriber Order Entry (CPOE)	The CPOE system contains <ul style="list-style-type: none"> • the medication formulary or formularies (in cases when differences exist for ambulatory care, etc.), • medication guidelines and restrictions, and • decision support tools to support safe and effective medication use.
5.3.c	Medication Administration Record (MAR) Computerized Generation	An electronic medication administration record (eMAR) is preferred.
6.2.3.c	Samples	When possible, charity programs (patient assistance programs, foundations) are accessed to help patients with limited income and resources to procure their medications and related supplies.
6.2.3.d	Samples	Pharmacists are involved in the organization's efforts to secure safe and effective low-cost medications for low income patients.
6.2.4.a	Patient Care Area Stock Patient Care Area Stock	Inventory of drug products stored outside pharmacy areas (e.g., nursing station, clinic, physicians' offices) for direct administration to patients is minimized.
6.2.4.f	Patient Care Area Stock	A quality assurance program is in place to <ul style="list-style-type: none"> • periodically review medications removed from the patient care area stock and • determine whether the removal was according to policies and procedures.
6.2.6.c	Emergency Medications and Devices	All emergency medications are stored <ul style="list-style-type: none"> • in sealed or tamper-evident containers that enable the staff to readily determine that the • contents are complete and • have not expired.
6.2.6.d	Emergency Medications and Devices	All emergency medications are <ul style="list-style-type: none"> • available, • controlled, and • secured in the patient procedure areas.
7.1.1.2.d	Sterile Preparations	Sterile compounding outside the pharmacy or satellite pharmacies (e.g., on nursing units) is minimized.

8.f	Clinical Pharmacy Practice	<p>If appropriate, the pharmacy department staff assists in the development of and participates in the health system's</p> <ul style="list-style-type: none"> • substance abuse education, • prevention, • identification, and • organization-sponsored programs for • staff and • patients.
8.i	Clinical Pharmacy Practice	<ul style="list-style-type: none"> • Quality measures (outcomes) and • economic measures are • utilized to monitor the effectiveness of services and programs and to • identify opportunities for change or improvement.
8.j	Clinical Pharmacy Practice	<p>Identified changes and improvements are</p> <ul style="list-style-type: none"> • implemented and • monitored <p>using the continuous quality improvement process cycle.</p>
8.k	Clinical Pharmacy Practice	<p>Measures and metrics utilized to monitor clinical pharmacy services are reported independently or as a part of a dashboard or similar process within the pharmacy department and the hospital.</p>
8.m	Clinical Pharmacy Practice	<p>A competency program using Ongoing and Focused Professional Practice Evaluation will assess ongoing activities of these pharmacists.</p>
8.1.e	Inpatient	<p>Pharmacists document their clinically relevant patient care activities which significantly impact individual patient care in the patient's permanent medical record, preferably in the progress notes section.</p>
8.1.i	Inpatient	<p>All pharmacists report medication events using the pharmacy department and/or hospital event reporting system.</p>
9.1.a	Facilities	<p>Adequate</p> <ul style="list-style-type: none"> • space, • equipment, and • supplies <p>are available for all professional and administrative functions of the pharmacy department.</p>

9.1.b	Facilities	<p>These resources meet all applicable laws and regulations and are located in areas that facilitate the provision of pharmacy services to patients and other health care professionals; these include</p> <ul style="list-style-type: none"> • the central pharmacy and • pharmacy satellites; • sterile products preparation areas; • outpatient/ambulatory care pharmacies; • medication storage areas in patient care units, • diagnostic and treatment areas of the hospital; and • office and meeting space for pharmacy department leaders and staff members.
9.2.a	Patient Counseling Space	<p>The organization provides adequate</p> <ul style="list-style-type: none"> • space and • tools (e.g., computers, models for teaching, printed educational materials, etc.,) <p>needed to provide</p> <ul style="list-style-type: none"> • confidential patient, family, and caregiver education.
9.2.b	Patient Counseling Space	<p>Such areas are located in</p> <ul style="list-style-type: none"> • outpatient or ambulatory pharmacy areas, • inpatient pharmacy areas (where needed), and in • patient care areas of the hospital.
10.a	Education and Training	<p>The pharmacy department actively participates in interprofessional educational programs offered at the organization, including those offered by disciplines other than pharmacy.</p>
10.b	Education and Training	<p>Such (interprofessional educational) programs may include</p> <ul style="list-style-type: none"> • grand rounds and similar offerings, • experiential learning opportunities for students, • internships, • fellowships, and • residency programs.
10.c	Education and Training	<p>When possible, all pharmacy department-provided continuing education programs are accredited by the appropriate accrediting body or bodies.</p>
10.d	Education and Training	<p>The pharmacy department is involved with the education and training of future pharmacy practitioners and may include</p> <ul style="list-style-type: none"> • technicians, • pre-pharmacy and pharmacy students, and • pharmacy residents.

11.f	(With Commendation) Automation	Whenever possible, bar codes (2D, 3D) are utilized to manage the use of medications and any related medication administration devices in automated systems.
11.1.a	Bar-Coding of Unit Dose Packaging and Point of Care Administration	Unit dose packages contain a bar code and that code is used in <ul style="list-style-type: none"> • inventory management, • dose preparation and packaging, • dispensing, and • administration.
11.1.b	Bar-Coding of Unit Dose Packaging and Point of Care Administration	The pharmacy department ensures the <ul style="list-style-type: none"> • quality of all aspects of bar-code medication administration, including • ability to scan bar codes and • manage the associated database.
11.2.a	Bar Coded Dispensing	The pharmacy department dispenses all medications to all areas within the department and to all areas outside of the department using bar code scanning devices (e.g., its satellites, patient care units for ward stock or for entry into automated dispensing cabinets, to diagnostic areas, ambulatory care clinics, physician offices, etc.,) <ul style="list-style-type: none"> • to minimize opportunities for errors in medication selection, • expired medications or • recalled medications to be released for patient use.
11.2.b	Bar Coded Dispensing	Bar code scanning is utilized in medication compounding processes, for both <ul style="list-style-type: none"> • non-sterile and • sterile products, including for all compounding devices utilized in sterile products clean rooms (e.g., Total Parenteral Nutrition pumps, repeater pumps, etc.).
11.3.a	Bar Coded Medication Administration	Bar code medication administration (BCMA) technology is utilized by the organization <ul style="list-style-type: none"> • in all patient care areas of the hospital, • diagnostic and treatment areas, • ambulatory care clinics and • physician office practices to enhance the safety of the medication-use process.

11.4.a	Automated Dispensing Cabinets	Automated dispensing cabinets (ADCs) are used for <ul style="list-style-type: none"> • medication control and security throughout the organization and are • interfaced with the hospital and/or pharmacy clinical information system as a closed-loop system.
11.4.b	Automated Dispensing Cabinets	ADCs are utilized to contain <ul style="list-style-type: none"> • all ward stock in all patient care areas and diagnostic areas of the hospital, to contain • all controlled substances and narcotics, to contain • first doses of select medications, to contain • all scheduled medications, or • any combination of these approaches.
11.4.f	Automated Dispensing Cabinets	They are interfaced as well with <ul style="list-style-type: none"> • bar code medication administration scanners and • related databases when used.
11.4.h	Automated Dispensing Cabinets	ADCs ensure <ul style="list-style-type: none"> • safe medication storage, • distribution, • access, and • use and • are placed in locations that support health care professionals' workflow patterns • at appropriate par levels established utilizing medication use pattern data.
11.4.i	Automated Dispensing Cabinets	An appropriate number of ADCs are assigned to patient care units, usually <ul style="list-style-type: none"> • proximal to a computer terminal used to access the electronic health record.
11.4.j	Automated Dispensing Cabinets	Medications are assigned to locations in ADCs to <ul style="list-style-type: none"> • optimize patient safety and • medication security (e.g., pockets with lids restricting access to only one medication versus open "matrix" drawers or doors).
11.4.k	Automated Dispensing Cabinets	Medications are loaded into ADCs using bar code technology to ensure placement in the correct location.
11.4.m	Automated Dispensing Cabinets	ADCs may be used for <ul style="list-style-type: none"> • inventory control and • dispensing of large volume IV solutions, for • emergency kits, for • devices, and for • other unique situations.

11.4.n	Automated Dispensing Cabinets	ADC databases are used for <ul style="list-style-type: none"> • monitoring and • surveillance of medications that are removed from the devices, • especially controlled substances and narcotics.
11.6.b	Compounding Devices	Equipment is <ul style="list-style-type: none"> • selected from appropriate vendors and is • validated initially, and • (validated) as recommended by the manufacturer and regulatory bodies.
11.8.c	Outpatient Automation	Equipment is <ul style="list-style-type: none"> • selected from appropriate vendors and is • validated initially, and • (validated) as recommended by the manufacturer and regulatory bodies.
11.10.a	Repackagers	Repackagers are utilized to repackage solid and liquid dosage forms into unit-of-use or unit dose packages when such doses are not available commercially from manufacturers.
11.10.c	Repackagers	Bar codes are used for identification of medications to be repackaged.
11.10.d	Repackagers	Unique bar codes <ul style="list-style-type: none"> • are developed when needed for all medications that are repackaged and that do not have a manufacturer bar code, and • are integrated into all informatics, inventory management, and automated systems.