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American Society of
Health-System Pharmacists

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THE ASHP HEALTH-SYSTEM PHARMACY 2015 INITIATIVE

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In June 2001 ASHP created the ASHP Vision Statement for Pharmacy Practice in Hospitals and Health Systems. Essential themes in the vision are that health-system pharmacists will help make medication use more effective, scientific, and safe; and they will contribute meaningfully to public health. Based on the vision and with significant input from members, ASHP has established some ambitious and measurable goals and objectives for pharmacy practice in health systems to be achieved by the year 2015. By focusing practitioner and ASHP energies on a manageable number of crucial and achievable targets, this initiative can be an effective lever in advancing patient care and pharmacy practice in health systems. Meaningful progress in achieving the goals and objectives will speak powerfully about health-system pharmacy practitioners' commitment to high quality patient care and their collective, national resolve to improve medication use throughout health systems.

THE MODEL

The ASHP Health-System Pharmacy 2015 Initiative (the "2015 Initiative") is patterned after the Healthy People 2010 project of the HHS Office of Disease Prevention and Health Promotion. As in the Healthy People 2010 project, the 2015 Initiative is organized this way:

- There are overarching goals.
- There are specific objectives related to those goals.
- There are baselines against which progress in meeting the objectives can be measured.

HOW THE GOALS AND OBJECTIVES WERE DEVELOPED

Using the Healthy People 2010 model and based on the themes in the ASHP Vision Statement for Pharmacy Practice in Hospitals and Health Systems, the development of the 2015 Initiative goals and objectives began in early 2002. The goals and objectives were developed with input from the ASHP Board of Directors, state society leaders, and members' comments. The following aims guided the effort.

- The number of goals and objectives should be "manageable."
- Each objective should have a plausibly high relationship to practice advancement and achieving the ASHP vision for practice.
- Each objective should have a quantified target.

- ASHP should have the ability to measure progress related to each objective. ASHP does not have to be the data collector; any reliable source can be used. Baseline data will be collected about the extent to which each activity now occurs, and ongoing surveys will be conducted to measure how well each objective is being achieved over time.
- Members should believe that, if they work to achieve the goals and objectives, the level of health-system pharmacy practice will be advanced.

A guiding aim in establishing the target percentages for the objectives was to set targets that would represent substantial, realistically achievable improvement by the year 2015. These initial chosen percentages were based on member input. Good baseline numbers are not available yet for most of the objectives. Establishing the baselines will be a high priority for ASHP. Once baseline numbers are determined, the target percents may be modified.

STAGES IN THE 2015 INITIATIVE

The goals and objectives stage. The six goals are stated in non-quantified, improvement terms. The 31 objectives are stated in quantified terms. As noted, determining baseline performance numbers will be a high priority for ASHP. Work is beginning now to define and interpret numerous terms used in the goals and objectives. As this work is completed, it will be posted so that practitioners will have a clear sense of exactly what is to be measured over time.

The surveying stage. A high priority will be the development of survey questions that will be used to assess the extent of achievement of the objectives. The data collected will be stratified in various ways—for example, by type of practice setting, by bed size (in the case of institutions), and by other characteristics that may be differentiating factors for performance. Some data collection will occur through ongoing ASHP surveys, such as periodic surveys of hospital pharmacy services and surveys of ambulatory care services. Some data may be collected through new surveys.

The reporting stage. Periodic reports of progress will be published by ASHP. The reports from the Healthy People 2010 project illustrate an important point about reporting: While each goal and objective in the 2015 Initiative is stated in fairly simple terms, reports about progress toward achieving the goals and objectives will be more detailed. It is likely, for example, that surveys will reveal that some arenas of health-system pharmacy practice achieve certain objectives more extensively than other arenas. Stratifications of health systems by various characteristics, similarly, may reveal differences that should be reported.

ASHP GOALS AND OBJECTIVES FOR PHARMACY PRACTICE IN HEALTH SYSTEMS TO BE ACHIEVED BY 2015

Revised May 27, 2005

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 75% of hospital inpatients with complex and high-risk medication regimens.

Baseline: 9.9% (95% CI, 6.9–14.1%)¹

Objective 1.2

The medication therapy of 70% of hospital inpatients with complex and high-risk medication regimens will be monitored by a pharmacist.

Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage.

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.

Baseline: 60.3% (95% CI, 55.2–65.2%)¹

(*Note:* 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.)

Objective 1.4

75% of hospital inpatients discharged with complex and high-risk medication regimens will receive discharge medication counseling managed by a pharmacist.

Baseline: 22.4% (95% CI, 17.0–28.9%)¹

Objective 1.5

50% of recently hospitalized patients (or their caregivers*) will recall speaking with a pharmacist while in the hospital.

Baseline: 23%²

(* Family members, for example.)

Goal 2. Increase the extent to which health-system pharmacists help individual nonhospitalized 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: A baseline has not been established. Once determined, this may lead to a revision of the target percentage.

(*Note:* 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.)

Objective 2.2

In 95% of health systems, pharmacists will counsel clinic patients with complex and high-risk medication regimens.

Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage.

Objective 2.3

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.

Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage.

(*Note:* 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.)

Objective 2.4

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.

Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage.

(*Note:* 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.)

Goal 3. Increase the extent to which health-system pharmacists actively apply evidence-based methods to the improvement of medication therapy.

Objective 3.1

For 100% of health-system patients, pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy.

Baseline: 74.2%¹

Objective 3.2

In 100% of health systems, pharmacists will be actively involved in the development and implementation of all evidence-based therapeutic protocols involving medication use.

Baseline: 95.3% (95% CI, 92.6–97.0%)¹

Objective 3.3

90% of hospital pharmacies 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% (95% CI, 15.9–24.0%)¹

Objective 3.4

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive beta-blockers at discharge.

Baseline: 17.2% (95% CI, 13.7–21.4%)¹

Objective 3.5

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive aspirin at discharge.

Baseline: 18.1% (95% CI, 14.5–22.5%)¹

Objective 3.6

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive lipid-lowering therapy at discharge.

Baseline: 10.5% (95% CI, 7.8–13.9%)¹

Objective 3.7

90% of health-system pharmacies will participate in ensuring that nonhospitalized patients who are receiving medications to decrease blood glucose levels will be assessed annually with a HbA1c test. Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage. A related baseline is that this assessment occurs for 78% of Medicare patients. (Jencks S, Huff ED, Cuerdon T. Change in the quality of care delivered to Medicare beneficiaries, 1998-1999 to 2000-2001. *JAMA* 2003; 289:305-312). However, the percentage of nonhospitalized patients for whom this assessment occurs under the care of health-system pharmacists is to be determined.

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. Baseline: 60.5% (95% CI, 55.4–65.3%)¹

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% (95% CI, 31.1–40.6%)¹

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. Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage. (*Not including doses required in the context of emergencies or immediate procedures such as surgeries, labor and delivery, cardiac catheterization, etc.)

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% (95% CI, 26.6–35.8%)¹

Objective 4.5

85% of pharmacy technicians in health systems will be certified by the Pharmacy Technician Certification Board. Baseline: 60.5% (95% CI, 56.1–64.9%)¹

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% (95% CI, 7.0–11.9%)¹

Objective 5.2

75% of hospitals will use machine-readable coding to verify all medications before administration to a patient. Baseline: 4.4% (95% CI, 2.9–6.5%)¹

Objective 5.3

For routine medication prescribing for inpatients and clinic patients, 70% of hospitals will use computerized prescriber order entry systems that include clinical decision support.*

Baseline: Inpatient: 3.1% (95% CI, 1.9–5.1%)¹; Outpatient: 2.0% (95% CI, 1.1–3.9%)¹

(*Clinical decision support may include, for example, medication interaction screening, dose checking, allergy checking, i.v. compatibility checking, and expert decision rules)

Objective 5.4

In 65% of health systems, pharmacists will use medication-relevant portions of patients' electronic medical records for managing patients' medication therapy.

Baseline: 21% (95% CI, 17.5–25.1%)¹

(*Note:* 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.)

Objective 5.5

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.

Baseline: 19% (95% CI, 14.1–25.2%)¹

(*For example, among hospitals, clinics, home care operations, and chronic care operations)

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% (95% CI, 35.9–45.9%)¹

Objective 6.2

50% of pharmacy departments in health systems will be directly involved in ongoing immunization initiatives in their communities.

Baseline: 30.4% (95% CI, 25.9–35.3%)¹

Objective 6.3

85% of hospital pharmacies will participate in ensuring that eligible patients in health systems receive vaccinations for influenza and pneumococcus.

Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage. A related baseline is that 72% of Medicare patients receive influenza vaccine, and 65% receive pneumococcus vaccine. (Jencks S, Huff ED, Cuerdon T. Change in the quality of care delivered to Medicare beneficiaries, 1998-1999 to 2000-2001. *JAMA* 2003; 289:305-312). However, the percentage of hospital pharmacies involved in this is to be determined.

Objective 6.4

80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counseling.

Baseline: A baseline has not been established. Once determined, this may lead to a revision of the target percentage. A related baseline is that 43% of Medicare patients hospitalized for an acute myocardial infarction receive such counseling. (Jencks S, Huff ED, Cuerdon T. Change in the quality of care delivered to Medicare beneficiaries, 1998-1999 to 2000-2001. *JAMA* 2003; 289:305-312). However, the percentages of hospital pharmacies engaged in this and doing this for all hospitalized patients who smoke are to be determined.

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: To be determined.

References

1. Pedersen CA, Schneider PJ, Scheckelhoff DJ. [ASHP national survey of pharmacy practice in hospital settings: prescribing and transcribing-2004](#). Am J Health-Syst Pharm. 2005; 62:378-90.
2. American Society of Health System Pharmacists. [Top Patient Concerns 2002: Omnibus Survey Results](#).