

OSHP-Focus on 2015

Preparing to meet the challenge of managing medication therapy

By: Chuck McGinley

The ASHP Health-System Pharmacy 2015 Initiative consists of goals and objectives set forth to guide and improve the practice of pharmacy in hospitals and health-systems by the year 2015. As hospitals and health-systems strive to meet these goals and objectives, it is necessary to assess overall achievement while emphasizing areas of strength and focusing areas for improvement.

In our continuing effort to support and reinforce the ASHP 2015 Initiative goals, OSHP adds features to the '2015 section' on our home page (www.oshp.org).

The latest addition includes the ASHP 2015 Self Assessment Tool. All OSHP members are encouraged to print the assessment tool and begin a process to evaluate how to implement these patient health and safety goals in their workplaces. You may be surprised to find out that you already are meeting some goals or making progress. You may also be able to identify and prioritize next steps needed to initiate process improvement strategies to be able to implement all applicable goals, over time.

Initiative 2015 has both organizational and personal implications. After reviewing the goals of 2015, consider what personal professional growth opportunities you could pursue to better position yourself to become an agent for change in implementing 2015.

ASHP has developed this tool to foster the self-evaluation of the achievement of each goal and objective described in the 2015 Initiative. It will give guidance to score your assessment, create a list of focus areas for your practice site, and assist in your planning for improvement.

Further OSHP support for the 2015 Initiative was demonstrated at our annual Seminar this past May. CE topics were highlighted if they had relevance to 2015. Also, there was a poster presentation on 2015-detailing OSHP's plan, and the 2015 Self Assessment Tool was included with CE materials.

OSHP is following a calendar to help focus on different 2015 goals over the next three years. For the 2nd quarter 2006, our focus is:

2015 Initiative Goal 1.3: "Pharmacists have organizational authority to manage medication therapy for patients in collaboration with other members of the health-care team."
--

Organizational authority means sanctioned by policy and/or privileging processes. 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.

A recent ASHP news release reported "Interventions by clinical pharmacists in hospitals have generally resulted in improved care of inpatients, according to an article in *Archives of Internal Medicine* (*Arch Intern Med.* 2006;166:955-964).

The authors—three physicians and a pharmacist—systematically reviewed about 10 years' worth of English-language publications for studies that assessed pharmacists' cognitive services in the inpatient setting.

Of the 343 studies the authors initially identified for inclusion in their review, 36 made the final cut. Each of those studies had a control group and investigated at least one pharmacist-provided cognitive service not routinely associated with medication dispensing or compounding.

Not included in the review were studies in which the sole outcomes were pharmacoeconomic ones or the cognitive services were part of an effort to implement a protocol or educate health care providers.

Led by physician Peter J. Kaboli at the Iowa City Veterans Affairs Medical Center and the University of Iowa Hospitals and Clinics, the authors determined that clinical pharmacists' interventions:

- Reduced the occurrence of adverse drug events, adverse drug reactions, or medication errors in 7 of the 12 studies of these outcomes,
- Improved the appropriateness of medication regimens or patients' adherence to or knowledge of those regimens in 7 of 11 studies,
- Decreased patients' length of stay in 9 of 17 studies, and
- Did not worsen any patient's clinical outcomes. "

OSHP members are in a unique position to effect change needed to achieve goals in managing medication therapy set forth the 2015 Initiative. This can begin with the vision set forth in 2015. It requires personal and organizational commitment to broadening the scope and influence of pharmacy services. The end result in all this is improved patient medication management and safer outcomes for patients.

####end####