



2015™



2015

ASHP Health-System Pharmacy Initiative

Update 2008

ASHP 2015 Patient Safety Initiative

ASHP developed the Health-System Pharmacy 2015 Initiative as a means of advancing the practice of pharmacy in hospitals and health systems.

The Initiative is based on a member-developed vision statement (ASHP Vision for Pharmacy Practice) that conceptualizes how pharmacy practice in hospitals and other components of health systems should look in the future.

Officially launched in September 2003, the Initiative has six broad goals and 31 objectives, each designed to be measurable so that progress can be tracked.

2015™

"The ASHP Health-System Pharmacy 2015 Initiative, and the vision on which it is based, will fundamentally improve the way health-system pharmacists care for patients—bolstering patient safety, advancing public health, and enhancing the public we serve."

—T. Mark Woods, Pharm.D., FASHP
Former ASHP President

How were the 2015 Initiative's six goals selected?

The six goals directly relate to the themes of the ASHP Vision Statement for Pharmacy Practice in Hospitals and Health Systems :

- Making medication use effective,
- Making medication use safe, and
- Making meaningful contributions to public health.

The **Goals** of the ASHP Health-System Pharmacy 2015 Initiative

- Increase the extent to which pharmacists help individual patients achieve the **best use of medications**
- ...and actively apply **evidence-based methods** to the improvement of medication therapy.

Goals.....

- Increase the extent to which pharmacy in health systems have a **significant role** in improving the **safety of medication use.**
- apply **technology** effectively to improve the safety of medication use....and,

Goals....

- ...engage in **public health initiatives** on behalf of their communities.

Telling the story of health-system pharmacy practitioners achieving the 2015 Initiative objectives

ASHP will use several methods to tell members about these accomplishments, including the ASHP Web site, AJHP, educational programming, email news service.

ASHP also will use the findings of ongoing surveys in governmental advocacy and in engaging other organizations and health care professionals.

How will ASHP report progress against the objectives?

- **Periodic, scientifically-sound surveys will be used to assess progress, and the findings will be published.**
- **Updated ASHP self-assessment survey tool available: www.ashp.org/2015**

ASHP 2015 SELF-ASSESSMENT TOOL

- 1) **Print document.**
- 2) **Read each statement carefully to best assess your practice site.**
- 3) **Tally the number of A's, B's, C's, and D's for each goal.**
(Disregard the Not Applicable objectives during scoring)
- 4) **Refer to the [Overall 2015 Achievement](#) section and the [To Prioritize Your Results](#) section located at the end of the tool.**
- 5) **Re-take periodically to reexamine focus areas and gage the progress of your efforts.**
- 6) **A tool for both departmental and 'personal' assessment**

What's new at ASHP

home page



What is 2015?

- [2015 Objectives Modified](#)
- [ASHP Vision Statement for Pharmacy Practice in Hospitals and Health Systems](#)
- [2015 Crosswalk Table](#)
- [Overview](#)
- [Status of 2015 goals](#)
- [FAQs](#)
- [Future 2015 activities](#)
- [Success stories](#)

2015 Resources

- [2015 Self Assessment Tool](#)
- [ASHP policy positions, statements, and guidelines](#)
- [Member opportunities](#)
- [Other helpful organizations](#)

OSHP commitment to 2015

- 1-[prioritize/focus on](#) 2015 goals/objectives
- 2-increase member [awareness](#) of goals
- 3-integrate/identify 2015 goals in [CE offerings](#)
- 4-identify [tools/resources](#) for members to help implement 2015 goals
- 5-tap into [public relations](#) opportunities to promote value of the pharmacist in 2015 goals

OSHP HOME PAGE

2015 INITIATIVE

[ASHP 2015 Goals](#)

Medication Safety Initiatives Links: [ASHP](#) * [ISMP](#)

[OSHP 2015 Timeline](#)

Updates: *Self-assessment * Managing Med Therapy * Pt Educ Advocacy * Applying EBM
*Core Measures * Anticoagulation-NPSG

Best Practices: [Evidence Based Medicine](#) * [ASHP Best Practices](#)

Updated List of 2015 Goals/Objectives

- New Definitions
- Review full list of 6 goals and related 31 objectives.
- Follow with examples of application and success stories.

ASHP 2015 Definitions....*

ASHP has recently added some 'definitions' for helping interpret and implement goals/objectives of 2015; and the complete listing is on the ASHP website:

Complex or high-risk drug regimens

Complex or high-risk drug regimens are those that are particularly subject to potential danger or hazard: e.g. challenging dosing schedules or routes of administration, medications with documented and significant drug interactions, polypharmacy, and medications with a narrow therapeutic index, insulin, antithrombotics, chemotherapy, etc.

Med Therapy Management- MTM

Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice.

These services include but are not limited to the following, according to the individual needs of the patient.....

MTM....

- a. Performing or obtaining necessary assessments of the patient's health status;
- b. Formulating a medication treatment plan;
- c. Selecting, initiating, modifying, or administering medication therapy;
- d. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness;

MTM.....

- e. Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
- f. Documenting the care delivered and communicating essential information to the patient's other primary care providers;
- g. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications;

MTM...

- h. Providing information, support services and resources designed to enhance patient adherence with his/her therapeutic regimens;
- i. Coordinating and integrating medication therapy management services within the broader health care-management services being provided to the patient.

MONITORING...

Monitoring is the ongoing review of the whole patient, reviewing pertinent patient data (e.g., laboratory values, medications, patient parameters) and evaluating patient response to therapy.

Monitoring is NOT the routine profile review that pharmacists perform at transcription/data entry.

Look at the following objectives, in light of the above definitions*, to gain fuller understanding of the intent.....

2015 Goal 1: Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications.

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.

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.

In 90% of hospitals, pharmacists will manage medication therapy for inpatients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team.

2015 Goal 1 ...further objectives

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

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

In 90% of hospitals, pharmacists will ensure that effective medication reconciliation* occurs during transitions across the continuum of care.

2015 Goal 2: Increase the extent to which health-system pharmacists help individual non-hospitalized patients achieve the best use of medications.

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.

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

Goal 2..further objectives

In 90% of home care services, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team.

In 90% of long term care facilities, pharmacists will manage medication therapy for patients with complex and high-risk medication regimens*, in collaboration with other members of the health-care team.

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

In 90% of hospitals, pharmacists will be actively involved in providing care to individual patients that is based on evidence, such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice.

In 90% of hospitals, pharmacists will be actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets.

Goal 3...further objectives

In 90% of hospitals, pharmacy departments will actively participate in hospital-wide efforts to ensure that patients receive evidence-based medication therapies required by the CMS hospital quality initiative, Joint Commission Core Measures, and/or state-based quality improvement and public reporting efforts.

In 70% of hospitals, pharmacists will actively be involved in medication- and vaccination-related infection control programs.

Goal 4: Increase the extent to which pharmacy departments in health systems have a significant role in improving the safety of medication use.

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.

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.

Goal 4...further objectives

80% of hospitals have at least 95% of routine medication orders reviewed for appropriateness by a pharmacist before administration of the first dose.

*(*Not including doses required in the context of emergencies or immediate procedures such as surgeries, labor and delivery, cardiac catheterization, etc.)*

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.

Goal 4...further objectives

85% of pharmacy technicians in health systems will be certified by the Pharmacy Technician Certification Board.

50% of new pharmacy technicians entering hospital and health system practice will have completed an ASHP-accredited pharmacy technician training program*.

90% of new pharmacists entering hospital and health-system practice will have completed an ASHP accredited residency.

Goal 5: Increase the extent to which health systems apply technology effectively to improve the safety of medication use.

75% of hospitals will use machine-readable coding to verify medications before dispensing.

75% of hospitals will use machine-readable coding to verify all medications before administration to a patient.

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

Goal 5...further objectives

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

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.

Goal 6: Increase the extent to which pharmacy departments in health systems engage in public health initiatives on behalf of their communities.

60% of pharmacies in health systems will have specific ongoing initiatives that target community health.

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

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

Goal 6...further objectives

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

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.

WOW! That's a lot to think about...

- Relax...you are already doing some of this.
- 2015 challenges us to do more.
- Review of goals stimulates exchange of ideas, creativity, vision for growth
- Look for evidence of 2015 compliance in day to day practice and build on it.

Success stories (...from the ASHP homepage; drill down for details, forms, guidelines, strategies, etc.)

Improving Immunization Rates in At-Risk Patients

Saint Luke's Hospital of Kansas City
Kansas City, Missouri

There are many interventions that can take place in the acute care setting to improve immunization rates. The most successful are system-based approaches that minimize barriers and provide for routine delivery of needed vaccines. Through these approaches we have quadrupled the number of Pneumococcal vaccines that our Pharmacy dispenses each year. In addition, the immunization screening rate for our CAP patients met the Healthy People 2010 goal of 90% in the fourth quarter of 2002.

Success story.....

“Our program of incorporating pneumococcal and influenza immunization assessment into our pharmacist’s routine through the use of multiple interventions (**standing orders, critical pathways, pharmacist consults, pharmacy computer system etc.**) has resulted in a substantial improvement in vaccination rates for our at -risk patients.”

This initiative addresses Goal #6 for the ASHP 2015 Initiative.

Evaluation of Adherence to Guidelines for Community-Acquired Pneumonia (CAP) Management

Carolinas Medical Center-Pineville, Department of Pharmacy Charlotte, North Carolina

... evaluated adherence with selected JCAHO core measures (antibiotic timing, oxygenation status check within first 24 hours of admission, pneumococcal vaccination status, adult smoking cessation and counseling, blood culture before first antibiotic dose) for the treatment of CAP. To improve immunization rates and smoking cessation counseling, they implemented system-based interventions including: standing orders for vaccination utilizing a color-coded alert system; employment of dedicated core compliance staff; and active participation of nursing staff to improve smoking cessation counseling at discharge. These interventions resulted in dramatic improvements in immunization rates and smoking cessation counseling.

Pharmacist Management of Uncontrolled Hypertension, Meghan Wilkosz, Veteran's Administration Connecticut Healthcare System Newington and West Haven, CT

Patients were referred to the clinical pharmacist by primary care providers for the management of uncontrolled hypertension ... Patients met with the clinical pharmacist for 30 minutes every 6-8 weeks for medication counseling, monitoring, and management. The primary endpoints were percent of patients achieving blood pressure goal at clinic discharge compared with standard primary care and mean change in blood pressure from baseline to discharge. A significantly larger portion of patients reached blood pressure goal in the pharmacist managed clinic (78.6%) versus standard primary care (46.3%). *This initiative addresses Goal #2 of the ASHP 2015 Initiative.*

2015 cross links to other standards

Available on the ASHP web site:

A Crosswalk Linking the Goals and Objectives of the ASHP 2015 Initiative to Other Health Care Priorities:

- **CMS** (Centers for Medicare/Medicaid Services)
- **The Joint Commission**
- **National Quality Forum**

Joint Commission and 2015 crosswalk...similar expectations

JCAHO has identified a new **2008 National Patient Safety Goal (NPSG, 3E)**:

'Reduce the likelihood of patient harm associated with the use of anticoagulation therapy'

Look for links/opportunities based on 2015 patient safety initiative....

NPSG Anticoagulation goals

1. The organization implements a defined anticoagulant management program to individualize the care provided to each patient receiving anticoagulant therapy.
2. To reduce compounding and labeling errors, the organization uses **ONLY** oral unit dose products and pre-mixed infusions, when these products are available.

NPSG Anticoagulation goals...3,4

3- When pharmacy services are provided by the organization, warfarin is dispensed for each patient in accordance with established monitoring procedures.

4. The organization uses approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for drug interactions.

NPSG Anticoagulation goals...5,6

5. For patients being started on warfarin, a baseline International Normalized Ratio (INR) is available, and for all patients receiving warfarin therapy, a current INR is available and is used to monitor and adjust therapy.

6. When dietary services are provided by the organization, the service is notified of all patients receiving warfarin and responds according to its established food/drug interaction program.

NPSG Anticoagulation goals...7,8

7. When heparin is administered intravenously and continuously, the organization uses programmable infusion pumps.

8. The organization has a policy that addresses baseline and ongoing laboratory tests that are required for heparin and low molecular weight heparin therapies.

NPSG Anticoagulation goals...9.10.11

9. The organization provides education regarding anticoagulation therapy to prescribers, staff, patients, and families.

10. Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.

11. The organization evaluates anticoagulation safety practices (see MM.8.10).

A list of selected **2015 objectives** that can support the JCAHO anticoagulation NPSG include:

Inpatients with complex/high risk medications will be monitored by Pharmacists.

Pharmacists are involved in development of evidence based therapeutic protocols for medication use.

Pharmacists reviews 95% of routine med orders before administration.

NPSG-2015 ...

Pharmacists will use medication-relevant portions of patients' electronic medical record for managing patients' medication therapy.

Pharmacists access pertinent patient information and communicate across settings of care to ensure continuity of pharmaceutical care for complex and high-risk regimens.

And there are many more...

What do we do with this information ?

- Assess personal and departmental strength/weakness.
- Look at what others are doing. (networking)
- Tap into ASHP/OSHP 2015 resources.
- Continue the good work, and plan growth opportunities.

The logo features the year '2015' in a stylized font. The '2' and '0' are grey, and the '1' and '5' are orange. The '0' contains a white arrow pointing to the right.

ASHP Health-System Pharmacy Initiative

- Stay current with the evolution of 2015...resources available at:
 - www.ashp.org
 - www.oshp.org

Your success stories ?

- Speak up for 2015 and give a description of your good work/progress:
- MED RECONCILIATION
- CLINICAL PATH DEVELOPMENT
- DISEASE STATE MANAGEMENT
- COMPLEX-HIGH RISK MED MGMT
- ASSURING MEDICATION SAFETY

Take the 2015 Challenge...

- **Submit a 2015 success story to OSHP INTERACTIONS**
- **Offer a 2015 poster presentation at OSHP annual meeting**
- **Present a 2015 example at an OSHP Clinical Pearls session**

Questions ?

The logo features the year '2015' in a stylized font. The '2' and '0' are grey, and the '15' is orange. The '0' contains a white arrow pointing to the right.

ASHP Health-System Pharmacy Initiative

■ chuck.mcginley@capellahealth.com