

ASHP 2015 Initiative Goals And Objectives

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%)

Objective 1.2

The medication therapy of 100% of hospital inpatients with complex and high-risk medication regimens will be monitored by a pharmacist.

Baseline: 69.6% (95% CI, 64.5–74.3%)

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%)

* 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%)

Objective 1.5

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

Baseline: 23%

* Family members, for example.

Goal 2: Increase the extent to which health-system pharmacists help individual non-hospitalized 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: 40.4% (95% CI, 34.3-46.9%)

* 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: 26.0% (95% CI, 21.1-31.5%)

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.

* 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.

*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%

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%)

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%)

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%)

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%)

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%)

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: 3.9% (95% CI, 2.3-6.7%)

Note: 23.5% of hospitals have such a program (95% CI, 18.6-29.3%), but only 16.17% (95% CI, 9.6-27.6%) have pharmacy participation.

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%)

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%)

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: 45.7% (95%CI, 41.3-49.9%)

*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%)

Objective 4.5

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

Baseline: 2004: 60.5% (95% CI, 56.1–64.9%), 2005: 53.9% (95% CI, 49.8-58.0%)

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: 2004: 9.2% (95% CI, 7.0–11.9%), 2005: 11.5% (95% CI, 9.2-14.4%)

Objective 5.2

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

Baseline: 2004: 4.4% (95% CI, 2.9–6.5%), 2005: 9.4% (95% CI, 7.4-11.9%)

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: 2004: Inpatient: 3.1% (95% CI, 1.9–5.1%) Outpatient: 2.0% (95% CI, 1.1–3.9%), 2005: 8.9% (95% CI, 4.1-8.3%)

*Clinical decision support may include, for example, medication interaction screening, dose checking, allergy checking, IV 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%)

*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 patient with complex and high-risk medication regimens.

Baseline: 19% (95% CI, 14.1–25.2%)

*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%)

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%)

Objective 6.3

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

Baseline: 67.1% (95% CI, 62.4-71.5%)

Objective 6.4

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

Baseline: 34.3% (95% CI, 30.0-39.0%)

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: 79.1% (95% CI, 74.7-83.0%)