



# ASHP 2015 Initiative Project Goals and Objectives

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

*(Revised March 28, 2008)*

### Objective 1.1

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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%)

**Progress:**

**Crosswalk Resources:**

1. JCAHO (MM.1.1, MM.2.4, MM.7.1)
2. [National Patient Safety goals-Medication Reconciliation](#)
3. [National Quality Forum](#)
4. [Institute for Healthcare Improvement](#)
5. Supporting Literature - [References 1-10](#)

### Objective 1.2

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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%)

**Progress:**

**Crosswalk Resources:**

1. JCAHO ( MM.4.1, MM.6.1, MM.6.2, MM.7.1)
2. [National Quality Forum](#)
3. Supporting Literature - [References 11-17](#)

### 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.

1. [Various states by Statutory and Regulatory Authority](#)
2. Support Literature - [References 1, 18-20](#)

#### 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%)

#### Crosswalk Resources

1. Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508)
2. JCAHO (MM.6.1, MM.6.2, MM.7.1)
3. [Various states by Statutory and Regulatory Authority](#)
4. [Institute for Healthcare Improvement \(IHI\)](#)
5. Supporting Literature - [References 1, 21, 22](#)

#### 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.

#### Crosswalk Resources

1. [National Council on Patient Information and Education](#)
2. Supporting Literature
3. Supporting Literature - [References 23, 24](#)

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

**Revised December 20, 2005**

#### 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.)

#### Crosswalk Resources

1. JCAHO (MM.7.1)
2. [Various states by Statutory and Regulatory Authority](#)
3. Supporting Literature - [References 11, 20, 25-34](#)

#### 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%)

#### Crosswalk Resources

1. Omnibus Budget Reconciliations Act of 1990 (Pub.L. 101-508)
2. JCAHO (MM.6.1, MM.6.2, MM.7.1)
3. [National Council on Patient Information and Education](#)
4. Supporting Literature - [References 11, 26, 34-36](#)

#### 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.)

#### Crosswalk Resources

1. [Various states by Statutory and Regulatory Authority](#)
2. Supporting Literature - [Reference 37](#)

#### 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.

#### Crosswalk Resources

1. [Various states by Statutory and Regulatory Authority](#)
2. Supporting Literature - [References 20, 37, 38](#)

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

**Revised December 20, 2005**

#### 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%

#### Crosswalk Resources

1. JCAHO (MM.2.1, MM.3.1, MM.8.1)
2. [Center for Education and Research on Therapeutics \(CERTS\)](#)
3. [National Guideline Clearinghouse \(NGC\)](#)
4. [Agency for Health Research & Quality \(AHRQ\)](#)
5. [Cochrane Collaboration](#)
6. [National Library of Medicine](#)
7. Supporting Literature - [References 1, 39](#)

#### 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%)

#### Crosswalk Resources

1. JCAHO (MM.2.1)
2. Supporting Literature - [References 1, 34, 38, 39](#)

#### 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%)

#### Crosswalk Resources

1. [CMS/JCAHO](#) (revised measure)
2. [Core Measures](#)
3. [American College of Cardiology](#)
4. [American Heart Association](#)
5. [National Committee for Quality Assurance](#)
6. [IOM](#)
7. Supporting Literature - [References 1, 13, 14, 40-45](#)

#### 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%)

#### Crosswalk Resources

1. [Core Measures](#)
2. [American College of Cardiology](#)
3. [American Heart Association](#)
4. [National Committee for Quality Assurance](#)
5. [IOM](#)
6. Supporting Literature - [References 1, 40, 41, 43, 45-47](#)

#### 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%)

#### Crosswalk Resources

1. [Core Measures](#)
2. [American College of Cardiology](#)
3. [American Heart Association](#)
4. [IOM](#)
5. Supporting Literature - [References 1, 40, 41, 45, 48, 49](#)

#### 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%)

#### Crosswalk Resources

1. [Core Measures](#)
2. [National Cholesterol Education Program](#)
3. [National Committee for Quality Assurance](#)
4. [American Diabetes Association](#)
5. Supporting Literature - [Reference 1, 26, 41, 50-54](#)

#### 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.

#### Crosswalk Resources

1. [American Diabetes Association](#)
2. [American Association of Clinical Endocrinologists](#)
3. [National Committee for Quality Assurance](#)
4. Supporting Literature - [References 11, 55-57](#)

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

**Revised December 20, 2005**

#### 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%)

#### Crosswalk Resources

1. JCAHO (MM.8.1)
2. Supporting Literature - [References 1, 58](#)

#### 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%)

#### Crosswalk Resources

1. JCAHO (MM.4.20)
2. [USP International Standard](#)
3. [ISO 9000](#)
4. Supporting Literature - [References 1, 59, 60](#)

#### 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.)

#### Crosswalk Resources

1. JCAHO (MM.4.)
2. Supporting Literature - [Reference 11](#)

#### 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%)

#### Crosswalk Resources

1. [Core Measures](#)
2. [Surgical Infection Project](#)
3. [Surgical Care Improvement Project](#)
4. Supporting Literature - [References 1, 61-64](#)

#### 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%)

#### Crosswalk Resources

1. [NABP](#)

2. [Pharmacy Technician Certification Board](#)
3. Supporting Literature - [References 1, 11](#)

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

**Revised December 20, 2005**

### 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%)

#### Crosswalk Resources

1. [NCC MERP Promoting and Standardizing Bar Coding](#)
2. [ISMP Bar Coding](#)
3. [FDA /Bar Coding](#)
4. [FDA/Bar Coding to Reduce Errors](#)
5. Supporting Literature - [References 1, 11, 65](#)

### 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%)

#### Crosswalk Resources

1. [National Quality Forum](#)
2. Supporting Literature - [References 1, 11, 66-70](#)

### 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, i.v. compatibility checking, and expert decision rules.

#### Crosswalk Resources

1. [Leap Frog](#)
2. [IOM](#)
3. Supporting Literature - [References 1, 11, 71-88](#)

#### 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.

#### Crosswalk Resources

1. [IOM-1989 report](#)
2. [National Quality Forum](#)
3. [Supporting Literature - Reference 1](#)

#### 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)

#### Crosswalk Resources

1. JCAHO (MM.1.)
2. [Supporting Literature - Reference 1](#)

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

**Revised December 20, 2005**

#### 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%)

#### Crosswalk Resources

1. [Health People 2010](#)
2. [Supporting Literature - References 1, 89, 90](#)

#### 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%)

#### Crosswalk Resources

1. [National Foundation for Infectious Disease Advocacy \(NFIDA\)](#)
2. [Healthy People 2010](#)
3. Supporting Literature - [References 1, 89-98](#)

#### 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%)

#### Crosswalk Resources

1. [National Foundation for Infectious Disease Advocacy \(NFIDA\)](#)
2. [American Medical Association \(AMA\)](#)
3. [Healthy People 2010](#)
4. Supporting Literature - [References 11, 90-98](#)

#### 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%)

#### Crosswalk Resources

1. [American Cancer Society](#)
2. [American Lung Association](#)
3. [Healthy People 2010](#)
4. [Smoking Cessation Leadership Center](#)
5. [American Legacy Foundation](#)
6. Supporting Literature - [References 11, 99-103](#)

#### 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%)

#### Crosswalk Resources

1. [Emergency Planning](#) (EC.4.10, EC.4.20)
  2. [Department of Homeland Security](#)
  3. Supporting Literature - [Reference 11](#)
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