

# ASHP Goals and Objectives for Pharmacy Practice in Health Systems to be Achieved by 2015

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

### **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 70% of hospitals, 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 1.4**

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

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

### **Objective 1.5**

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

**Baseline:** 23% (2002 survey conducted by the ASHP Public Relations Division).

(\* 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 have organizational authority to manage medication therapy for 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**

95% of health-system clinic patients with complex and high-risk medication regimens will be counseled by a pharmacist.

**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 75% of health-system patients, pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy.

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

### **Objective 3.2**

In 80% of health systems, pharmacists will be actively involved in the development and implementation of all evidence-based therapeutic protocols involving medication use.

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

### **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 at discharge.

**Baseline:** A baseline has not been established. Once determined, this may lead to a revision of the target percentage. A related baseline is that, at discharge, these medications are prescribed for 74% of Medicare patients hospitalized for acute myocardial infarction and for 68% of Medicare patients hospitalized for congestive heart failure. (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 engaged in this is to be determined.

### **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:** A baseline has not been established. Once determined, this may lead to a revision of the target percentage. A related baseline is that, at discharge, these medications are prescribed for 79% of Medicare patients hospitalized for an acute myocardial infarction. (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 engaged in this is to be determined.

### **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:** A baseline has not been established. Once determined, this may lead to a revision of the target percentage. A related baseline is that, at discharge, aspirin is prescribed for 86% of Medicare patients hospitalized for an acute myocardial infarction. (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 engaged in this is to be determined.

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

**Objective 3.7**

90% of nonhospitalized patients under the care of health-system pharmacists and 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**

80% 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:** A baseline has not been established. Once determined, this may lead to a revision of the target percentage.

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

**Objective 4.3**

85% of routine medication orders\* in health systems will be reviewed by a pharmacist prior to administration of first doses.

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

**Objective 4.5**

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

**Baseline:** 38% (2002 ASHP National Survey of Pharmacy Practice in Hospital Settings).

**Goal 5. Increase the extent to which health systems apply technology effectively to improve the safety of medication use.****Objective 5.1**

75% of medication doses dispensed by hospital pharmacies will be verified by machine-readable coding.

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

**Objective 5.2**

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

**Baseline:** 1.5% (2002 ASHP National Survey of Pharmacy Practice in Hospital Settings).

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

(\* 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:** 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 5.5**

For 70% of patients with complex and high-risk medication regimens pharmacists will be able to access pertinent patient information and communicate across settings of care \* to ensure continuity of pharmaceutical care.

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

(\* 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:** A baseline has not been established. Once determined, this may lead to a revision of the target percentage. One baseline measure is that 52.4% of hospitals offer wellness programs (2002 ASHP National Survey of Pharmacy Practice in Hospital Settings).

**Objective 6.2**

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

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

**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.

