

OSHP Interactions
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Chuck McGinley

2015 Patient Medication Safety Initiative approaching half-way point



ASHP has updated the logo to identify the 2015 initiative. I felt compelled to 'compare' the old and new logos to see if I could draw some inspiration. Interestingly, I did! First, I see the old logo as just a tad fuzzy, with the "O" looking a bit shaky. Seems like that is how it all felt at the beginning in 2003. This would be expected with something new and something that gets us to think outside the box, something intended to take us places we have not been before.

In comparison, the new log is sharp and clear in print, and it has a fetching arrow seeming to indicate progress or movement toward the year 2015...which is the goal implementation date for the many faceted objectives in the ASHP vision to improve medication safety for patients.

The new log is the right choice. There has been movement and progress in implementing parts of 2015. Objectives have been updated and clarified. There is still more work to do. After all, we are only yet approaching the half-way point. I encourage members to visit the ASHP website under "2015", <http://www.ashp.org/2015>, where they have updated objectives, glossary of new definitions, success stories, and a great self-assessment tool.

At a minimum, every pharmacist and technician should revisit the ASHP self-assessment tool. It carefully lists each objective and allows you to score your workplace and, equally important, to score yourself. You may find that you are already on board with some objectives, and you may also get new ideas for creative thinking about what you can do better. I believe that is what the vision of 2015 is all about, to get us thinking, acting, moving forward, and raising the bar on patient medication safety.

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.

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 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.

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:

- 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;
- 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;
- 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 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.

Objective 1.2

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.

Objective 1.3

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.

Objective 5.4

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

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 patients with complex and high-risk medication regimens.

I find the above objectives to be foundational to the vision of 2015. There are also parallel objectives for long term care, ambulatory care, and other non-inpatient care areas.

What do we do with this information?

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

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