

# The ASHP Health-System Pharmacy 2015 Initiative

Improving medication safety, effectiveness and science in the hospital setting

by Heather Swartz

**T**here is no doubt about it: the pharmacy profession is on the move.

Pharmacists are striving to improve patient care and boost awareness of the vital role that they play in public health. ASHP 2015, a landmark initiative designed to improve the practice of pharmacy in hospital and other health system settings, is an important part of the new direction for the pharmacy profession.

The ASHP 2015 initiative grew out of a vision statement developed by ASHP members in 2001. The vision statement embraces four main themes for improving the practice of hospital pharmacy: making medication use more effective, safe, and scientific; and contributing in a meaningful way to public health.

The goals and objectives of ASHP 2015 were built around the four principles outlined in the vision statement. “The ASHP Board of Directors began to consider what we could do to stimulate members to achieve this vision,” says Charles Myers, ASHP group vice president of professional development and member services.

Myers says that ASHP 2015 is structurally modeled on Healthy People 2010, an HHS initiative that sets a national health agenda. Healthy People 2010 identifies the most significant preventable health threats and establishes national goals aimed at reducing these problems. The HHS program lists 467 targets for improving public health, establishes baselines for each element and monitors progress towards these goals over time.

Like Healthy People 2010, ASHP 2015 sets goals and lists specific target objectives for achieving the goals. The goals of ASHP 2015 are to increase the extent to which pharmacists help inpatients and non-hospitalized patients achieve the best use of medications, to increase the use

of evidence-based methods to improve medication therapy, to improve the safety of medication use and to increase the involvement of hospital pharmacy in improving public health. There are 31 specific objectives linked to achieving these goals.

Myers says that there was a fair amount of uncertainty about how to set baselines for each of the ASHP 2015 objectives. “We didn’t know where we stood at that particular moment in time and what the targets should be,” he says. However, ASHP members played an integral role in establishing the targets, and Myers notes that there was extensive member input in the final goals and objectives document.

## INITIATIVE LAUNCHED IN 2003

After two years of intensive development and contributions to the draft document from members, ASHP 2015 was officially launched in September 2003. ASHP has gathered baseline data through its usual annual survey of hospital practice sites. The survey, which was due in late October 2004, will establish baseline data for 25 of the 31 ASHP 2015 objectives. Myers explains that other surveys will be used to establish baselines for the remaining objectives.

The initial findings regarding the baseline data were discussed at the ASHP Midyear Clinical Meeting in Orlando, Fla., in December and will be formally published in the *American Journal of Health-System Pharmacy* (AJHP) in early 2005. The ASHP 2015 targets will be adjusted as needed based on the results of the baseline information.

“If we find that we were way up in terms of accomplishments regarding a specific objective, that will tell us that the target needs to be higher,” Myers says. Conversely, if the survey shows that a target was unrealistically high, it will be adjusted downward. The ASHP Web site



and *AJHP* will keep members informed of changes in the targets resulting from the baseline data, as well as other new developments regarding the ASHP 2015 initiative.

## IMPLEMENT ANY OR ALL ELEMENTS

Myers believes that the structure of ASHP 2015 is flexible enough to allow implementation of at least some elements of the initiative in any hospital pharmacy setting. “One of the nice things about ASHP 2015 is that there is something for everyone,” says Myers. “Managers, clinicians and the logistics people can all feel like they are making a contribution to the collective good.”

Myers also explains that there is no reason to be overwhelmed by the list of 31 objectives, especially if they do not all apply to a particular pharmacy site. “At some sites, particular things just don’t happen,” Myers says. “Our sense is that these are a nice broad set of objectives that people can pick and choose from.” Pharmacists can select certain objectives to work on that are most appropriate for their site. Even if individual practitioners choose just a few items for improvement, Myers expects that the pharmacy community will collectively look back and see that much progress has been made.

What suggestions does Myers have for pharmacists interested in implementing ASHP 2015 at their facility? Myers encourages pharmacists to first review the objectives for items directly related to their individual daily practice. Speaking to

managers, he says that “you as an individual have complete control over starting or launching the initiative in the workplace. Call your staff together and set things in motion.”

Myers says that even if a pharmacist is not in a position to directly control the implementation of ASHP 2015, he or she can still work on the initiative. “The smart way to start would be to chat with the hospital pharmacy director and say, ‘Isn’t there something we can do in our pharmacy?’” Myers suggests that staff pharmacists volunteer to help get things started at their facilities and involve critical staff, such as nursing personnel, to get the ball rolling.

Myers also points to the crosswalking of ASHP 2015 with other major national health initiatives as a way for pharmacists to gather support for ASHP 2015 at their facility. ASHP has found that the 2015 initiative closely aligns with other national health priorities, and the ASHP Web site has a detailed outline of how various ASHP 2015 elements directly correlate with goals of other organizations, including JCAHO and the CDC.

This linkage with other national health initiatives can help pharmacists gather support for ASHP 2015 plans at their site. “In a particular practice site there are a thousand things that could be worked on,” Myers says. “If you can speak up and say what your professional organization has declared as a priority and illustrate the natural linkage between your goals and the goals that your colleagues are working on with their national groups, it is very helpful.”

Pharmacy residents can also play a role in developing ASHP 2015 plans at practice sites, says Myers. Residents are usually required to complete a major project, and Myers says that picking an assignment that relates to a particular ASHP 2015 objective would be a great idea.

Myers even envisions pharmacy students on rotations getting involved in the program, as students could be assigned projects related to ASHP 2015 initiatives. “We can give students a sense of why this is being done and also make them feel

like they are contributing to the collective good,” Myers says.

### SHARING INFORMATION NATIONWIDE

Myers adds that working on ASHP 2015 initiatives through state pharmacy organizations would be a very prudent thing to do. State societies can make ASHP 2015 programs a subject at every meeting, with members reporting on initiatives currently underway at their sites and giving status reports of their progress toward program objectives. Although the ASHP objectives are specific to hospital pharmacy, Myers believes that state society members working in other areas of practice would be interested in hearing about ASHP 2015 as they could build on the ASHP goals and set objectives that are appropriate for their practice settings.

Myers notes that information sharing will be a major part of the ASHP 2015 initiative. Progress reports and news will regularly be provided on the ASHP Web site and in *AJHP*. He anticipates that

pharmacists will present ASHP 2015 initiatives from their practice sites at professional meetings and poster sessions.

Results are already pouring in, and the “Share Your Story!” feature on the ASHP Web site allows practitioners to communicate ASHP 2015 successes that have been implemented at their practice sites.

Myers emphasizes that ASHP will tell the truth in their publications about ASHP 2015 initiatives. “Where pharmacy is doing well, we’ll brag about that,” he says. “And if we find areas that need improvement, we won’t hide. We’ll provide education to help improve in those areas.”

### MANY WISCONSIN SITES ALREADY COMPLYING WITH GOALS

Has ASHP 2015 made it to Wisconsin? Steve Rough, director of pharmacy at UW Hospital and Clinics, would definitely say yes. “In Wisconsin, the practice of pharmacy is at a very high level,” Rough says. “Some practice sites may not be compliant with the ASHP 2015 goals, but many departments are more than halfway to being in line with the ASHP objectives.”

Rough says that the UW system is already 90% compliant with the 2015 targets.

Rough suggests that Wisconsin pharmacists interested in implementing ASHP 2015 goals and objectives first perform a gap analysis to compare current practices at their sites against the ASHP targets. At UW, pharmacy residents have been heavily involved in this analysis. Rough says that the next step is to develop a five-year plan to close the gap between current practices and the ASHP 2015 objectives.

Rough explains that another critical aspect of ASHP 2015 is making hospital administrators understand the level of quality pharmacists bring to the table. He says that pharmacists must “improve patient therapeutic outcomes and safety while reinforcing the value of the pharmacist.”

Rough sees the evidence-based nature of ASHP 2015 as being an extremely important part of the initiative. He explains that many of the parameters used to evaluate quality in hospital pharmacy, particularly among payers, are not evidence-based and do not reflect levels of patient care. “Some current measures are qualitative and others are quantitative, but often they do not correlate directly with improved patient outcomes,” Rough says.

Rough sees the ASHP 2015 goals and objectives as “excellent measures to serve as a basis for evaluating the quality of pharmacy service within a health system.” He hopes that the data gathered from ASHP 2015 will enable pharmacists to prove that their services translate into improved quality and lower costs for hospitals and health systems.

Like Rough, ASHP’s Charles Myers anticipates that ASHP 2015 will build appreciation for the value pharmacists add to health care. Myers hopes that Wisconsin pharmacists will share his enthusiasm for the ASHP 2015 initiative and he looks forward to all of the good stories to come out of ASHP 2015 from Wisconsin and across the United States.

Myers says, “I hope that pharmacists see something in it they can do and understand that ASHP 2015 can get them better recognition for what they do every day.” ●

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