

## ASHP's 2015 initiative: a collective effort to improve pharmacy practice in hospitals and health-systems in the United States

In June 2001, ASHP and its members developed a vision statement for pharmacy practice in American hospitals and health systems. This statement was developed to be an effective lever in facing the unique challenges within pharmacy practice in hospitals in the United States health-system. It states that most hospital pharmacists will spend most of their time in direct patient care activities, and that pharmacy departments will take a "continuous quality improvement" approach to all facets of their operations, and that pharmacy departments will assertively improve the quality of medication use in their institution.

ASHP realized that more than just a vision was needed. So, based on the vision statement and with the collective input from ASHP's members, affiliated state societies, practice section leadership, and Board of Directors, ASHP established the 2015 Initiative in September 2003. This initiative was modeled after the Healthy People 2010 project of the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. The 2015 Initiative is a set of specific goals and objectives for hospital and their component pharmacy practices that ASHP would like to realistically achieve by the year 2015.

The year 2015 was selected for several reasons. First, the year 2015 would best keep ASHP on target. It provides a reasonable timeframe, while still creating a challenging deadline. Secondly, this year coincides well with the retirement of many U.S.'s "baby boomers"—individuals born from 1946 to 1964<sup>2</sup>. By the year 2030, 20% of the U.S. population will be 65 and older. This population is the highest utilizer of health care services and medication<sup>3</sup>. Lastly, with highly trained and specialized pharmacists and technicians within the U.S.<sup>4</sup>, the year 2015 provided substantial time to analyze and develop new strategies to use their time to address the highest priorities of patient care.

Within the 2015 Initiative, each goal and objective was developed to best make medication use a more effective,

evidence-based, safe and meaningful contribution to the public health of our country. These goals and objectives were formulated with the following aims in mind:

—The number of goals and objectives should be manageable.

—Each objective should have a plausibly high relationship to practice advancement.

—Each objective should have a quantified target.

—ASHP should have the ability to assess the achievement of the goals and objectives.

The six goals of ASHP's 2015 Initiative are listed below along with an example of a specific objective for each goal (altogether, there are 31 objectives) relating to medication use<sup>5</sup>.

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

Obj. 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.

*Goal 2: Increase the extent to which hospital pharmacists help individual non-hospitalized patients achieve the best use of medication.*

Obj. 2.2: In 95% of health systems, pharmacists will counsel clinic patients with complex and high-risk medication regimens.

*Goal 3: Increase the extent to which hospital pharmacists actively apply evidenced-based methods to the improvement of medication therapy.*

Obj. 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.

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

Obj. 4.5: 85% of pharmacy technicians in health systems will be certified by the Pharmacy Technician Certification Board.

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

Obj. 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.

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Manasse HR, Jr. ASHP's 2015 initiative: a collective effort to improve pharmacy practice in hospitals and health-systems in the United States. *Farm Hosp* 2005; 29: 349-350.

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

Obj. 6.2: 50% of pharmacy departments in health systems will be directly involved in ongoing immunization initiatives in their communities.

The 2015 Initiative helps ASHP's 30,000 members make a substantial impact by collectively contributing improvements to pharmacy practice. Moreover, throughout the last two years, ASHP has encouraged practitioners to incorporate the 2015 Initiative goals and objectives into their workplace strategic planning and medication-use policies and institutional priorities.

At the time of launching the 2015 Initiative, limited baseline data was available. However, baseline data was collected from a 2004 ASHP national survey on pharmacy practice in hospital settings. Remaining data will be collected over the next 12-24 months<sup>6</sup>. ASHP will report findings regularly.

As of yet, Goal 3 holds the most promise in advancing American hospital pharmacy. There is a large degree of consensus evolving within the United States regarding the objectives stated in Goal 3: to apply evidenced-based methods to improve medication therapy. In addition, opportunities exist and continue to mature for collaboration with other professionals in disciplines to achieve this goal.

In contrast, Goal 5 appears to present the greatest challenges. Technology plays a critical role in the advancement of American hospital pharmacy. However, to date, there still remains a considerable need for more

technology experimentation to verify the reliability and accuracy of these technological advances. We foresee this experimentation to be lengthy and quite costly. We likely will need to learn lessons from other countries which have been working in this area for some time.

While we still face great obstacles in achieving our goals, it is important to note that ASHP's 2015 Initiative is not an individual effort. It is a collective effort. It is aligned with the national health care priorities of government, accrediting and other health care organizations. To this end, ASHP has developed a "crosswalk"—a tool to provide links to organizations and supporting references about similar ideas, goals, and values<sup>7</sup>. Thus, we see the 2015 Initiative taking hospital and health-system practice forward just as the *Mirror to Hospital Pharmacy* did forty years ago<sup>8</sup>.

As society's health care needs grow and evolve, pharmacists must answer the challenges. It is our responsibility as pharmacists, to do all that we can to best aid and serve our patients. Although there is much to do to reach full compliance with the 2015 Initiative's goals and objectives, patients stand to greatly benefit from our collective efforts.

For more information on ASHP's 2015 Initiative, visit [www.ashp.org](http://www.ashp.org).

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