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## Can ASHP's 2015 Goals Be Achieved?

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## **Can ASHP's 2015 goals be achieved?**

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Will hospital pharmacists be able to advance patient care and pharmacy practice to a level envisioned by ASHP's 2015 Initiative? It's a daunting task, but we think it can be done if we lay the groundwork for it now.

What is ASHP's landmark 2015 Initiative? In June 2001, the association created the ASHP Vision Statement for Pharmacy Practice in Hospitals and Health Systems. Under this vision, which was formulated with significant input from its members, ASHP established six ambitious and measurable goals for health-system pharmacists to meet by 2015 that would help make medication use safer, more effective, and more scientific.

The intent of goals 1 and 2 is to increase the extent to which pharmacists help hospital inpatients and outpatients achieve the best use of medications. Goal 3 seeks to apply evidence-based methods to improve medication therapy. Goal 4 is designed to boost pharmacy departments' role in improving the safety of medication use in health systems. Goal 5 applies technology effectively to improve the safety of medication use. And Goal 6 calls for pharmacy departments to engage in public health initiatives on behalf of their communities.

Thus the ASHP 2015 Initiative is a roadmap that will help pharmacists increase patient adherence to their drug treatments, improve patient outcomes, prevent drug errors, advance the profession of pharmacy, assist in preparing for the future, and close significant gaps in the quality and safety of health care.

Pharmacists in the hospital setting face numerous obstacles in meeting these goals. One big barrier is the pharmacist shortage. In order to achieve these goals, there must be a plan in place that increases the number of graduating pharmacists who choose to practice within the clinical setting. If a large percentage of pharmacy staff is assigned to clinical teams, then who's going to "man the pharmacy" and take care of dispensing and drug distribution?

We can see first hand that pharmacy students are highly sought after by community pharmacies which offer very lucrative starting salaries and incentives. These retail companies spend numerous hours and vast amounts of corporate dollars in recruiting potential employees. Because of this, a majority of pharmacy graduates have elected to pursue the retail route, instead of serving as a clinical pharmacist in a hospital setting. While hospital administrators or recruiters interact with pharmacy graduates only during clinical clerkship rotations or ASHP midyear conventions, community pharmacy recruiters and supervisors are visiting or establishing relationships with pharmacy candidates on a monthly basis. Hospital pharmacy recruiters along with ASHP should devise a plan to do more on-campus recruiting and offer more incentives to graduates if they want to achieve the goals set by the 2015 Initiative.

Other hurdles that need to be overcome are implementation of new technologies in practice areas. This will require the training of staff—both pharmacists and technicians--so they can harness these new resources to put the 2015 goals into practice. And speaking of technicians,

how about training them to perform a wider scope of activities similar to those done in federal facilities? By giving technicians a bit more autonomy, it allows the pharmacist to concentrate on managing medication therapy that includes initiating, modifying, monitoring, and discontinuing drug treatments. In addition, pharmacists will have more time to order and perform laboratory-related tests, assess the patients' response to drug therapy plans, and counsel patients on the administration of their medications started on admission and taken on discharge.

The pharmacist's role in the care of hospitalized patients should begin on admission and end at discharge with pharmaceutical interventions in between the two. The ASHP 2015 Initiative gives pharmacy departments a template they can utilize to implement best practice standards. The year 2015 is less than 10 years away. During this short transitional period, let's pledge to actively participate in making the 2015 goals a reality. Don't sit back and wait for others to reshape pharmacy. Let's work together to transform our practice.

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