

CSHP 2015 and You?

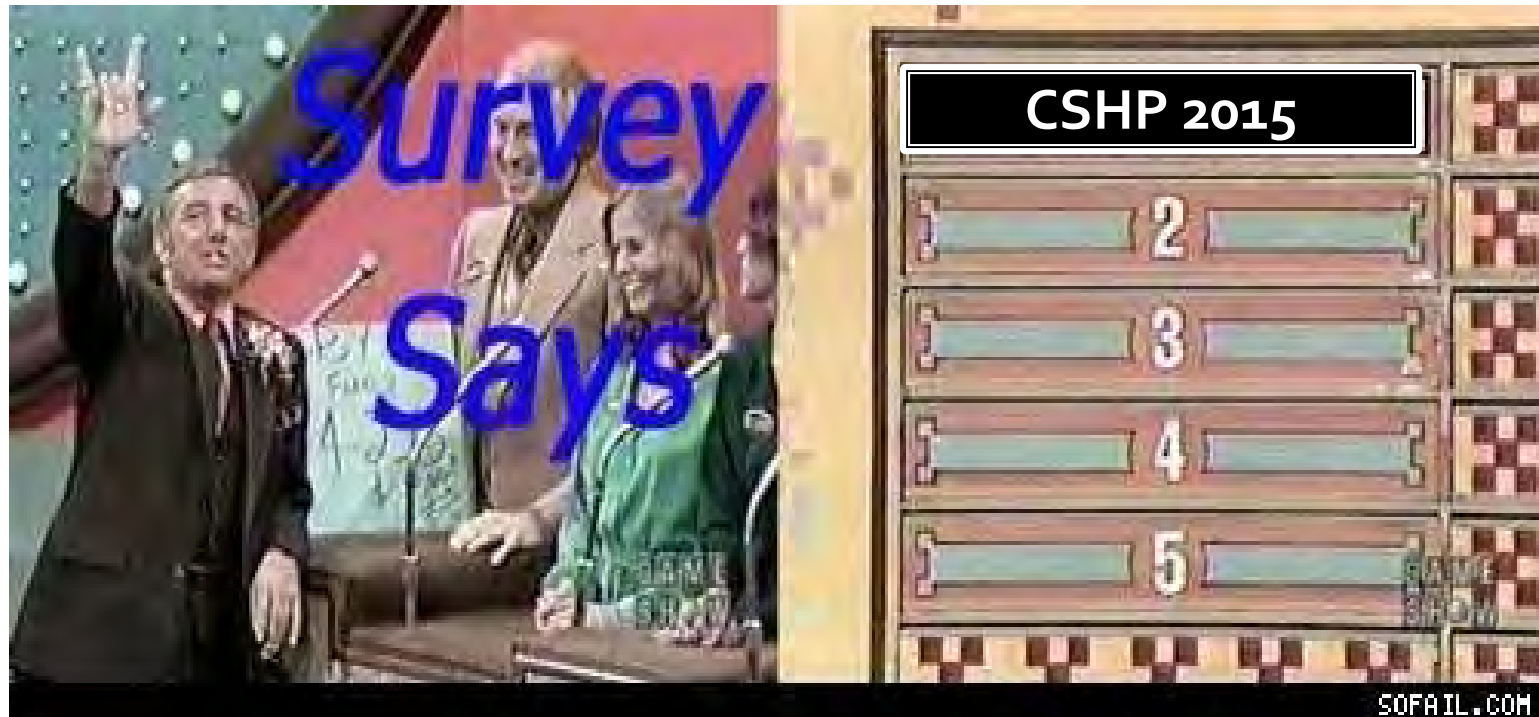


Jodi Symes, Pharm D
Leslie Manuel, Pharm D

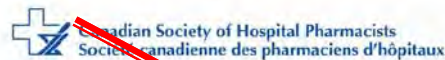
Objectives

- List all 6 goals and 36 objectives
- Create a plan for implementation for all goals
- Utilize the crosswalk and other tools available

CSHP 2015 and you



What is CSHP 2015



Canadian Hospital Pharmacy 2015 (CSHP 2015)

CSHP Goals and Objectives for Pharmacy Practice in Hospitals¹ and Related Healthcare Settings to Be Achieved by 2015

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

Objective 1.1

In 100% of hospitals and related healthcare settings, pharmacists will ensure that medication reconciliation² occurs during transitions across the continuum of care (admission, transfer and discharge).

Objective 1.2

The medication therapy of 100% of hospital inpatients with complex and high-risk medication regimens³ will be monitored⁴ by a pharmacist.

Objective 1.3

In 90% of hospitals, pharmacists manage medication therapy⁵ for inpatients with complex and high-risk medication regimens³ in collaboration with other members of the healthcare team.

Objective 1.4

75% of hospital inpatients discharged with complex and high-risk medication regimens³ will receive medication counselling⁶ managed by a pharmacist.

Objective 1.5

50% of recently hospitalized patients or their caregivers (family members for example) will recall speaking with a pharmacist while in the hospital.

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

Objective 2.1

In 70% of ambulatory and specialized care clinics providing clinic care, pharmacists will manage medication therapy⁷ for clinic patients with complex and high-risk medication regimens³ in collaboration with other members of the healthcare team.

Objective 2.2

In 95% of ambulatory and specialized care clinics, pharmacists will counsel⁸ clinic patients with complex and high-risk medication regimens³.

¹ CSHP gratefully acknowledges the American Society of Health-System Pharmacists' permission to adapt the ASHP Goals and Objectives for Pharmacy Practice in Health Systems to Be Achieved by 2015 in the creation of Canadian Hospital Pharmacy 2015 (CSHP 2015).

Objective 2.3

In 85% of home care services, pharmacists will manage medication therapy⁹ for patients with complex and high-risk medication regimens³, in collaboration with other members of the healthcare team.

Objective 2.4

In 65% of long-term care facilities, pharmacists will manage medication therapy⁹ for patients with complex and high-risk medication regimens³, in collaboration with other members of the healthcare team.

Goal 3: Increase the extent to which hospital and related healthcare setting pharmacists actively apply evidence-based methods to the improvement of medication therapy.

Objective 3.1

In 100% of hospitals and related healthcare settings, pharmacists will be actively involved in providing care to individual patients that is based on evidence¹⁰, such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice.

Objective 3.2

In 100% of hospitals and related healthcare settings, pharmacists will be actively involved in the development and implementation of evidence-based¹¹ drug therapy protocols and/or order sets.

Objective 3.3

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge.

Objective 3.4

90% of hospital pharmacies will participate in ensuring that patients hospitalized for congestive heart failure will receive angiotensin-converting enzyme inhibitors or angiotensin receptor blockers at discharge.

Objective 3.5

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive beta-blockers at discharge.

Objective 3.6

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive aspirin at discharge.

Objective 3.7

90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive lipid-lowering therapy at discharge.

Objective 3.8

In 90% of hospitals and related healthcare settings providing clinic care, pharmacists will participate in ensuring that non-hospitalized patients who are receiving medications to decrease blood glucose levels will be assessed at least annually with a HbA1c test.

Objective 3.9

In 70% of hospitals and related healthcare settings, pharmacists will be actively involved in medication- and vaccination-related infection control programs¹².

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

Objective 4.1

90% of hospitals and related healthcare settings will have an organizational program, with appropriate pharmacy involvement, to achieve significant annual, documented improvement in the safety of all steps in medication use.

Objective 4.2

80% of pharmacies in hospitals and related healthcare settings will conduct an annual assessment of the processes used for compounding sterile medications, consistent with established standards and best practices.

Objective 4.3

80% of hospitals have at least 95% of routine medication orders³ reviewed for appropriateness by a pharmacist before administration of the first dose.

Objective 4.4

100% of medication orders in a hospital's emergency department will be reviewed by hospital pharmacists within 24 hours.

Objective 4.5

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.

Objective 4.6

85% of pharmacy technicians in hospitals and related healthcare settings will be certified by a clearly identifiable and recognized training program.

Objective 4.7

75% of pharmacies in hospitals utilize a unit-dose system¹⁰ for drug distribution for 90% or more of their total beds.

Objective 4.8

100% of new pharmacists entering hospital and related healthcare setting practice will have completed a Canadian Hospital Pharmacy Residency Board-accredited residency.

Goal 5: Increase the extent to which hospitals and related healthcare settings apply technology effectively to improve the safety of medication use.

Objective 5.1

75% of hospitals will use machine-readable coding to verify medications before dispensing.

Objective 5.2

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

Objective 5.3

For routine medication prescribing for inpatients, 75% of hospitals will use computerized prescriber order entry systems that include clinical decision support¹¹.

Revised Objectives

- To understand CSHP 2015 –Abridged version
- To know how the Atlantic Provinces compares
- To discuss current and potential initiatives in NB
- To be aware of the CSHP 2015 resources
- To understand how CSHP 2015 is important to your practice

CSHP 2015 – Abridged

- **Goal 1 & 2**
 - Best use of medications
 - Inpatient
 - Ambulatory
- **Goal 3**
 - Application of evidence based medicine (EBM)
- **Goal 4**
 - Safe medication use
- **Goal 5**
 - Technology
- **Goal 6**
 - Public Health Initiatives



CSHP 2015 – Abridged



■ **1 & 2 Best use of medications**

■ Inpatient

- Pharmacists ensure medication reconciliation across the continuum of care. Pharmacists monitor complex and high risk regimes, manage care with other healthcare professions and provide discharge counseling.
- Make sure patients know they spoke to a pharmacist!

■ Ambulatory Care

- As above but they don't have to remember you.

CSHP 2015 – Abridged

- **3. Application of EBM**
 - Pharmacists use quality drug information sources to provide direct patient care and for creation of protocols and/or order sets.
 - Make sure
 - MI patients receive an ACE-I or ARB, beta-blocker, lipid therapy and ASA
 - CHF patients receive ACE-I or ARB
 - Diabetic patients have annual HbA1c
 - All patients receive appropriate vaccinations



I'm going to switch you to a new medication that does more advertising.

CSHP 2015 – Abridged



- **4. *Safe medication use***
 - Organizational medication safety programs
 - Sterile room standards and best practices
 - Unit dose
 - Pharmacist review of appropriateness of medications
 - prior to administration of 1st dose
 - within 24h for emergency department patients
 - Prophylactic antibiotics stopped within 24h of surgery
 - Pharmacy technicians are certified and pharmacists have a residency

CSHP 2015 – Abridged

■ 5. *Technology*

- Machine readable coding
 - Prior to medication dispensing
 - Prior to medication administration
- Prescriber order entry (POE) and order entry with clinical support.
- Use of the patient electronic record to make decisions
- Pharmacists have access to patient electronic chart and the ability to communicate across settings of care.



CSHP 2015 – Abridged



■ 6. *Public Health*

- Community health initiatives
- Smoking Cessation Counselling
- Immunization
 - Influenza
 - Pneumococcal
- Emergency Preparedness



“The top doesn’t come off. It’s preventative medicine.”

Atlantic Perspective

Hospital Pharmacy in Canada 2009/10 Report



Targets achieved or within reach

Objective 1.3

- In **90%** of hospitals, pharmacists *manage medication therapy for inpatients* with complex and high-risk medication regimens in collaboration with other members of the healthcare team.

2009/10 = 87%

Objective 3.1

- In **100%** of hospitals, pharmacists *actively involve patients in their care based on evidence, such as clinical studies*, published resources, published resources, published resources, published resources.

2009/10 = 90%

Objective 4.7

- 75%** of pharmacies have a designated area for drug distribution for 90% or more of their patients.

2009/10 = 76%

Objective 5.5

- In **75%** of hospitals and related healthcare settings, *pharmacists will use medication-relevant portions of patients' electronic medical records for managing patients' medication therapy.*

2009/10 = 89% (ATL 100%)



Encouraging progress?

Objective 3.2

- In **100%** of hospitals and related healthcare settings, pharmacists will be actively involved in the **development and implementation of evidence-based drug therapy protocols and/or order sets**. **85% (baseline)(ATL 88%)**

Objectives 3.3-3.7

- **90%** of hospital pharmacies will participate in ensuring that patients hospitalized for an acute MI will receive ACEI or ARB, BB, ASA, lipid-lowering therapy on discharge or for CHF will receive ACEI or ARB on discharge
2009/10 = 59%/54% (baseline = 52%/50%) (ATL 56%/50%)

Objective 5.4

- **100%** of hospital pharmacists will use **computerized pharmacy order entry systems that include clinical decision support**.
2009/10 = 77% (baseline = 69%) (ATL = 82%)

Objective 6.4

- **90%** of pharmacy departments in hospitals and related healthcare settings will have **formal up-to-date emergency preparedness programs** integrated with their hospitals and related healthcare settings' and their communities' emergency preparedness and response programs.
2009/10 = 78% (baseline = 54%) (ATL = 100%)

New Baselines

Objective 1.1

- In **100%** of hospital and related healthcare settings, pharmacists will *ensure that **medication reconciliation** occurs* during transitions across the continuum of care (admission, transfer and discharge)
 - **ADMISSION: 69% (baseline)**
 - **TRANSFER: 41% (baseline)**
 - **DISCHARGE: 36% (baseline)**

Objective 2.1

- In **70%** of ambulatory and specialized care clinics providing clinic care, pharmacists will *manage medication therapy* for clinic patients with complex and high-risk medication regimens, in collaboration with other members of the healthcare team. **11% (baseline) ATL = 0%**

Objective 3.9

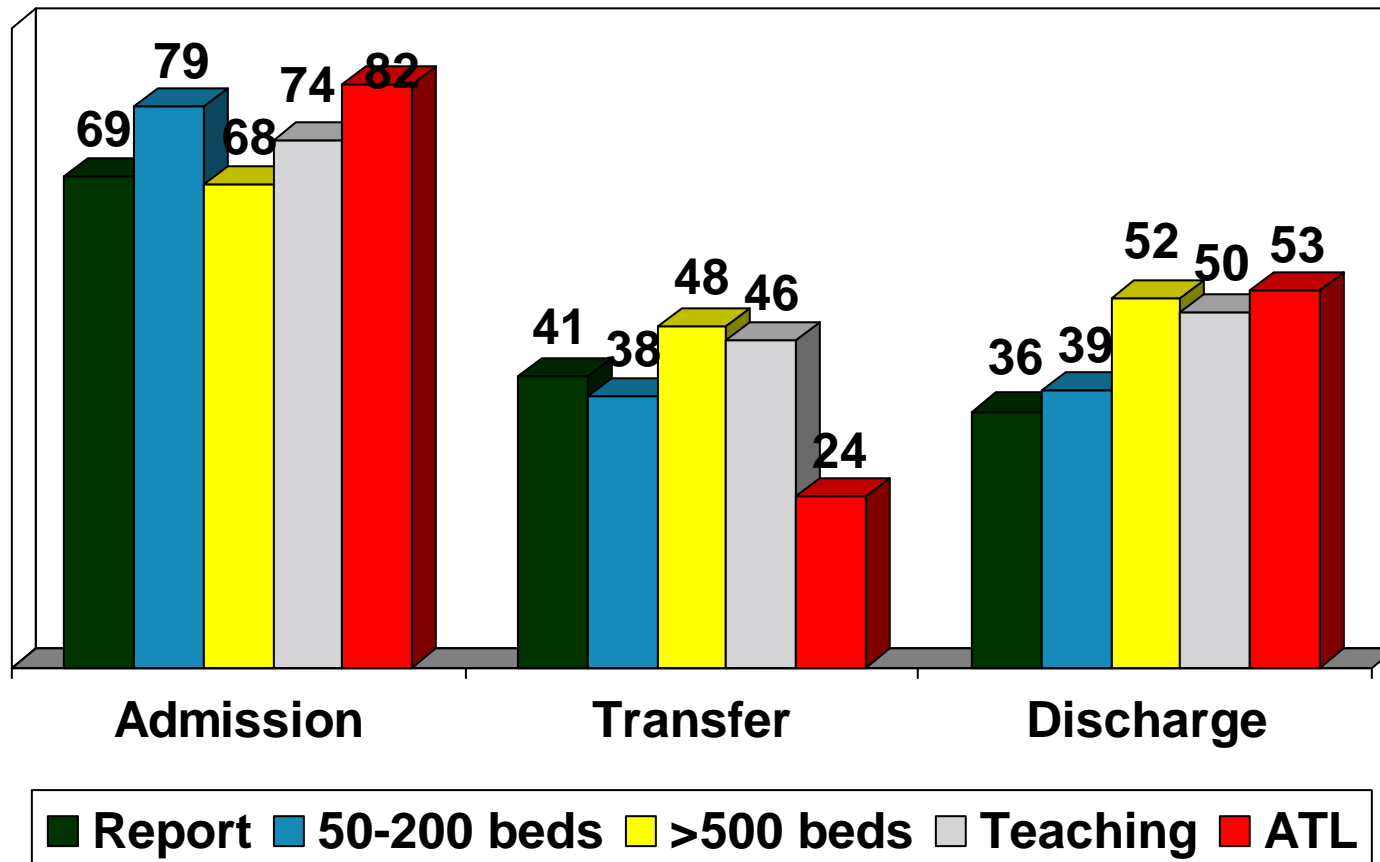
- In **70%** of hospitals and related healthcare settings, pharmacists will be *actively involved in medication- and vaccination-related infection control programs.* **45% (baseline) ATL = 41%**

Objective 4.8

- **100%** of new pharmacists entering hospital and related healthcare setting practice will have completed a Canadian Hospital Pharmacy Residency Board (CHPRB)-accredited residency. **29% (baseline) ATL=0% QE=86%**

Objective 1.1

Medication Reconciliation - ATL



Relatively Unchanged

Objective 4.2

- **80%** of pharmacies in hospitals and related healthcare settings will *conduct an annual assessment of the processes used for compounding sterile medications*, consistent with established standards and best practices.
2009/10 = 29% (baseline = 24%) ATL = 29%

Objective 4.3

- **80%** of hospitals have *at least 95% of routine medication orders reviewed for appropriateness by a pharmacist before administration of the first dose*.
2009/10 = 61% (baseline = 59%) ATL = 53%

Objectives 5.1

- **75%** of hospitals will *use machine-readable coding to verify medications before dispensing* 2009/10 = 17% (baseline 13%) ATL = 12%

Objective 6.3

- **80%** of hospital pharmacies will *participate in ensuring that hospitalized patients who smoke receive smoking-cessation counselling*.
2009/10 = 22% (baseline = 19%) ATL = 35%
- **59%** of respondents have smoking cessation program provided by another healthcare professional in the hospital => TOTAL 81%

The Lowest of Low's

Objective 1.2

- The medication therapy of **100%** of hospital *inpatients with complex and high-risk medication regimens will be monitored by a pharmacist*
2009/10 = 5% (baseline = 18% for 75-100% of patients)
2009/10 = 33% for 75-100%, ATL = 24% for 75-100%

Objective 1.4

- **75%** of hospital *inpatients discharged with complex and high-risk medication regimens will receive medication counselling managed by a pharmacist.*
2009/10 = 3% (baseline = 2%) ATL=12%

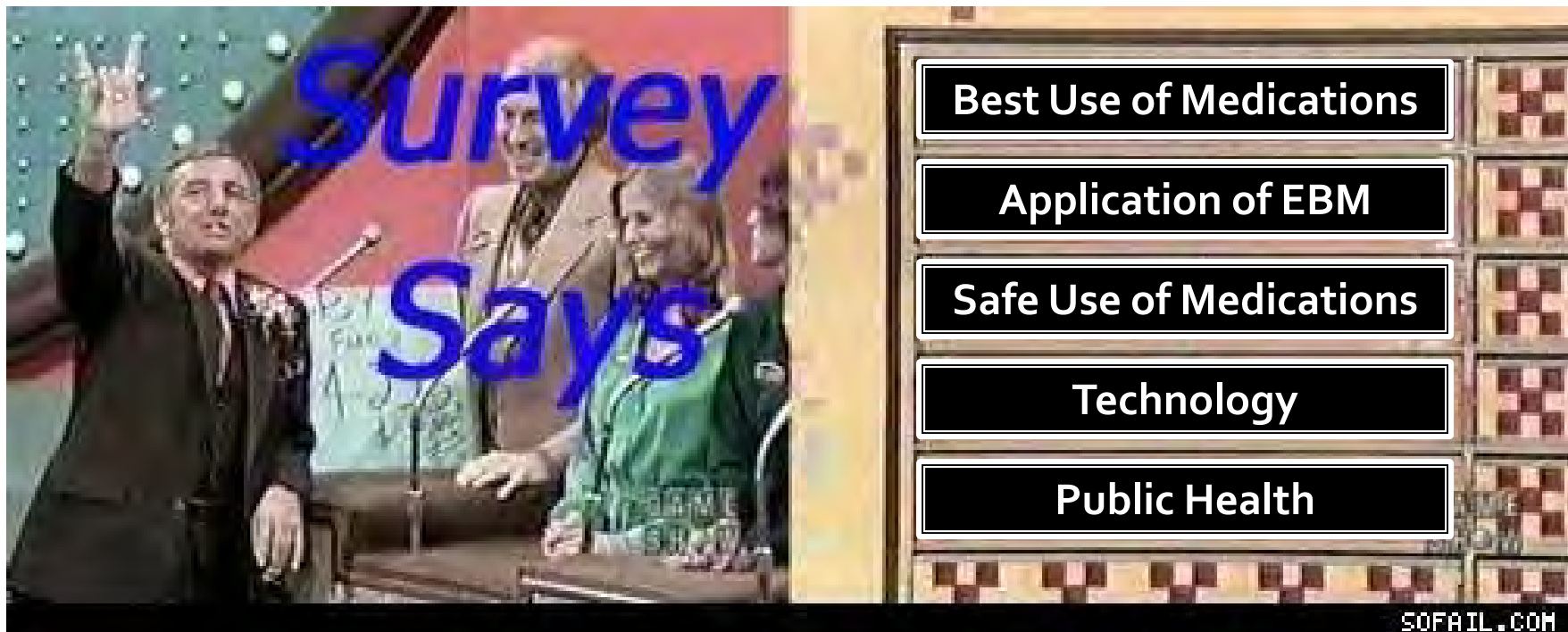
Objective 5.2

- **75%** of hospitals will use *machine-readable coding to verify all medications before administration* to a patient.
2009/10 = 5% (baseline = 1%) ATL = 0%

Objective 5.3

- For routine medication prescribing for inpatients **75%** of hospitals will use *computerized prescriber order entry systems that include clinical decision support.* **2009/10 = 6% (baseline = 7%) ATL = 18%**

CSHP 2015



CSHP 2015 Pharmacist



- **Goal 1 & 2**
 - Best use of medications
 - Inpatient
 - Outpatient
- **Goal 3**
 - Application of evidence based medicine
- **Goal 4**
 - Safe medication use
- **Goal 5**
 - Technology
- **Goal 6**
 - Public Health Initiatives

What has CSHP National done?

- Website resources
 - http://www.cshp.ca/programs/cshp2015/index_e.asp
- Special section in Lilly's Hospital Pharmacy in Canada Report
- Crosswalk
- Facilities Survey
- Toolkits
- Commitment to act
 - CSHP and Blueprint for Pharmacy
- Residency Research Project 2015 award

Crosswalk



Objectives*	Supporting Standards & Practices		Supporting Literature & Resources*
	Canadian	International	
GOAL 3: INCREASE THE EXTENT TO WHICH HOSPITAL AND RELATED HEALTHCARE SETTING PHARMACISTS ACTIVELY APPLY EVIDENCE-BASED METHODS TO THE IMPROVEMENT OF MEDICATION THERAPY.			
<p>Objective 3.1 In 100% of hospitals and related healthcare settings, pharmacists will be actively involved in providing care to individual patients that is based on evidence, such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice.</p> <p>Baseline: 81% (2008)</p> <p>Note: This response was to a question based on the original objective "For 100% of hospital and related healthcare setting patients, <i>pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy.</i>"</p>	<p>Canadian Medical Association: Core and Comprehensive Health Care Services (p. 3 Quality of Care)</p>  <p>Canadian Nurses Association Position Statement on Patient Safety</p>	FIP Basel Statement 26	1, 38, 60
<p>Objective 3.2 In 100% of hospitals and related healthcare settings, pharmacists will be actively involved in the development and implementation of evidence-based drug therapy protocols and/or order sets.</p> <p>Baseline: 91% (2008)</p> <p>Note: This response was to a question based on the original objective "For 100% of hospital and related healthcare setting patients, pharmacists will be actively involved in the development and implementation of all evidence-based therapeutic protocols involving medication use."</p>	<p>Canadian Medical Association: Core and Comprehensive Health Care Services (p. 3 Quality of Care)</p>  <p>Blueprint for Pharmacy from "Vision for Pharmacy", p. 3: conduct practice research and contribute to evidence-based health care policy and best practices in patient care.</p>	FIP Basel Statement 26	1, 18-20, 54, 59, 60

High Priorities in Facilities Survey

	Objective	High	Not applicable to setting	Extent fully implemented	Target
1	1.1a Medication reconciliation occurs for INPATIENTS on ADMISSION	69.0%	Not applicable to objective	27.5%	100%
2	4.1 The pharmacy department participates in an organizational program to achieve and document significant annual improvement in the safety of all steps in medication use	66.1%	3.25%	32.5%	90%
3	1.2 Pharmacists monitor the medication therapy of INPATIENTS with complex and high risk medication regimens	64.3%	1.54%	40.0%	100%
4	4.6 Pharmacy technicians are certified by a clearly identifiable and recognized training program	63.6%	3.28%	51.6%	85%
5	4.7 A unit-dose system is utilized to distribute medications for 90% or more of the total beds	63.2%	4.92%	54.9%	75%
6	3.1 Pharmacists are actively involved in providing care to individual patients that is based on evidence , such as the use of quality drug information resources, published clinical studies or guidelines, and expert consensus advice	61.1%	0.79%	36.2%	100%
7	1.3 Pharmacists manage medication therapy for INPATIENTS with complex and high risk medication regimens in collaboration with other members of the healthcare team	58.6%	3.03%	30.3%	90%
8	4.3 At least 95% of routine medication orders are reviewed for appropriateness by a pharmacist prior to administration of first doses	57.3%	2.46%	44.3%	90%
9	5.4 Computerized pharmacy order entry systems that include clinical decision support are used	56.4%	3.31%	52.1%	100%
10	6.4 The pharmacy department has a formal and up-to-date emergency preparedness program that is integrated with the institution's and community's emergency preparedness and response programs	53.4%	1.65%	47.1%	90%

Toolkits



- **Executive Summary**
- **Background, Scope, Glossary of Terms**
- **Implementation**
 - Define the plan (members/supports)
 - Define the problem (baseline, training, patient selection)
 - Tools and Tips for implementation
 - Barriers (or Challenges) and possible solutions
 - Resources required
 - Success stories
- **Evaluating the Objective**
 - Outcome measures
 - How to track performance
 - How to expand implementation
 - Case example of measuring performance over time
- **Appendix**
 - Forms, tools, presentations, supporting literature
 - Links to web resources

1.3 Toolkit



- **Medication Experts for the Provision of Complex Inpatient care: Optimizing the Pharmacist's Role on the Healthcare Team**

- **Scope**
 - Most clinical pharmacists and administrators
 - Those wishing to establish a new clinical pharmacy program
 - Those wishing to expand current clinical pharmacy program(s)
 - Large academic institutions
 - Smaller community hospitals
 - All relevant stakeholders considered

3.1 Toolkit



- **From Paper to Practice:** Incorporating Evidence into Pharmacy Practice

- **SCOPE**
 - Clinical pharmacists, administrators and students
 - Those wishing to learn or improve their skills to perform a search and critically appraise the evidence
 - Those wishing to establish pharmacist clinical sharing sessions
 - Those wishing to learn how to use knowledge translation to apply evidence into practice
 - Those involved with implementing pre-printed orders

3.1 Toolkit



- How to develop and maintain the clinical pharmacist's ability to apply evidence-based principles
- Clinical sharing sessions for pharmacists
- Translating best practice guidelines to specific practice setting: *Knowledge Translation*
- Promoting best practice and safety through the use of order sets

4.7 Toolkit



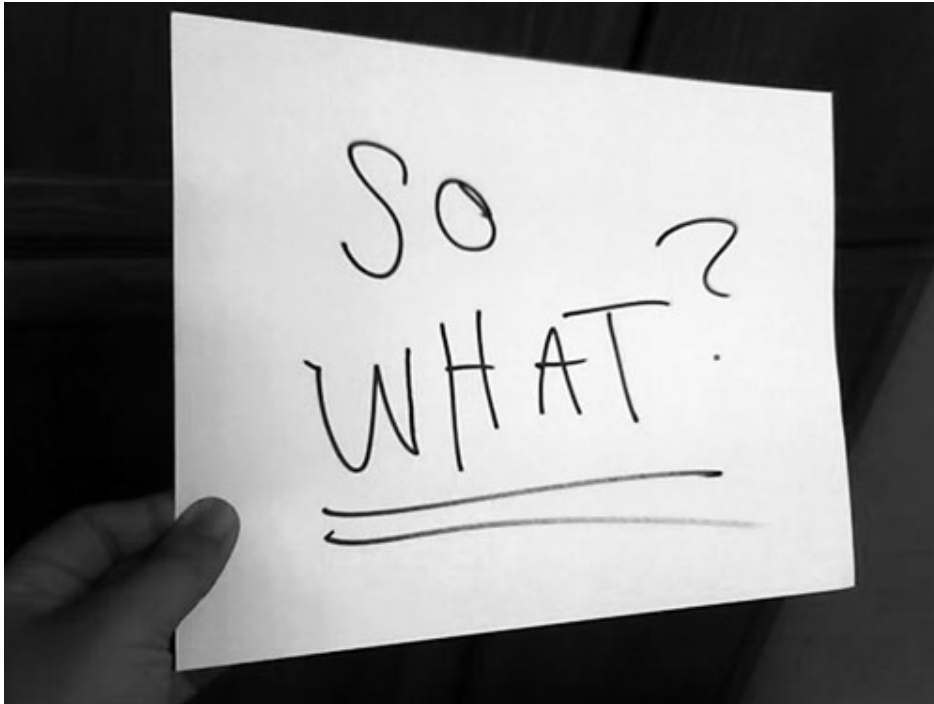
- **One Dose at a Time:** Implementing a Unit-Dose Medication Management System

- **SCOPE**
 - For single and multi-site hospitals
 - Provide the steps of implementation (“How to” kits)
 - Sample business cases –actual and templates for:
 - Manual unit dose
 - Automated unit dose
 - Robotic unit dose
 - Automated dispensing cabinets/devices (ADU/ADD)

CSHP 2015 and CSHP-NB



- Collaborative Practice Workshop
- Journal Club sponsorship
- PAW contest
- Upcoming
 - Critical Appraisal Workshops



- Implementation of new services
 - Justify and obtain support from administrators for establishing new programs
 - It is measurable
 - Job security
-
- Promote pharmacy excellence in individual practice settings
 - Teach best practices to students and new practitioners
 - Improve standards locally and encourage peers to work together to meet national goals
 - Promote best care for patients

Student Video

- From the College of Pharmacy and Nutrition at the University of Saskatchewan,

Katherine Diduck

Katherine Lang

Kaitlyn McMillan

- http://www.cshp.ca/programs/cshp2015/2015_video_e.asp

