



ASHP Accreditation for International Hospital and Health-System Pharmacy Service

Process and Instructions

ASHP accreditation for International Hospital and Health-System Pharmacy Services is formal recognition of the high quality of services and care provided by your hospital pharmacy department. ASHP believes this accreditation will help demonstrate your department's commitment to excellence, medication safety, and positive patient outcomes.

Accreditation is the process by which ASHP will assess your pharmacy department's level of performance in relation to the established accreditation standard and will create guidance on implementing ways to continuously improve.

We are pleased you are interested in this accreditation.

Before applying for accreditation, we recommend the Pharmacy Director and team consider the following:

- Review the accreditation standard and other materials on the ASHP website (www.ashp.org). For programs interested in accreditation for International Hospital and Health-System Pharmacy Services, contact ASHP by email at global@ashp.org with questions or to express interest. A conference call will be scheduled to review the standard and discuss the accreditation process.
 - Prospective pharmacy departments may choose to seek consultation to assess pharmacy department readiness for accreditation. ASHP Consulting provides an on-site readiness assessment that includes advice on how to improve pharmacy services and prepare for the accreditation survey. Consultation can include a mock accreditation survey. Please contact ASHP Consulting by email at global@ashp.org, and view its complement of services at the following web link: <https://www.ashp.org/Products-and-Services/ASHP-Consulting-Service?loc=homepage-hero4-consulting-service-042019>. (Please note that consultation is not a requirement for accreditation.)
- If the pharmacy department is ready for accreditation, ASHP will send a proposal for international hospital and health-system pharmacy services accreditation. The proposal includes a description of the accreditation process, responsibilities of the applicant and ASHP, and fees.* ASHP will also send an invoice for the fees according to the following schedule:
 - A one-time application fee

- An annual accreditation fee (pro-rated from the date received until December 31 of that year. Annual accreditation fees correspond to the calendar year.)

A signed proposal and payment of fees are required to begin the accreditation process.

The accreditation process is composed of several components:

- Application
- Submission of documents
- On-site survey
- Consideration for accreditation status

The application and related documents can be found on the ASHP website (www.ashp.org/global) or may be requested from global@ashp.org.

Application

Complete the application, with required signatures, and email to global@ashp.org. You will receive e-mail confirmation when your application is received. ASHP will review the application and verify receipt of the signed proposal and payment of invoices.

Document Assessment

A surveyor or surveyors will be assigned to your pharmacy and you will receive the Document Assessment Checklist. The Document Assessment Checklist is a tool provided for self-reporting policies and procedures demonstrating compliance with the standard elements, and it will assist you in collecting and organizing policies and procedures for submission. The completed Document Assessment Checklist and the referenced policies and procedures should be submitted to a secure electronic location specific to your pharmacy within 120 days of receiving the assessment checklist.

The checklist, your policies, procedures, and other supporting documentation will be reviewed by the survey team within 45 days, and you will receive a written report noting whether any policies, procedures, or other supporting documentation are missing or require clarification. Your surveyor(s) will schedule a conference call with you and your team to discuss the report and any questions as well as to plan for the on-site survey.

The specified documentation must be complete prior to the on-site survey as verified by your surveyor(s).

On-Site Survey

The on-site survey will be scheduled as early in the accreditation process as possible in order to accommodate the timeline of the pharmacy department and surveyor availability. You will receive a survey plan. During the on-site survey, the survey team will review and tour all pharmacy operations and patient care areas; review patient records for compliance with policies, procedures, and documentation; observe patient care services being performed (where appropriate); and interview senior hospital management and other hospital staff members. The survey team will ask questions of personnel concerning their duties and responsibilities relating to their roles in the delivery of pharmacy services to patients and other health care professionals, and their adherence to policies and procedures. The survey team will converse with you throughout the survey and at the close of survey, provide a verbal report of

your best practices, consultative suggestions, and any areas of partial and/or non-compliance with the standards.

Post Survey

A written survey report will be sent to the Director of Pharmacy within 30 days following the on-site survey. The report will reiterate your best practices, consultative suggestions, and state whether your survey is complete or there are outstanding items to address for compliance with the standard elements. Within 30 days of receipt of the report, a written response with a plan of corrective action and timeline for any non-compliant standard elements is required. The action plan and timeline will be reviewed by the survey team. The survey team will determine whether it requires additional information, with evidence of completion. Any required action plan reports must be provided, according to the accepted timeline, until all plans are complete. You will be notified when your pharmacy department is eligible for an accreditation decision.

Accreditation

The program's survey findings, final action plan with responses, and timeline will be reviewed by the survey team and the ASHP International Accreditation Commission. If appropriate, the Commission will recommend accreditation of the program to the ASHP Board of Directors. The ASHP Board of Directors will consider the recommendation and make their decision regarding accreditation of the pharmacy department. The accreditation term is three years.

Ongoing Accreditation Requirements

Annual reports are required for every accredited pharmacy department and reviewed by the ASHP International Accreditation Commission and Practice Advancement Office. More frequent reports may be requested in the judgement of the Commission.

Reaccreditation

Reaccreditation occurs every three years, repeating the accreditation process as described.

*For those pharmacy services with currently accredited ASHP residencies, a partial evaluation of hospital pharmacy services occurred via document review and on-site survey. This previous evaluation will result in a modified accreditation schedule and fee structure.