

IMPLEMENTING THE EUROPEAN STATEMENTS OF HOSPITAL PHARMACY IN ITALY: RESULTS OF A WORKING GROUP

NP-013

24th EHP Congress

Barcelona, 27th-29th
March 2019

S.E. Campbell Davies
M.E. Faggiano
C. Polidori
M. Mancini
P. Serra
D. Zanon
C. Di Giorgio
F. Bartolini
A. Marinozzi
V. Moretti
S. Bianchi
A. Pisterna
C. Inserra
A. Vergati
F. Semeraro
E. Peila
G. Muserra
P. Polidori

SIFO-EAHP Working Group



<http://www.eahp.eu/24-NP-013>

Contact information
Sophia Elizabeth Campbell Davies
secampbelldavies@gmail.com

Background

The European Statements of Hospital Pharmacy express commonly agreed objectives which every European health system should aim for in the delivery of hospital pharmacy services to improve clinical outcomes and patient safety; 44 Statements are divided into 6 sections.



Figure 2. EAH Project on the implementation of the European Statements of Hospital Pharmacy and the Self-Assessment Tool (SAT)

The tool also helps hospital pharmacists to assess their status within their own Countries and compare to others. In order to implement the project in Italy, a working group was formed including Italian Society of Hospital Pharmacists (SIFO) representatives: the EAHP Delegate, the EAHP Ambassador, University professors, hospital pharmacists and local healthcare unit pharmacists from all over Italy (SIFO-EAHP-WG).



SIFO-EAHP WG

Figure 3. SIFO-EAHP Working Group

Purpose

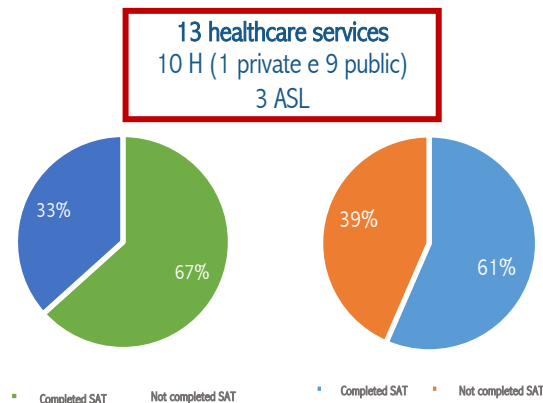
The objective was to analyse the level of implementation of the Statements within the SIFO-EAHP-WG healthcare services.

Material & methods

The link to access the SAT question set was sent via email to 30 SIFO-EAHP-WG participants associated to 23 healthcare settings (14 hospitals: 2 private and 12 public; 8 Local Health Units; 1 University). All data obtained from the SAT was collected and analysed in an Excel file.

Results

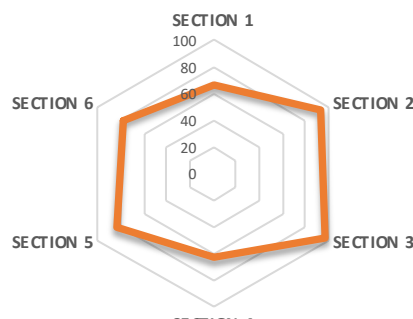
Twenty participants (67%) belonging to 61% of the healthcare services answered the survey: 10 hospitals (H) of which 1 private and 9 public and 4 Local Healthcare Units (ASL). The level of implementation was: S1 61.3% (H: 67.7% [IC 95%: 59.6-75.9]; ASL: 45.4% [29.1-61.6]); S2: 72.6% (H: 80% [74.2-85.8]; ASL: 53.9% [26.1-81.8]); S3: 83.9% (H: 89% [83.5-94.5]; ASL: 71.3% [34.7-107.8]); S4: 52.6% (H: 61.1% [48.9-73.3]; ASL: 31.3% [18.6-44.0]); S5: 73.7% (H: 82.6% [74.1-91.1]; ASL: 51.4% [38.9-64.0]); S6: 70.8% (H: 76.7% [63.4-89.9]; ASL: 56% [38.7-73.3]), confirming the high variability mainly for S1 and S4.



Graph 1. Number of answered SATs (left: components; right: hospitals)

	Total mean (%)	H mean % [95% CI]	ASL mean % [95% CI]
Section 1	61.3	67.7 [59.6-75.9]	45.4 [29.1-61.6]
Section 2	72.6	80 [74.2-85.8]	53.9 [26.1-81.8]
Section 3	83.9	89 [83.5-94.5]	71.3 [34.7-107.8]
Section 4	52.6	61.1 [48.9-73.3]	31.3 [18.6-44.0]
Section 5	73.7	82.6 [74.1-91.1]	51.4 [38.9-64.0]
Section 6	70.8	76.7 [63.4-89.9]	56 [38.7-73.3]

Table 1. SAT answers



Graph 2. Level of implementation in the sample of hospitals



Graph 3. Section 1 and Section 4 in detail

Conclusions

The results have shown how the level of implementation of the Statements in the analysed sample is high; however, the variability between the single Statements highlights the need to obtain a complete picture of the Italian setting. Such data is fundamental for SIFO-EAHP-WG to be able to define an effective action plan to support a harmonised implementation of the Statements in Italy.

Bibliography
<http://sat.eahp.eu/it/home>