

 ***professional perspective***

***Commencement of the Delphi process consultation with EAHP Member Associations and organisations representing the patient and healthcare professional perspective***

***November 2013***

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This document contains the 48 Draft Statements of hospital pharmacy practice that are proposed to be taken forward as the basis for the European Summit on Hospital Pharmacy (14-15 May).

These statements take as their basis the 2008 FIP ‘[Basel Statements’](http://www.fip.org/baselstatements) on Global Hospital Pharmacy Practice. From January to September 2013 an EAHP Working Group, made of representatives of the hospital pharmacy profession from across Europe, reviewed the Basel Statements for application in the European context and condensed the statements to 48 aspirational goals for hospital pharmacy to achieve in every EAHP member country.

Following a short initial consultation with EAHP members and Summit observer organisations, the draft statements are now being opened to comment with EAHP members and organisations representing the patient and healthcare professional perspective. The Delphi consensus finding method is being used to ensure honest and open feedback, to mitigate against the ‘halo effect’ preventing free exchange of views, and to reduce bias. More information about the process is available via the Summit website here: <http://www.eahp.eu/events/european-summit/summit-documents>

The final statements will form the long term basis and focus for EAHP’s practice development and benchmarking activity and be a springboard for service improvement and the enhancement of patient care. The statements below are draft and subject to consultation.

# Section 1: Introductory Statements and Governance

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| 1 | **The overarching goal of hospital pharmacists is to optimise patient outcomes through the judicious, safe, efficacious, appropriate, and cost effective use of medicines.** |
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| 2 | **At a European level, ‘Good Hospital Pharmacy Practice’ guidelines based on evidence should be developed. These guidelines should assist national efforts to define recognised standards across the levels, coverage, and scope of hospital pharmacy services and should include corresponding human resource and training requirements.** |
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| 3 | **Health authorities should ensure that each hospital pharmacy is supervised by a pharmacist who has completed adequate training in hospital pharmacy. All Hospitals must have access to hospital pharmacy services, including those without a pharmacy in the hospital.** |
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| 4 | **Health authorities and hospital administrators should bring together stakeholders to collaboratively develop and utilise evidence-based plans for hospital pharmacy service provision. These should be aligned to engage hospital pharmacists in all steps of the hospital medicines-use process and to meet health needs and priorities across public and private sectors that optimise patient outcomes.** |
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| 5 | **Hospital pharmacists must be members of Drug & Therapeutics Committees to oversee all medicines management policies and procedures, including those related to off-label use and novel investigational medicines.** |
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| 6 | **Hospital pharmacists should ensure that pharmacy services are integrated within the general Information and Communication Technology (ICT) framework of the hospital including electronic health (eHealth) and mobile health (mHealth) procedures. Hospital pharmacists must be involved in the design, specification of parameters and evaluation of ICT within the medicines management processes.** |
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| 7 | **Hospital pharmacists should develop, together with other healthcare professionals, criteria in order to focus the activities of the Hospital Pharmacy ensuring optimal outcomes for patients. Health systems have limited resources and these should be used responsibly.** |
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# Section 2: Selection, Procurement and Distribution

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| 8 | **Procurement of pharmaceuticals is a complex process and a core activity of hospital pharmacists. Hospital pharmacists should establish procedures of procurement based in principles of safety and quality of medicines according to the best practices and in line with national legislation.** |
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| 9 | **Hospital pharmacists should have responsibility for the management of medicine use processes and medicine related technologies.** |
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| 10 | **Hospitals should utilise a medicine formulary system, local, regional and/or national. The medicine formulary system should be linked to standard treatment guidelines, protocols and treatment pathways based on the best available evidence.** |
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| 11 | **Procurement must be according to the medicine formulary and informed by the formulary selection process. This must be a transparent process and any conflicts of interest should be disclosed.** |
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| 12 | **Each hospital pharmacy should have contingency plans for shortages and purchases for all medicines and products under its responsibility.** |
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| 13 | **Hospital pharmacy departments should have responsibility for all medicines logistics in hospitals either directly or by educating others. This includes proper storage, preparation, dispensing, and distribution conditions for all medicines and pharmaceutical products used in the hospital, including investigational medicines.** |
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| 14 | **Hospital pharmacists should support the development of policies regarding the use of medicines brought into the hospital by patients, by evaluating the appropriateness of all medication including herbal and dietary supplements. All the medicines brought by patients should be registered on the medical record.** |
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# Section 3: Production and Compounding

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| 15 | **Medicines not commercially available for special groups of patients that require compounding or production should be prepared by a hospital pharmacy. This process should also consider the need for supply after discharge.** |
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| 16 | **Hospital pharmacists should appropriately develop pharmacy-managed injectables using aseptic technique where no commercially manufactured product is available.** |
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| 17 | **When reconstitution takes place in the ward, a hospital pharmacist should approve written procedures and ensure that staff involved in reconstitution are appropriately trained.** |
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| 18 | **Hazardous medicines including cytotoxics, radiopharmaceuticals and gene therapy should be prepared and administered under appropriate conditions that minimise the risk of contaminating the product and exposing hospital personnel and patients to harm.** |
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| 19 | **Hospital pharmacists should ensure that compounded and produced medicines are consistently prepared to comply with national or international quality standards.** |
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| 20 | **Before preparation the pharmacist should verify whether preparations are of added value due to medical, pharmaceutical or personal reasons, needed by a specific patient or by specific population groups with particular needs. The hospital pharmacist should be able to refuse a request for a pharmacy preparation if there is a suitable commercially available pharmaceutical equivalent. Essential information about the product, based on the product dossier should be made available to patients and other healthcare professionals.**  |
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| 21 | **When making a pharmacy preparation, the pharmacist should always undertake an appropriate risk assessment in order to determine the level of the quality system which should be applied to the preparation of the medicinal product. Premises, facilities and pharmaceutical knowledge should be appropriate for the preparation of the medicinal product and correct labelling should be assured through the whole process from production to administration.** |
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| 22 | **An appropriate system for quality control and quality assurance should be in place; ensuring traceability for pharmacy produced and compounded medicines, in the interest of patient safety.** |
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# Section 4: Clinical Services

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| 23 | **Hospital pharmacists should be involved in all patient care areas to prospectively influence collaborative therapeutic decision-making and should have access to the patients’ health record.** |
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| 24 | **Clinical pharmacy services should continuously develop systems to improve medicine management to optimise patient outcomes.** |
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| 25 | **Hospital pharmacists are an integral part of all patient care teams assisting with therapeutic decision-making and advising on clinical pharmacy and patient safety issues. Hospital pharmacists need to be accessible for patients and other healthcare professionals to assist most effectively.** |
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| 26 | **All prescriptions should be reviewed and validated by a hospital pharmacist prior to dispensing and administration of medication.** |
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| 27 | **Pharmacists’ clinical interventions should be documented in the patients’ health record.** |
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| 28 | **Hospital pharmacists should promote seamless care by contributing to medication information transfer whenever patients move between healthcare settings in or outside the hospital.** |
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| 29 | **Hospital pharmacists should ensure that patients are educated on the appropriate use of their medicines.** |
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| 30 | **Pharmacists should inform and advise on and oversee the use of medicines outside of their marketing authorisation (off label use).**  |

# Section 5: Patient Safety and Quality Assurance

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| 31 | **The “seven rights” (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines-related activities in the hospital.** |
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| 32 | **Hospital medication practices should be reviewed by an external quality assessment accreditation program. Hospitals should act on reports following regular external quality assessment inspections to improve the quality and safety of their practices.** |
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| 33 | **Hospital pharmacists should ensure the development of quality assurance strategies for medication practices, including the use of observation methodology and Clinical Incident Reporting System (CIRS) to detect errors and identify priorities for improvement.** |
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| 34 | **Hospital pharmacists should decrease the risk of medication errors by implementing evidence-based systems or technologies systems.** |
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| 35 | **The medicines administration process should be designed so that transcription steps between the original prescription and the medicines administration record are reduced to the minimum.** |
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| 36 | **High risk medicines should be identified and appropriate procedures implemented that assure additional checks or other error prevention strategies prior to dispensing and administration.** |
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| 37 | **Hospital pharmacists should ensure that medicines are securely stored throughout the hospital and are packaged and labelled so to assure identification, maintain integrity until immediately prior to use and facilitate correct administration.** |
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| 38 | **Hospital pharmacists should promote the reporting of adverse drug reactions and notification to regional or national pharmacovigilance reporting programs where these are available. The monitoring data should be regularly reviewed to improve the quality and safety of medication practices.** |
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| 39 | **Hospital pharmacists should promote accurate recording of all allergies and contraindications in the patients’ health record. This information should be accessible and evaluated prior to prescription, dispensing and administration of medicines.** |
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| 40 | **Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy.** |
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| 41 | **Hospital pharmacists should ensure that the information resources needed by other healthcare professionals and patients for safe medicines use, preparation, dispensing and administration are accessible at the point of care.** |

# Section 6: Education and Research

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| 42 | **Undergraduate pharmacy curricula should include an introduction to hospital pharmacy practice. The role of hospital pharmacists should be promoted in the curricula of other health professionals.** |
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| 43 | **Post graduate education in the hospital setting, with a final assessment of individual competency is essential to ensure that where pharmacists are providing hospital pharmacy services, patients benefit from the highest levels of expertise.** |
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| 44 | **Hospitals should use a European accepted competency framework to assess individual human resource training needs and performance of hospital pharmacists. This should be defined and used regularly to assess all candidates and should include Continuous Professional Development (CPD).** |
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| 45 | **The training of all other staff involved in medication use processes should be nationally formalised, harmonised, including the details of defined competencies for the attainment of defined scope of practice.** |
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| 46 | **Hospital pharmacists should provide orientation and education to healthcare providers regarding best practices for medicine use for patients.** |
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| 47 | **Hospital pharmacists should actively engage in research into improving and creating new methods and systems to optimise the use of medicines for the benefits of patients. Research methods should be part of postgraduate training programmes for hospital pharmacists.** |
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| 48 | **Hospital pharmacists should be actively involved in the management and medicine use processes relating to clinical trials.** |
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