IMPLEMENTING THE EUROPEAN STATEMENTS OF HOSPITAL PHARMACY

A background document to the 2014 EAHP General Assembly Workshops

Including discussion on the future of EAHP practice benchmarking surveys and the formation of a common training framework for hospital pharmacy specialisation in Europe

GA Delegates will be assigned to workshop groups within their delegate packs received on arrival at Sofia.

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BACKGROUND

With the European Statements of Hospital Pharmacy now finalised, attention turns immediately to bringing about their realisation across EAHP's 34 member countries. Time will therefore be taken at the 2014 General Assembly to take member feedback and input as to how best to face this task, and succeed in achieving our shared goals.

The EAHP Board therefore encourages members to feedback in 3 areas:

1. Implementation overall

- Which statements pose greater implementation challenges than others?
- Which statements should be strategically prioritized at the early stage?
- What tools, realistic within EAHP's resource frame, would members like to see at a pan-European level in order to support national level efforts?
- What are the political needs of members for achieving delivery of the statements, and how might EAHP support, respecting it is not the role of EAHP to make direct interventions within national health systems?

2. Practice survey activity and statement implementation

- In view of feedback received from members at the 2013 GA, requesting continuation of EAHP's practice-benchmarking survey, how should this best proceed in light of the new European Statements of Hospital Pharmacy?
- Do members support emulation of ASHP's PPMI model (an online practice self-assessment benchmarking tool) as means to help members bring the European Statements of Hospital Pharmacy to life?
- If so, how might this be best adapted and specified for national needs in the European context?

3. Common Training Framework

- [For special attention by Workshop Group 6] Regarding statement 6.3, and the aspiration of achieving a common training framework for hospital pharmacy specialisation, what are the agreed next steps in the process?

The Board strongly counsels members that the workshops are **not** an occasion for further review of the wording of the statements. Following the European Summit on Hospital Pharmacy, the wording is final.

WORKSHOP 5: PATIENT SAFETY AND QUALITY ASSURANCE

REQUEST TO WORKSHOP GROUP

Participants in this Workshop are asked to:

1. Review the statements in this section, and report back to the GA those statements which the group consider:
    a. pose the greatest implementation challenge for members
    b. pose the least implementation challenge for members
    c. should be considered implementation priority for EAHP and members

2. In view of the above conclusions, consider what pan-European support tools (realistic within EAHP's resource frame) should be put in place to support implementation? Consider practice benchmarking, the evolution of EAHP's practice survey, EAHP educational activity and political advocacy support amongst other options.

3. Could pan-European practice benchmarking tools be useful for implementation of statements in this section, and if so, which in particular?

4. Could emulation of ASHP's PPMI model (an online practice self-assessment benchmarking tool) be useful in this regard? Should it be tailored in some way for EAHP member needs?

5. As EAHP moves towards the formation of a leadership group to bring about the creation of a common training framework for hospital pharmacy specialisation, are there any statements in this section you believe they should pay particular regard to (i.e. in the formation of agreed competencies for hospital pharmacy)?

6. For which statement is it most important that EAHP should develop an educational programmme (e.g. theoretical or practical or both)?

** Workshop Group 5 is also asked, time permitting, to consider if there are known European or national partners EAHP and members could work in partnership with to achieve implementation of these statements.*

SECTION 5: PATIENT SAFETY AND QUALITY ASSURANCE

5.1	**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.**
5.2	**Hospital pharmacists should ensure the development of appropriate quality assurance strategies for medicines use processes to detect errors and identify priorities for improvement.**
5.3	**Hospital pharmacists should ensure their hospitals seek review of their medicines use processes by an external quality assessment accreditation programme, and act on reports to improve the quality and safety of these processes.**
5.4	**Hospital pharmacists should ensure the reporting of adverse drug reactions and medication errors to regional or national pharmacovigilance programmes or patient safety programmes.**
5.5	**Hospital pharmacists should help to decrease the risk of medication errors by disseminating evidence-based approaches to error reduction including computerised decision support.**
5.6	**Hospital pharmacists should identify high-risk medicines and ensure appropriate procedures are implemented in procurement, prescribing, preparing, dispensing, administration and monitoring processes to minimise risk.**
5.7	**Hospital pharmacists should ensure that the medicines administration process is designed such that transcription steps between the original prescription and the medicines administration record are eliminated.**
5.8	**Hospital pharmacists should ensure accurate recording of all allergy and other relevant medicine-related information in the patient's health record. This information should be accessible and evaluated prior to prescription and administration of medicines.**
5.9	**Hospital pharmacists should ensure that the information needed for safe medicines use, including both preparation and administration, is accessible at the point of care.**
5.10	**Hospital pharmacists should ensure that medicines stored throughout the hospital are packaged and labelled so to assure identification, maintain integrity until immediately prior to use and permit correct administration.**

5.11	**Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy.**

ANNEX 1: RELEVANT COST ESTIMATIONS FOR POTENTIAL AREAS OF IMPLEMENTATION ACTIVITY

COST ESTIMATES FOR PROPOSED SURVEY COMMITTEE

PROJECTED EXPENDITURE FOR EAHP SURVEY ACTIVITY ARISING FROM THE NOVEMBER 2013 SURVEY WORKING GROUP RECOMMENDATIONS

2013/14

Recruitment of new Survey Committee Promotion of vacancy etc	250 euros
Potential meeting 1 of new Survey Committee at March Congress - additional travel expenses for statistician and epidemiologist	500 euros
- additional accommodation expenses for statistician and epidemiologist	400 euros
Total	1,150 euros

2014/15

Budgeted parameter of statistician time & work over year	5,000 euros
Budgeted parameter of epidemiologist time & work over year	5,000 euros
3 meetings of the Survey Committee - travel expenses[1] for 6 persons to Brussels (x3) (400 x 6 x 3)	7,200 euros
- hotel accommodation expenses[2] for 6 persons to Brussels (x3)(140 x 6 x 3)	2,520 euros
- venue costs[3] (85 x 8 x 3)	2,040 euros
- dinner (75 x 8 x 3)	1,800 euros
Use of teleconference facilities (50[4] x 3)	150 euros
Marketing and promotion of participation in the survey	1,000 euros
Marketing and promotion of survey results	5,000 euros
Contingency budget for use of bespoke online information collection tools (e.g. beyond	5,000 euros

Surveymonkey)	
Contingency budget for development of new data storage system (on epidemiologist advise)	5,000 euros
Total	39,710 euros

Annual budget thereafter reflective of 2014/15 estimate

[1] Based on estimates used in projected costs for Summit, December 2012
[2] Ibid
[3] Based on January 2013 meeting of the Scientific Committee, Sheraton
[4] Based on current Arkadin rates

COST ESTIMATES FOR SURVEY BENCHMARKING TOOLS

The benchmarking tool widely used in the USA originated from the PPMI summit and can be found at http://www.ppmiassessment.org/. An estimation of the associated costs (US Dollars) can be found below:

- Staff time (professional and administrative) to identify priority recommendations, reformat into self-assessment questions, assign a scale/score, design/conceptualize standard reports for users, test flow of tool, evaluate mock ups with designer, etc. – $30,000
- Web development – taking concept of tool/format and building a web based assessment that allowed users to score themselves, develop their own action plan, and design comparison reports - $20,000.
- Resource identification – identifying resources (links, pdf files, etc.) where they exist for the 105 self-assessment questions to provide direction for users once they identify their priorities - $10,000

The cost of resource identification and the development of the web tool are real costs, the staff costs are just estimates.

COST ESTIMATES FOR TRANSLATION OF STATEMENTS

Company	**Approx. cost** (without VAT)

Fleishman Hilliard	€	7.220,00
Argos Translations	€	7.280,00
Exigo Translations	€	7.500,00
Translated.net	€	6.000,00
Trusted Translations	Awaiting Quotation	

The above quotations represent the total cost of translating the statements into 30 European languages including non-EU languages such as Icelandic, Macedonian, Norwegian, Serbian, and Turkish.

COST ESTIMATES FOR COMMON TRAINING FRAMEWORK FORMATION

The EAHP Board expects participating countries in the leadership group to finance their nominees' travel, accommodation and other expenses in respect of meetings.

Physical in-person meetings, while required at commencement, will thereafter be limited to when deemed necessary, with virtual and online meeting and communication being the principal means of exchange.

EAHP therefore envisages venue related costs (2 meetings per year) of 4,000 euros, teleconference costs of 150 euros, and a contingency budget of 850 euros. This comes to total forecast expenditure on common training framework related activity of 5,000 euros per annum.

If recruiting outside expertise to support the achievement of consensus between countries on competencies, budget should be made of a further 5,000 euros per annum.

ANNEX 2: BACKGROUND INFORMATION ON FUTURE SURVEY ACTIVITY CONSIDERATIONS 2013-14

CONSIDERATIONS OF THE 2013 GENERAL ASSEMBLY

Last year's General Assembly in Athens advised EAHP that future EAHP surveys on practice development should:

- continue and be short and simple to complete;
- be conducted on an annual rolling cycle;
- provide quick feedback on results;
- be linked to the European Statements of Hospital Pharmacy approved at the Summit;
- be overseen by a permanent working group; and,
- be driven by clear objectives.

Full minutes of the 2013 General Assembly available here.

POST GA CONSIDERATIONS BY BOARD WORKING GROUP

After the 2013 General Assembly a meeting of the EAHP Board Survey Working Group was held in November 2013 to conduct further planning for future survey activity and to make recommendations. Its principal recommendations to the EAHP Board are below. The minutes of the meeting are available here.

1	SOPs should be developed covering the breadth of EAHP survey activity.
2	A process be developed for EAHP members to make a request for survey support.
3	Surveys conducted at the Congress by external organisations should be covered in EAHP SOPs.
4	To understand the aims and purposes of EAHP survey activity as described in this document. To be used as a reference as to whether proposed survey activity is meeting purpose.
5	The future practice survey should be explicitly related to the final Summit statements, for the purposes of monitoring their implementation, and assisting development action where practice is found to be short of the statement aspiration.
6	To conduct the practice survey each year, in a 3 year rolling cycle, connected to the 6 Summit statement areas.
7	To conduct the annual practice survey according to a regular calendar, with the survey request issued in September/October of each year, the data collected and analysed in November and December, and first results shared at the January Board meeting. The calendar should explore the possibility of permitting GA workshop review of the questions before being issued. The timeline should be covered in an EAHP SOP.
8	A standing Committee be created to oversee the conduct of EAHP survey activity. The Committee would report to the Board.
9	The governance, purpose and broad parameters of the Survey Committee membership and operation should be set out in an SOP. The meeting recommends to the Board the Survey Committee has 6-8 members, including 2 Board Members, 1 SC member, an epidemiologist, a statisticians and designated appointees as required.
10	The collection of information about members should be systematised around the annual member renewal process. The continual building of this information and improvement of the process should be overseen by the Survey Committee.

ANNEX 3: BACKGROUND INFORMATION ON THE COMMON TRAINING FRAMEWORK

WHAT IS THE COMMON TRAINING FRAMEWORK?

The Common Training Framework is a new tool available under the European Union's revised Professional Qualifications Directive for the purpose of achieving automatic recognition of professional qualifications across borders.

Its key features include:

1. a version of "automatic recognition" across countries for professional qualifications not currently benefiting from this;

2. the framework will only be applied in those countries willing to take part (minimum of 1/3 EU member states, currently calculated by the Commission as 10) i.e. it is a voluntary arrangement between countries, not mandatory for all EU countries;

3. professional associations are intended to take the lead in developing such frameworks and apply to the Commission for legal recognition; and,

4. the framework to be based on agreed competencies/learning outcomes, as opposed to needing agreement on duration periods for attaining the qualification, which has previously been the basis for older forms of European qualification recognition framework

More information is available **here**.

WHAT ARE EAHP'S CURRENT PLANS FOR MAKING IT HAPPEN?

EAHP held a meeting of its member associations at the 19th Congress in Barcelona in March 2014 to consider the best way forward in creating a common training framework for hospital pharmacy specialization in Europe.

The key proposal was to form a leadership group comprised largely of those countries already with specialization programmes in existence in order to drive forward the task of harmonizing agreement on competencies. Strong opposition to this concept was not expressed, and the EAHP now consider the first meeting of the leadership group should take place in Autumn 2014.

Background documents to Barcelona Members' Meeting **here**.