Proposed European Statements of Hospital Pharmacy

Delphi Round 2 *(January 2014)*

The 48 proposed European Statements of Hospital Pharmacy now enter the final round of Delphi consultation with EAHP's 34 member countries and 34 registered European **patient and professional organisations.**

The statements, subject to final agreement at the **European Summit on Hospital Pharmacy** (14-15 May 2014) will form the basis of EAHP's work in developing hospital pharmacy standards across Europe, provide an ongoing focus for its **educational activity**, and a bedrock of pan-European **practice benchmarking.** The statements will constitute the EAHP expectancy of hospital pharmacy service delivery in its member countries.

To ensure the statements reflect the full diversity of European health systems, and the shared aspirations of hospital pharmacists, patients and healthcare professionals, EAHP is undertaking a **Delphi consensus-finding consultation.**

The **first round of Delphi consultation** ran from 15th November to 6th December 2013. The independent moderation team, led by **Professor Neal Maskrey,** has now completed review of Delphi Round 1 and made recommendations for revision. The revised draft statements for Delphi Round 2 are reproduced in this document to assist organisations in the process of internal review and sharing of opinions. Comments within the Delphi process must however be submitted via the **consultation portal**. Log in details have been sent to all participant organisations. However if these have been misplaced or you are experiencing any technical issues regarding the portal simply contact caroline.deroos@synmind.nl .

Delphi Round 2 will close at midnight on Wednesday 12 February 2014

Section 1: Introductory Statements and Governance

1.1	**The overarching goal of the hospital pharmacy service is to optimise patient outcomes through working within multidisciplinary teams in order to carry out the judicious, safe, efficacious, appropriate, and cost effective use of medicines.**
1.2	**At a European level, 'Good Hospital Pharmacy Practice' guidelines based on the best available evidence should be developed. These guidelines should assist national efforts to define recognised standards across the scope and levels of hospital pharmacy services and should include corresponding human resource and training requirements.**
1.3	**Health authorities should ensure that each hospital pharmacy is supervised by a pharmacist with sufficient working experience in the hospital settings, and preferably with explicit, specialist training and demonstration of competence in hospital pharmacy. All hospitals must have access to hospital pharmacy services, including those without a pharmacy in the hospital.**
1.4	**Hospital pharmacists should work with health authorities, hospital administrators and other locally relevant stakeholders to develop hospital pharmacy human resource plans. These should be aligned to engage hospital pharmacists as supervisors in all steps of all medicine use processes to meet health needs and priorities across public and private sectors that optimise medicines use and patient outcomes.**
1.5	**Hospital pharmacists should take the lead in coordinating the activities of multidisciplinary, organisation-wide Drug & Therapeutics Committees. They should have appropriate representation as full members of these Committees which should oversee and improve all medicines management policies and procedures including those related to unlicensed and off-label use of medicines, novel investigational medicines, and anti-counterfeit medicines strategies.**
1.6	**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 processes.**
1.7	**Hospital pharmacists should develop, in collaboration with other stakeholders which include other healthcare professionals, patients and the public, criteria to enable the prioritisation of the activities of the Hospital Pharmacy. Health systems have limited resources and these should be used responsibly to optimise outcomes for patients.**

Section 2: Selection, Procurement and Distribution

2.1	**Procurement of pharmaceuticals is a complex process and a core activity of hospital pharmacists. Hospital pharmacists should establish transparent procurement processes based on principles of safety and quality of medicines, in line with best practice and national legislation.**
2.2	**Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and processes for the use of medicine related technologies. Responsibility for such processes and their use should be clearly defined, and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care.**
2.3	**Hospitals should develop, maintain and use a medicines formulary system, which may be 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 including patient outcomes and pharmacoeconomic evaluations where these are available.**
2.4	**Procurement should usually be according to the medicine formulary and informed by the formulary selection process. A robust process should also be in place to appropriately procure medicines not included in the formulary where their use is indicated for the safe and effective care of individual patients.**
2.5	**In collaboration with other local and national health organisations, each hospital pharmacy should have contingency plans for shortages of medicines, and for other health care products which it procures.**
2.6	**Hospital pharmacy departments should have responsibility for all medicines logistics in hospitals. This includes proper storage, preparation, dispensing, and distribution conditions for all medicines and pharmaceutical products used in the hospital, including investigational medicines.**
2.7	**Unless specifically precluded by national legislation or regulations, hospital pharmacists should support the development of policies regarding the use of medicines brought into the hospital by patients. All patients should have an evaluation of the appropriateness of all their medication including herbal and dietary supplements on admission. All the medicines used by patients should be entered on the patient's medical record and confirmed by the hospital pharmacist.**

Section 3: Production and Compounding

3.1	**Medicines not commercially available that require compounding or production should be prepared by a hospital pharmacy.**
3.2	**Hospital pharmacists should ensure that appropriate techniques and Good Manufacturing Practice are applied in the manufacture and preparation of parenteral and other products supplied by the pharmacy.**
3.3	**When reconstitution takes place in the ward, a hospital pharmacist should approve written procedures and ensure that the staff involved in reconstitution are appropriately trained.**
3.4	**Hazardous medicines including cytotoxics, radiopharmaceuticals and gene therapies should be prepared in appropriate conditions that minimise the risk of contaminating the product and exposing hospital personnel and patients to harm.**
3.5	**Hospital pharmacists should ensure that compounded and produced medicines are consistently prepared to comply with quality standards.**
3.6	**Before pharmacy manufacture or preparation of a medicine, the hospital pharmacist should ascertain whether there is a suitable commercially available pharmaceutical equivalent, and if necessary discuss with the health care team whether pharmacy preparation is appropriate for a specific patient or group of patients.**
3.7	**Before 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 throughout the process from production to administration.**
3.8	**In the interest of patient safety, an appropriate system for quality control and quality assurance should be in place, ensuring traceability for pharmacy produced and compounded medicines.**

Section 4: Clinical Services

4.1	**Clinical pharmacy services should continuously develop to manage medication therapy to optimise patients' outcomes.**
4.2	**Hospital pharmacists should be an integral part of all patient care teams advising especially on therapeutics, clinical pharmacy and patient safety issues; they should play a full part in decision making in partnership with patients and other health care professionals.**
4.3	**Whenever the clinical situation allows, all prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist; this review should preferably take place prior to the dispensing and administration of medication.**
4.4	**Hospital pharmacists should be involved in all patient care settings to prospectively influence collaborative, multidisciplinary therapeutic decision-making; they should have access to the patients' health record.**
4.5	**Pharmacists' clinical interventions should be documented in the patients' health record.**
4.6	**Hospital pharmacists should promote seamless care by contributing to medication information transfer whenever patients move between healthcare settings.**
4.7	**As an integral part of all patient care teams, hospital pharmacists should ensure that patients are given appropriate information on the use of their medicines.**
4.8	**Pharmacists should inform and advise on the use of medicines outside of their marketing authorisation (off label use).**

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	**Hospitals should seek review of their medication practices by an external quality assessment accreditation programme. Hospitals should act on reports as appropriate to improve the quality and safety of their practices.**
5.3	**Hospital pharmacists should ensure the development of appropriate quality assurance strategies for medication practices including the use of observation methodology, Medication Error Reporting Systems (MERS), and Clinical Incident Reporting System (CIRS) to detect errors and identify priorities for improvement.**
5.4	**Hospital pharmacists should help to decrease the risk of medication errors by disseminating evidence-based approaches to error reduction including computerised decision support.**
5.5	**The medicines administration process should be designed such that transcription steps between the original prescription and the medicines administration record are eliminated.**
5.6	**High risk medicines should be identified and appropriate procedures implemented that assure checks prior to prescribing, dispensing and administration.**
5.7	**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. 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.**
5.8	**Hospital pharmacists should promote the reporting of adverse drug reactions to regional or national pharmacovigilance programmes.**
5.9	**Hospital pharmacists should promote accurate recording of all allergy information in the patients' health record. This information should be accessible and evaluated prior to prescription and administration of medicines.**
5.10	**Hospital pharmacists should support and implement systems that allow traceability of all medicines**

	dispensed by the pharmacy.
5.11	**Hospital pharmacists should ensure that the information resources needed for safe medicines use, including both preparation and administration, are accessible at the point of care.**

Section 6: Education and Research

6.1	**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.**
6.2	**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.**
6.3	**A European-wide competency framework to regularly assess performance and training needs of hospital pharmacists should be developed and implemented. This should contain core minimum competencies which would be applicable to all hospital pharmacists; given the heterogeneity of hospital pharmacy practice in different countries, additional national competency frameworks should be considered.**
6.4	**A European-wide competency framework and training programme to support all other staff involved in medication use processes should be developed and implemented.**
6.5	**Hospital pharmacists should provide orientation and education to other healthcare providers on best practices for medicine use.**
6.6	**Hospital pharmacists should actively engage in hospital pharmacy practice research which describes improving existing and creating new methods and systems to optimise the use of medicines for the benefit of patients. Research methods should be part of postgraduate training programmes for hospital pharmacists.**
6.7	**Hospital pharmacists must be actively involved in the management and medicine use processes relating to clinical trials.**