

Welcome to the 2018 EAHP Survey on the Statements of Hospital Pharmacy

Dear colleague,

Welcome to the 2018 EAHP Survey!

This is the 5th survey in the new format of EAHP surveys, which are associated with the European Statements of Hospital Pharmacy. Following successful completion and evaluation of the Baseline survey and the 2015-2016 and 2017 Statements survey, this survey will review how the implementation of the Statements section 1 (Introductory Statements and Governance), 3 (Production and Compounding) and 4 (Clinical Pharmacy Services) has changed in the last 2 years.

Data from the survey will help to target EAHP activities more precisely to the most important areas, where the level of Statements' implementation is not sufficient and also to identify the most important barriers in implementation efforts. We believe that the results will also be very important and useful for your national associations as well as for the individual hospital pharmacies.

We encourage you to answer the questions openly and genuinely. Privacy is of utmost importance for EAHP. We will only publish summarised reports and/or anonymous examples, without disclosing of individual responses and hospitals/pharmacies.

We kindly ask you to complete the survey whether you participated in past EAHP surveys or not.

Dear colleagues, without your input and help, we cannot be successful in improving our profession and outcomes for the patients. Therefore, we kindly ask you to fill in this survey, which should not take more than approximately 30 or 40 minutes.

The deadline for completing the survey is Monday, 5th November.

Your help is highly appreciated.

On behalf of EAHP Board of Directors

Petr Horák

President

Available translations of this survey may be found on the EAHP website : <http://www.eahp.eu/publications/survey/content/2018-statements-survey>

Translations have been provided by each country at their own discretion, and as such there may not be a translated survey for every country.

General questions about hospital activity

The full list of EAHP statements and a glossary of terms can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

All free-text responses are limited to 200 characters. If you wish to provide a more detailed response, please submit an email to your EAHP national coordinator.

G1. Is your pharmacy within a teaching/university hospital?

- Yes
 No

Teaching/university hospital is a hospital that provides education of medical/pharmacy students

G2. Is your pharmacy within a general hospital?

- Yes
 No

General hospital is a hospital not specializing in the treatment of particular illnesses or of patients of a particular sex or age group, having at least following departments/specializations: Internal medicine, surgery, gynaecology.

General questions about hospital activity

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G2.1 Your hospital is a

- Pediatric hospital
- Geriatric hospital
- Oncology hospital
- Psychiatric hospital
- Traumatology hospital
- Other (please specify)

General questions about hospital activity

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G2.2 Is your hospital pharmacy providing a regular service to more than one hospital?

Yes

No

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G2.3 For how many hospitals does your pharmacy provide a service?

- 2-5
- 6-10
- More than 10

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G3. How many beds are served by your pharmacy?

- Fewer than 100 beds
- 101 to 500 beds
- 501-1000 beds
- More than 1000 beds

G4. Approximately how many pharmacists are employed by your hospital pharmacy?

- 1-10 full time equivalents
- 11-50 full time equivalents
- 51-100 full time equivalents
- More than 100 full time equivalents

G5. Approximately how many trainee pharmacists (i.e. prior to becoming registered pharmacists) are employed by your hospital?

- 0
- 1-5 full time equivalents
- 6-10 full time equivalents
- 11-20 full time equivalents
- More than 20 full time equivalents

G6. Approximately how many pharmacy technicians are employed by your hospital pharmacy?

- 1-10 full time equivalents
- 11-50 full time equivalents
- 51-100 full time equivalents
- More than 100 full time equivalents

G7. To whom is the pharmacy director responsible?

- To the hospital chief executive officer (hospital director)
- To an outside pharmacy director
- To a clinical medical director
- To a local authority
- To nobody
- Other (please specify)

G8. Is your pharmacy involved with the procurement, supply or supervision of medical devices?

- Yes
- No

Note: If your pharmacy is involved with medical devices then all of the following questions relate to medical devices and medicines unless specified otherwise.

Section 1: Introductory Statements and Governance

EAHP Statement 1.1

The overarching goal of the hospital pharmacy service is to optimise patient outcomes through working collaboratively within multidisciplinary teams in order to achieve the responsible use of medicines across all settings.

S1.1 The pharmacists in our hospital work routinely as part of multidisciplinary team*.

In no areas of patient care	In only a small number (1-2) of areas of patient care	In some areas (3-5) of patient care	In most areas (5-10) of patient care	In all areas of patient care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*(*multidisciplinary teams involve several different healthcare professionals where each member has specific responsibilities in the overall care of the patient.)*

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S1.1 The pharmacists in our hospital work routinely as part of multidisciplinary team.

You indicated this happens in at least some areas of patient care.

S1.1.1 What type of multidisciplinary activities are you involved with?

Tick all that apply

- Regular attendance of multidisciplinary ward round
- Membership of multidisciplinary committees
- Specific therapeutic groups (e.g. antimicrobial stewardship)
- Consultations with patients about their medicines
- Educational activities
- Other (please specify)

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S1.1 The pharmacists in our hospital work routinely as part of multidisciplinary team.

You indicated 'This happens never/This happens rarely'

S1.1.2 What is preventing this?

Tick all that apply

- Reluctance from medical/nursing staff to allow this
- The pharmacists don't have the confidence to do this
- We are prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 1: Introductory Statements and Governance

EAHP Statement 1.3

Health systems have limited resources and these should be used responsibly to optimise outcomes for patients. Hospital pharmacists should develop, in collaboration with other stakeholders, criteria and measurements to enable the prioritisation of hospital pharmacy activities.

S1.3 Our hospital is able prioritise hospital pharmacy activities according to agreed criteria*.

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

*(*criteria may have been agreed at hospital, regional or national level).*

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S1.3 Our hospital is able prioritise hospital pharmacy activities according to agreed criteria

You indicated this happens at least sometimes

S1.3.1 What are the criteria used to prioritise your hospital pharmacy activities?

Tick all that apply

- Legislation
- National guidelines
- Local policy
- Quality incentives (e.g. from health insurance providers)
- Capacity*
- Capability*
- Other (please specify)

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S1.3 Our hospital is able prioritise hospital pharmacy activities according to agreed criteria.

You indicated 'This happens never/This happens rarely'

S1.3.2 What is preventing this?

Tick all that apply

- We are prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

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Section 1: Introductory Statements and Governance

EAHP Statement 1.5

Hospital pharmacists should work with all relevant stakeholders to develop hospital pharmacy human resource plans covering the breadth of hospital pharmacy practice. 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.

S1.5 The pharmacists in our hospital are engaged in the supervision of all steps of all medicine use processes.

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

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S1.5 The pharmacists in our hospital are engaged in the supervision of all steps of all medicine use processes.

You indicated 'This happens never/This happens rarely'

S1.5.1 What is preventing this?

Tick all that apply

- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- It is not required by our legislation
- Not considered to be a priority by my managers/medical/nursing staff
- Not considered to be a priority by me
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Hospital pharmacists should work with all relevant stakeholders to develop hospital pharmacy human resource plans covering the breadth of hospital pharmacy practice. 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.

S1.5 The pharmacists in our hospital are engaged in the supervision of all steps of all medicine use processes.

You indicated 'This happens never/This happens rarely' due to limited capacity or capability.

1.5.2 Do you have an approved human resource plan in place to address this?

Yes

No

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 1: Introductory Statements and Governance

EAHP Statement 1.6

Hospital pharmacists should take the lead in coordinating the activities of multi-disciplinary, organisation-wide Drug & Therapeutics Committees or equivalent. They should have appropriate representation as full members of these Committees which should oversee and improve all medicines management policies.

S1.6 At least one pharmacist from our team is a full member of the Drug & Therapeutics Committee or equivalent.

Yes

No

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S1.6 At least one pharmacist from our team is a full member of the Drug & Therapeutics Committee.

You answered 'No'.

S1.6.1 What is preventing this?

Tick all that apply

- We do not have a Drug and Therapeutics Committee
- It is not required by our legislation
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Not considered to be a priority by my managers/medical/nursing staff
- Not considered to be a priority by me
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Hospital pharmacists should take the lead in coordinating the activities of multi-disciplinary, organisation-wide Drug & Therapeutics Committees or equivalent. They should have appropriate representation as full members of these Committees which should oversee and improve all medicines management policies.

S1.6.2 The pharmacists in our hospital take the lead or have an active role in coordinating the activities of the Drug & Therapeutics Committees or equivalent.

Yes

No

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S1.6.2 The pharmacists in our hospital take the lead or have an active role in coordinating the activities of the Drug & Therapeutics Committees or equivalent.

You answered 'No'.

S1.6.3 What is preventing this?

Tick all that apply

- The pharmacists have a passive or minor role only
- It is not required by our legislation
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Not considered to be a priority by my managers/medical staff
- Not considered to be a priority by me
- Other (please specify)

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Section 1: Introductory Statements and Governance

EAHP Statement 1.7

Hospital pharmacists must be involved in the design, specification of parameters and evaluation of ICT within the medicines processes. This will 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.

S1.7 The pharmacists in our hospital are involved in the design, specification of parameters and evaluation of ICT used within medicines processes.

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

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S1.7 The pharmacists in our hospital are involved in the design, specification of parameters and evaluation of ICT used within medicines processes.

You indicated 'This happens never/This happens rarely'

S1.7.1 What is preventing this?

Tick all that apply

- It is not required by our legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

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S1.7 The pharmacists in our hospital are involved in the design, specification of parameters and evaluation of ICT used within medicines processes.

You indicated this happens at least sometimes

S1.7.2 Which of the following are the pharmacists involved with?

Tick all that apply

- Computerised prescribing order entry (CPOE) systems
- electronic health (e-Health)
- mobile health (mHealth)
- Pharmacy-based ICT systems
- Ward-based ICT systems
- Other (please specify)

**e-Health is the transfer of health resources and health care by electronic means. It encompasses three main areas:*

- ▶ *The delivery of health information, for health professionals and health consumers, through the internet and telecommunications*
- ▶ *Using the power of IT and e-commerce to improve public health services, e.g. through the education and training of health workers*
- ▶ *The use of e-commerce and e-business practices in health systems management.*

**mHealth is medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs) and other wireless devices.*

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Section 3: Production and Compounding

EHP Statement 3.1

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 this decision with the relevant stakeholders.

S3.1 The pharmacists in our hospital check if a suitable product is commercially available before we manufacture or prepare a medicine.

This happens never This happens rarely This happens sometimes This happens frequently This happens always

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S3.1 The pharmacists in our hospital check if a suitable product is commercially available before we manufacture or prepare a medicine.

You indicated 'This happens never/This happens rarely'

S3.1.1 What is preventing this?

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Section 3: Production and Compounding

EAHP Statement 3.2

Medicines that require manufacture or compounding must be produced by a hospital pharmacy, or outsourced under the responsibility of the hospital pharmacist.

S3.2 When medicines require manufacture or compounding, we either produce them in our hospital pharmacy or we outsource to an approved provider

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

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S3.2 When medicines require manufacture or compounding, we either produce them in our hospital pharmacy or we outsource to an approved provider.

You indicated 'This happens never/This happens rarely'

S3.2.1 What is preventing this?

Tick all that apply

- It is not required by our legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

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Section 3: Production and Compounding

EAHP Statement 3.2

Medicines that require manufacture or compounding must be produced by a hospital pharmacy, or outsourced under the responsibility of the hospital pharmacist.

S3.2.2 If you have outsourced medicines, what types of medicines was this for?

Tick all that apply

- Cytotoxic chemotherapy
- Parenteral nutrition
- Other injectable medicines
- Non-sterile compounding
- Other sterile preparations
- We do not outsource medicines
- Other (please specify)

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Section 3: Production and Compounding

EAHP Statement 3.3

Before making a pharmacy preparation, the hospital pharmacist must undertake a risk assessment to determine the best practice quality requirements. These must consider premises, equipment, pharmaceutical knowledge and labelling.

S3.3 The pharmacists in our hospital undertake a risk assessment to determine the best practice quality requirements before making a pharmacy preparation

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

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S3.3 The pharmacists in our hospital undertake a risk assessment to determine the best practice quality requirements before making a pharmacy preparation.

You indicated 'This happens never/This happens rarely'

S3.3.1 What is preventing this?

Tick all that apply

- It is not required by our legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

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Section 3: Production and Compounding

EAHP Statement 3.4

Hospital pharmacists must ensure that an appropriate system for quality control, quality assurance and traceability is in place for pharmacy prepared and compounded medicines.

S3.4 The pharmacy in our hospital has an appropriate system in place for the quality assurance of pharmacy prepared and compounded medicines.

Yes

No

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Section 3: Production and Compounding

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Hospital pharmacists must ensure that an appropriate system for quality control, quality assurance and traceability is in place for pharmacy prepared and compounded medicines.

S3.4 The pharmacy in our hospital has an appropriate system in place for the quality assurance of pharmacy prepared and compounded medicines.

You answered 'No'.

S3.4.1 What is preventing this?

Tick all that apply

- It is not required by our legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

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Section 3: Production and Compounding

EHP Statement 3.4

Hospital pharmacists must ensure that an appropriate system for quality control, quality assurance and traceability is in place for pharmacy prepared and compounded medicines.

S3.4.2 The pharmacy in our hospital has an appropriate system in place for the traceability of pharmacy prepared and compounded medicines.

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

Traceability: The ability to track forward the movement through specified stage(s) of the extended supply chain and trace backward the history, application or location of that which is under consideration.

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S3.4.2 The pharmacy in our hospital has an appropriate system in place for the traceability of pharmacy prepared and compounded medicines.

You indicated 'This happens never/This happens rarely'

S3.4.3 What is preventing this?

Tick all that apply

- It is not required by our legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

Traceability: The ability to track forward the movement through specified stage(s) of the extended supply chain and trace backward the history, application or location of that which is under consideration.

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 3: Production and Compounding

EAHP Statement 3.4

Hospital pharmacists must ensure that an appropriate system for quality control, quality assurance and traceability is in place for pharmacy prepared and compounded medicines.

S3.4.2 The pharmacy in our hospital has an appropriate system in place for the traceability of pharmacy prepared and compounded medicines.

You indicated this happens at least sometimes

S3.4.4 What system do you use to trace the pharmacy prepared and compounded medicines?

Tick the method you use most

- Paper-based systems
- Computerised systems (eg barcodes, RFID)
- Combination of both

Traceability: The ability to track forward the movement through specified stage(s) of the extended supply chain and trace backward the history, application or location of that which is under consideration.

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Section 3: Production and Compounding

EAHP Statement 3.5

Hazardous medicines should be prepared under appropriate conditions to minimise the risk of contaminating the product and exposing hospital personnel, patients and the environment to harm.

S3.5 Our hospital has appropriate systems in place for the preparation and supply of hazardous medicines.

Yes

No

Drugs considered hazardous include those that exhibit one or more of the following six characteristics in humans or animals: Carcinogenicity, Teratogenicity or other developmental toxicity, Toxicity, Reproductive toxicity, Organ toxicity at low doses, Genotoxicity.

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Section 3: Production and Compounding

EAHP Statement 3.5

Hazardous medicines should be prepared under appropriate conditions to minimise the risk of contaminating the product and exposing hospital personnel, patients and the environment to harm.

S3.5 Our hospital has appropriate systems in place for the preparation and supply of hazardous medicines.

You answered 'No'.

S3.5.1 What is preventing this?

Tick all that apply

- We don't prepare or supply hazardous medicines
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

Drugs considered hazardous include those that exhibit one or more of the following six characteristics in humans or animals: Carcinogenicity, Teratogenicity or other developmental toxicity, Toxicity, Reproductive toxicity, Organ toxicity at low doses, Genotoxicity.

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Section 3: Production and Compounding

EAHP Statement 3.5

Hazardous medicines should be prepared under appropriate conditions to minimise the risk of contaminating the product and exposing hospital personnel, patients and the environment to harm.

S3.5.2 Our hospital has appropriate systems in place to minimise the risk of exposing hospital personnel, patients and the environment to harm from hazardous medicines*

Yes

No

Drugs considered hazardous include those that exhibit one or more of the following six characteristics in humans or animals: Carcinogenicity, Teratogenicity or other developmental toxicity, Toxicity, Reproductive toxicity, Organ toxicity at low doses, Genotoxicity.

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 3: Production and Compounding

EAHP Statement 3.5

Hazardous medicines should be prepared under appropriate conditions to minimise the risk of contaminating the product and exposing hospital personnel, patients and the environment to harm.

S3.5.2 Our hospital has appropriate systems in place to minimise the risk of exposing hospital personnel, patients and the environment to harm from hazardous medicines*

You answered 'No'.

S3.5.3 What is preventing this?

Tick all that apply

- We don't have any hazardous medicines in our hospital
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

Drugs considered hazardous include those that exhibit one or more of the following six characteristics in humans or animals: Carcinogenicity, Teratogenicity or other developmental toxicity, Toxicity, Reproductive toxicity, Organ toxicity at low doses, Genotoxicity.

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Section 3: Production and Compounding

EAHP Statement 3.6

When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures that ensure staff involved in these procedures are appropriately trained.

S3.6 Our hospital has written procedures that ensure staff are appropriately trained to reconstitute or mix medicines in a patient care area.

Yes

No

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 3: Production and Compounding

EAHP Statement 3.6

When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures that ensure staff involved in these procedures are appropriately trained.

S3.6 Our hospital has written procedures that ensure staff are appropriately trained to reconstitute or mix medicines in a patient care area.

You answered 'No'

S3.6.1 What is preventing this?

Tick all that apply

- It is not required by our legislation
- Approval is given by other healthcare professionals
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 3: Production and Compounding

EHP Statement 3.6

When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures that ensure staff involved in these procedures are appropriately trained.

3.6.2 Were pharmacists involved in approving these procedures?

Yes

No

The full list of EHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 3: Production and Compounding

EAHP Statement 3.6

When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures that ensure staff involved in these procedures are appropriately trained.

S3.6.2 Were pharmacists involved in approving these procedures?

You answered 'No'.

S3.6.3 What is preventing this?

Tick all that apply

- It is not required by our legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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All free-text responses are limited to 200 characters. If you wish to provide a more detailed response, please submit an email to your EAHP national coordinator.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.1

Hospital pharmacists should be involved in all patient care settings to prospectively influence collaborative, multidisciplinary therapeutic decision-making; they should play a full part in decision making including advising, implementing and monitoring medication changes in full partnership with patients, carers and other health care professionals.

S4.1 The pharmacists in our hospital play a full part in shared decision-making on medicines, including advising, implementing and monitoring medication changes.

This happens never	This happens only in a few wards/settings	This happens in some wards/settings	This happens in most wards/settings	This happens in all wards/settings
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 4: Clinical Pharmacy Services

EHP Statement 4.1

Hospital pharmacists should be involved in all patient care settings to prospectively influence collaborative, multidisciplinary therapeutic decision-making; they should play a full part in decision making including advising, implementing and monitoring medication changes in full partnership with patients, carers and other health care professionals.

S4.1 The pharmacists in our hospital play a full part in shared decision-making on medicines, including advising, implementing and monitoring medication changes.

You indicated 'This happens never/This happens rarely'

S4.1.1 What is preventing this?

Tick all that apply

- Reluctance from medical/nursing staff to allow this
- Reluctance from patients to agree to this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 4: Clinical Pharmacy Services

EHP Statement 4.2

All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.

S4.2 All prescriptions in our hospital are reviewed and validated as soon as possible by a pharmacist.

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

The full list of EHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.2

All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.

S4.2 All prescriptions in our hospital are reviewed and validated as soon as possible by a pharmacist.

You indicated 'This happens never/This happens rarely'

S4.2.1 What is preventing this?

Tick all that apply

- Reluctance from medical/nursing staff to allow this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 4: Clinical Pharmacy Services

EHP Statement 4.2

All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.

S4.2.2 Does this review and validation by a pharmacist take place prior to the administration of medicines?

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

The full list of EHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.2

All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.

S4.2 Does this review and validation by a pharmacist take place prior to the administration of medicines?

You indicated 'This happens never/This happens rarely'

S4.2.3 When does this happen most often?

Tick all that apply

- When the pharmacy is closed
- In an emergency situation
- Ward stock is available
- On those wards who do not have a clinical pharmacist
- Other (please specify)

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.3

Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

S4.3 The pharmacists in our hospital have access to the patients' health record.

This happens never	This happens only in a few wards/settings	This happens in some wards/settings	This happens in most wards/settings	This happens in all wards/settings
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 4: Clinical Pharmacy Services

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Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

S4.3 The pharmacists in our hospital have access to the patients' health record.

You indicated 'This happens never/This happens rarely'

S4.3.1 What is preventing this?

Tick all that apply

- Reluctance from medical/nursing staff to allow this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- Other (please specify)

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.3

Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

S4.3.2 The pharmacists in our hospital document their clinical interventions into the patients' health record.

This happens never	This happens only in a few wards/settings	This happens in some wards/settings	This happens in most wards/settings	This happens in all wards/settings
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.3

Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

S4.3.2 The pharmacists in our hospital document their clinical interventions into the patients' health record.

You indicated 'This happens never/This happens rarely'

S4.3.3 What is preventing this?

Tick all that apply

- Reluctance from medical/nursing staff to allow this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.3

Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

S4.3.4 We analyse these clinical pharmacy interventions to inform quality improvement plans.

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.3

Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

S4.3.4 We analyse these clinical pharmacy interventions to inform quality improvement plans.

You indicated this happens at least sometimes.

S4.3.5 How often do you do this?

- Every week
- Every month
- Quarterly
- Annually
- Less frequently
- Other

Other (please specify)

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.3

Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

S4.3.4 We analyse these clinical pharmacy interventions to inform quality improvement plans.

You indicated 'This happens never/This happens rarely'

S4.3.6 What is preventing this?

Tick all that apply

- The pharmacists don't have the confidence to do this
- Reluctance from medical/nursing staff to allow this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.4

All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

S4.4 The pharmacists in our hospital enter all medicines used onto the patient's medical record on admission.

This happens never	This happens only in a few wards/settings	This happens in some wards/settings	This happens in most wards/settings	This happens in all wards/settings
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

S4.4 The pharmacists in our hospital enter all medicines used onto the patient's medical record on admission.

You indicated 'This happens never/This happens rarely'

S4.4.1 What is preventing this?

Tick all that apply

- Other healthcare professionals do this
- Reluctance from medical/nursing staff to allow this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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All free-text responses are limited to 200 characters. If you wish to provide a more detailed response, please submit an email to your EAHP national coordinator.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.4

All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

S4.4.2 The pharmacists in our hospital reconcile medicines on admission

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.4

All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

S4.4.2 The pharmacists in our hospital reconcile medicines on admission.

You indicated 'This happens never/This happens rarely'

S4.4.3 What is preventing this?

Tick all that apply

- Other healthcare professionals do this
- Reluctance from medical/nursing staff to allow this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.4

All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

S4.4.4 When reconciling medicines, the pharmacists in our hospital assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

This happens never This happens rarely This happens sometimes This happens frequently This happens always

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.4

All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

S4.4.4 When reconciling medicines, the pharmacists in our hospital assess the appropriateness of all patients' medicines, including herbal and dietary supplements.

You indicated 'This happens never/This happens rarely'

S4.4.5 What is preventing this?

Tick all that apply

- Other healthcare professionals do this
- Reluctance from medical/nursing staff to allow this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.5

Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.

S4.5 The pharmacists in our hospital contribute to the transfer of information about medicines when patients move between and within healthcare settings.

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.5

Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.

S4.5 The pharmacists in our hospital contribute to the transfer of information about medicines when patients move between and within healthcare settings.

You indicated 'This happens never/This happens rarely'

S4.5.1 What is preventing this?

Tick all that apply

- Other healthcare professionals do this
- Reluctance from medical/nursing staff to allow pharmacists to do this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.6

Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they can understand.

S4.6 The pharmacists in our hospital ensure patients and carers are offered information about their medicines in terms they can understand

This happens never	This happens rarely	This happens sometimes	This happens frequently	This happens always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.6

Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they can understand.

S4.6 The pharmacists in our hospital ensure patients and carers are offered information about their medicines in terms they can understand.

You indicated 'This happens never/This happens rarely'

S4.6.1 What is preventing this?

Tick all that apply

- Other healthcare professionals do this
- Reluctance from medical/nursing staff to allow pharmacists to do this
- The pharmacists don't have the confidence to do this
- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

The full list of EAHP statements and a glossary of terms can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

All free-text responses are limited to 200 characters. If you wish to provide a more detailed response, please submit an email to your EAHP national coordinator.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.6

Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they can understand.

S4.6 The pharmacists in our hospital ensure patients and carers are offered information about their medicines in terms they can understand.

You indicated this happens at least sometimes.

S4.6.2 Do you do this mostly for:

- Inpatients
- Outpatients
- All patients whenever we can

Particular therapeutic areas (please state)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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Section 4: Clinical Pharmacy Services

EAHP Statement 4.6

Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they can understand.

S4.6.3 Have the pharmacists in your hospital received appropriate education and support to help them explain the risks and benefits of medicines, in terms patients/carers can understand?

Yes

No

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.6

Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they can understand.

S4.6.3 Have the pharmacists in your hospital received appropriate education and support to help them explain the risks and benefits of medicines, in terms patients/carers can understand?

You answered 'No'.

S4.6.4 What is preventing this?

Tick all that apply

- There are no appropriate educational programmes offered
- Not considered to be a priority by my managers
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

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All free-text responses are limited to 200 characters. If you wish to provide a more detailed response, please submit an email to your EAHP national coordinator.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.7

Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.

S4.7 The patients in our hospital are informed when medicines are used outside of their marketing authorisation.

Yes

No

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.7

Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.

S4.7 The patients in our hospital are informed when medicines are used outside of their marketing authorisation.

You answered 'No'.

S4.7.1 What is preventing this?

Tick all that apply

- Other healthcare professionals do this
- Not required by our national policy and/or legislation
- Not considered to be a priority by my managers/clinicians
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

**Capacity: Does the organisation have the sufficient number of people or time to undertake the change?*

**Capability: Does the organisation have staff with the right skills and experience to support the change effort?*

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.7

Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.

S4.7 The patients in our hospital are informed when medicines are used outside of their marketing authorisation.

You answered 'Yes'.

S4.7.2 Do hospital pharmacists do this?

This happens never

This happens rarely

This happens sometimes

This happens frequently

This happens always

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.7

Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.

S4.7.2 Do hospital pharmacists do this?

You indicated 'This happens never/This happens rarely.'

S4.7.3 What is preventing this?

Tick all that apply

- This is prevented by national policy and/or legislation
- Not considered to be a priority by my managers/clinicians
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.8

Clinical pharmacy services should continuously evolve to optimise patients' outcomes.

S4.8 Do you have an agreed strategic plan for the development of clinical pharmacy services in your hospital?

Yes

No

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

Section 4: Clinical Pharmacy Services

EAHP Statement 4.8

Clinical pharmacy services should continuously evolve to optimise patients' outcomes.

S4.8 Do you have an agreed strategic plan for the development of clinical pharmacy services in your hospital?

You answered 'No.'

S4.8.1 What is preventing this?

Tick all that apply

- Not considered to be a priority by my managers/clinicians
- Not considered to be a priority by me
- We would like to do this but we have limited capacity*
- We would like to do this but we have limited capability*
- Other (please specify)

The full list of EAHP statements can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

General questions about how ready your hospital is to implement the Statements

11. The pharmacists within our hospital are aware of the 44 European Statements for Hospital Pharmacy

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>				

12. The pharmacists within our hospital agree in principle with the Statements

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>				

13. Our hospital pharmacy has the capability* to implement all of the Statements now

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>				

*Capability: Does the organisation have staff with the right skills and experience to support the change effort?

14. Our hospital pharmacy has the capacity* to implement the Statements now

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>				

*Capacity: Does the organisation have the sufficient number of people or time to undertake the change?

15. My hospital is committed to help the pharmacy department implement the Statements

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>				

16. Our hospital pharmacy has the confidence to make changes and implement the Statements

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>				

The full list of EAHP statements and a glossary of terms can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

All free-text responses are limited to 200 characters. If you wish to provide a more detailed response, please submit an email to your EAHP national coordinator.

General questions about how ready your hospital is to implement the Statement

The full list of EAHP statements and a glossary of terms can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

17. Which three statements are the highest priority for you to implement first?

Tick 3 of the statements below

High Priority

1.1 The overarching goal of the hospital pharmacy service is to optimise patient outcomes through working collaboratively within multidisciplinary teams in order to achieve the responsible use of medicines across all settings.

1.3 Hospital pharmacists should develop, in collaboration with other stakeholders, criteria and measurements to enable the prioritisation of hospital pharmacy activities.

1.5 Hospital pharmacists should work with all relevant stakeholders to develop hospital pharmacy human resource plans covering the breadth of hospital pharmacy practice.

1.6 Hospital pharmacists should take the lead in coordinating the activities of multi-disciplinary, organisation-wide Drug & Therapeutics Committees or equivalent.

1.7 Hospital pharmacists must be involved in the design, specification of parameters and evaluation of ICT within the medicines processes.

3.1 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 the decision with the relevant stakeholders

3.2 Medicines that require manufacture or compounding must be produced by a hospital pharmacy, or outsourced under the responsibility of the hospital pharmacist.

3.3 Before making a pharmacy preparation, the hospital pharmacist must undertake a risk assessment to determine the best practice quality requirements. These must consider premises, equipment, pharmaceutical knowledge and labelling.

3.4 Hospital pharmacists must ensure that an appropriate system for quality control, quality assurance and traceability is in place for pharmacy prepared and compounded medicines.

3.5 Hazardous medicines should be prepared under appropriate conditions to minimise the risk of contaminating the product and exposing hospital personnel, patients and the environment to harm.

3.6 When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures that ensure staff involved in these procedures are appropriately trained.

4.1 Hospital pharmacists should be involved in all patient care settings to prospectively influence collaborative, multidisciplinary therapeutic decision-making.

4.2 All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.

4.3 Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.

4.4 All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission.

4.5 Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.

4.6 Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they understand

4.7 Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.

4.8 Clinical pharmacy services should continuously evolve to optimise patients' outcomes.

General questions about how ready your hospital is to implement the Statement

The full list of EAHP statements and a glossary of terms can be found [here](#). Clicking this link will open the statements in a new window, and will not cause you to lose your progress on the survey.

18. Which three statements might be more challenging to implement?

Tick 3 of the statements below

Most challenging

1.1 The overarching goal of the hospital pharmacy service is to optimise patient outcomes through working collaboratively within multidisciplinary teams in order to achieve the responsible use of medicines across all settings.

1.3 Hospital pharmacists should develop, in collaboration with other stakeholders, criteria and measurements to enable the prioritisation of hospital pharmacy activities.

1.5 Hospital pharmacists should work with all relevant stakeholders to develop hospital pharmacy human resource plans covering the breadth of hospital pharmacy practice.

1.6 Hospital pharmacists should take the lead in coordinating the activities of multi-disciplinary, organisation-wide Drug & Therapeutics Committees or equivalent.

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3.3 Before making a pharmacy preparation, the hospital pharmacist must undertake a risk assessment to determine the best practice quality requirements. These must consider premises, equipment, pharmaceutical knowledge and labelling.

3.4 Hospital pharmacists must ensure that an appropriate system for quality control, quality assurance and traceability is in place for pharmacy prepared and compounded medicines.

Most challenging

3.5 Hazardous medicines should be prepared under appropriate conditions to minimise the risk of contaminating the product and exposing hospital personnel, patients and the environment to harm.

3.6 When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures that ensure staff involved in these procedures are appropriately trained.

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4.6 Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they understand

4.7 Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.

4.8 Clinical pharmacy services should continuously evolve to optimise patients' outcomes.

19. What are the particular challenges in implementing these?

Finished!

Thank you for completing this survey.