



Keele University
Centre for
Medicines Optimisation

European Statements of Hospital Pharmacy

Survey Results 2014-15

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Executive summary

The European Statements of Hospital Pharmacy express commonly agreed objectives which every European health system should aim for in the delivery of hospital pharmacy services. They were formulated via a methodological consultation process with EAHP's 34 member country associations and 34 patient and healthcare professional organisations. Keele University were commissioned to conduct a survey amongst European hospital pharmacists to establish a baseline to assess awareness of the Statements and to identify any barriers to their implementation. The survey was conducted from January 2015 to March 2015, spanning 16 languages and 34 countries. The survey consisted of three sections:

- Section A: general questions about the participant's hospital pharmacy, such as workforce skill-mix and number of beds served
- Section B: questions about the current activity of pharmacists around each statement
- Section C: questions about the hospital's readiness and ability to implement the statements

In section B, a value was allocated to each response to rate the degree to which they were able to comply with each statement (where 1=never able to comply, 5=always complied). In section C, they were asked to what degree they agreed with the question (1 for strongly disagree, 5 for strongly agree). A response of 1 or 2 was deemed to indicate some difficulty in complying with that statement - a 'negative response'. Where this was the case, the participant was given the option to provide a free text response explaining the reasons for this difficulty.

Overall, the response rate was 18%, but the variation in this was marked. 22 of the 34 countries had a response rate of over 30%. The 5 Statements where implementation seems to provide the greatest challenge were:

- S4.4 - The pharmacists in our hospital enter all medicines used onto the patient's medical record on admission.
- S4.5 - The pharmacists in our hospital contribute to the transfer of information about medicines when patients move between and within healthcare settings.
- S6.4 - The pharmacists in our hospital routinely publish hospital pharmacy practice research.
- S5.3 - Our hospital uses an external quality assessment accreditation programme to assure our medicines use processes
- S1.1 - The pharmacists in our hospital work routinely as part of multidisciplinary team.

There appears to be multiple barriers preventing hospital pharmacies from engaging in more clinically focused activities, such as medicines reconciliation, multidisciplinary team working and publishing practice research. There was considerable variation across the different countries, reflecting the role of pharmacists in those countries. There appears to be a relationship between the number of pharmacists employed and the ability to comply with Statement 4.4 - hospitals with smaller numbers of pharmacy staff indicated a problem with complying. This was supported by the free text comments that many hospitals feel that they do not have the capacity to perform such clinical activities.

In contrast, there appears to be fewer barriers for hospital pharmacies to engage in the procurement, compounding and distribution of medicines.

From the questions specifically related to the implementation of the Statements, the theme of lack of capability to implement statements, particularly the more clinically orientated statements, was reinforced. Likewise, the theme of lack of capacity to implement the statements may be linked to the observation of low numbers of pharmacists and technicians in many hospitals. There seems to be a wide variation in awareness and agreement with the statements which suggests a lack of engagement with the statements by pharmacists actually responsible for delivering hospital pharmacy services. This is supported by the variable response rate and low commitment to implement the statements.

These results should help inform the EAHP's implementation strategy as well as allow the individual countries who participated in the survey to compare their activities with others around Europe. It also informs the methodology and scope of future EAHP surveys and a set of recommendation are suggested at the end of this report.

Introduction and background

The European Statements of Hospital Pharmacy are designed to assist European health systems in ensuring safe, effective and optimal use of medicines in collaboration with multi-disciplinary teams.¹

The statements were formulated following an 18-month review process, which included two rounds of online Delphi consultation with EAHP's 34 member country associations and patient and healthcare professional organisations and a 'World Café'.² As outlined by Horak et al in their report on the future of the EAHP survey³, implementation of the Statements remains a challenge. Generally, the biggest challenges in implementing the Statements are perceived to be around the varying levels of practice, the different healthcare systems, and problems with staffing (capacity and capability). In order to facilitate better implementation of the Statements, it is essential to capture a baseline of where different countries are now in relation to each Statement and then measure their progress on a regular basis. Based on previous feedback and the Summit, EAHP decided to change its data collection tool, the EAHP Survey, by designing a shorter annual survey, optimising data collection while minimising workload for survey respondents. The primary focus of the annual survey is to identify the barriers to the implementation of the Statements.

Keele University were commissioned to conduct a survey amongst European hospital pharmacists to establish a baseline to assess awareness of the Statements and to identify any barriers to their implementation. The survey was conducted from January 2015 to March 2015, spanning 16 languages and 34 countries.

This document focuses on the results of the survey across all 34 member countries, focusing on the Statements identified as being those being the largest barriers to implementation across the whole of Europe. The individual country reports are also published which focus on the survey results of individual countries and highlight those statements identified as having particular barriers specific to that country. There are also appendix documents which contain the full survey results and anonymised free text responses.

Note: The survey asked questions regarding most of the 44 European Statements of Hospital Pharmacy, but not all of them. The questions asked were based on statements that had a resonance at an individual hospital level. The remaining statements which could only be responded to at a national level were statements 1.2, 1.4, 4.7, 5.1, 6.1 and 6.5. The EAHP conducted a separate survey for these statements, and the results of the questions relating to those statements have been added to the appendix documents. Additionally, some of the free-text responses from these questions have been added to the discussion of results in this report.

Method

The survey was drafted following a meeting of the EAHP Survey Group and then conducted from January 2015 to March 2015, spanning 16 languages and 34 countries. The initial draft of the questions were commented on by the EAHP Survey Group and then sent to each country co-ordinator for comment. A final version incorporated all comments to produce the final version.

The survey (see appendix 1) consisted of three sections:

- Section A: general questions about the participant's hospital pharmacy, such as workforce skill-mix and number of beds served
- Section B: questions about the current activity of pharmacists around each statement
- Section C: questions about the hospital's readiness and ability to implement the statements

The primary focus of this survey was to identify the barriers in the implementation of the European Statements of Hospital Pharmacy. To achieve this aim, in section B, the pharmacists who participated in the survey were asked to rate the degree to which they were able to comply with each statement. A value was allocated to each response using a scale of 1-5, where a 1 indicated that they were never able to comply with the statement, while a 5 indicated that they always complied with the statement. In section C, they were asked to what degree they agreed with the question and the same Likert scale was used (1 for strongly disagree, 5 for strongly agree).

For the purposes of identifying those statements where the barriers to implementation were greatest, a response of 1 or 2 was deemed to indicate some difficulty in complying with that statement - a 'negative response'. Where this was the case, the participant was given the option to provide a free text response explaining the reasons for this difficulty.

The survey was designed to only prompt for a free text response when the participant gave a negative response. By doing this, the logistical burden of dealing with vast amounts of free text (both translation and analysis time) was minimized, while still enabling the barriers to be identified by responders.

Translation of the survey into 15 languages other than English was facilitated by EAHP staff using country co-ordinators to check the translated text for their own country. Free-text responses were then translated back into English and provided to Keele for the analysis

The survey was created using the online survey software [SurveyMonkey](#), which allowed the survey to incorporate a variety of question formats and necessary logic, whilst also incorporating EAHP branding and logos.

Access to the survey was through a web-link meaning that anybody with access to the link could complete the survey. A link to the survey and a list of unique codes were sent to an EAHP coordinator who distributed the survey to the recipients and could track responses. In cases where a country did not wish to share the emails of their pharmacists, the EAHP sent the link and codes to a coordinator within the country to distribute themselves.

When the user started the survey they were asked to input their unique code, which allowed the survey administrators to check that only people invited to the survey were responding. This also enabled monitoring of response rates to the survey, where send weekly reminders could then be sent to those who had not yet replied. When the survey closed, there were a total of 1094 responses, the results of which were exported from SurveyMonkey for further analysis and reporting.

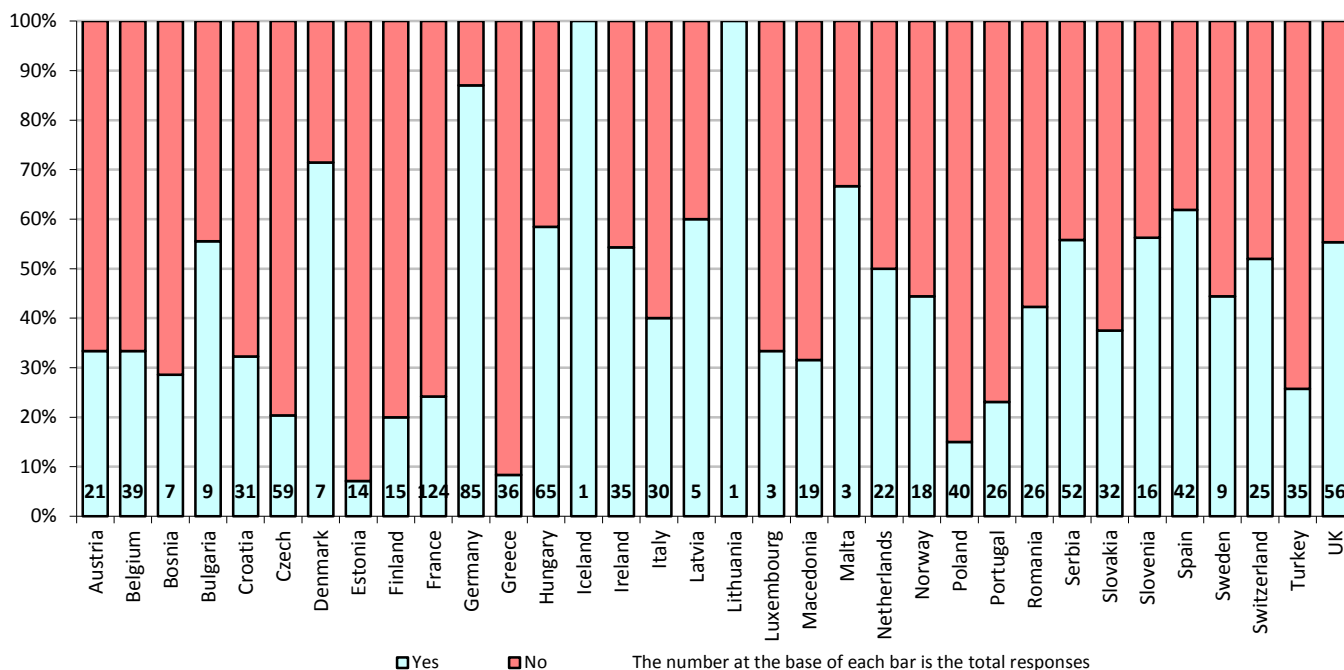
Results: EAHP Survey Response Rates

The response rates for completed surveys are listed in the table below, broken down by country. If an incomplete survey was submitted, the quantitative data was not used in the results, although any free text responses were still incorporated. For the majority of cases, the country's coordinator provided a list of emails for person they wished to include in the survey, a unique survey code was generated for each person and the EAHP distributed the survey. However, the countries highlighted in red below used a different distribution method, and were instead provided a list of unique codes to allocate and distribute to people themselves.

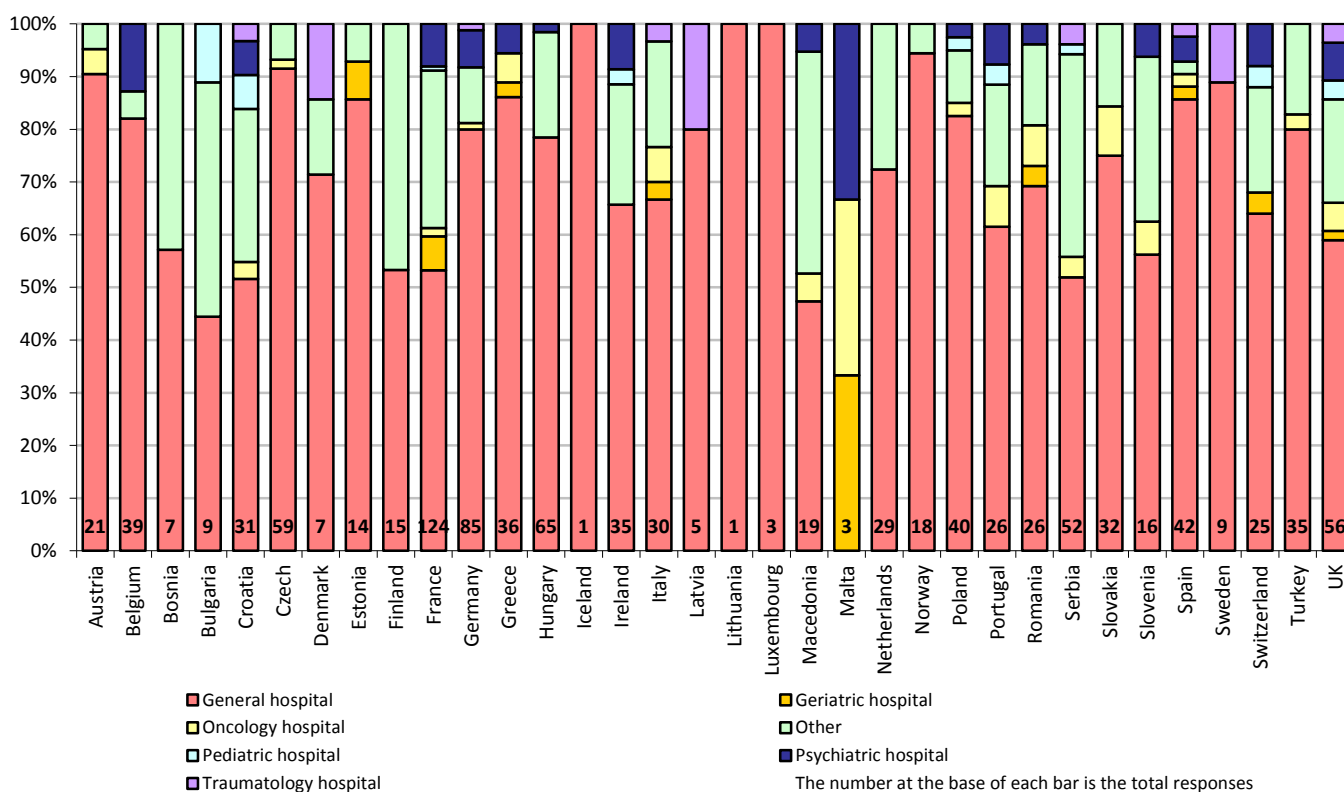
Country	Responses	Requests	Percentage
Iceland	1	1	100%
Denmark	7	8	88%
Croatia	32	39	82%
Slovenia	19	28	68%
Malta	4	6	67%
Norway	21	32	66%
Hungary	67	105	64%
Serbia	42	67	63%
Czech	57	94	61%
Macedonia	19	33	58%
Ireland	39	73	53%
Luxembourg	3	6	50%
Austria	22	45	49%
Switzerland	28	58	48%
Bosnia	10	21	48%
Slovakia	29	61	48%
Sweden	16	34	47%
Estonia	10	22	45%
Romania	28	63	44%
UK	58	154	38%
Netherlands	29	82	35%
Greece	35	115	30%
Finland	24	89	27%
Belgium	43	169	25%
Germany	95	388	24%
Portugal	23	118	19%
Spain	45	250	18%
Bulgaria	11	66	17%
Lithuania	2	15	13%
Latvia	6	47	13%
Turkey	47	543	9%
France	152	1888	8%
Poland	35	600	6%
Italy	35	606	6%
Total	1,094	5,926	18%

Section A: Results of the General Questions Regarding Hospital Activity

G1 Is your pharmacy within a teaching hospital?

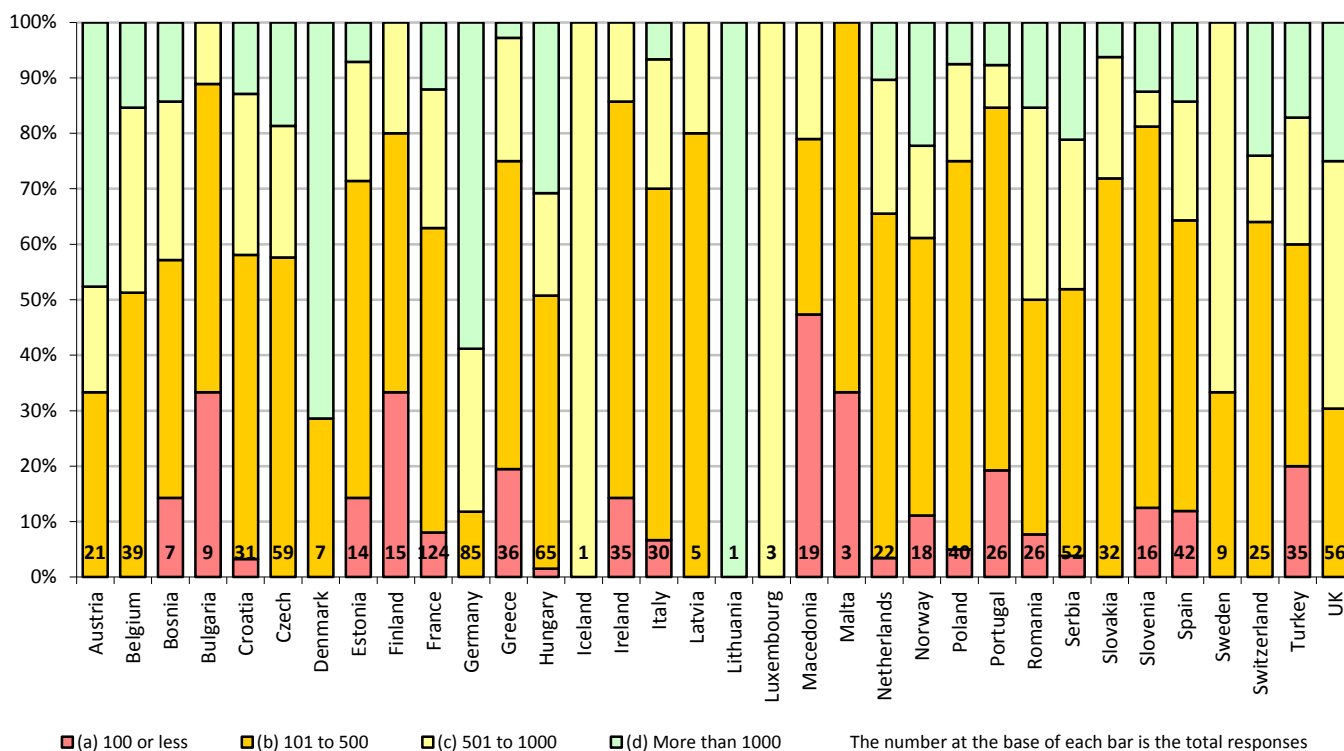


G2 What type of hospital is your pharmacy within?

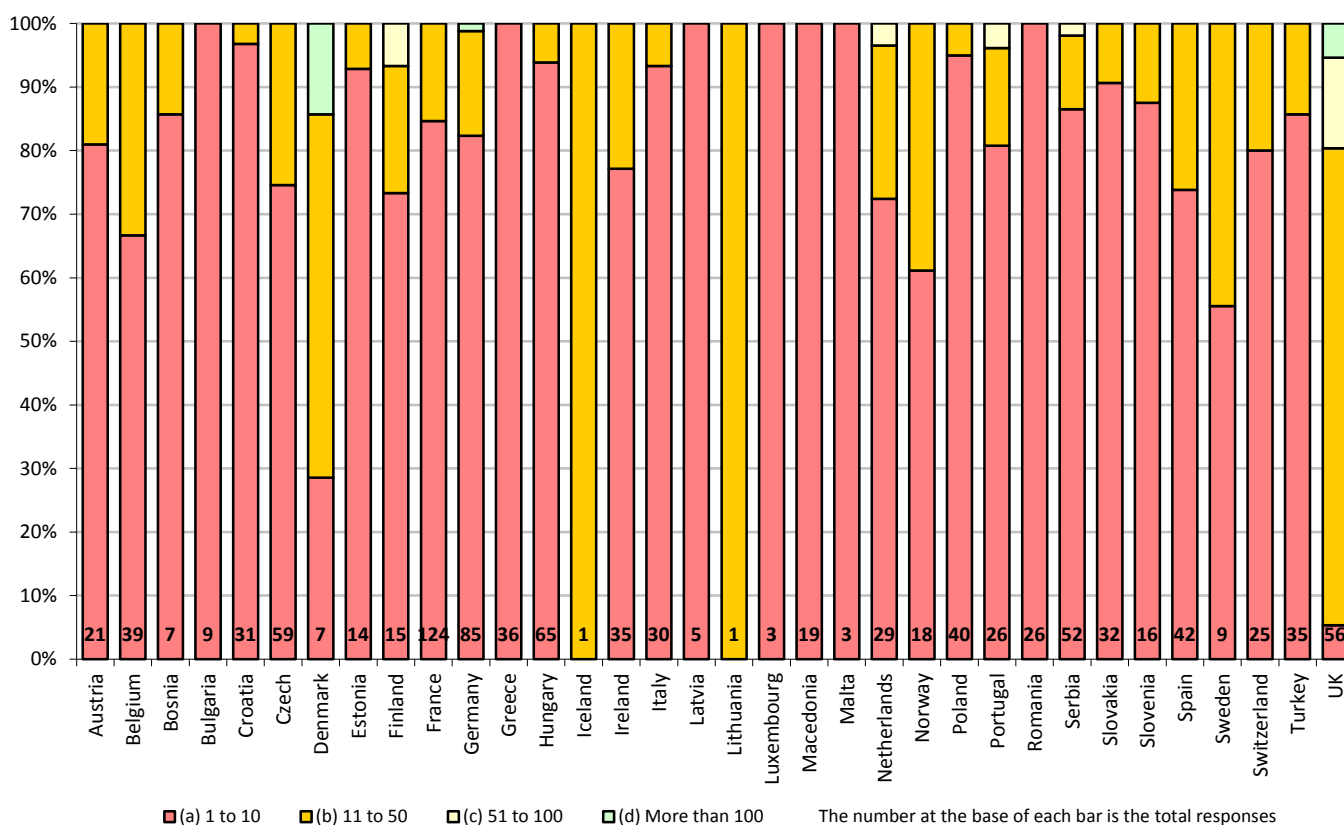


The most common responses relating to 'Other' were Cardiology hospitals, Rehabilitation hospitals or multidisciplinary hospitals.

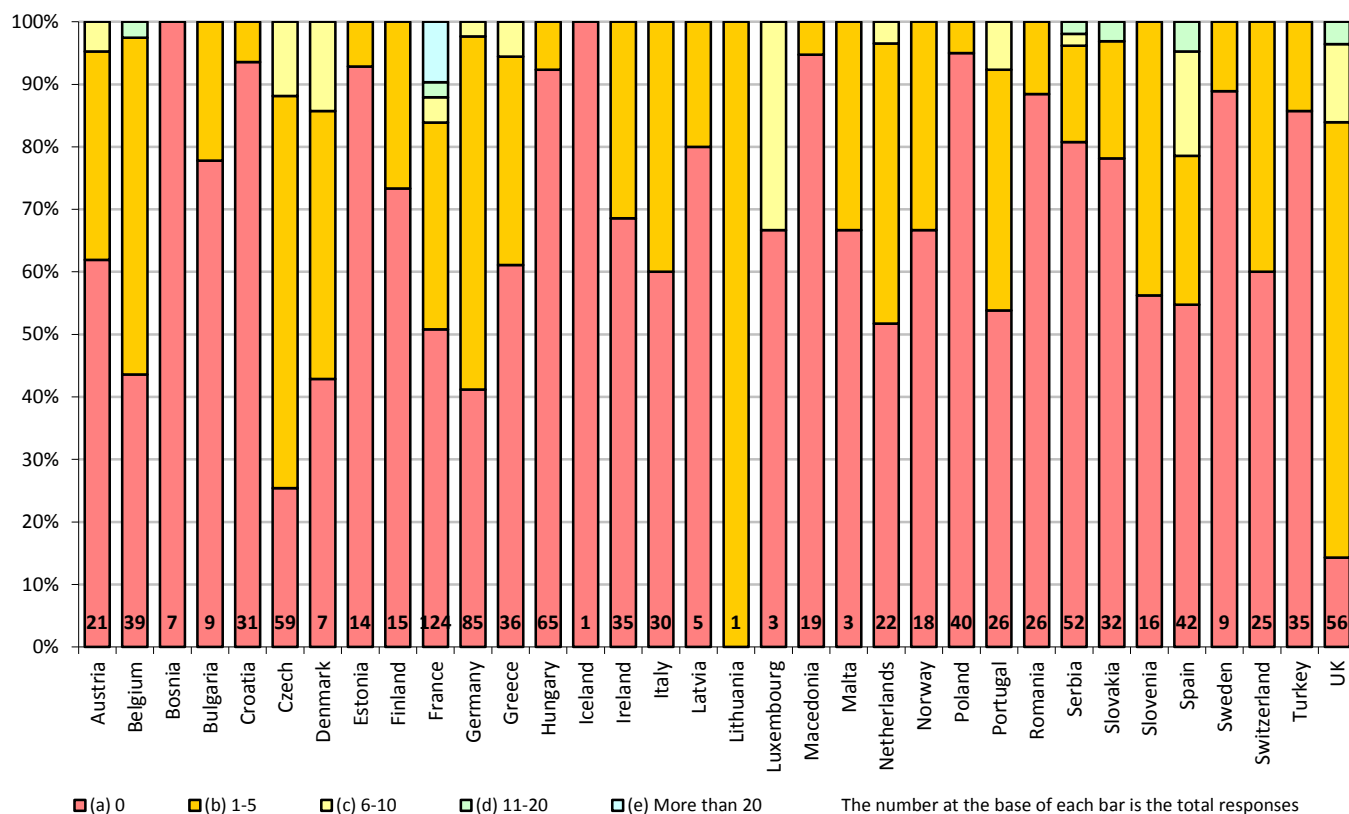
G3 How many beds are served by your pharmacy?



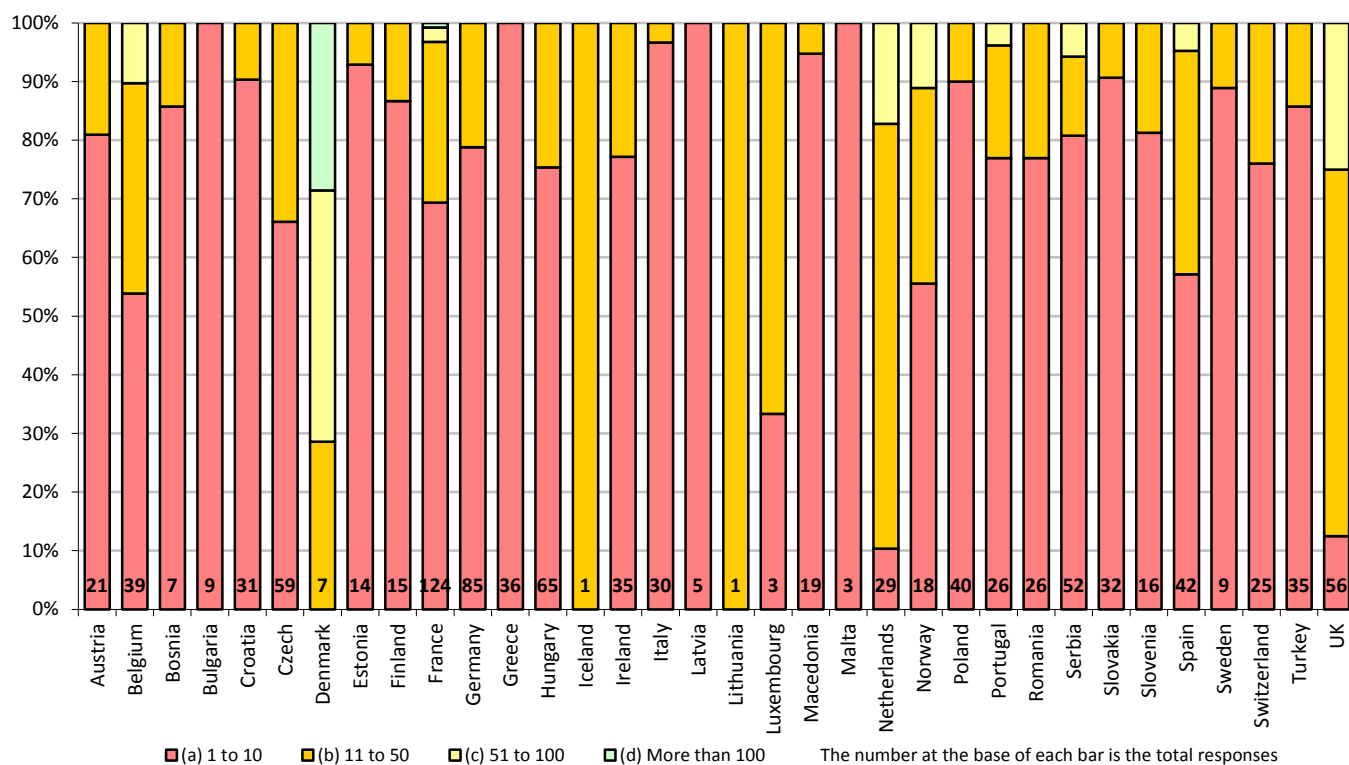
G4 How many fully qualified pharmacists are employed by your hospital?



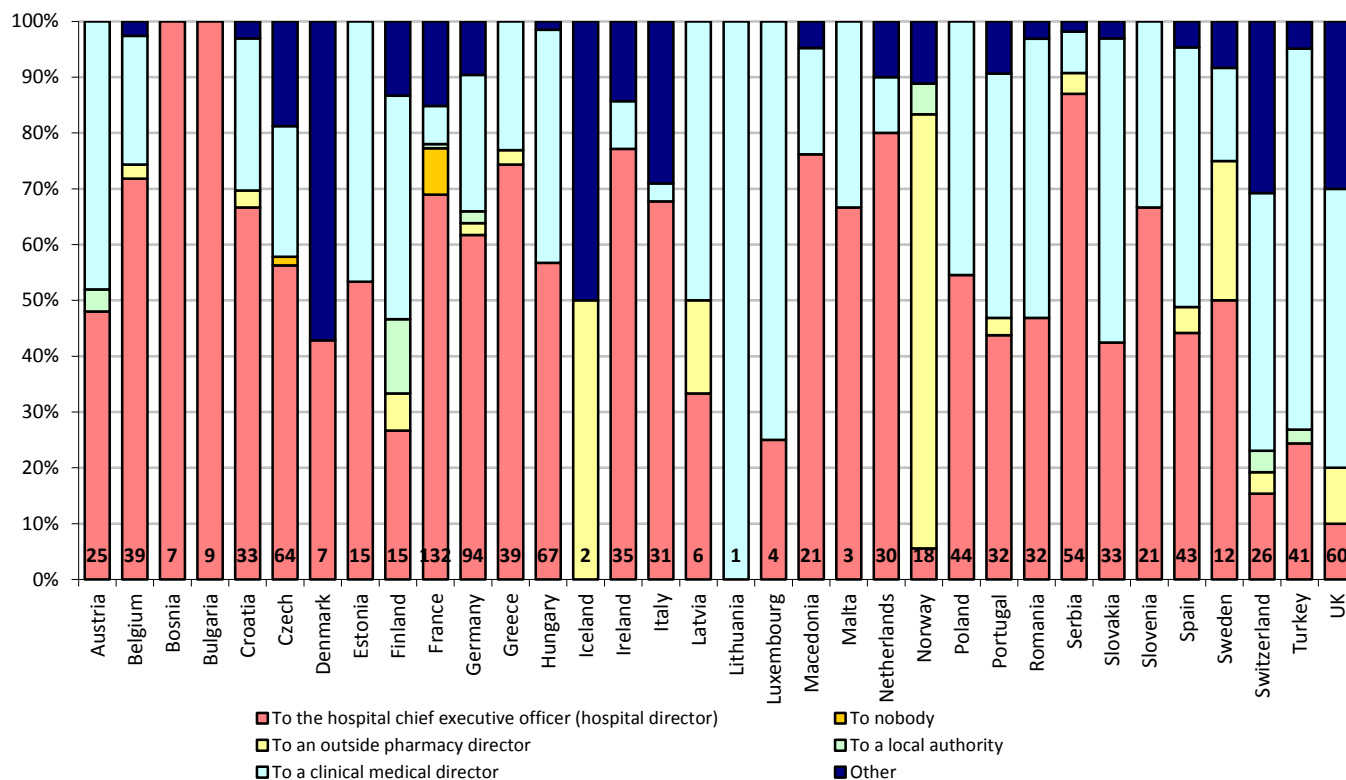
G5 How many trainee pharmacists are employed by your hospital?



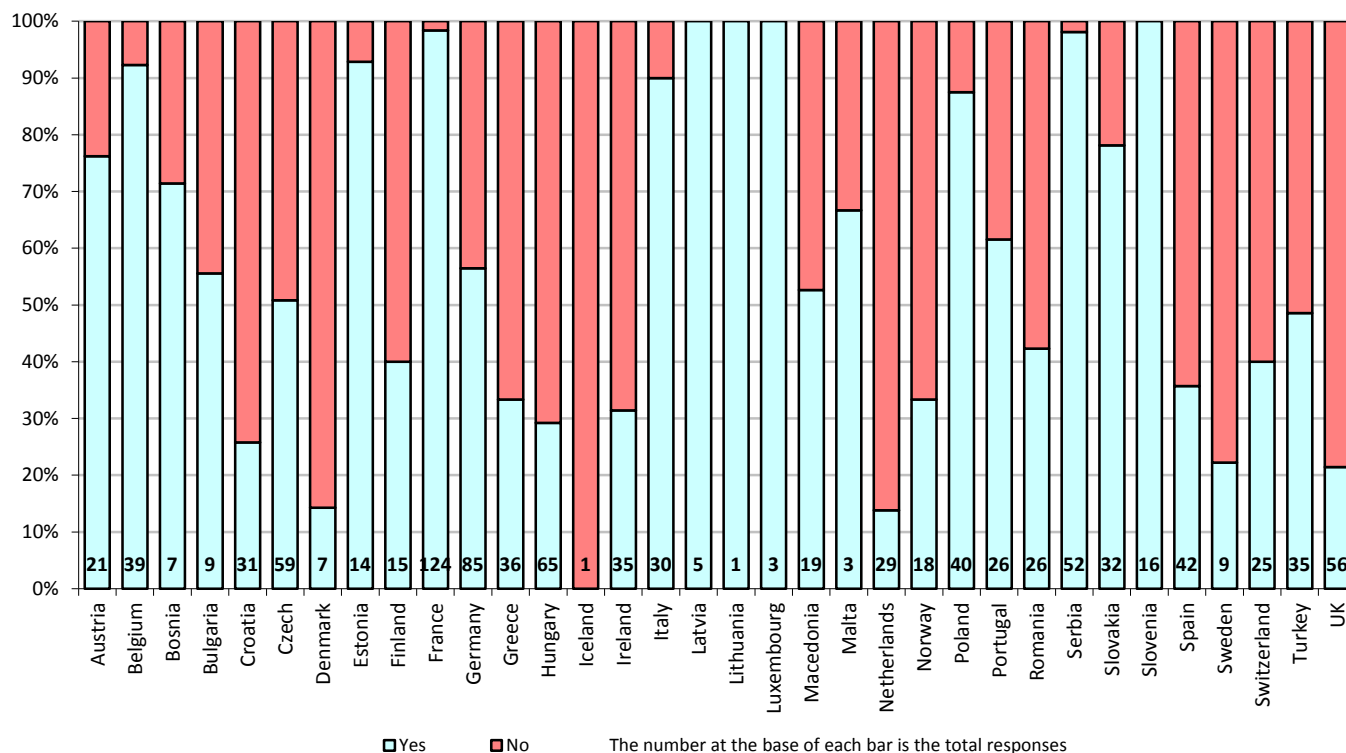
G6 How many technicians are employed by your hospital?



G7 To whom is the pharmacy director responsible?



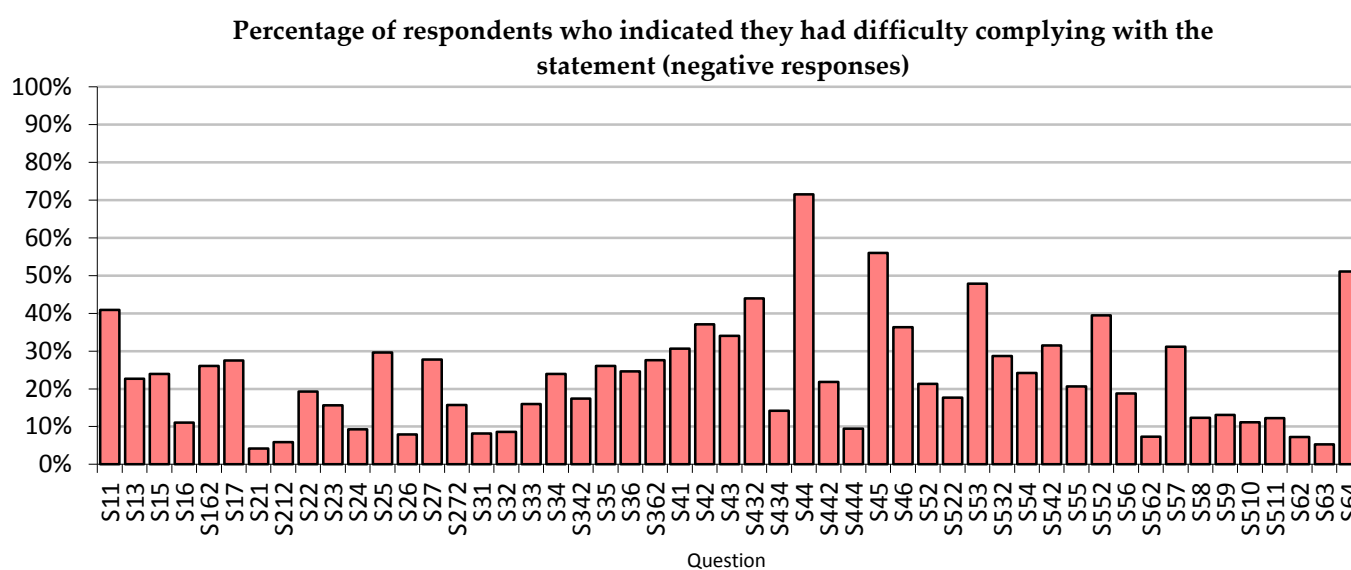
G8 Is your pharmacy involved with the procurement, supply or supervision of medical devices?



Section B

B1: Results of the EAHP Statement Questions: All of Europe's results combined

The graph below shows the results of the questions relating to each of the Statements, for all of the surveyed countries. As the focus of the survey was to identify barriers to implementation, the data have been presented as showing the percentage of respondents who indicated they had difficulty complying with the particular statement in question ('negative responses'). Therefore, a **higher bar means** the question had more negative responses, that is statements where responders are saying **they are having difficulty complying**. A more in depth look may be required to address any issues in the implementation of the associated statement.



The five questions which received the most negative responses were identified, and are subject to a more in-depth analysis on the subsequent pages. This includes a breakdown of the results by country, as well as an analysis of the free text responses. For each country, the percentage of negative responses was calculated for each question. This meant that the questions could be ranked in order of proportion of negative responses. The five questions receiving the highest proportion of negative responses were identified for each country (and are reported in more detail in the individual country reports). The five most frequently occurring questions across Europe are listed in the table below. The advantage of using this method instead of the mean meant that the views of each country were considered equally, despite the fact that there was a large variation in the number of responses received for each country.

Question	<i>n</i> *	Mean**
S44 The pharmacists in our hospital enter all medicines used onto the patient's medical record on admission.	30	71%
S45 The pharmacists in our hospital contribute to the transfer of information about medicines when patients move between and within healthcare settings.	26	56%
S64 The pharmacists in our hospital routinely publish hospital pharmacy practice research.	20	51%
S53 Our hospital uses an external quality assessment accreditation programme to assure our medicines use processes	16	47%
S11 The pharmacists in our hospital work routinely as part of multidisciplinary team.	13	41%

**n*: The number of countries that placed this question in their lowest 5 rated questions.

**Mean: The mean percentage of negative responses to a question across all respondent countries.

B2: Questions asked in the survey

The table below shows **all** of the questions asked in the survey regarding the 44 European Statements of Hospital Pharmacy, as well as the overall percentage of participants who gave a 'negative response' to the question.

Questions where more than 25% of participants gave a negative response have been highlighted in red.

EAHP Survey Questions	
Section 1: Introductory Statements and Governance	
S11	The pharmacists in our hospital work routinely as part of multidisciplinary team. (41% of all responses were negative.)
S13	Our hospital is able prioritise hospital pharmacy activities according to agreed criteria. (23% of all responses were negative.)
S15	The pharmacists in our hospital are engaged in the supervision of all steps of all medicine use processes. (24% of all responses were negative.)
S16	At least one pharmacist from our team is a full member of the Drug & Therapeutics Committee. (11% of all responses were negative.)
S162	The pharmacists in our hospital take the lead in coordinating the activities of the Drug & Therapeutics Committees. (26% of all responses were negative.)
S17	The pharmacists in our hospital are involved in the design, specification of parameters and evaluation of ICT used within medicines processes. (27% of all responses were negative.)
Section 2: Selection, Procurement and Distribution	
S21	Our hospital has clear processes in place around the procurement of medicines. (4% of all responses were negative.)
S212	Were hospital pharmacists involved in the development of these? (6% of all responses were negative.)
S22	The pharmacists in our hospital take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. (19% of all responses were negative.)
S23	The pharmacists in our hospital coordinate the development, maintenance and use of our formulary. (16% of all responses were negative.)
S24	Procurement of non-formulary medicines in our hospital is done to a robust process. (9% of all responses were negative.)
S25	The pharmacy in our hospital has contingency plans for medicines shortages. (30% of all responses were negative.)
S26	The pharmacy in our hospital takes responsibility for all medicines logistics, including for investigational medicines. (8% of all responses were negative.)
S27	Our hospital has a policy for the use of medicines brought into the hospital by patients. (28% of all responses were negative.)
S272	Were pharmacists involved in producing this policy? (16% of all responses were negative.)
Section 3: Production and Compounding	
S31	The pharmacists in our hospital check if a suitable product is commercially available before we manufacture or prepare a medicine. (8% of all responses were negative.)
S32	When medicines require manufacture or compounding, we either produce them in our hospital pharmacy or we outsource to an approved provider. (9% of all responses were negative.)
S33	The pharmacists in our hospital undertake a risk assessment to determine the best practice quality requirements before making a pharmacy preparation. (16% of all responses were negative.)
S34	The pharmacy in our hospital has an appropriate system in place for the quality assurance of pharmacy prepared and compounded medicines. (24% of all responses were negative.)
S342	The pharmacy in our hospital has an appropriate system in place for the traceability of pharmacy prepared and compounded medicines. (17% of all responses were negative.)
S35	Our hospital has appropriate systems in place for the preparation and supply of hazardous medicines. (26% of all responses were negative.)
S36	Our hospital has written procedures that ensure staff are appropriately trained to reconstitute or mix medicines in a patient care area. (25% of all responses were negative.)
S362	Were pharmacists involved in approving these procedures? (28% of all responses were negative.)

Section 4: Clinical Pharmacy Services

S41 The pharmacists in our hospital play a full part in shared decision-making on medicines, including advising, implementing and monitoring medication changes. (31% of all responses were negative.)

S42 All prescriptions in our hospital are reviewed and validated as soon as possible by a pharmacist. (37% of all responses were negative.)

S43 The pharmacists in our hospital have access to the patients' health record. (34% of all responses were negative.)

S432 The pharmacists in our hospital can document their clinical interventions into the patients' health record. (44% of all responses were negative.)

S434 We analyse clinical pharmacy interventions to inform quality improvement plans. (14% of responses were negative.)

S44 The pharmacists in our hospital enter all medicines used onto the patient's medical record on admission. (71% of all responses were negative.)

S442 The pharmacists in our hospital reconcile medicines on admission. (22% of all responses were negative.)

S444 The pharmacists in our hospital assess the appropriateness of all patients' medicines, including herbal and dietary supplements. (9% of all responses were negative.)

S45 The pharmacists in our hospital contribute to the transfer of information about medicines when patients move between and within healthcare settings. (56% of all responses were negative.)

S46 The pharmacists in our hospital ensure patients and carers are offered information about their medicines in terms they can understand. (36% of all responses were negative.)

Section 5: Patient Safety and Quality Assurance

S52 Our hospital has appropriate strategies to detect errors and identify priorities for improvement in medicines use processes. (21% of all responses were negative.)

S522 Were pharmacists involved in approving these procedures? (18% of all responses were negative.)

S53 Our hospital uses an external quality assessment accreditation programme to assure our medicines use processes (48% of all responses were negative.)

S532 Our hospital acts on these reports to improve the quality and safety of our medicines use processes. (29% of all responses were negative.)

S54 The pharmacists in our hospital report adverse drug reactions. (24% of all responses were negative.)

S542 The pharmacists in our hospital report medication errors. (32% of all responses were negative.)

S55 The pharmacists in our hospital use evidence-based approaches to reduce the risk of medication errors. (21% of all responses were negative.)

S552 Our hospital pharmacy uses computerised decision support to reduce the risk of medication errors. (39% of all responses were negative.)

S56 Our hospital has appropriate procedures in place to identify high-risk medicines and minimise risk from their use. (19% of all responses were negative.)

S562 Are pharmacists involved in implementing these procedures? (7% of all responses were negative.)

S57 The medicines administration process in our hospital ensures that transcription steps between the original prescription and the medicines administration record are eliminated. (31% of all responses were negative.)

S58 Our patient's health records accurately record all allergy and other relevant medicine-related information. (12% of all responses were negative.)

S59 The pharmacists in our hospital ensure that the information needed for safe medicines use is accessible at the point of care. (13% of all responses were negative.)

S510 Medicines in our hospital are packaged and labelled to assure they are safely optimised for administration. (11% of all responses were negative.)

S511 Medicines dispensed by our pharmacy are traceable. (12% of all responses were negative.)

Section 6: Education and Research

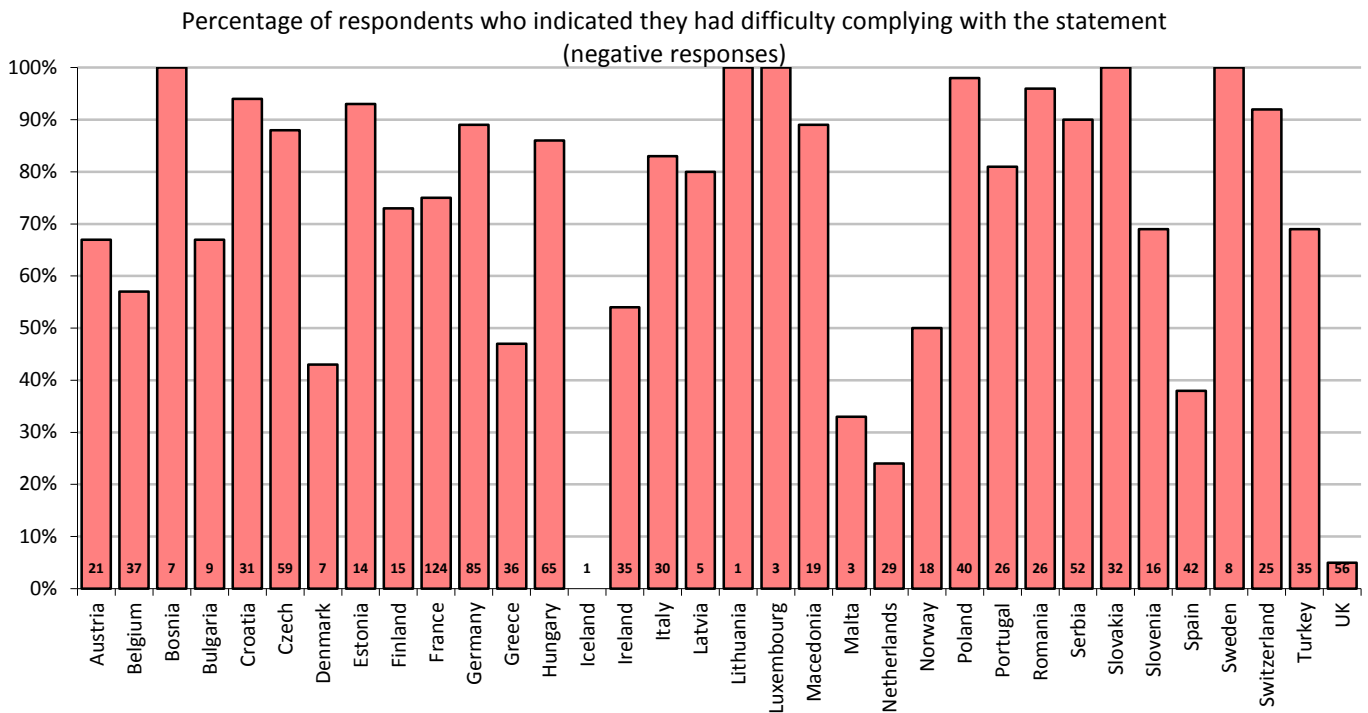
S62 The pharmacists in our hospital are able to demonstrate their competence to perform their roles. (7% of all responses were negative.)

S63 Pharmacists in our hospital are able to engage in relevant educational opportunities. (5% of responses were negative.)

S64 The pharmacists in our hospital routinely publish hospital pharmacy practice research. (51% of all responses were negative.)

B3: Focus on those statements where the barriers to implementation were greatest

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



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.

This particular question garnered significantly more negative responses than any other in the survey, with 532 people leaving a free text comment as to why the statement is not implemented in their hospital. The main reason listed is that this duty is performed by others (physicians or nurses) and not by pharmacists, although several reasons were given for this.

Several countries comment that pharmacists do not have access, either logistically or legally, to patient's records. Some quotes regarding this are: "We have no right to enter and reconcile patient's records" – Croatia and "Pharmacists cannot review the medical record on the informatics system" – Italy.

Pharmacists may not be involved in the admission process, or work on the wards at all. Some comments that reflect this statement are: "Pharmacists are not present at patient admissions" – Hungary, "Pharmacists do not work on wards, but in the pharmacy" – Slovakia, "The Pharmacist is not in contact with the patient" – Macedonia and "A pharmacist only performs medicines procurement and there is no contact with a patient" – Serbia.

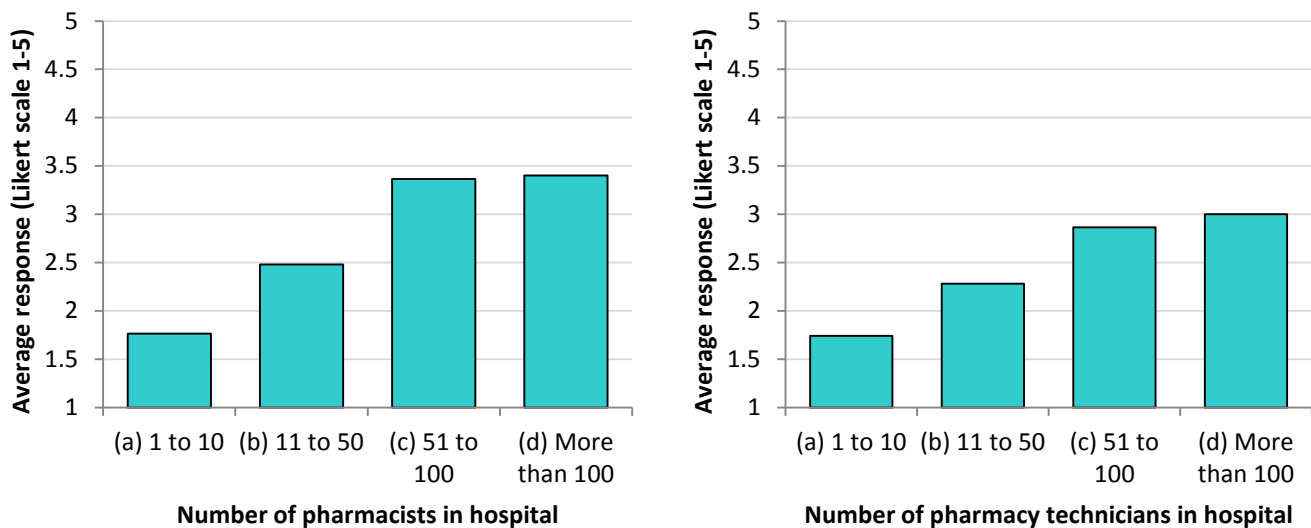
In Ireland, it was noted by some that the pharmacist does not perform this duty on admission, but will follow up afterwards: "Doctors transcribe medicines to patients' medical records/prescription, pharmacists follow up in the days following admission to reconcile medications." – Ireland

England and Iceland (albeit only 1 responder from Iceland) seem to be exceptions to the norm, as their pharmacists indicate they do this activity already, with other countries such as Norway starting to implement it as well.

Many countries say their hospitals do not have enough clinical pharmacists, or even any, to do this work, for example: *“Small pharmacy, no clinical pharmacists” – Norway* and *“Pharmacy works 7h 35’; patients are admitted 24h / day; this is duty of physician” – Poland*. In some cases, people reported that the hospital IT systems do not support such a task, as observed in these comments from Greece: *“Because the computer system is not fully equipped for transfer of patients’ information.”* and *“Individual patient medical records are not supported by a central computerized system”*.

Since many respondents indicated that their hospitals did not have the capacity for pharmacists to undertake this role, or other clinical roles, the overall responses to this question were investigated further by grouping the number of pharmacists and pharmacy technicians that work in the hospital.

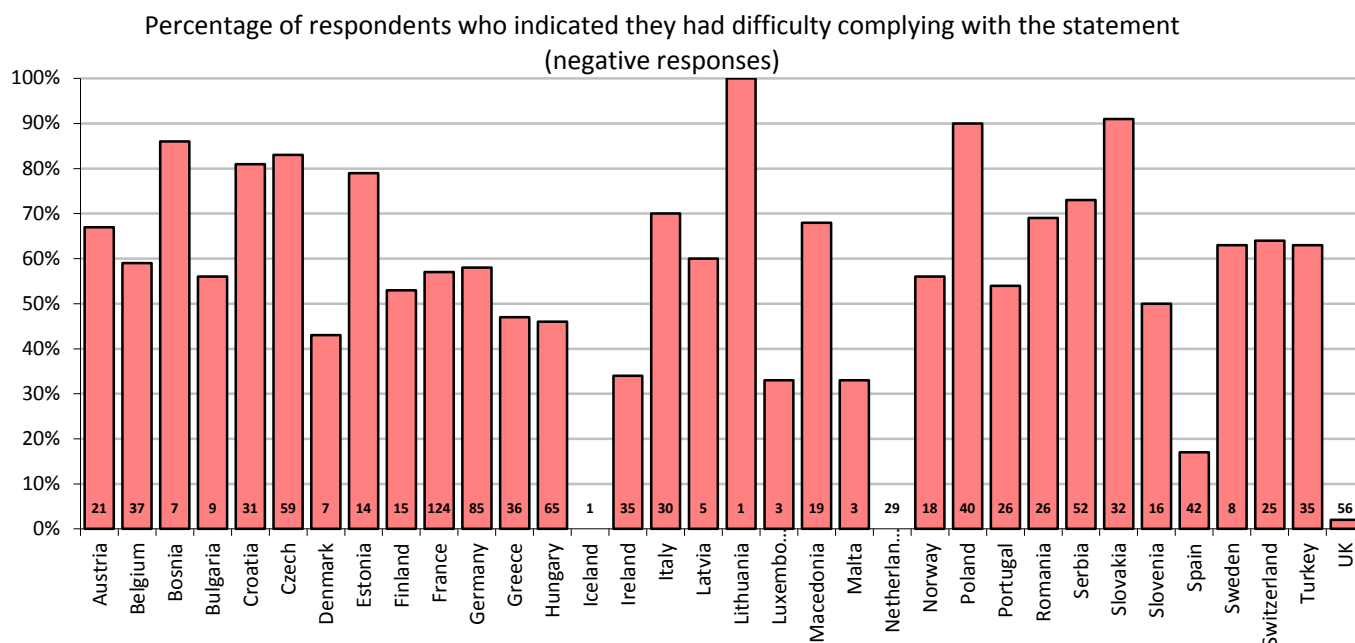
Graph 4.4a Average response to statement 4.4, grouped by a) the number of pharmacists and b) the number of pharmacy technicians working in the hospital



(1 = never able to comply with the statement, 5 = always complied with the statement)

From these charts, it can be seen that the hospitals with smaller numbers of pharmacy staff gave a lower overall response to the question (indicating a problem with complying) than the hospitals with a larger pharmacy workforce. This coincides with the free text comments that many hospitals feel that they do not have the capacity to perform this clinical task.

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



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.

The responses to this question have a lot of crossover with the previous question (4.4). Many of the reasons listed as to why a pharmacist doesn't transfer information regarding a patient's medicines when they move between healthcare settings are the same as the reasons why they don't enter medicines on admission.

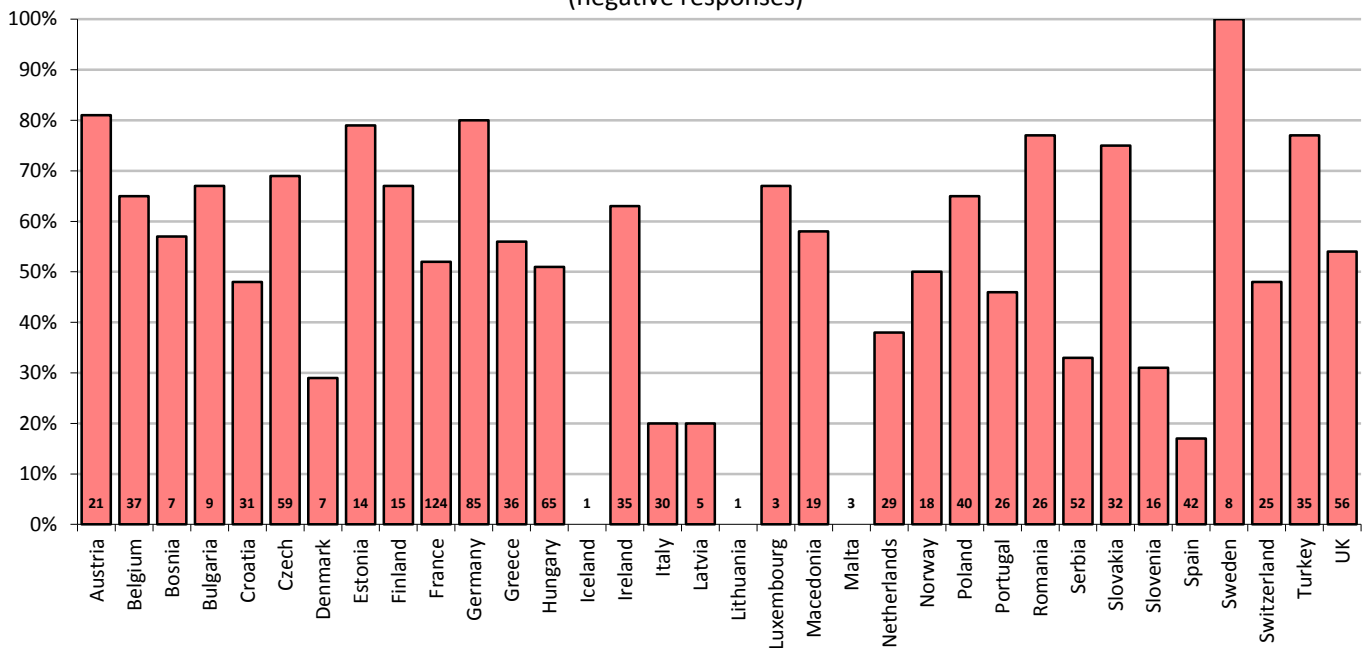
Again, the majority of comments say this duty is performed by physicians and nurses. In some cases this is because a pharmacist does not have access to a patient's medical record (see 4.4). There is also the issue that the pharmacist is not present on the wards, and hence the pharmacist may not know if or when a patient is being transferred: "The pharmacist is not aware of the discharge of the patient, no formal link between pharmacy departments" – France. As with 4.4, there are also multiple comments about not enough pharmacists, time or resources to implement this.

Some people have commented that there is no need for the pharmacist to do this process as a patient's record is transferred automatically electronically: "We have a fully electronic health care record so there is no need for doing this" – Denmark and "Transfers in the facility are made through the computer system and transfer between establishment by transmission of the file." – France. However, some countries say their IT systems are not robust enough to allow for this: "exchange of patient information among different hospitals is not supported by computerized system" – Greece and "lack of an IT system - manual records" – Ireland.

Some countries mention that they implement this on request, but not as standard procedure: "unique at the request of another institution" – France and "At request" – Romania. Finally, some countries report that they have not implemented this practice yet, but aim to do so soon: "Medication reconciliation at the entrance. Medication reconciliation at the discharge is a project in a few pilot services." – France and "The procedure which will take into account patient admission and pharmacist's involvement in patient care will be created soon" – Serbia.

S6.4 The pharmacists in our hospital routinely publish hospital pharmacy practice research.

Percentage of respondents who indicated they had difficulty complying with the statement
(negative responses)



EAHP Statement 6.4: Hospital pharmacists should actively engage in and publish research, particularly on hospital pharmacy practice. Research methods should be part of undergraduate and postgraduate training programmes for hospital pharmacists.

The most common reason listed for pharmacists not routinely publishing research was a lack of time, or a lack of pharmacists resulting in too great a workload to participate in research. Some example comments of this are: *"we barely can manage with daily work - drug supply for wards; hospital management gives no time for scientific investigation"* – Poland and *"Standalone pharmacist post. Not possible to take on research of a standard to be published with current staffing complement."* – Ireland.

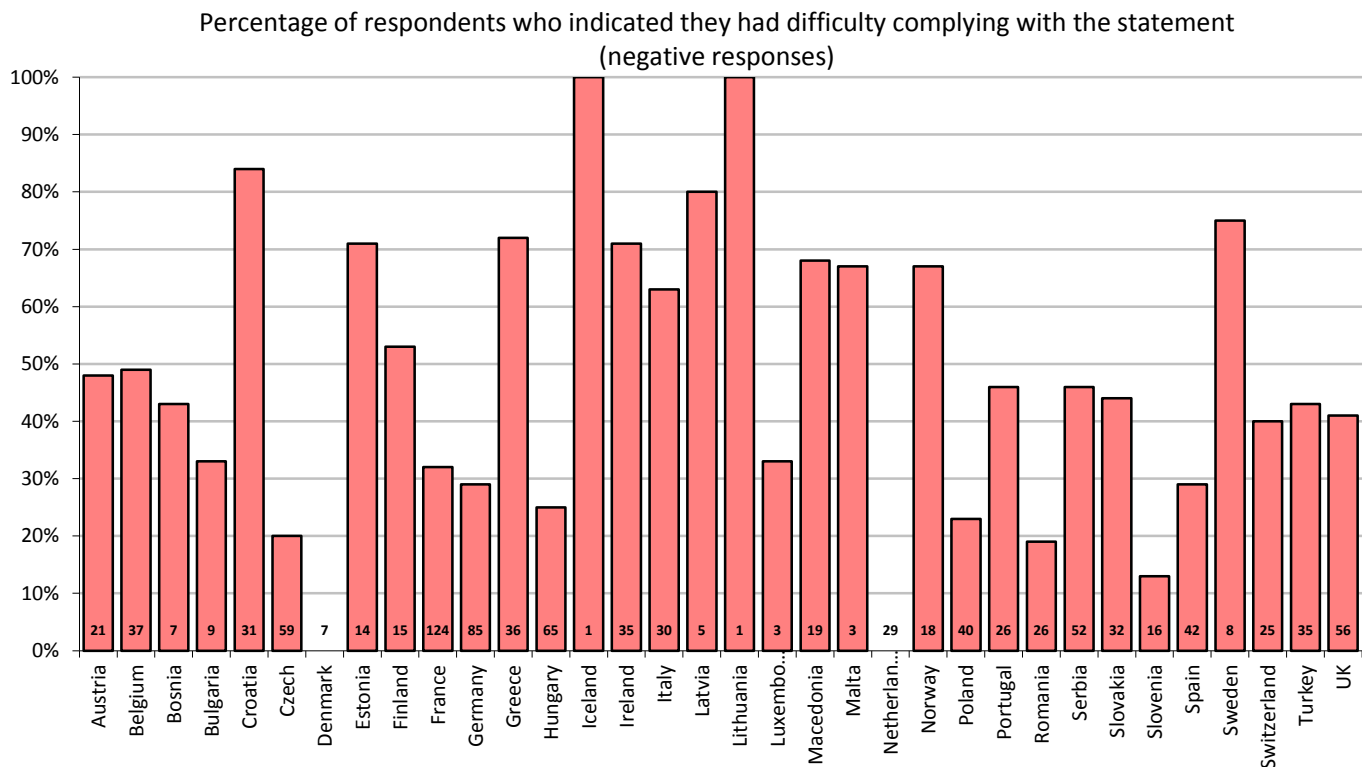
There are many comments that the pharmacists are not interested in research, and there no incentives for them to participate: *"Their personal attitude, work habits, lack of interest,"* – Czech Republic and *"Not too much interest in Publishing"* – Austria. There are also comments that the organisations have no interest in their pharmacists publishing research: *"Lack of clinical ward pharmacy, low numbers, no support for the role from the organisation"* – Ireland.

Some pharmacists don't publish their research officially, but do share their work via other networks. For example: *"Research and projects are carried out but rarely formally published"* – U.K. and *"We don't do official investigations, we present our experience in seminars and lectures"* – Czech Republic.

There are some comments that the pharmacists don't know how to go about getting research published and the processes that are involved: *"lack of knowledge how to do such research and to publish it"* – Czech Republic and *"Language barrier; lack of experience in this area"* – Latvia.

Some commenters suggest they are not involved in any activities that could lead to publication: *"We have nothing to publish yet"* – Czech Republic and *"Lack of research activities"* – Slovakia. There are some comments that the only publishing being done is by the students: *"We support the publishings of our students"* – Belgium and *"Only pharmacy residents publish"* – France.

S5.3 Our hospital uses an external quality assessment accreditation programme to assure our medicines use processes



EAHP Statement 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.

There are many comments that there is not enough finance to support external accreditation programmes. For example: "Lack of financial resources" – Portugal, "legislative responsibilities, precisely defined indicators of quality of the hospital services, financial resources" – Slovakia and "Budgetary restrictions" – Greece.

There are many hospitals which say they are starting the accreditation process soon, or it is currently in progress. There are some cases where all or most of the hospitals in the country are undergoing such a process, and some cases where only a few of the hospitals are (or at least, only a few of the pharmacists are aware of it.) For example: "Assessment will be implemented this year" – Belgium, "Our external accreditation is in progress." – Hungary and "Administration of our hospital is working on this problem." – Lithuania.

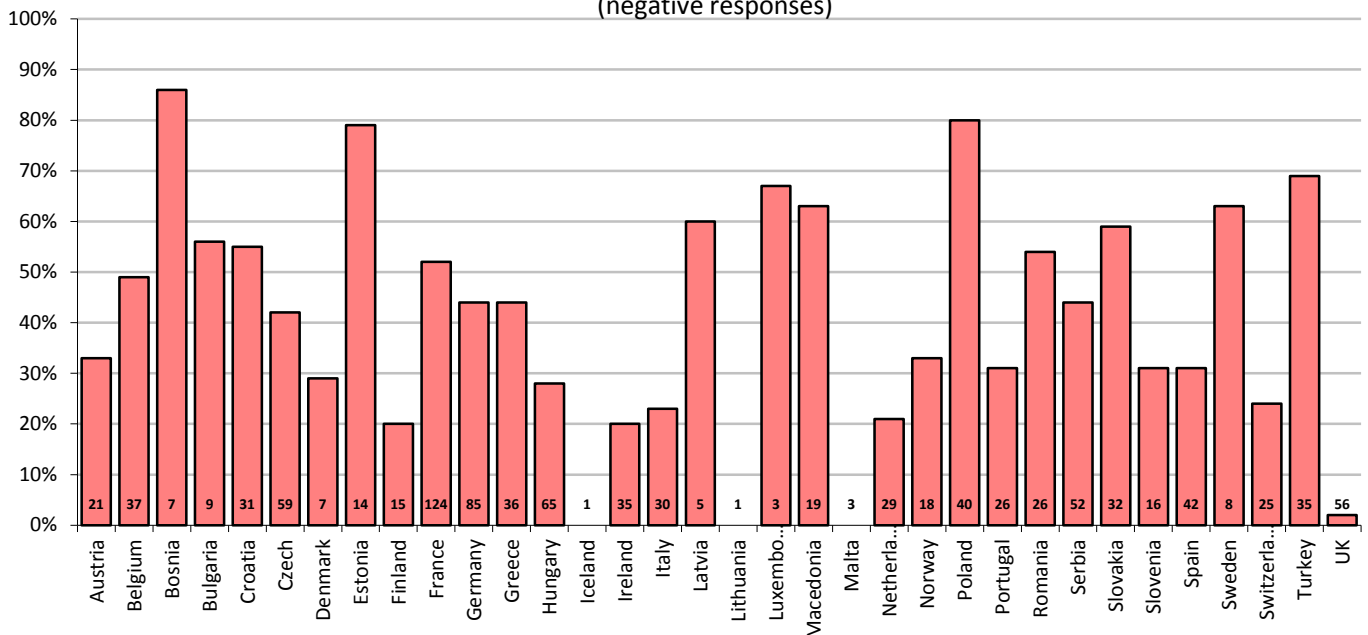
Some commenters state that external accreditation is unnecessary as they have internal systems in place already. "Pharmacotherapy plans and EFQM- models are in use but no external audit practices available so far. Some internal audits are performed." – Finland, "internal quality assessment accreditation plan" – Italy and "the programmes are reviewed internally by our quality department but not by an external company" – Spain.

Similarly, several comments from France explain how they have a national accreditation system in place. "Certification by the National Health Authority" and "Pharmaceutical inspections every 5 years; certification visits every 4 years" – France. Multiple comments from Ireland suggest a similar system is being planned there also: "A national accreditation system is due to be introduced - no culture of assessment by an external agency" – Ireland.

In some countries no such external accreditation exists, or at least is known to the pharmacists: "No such accreditation program is available" – Malta, "There is no external programme other than CQC which looks at whole hospital, medicines are just a small part" – U.K. and "There is not an independent quality program" – Turkey.

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

Percentage of respondents who indicated they had difficulty complying with the statement
(negative responses)



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.

A recurring opinion seen in the barriers to implementing the statements has been the lack of clinical pharmacists available. Many pharmacists comment that they do not work in a multidisciplinary team because there are not enough pharmacists in the hospital for this to be feasible: "Lack of adequate human and financial resources; absence of appropriate tree of pharmacists" – Latvia and "5 pharmacists and 3000 other team members" – Norway.

These comments suggest that a lack of support and resources prevent a pharmacist's involvement even if they feel they are able to make a contribution: "Not resourced to provide this/Automation electronic prescribing is seen to reduce the need for clinical pharmacy involvement" – Ireland, "Strong belief that pharmacists is not educated for these tasks." – Bosnia and "Insufficient resources - we have identified many areas where we could contribute but can't implement" – Ireland. Some pharmacists don't think that hospital management are aware of what a pharmacist can bring to a team: "Lack of understanding what a hospital pharmacist could offer to a medical team and patient and unwillingness to improve the communication" – Bulgaria, "Lack of knowledge that pharmacist could/should work in the multidisciplinary team" – Latvia and "It is not possible to hire the clinical pharmacist and convince the management he/she is needed" – Czech.

Many pharmacists feel that their role is not appreciated by doctors, and they are not being asked to consult on issues: "Small staff numbers and failure of management & systems to recognise that 'Multidisciplinary' means more than Doctors and Nurses" – Ireland, "Due to the fact that Ministry of Health has a doctor centred approach, pharmacist's authority is limited to supply of medicines and storage therefore the pharmacist has no right to have a word on the treatment of a patient." – Turkey and "Doctors are not interested. We have no teams in our hospital. If needed, doctors consult with each other, no interest for pharmacist." – Estonia.

In a separate survey conducted by the EAHP, 33 country representatives were asked if the role of hospital pharmacists was described in the curriculum of other health professionals, to which 70% of respondents answered negatively. This could explain why other healthcare professionals and hospital management are not aware of what expertise a pharmacist can offer to a team.

B4: Focus on those statements where there were fewer barriers to implementation

Although the primary focus of the survey was to identify which European Statements of Hospital Pharmacy where compliance was difficult and to identify the barriers to their implementation, the same method was used to identify which statements are currently being implemented widely across Europe.

For each country, all of the questions in the survey were ranked in order of how many 'negative responses' they received. The questions in the table below were not placed in the bottom 5 for *any* country. Additionally, the table shows the overall proportion of negative responses the questions received. This leads to the conclusion that questions listed in this table, and the European Statements of Hospital Pharmacy that they relate to, are already being implemented to a significant level across every country surveyed.

	Question	% Neg*
S2.1	Our hospital has clear processes in place around the procurement of medicines.	4%
S6.3	The pharmacists in our hospital are all able to engage in relevant educational opportunities.	5%
S2.1.2	Were hospital pharmacists involved in the development of these?	6%
S6.2	The pharmacists in our hospital are able to demonstrate their competence to perform their roles.	7%
S2.6	The pharmacy in our hospital takes responsibility for all medicines logistics, including for investigational medicines.	8%
S3.1	The pharmacists in our hospital check if a suitable product is commercially available before we manufacture or prepare a medicine.	8%
S3.2	When medicines require manufacture or compounding, we either produce them in our hospital pharmacy or we outsource to an approved provider.	9%
S2.4	Procurement of non-formulary medicines in our hospital is done to a robust process.	9%
S5.8	Our patient's health records accurately record all allergy and other relevant medicine-related information.	12%
S5.9	The pharmacists in our hospital ensure that the information needed for safe medicines use is accessible at the point of care.	13%
S3.3	The pharmacists in our hospital undertake a risk assessment to determine the best practice quality requirements before making a pharmacy preparation.	16%
S2.2	The pharmacists in our hospital take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies.	19%

*The percentage of total negative responses a question received for all responses combined.

Since the large majority of participants indicate that their hospitals have clear processes in the procurement of medicines, and that the hospital pharmacists were involved in the development of such procedures, then we may conclude that the most adhered to statement is:

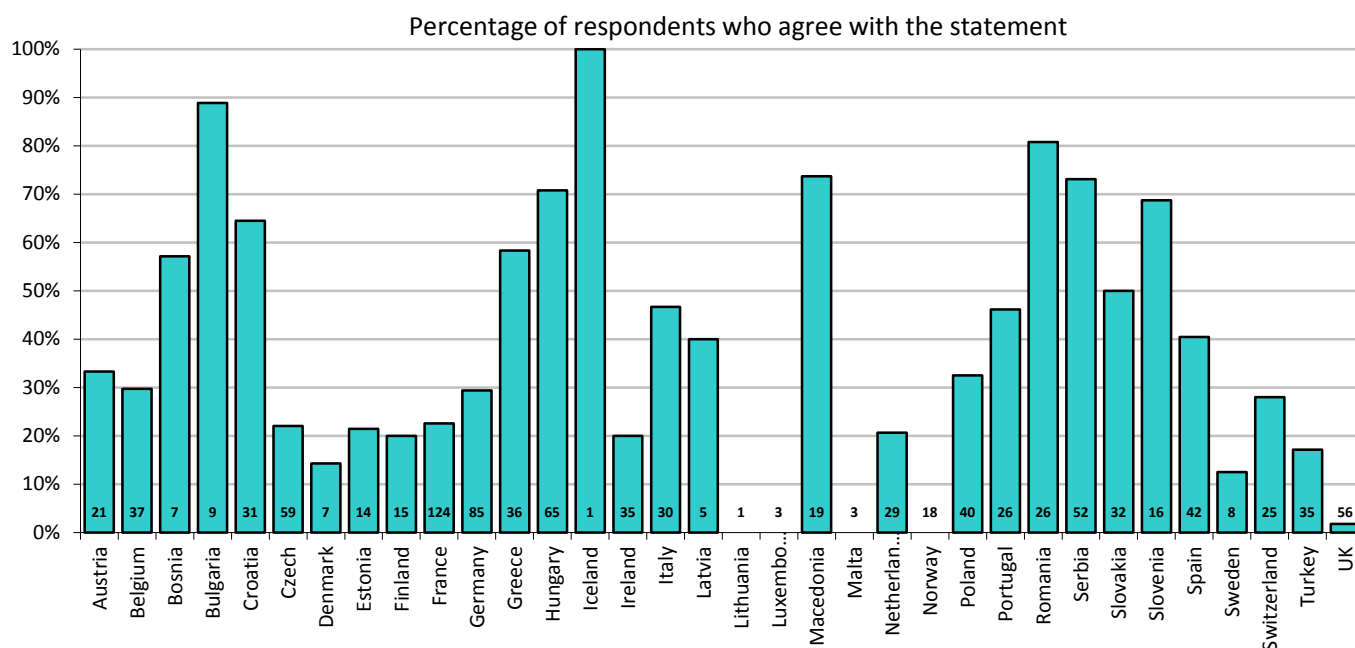
"2.1 Hospital pharmacists should be involved in the complex process of procurement of medicines. They should ensure transparent procurement processes are in place in line with best practice and national legislation, and based on the principles of safety, quality and efficacy of medicines."

When looking at sections as a whole, the statements from 'Section 2: Selection, Procurement and Distribution' and 'Section 3: Production and Compounding' are largely adhered to already.

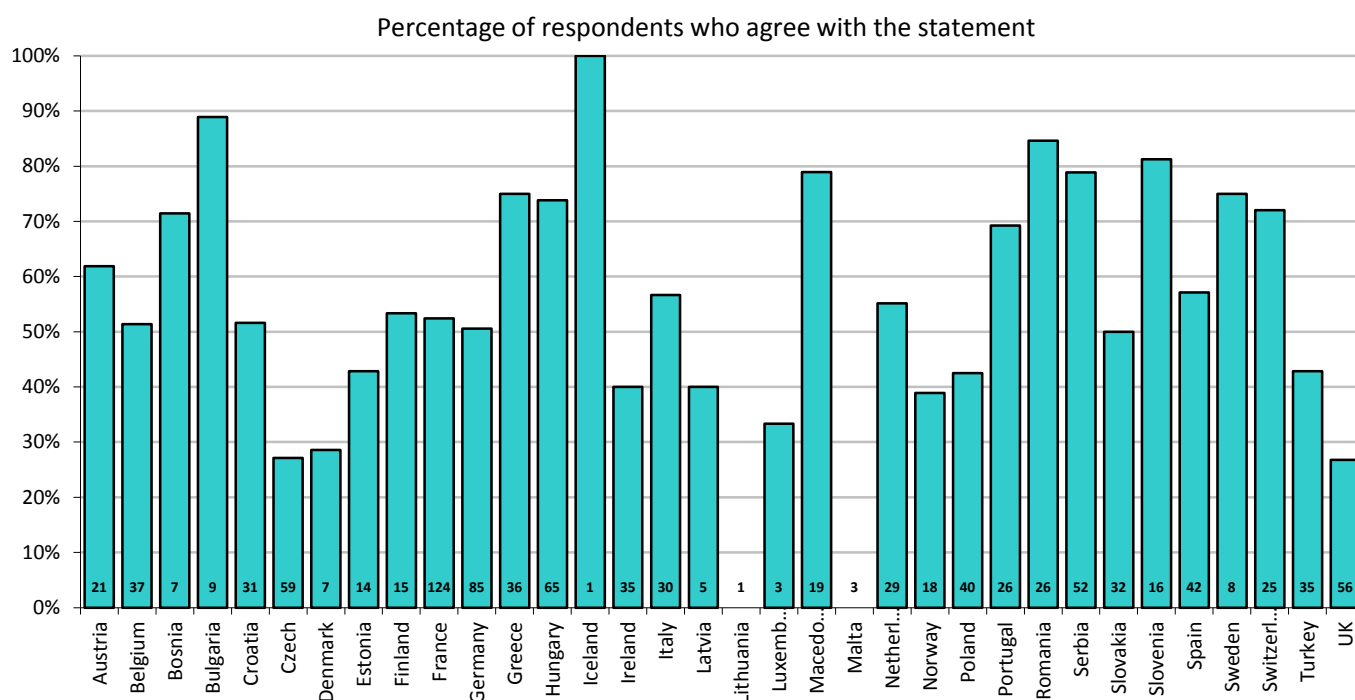
Section C: Results of the Implementation Questions

The questions in this section explore further the barriers to implementation of the statements in general. They seek to explore the common reasons such as lack of awareness, agreement, workforce barriers and those related to confidence in their ability to implement them. Responders were asked to state the level of their agreement with each question posed, from 1 (strongly disagree) to 5 (strongly agree). In these graphs, a **higher bar indicates agreement with the question** posed.

I1 The pharmacists within our hospital are aware of the 44 European Statements for Hospital Pharmacy.



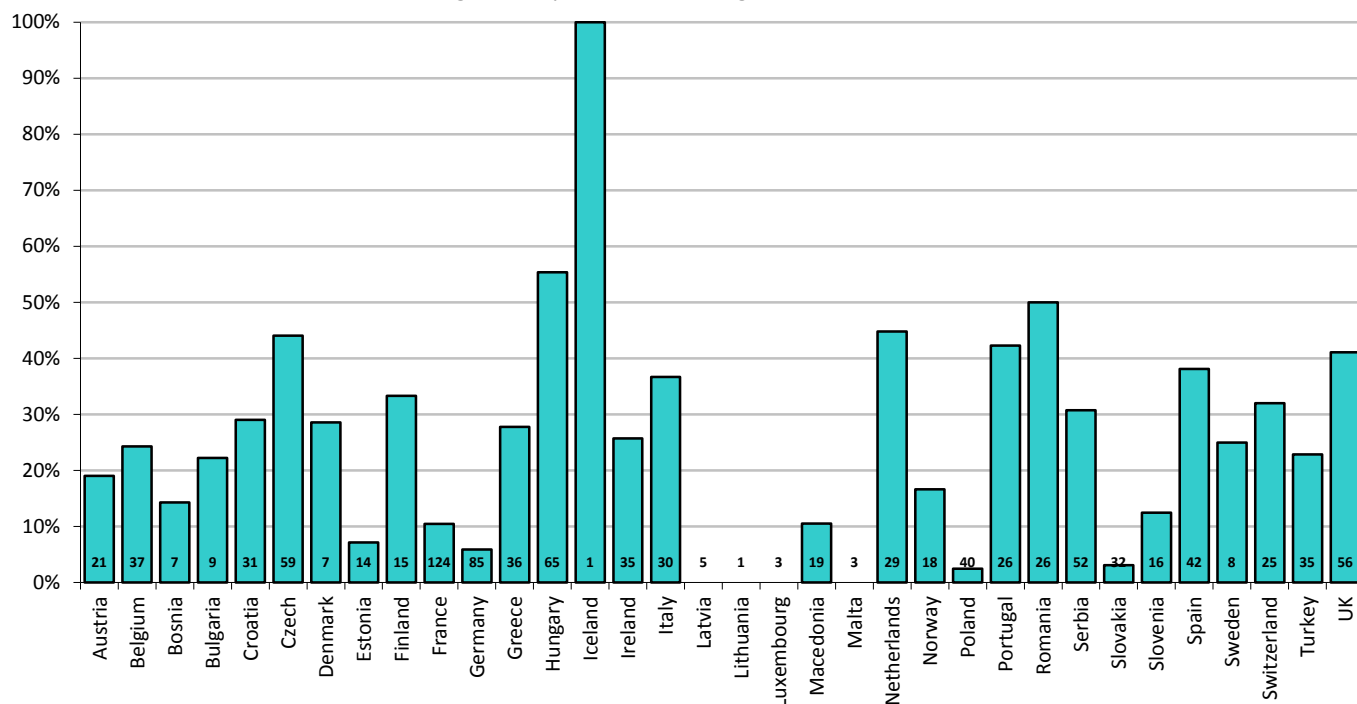
I2 The pharmacists within our hospital agree in principle with the Statements.



I3 Our hospital has the capability* to implement all of the Statements now.

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

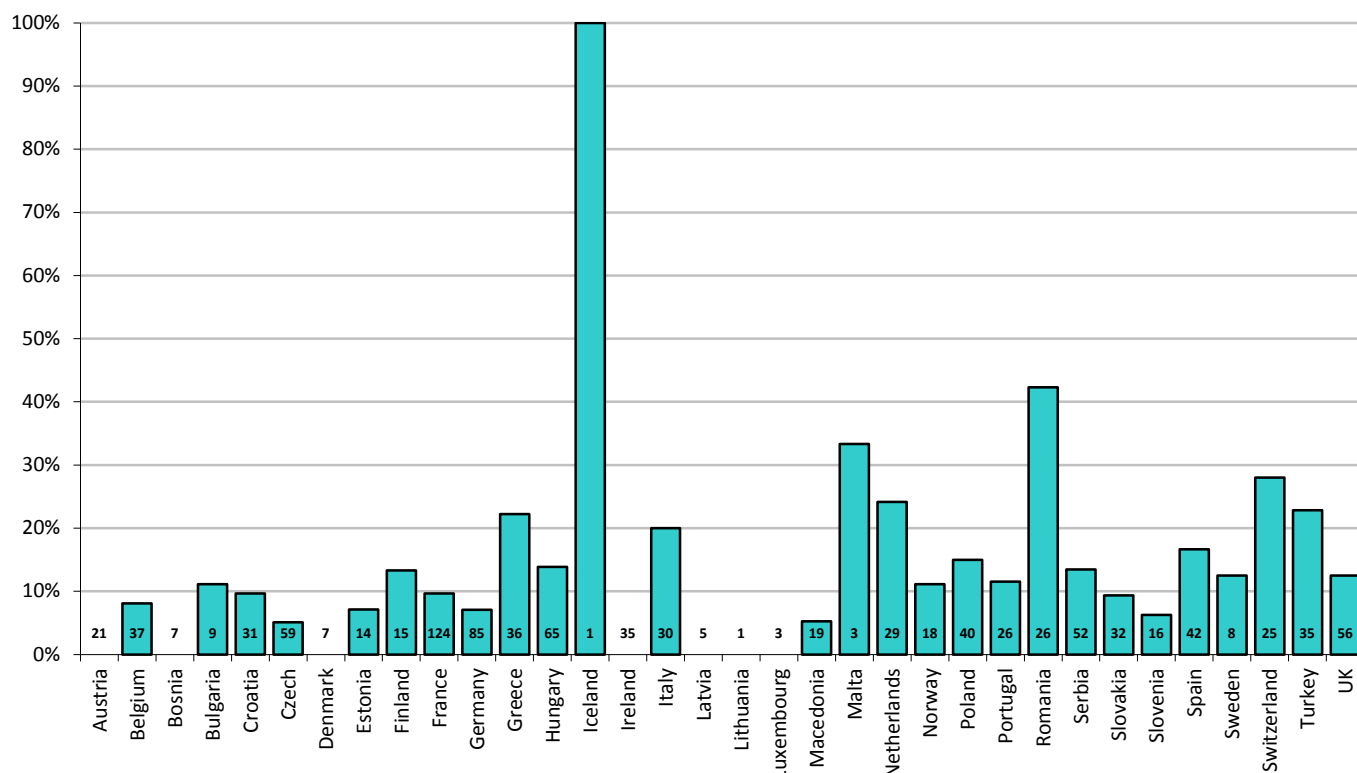
Percentage of respondents who agree with the statement



I4 Our hospital has the capacity* to implement all of the Statements now.

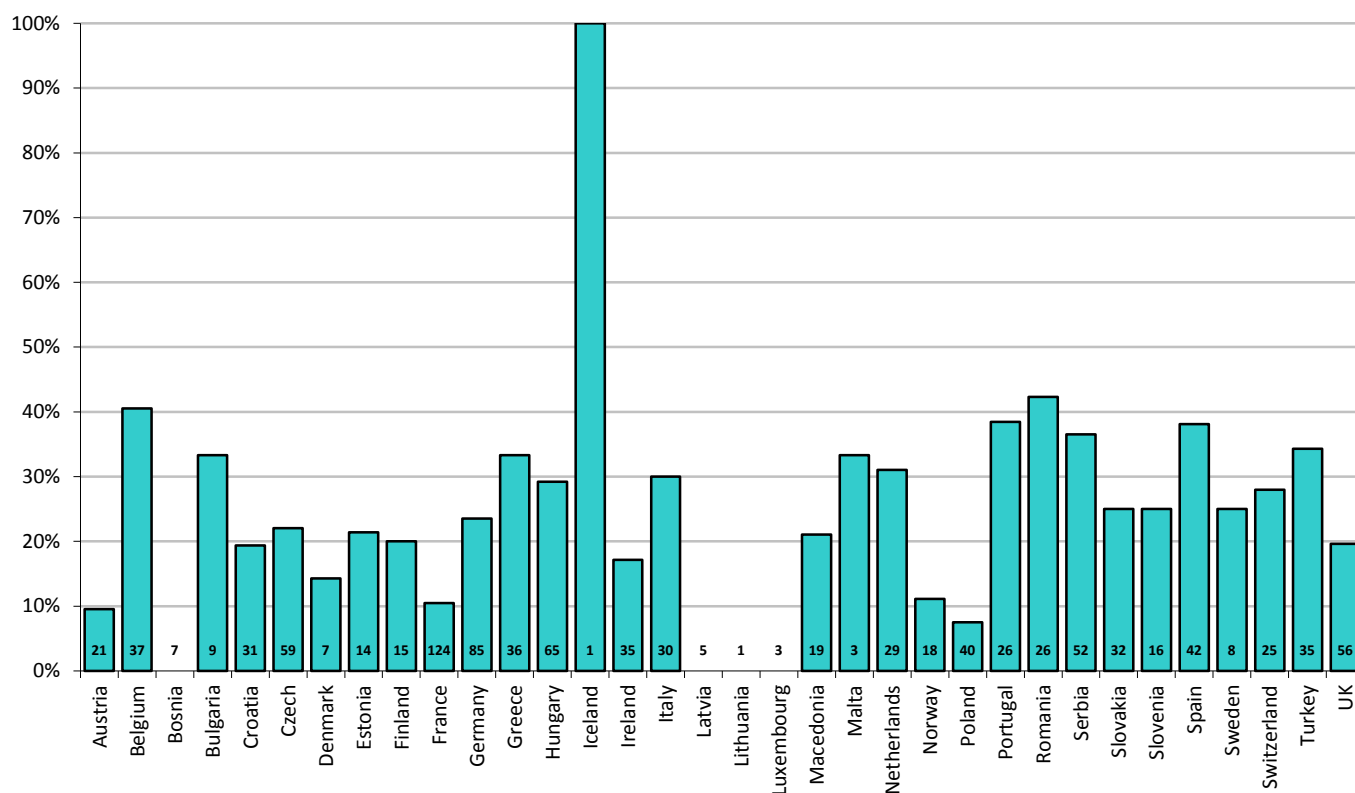
*Capacity: Does the organisation have the sufficient number of people or time to undertake the change?

Percentage of respondents who agree with the statement



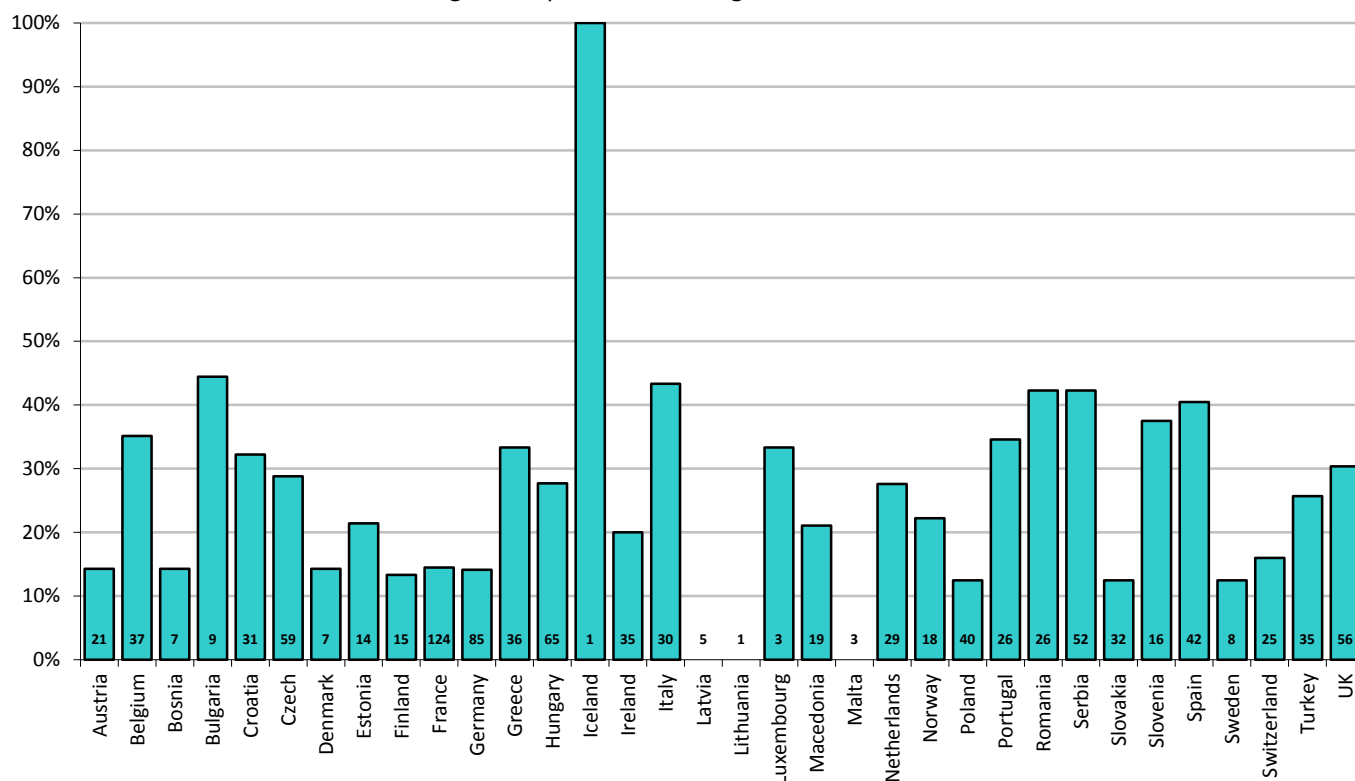
I5 My hospital is committed to help the pharmacy department implement the Statements.

Percentage of respondents who agree with the statement



I6 Our hospital has the confidence to make changes and implement the Statements.

Percentage of respondents who agree with the statement



Discussion

This survey provides a good overall picture of where the different member countries are in relation to each of the Statements. Overall, the response rate was 18%, but the variation in this was marked. 22 of the 34 countries had a response rate of over 30% which is very good for this type of survey. Those countries where lots of surveys were sent out were the ones who tended to have lower response rates. This should inform the methodology used for future surveys where better targeting of the survey is recommended to increase the percentage response rate.

The 5 Statements where implementation seems to provide the greatest challenge are:

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

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

S6.4 - The pharmacists in our hospital routinely publish hospital pharmacy practice research.

S5.3 - Our hospital uses an external quality assessment accreditation programme to assure our medicines use processes

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

There appears to be a greater number of barriers to hospital pharmacies engaging in more clinically focused activities such as medicines reconciliation, multidisciplinary team working and publishing practice research. Three of these statements (S4.4, S4.5, S1.1) are all related to issues of capacity (not having enough staff) or capability (not having staff with the required skills). There was considerable variation across the different countries, reflecting the role of pharmacists in those countries. The role of the 'clinical pharmacist' where the pharmacist is visible on the ward and in clinics, while well established in some countries, is still a rarity in others. Pharmacist prescribing is established in some countries like the UK, but is not legally permissible in the majority. In addition, it would appear that many hospitals employ low numbers of pharmacists and technicians in relation to the number of beds they contain. Graph 4.4a shows an insightful relationship between the number of pharmacists employed and the ability to comply with Statement 4.4.

Generally there appeared to be few barriers for hospital pharmacies to engage in the procurement, compounding and distribution of medicines. This is a very important role and the work of pharmacists in reducing the risks associated with these functions should not be underestimated.

The results from section C where the questions specifically related to the implementation of the Statements, the theme of lack of capability to implement statements, particularly the more clinically orientated statements, may be linked to the lack of a clinical pharmacy workforce. Likewise, the theme of lack of capacity to implement the statements may be linked to the observation of low numbers of pharmacists and technicians in many hospitals. There seems to be a wide variation in awareness and agreement with the statements which suggests a lack of engagement with the statements by pharmacists actually responsible for delivering the hospital pharmacy services. This is supported by the variable response rate and low commitment to implement the statements.

Recommendations

General recommendations

- Further more detailed work is required to investigate the impact of workforce numbers and skill mix linked to number of beds or activity to better understand if this is a real barrier to the implementation of the statements.
- Further work is needed to understand the engagement of hospital pharmacists in clinically focused activities.
- Work is needed to raise awareness of the statements with hospital pharmacists on the ground responsible for delivering services
- Work is needed to get better engagement of pharmacists on the ground with the statements, this may include sense checking whether all the statements are realisable (e.g. if external QA of services is not mandated by a regulatory body then it is unlikely to be implemented).
- To encourage awareness of the Statements and participation in practice research, the educational content of the EAHP congress (posters and presentations) should be linked to the relevant statements

Recommendations for future surveys

- Keep the survey short and easy to complete (to within 20 minutes)
- Specifically enquire for each question if capacity and capability are the key barriers to implementation
- Construct survey response options for each question to identify barriers other than capacity and capability
- Identify the key drivers for change in countries where implementation has occurred or is occurring
- Compile better intelligence about the number of surveys sent out in the first place (as those countries with a low response rate sent out lots of invites to participate which may be unrealistic)
- A named person (country co-ordinator) to send out invite survey link
- Weekly reminders should be sent out by the named person (country co-ordinator)

References

1. The European Statements of Hospital Pharmacy. *Eur J Hosp Pharm* 2014;21:256-258 doi:10.1136/ejhpharm-2014-000526
2. Maskrey N and Underhill J. The European Statements of Hospital Pharmacy: achieving consensus using Delphi and World Café methodologies *Eur J Hosp Pharm* 2014;21:264-266 doi:10.1136/ejhpharm-2014-000520 (<http://ejhp.bmj.com/content/21/5/264.full>)
3. Horák P et al. EAHP survey and European Statements of Hospital Pharmacy – can we achieve a perfect match? *Eur J Hosp Pharm* 2014;21:5 291-293 doi:10.1136/ejhpharm-2014-000541