



SOCIETÀ ITALIANA DI FARMACIA
OSPEDALIERA E DEI SERVIZI FARMACEUTICI
DELLE AZIENDE SANITARIE

XXXV CONGRESSO NAZIONALE SIFO



IL FARMACISTA:
UNA RISORSA
PER LA SALUTE.
RESPONSABILITÀ,
APPROPRIATEZZA,
SOSTENIBILITÀ



Responsabilità professionale: dove va l'Europa?

The European Summit on Hospital Pharmacy
A shared vision by healthcare professionals
and patients

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Conflict of interest

No commercial conflict of
interest to disclose

Outline



History of the summit



The agreed statements

- Introductory statements and governance
- Selection, procurement and distribution
- Production and compounding
- Clinical services
- Patients safety and quality assurance
- Education and research



After the summit



european summit on
**hospital
pharmacy**

History

STAGE 3

Implementing the Summit outcomes (2014 and beyond)

Including raising awareness of the Summit outcomes and how they can be achieved.

STAGE 2

**SUMMIT
(May 2014)**

Patient/Public Panel
validate/amend
/improve/clarify
outputs of WGs 2-5
Statements through
an externally
moderated,
anonymous
Delphi-Process

**A vision that is
shared by the
profession and
patients.**

WG 1 constructs and prepares patient & public panel

WG 2 reinterprets Basel statements for both European HP understanding AND patient/ public understanding

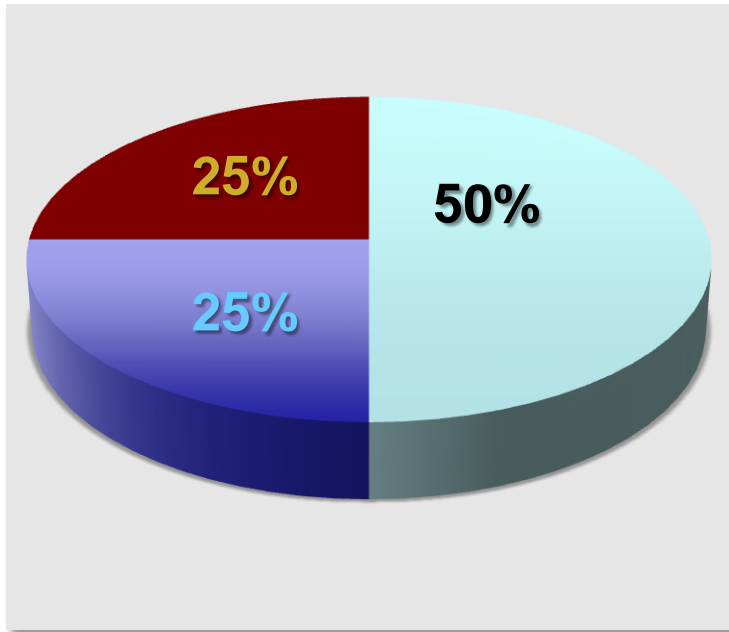
WG 3 develops concepts of best possible practise in European HP

WG 4 develops metrics proposals for future HP in Europe

WG 5 considers the implementation aspects of Summit outcomes

STAGE 1 (2013)

EAHP brings HP profession in Europe together to agree aspects of a vision for future.



- Hospital Pharmacists
- Patient
- Other health professionals



Voting associations

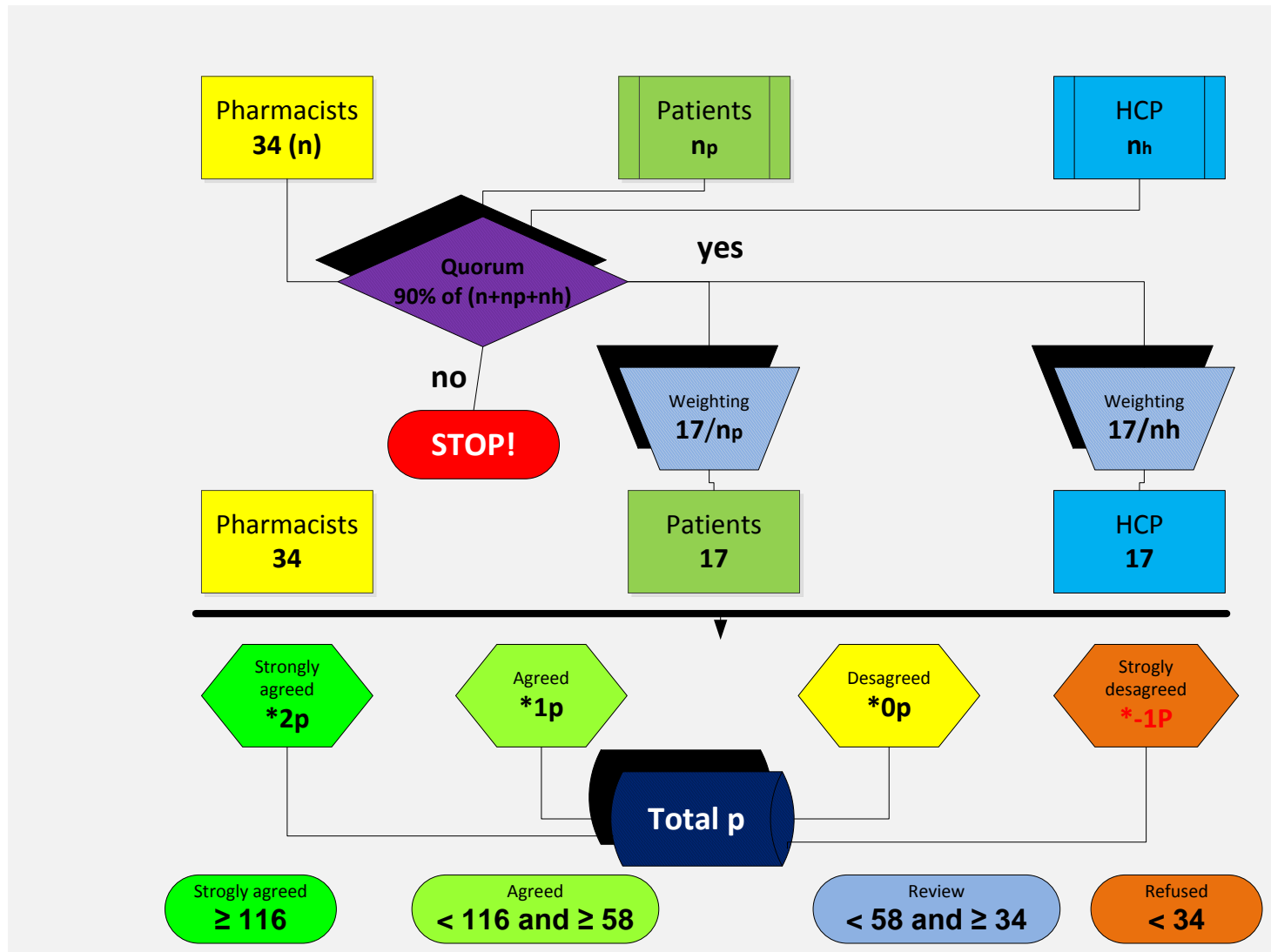
31 Hospital Pharmacists

12 Patient groups

7 Healthcare professionals

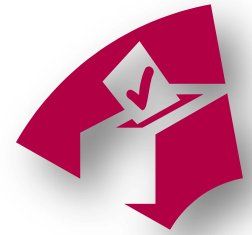
Quorum = 90% of votes = $(31+12+7)*0.9 = 45$

The vote system



HCP = Healthcare professional

Weighting by level of agreement



Level of agreement	Points	Treshold	Total Points
strongly agreed	2	85% of max 124 (2*62 = 124 p)	≥ 105*
agreed	1	85% of max 62 (= 42.7% of max points)	< 105* and ≥ 53*
disagreed	0	50% of max 62	< 31*
strongly disagreed	-1		

* Only valid if all participants vote. Otherwise multiplied by a factor (e.g. by 55 voting of 60 - still over quorum - factor = $55/60 = 0.933$)

European Summit on Hospital Pharmacy



Review and adaptation of FIP Basel Statements

6 sections – 44 statements

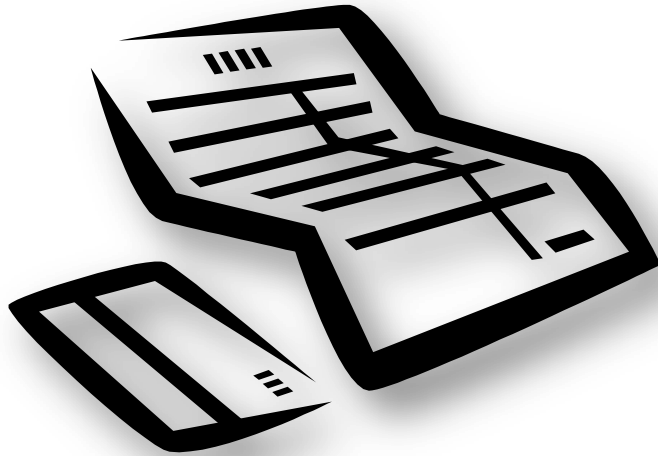
- **Introductory Statements and Governance**
- **Selection, Procurement and Distribution**
- **Production and Compounding**
- **Clinical Services**
- **Patient Safety and Quality Assurance**
- **Education and Research**

The European
Summit on
Hospital
Pharmacy

*Patients and
professionals
making the
future together*

14th-15th May 2014
Diamant Business
Centre, Brussels

The agreed statements



General Consensus

All statements have the aim to improve patient safety and are based on collaboration with other healthcare professionals

The statements are for medicines as well as for medical devices if pharmacies are in charge of

A glossary will explain some of the used wording

20 statements strongly agreed = 45%

24 agreed = 55%



Highlights introductory statements

1.1 Level of agreement: **strongly agreed** (93.6% of max points)

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 Level of agreement: **agreed** (77.0% of max points)

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.**

Highlights selection, procurement and distribution

2.1 Level of agreement: **strongly agreed** (91.1% of max points)

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.**

2.5 Level of agreement: **strongly agreed** (87.1% of max points)

Each hospital pharmacy should have **contingency plans for shortages of medicines** that it procures.



Highlights production and compounding

3.1 Level of agreement: **agreed** (73.3% of max points, some pharmacist disagreed)

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 rationale for this decision with the relevant stakeholders.

3.3 Level of agreement: **agreed** (77.0% of max points)

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.

Highlights clinical services

4.2 Level of agreement: **agreed**

(69.7% of max points, some pharmacist or patient disagreed)

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.

4.5 Level of agreement: **strongly agreed** (91.5% of max points)

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

Highlights clinical services

4.6 Level of agreement: **strongly agreed** (92.1% of max points)

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**.



Highlights patient safety and quality assurance

5.11 Level of agreement: **strongly agreed** (95.0% of max points)

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



Highlights education and research

6.3 Level of agreement: **strongly agreed** (85.3% of max points)

A European-wide framework for initial **post graduate education** and training in hospital pharmacy with an assessment of individual competence is essential. In addition, hospital pharmacists should engage in relevant **educational opportunities at all stages of their career.**



STATEMENTS WITH RELEVANT DIFFERENCES BETWEEN GROUPS

N	Statement	% max points	Pharmacists	Patients	HCP	level
1.7	<p>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.</p>	80,3	95,2	66,7	64,3	AGREED
3.6	<p>When the reconstitution or mixing of medicines takes place on a patient care area, a hospital pharmacist should approve written procedures to ensure staff involved in these procedures are appropriately trained.</p>	88,2	96,8	100,0	64,3	STRONGLY AGREED !



STATEMENTS WITH RELEVANT DIFFERENCES BETWEEN GROUPS

N	Statement	% max points	Pharmacists	Patients	HCP	level	disagreed
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.	77,7	91,9	62,5	64,3	AGREED	some HCP disagreed
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.	82,7	90,3	100,0	50,0	AGREED	some HCP disagreed

STATEMENTS WITH RELEVANT DIFFERENCES BETWEEN GROUPS

N	Statement	% max points	Pharmacists	Patients	HCP	level	disagreed
5.9	Hospital pharmacists should ensure that the information needed for safe medicines use, including both preparation and administration, is accessible at the point of care.	87,0	91,9	100,0	64,3	STRONGLY AGREED !	
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.	79,5	93,5	66,7	64,3	AGREED	some patient strongly disagreed!



What after the Summit?



Making the summit public and creating awareness of the results



- Press release, media
- Transparent information on the result on the EAHP website
- Information of other stakeholders
- Presentations on international, national and local level
- **Seek endorsement of the statements by additional stakeholders**



Investigating Good Practice Initiatives

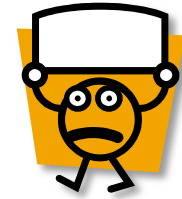
1st call for Good Practice Initiatives was made in April 2013, closing in June, with 40 examples received.

Initial submissions include examples that helped to guarantee the patient's 7 rights in respect of medication, and/or improving HP involvement in therapeutic decision-making

These examples can be matched to statements to help HPs across Europe see the steps to take to achievement

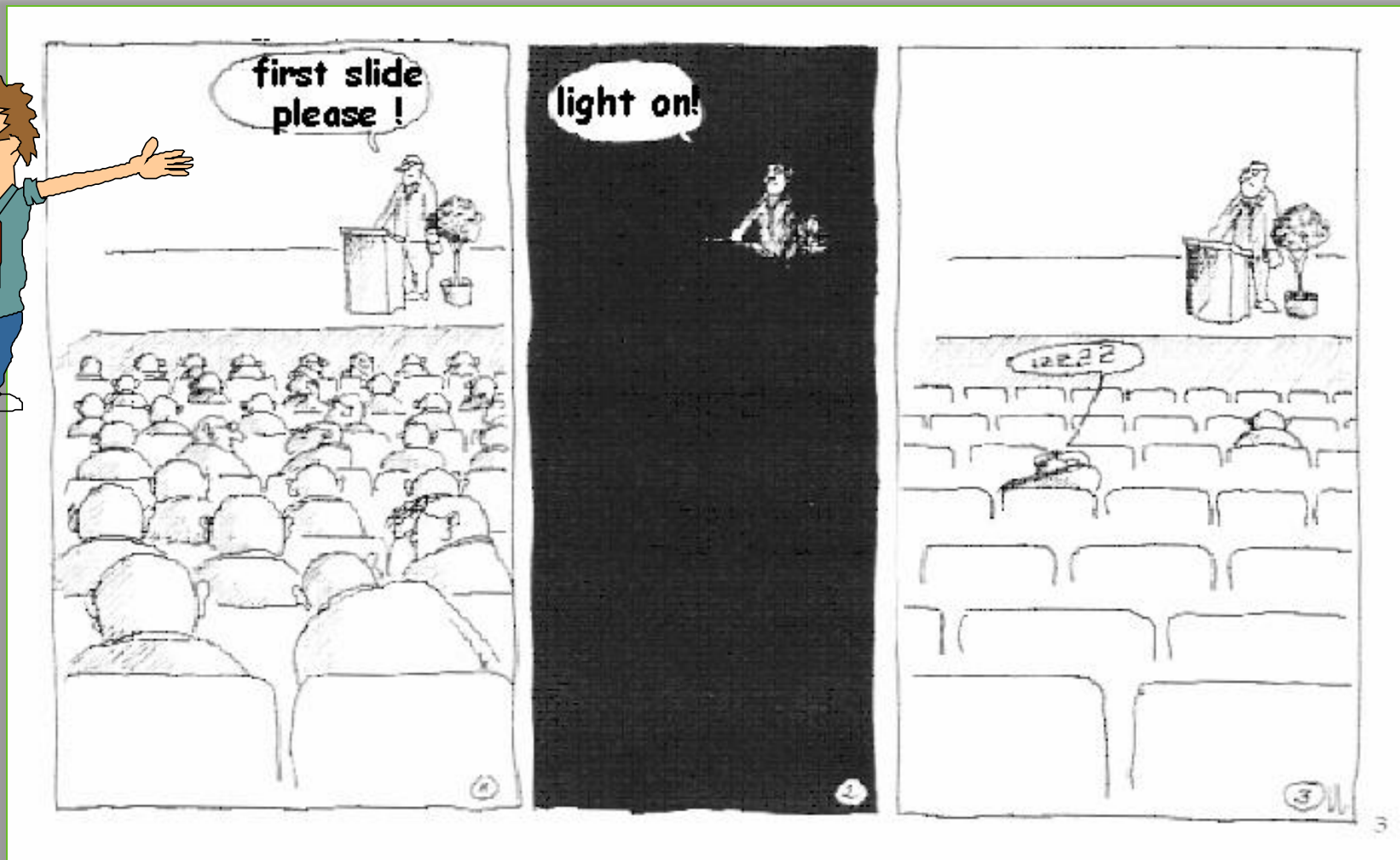
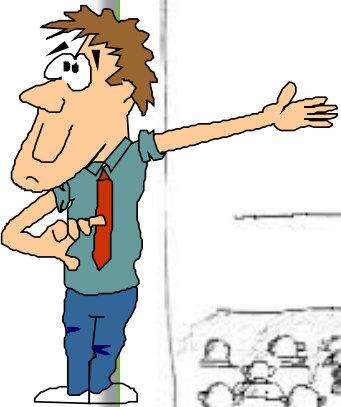


Take home messages



- **The Summit 2014 on hospital pharmacy in Europe created 44 statements based on the FIP Basel statements 2008 and shared by patients and healthcare professionals**
- **Patient safety is the aim of all statements**
- **Collaborative care is necessary to achieve the best outcome for the patients**

Thank you very much for your attention!





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