XXXV CONGRESSO NAZIONALE SIFO

IL FARMACISTA: UNA RISORSA PER LA SALUTE.

RESPONSABILITÀ, APPROPRIATEZZA, SOSTENIBILITÀ
Responsabilitá 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
History
STAGE 1
(2013)

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

STAGE 2
SUMMIT
(May 2014)

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

A vision that is shared by the profession and patients.

STAGE 3
Implementing the Summit outcomes (2014 and beyond)

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

31 Hospital Pharmacists
12 Patient groups
7 Healthcare professionals

Quorum = 90% of votes = (31+12+7)*0.9 = 45
The vote system

Pharmacists
34 (n)

Patients
np

HCP
nh

Quorum
90% of (n+np+nh)

yes

no

STOP!

Weighting
17/np

Weighting
17/nh

Pharmacists
34

Patients
17

HCP
17

Strongly agreed
*2p

Agreed
*1p

Desagreed
*0p

Strogly desagreed
*-1P

Total p

Strogly agreed
≥ 116

Agreed
< 116 and ≥ 58

Review
< 58 and ≥ 34

Refused
< 34

HCP = Healthcare professional

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# Weighting by level of agreement

<table>
<thead>
<tr>
<th>Level of agreement</th>
<th>Points</th>
<th>Threshold</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly agreed</td>
<td>2</td>
<td>85% of max 124 (2*62 = 124 p)</td>
<td>≥ 105*</td>
</tr>
<tr>
<td>agreed</td>
<td>1</td>
<td>85% of max 62 (= 42.7% of max points)</td>
<td>&lt; 105* and ≥ 53*</td>
</tr>
<tr>
<td>disagreed</td>
<td>0</td>
<td>50% of max 62</td>
<td>&lt; 31*</td>
</tr>
<tr>
<td>strongly disagreed</td>
<td>-1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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 agreed statements
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%
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.
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.
5.10 Level of agreement: strongly agreed (93.0% of max points)

Hospital pharmacists should ensure that medicines stored throughout the hospital are packaged and labelled so to assure identification, maintain integrity until immediately prior to use and permit correct administration.

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

<table>
<thead>
<tr>
<th>N</th>
<th>Statement</th>
<th>% max points</th>
<th>Pharmacists</th>
<th>Patients</th>
<th>HCP</th>
<th>Level</th>
</tr>
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<tbody>
<tr>
<td>1.7</td>
<td>Hospital pharmacists <strong>must be involved in the design, specification of parameters and evaluation of ICT within the medicines processes.</strong> 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.</td>
<td>80,3</td>
<td>95,2</td>
<td>66,7</td>
<td>64,3</td>
<td>AGREED</td>
</tr>
<tr>
<td>3.6</td>
<td>When the <strong>reconstitution or mixing of medicines takes place on a patient care area, a hospital pharmacist should approve written procedures</strong> to ensure staff involved in these procedures are appropriately trained.</td>
<td>88,2</td>
<td>96,8</td>
<td>100,0</td>
<td>64,3</td>
<td>STRONGLY AGREED!</td>
</tr>
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### STATEMENTS WITH RELEVANT DIFFERENCES BETWEEN GROUPS

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<th>level</th>
<th>disagreed</th>
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<tr>
<td>4.3</td>
<td>Hospital <strong>pharmacists should have access to the patients’ health record</strong>. Their clinical <strong>interventions should be documented in the patients’ health record</strong> and analysed to inform quality improvement interventions.</td>
<td>77.7</td>
<td>91.9</td>
<td>62.5</td>
<td>64.3</td>
<td>AGREED</td>
<td>some HCP disagreed</td>
</tr>
<tr>
<td>4.7</td>
<td>Hospital pharmacists should <strong>inform</strong>, educate and advise patients, carers and other health care professionals <strong>when medicines are used outside of their marketing authorisation.</strong></td>
<td>82.7</td>
<td>90.3</td>
<td>100.0</td>
<td>50.0</td>
<td>AGREED</td>
<td>some HCP disagreed</td>
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<tr>
<td>5.9</td>
<td><strong>Hospital pharmacists should ensure that the information needed for safe medicines use, including both preparation and administration, is accessible at the point of care.</strong></td>
<td>87,0</td>
<td>91,9</td>
<td>100,0</td>
<td>64,3</td>
<td>STRONGLY AGREED!</td>
</tr>
<tr>
<td>6.4</td>
<td><strong>Hospital pharmacists should actively engage in and publish research, particularly on hospital pharmacy practice.</strong> Research methods should be part of undergraduate and postgraduate training programmes for hospital pharmacists.</td>
<td>79,5</td>
<td>93,5</td>
<td>66,7</td>
<td>64,3</td>
<td>AGREED some patient strongly disagreed!</td>
</tr>
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</table>
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**
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!