

The statements: a reflection on the results

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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.

With an excellent score of 93.6% of the maximum possible agreement level, participants at the European Summit on Hospital Pharmacy in Brussels approved this first statement leading our profession into 2020 and beyond. The statements are concise sentences setting out tasks and a vision of the skills and competencies we should develop and maintain.

Translating the overarching first statement into practice is not easy: 'optimise' means excellence should never lead to complacency and that underdeveloped practice must move step by step towards excellence. Inertia and frustration at a lack of resources are not an option. Creativity is required and we should enjoy each small step aimed at improving the outcome of our patients.

Achieving the best outcome for patients is not restricted to pharmacists: the statements are the result of a robust Delphi process where patients, physicians and nurses helped us understand their needs and adapt our practice goals to the entire process.

'Working collaboratively with multidisciplinary teams' is a challenge and an opportunity at the same time; a challenge as we have to develop social competency in dialogue with other healthcare professionals and patients, and an opportunity as our skills will be recognised by patients and professionals as we interact with them and take responsibility for our advice. The unknown pharmacist in his pharmacy is not the future of our profession.

'Responsible use of medicines' refers to a carefully balanced decision between effectiveness, medication safety, the patient's needs and wishes, as well as financial cost. This is not an easy task especially in times of austerity if the requests of patients do not accord with economic constraints. 'Responsible' means considering both the individual and society as whole. Finding the correct balance requires empathy, creativity and knowledge of all the processes involving medicines. In addition, we have to balance evidence of effectiveness with possible risks for the individual patient. And finally 'across all settings' gives us a huge responsibility to ensure patient safety during transfers into or out of the hospital and also within the hospital, for example, from the intensive care unit to the ward. We know that transition is challenging and that communication gaps put patients at risk. This is confirmed by the strong agreement with statement 4.5 on seamless care by all participants. Developing social competencies and working in teams is therefore necessary if we want our

pharmaceutical competency to provide additional benefit for the best patient outcome.

All statements had a high level of agreement and provide a robust foundation endorsed by patients, physicians, nurses and pharmacists. Nevertheless, it is interesting to analyse some of the statements in more detail. A strongly agreed position, as achieved for 45% of the statements, may have a higher priority for implementation. Hospital pharmacists have to assume leadership and make these goals a reality in all hospitals. As long as there are huge gaps between statement goals and reality, we have to fight for the safety of our patients, which is the basis of all the statements.

The highest level of agreement among all groups was achieved for statements 3.4 and 5.11. These statements together with 5.10 set out the need for traceability and quality in the medication process whether or not the medicines are procured or produced by the pharmacy. Traceability is essential for patient safety and must be given priority in all hospitals. Examination of data from the last European Association of Hospital Pharmacists (EAHP) survey shows that action is needed across Europe. The use of appropriate technology including barcodes may help achieve this goal without a requirement for extra staff resources. Pharmacists have to claim and retain leadership in this process. Finally, as emphasized by the strongly agreed statement 2.1, procurement should be based on the principles of medicine safety, quality and efficacy.

Another statement achieving a high level of agreement among all groups is 5.6. This statement like statement 1.3 is challenging for hospital pharmacists: we need to identify high-risk medicines and prioritise our actions especially where human and other resources are lacking. But in setting our priorities, we must always remember that the patient comes first. Sometimes this position will mean that the pharmacist is a lone voice in the clinical team fighting against personal interests and waste of resources.

Statement 4.6 also received strong agreement and covers another interesting issue. Informing patients as well as physicians and nurses about the best use of medicines is a key competency of pharmacists, but pharmacists are not always properly trained in do this 'in terms the target group can understand'. Pharmacy education and professional development should focus on teaching empathy and the social competencies necessary for adapting our language to the targeted group. Without this translation of our pharmaceutical competencies, patients and other healthcare professionals will not see the added value of collaboration with pharmacists!

Seamless care is another goal on which all participants strongly agreed (4.5). Seamless care also



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Table 1 Level of agreement achieved in total and by group

No.	Statement	% of maximum points	Pharmacists	Patients	HCP
Maximum agreement among all groups					
5.11	Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy.	95.0	93.5	100	92.9
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.	94.9	91.9	95.8	100
5.6	Hospital pharmacists should identify high-risk medicines and ensure appropriate procedures are implemented in procurement, prescribing, preparing, dispensing, administration and monitoring processes to minimise risk.	94.3	98.4	87.5	92.9
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.	93.6	95.0	91.7	92.9
5.10	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.	93.0	96.8	100	78.6
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.	92.1	91.9	91.7	92.9
4.5	Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.	91.5	98.4	83.3	85.7
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.	91.1	91.9	87.5	92.9
Minimum agreement among all groups					
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.	74.7	87.9	59.1	64.3
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.	74.3	88.7	62.5	57.1
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.	73.7	85.5	66.7	57.1
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 rationale for this decision with the relevant stakeholders.	73.2	80.6	59.1	71.4
2.2	Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. Responsibility for using these processes may rest with other health care professionals and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care.	72.8	88.3	58.3	57.1
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.	72.0	87.1	70.8	42.9
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.	69.7	83.9	58.3	50.0
Ranking by agreement among pharmacists					
6.5	Hospital pharmacists should be actively involved in clinical trials of medicines.	88.4	100	81.8	71.4
4.5	Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.	91.5	98.4	83.3	85.7
5.1	The 'seven rights' (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines-related activities in the hospital.	86.3	98.4	83.3	64.3
5.6	Hospital pharmacists should identify high-risk medicines and ensure appropriate procedures are implemented in procurement, prescribing, preparing, dispensing, administration and monitoring processes to minimise risk.	94.3	98.4	87.5	92.9
3.6	When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures to ensure staff involved in these procedures are appropriately trained.	88.2	96.8	100	64.3
5.10	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.	93.0	96.8	100	78.6
1.2	At a European level, 'Good Hospital Pharmacy Practice' guidelines based on the best available evidence should be developed and implemented. These guidelines will include corresponding human resources and training requirements and assist national efforts to define recognised standards across the scope and levels of hospital pharmacy services.	82.6	96.7	66.7	71.4

Continued

Table 1 Continued

No.	Statement	% of maximum points	Pharmacists	Patients	HCP
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.	80.3	95.2	66.7	64.3
2.4	Procurement should be according to the medicine formulary and informed by the formulary selection process. A robust process should also be in place to appropriately procure medicines not included in the formulary where their use is indicated for the safe and effective care of individual patients.	78.2	95.2	58.3	64.3
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.	93.6	95.0	91.7	92.9
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.	69.7	83.9	58.3	50.0
2.6	Hospital pharmacies should have responsibility for all medicines logistics in hospitals. This includes proper storage, preparation, dispensing, distribution and disposal conditions for all medicines, including investigational medicines.	82.6	82.3	87.5	78.6
6.1	Undergraduate pharmacy curricula should include experience of hospital pharmacy practice. The role of all hospital healthcare practitioners, including hospital pharmacists, should be integrated into the curricula of other health professionals.	76.4	82.3	62.5	78.6
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 rationale for this decision with the relevant stakeholders.	73.2	80.6	59.1	71.4
Ranking by agreement among patients					
3.6	When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures to ensure staff involved in these procedures are appropriately trained.	88.2	96.8	100	64.3
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	50.0
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	64.3
5.10	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.	93.0	96.8	100	78.6
5.11	Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy.	95.0	93.5	100	92.9
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.	94.9	91.9	95.8	100
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.	93.6	95.0	91.7	92.9
2.5	Each hospital pharmacy should have contingency plans for shortages of medicines that it procures.	87.1	85.5	91.7	85.7
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.	89.7	87.1	91.7	92.9
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.	92.1	91.9	91.7	92.9
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.	74.7	87.9	59.1	64.3
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 rationale for this decision with the relevant stakeholders.	73.2	80.6	59.1	71.4
2.2	Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. Responsibility for using these processes may rest with other health care professionals and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care.	72.8	88.3	58.3	57.1
2.4	Procurement should be according to the medicine formulary and informed by the formulary selection process. A robust process should also be in place to appropriately procure medicines not included in the formulary where their use is indicated for the safe and effective care of individual patients.	78.2	95.2	58.3	64.3
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.	69.7	83.9	58.3	50.0

Continued

Table 1 Continued

No.	Statement	% of maximum points	Pharmacists	Patients	HCP
Ranking by agreement among healthcare professionals					
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.	94.9	91.9	95.8	100
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.	93.6	95.0	91.7	92.9
1.4	All hospitals should have access to a hospital pharmacist who has overall responsibility for the safe, effective and optimal use of medicines. Health authorities should ensure that each hospital pharmacy is supervised by a pharmacist with appropriate working experience in the hospital setting, and explicit demonstration of competence in hospital pharmacy.	86.3	88.7	75.0	92.9
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.	91.1	91.9	87.5	92.9
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.	89.7	87.1	91.7	92.9
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.	92.1	91.9	91.7	92.9
5.2	Hospital pharmacists should ensure the development of appropriate quality assurance strategies for medicines use processes to detect errors and identify priorities for improvement.	88.7	93.5	75.0	92.9
5.6	Hospital pharmacists should identify high-risk medicines and ensure appropriate procedures are implemented in procurement, prescribing, preparing, dispensing, administration and monitoring processes to minimise risk.	94.3	98.4	87.5	92.9
5.11	Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy.	95.0	93.5	100	92.9
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.	74.3	88.7	62.5	57.1
2.2	Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. Responsibility for using these processes may rest with other health care professionals and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care.	72.8	88.3	58.3	57.1
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.	73.7	85.5	66.7	57.1
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.	69.7	83.9	58.3	50.0
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	50.0
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.	72.0	87.1	70.8	42.9
Statements with relevant differences between groups					
1.2	At a European level. 'Good Hospital Pharmacy Practice' guidelines based on the best available evidence should be developed and implemented. These guidelines will include corresponding human resources and training requirements and assist national efforts to define recognised standards across the scope and levels of hospital pharmacy services.	82.6	96.7	66.7	71.4
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.	74.7	87.9	59.1	64.3
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.	80.3	95.2	66.7	64.3
2.2	Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. Responsibility for using these processes may rest with other health care professionals and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care.	72.8	88.3	58.3	57.1
2.3	Hospital pharmacists should coordinate the development, maintenance and use of a medicines formulary system, which may be local, regional and/or national. The medicine formulary system should be linked to guidelines, protocols and treatment pathways based on the best available evidence including patient outcomes and pharmacoeconomic evaluations where these are available.	79.7	91.9	70.8	64.3

Continued

Table 1 Continued

No.	Statement	% of maximum points	Pharmacists	Patients	HCP
2.4	Procurement should be according to the medicine formulary and informed by the formulary selection process. A robust process should also be in place to appropriately procure medicines not included in the formulary where their use is indicated for the safe and effective care of individual patients.	78.2	95.2	58.3	64.3
3.6	When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures to ensure staff involved in these procedures are appropriately trained.	88.2	96.8	100	64.3
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
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	50.0
5.1	The 'seven rights' (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines-related activities in the hospital.	86.3	98.4	83.3	64.3
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.	72.0	87.1	70.8	42.9
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	64.3
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

Percentages are based on the maximum number of achievable points (ie, 124).
HCP, healthcare professionals.

depends on proper communication between the hospital and community settings and also between different wards and units of the hospital. Such interfaces can generate errors if not managed properly; unfortunately reimbursement systems and hospital policies do not always recognise the need for such management. This is unacceptable from a patient perspective and we should demand the proper coordination essential for continuity of care.

Examining the results in more detail, we can analyse those statements where different groups had different levels of agreement. This may help us develop strategies to guard against possible barriers and ensure open communication with our colleagues.

Statement 3.6 on the reconstitution of medicines on the ward and statement 5.9 on the need for information at the point of care reveal differences between pharmacists, patients and healthcare professionals. Other healthcare professionals are not as enthusiastic as pharmacists and patients in looking for written procedures approved by pharmacists. We do not know the reason for this, but nurses and doctors handling medicines daily on the ward are possibly not sufficiently aware of the risks and complexity of such procedures, and do not see the need for additional information at the point of care. Therefore, we should put more energy into creating awareness of possible errors and related risks.

A similar situation also arose for statement 4.7 on off-label use. In contrast to pharmacists and patients, other healthcare professionals do not see the need for advice by pharmacists. Patients strongly agree that guidance by pharmacists is required and they seem to trust pharmacists more than physicians and nurses where medicines are involved. Pharmacists must be more proactive in achieving recognition by other healthcare professionals as the experts in medication. Creating trust is a long process, once again based on our pharmaceutical as well as our social competencies.

Some controversial results, as in 1.2, 1.5 and 1.7, might be only due to the fact that patients and other healthcare professionals do have not sufficient experience in the fields covered by the statements and thus are not able to provide an informed

opinion. Similarly, the different levels of agreement for the statements concerning the medication processes, technology and formulary (2.2, 2.3 and 2.4) may be based on insufficient knowledge of the procurement processes, as well as the 'seven rights' mentioned in statement 5.1.

The differences in agreement with statement 4.3 on access to patient records and the documentation of pharmaceutical interventions is remarkable. Patients may be worried about the confidentiality of data as well as healthcare professionals in relation to the documentation of their interventions. It is crucial for pharmacists to be more integrated into the care team, and access to records as well as documentation of pharmaceutical interventions is paramount for achieving this goal. No visibility in the patient's record means no visibility as a profession.

We also need to understand why the need for external quality assessment accreditation programmes is not better supported by healthcare professionals (statement 5.3). There is no reason to avoid appraisal by external reviewers as it is an important step for quality improvement. Bad experiences by physicians and nurses in systems perceived as more as rigid than supportive may be the reason for such disagreement. We have to show that we support external evaluation to ensure the quality of service to patients.

Patients and other healthcare professionals also have slightly different opinions on the necessity for research on hospital pharmacy practice (6.4). This finding is an incentive to undertake more research and publish the results similarly to physicians. Lack of published studies probably also contributes to the lack of visibility. We have to show that pharmacists' work has a strong foundation of scientific research.

Finally, it is remarkable that statement 4.2 on the review and validation of all prescriptions as soon as possible by a hospital pharmacist achieved the lowest level of agreement including among pharmacists. The most probable explanation is that all participants were worried about a possible delay in treatment. However, such review should be understood as a quality step and not as a barrier in the medication process. We will have to decide on the basis of each hospital's resources whether such a review would be possible in time and whether it would improve

medication quality. Therefore, risk assessment is a key issue in this process also.

Individual situations in different countries and different hospitals will require different priorities regarding implementation, for example, if shortages are a major problem or IT technology is poor.

Table 1 gives details of the agreement for all statements. Online supplementary table S1 shows a selection of the highest and lowest levels of agreement in total and by different groups. This table may help clinicians set local priorities.

With the 44 statements agreed by pharmacists, patients and healthcare professionals, EAHP has created a shared vision of our profession, but the reality in Europe may be different. It is important to understand that current practice may be quite different from statement requirements. Some may argue that

the aspirations expressed in the statements will be never possible in some political environments and are even in conflict with current practice and legislation. But as the great philosopher Jürgen Habermas said: “Where the oasis of utopia dries out only a desert of banalities and helplessness will spread”. We need dreams to move us on and frustration with the status quo is no reason to give up. EAHP has examined the role of hospital pharmacists and created these statements in order to ensure the best outcome for patients. This should be the only goal of our profession. Knowing the harbour we have to reach, we can use favourable winds to adjust the direction of travel.

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

N	Statement	% max points	Pharmacists	Patients	HCP	level	disagreed	disagreed
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.	93,6	95,0	91,7	92,9	STRONGLY AGREED !		
1.2	At a European level, 'Good Hospital Pharmacy Practice' guidelines based on the best available evidence should be developed and implemented. These guidelines will include corresponding human resources and training requirements and assist national efforts to define recognised standards across the scope and levels of hospital pharmacy services.	82,6	96,7	66,7	71,4	AGREED		
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.	77,0	87,1	62,5	71,4	AGREED		
1.4	All hospitals should have access to a hospital pharmacist who has overall responsibility for the safe, effective and optimal use of medicines. Health authorities should ensure that each hospital pharmacy is supervised by a pharmacist with appropriate working experience in the hospital setting, and explicit demonstration of competence in hospital pharmacy.	86,3	88,7	75,0	92,9	STRONGLY AGREED !		
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.	74,7	87,9	59,1	64,3	AGREED		
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.	74,3	88,7	62,5	57,1	AGREED		
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.	80,3	95,2	66,7	64,3	AGREED		
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.	91,1	91,9	87,5	92,9	STRONGLY AGREED !		
2.2	Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. Responsibility for using these processes may rest with other health care professionals and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care.	72,8	88,3	58,3	57,1	AGREED		
2.3	Hospital pharmacists should coordinate the development, maintenance and use of a medicines formulary system, which may be local, regional and/or national. The medicine formulary system should be linked to guidelines, protocols and treatment pathways based on the best available evidence including patient outcomes and pharmacoeconomic evaluations where these are available.	79,7	91,9	70,8	64,3	AGREED		
2.4	Procurement should be according to the medicine formulary and informed by the formulary selection process. A robust process should also be in place to appropriately procure medicines not included in the formulary where their use is indicated for the safe and effective care of individual patients.	78,2	95,2	58,3	64,3	AGREED		
2.5	Each hospital pharmacy should have contingency plans for shortages of medicines that it procures.	87,1	85,5	91,7	85,7	STRONGLY AGREED !	some pharmacist disagreed	
2.6	Hospital pharmacies should have responsibility for all medicines logistics in hospitals. This includes proper storage, preparation, dispensing, distribution and disposal conditions for all medicines, including investigational medicines.	82,6	82,3	87,5	78,6	AGREED	some pharmacist disagreed	
2.7	Hospital pharmacists should be involved in the development of policies regarding the use of medicines brought into the hospital by patients.	84,7	91,9	83,3	71,4	AGREED		

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 rationale for this decision with the relevant stakeholders.	73,2	80,6	59,1	71,4	AGREED	some pharmacist disagreed	
3.2	Medicines that require manufacture or compounding must be produced by a hospital pharmacy, or outsourced under the responsibility of the hospital pharmacist.	83,7	87,1	75,0	85,7	AGREED	some pharmacist disagreed	
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.	77,0	86,7	70,8	64,3	AGREED		
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.	94,9	91,9	95,8	100,0	STRONGLY AGREED !		
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.	89,7	87,1	91,7	92,9	STRONGLY AGREED !	some pharmacist strongly disagreed!	
3.6	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.	88,2	96,8	100,0	64,3	STRONGLY AGREED !		
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.	83,8	88,7	79,2	78,6	AGREED		some patient disagreed
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.	69,7	83,9	58,3	50,0	AGREED	some pharmacist disagreed	some patient 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		
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.	73,7	85,5	66,7	57,1	AGREED	some pharmacist disagreed	some patient disagreed
4.5	Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.	91,5	98,4	83,3	85,7	STRONGLY AGREED !		
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.	92,1	91,9	91,7	92,9	STRONGLY AGREED !		
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		
4.8	Clinical pharmacy services should continuously evolve to optimise patients' outcomes.	87,3	93,5	83,3	78,6	STRONGLY AGREED !		
5.1	The "seven rights" (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines-related activities in the hospital.	86,3	98,4	83,3	64,3	STRONGLY AGREED !		
5.2	Hospital pharmacists should ensure the development of appropriate quality assurance strategies for medicines use processes to detect errors and identify priorities for improvement.	88,7	93,5	75,0	92,9	STRONGLY AGREED !		
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.	72,0	87,1	70,8	42,9	AGREED		some patient disagreed
5.4	Hospital pharmacists should ensure the reporting of adverse drug reactions and medication errors to regional or national pharmacovigilance programmes or patient safety programmes.	88,5	90,3	87,5	85,7	STRONGLY AGREED !		
5.5	Hospital pharmacists should help to decrease the risk of medication errors by disseminating evidence-based approaches to error reduction including computerised decision support.	83,6	91,9	79,2	71,4	AGREED		some patient disagreed

5.6	Hospital pharmacists should identify high-risk medicines and ensure appropriate procedures are implemented in procurement, prescribing, preparing, dispensing, administration and monitoring processes to minimise risk.	94,3	98,4	87,5	92,9	STRONGLY AGREED !		
5.7	Hospital pharmacists should ensure that the medicines administration process is designed such that transcription steps between the original prescription and the medicines administration record are eliminated.	85,6	88,7	79,2	85,7	STRONGLY AGREED !		
5.8	Hospital pharmacists should ensure accurate recording of all allergy and other relevant medicine-related information in the patient's health record. This information should be accessible and evaluated prior to prescription and administration of medicines.	80,7	85,5	87,5	64,3	AGREED	some pharmacist 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 !		
5.10	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.	93,0	96,8	100,0	78,6	STRONGLY AGREED !		
5.11	Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy.	95,0	93,5	100,0	92,9	STRONGLY AGREED !		
6.1	Undergraduate pharmacy curricula should include experience of hospital pharmacy practice. The role of all hospital healthcare practitioners, including hospital pharmacists, should be integrated into the curricula of other health professionals.	76,4	82,3	62,5	78,6	AGREED		
6.2	All those involved in medicines use processes must be able to demonstrate their competency in their roles. Hospital pharmacists should participate in the development of European-wide competency frameworks to ensure standards of best practice are met.	80,8	85,5	66,7	85,7	AGREED		
6.3	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.	85,3	90,3	75,0	85,7	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!
6.5	Hospital pharmacists should be actively involved in clinical trials of medicines.	88,4	100,0	81,8	71,4	STRONGLY AGREED !		some patient disagreed

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some HCP disagreed
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