EAHP European Statements survey 2015

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EAHP Statement 2: Selection, Procurement and Distribution.

EAHP Statement 5: Patient Safety and Quality Assurance.

EAHP Statement 6: Education and Research

ABSTRACT

Objectives The 2015 EAHP European Statements survey was related to sections 2, 5 and 6 of the European Statements of Hospital Pharmacy (Statements). In addition to collection of statistical data about the level of implementation of the Statements, it was also intended to identify important barriers to their implementation.

Methods The online questionnaire was sent to all hospital pharmacies in EAHP member countries. Data were analysed by researchers from Keele University School of Pharmacy, UK and the EAHP Survey Group.

Results There were a total of 949 responses (response rate 18%). In the first part of the survey, data was collected on hospital pharmacy setting. While almost half of hospital pharmacies served over 500 beds, 80% of hospital pharmacies had 10 or less pharmacists. In section B, we gathered evidence about the degree of implementation of sections 2, 5 and 6 of the Statements and the main barriers to and drivers of implementation. Five questions with the lowest implementation level were then further analysed. Only five countries had 50% or more of hospital pharmacies reporting that the hospital pharmacists routinely publish hospital pharmacy practice research. 67% of participants stated that they had contingency plans for medicines shortages. The majority of countries (n=20) have less than half of respondents using computerised decision support to reduce the risk of medication errors. When asked if an audit had been undertaken in the past 3 years to identify priorities in medicines use processes, the mean percentage of positive responses for a country was 58%.

Conclusions EAHP has gained an informative overview of the implementation level as well as the barriers to and drivers of implementation in sections 2, 5 and 6. This is essential to inform the plans for EAHP to best support their implementation.

INTRODUCTION

The European Association of Hospital Pharmacists (EAHP) decided to change its survey model in 2014, based on the proceedings of the European Summit of Hospital Pharmacy which was held that year.¹ Delegates at the 2014 EAHP General Assembly discussed transforming the existing EAHP survey to modernise the approach by using an online tool to optimise data collection while minimising workload for survey respondents. This tool was intended to support EAHP efforts in implementation of the summit outcomes—the European Statements of Hospital Pharmacy (Statements) and other EAHP major projects.²

The EAHP Survey Group established a model with a 'baseline survey' and two 'statements surveys', rotating in 2 year cycles, each year covering three of six sections of the EAHP Statements. This article provides an overview of the most important results of the first 'Statements survey' that covered sections 2, 5 and 6 of the Statements.

METHODS

The survey was drafted following a meeting of the EAHP Survey Group and was conducted between October 2015 and December 2015, spanning 33 (of 34) EAHP member 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 in sections 2, 5 and 6.

Section C: questions about the hospital's readiness and ability to implement the Statements.

Questions in section A were designed to allow further analysis of dependencies between main implementation barriers and hospital type, level of staffing, etc.

Questions in section B of the survey were divided into three categories. The first was to identify if the participant thought that the Statements were already being implemented within their hospital. To achieve this aim, 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 1 indicated that they were never able to comply with the statement while 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 3, 4 or 5 was deemed to indicate less difficulty in complying with that statement—a 'positive response'. 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 asked a follow-up question to identify the barriers to implementing the Statement.

In the 2014/2015 EAHP Statements survey, the respondent was prompted to give a free text answer to these follow-up questions. This meant that analysing the results was very time consuming,

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especially when language translation of the text was needed. For this survey, a range of preselected options to assist in identifying barriers to implementation were given. Five standard preselected options were used for every question, with some questions having additional specific options. The five main options were:

1. We are prevented by national policy and/or legislation
2. Not considered to be a priority by my managers
3. Not considered to be a priority by me
4. We would like to do this but we have limited capacity
5. We would like to do this but we have limited capability.

There was also an 'other' option field, where the respondent could still give a free text response if they had a unique answer. Respondents were given the ability to select multiple options.

Having identified the level of implementation of the Statements, and any barriers to implementation, participants were also asked for specific information to deepen the understanding of the topic. For example, in addition to asking a participant if medication errors are reported in their hospital, and then if not why not, they are also asked how many medication errors were reported in the last year and what they had done with the results of any medication error reports.

SurveyMonkey was used as the software tool for the survey. The EAHP Survey Group decided to use English as the only language for the survey to facilitate data assessment and to avoid additional costs and possible mistakes hidden in the translation of questions and answers. The survey was conducted from October 2015 to mid-November 2015. National coordinators were involved in tracking response rates in their country. In some countries, the national coordinators were also responsible for dissemination of the survey links. When the survey closed, there were a total of 952 responses, the results of which were exported from SurveyMonkey for further analysis and reporting.

RESULTS

Response rates

The response rates for the completed surveys are listed in [table 1](#), by country. The response rates from the 2014–2015 baseline survey³ are given in the final column for comparison. The minimal difference in overall response rate indicates that using only an English version appeared to have no significant impact on response rate; it may have affected the numbers of responses in different countries, but this will need to be confirmed by further investigation in future surveys.

Section A

The results showed that 43% of responders worked in teaching hospitals ([figure 1](#)). These numbers are almost the same as those in the baseline survey (42%).⁴ Hence the sample can be considered very similar to this survey from this point of view.

From the results, 71% of respondents were from general hospitals ([figure 2](#)). The results of the 'other hospitals' category (n=275) indicated that 45 responses were from psychiatric

Table 1 Response rate by participating countries

	Responses	Requests	Percentage	Percentage (last year)
Denmark	8	8	100	88
Iceland	1	1	100	100
Malta	4	6	67	67
Austria	29	46	63	49
Sweden	23	37	62	47
Ireland	41	70	59	53
Croatia	20	39	51	82
Serbia	32	63	51	63
Czech Republic	49	95	52	61
Portugal	40	89	45	20
Bosnia	9	21	43	48
Slovenia	12	28	43	68
Greece	44	108	41	30
Romania	26	65	40	44
Norway	12	33	36	66
FYROM	11	31	36	58
Germany	137	388	35	25
Switzerland	21	60	35	48
Luxembourg	2	6	33	50
Estonia	7	22	32	46
Hungary	32	103	31	64
Lithuania	12	39	31	13
Belgium	45	166	27	25
Finland	22	82	27	27
Bulgaria	17	68	25	17
Netherlands	19	80	24	35
UK	38	183	21	38
Spain	41	250	16	18
Slovakia	13	83	16	48
Italy	55	606	9	6
Turkey	25	509	5	9
Latvia	2	43	5	13
France	100	1888	5	8
Total	949	5316	18	18

hospitals, 13 from paediatric hospitals, 12 from traumatology hospitals, 24 from oncology hospitals and 22 from geriatric hospitals.

A total of 45% of hospital pharmacies served hospitals with 100–500 beds, 24% served hospitals with 500–1000 beds, 22% served hospitals with >1000 beds while 9% served hospitals with <100 beds ([figure 3](#)).

While almost half of hospital pharmacies in the sample served more than 500 beds, the staffing numbers showed that 80% (n=712) of hospital pharmacies had 10 or less pharmacists ([figure 4](#)).

Figure 1 Percentage of teaching hospitals in the sample.

Figure 2 Percentage of general hospitals in the sample.

Figure 3 Number of beds served by hospital pharmacies.

Figure 4 Staffing per hospital pharmacies: pharmacists.

The situation was very similar to the number of pharmacy technicians: 72% of hospitals in the sample employed 1–10 full time equivalent pharmacy technicians (n=642).

Section B: Questions related to sections 2, 5 and 6 of the EAHP Statements

Box 1 shows all of the questions asked in the survey regarding sections 2, 5 and 6 of the Statements and, where applicable, the overall percentage of participants who gave a 'positive response' to the question. When a participant gave a 'negative response' to a question, there was usually a follow-up question of "What is preventing this?"

Questions where <75% of participants gave a positive response and questions where >90% of participants gave a positive response are highlighted. The question numbering indicates the relationship between the questions and respective Statements (eg, S21 is related to Statement 1 in section 2, etc).

The five questions which received the least positive responses were identified (table 2), and were subjected to a more indepth analysis. These five questions were related to four Statements: 6.4, 2.5, 5.5 and 5.2.

Questions related to 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 question with the lowest overall percentage of positive responses was S6.4. Figure 5 shows the breakdown of responses to S6.4 in participating countries.

Figure 5 shows that only in five countries did 50% or more of hospital pharmacies report that their hospital pharmacists routinely publish—The Netherlands, Spain, Italy, Norway and Latvia, which had only one response per country. The majority of countries averaged approximately 30%, although for some countries this was even smaller (ie, approximately 10% of the Czech Republic, Slovakia and Sweden).

We then sought the most important barriers to being able to publish more often. The responders indicated insufficient capacity as the most frequent barrier (51%, n=484) together with limited capability (19%, n=178), and publication activities not being the hospital managers' priority (16%, n=149) (figure 6).

Question 6.4.4 was also related to publication activities, but was specifically focused on involvement of hospital pharmacists in development of guidelines at the local and/or national level. As is apparent from figure 7, the overall involvement in guidelines development was significantly higher than publishing research results, being most frequent in Luxembourg, Denmark, the UK, The Netherlands and Ireland. The reasons preventing higher involvement were very similar. The responders who gave

Box 1 Questions in the 2015 European Association of Hospital Pharmacists (EAHP) Statements Survey

Section 2: Selection, procurement and distribution

S21 Our hospital has clear processes in place around the procurement of medicines. (94% of all responses were positive.)

S212 Were hospital pharmacists involved in the development of these? (93% of all responses were positive.)

S214 Which processes were pharmacists involved in?

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. (82% of all responses were positive.)

S23 Do you have a formulary in place in your hospital (79% of all responses were positive.)

S232 The pharmacists in our hospital coordinate the development, maintenance and use of our formulary. (92% of all responses were positive.)

S234 How would you categorise the level of influence your pharmacists have over the formulary?

S235 What kinds of evidence do you use for development and maintenance of the formulary?

S24 Procurement of non-formulary medicines in our hospital is done to a robust process. (85% of all responses were positive.)

S242 Has a written complaint ever been made to your hospital about a patient missing a dose of a critical medicine? (72% of all responses were positive.)

S25 The pharmacy in our hospital has contingency plans for medicines shortages. (67% of all responses were positive.)

S252 Have you had reason to contact the medicines authority in your country because of medicines shortages? (60% of all responses were positive.)

S2.5.3 What was the reason(s) for contacting the medicines authority due to medicines shortage?

S26 The pharmacy in our hospital takes responsibility for all medicines logistics, including for investigational medicines. (88% of all responses were positive.)

S262 For which of these do your pharmacies have responsibility? (applies to all medicines, including investigational medicines)

S27 Which of these statements are true in your hospital?

S272 Were pharmacists involved in producing this policy? (71% of all responses were positive.)

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. (82% of all responses were positive.)

S522 Were pharmacists involved in approving these procedures? (80% of all responses were positive.)

S524 In the past 3 years have you undertaken an audit to identify priorities for improvement in medicines use processes? (58% of all responses were positive.)

S526 What have you done with the results?

S53 Does your hospital have a quality assessment programme? (69% of all responses were positive.)

S532 Is this quality assessment programme internal or external?

S533 Our hospital acts on these reports to improve the quality and safety of our medicines use processes (96% of all responses were positive.)

S535 For which parts of your service do you use the quality assessment programme?

S54 The pharmacists in our hospital report adverse drug reactions. (65% of all responses were positive.)

S543 Our hospital has a process for reporting adverse drug reactions and the staff report these regularly. (67% of all responses were positive.)

S545 The pharmacists in our hospital report medication errors. (62% of all responses were positive.)

S547 Approximately how many medication errors were reported by each of your pharmacists (on average) last year?

S548 What have you done with the results of these medication error reports?

S55 The pharmacists in our hospital use evidence based approaches to reduce the risk of medication errors. (78% of all responses were positive.)

S552 Our hospital pharmacy uses computerised decision support to reduce the risk of medication errors. (47% of all responses were positive.)

S554 Our hospital pharmacy uses computerised decision support in:

S56 Our hospital has appropriate procedures in place to identify high risk medicines and minimise the risks from their use in the following areas. (88% of all responses were positive.)

S57 The medicines administration process in our hospital ensures that transcription steps between the original prescription and the medicines administration record are eliminated. (70% of all responses were positive.)

S58 Our patients' health records accurately record all allergies and other relevant medicine related information. (89% of all responses were positive.)

S582 Who audits the information held in patient records/medication charts?

S583 Have there been incidents resulting in patient harm that may have been prevented if the pharmacist had been able to access the patient records/medication charts? (63% of all responses were positive.)

S59 The pharmacists in our hospital ensure that the information needed for safe medicines use is accessible at the point of care. (82% of all responses were positive.)

S593 Have there been incidents resulting in patient harm that may have been prevented if the information provided at the point of care had been improved? (70% of all responses were positive.)

S510 Medicines in our hospital are packaged and labelled to assure they are safely optimised for administration. (85% of all responses were positive.)

S5103 Hospital pharmacists are involved in processes of secure stocking and dispensing of drugs on wards, including a policy for look-alike, sound-alike drugs and regular inspections (75% of all responses were positive.)

S511 Which best describes the traceability of medicines dispensed by our pharmacy? (96% of all responses were positive.)

Section 6: Education and research

S62 The pharmacists in our hospital are able to demonstrate their competence to perform their roles. (82% of all responses were positive.)

S621 How do the pharmacists in your hospital demonstrate their competence?

S63 Pharmacists in our hospital are able to engage in relevant educational opportunities. (90% of responses were positive.)

S632 What educational opportunities are available to your pharmacists?

S64 The pharmacists in our hospital routinely publish hospital pharmacy practice research. (32% of all responses were positive.)

S641 How many external presentations/papers/posters were submitted last year by your pharmacy?

S642 How often are internal presentations given by your pharmacy?

S644 Have you or your pharmacists engaged in development of local/national guidelines? (57% of all responses were positive.)

Questions where less than 75% of participants gave a positive response have been shaded in dark grey, and questions where more than 90% of participants gave a positive response have been shaded in light grey. The question numbering indicates the relationship between the questions and respective Statements (S21 is related to Statement 1 in Section 2, etc).

a negative response identified lack of capacity as the most frequent barrier (42%, $n=177$), followed by insufficient capability (19%, $n=78$). From the 'other' category, the most common theme was that pharmacists are not valued, or invited to the process (seven comments). This is in agreement with data from last year's survey, where many pharmacists indicated they do not work in multidisciplinary teams and often feel pharmacists are not as valued as other medical personnel.

Question related to Statement 2.5: *Each hospital pharmacy should have contingency plans for shortages of medicines that it procures*

This Statement is clearly linked to medicines shortages. Shortages are a persistent problem in current healthcare systems.⁵ A total of 60% of responders indicated that they had a reason to contact their medicines authority because of shortages. Figure 8 shows that most countries had contacted their medicines authority regarding medicine shortages; 100% of participants answered 'yes' in Estonia, Iceland and Luxembourg, although these countries also had a small number of total responses.

The participants who answered 'yes' were asked what specific reason they had for contacting the medicines authority. The three choices listed 'To inform them of a drug shortage', 'To ask them for more details' and 'To enquire on the likely timeframe of the shortage' were reported with similar frequencies (33%, 31% and 31%, respectively, $n=849$). On further investigation it was revealed that 123 of the respondents answering this

question selected all three options, implying that the pharmacists had been trying to get as much information as possible from their medicines authority. The majority of the 44 'other' comments were regarding acquiring alternate medicines, alternate suppliers or approval to use imported drugs.

Participants were then asked if the pharmacies in their hospital had contingency plans for medication shortages (question S25). The mean response for countries was 67% positive, slightly lower than last year's result (70%). The range of responses between countries was very high for this question; some reported over 90% positive responses and others <10% (figure 9).

The responders who provided a negative response to question S25 were asked what are the barriers to making contingency plans for medication shortages. The most frequent response was lack of capacity (106 responses, 31%), as seen in figure 10. Not considered to be a priority by my managers had 69 responses (21%), with the remaining options received a similar amount. A common theme from the 'other' comments suggest hospitals treat each shortage individually, and reactively, as one plan does not fit all situations (13 comments under this theme). Seven comments suggested they do not find it necessary to do so.

Question S5.5.2 was related to EAHP Statement 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*

When asked if their hospital pharmacy uses computerised decision support to reduce the risk of medication errors, figure 11 shows the response was mixed. Although some countries indicate they do this activity, the results showed that the majority of countries ($n=20$) have less than half of respondents using computerised decision support to reduce the risk of medication errors.

Participants who gave a positive response to the question were asked a follow-up question to see in what areas of pharmacy they use computerised decision support. The most frequently given response was 'clinical pharmacy services' (262 total responses, 38%), and this was also the main reason given by most individual countries. The remaining options were also selected relatively frequently: cytotoxics (168 total responses, 24%), compounding (128 total responses, 19%) and parenteral nutrition/aseptic compounding (107 total responses, 16%). Participants who gave a negative response when asked if their

Table 2 Five questions with the lowest mean percentage of positive responses across the different countries

Question	Mean (%)
S6.4 The pharmacists in our hospital routinely publish hospital pharmacy practice research.	32
S2.5.2 Have you had reason to contact the medicines authority in your country because of medicines shortages?	40
S5.5.2	47
S6.4.4 Have you or your pharmacists engaged in development of local/national guidelines?	57
S5.2.4 In the past 3 years have you undertaken an audit to identify priorities for improvement in medicines use processes?	58

Figure 5 Percentage of respondents who gave a positive response to the statement 'The pharmacists in our hospital routinely publish hospital pharmacy practice research'.

hospital pharmacy uses computerised decision support were asked to identify the barriers that were preventing this. The greatest barriers to implementing computerised decision support were limited capacity (166 total, 30%) and that it was not considered a priority by the respondent's managers (147 total, 27%). Very few people said they did not consider it a priority (17 total, 3%), indicating that a lot of participants may want this to be implemented.

The most common response from the 'other' category was the hospital is currently in the process of setting up such a system (21 comments). There are 19 comments saying they do not have sufficient IT support or capability to set up or maintain a system. The lack of finance to set up a system was also given (8 comments). There were seven comments saying that the hospital has a similar system set up, but it is the clinicians that use it, and not the hospital pharmacists (7 comments).

Question S5.2.4 was related to Statement 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.

When asked if an audit had been undertaken in the past three years to identify priorities in medicines use processes, the mean percentage of positive responses for a country was 58%.

Figure 12 illustrates the results by country, which shows that >90% of respondents from France, Luxembourg and The Netherlands report having conducted an audit in the past 3 years. Most other countries showed a much smaller proportion of positive responses.

Participants who said they had conducted an audit within the past three years were then asked what they did with the results (multiple options allowed). The most common actions were writing a report for the hospital board (248 responses) and using the results for feedback to their team (233 responses) to inform an education programme for pharmacy staff and to revise a hospital policy (207 responses).

Figure 6 Barriers preventing research being published more often.

Figure 7 Percentage of respondents who gave a positive response to the question 'Have you or your pharmacists engaged in development of local/national guidelines?'

Figure 8 Results of the question 'Have you had reason to contact the medicines authority in your country because of medicines shortages?'

Figure 9 Percentage of respondents who gave a positive response to the statement 'The pharmacy in our hospital has contingency plans for medicines shortages'.

Figure 10 Overall results for the question 'What is preventing having contingency plans for medicines shortages'.

Figure 11 Percentage of respondents who gave a positive response to the statement 'Our hospital pharmacy uses computerised decision support to reduce the risk of medication errors'.

Figure 12 Percentage of respondents who gave a positive response to the question 'In the past 3 years have you undertaken an audit to identify priorities for improvement in medicines use processes?'

Participants who indicated that they had not conducted an audit to identify priorities in medicines use processes in the past 3 years were asked what is preventing this from happening. The most frequent barrier listed was a lack of capacity (147 comments, 40%), followed by 'not considered to be a priority by my managers' (98 comments, 27%). Only 19 people (5%) selected 'not considered to be a priority by me' as an option.

DISCUSSION

The 2015 EAHP Statements survey was the first survey of the new 2 year cycle of the EAHP survey related to the European Statements of Hospital Pharmacy. This survey was related to three of the six sections of the Statements and, in addition to collecting basic statistical data about the current level of implementation of the Statements, it was also intended to identify the most important barriers to and drivers of implementation.

There are several limitations to this study. The first and most important limitation was that the number of responses from some member countries was very small, and hence did not allow a precise statistical evaluation on country level. The reason for this is that some countries have a much smaller population and therefore a much smaller number of hospitals. The second limitation was the necessity to find a balance between the length of the questionnaire (and the workload for responders) and level of detail sought in identification of the main implementation barriers.

Despite these limitations, the survey results provide an up to date picture of the current state of our profession in Europe in relation to the Statements. The most challenging Statements in sections 2, 5 and 6 for implementation remain publication of research activities, creating contingency plans for medicines shortages, implementing and using computer supported decision tools, involvement in developing local and national guidelines and policies, and identification priorities for improvement in medicines use processes.

The main barrier identified was insufficient capacity to undertake the services, and the results of this survey confirm the finding from the EAHP baseline survey. The numbers of hospital pharmacists and pharmacy technicians remain quite low in many European countries. Almost half of hospitals in this survey had >500 beds, but 80% of hospitals had up to 10 pharmacists. While significant improvement in staffing levels cannot be a short term goal, EAHP will provide education on the development of business cases and the self-assessment tool will enable head pharmacists to have real time information to discuss with hospital and health system managers. The answer 'not being considered priority by my managers' was quite often mentioned, and here we see even greater opportunities in speeding up implementation and raising awareness about the Statements and their impact on patients and healthcare systems. The level of awareness, implementation readiness and willingness was also measured in this survey (this will be the subject of an additional article).

The next survey, in autumn 2016, will focus on sections 1, 3 and 4, followed by another survey in 2017, which will revisit the sections described in this paper. We will then be able to compare the results and track any progress.

CONCLUSION

The main objective of the 2015 EAHP Statements survey was to provide an assessment of the level of implementation of sections

2, 4 and 5 of the Statements throughout European countries and to identify the main barriers to and drivers of implementation. This enables the EAHP to prioritise efforts in our implementation activities. This objective has been reached, thanks to the enormous efforts of national coordinators and all of our members who responded to the survey. The data will now be used to inform the EAHP Statements implementation project as well as other major projects of EAHP.

Key messages

What is already known on this subject

- The 2014/2015 European Association of Hospital Pharmacists (EAHP) baseline survey, the first survey of the new EAHP line, provided general knowledge of the baseline level of implementation of the Statements in all six sections of the European Statements.

What this study adds

- This paper deepens our knowledge of the level of implementation of sections 2, 5 and 6 of the Statements together with identification of the main barriers to and drivers of implementation.
- The most challenging Statements for implementation in hospital pharmacies are:
 - publication of research activities
 - creating contingency plans for medicines shortages
 - implementing and using computer supported decision tools
 - involvement in developing local and national guidelines, and policies
 - identification of priorities for improvement in medicines use processes.
- The most important barrier to implementation is insufficient capacity and different priorities of hospital and health system managers.

Contributors PH, JP, JS, TMG and JU were involved in the planning of the study and design of the questionnaire. NG was involved in setting up the online form, sending the questionnaires to responders and tracking responses. NG, JU and PH were involved in conducting the survey, data evaluation and statistics. PH, JP, JU and NG were involved in manuscript preparation.

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