European statements—second meeting of implementation ambassadors

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On 21 October 2017, the European Association of Hospital Pharmacists (EAHP) held the second meeting of its implementation ambassadors. Twenty-six of the 34 implementation ambassadors of EAHP's national member countries were in attendance and gave presentations to share their progress, obstacles and plans for further implementation activities.

The European Statements of Hospital Pharmacy express commonly agreed objectives which every European health system should aim for in the delivery of hospital pharmacy services. They were adopted in 2014 by EAHP's member countries and representatives from both patient and healthcare professional organisations.

EAHP is working with its network of national implementation ambassadors to design implementation strategies within their countries. Since the start of the implementation project in 2016, ambassadors have raised awareness by presenting and introducing the European statements at national events, by translating and adapting awareness materials and through organising national workshops to discuss priorities and next steps. The specific projects that were undertaken by EAHP's member associations since the last meeting of implementation ambassadors were presented to the group by each country representative.

The second part of the meeting focused on the self-assessment tool which was developed by EAHP to allow individual hospital pharmacists to assess the level of statement implementation within their countries. The primary purpose of EAHP's self-assessment tool is to help individual hospitals show progress with implementation. Users will be provided with a tailored action plan to assist them in further advancing the implementation of individual European statements in the hospital setting. Keep an eye on EAHP's statement implementation website where news on EAHP's self-assessment tool will be made available towards the end of this week.

If you want to learn more about what EAHP's implementation ambassadors are working on, please visit the statement implementation website (<http://statements.eahp.eu/>). In case you have any questions about the project or if you want to help your countries and others to move towards implementation, feel free to drop us an email at statements@eahp.eu.

CTF WORKING GROUP 2—LITERATURE REVIEW PUBLISHED

The common training framework (CTF) project of the EAHP has a new milestone to report. Working group 2 which was tasked with the compilation of supporting evidence published a literature review. This review analysed the impact of educational interventions on health outcome to determine the value that can be created in forming a CTF for hospital pharmacy. The findings of working group 2 were published in the online first edition of the *European Journal of Hospital Pharmacy (EJHP)*.

Members of working group 2 analysed nine primary research studies and one literature review which were selected due to their relation to education and impact of pharmacists, medical doctors or nurses on patient outcomes. The literature search was carried out by two teams of researchers to ensure inter-rater reliability at each stage of screening and data extraction. However, the search was limited on the one hand to two databases and restricted on the other hand by the limited number of studies published in the English language.

Almost one-third of the selected studies targeted pharmacists in their research. The importance of a CTF was not specifically discussed. Nonetheless, the review carried out by working group 2 showed that higher education levels of healthcare professionals improve patient outcomes. Since, higher degrees or extended training positively affected patient outcomes, including mortality rates, it was concluded by working group 2 that further hospital pharmacy education could significantly impact the professional status and services reimbursement.

The literature review also touched on labour mobility, one of the European Union's (EU) four freedoms. Currently,

hospital pharmacists have difficulties to use this freedom due to the different systems that are employed by the national bodies responsible for the recognition of professional qualifications. A CTF could not only improve labour mobility of hospital pharmacist but also increase the prospect of cooperation in specialisation in education provision between different countries, always with the aim of providing the same standards of care to all patients. As the foundation stone for ensuring the best use of medicines by patients in hospitals, a CTF for hospital pharmacy could become the benchmark for all European countries to strive for.

EAHP would like to thank both the chair of working group 2, Roberto Frontini, and its individual members (Cornelia Vetter Kerkhoff, Eduardo Echarri, Ian Bates, Jos Kosterink, Jose Manuel Martinez Sesmero, László Horváth, Lorna Marie West, Nenad Miljkovic and Stephanie Belaiche) for their contribution to the CTF project.

EAAD 2017—KEEPING ANTIBIOTICS WORKING

Like every year, the EAHP participated actively in the European Antibiotic Awareness Day (EAAD), an annual European public health initiative that takes place on 18 November to raise awareness about the threat to public health of antibiotic resistance and the importance of prudent antibiotic use. During this year's edition, the European Centre for Disease Prevention and Control (ECDC) focused on combined resistance to multiple antibiotics which has been identified as a growing problem in the EU.

The 10th anniversary of the EAAD which stood under the theme #KeepingAntibioticsWorking was used by ECDC to release its guidance on prevention and control of carbapenem-resistant Enterobacteriaceae (CRE), as well as its latest EU-wide data on antibiotic resistance.

CRE, in which *Escherichia coli* and *Klebsiella pneumoniae* predominate, is responsible for a large number of patient deaths and high hospital costs. Patients who are 'carriers' of CRE are considered 'at-risk' for importing these multidrug-resistant bacteria into healthcare settings and spreading them to other patients. Consequently, a guidance was developed to assist frontline healthcare workers in identifying 'at-risk' patients easily when admitted to a healthcare setting and implementing infection prevention and control (IPC) measures in a timely manner, on admission, to prevent CRE from spreading in

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the facility. Four risk factors that may put patients 'at-risk' for carriage of CRE were identified:

- ▶ a history of an overnight stay in a healthcare setting in the last 12 months;
- ▶ dialysis dependence or cancer chemotherapy in the last 12 months;
- ▶ known previous carriage of CRE in the last 12 months;
- ▶ epidemiological linkage to a known carrier of CRE.

If patients who are admitted to a healthcare setting are known carriers of CRE or potential carriers, the guidance recommends preliminary supplemental measures such as pre-emptive isolation, active screening for CRE and contact precautions that should be implemented on admission.

The surveillance report showed that combined resistance to several antibiotic groups continued to grow. For *E. coli*, combined resistance, measured as resistance to fluoroquinolones, third-generation cephalosporins and aminoglycosides, increased significantly between 2013 and 2016. Furthermore, in 2016, high percentages of *Acinetobacter* species isolates, with combined resistance to

carbapenems, aminoglycosides and fluoroquinolones, were reported in southern and southeastern Europe, as well as the Baltic countries.

Nonetheless, the report also noted that long-term efforts are slowly leading to positive results and helping to reverse the resistance trends. As an example, the overall resistance situation for *K. pneumoniae* seems to be stabilising in Europe, while the percentage of methicillin-resistant *Staphylococcus aureus* (MRSA) further decreased between 2013 and 2016. However, MRSA remains an issue as 10 out of 30 countries still report high percentages. The findings of the surveillance report are of great concern as patients infected with multidrug-resistant bacteria have very limited treatment options.

In relation to the campaign #KeepingAntibioticsWorking, EAAD stakeholders were invited to showcase how their contribution keeps antibiotics working. EAHP President-Elect Petr Horák remarked during his intervention at the EAAD event in Brussels which took place on 15 November 2017 that 'The guidelines and the evidence that has been called for during the event today need to be followed

properly in the hospital. This encompasses not only gatekeeping measures that restrict the use of certain antibiotics, but also the provision of advice on the length and the need of an antibiotic therapy. Evidence has shown that the perspective and the expertise of hospital pharmacists, in particular in countries that have established the position of the antimicrobial pharmacists, leads to a more rational use of antibiotics in the successful treatment of the patient'. His statement is supplemented by a video pledge of EAHP President Joan Peppard in which she highlighted how hospital pharmacists keep antibiotics working.

Competing interests None declared.

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