

**EAHP European Statements Survey 2018, focusing on Section 1: Introductory Statements and Governance, Section 3: Production and Compounding as well as Section 4: Clinical Pharmacy Services****Methods**

The questions in Section B of the survey were to identify if the participant thought that the statements of hospital pharmacy are 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 a 1 indicated that they were never able to comply with the statement, while a 5 indicated that they always complied with the statement. For some questions in the survey a Yes/No option was used, as it deemed more appropriate to use rather than a scale of 1-5 in those cases.

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'. Where this was not the case, the participant was asked a follow up question to identify the barriers in implementing the statement.

In order to improve the efficiency in the analysis of the results and provide greater insight into the key drivers and barriers to implementation of the statements, the respondent was given five pre-selected options to choose from. Additionally, there was an 'Other' option, where the respondent could provide a free-text response. The five options were based on the most frequent answers given in the 2015 baseline survey:

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.

The questions in section C explore further the barriers to implementation of the statements in general such as lack of awareness, agreement, workforce barriers and those related to confidence in their ability to implement them. Responders were asked to state the level of their agreement with each question posed, from 1 (strongly disagree) to 5 (strongly agree). These implementation questions were asked in every EAHP statements survey.

There were weekly reminders sent out over the duration of the survey until complete responded. For countries, who did not wish to share the emails of the pharmacies, a weblink version of the survey was provided. This approach required respondents to provide a unique code at the start of the survey.

## Results

### Section A

The results showed that 45% (324, n=719) of responders worked in teaching hospitals. These numbers are similar to those in the baseline survey (42%) and the 2016 survey (43%). Some 73% of respondents were from general hospitals (525, n=719). This number is again very similar to those seen in previous surveys (71% in the baseline survey and 74% in the 2016 survey). Approximately 43% of hospital pharmacies served hospitals with 100–500 beds (310; 48% in 2016 and 50% in the baseline survey), 24% served hospitals with 500–1000 beds, 24% served hospitals with >1000 beds, and 9% served hospitals with <100 beds. The majority of the hospital pharmacies (570, 79%) only employed 1–10 fully qualified pharmacists at the time of the survey and a similar number of pharmacy technicians (523 pharmacies, 73%). Some 58% (415, n=719) of responders reported that their hospital pharmacy was involved in the procurement, supply or supervision of medical devices.

### Section B

The questions together with the overall results are shown in online supplementary table 1. Questions highlighted as red have less than 50% of participants given a positive response regarding the implementation of the corresponding Statement (n=8). Questions with over 75% of positive answers have been highlighted as green (n=11) and with positive responses between 50 and 75% and are not marked (n=12).

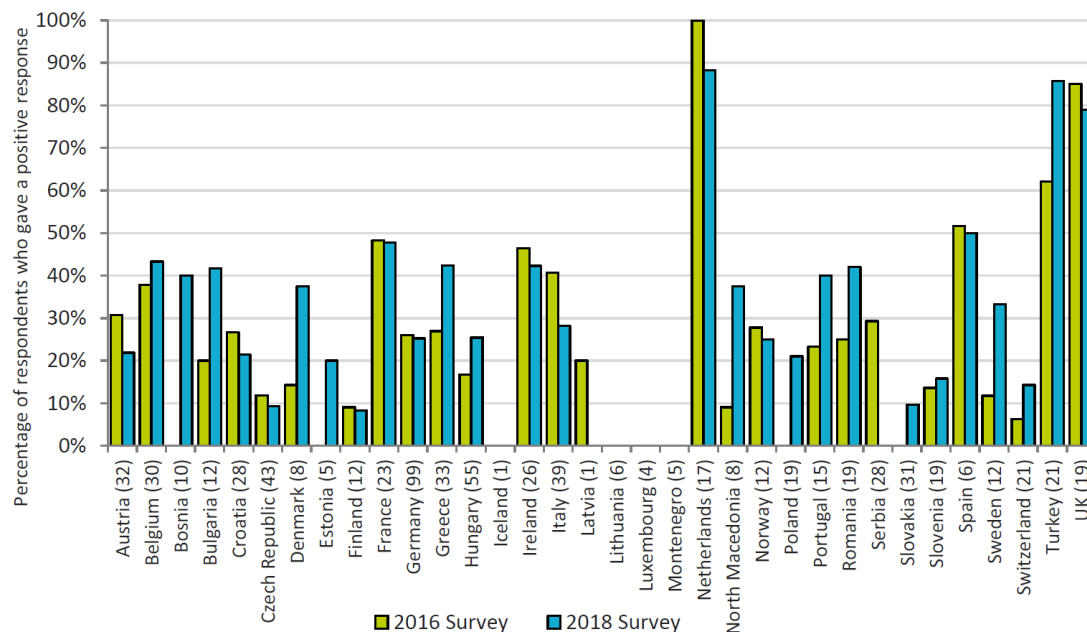
**Tables and figures**

Online supplementary table 1: EAHP Survey Questions and overall results

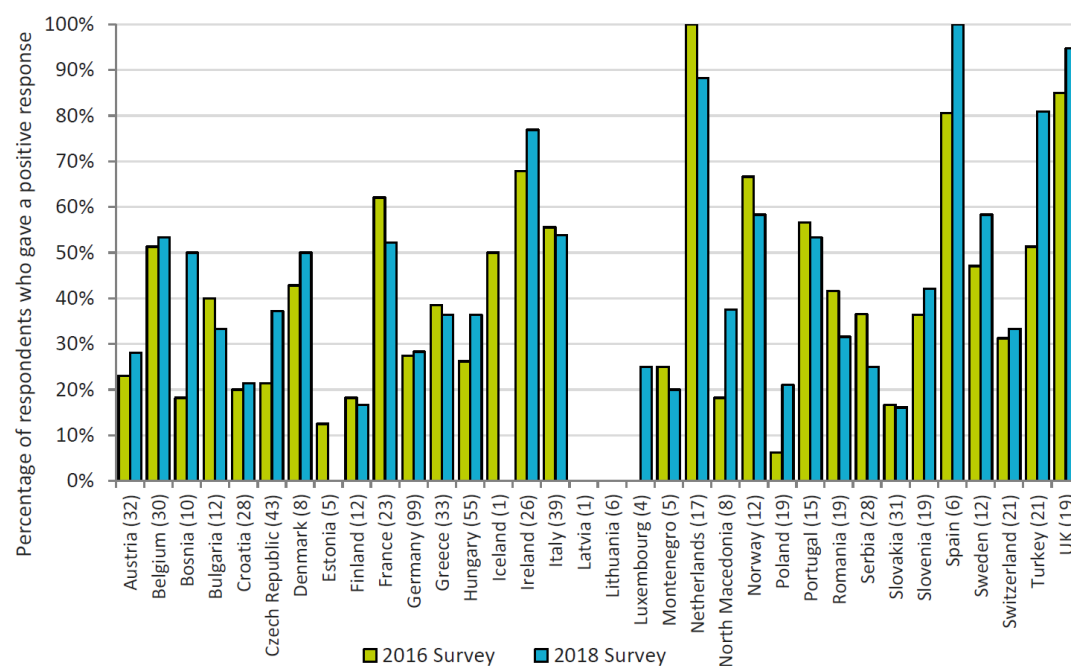
<b>Section 1: Introductory Statements and Governance</b>	
S1.1 The pharmacists in our hospital work routinely as part of a multidisciplinary team.	48% of responses were positive
S1.3 Our hospital is able to prioritise hospital pharmacy activities according to the agreed criteria.	65% of responses were positive
S1.5 The pharmacists in our hospital are engaged in the supervision of all steps of all medicine use processes.	70% of responses were positive
S1.5.2 Do you have an approved human resource plan in place to address this?	25% of responses were positive
S1.6 At least one pharmacist from our team is a full member of the Drug & Therapeutics Committee or equivalent.	89% of responses were positive
S1.6.2 The pharmacists in our hospital take the lead or have an active role in coordinating the activities of the Drugs & Therapeutics Committees or equivalent.	90% of responses were positive
S1.7 The pharmacists in our hospital are involved in the design, specification of parameters and evaluation of ICT used within medicines processes.	63% of responses were positive
<b>Section 3: Production and Compounding</b>	
S3.1 The pharmacists in our hospital check if a suitable product is commercially available before we manufacture or prepare a medicine.	90% of responses were positive
S3.2 When medicines require manufacture or compounding, we either produce them in our hospital pharmacy or we outsource to an approved provider.	88% of responses were positive
S3.3 The pharmacists in our hospital undertake a risk assessment to determine the best practice quality requirements before making a pharmacy preparation.	81% of responses were positive
S3.4 The pharmacy in our hospital has an appropriate system in place for the quality assurance of pharmacy prepared and compounded medicines.	77% of responses were positive
S3.4.2 The pharmacy in our hospital has an appropriate system in place for the traceability of pharmacy prepared and compound medicines.	82% of responses were positive
S3.5 Our hospital has appropriate systems in place for the preparation and supply of hazardous medicines.	71% of responses were positive
S3.5.2 Our hospital has appropriate systems in place to minimise the risk of exposing hospital personnel, patients and the environment to harm from hazardous medicines.	79% of responses were positive
S3.6 Our hospital has written procedures that ensure staff are appropriately trained to reconstitute or mix medicines in a patient care area.	72% of responses were positive
S3.6.2 Were pharmacists involved in approving these procedures?	82% of responses were positive

<b>Section 4: Clinical Pharmacy Services</b>	
S4.1 The pharmacists in our hospital play a full part in shared decision-making on medicines, including advising, implementing and monitoring medication changes.	59% of responses were positive
S4.2 All prescriptions in our hospital are reviewed and validated as soon as possible by a pharmacist.	55% of responses were positive
S4.2.2 Does this review and validation by a pharmacist take place prior to the administration of medicines?	88% of responses were positive
S4.3 The pharmacists in our hospital have access to the patients' health record.	66% of responses were positive
S4.3.2 The pharmacists in our hospital document their clinical interventions into the patients' health record.	66% of responses were positive
S4.3.4 We analyse these clinical pharmacy interventions to inform quality improvement plans.	80% of responses were positive
S4.4 The pharmacists in our hospital enter all medicines used onto the patient's medical record on admission.	30% of responses were positive
S4.4.2 The pharmacists in our hospital reconcile medicines on admission	41% of responses were positive
S4.4.4 When reconciling medicines, the pharmacists in our hospital assess the appropriateness of all patients' medicines, including herbal and dietary supplements.	44% of responses were positive
S4.5 The pharmacists in our hospital contribute to the transfer of information about medicines when patients move between and within healthcare settings.	41% of responses were positive
S4.6 The pharmacists in our hospital ensure patients and carers are offered information about their medicines in terms they can understand.	57% of responses were positive
S4.6.3 Have the pharmacists in your hospital received appropriate education and support to help them explain the risks and benefits of medicines, in terms patients/carers can understand?	70% of responses were positive
S4.7 The patients in our hospital are informed when medicines are used outside of their marketing authorisation.	62% of responses were positive
S4.7.2 Do hospital pharmacists do this?	39% of responses were positive
S4.8 Do you have an agreed strategic plan for the development of clinical pharmacy services in your hospital?	47% of responses were positive

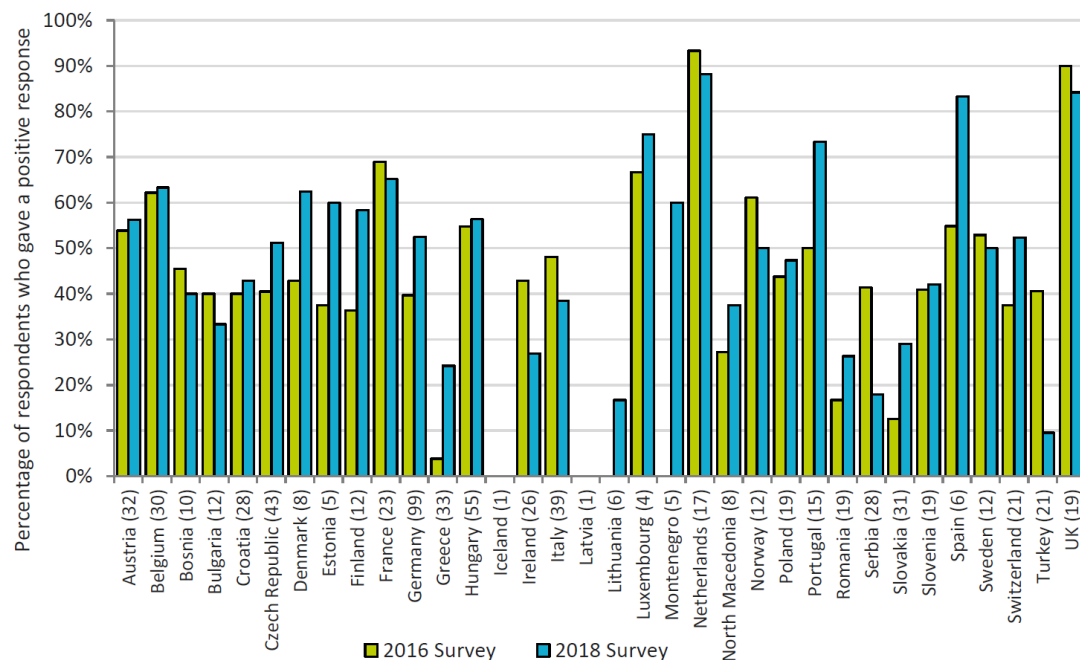
Online supplementary figure 1: Percentage of respondents who gave a positive response to the statement “The pharmacists in our hospital enter all medicines used onto the patient’s medical record on admission.”



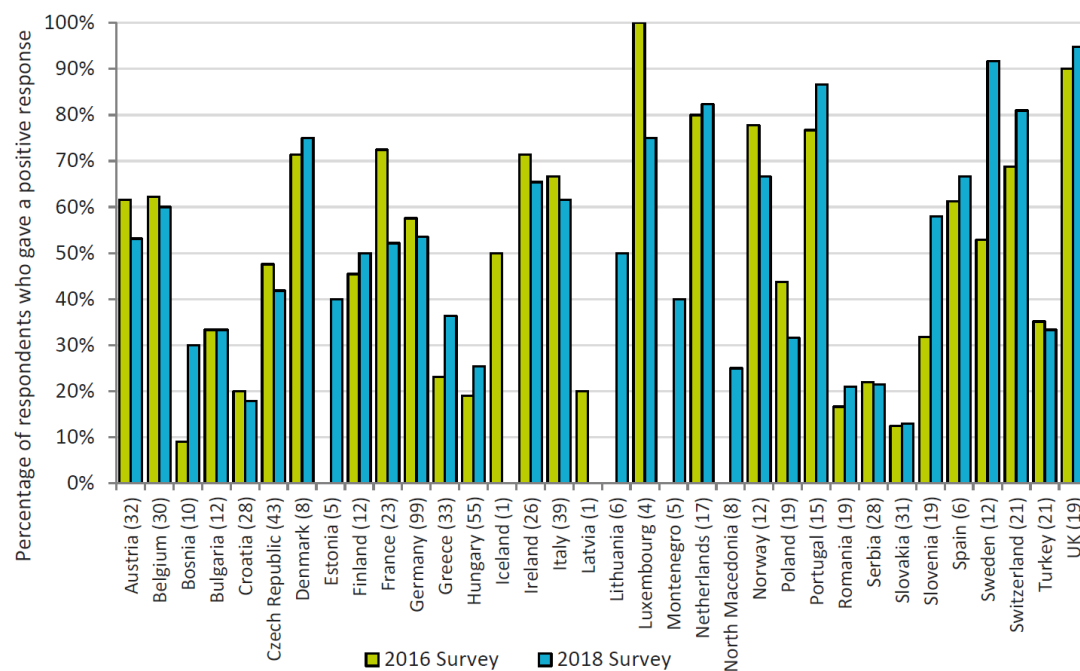
Online supplementary figure 2: Percentage of respondents who gave a positive response to the statement “The pharmacists in our hospital contribute to the transfer of information about medicines when patients move between and within healthcare settings”.



Online supplementary figure 3: Percentage of respondents who gave a positive response to the statement “Do you have an agreed strategic plan for the development of clinical pharmacy services in your hospital?”



Online supplementary figure 4: Percentage of respondents who gave a positive response to the statement “The pharmacists in our hospital work routinely as part of a multidisciplinary team?”



## Online supplementary figure 5:

Percentage of respondents who gave a positive response to the statement “All prescriptions in our hospital are reviewed and validated as soon as possible by a pharmacist”.

