Dear Colleague,

This document contains draft consensus statements that have been prepared for the FIP Global Conference on the Future of Hospital Pharmacy. There are seven (7) different lists, one containing a set of overarching statements that have been developed by the Conference Programming Subcommittee, and one list of statements for each of six (6) working groups.

The draft consensus statements for each of the working groups was circulated amongst the members of each working group several weeks ago, and the facilitator responsible for each group has modified the statements based on input from their group members.

During the Conference, these draft consensus statements will be discussed and revised, and a final set of draft consensus statements will be developed for presentation to all Conference attendees on the second day of the Conference. Please understand that the draft statements included in this document are preliminary and are subject to substantial modification. They are being provided now for your review and consideration.

Thank you,
Steering Committee
FIP Global Conference on the Future of Hospital Pharmacy
Overarching statements

1. The overarching goal of hospital pharmacists is to achieve the best use of medicines by hospitalized patients.

2. The 5 rights (the right patient, right drug, right dose, right route and right time) have to be fulfilled in all medication related activities in hospital.

3. Because medication use in hospitals is complex and risky, the expertise of qualified hospital pharmacists should be applied in all phases of the hospital medication-use policies and processes like procurement, production, quality control and logistics (distribution and administration).

4. The Chief Pharmacist should be senior professional responsible for co-ordinating the safe, effective and economic use of all medicines in the hospital.

5. Pharmacists should control all drug related logistics for each hospital, or if not possible, at a minimum oversee a dedicated person responsible for drug related logistics.

6. Hospital pharmacists should serve as a resource regarding all aspects of medicines use and each hospital ward should have access to a pharmacist as their point of contact.

7. Hospital pharmacists should provide orientation and education to nurses, physicians and other hospital staff regarding medication procedures using best practice recommendations from professional organisations.

8. As health authorities plan for the deployment of their nation’s pharmacist resources, they should take into account the need for pharmacist expertise in the hospital medication-use process.

9. Health authorities and hospital administrators should develop a plan for engaging hospital pharmacists in all steps in the hospital medication-use process.

10. Health authorities should develop a plan for training pharmacists in the specialized skills required by hospitals in their countries, as these skills are generally not included in undergraduate training programs.

11. In the ideal situation health authorities should assure that each hospital pharmacy is supervised by specialised hospital pharmacist(s) who have completed an accredited hospital pharmacy residency-training program.

12. Hospital pharmacists should regularly measure, review and improve medication practice to ensure safe, effective and economic use of medicines.

13. Medications should be kept in their original package as long as possible and all medications (oral, external or parenteral) should be labelled so that the medication is identifiable up to administration.

14. At a global level, ‘Good Hospital Pharmacy Practice’ guidelines based on evidence and good practice should be developed. These guidelines should assist national efforts to define standards across the levels, coverage and scope of hospital pharmaceutical services.

15. National standards for hospital pharmaceutical services should be established. These standards should define the levels, coverage and scope of services and the corresponding human resource and training requirements.

16. Hospital pharmacy leaders should promote at the level of national or regional health authorities the establishment of comprehensive pharmacovigilance systems aimed at collecting, analysing and reporting actual or potential harms from medicines in hospitals. The systems should include defective medicines, adverse drug reactions and medication errors.
Theme 1: Procurement of medicines
Facilitator: Eva Ombaka

1. The procurement process must be transparent and corruption-free to promote equity, improved access for the most vulnerable and to ensure accountability to relevant governing and legal entities. This is supported by accurate record keeping, reporting and regular monitoring.

2. The model for procurement must be reviewed regularly to ensure it is the most appropriate and cost effective in meeting current needs. Models include group/pooled procurement, central medical stores, autonomous supply agency, preferred supplier, prime vendor and e-procurement.

3. Procurement should be guided by the principle of procuring for safety. A variety of issues including labelling, packaging, dosage forms e.g. injections etc, views of nurses, clinicians including pharmacists, and patients and the use of available tools should be considered.

4. Procurement is a technical process requiring technically competent staff. Collaboration and mutual recognition of other professionals with relevant skills such as procurement specialists should be encouraged. The technical nature of procurement dictates that the skills and competencies needed at various levels be identified and assessed, and a system of staff training be developed, implemented and evaluated.

5. Operational principles for good procurement practice should be regularly reviewed, adapted and adopted to fit different settings and emerging needs. Available tools and guidelines should be consulted regularly.

6. Procurement must be underpinned by strong quality assurance principles to ensure that poor quality drugs are not procured or allowed into the system. Proper storage to ensure maintenance of quality in the whole supply pipeline is necessary. “Poor quality drugs” is a wide category that includes for example substandard, counterfeit, fake and expired drugs. Quality assurance tools that cover such areas as procurement process, supplier audit and product testing are available.

7. Procurement does not occur in isolation, it is informed by the selection process. A functioning pharmacy (drugs) and therapeutics committee and adherence to agreed selected formulary drug and treatment guidelines are markers for success.

8. Good procurement must be informed by a reliable information system. Identification of the information needs and the development of systems to collect, analyse and interpret the data is a necessary requisite.

9. Appropriate technology should be used for efficient procurement. This can be based on paper, telecommunication facilities and electronic forms (computer).

10. Sustainable financing options to support efficient procurement should be in place. Drug financing options include insurance, public funding, revolving and earmarked funds, out of pocket payments and combinations. Business, financial and ethical principles should guide the choice, irrespective of hospital motivation.

11. Each hospital pharmacy should proactively plan for drug shortages and purchases in emergencies to minimize impact. Key organizations such as WHO and ASHP have developed guidelines and tools to address donations, disaster preparedness and drug product shortages and are useful resources.
Theme 2: Prescribing of medicines
Facilitator: Lisa Nissen

1. Hospitals should utilize a drug formulary (local, regional, national) based on the best available evidence.

2. Formulary committees should have at least one hospital pharmacist as a full voting member, or if a hospital pharmacist is not available at that location, the person responsible for drug procurement.

3. Each request for formulary inclusion should be evaluated by a multidisciplinary committee with hospital pharmacist input and membership to provide a balanced overview of the evidence and pharmaco-economic issues regarding the drug.

4. Hospital pharmacists should take every opportunity to discuss and educate prescribers about drugs available on the local formulary and the restrictions on their prescribing.

5. Hospital pharmacists should become an integral part of each ward round to assist with therapeutic decision making and advise on clinical pharmacy issues and patient safety issues.

6. Hospital pharmacists should be encouraged to complete postgraduate specialist training in relevant clinical areas to provide clinical and career progression.

7. Specific postgraduate clinical courses should be developed to prepare hospital pharmacists for prescribing of medications and this role promoted in other health professional curricula.
Theme 3: Preparation and distribution of medicines
Facilitator: Ryozo Oishi

1. Hospital pharmacists should verify that proper storage conditions are provided for all medications used in the hospital.

2. Hospital pharmacy should compound batches of medications under good quality control.

3. Hospital pharmacists should review all non-emergency medication orders for inpatients and outpatients prior to dispensing, taking into consideration the patient medication profile.

4. Hospital pharmacists should review all high risk medication orders for appropriateness.

5. Hospital pharmacists should assume responsibility for the storage and use of medications in patient care areas as floor stock.

6. Hospital pharmacists should provide pharmacy-based intravenous (i.v.) admixture services using aseptic technique for non-emergency therapy, and standardize i.v. concentrations used in the hospital.

7. Cancer chemotherapy preparation should be carried out under environmental conditions that minimize the risk of contaminating the product and exposing hospital personnel to hazardous drugs.

8. Hospital pharmacists should decrease the risk of dispensing errors by implementing unit dose drug distribution system with new technologies.

9. Hospital pharmacists should identify and evaluate the appropriateness of medications and herbal and dietary supplements brought into the hospital by patients.

10. Hospital pharmacists should assume responsible for storage, dispensing and distribution of investigational medications.
Theme 4: Administration of medicines  
Facilitator: Rita Shane

1. Drug information needed for safe medication administration should be accessible on patient wards.
2. The patient should be evaluated for drug allergies prior to medication administration.
3. Medications should not be removed from packaging until immediately prior to administration.
4. Storage of High Alert Medicines (such as KCl and sodium chloride 3%) on patient wards should be minimized.
5. Nurses and other staff responsible for administering chemotherapy should be trained in the use, hazards and precautions which need to be taken.
6. Chemotherapy should be independently checked by two licensed professionals against the original order prior to administration.
7. Enteral feeding catheters should be used that cannot be connected with IV or other parenteral lines.
8. Labels should be placed on IV tubing near insertion site to prevent misconnections.
9. Vincristine should be diluted, ideally in a minibag and/or large syringe (for pediatric patients) and dispensed with special labeling precautions in order to prevent inadvertent intrathecal administration.
10. Oral syringes should be used to prevent parenteral (IV) administration of oral medications, especially in pediatric patients.
11. When possible, medicines for neonatal and pediatric patients should be prepared by hospital pharmacy.
12. Standard concentrations should be developed and used for pediatric, neonatal and critical care patients.
13. Pediatric doses should be evaluated on a weight basis (i.e. mg/kg) or body surface area basis prior to administration.
14. When a large number of dosage units are needed to give a dose, (> 2 tablets, vials, etc) the prescription should be verified prior to administration.
15. Observation methodology should be used to detect errors in medication administration and identify priorities for improvement.
FIP Global Conference on the Future of Hospital Pharmacy
Draft consensus statements

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Theme 5: Monitoring of medication therapy
Facilitator: David Cousins

1. A reporting system for defective medicines should be established and maintained to monitor and take the necessary action to minimise identified risks. Reports of defective medicines should be sent to national pharmacovigilance reporting programmes.

2. A reporting system for adverse drug reactions should be established and maintained to monitor and take the necessary action to minimise identified risks. Reaction reports should be sent to national pharmacovigilance reporting programmes.

3. A reporting system for dispensing errors should be established and maintained to monitor and take the necessary action to minimise identified risks. Reports of dispensing errors should be sent to national medication error reporting programmes.

4. A reporting system for medication errors should be established and maintained to monitor and take the necessary action to minimise identified risks. Reports of medication errors should be sent to national medication error reporting programmes.

5. Hospital medication practices should be reviewed by an external quality assessment programme. Hospitals should act on reports following regular external quality assessment inspections to improve the quality and safety of their practices.

6. Self assessment of hospital medication practice should be regularly undertaken and the results should be used to improve the quality and safety of these practices.

7. Hospital medication practices should be benchmarked with comparable institutions to maximise safety, clinical and cost effectiveness.

8. Pharmacists’ clinical interventions on medication should be routinely recorded to provide qualitative information concerning the safety and effectiveness of medication practice. These data should be regularly reviewed and should be used to improve the quality and safety of these practices.

9. Trigger tools should be used to provide quantitative data on the rate of adverse drug events in the hospital. These data should be regularly reviewed be used to improve the quality and safety of medication practices.

10. Advanced clinical pharmacy services that monitor and adjust medication therapy to optimise therapeutic outcomes should provide mortality, morbidity, disease specific and quality of life outcome measurements. These data should be regularly reviewed and used to improve the quality and safety of medication practices.
Theme 6: Human resources and training in hospital pharmacy
Facilitator: Tana Wuliji

1. At a national level, health authorities, educators, employers and professional associations should work together to develop evidence-based human resource plans that are aligned to meet pharmaceutical service needs and priorities across public and private sectors.

2. Human resource plans should cover all cadres and should describe strategies for human resource education and training, recruitment and retention, competency development, salary and career progression pathways, equitable deployment and distribution, management, and roles and responsibilities of stakeholders for implementation.

3. Hospital pharmaceutical service development should integrate human resource development so that the workforce education, training, competency, size and capacity are appropriate to the levels, coverage and scope of pharmaceutical services.

4. Critical human resource shortages adversely affect the quality and accessibility of pharmaceutical services. Health authorities, educators, professional associations and employers should address shortages by increasing education capacity to train adequate human resources and implementing human resource retention strategies, particularly in rural areas.

5. Hospital human resource policies should be founded in ethical principles, equality opportunity and human rights and be compliant with labour regulations, guidelines and standards.

6. Nationally, levels of practice and associated competency requirements should be defined to form a competency framework for all cadres.

7. Hospitals should use a nationally accepted competency framework to assess human resource training needs and performance.

8. The training of mid-level pharmacy human resources (technicians or the equivalent) should be nationally formalised, harmonised and recognised for the attainment of defined competencies within a defined scope of practice.

9. Hospitals should maintain human resource information systems that contain basic data for planning, training, appraising and supporting the workforce.

10. Hospitals should provide a supportive and conducive work environment that ensures safety, productivity and capacity for performance.