

REVISED FIP BASEL STATEMENTS ON THE FUTURE OF HOSPITAL PHARMACY

Approved September 2014, Bangkok, Thailand, as revisions of the initial 2008 version.

Overarching and Governance Statements

1. The overarching goal of hospital pharmacists is to optimize patient outcomes through collaborative, inter-professional, responsible¹ use of medicines and medical devices.

¹ The responsible use of medicines means:

- That a medicine is only used when necessary and that the choice of medicine is appropriate based on what is proven by scientific and/or clinical evidence to be most effective and least likely to cause harm. This choice also considers patient preferences and makes the best use of limited healthcare resources.
- There is timely access to and the availability of quality medicine that is properly administered and monitored for effectiveness and safety.
- A multidisciplinary collaborative approach is used that includes patients and those in addition to health professionals assisting in their care.

2. At a global level, evidence-based hospital pharmacy practice standards should be developed. These should assist national efforts to define standards for the extent and scope of hospital pharmacy services and should include corresponding human resource and training requirements.

3. Hospital pharmacists should engage health authorities and hospital administrators to ensure appropriate resources for, and design of, the hospital medicines-use process.

4. Health authorities should ensure that each hospital is serviced by a pharmacy that is supervised by pharmacists who have completed advanced training in hospital pharmacy.

5. The Chief Pharmacist/Director of Pharmacy should be the accountable professional coordinating the responsible use of medicines¹ in the hospital.

6. Hospital pharmacists should serve as a resource regarding all aspects of medicines use and be accessible as a point of contact for patients and health care providers.

7. All prescriptions should be reviewed, interpreted, and validated by a hospital pharmacist prior to the medicine being dispensed and administered.

8. Hospital pharmacists should monitor patients taking medicines to assure patient safety, appropriate medicine use, and optimal outcomes for inpatients and outpatients. When resource limitations do not permit pharmacist monitoring of all patients taking medicines, patient-selection criteria should be established to guide pharmacist monitoring.

9. Hospital pharmacists should be allowed to access and document in the full patient record.
10. Hospital pharmacists should ensure that patients or care givers are educated and provided written information on the appropriate use of medicines.
11. Hospital pharmacists should provide orientation, drug information and education to nurses, physicians, and other hospital staff regarding best practices for medicines use (a best practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark).
12. Undergraduate pharmacy curricula should include hospital-relevant content, and post-graduate training programs and specializations in hospital pharmacy should be developed.
13. Hospital pharmacists should actively engage in research into new methods and systems to improve the use of medicines and of human resource needs in hospital pharmacy.
14. Hospital pharmacists should take responsibility for the management and disposal of waste related to the medicine use process, and advise on disposal of human waste from patients receiving medicines.
15. Hospital pharmacists should take responsibility for all aspects of selection, implementation and maintenance of technologies that support the medicine use process, including distribution devices, administration devices and other equipment.
16. Hospital pharmacists must ensure proper storage to maintain the integrity of medicines across the supply chain to ensure quality, safety and security.
17. Hospital pharmacists should ensure appropriate assessment, development, implementation and maintenance of clinical decision support systems and informatics that guide therapeutic decision making and improve the medicine use process.
18. Each pharmacy should have contingency plans for medicine shortages and emergencies.
19. The “seven rights” (right patient, medicine, dose, route, information, documentation and time) should be fulfilled in all medicine-related activities in the hospital.

Theme 1 – Procurement

20. Hospital pharmacists should be involved in the complex process of procurement of medicines and health products, promoting equity and access. They should ensure transparent procurement processes are in place in line with best practice and national legislation, are free from conflict of interest, and are based on the principles of safety, quality and efficacy.
21. Procurement practices must be supported by strong quality assurance principles, regularly reviewed and adapted to fit different settings and emerging needs in the most appropriate and cost effective way.

22. Procurement should not occur in isolation, but rather be guided by the formulary selection process. This includes the procurement of standard concentrations of high-risk medicines including electrolytes.

23. Procurement must be supported by a reliable information system that provides accurate, timely, and accessible information.

Theme 2 - Influences on Prescribing

24. Hospitals should utilize a medicine formulary system (local, regional, and/or national) linked to standard treatment guidelines, protocols, and treatment pathways based on the best available evidence.

25. Hospital pharmacists should be key members of pharmacy and therapeutics committees to oversee all medicines management policies and procedures, including those related to off-label use and investigational medicines.

26. Hospital pharmacists should have a key role in educating prescribers at all levels of training on the access to and evidence for responsible use of medicines, including the required monitoring parameters and subsequent prescribing adjustments.

27. Hospital pharmacists should be an integral part of the multidisciplinary team responsible for therapeutic decision making in all patient care areas.

28. Hospital pharmacists should promote seamless care by contributing to the transfer of information about medicines whenever patients move between and within health care settings.

29. Appropriately trained and credentialed hospital pharmacists should participate in collaborative prescribing.

Theme 3 - Preparation and Delivery

30. Hospital pharmacists should assume responsibility for storage, preparation, dispensing, and distribution of all medicines, including investigational medicines.

31. Hospital pharmacists should assume responsibility for the appropriate labeling and control of medicines stored throughout the facility.

32. Hospital pharmacists should be involved in determining which medicines are included in ward stock and standardizing the storage and handling of ward medicines.

33. Hospital pharmacists should ensure that compounded medicines are consistently prepared to comply with quality standards. This includes taking responsibility for ensuring medicines not commercially available in a suitable formulation are prepared to accepted practice standards, and ensuring that injectable admixture services comply with accepted practice standards.

34. The preparation of hazardous medicines including cytotoxics should be under the responsibility of the hospital pharmacist and prepared under environmental conditions that

minimize the risk of contaminating the product and environment, as well as minimizing exposure of hospital personnel to harm using accepted practice standards.

35. Hospital pharmacists should implement evidence-based systems or technologies (e.g., automated prescription-filling, unit dose distribution, machine-readable coding systems, etc.) to decrease the risk of medication errors.

36. Hospital pharmacists should support the development of policies regarding the use of medicines brought into the hospital by patients, including the evaluation of appropriateness of complementary and alternative medicines.

37. Hospital pharmacists should implement systems for tracing medicines dispensed by the pharmacy (e.g., to facilitate recalls, etc.).

38. Concentrated electrolyte products (such as potassium chloride and sodium chloride) and other institutionally-identified high-risk medicines should be dispensed in ready-to-administer dilutions, and stored in secure, separate areas with distinct labels.

39. Hospital pharmacists should develop simple, rules-based approaches to advancing patient safety; for example, when a large number of dosage units are needed to give a dose (more than two tablets, vials, etc.), the prescription should be verified prior to preparation or dispensing.

Theme 4 – Administration

40. Hospital pharmacists should ensure that the information resources needed for safe medicines preparation and administration are accessible at the point of care.

41. Hospital pharmacists should ensure that clinically relevant allergies, drug interactions, contraindications, past adverse events and other relevant medication history details are accurately recorded in a standard location in patient records and evaluated prior to medicine use.

42. Hospital pharmacists should ensure that medicines are packaged and labeled to ensure identification and to maintain integrity until immediately prior to administration to the individual patient.

43. Medication labels should be clear and have sufficient information to ensure safe administration, including at least 2 patient identifiers, the name of the medicine, prescribed route, dose in mass and, where appropriate, volume and rate of administration.

44. Hospital pharmacists should ensure that health care professionals who administer medicines are appropriately trained in their use, hazards, and necessary precautions.

45. Doses of chemotherapy and other institutionally-identified high-risk medicines should be independently checked against the original prescription by at least two health care professionals, 1 of whom should be a pharmacist, prior to administration.

46. Hospital pharmacists should develop and implement policies and practices that prevent route errors. Examples include:

- Labeling of intravenous tubing near insertion site to prevent misconnections;
- Use of enteral feeding catheters that cannot be connected with intravenous or other parenteral lines;
- Packaging vinca alkaloids to prevent inadvertent intrathecal administration;
- Use of oral syringes that are distinctly different from hypodermic syringes to prevent injection of enteral or oral medicines.

47. Hospital pharmacists should ensure the development of quality assurance strategies for medicines administration to detect errors and identify priorities for improvement.

48. The medicines administration process should be designed such that transcription steps between the original prescription and the medicines administration record are eliminated.

Theme 5 - Monitoring of Medicines Use

49. An easily accessible reporting system for defective medicines should be established and maintained. Reports of defective or substandard medicines should be reviewed internally and sent in a timely manner to regional or national pharmacovigilance or regulatory reporting programs, and the manufacturer.

50. An easily accessible reporting system for adverse drug reactions should be established and maintained. Reports of reactions should be reviewed internally and sent in a timely manner to regional or national pharmacovigilance or regulatory reporting programs. These data should be regularly reviewed to improve the quality and safety of medicines use practices.

51. An easily accessible, non-punitive reporting system for medication errors, including near misses, should be established and maintained. Reports of medication errors should be reviewed internally and sent to regional or national medication error reporting or regulatory programs. These data should be regularly reviewed to improve the quality and safety of medicines use practices.

52. Medicines use practices should be self assessed and compared with benchmarks and best practices to improve safety, clinical effectiveness, and cost-effectiveness.

53. The medicines use process should be reviewed through an external accreditation or quality improvement program. Hospitals should act on reports to improve the quality and safety of their practices.

54. Pharmacists' clinically-relevant activities should be documented, collected and analyzed to improve the quality and safety of medicines use and patient outcomes. Activities which significantly impact individual patient care should be documented in the patient record.

55. Systematic approaches (e.g., trigger tools) should be used to provide quantitative data on adverse drug events and optimal medicines use. These data should be regularly reviewed to improve the quality and safety of medicines practices.

Theme 6 - Human Resources, Training and Development

56. At a national level, competency frameworks are defined, established and regularly assessed.

57. At a national level, hospital pharmacists should engage health authorities to bring together stakeholders to collaboratively develop evidence-based hospital pharmacy human resource plans, to support responsible use of medicines including those in rural and remote areas.

58. Hospital pharmacists should work with key stakeholders to ensure that workforce education, training, competency, size, and capacity are appropriate to the scope of services, coverage, and responsibilities of all cadres providing pharmacy services.

59. Hospital pharmacy workforce plans should describe strategies for human resource education and training, recruitment and retention, competency development, remuneration and career progression pathways, diversity-sensitive policies, equitable deployment and distribution, management, and roles and responsibilities of stakeholders for implementation.

60. Hospitals should maintain human resource information systems that contain basic data for planning, training, appraising, and supporting the workforce. Data should be collated at a national level to improve workforce planning.

61. The training programs of pharmacy support staff should be nationally formalized, harmonized, and credentialed within a defined scope of practice.

62. Hospital human resource policies should be founded in ethical principles, equity and human rights, and be compliant with labor regulations, guidelines, and hospital pharmacy practice standards.

63. Hospitals should use the nationally accepted competency framework to assess individual human resource training needs and performance.

64. To promote interprofessional education and team-based care, the role of hospital pharmacists, including collaborative prescribing, should be included in the curriculum of other health care professionals, and the roles of other health care professionals should be included in the pharmacy curricula.

65. Postgraduate clinical courses should be developed to prepare hospital pharmacists for collaborative prescribing of medicines, including instruction in legal and professional accountability.