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EAHP: Representing Hospital Pharmacists

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Joan Peppard is President-Elect of the European Association of Hospital Pharmacists (EAHP). She commences her term of office in June 2015.

Joan Peppard is a Chief Pharmacist at the Midland Regional Hospital Tullamore, Co Offaly, Ireland, and serves on the EAHP Board as Director of Professional Development and has been the head of the Hospital Pharmacists Association of Ireland twice.

In an exclusive interview with *HealthManagement*, Joan Peppard shared her thoughts about the goals of EAHP, the challenges facing pharmacists and the role they play in the healthcare system.

EAHP promotes the best and safest use of medicines and medical devices. At the same time, it is often said that pharmacists use their own systems rather than use a uniform process in providing patient care. Could you comment?

I would actually question the evidence for the assertion that hospital pharmacists like to use their own systems in preference to accepting more uniform processes. As part of the multidisciplinary team, I believe hospital pharmacists are open to and welcome evidence-based guidelines. EAHP's perception is, at least from our member associations, that common protocols and guidelines are often welcomed and indeed requested by the profession, albeit with an obvious need to reflect and respect certain local or national realities. This perception was most recently confirmed by the enthusiastic input into and positive reception about the 44 European Statements of Hospital Pharmacy published in May 2014 (http://ejhp.bmj.com/content/21/5/256.full.pdf+html)..

However, in any guideline or protocol development there is also a need to allow both local innovations as well as permit a sense of local ownership. It's a balancing act, but overall I do not recognise the suggestion that hospital pharmacists are difficult in terms of adopting uniform systems. Indeed, it is the opposite criticism I sometimes hear – that hospital pharmacy is a profession with a great love for standard procedures! Indeed, to ensure the safe use of medicines, our profession could not be anything other than orientated in this way.

As prescription drugs move to non-prescription status and more drugs become available to consumers through self-selection, how can pharmacists effectively monitor which drugs patients are taking and record this? Is drug interaction a cause for concern, especially when it comes to elderly patients?

Medicines reconciliation by pharmacists is one of the key ways in which health systems can tackle this particular issue. In an ageing society, and with an ever expanding number of new medicines to treat the growing incidence rate of chronic disease, the need for medication reconciliation services will only increase. It seems to EAHP that every European health system needs to immediately implement greater use of the hospital pharmacist expertise in this area to address the risks presented by polypharmacy, both prescribed and self-selected.

Underlying this, a statement strongly endorsed not only by the hospital pharmacy profession, but also European patient groups and other healthcare professionals at our 2014 Summit was *"All the medicines used by patients should be entered on the patient's medical record and reconciled by the hospital pharmacist on admission. Hospital pharmacists should assess the appropriateness of all patients' medicines, including herbal and dietary supplements."*(http://ejhp.bmj.com/content/21/5/256.full).

Antibiotic resistance has been in the news a lot lately, and the World Health Organization feels that pharmacists are in the best position to promote the appropriate use of antibiotics. Does EAHP have a position on this issue?

Yes, EAHP has a strong position on this issue set out in a recent policy statement agreed at our last General Assembly of member countries in June 2014. Antimicrobial resistance is one of the biggest health challenges that European and global governments currently face, and, alongside improving the research environment for new agents, serious policy is required in relation to improving antimicrobial stewardship. This means

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leveraging the full potential of the hospital pharmacy profession in relation to the conduct and management of stewardship activities in the hospital setting (http://www.eahp.eu/press-room/new-year-appeal-europe-make-2015-year-action-amr). These stewardship activities are evidence-based and translate across different health systems. EAHP also believes that we need constant policy vigilance in respect of how to improve the managed use of antimicrobials not only in human medicines, but also in other sectors such as agriculture, veterinary and aquaculture settings.

The use of electronic prescribing has been increasing in recent years. What are the major pros and cons of it in your opinion? Does the EAHP have any set goals in this regard?

Yes, electronic prescribing is a real area of potential gain for health services in the years ahead, and in a recent policy statement from our member associations EAHP has made a call for its uptake to become universal across Europe[http://www.eahp.eu/practice-and-policy/EAHP-statements]The gains of electronic prescribing are many, but above all, it has a major part to play in improving patient safety through improved communication and reducing medication error.

Ideally we'd like to see such systems supported by additional eHealth utilisations such as bedside scanning of medicines to reduce errors at the point of administration. This requires changes to the way medicines are bar-coded, and we are working with European pharmaceutical company associations to investigate the possibility of making such changes in the years ahead.

The European Statements of Hospital Pharmacy, supported and endorsed by European patient groups and other healthcare professional associations states: *"Hospital pharmacists must be involved in the design, specification of parameters and evaluation of ICT within the medicines processes. This will ensure that pharmacy services are integrated within the general Information and Communication Technology (ICT) framework of the hospital including electronic health (eHealth) and mobile health (mHealth) procedures."*(http://ejhp.bmj.com/content/21/5/256.full)

In your opinion, how can pharmacists contribute to the drug development process?

Pharmacists have a very important role to play in drug development processes, including contributing to the management of clinical trials in the hospital environment. After all, it is the hospital pharmacist who is the resident expert on medicines in the secondary care sector.

However, to be able to conduct this role to the full it is critical that the hospital pharmacist has access to all relevant information for decision-making. This relates not only to the patient's medical record, but also to the entire information about past clinical trials. Sadly, in both respects we are still battling to improve the national and European legal landscape. However, it was pleasing to see so many health stakeholders endorse our calls for pharmacist access to the patient record at the European Summit on Hospital Pharmacy last year [Statement 4.3 *"Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.*"

[http://ejhp.bmj.com/content/21/5/256.full], as well as to witness the progress being made by the AllTrials campaign for improved transparency in clinical trial reporting [http://www.alltrials.net/news/2014-the-year-of-influence-for-alltrials/]. These issues will continue to be a focus for EAHP in the year ahead.]

***HealthManagement* is focused on multidisciplinary healthcare. As pharmacists are key members of the multidisciplinary team, what are some of the initiatives EAHP plans to support pharmacists and to enhance their role in improving patient care and outcomes?**

In the hospital, multidisciplinary experts working as a team with the patient at the centre of the combined efforts is the ideal approach. Yes, inter-professional barriers can become an obstacle to improvement and service delivery, so constant attention must be paid to this factor.

From EAHP's perspective, we are acutely aware that few of our ambitions for the future of our profession can be achieved unless they are aspirations that are also shared by the professions we work with. For this reason, the new foundation of our practice development activity – the 44 European Statements of Hospital Pharmacy - were formed and agreed not by hospital pharmacists alone, but through a thorough and robust consensus process with representatives of European patients as well as doctors' and nurses' organisations. We have stated that everything EAHP wishes to achieve for hospital pharmacy is underpinned by the principle of working in a multidisciplinary team. Having now formed our vision for the future of the profession, it will be my privilege during my term as President of EAHP to turn vision into reality. Just as it was vital to work with other professions in forming the vision, so too I will be seeking to continue that engagement with doctors and nurses and, of course, patient groups in respect of implementation activity.

What do you foresee in the future of pharmacy?

I am fortunate to work in a profession that I love, that has continued to develop and to challenge me to excel in the interest of patient care since I graduated. I see the onward trajectory of development for hospital pharmacy continuing, with a greater integration of the hospital pharmacist into the care of each individual patient in the hospital and across the care settings. I believe that greater use of technology in even the smallest of our hospitals is part of the future. However, the future of hospital pharmacy lies in our graduates, with their ongoing commitment to maintaining and developing their skills and knowledge in the interest of patient care and practised in a spirit of collegiality with all other healthcare professions.

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This interview will be in our next issue, which has a cover story on "Ageing." What do you perceive to be the biggest challenges for hospital pharmacists with respect to an ageing population?

It is recognised that Europe has an ageing population and that polypharmacy is an issue that particularly presents in the elderly. I think the biggest challenge for individual hospital pharmacists, as part of the multidisciplinary team, will be empowering the individual elderly patient to be knowledgeable of and have an understanding of their medicines in the context of their illness and well-being. This will require additional consideration of the needs of the individual when facing the combined factors of aging and illness.

The hospital pharmacy profession is challenged with getting resources to enable the daily needs of the elderly patient to be met by the multidisciplinary team. This is certainly a challenge from ensuring the integration of patient safety considerations in new technology to managing the medication reconciliation needs in a busy hospital, to ensuring robust evidence for the use of new medicines in the elderly as well as the ever-growing problem of medicine shortages.

Evidence-based care is a priority for hospital pharmacists, and we need the inclusion of elderly patients in clinical trials in order to inform treatment choices. People are living longer, and have an expectation that treatments will produce cures and improve their quality of life. It is not acceptable to exclude the elderly patient from clinical trials of new medicines. To potentially exclude the elderly from the benefit of these new medicines or to increase the risk when these medicines are used could even be considered unethical.

The commitment of hospital pharmacists to lifelong learning and maintaining expertise is very real. Accessing a constantly expanding number of new medicines to treat the growing incidence rate of chronic disease as well of from the innate desire of hospital pharmacists to contribute effectively to patient care underpins this commitment. This same commitment will drive hospital pharmacists to further develop their expertise in addressing the needs of the elderly person in the hospital and related care settings as the need arises.

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