



European (EACPT)  
Delphi study

Q3 – Q4 2021

Prescribing errors (PEs) in the in-hospital setting can result in patient harm, prolonged hospital stay or hospital (re)admission and is often preventable. This causes distress to patients and their families, burden hospital capacity and is accompanied by significant healthcare costs.

**Challenge:** In Europe alone, PE rates are estimated between 0.3–9.1%, associated costs lie between 4.5 and 21.8 billion EUR annually.

Over the years, several intervention strategies have been tested and implemented. Surprisingly, medication-related harm is not declining.

**Pharmaceutical stewardship**

**Aim:**

1. Improving in-hospital medication safety, by
2. Reducing inappropriately prescribed medication resulting in medication-related patient harm.

Developing specific and evidence-based quality indicators (QIs).

**How?** *QIs are explicit statements providing measurable items and metrics for quality assessment of 3 aspects of care, resulting in a European framework to benchmark, assess and improve the quality of delivered pharmaceutical care.*

**Structure**

Reflecting the healthcare setting's organization

**Process**

Reflecting the delivered care to eligible patients

**Outcome**

Reflecting interventions' consequences & patient outcome

**Framework for in-hospital pharmaceutical stewardship**

by a Pharmaceutical team