

FIRST QUESTIONNAIRE ROUND	
Initial proposed general statements	
A	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, a hospital should have a structured in-hospital pharmacotherapeutic stewardship program.
B	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, there should be European consensus on the fundamentals of an in-hospital pharmacotherapeutic stewardship program.
C	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, each in-hospital setting in Europe should have a pharmacotherapeutic stewardship program.
D	If a hospital setting wants to set up an in-hospital pharmacotherapeutic stewardship program, a framework should be available that includes evidence-based and applicable Quality Indicators (QIs).
Initial proposed Quality Indicators	
1	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, there should be a policy that outlines the responsibilities of the persons active within an in-hospital pharmacotherapeutic stewardship program.
2	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, should be tailored to a hospital's specific needs.
3	If a hospital setting wants to set up an in-hospital pharmacotherapeutic stewardship program, a framework should be available that includes evidence-based and applicable Quality Indicators (QIs).
4	A pharmacotherapeutic stewardship program should provide metrics and insight in the status of medication safety in the hospital where it is active.
5	There should be a formal team of healthcare professionals performing the tasks defined within an in-hospital pharmacotherapeutic stewardship program.
6	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program, should have identifiable and qualified team members and have identified time for in-hospital pharmacotherapeutic stewardship in their job plan.
7	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program, should have an identifiable, pharmacological qualified lead team member who has time for pharmacotherapeutic stewardship in their job plan.
8	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program, should monitor Quality Indicators (QIs) for pharmacotherapeutic stewardship and should make these data available.
9	There should be a system in place for rapid communication between prescribers and team members.
10	There should be a mechanism in place to request pharmacotherapeutic assessment of patients by stakeholders within the hospital.
11	Pharmacotherapeutic assessment should be performed by a competent member of the pharmacotherapy team.
12	Prescribers should be given the opportunity to decline or accept advices resulting from pharmacotherapeutic assessment by this team.
13	The pharmacotherapeutic stewardship plan should be documented in the discharge summary or correspondence to the next line of care.
14	Satisfaction status/experiences of patients receiving pharmacotherapeutic stewardship should be monitored.
15	Hospital readmission status of patients receiving in-hospital pharmacotherapeutic stewardship should be documented.
16	There should be a weekly multidisciplinary meeting / ward round (face-to-face / virtual) to discuss findings of patients eligible of receiving pharmacotherapeutic stewardship.
17	The pharmacotherapeutic stewardship plan should be documented in patient's record.
18	The team performing in-hospital pharmacotherapeutic stewardship should document... ... the number of Potentially Inappropriate Medications (PIMs). ... document the number of (preventable) Adverse Drug Events (ADEs).

Statement / Quality Indicator

... the number of (preventable) Adverse Drug Reaction (ADR).

... the number of discrepancies (either intentional or unintentional) between the medication in use in before hospitalization and the medication in use at hospital discharge.

... the number of patients identified with at least one prescribing errors (PEs).

... the number of prescribing errors (PEs) identified after pharmacotherapeutic assessment.

19 A pharmacotherapeutic stewardship program should **at least** include the following activities:

Medication reconciliation at hospital admission

A face-to-face / virtual medication interview with a patient

A structured medication review during patient's hospitalization

A structured medication review upon patient's hospital discharge

Education for in-hospital prescribers regarding pharmacology and pharmacotherapy

Education for nurses regarding pharmacology and pharmacotherapy

Medication reconciliation at hospital discharge

Surveillance on the correct dose and formulation of medication when a patient has a tube

Surveillance on correct medication administration when a patient is not able to take their medication orally (for example in case of (temporarily) problems swallowing medication or having a tube)

Surveillance on and reporting of adverse drug events (ADEs)

Optimization of local protocols

Identification of computerized physician order entry (CPOE) system

Other

20 A pharmacotherapeutic stewardship program should prioritize activities at clinical wards providing acute care, for example the emergency department or acute admission ward.

21 A pharmacotherapeutic stewardship program should prioritize activities at non-acute, surgical wards.

22 A pharmacotherapeutic stewardship program should prioritize activities at non-acute, medical wards.

23 A pharmacotherapeutic stewardship program should focus on all adult (18 years and older) patients.

24 A pharmacotherapeutic stewardship program should only focus on older (65 years and older) patients.

25 A pharmacotherapeutic stewardship program should only focus on polypharmacy (5 or more chronic medications in use) patients.

26 A pharmacotherapeutic stewardship program should include all hospitalized patients, regardless of the number of medications in use.

27 The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program should include **at least** the following medical specialty / specialties:

Junior medical doctor (0-2 years of experience)

Senior medical doctor (at least 2 years of experience)

Specialized medical doctor

Clinical hospital pharmacist

Public pharmacist

Physician assistant

Nurse

Medical student

Pharmacy student

Pharmacy technician

Pharmacy practitioner

Nurse practitioner

#	Statement / Quality Indicator
	Clinical pharmacist Other
28	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program should <i>ideally</i> include the following medical specialty / specialties: Junior medical doctor (0-2 years of experience) Senior medical doctor (at least 2 years of experience) Specialized medical doctor Clinical hospital pharmacist Public pharmacist Physician assistant Nurse Medical student Pharmacy student Pharmacy technician Pharmacy practitioner Nurse practitioner Clinical pharmacist Other
29	Patients and their family should be informed about the outcomes of pharmacotherapeutic assessment and decisions resulting from this.
30	Satisfaction status/experiences of clinicians consulting the pharmacotherapy team should be monitored.
31	Survival status of patients receiving in-hospital pharmacotherapeutic stewardship should be documented.
32	The team performing in-hospital pharmacotherapeutic stewardship, should document the number of days a patient is inoptimally treated with medication.
33	A pharmacotherapeutic stewardship program should only be active during office hours. Meaning not hereafter or during the weekends.
34	A pharmacotherapeutic stewardship program should only be active after office hours and during the weekends. Meaning not during office hours.
35	A pharmacotherapeutic stewardship program should have a more reactive (passive) approach, rather than a