#	Corresponding with # from table 1	Quality Indicator	% consensus*
Structure			
General			
1	*1*	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, an in-hospital pharmacotherapeutic stewardship program should be tailored to a hospital's specific needs.	92%
2	*10*	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, there should be a policy that outlines the tasks of the persons active within an in-hospital pharmacotherapeutic stewardship program.	95%
The team			
3	*3*	There should be a formal team of healthcare professionals performing the tasks defined within an in-hospital pharmacotherapeutic stewardship program.	93%
4	*4*	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.	97%
5	*5*	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.	97%
6	*6*	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.	97%
7	*9*	Pharmacotherapeutic assessment should be performed by a competent member of the pharmacotherapeutic stewardship team.	87%
8	*12*	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program should at least exist of primary team members (a core team).	88%
9	*13*	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program should at least include a senior medical specialist, preferably with a specialization in clinical pharmacology and a clinical / hospital pharmacist.	96%
10	*14*	There should be an opportunity to extend the team performing in-hospital pharmacotherapeutic stewardship with dynamic team members (e.g. a nurse, junior doctor, clinical pharmacologists i.t.) for example for training purposes.	91%
Communication			
11	*7*	There should be a system in place for rapid communication between prescribers and pharmacotherapeutic stewardship team members.	90%
12	*8*	There should be a mechanism in place to request pharmacotherapeutic assessment of patients by stakeholders within the hospital.	90%
Activities			
13	*15*	A pharmacotherapeutic stewardship program should include multiple, different activities to pursue its aim.	89%
14	*2*	A pharmacotherapeutic stewardship program should aim to reduce and prevent prescribing errors emerging at different moments of the in-hospital prescribing process.	96%
15	*16*	Activities within a pharmacotherapeutic stewardship program should be tailored to a hospital's specific needs and the resources available there.	84%
16	*17*	A pharmacotherapeutic stewardship program should provide metrics and insight in the status of medication safety in the hospital where it is active.	95%
17	*11*	Activities within a pharmacotherapeutic stewardship program should ***at least*** include medication reconcilliation at hospital admission; A structured medication review during patient's hospitalization; A structured medication review upon patient's hospital discharge; Education for in-hospital prescribers and nurses regarding pharmacology and pharmacotherapy; Medication reconcilliation at hospital discharge; and surveillance on and reporting of adverse drug events (ADEs).	91%
Process			
Communication & collaboration			
18	*19*	The pharmacotherapeutic stewardship plan should be documented in the discharge summary or correspondence to the next line of care.	87%

#	Corresponding with # from table 1	Quality Indicator	% consensus*
19	*20*	There should be a face-to-face (virtual) a meeting(s) with physician clinically responsible, to discuss real-time findings of patients receiving pharmacotherapeutic stewardship.	82%
20	*21*	The pharmacotherapeutic stewardship plan should be documented in patient's record and signed by physician clinically responsible for the patient (shared responsibility).	84%
21	*26*	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program should be a support to prescribers by providing guidance and advice instead of taking over the prescribing task.	95%
22	*18*	Prescribers should be given the opportunity to decline or accept advices resulting from pharmacotherapeutic assessment by this team.	84%
High risk situations			
23	*22*	A pharmacotherapeutic stewardship program should be active throughout the whole in-hospital setting regardless of the ward (acute, non-acute, medical, surgical, pediatrics).	79%
24	*23*	The team performing in-hospital pharmacotherapeutic stewardship and tasks within this program should prioritize activities at high risk wards and support high risk medical specialties based on risk assessment of the outcome defined for the hospital's pharmacotherapeutic stewardship program.	89%
25	*25*	The activities within a hospital's pharmacotherapeutic stewardship program should be prioritized based on individual patient risks concerning medication safety.	89%
26	*27*	The frequency of face-to-face (virtual) a meeting(s) with physician clinically responsible should be dependent of the needs and turnover of patients.	84%
27	*28*	A pharmacotherapeutic stewardship program should include both a proactive (active) approach and a reactive (passive) approach depending on the specific activity within the in-hospital pharmacotherapeutic stewardship program, hospital's needs and resources.	89%
28	*29*	To enable safe, effective an high-quality in-hospital pharmacotherapeutic care, pharmacotherapeutic stewardship is essential when there are multiple prescribers involved with a patient.	93%
Evaluation			
29	*24*	Satisfaction status/experiences of clinicians should be monitored for improvement and collaborating purposes of the pharmacotherapeutic stewardship programme and - team (in a continues cycle).	89%
Outcome			
General			
30	*35*	The outcome of a pharmacotherapeutic stewardship program should be determined and clearly defined by the hospital where the program is active in.	89%
31	*32*	Outcome measures used should be appropriate and supportive of the defined outcome of a hospital's pharmacotherapeutic stewardship program.	88%
32	*30*	The efficacy of a pharmacotherapeutic stewardship program should be measured on hospital procedures level and on patient level by using seperate and appropriate outcome measures.	84%
Core outcomes			
33	*31*	Satisfaction status/experiences of patients receiving pharmacotherapeutic stewardship should be monitored.	80%
34	*33*	The team performing in-hospital pharmacotherapeutic stewardship should document outcome measures that are appropriate and feasable for the outcome defined within that hospital (e.g. the number of Potentially Inappropriate Medications (PIMs); the number of (preventable) Adverse Drug Events (ADEs); 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).	84%

#	Corresponding with # from table 1	Quality Indicator	% consensus*
35	*34*	Hospital readmission status of patients receiving in-hospital pharmacotherapeutic stewardship should be documented.	82%