18th Congress of

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european association
of hospital pharmacists

making the difference in medication

13-15 March 2013, Paris, France

"Improving patient outcomes – a shared responsibility"

an ACPE knowledge based activity

Registration opens 1st August 2012
Abstract submission deadline: 15th October 2012

The European Association of Hospital Pharmacists (EAHP) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education

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The European Association of Hospital Pharmacists represents more than 21,000 hospital pharmacists in 31 European countries and is an association of national organisations representing hospital pharmacists at the European and international levels.

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Keynote 1: The hospital pharmacist's impact on patient care

Patient care in the 21st century is not a monopoly of the physician anymore. As more disciplines are involved around the patients' bed, the professional barriers will disappear. This has become a global vision on patient care. This encourages new health and economic challenges. As a consequence the hospital pharmacists' organization will be re-engineered. The innovative hospital pharmacist will find new paradigms, develop new skills, change the organization and stimulate his imagination.
The consequence of the multidisciplinary approach is that the responsibilities must be shared. Every discipline has its own responsibility in the total patient care. A very important aspect is that all disciplines speak each other's language, and - maybe more important - are willing to listen to each other. It is like in the flying business: if the stewardess is aware that one of the engines is on fire she has to warn the pilot about this and he (or she) cannot neglect this message by saying that it is just the stewardess who gave the message and ignores it for that reason. So we as healthcare workers all contribute to the patient's welfare and process of getting better. The hospital pharmacist has his own responsibility, within the team of doctors and nurses and others, for the application of the right pharmacotherapy.

Keynote 2: An introduction to multidisciplinary teams

Multidisciplinary teamwork or collaboration is a new approach designed to guide thinking and practise within healthcare systems. As a concept multidisciplinary collaboration or teamwork is not clear . It has been defined as a situation where professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient's needs as possible . Fine sentiments but is this practical in reality in the setting of modern high technology healthcare and if practical is it desirable? What is multidisciplinary healthcare working and are there actual examples of it in practice and if so what lessons have been learnt from its implementation? What are the arguments that support the case for its introduction and conversely what might prevent it from being effective?
The speaker has experience of leading multidisciplinary teams as a director of a large paediatric intensive care unit and also as an associate medical director of a leading tertiary referral specialist paediatric hospital in the UK.

REFERENCES : 1. airaanhoitaja. 1993;(8):32-4. PMID: 8260690 [PubMed - indexed for MEDLINE]; http://www.ncbi.nlm.nih.gov/pubmed/8260690
2.Mitchell, G.K., Tieman, J.J. & Shelby-James, T.M. (2008). Multidisciplinary care planning and teamwork in primary care. MJA, 188(8), p.S63.

Keynote 3: Prevention of critical incidents - an issue for different disciplines

Critical incidents may relate to issues of communication, knowledge, culture, relationships, emotions or beliefs. In the clinical setting, critical incidents may comprise medical emergencies, unusual conditions and further difficult-to-handle situations. The delivery of high quality patient care is a sophisticated process that strongly depends on team work and in many cases involves complex organisations and high technology methods. The level of quality of care and the occurrence of adverse events and critical incidents is influenced by a variety of different factors. Analysis of adverse events and critical incidents is therefore key factor to understand causes and underlying reasons, deduce prevention measures, implement improvements and so minimize the probability of reoccurrence.
High-risk industries, e.g. aviation, oil or nuclear power industry, realised the importance of this much earlier than within healthcare. The investigation of accidents, learning from incidents and the analysis of near misses are central procedures of an implemented safety and risk management culture. Thinking outside the box! In the last decade, relevant literature and evidence on risk reporting, analysis and prevention in the healthcare area has been growing, and healthcare professionals took inspiration from other disciplines.
Hospital pharmacists recognise the prevention of critical incidents as a high-priority issue on their agenda, as pharmacotherapy and the medication process are error-prone and complex.

Seminar Therapeutic 1: A multidisciplinary approach to nutrition

Nutrition support teams (NST) are hospital transverse nutrition care structures, recently established and developed. They include physicians, dieticians, nurses and pharmacists. In continental Europe, their prevalence is 5–10%. Nutritional assessment and care are their main actions. Education, clinical research and assessment of the practices are secondary aims of NST. NST generate benefits for patients in terms of morbidity, mortality and length of stay and consequently save money. Nutritional competence of NST members and duration of action could be predictive of good results. The pharmacist team member should contribute to the clinical assessment of food-drug interactions particularly.
Frequent challenges in clinical nutrition are cachexia and anorexia in chronic wasting diseases such as cancer or HIV. To increase the patients' survival and outcome, the objective of interventions is to override catabolic metabolism. Nutrition support is one of the promising approaches to face wasting syndromes and malnutrition.
In this seminar, metabolic changes leading to malnutrition, medical risks, re-feeding syndrome and other life-threatening situations are discussed. Therapeutic options to improve appetite and anabolism by parenteral, enteral and tube nutrition as well as by pharmacotherapy are presented. The requested contributions of the hospital and clinical pharmacist are elucidated.

Seminar Therapeutic 2: Ethics and risks in antibiotic prophylaxis

The rise of resistance in antibiotic therapy is of concern all over the world. Antibiotics are used in a way that this increase has not yet stopped. The use of antibiotics is therefore restricted or under guidelines in many hospitals. But this may be discussed as an ethical dilemma. This is because antibiotics are generally safe and perhaps very active in the single nowadays hospital patient. So we perhaps withdraw a very effective therapy from a patient and give him perhaps a therapy or prophylaxis which does not cover all bugs which could occur. And as we all know we do this because we also sense a responsibility for future, until now anonymous, patients who we feel have the right to get an effective therapy and should not suffer from an insufficient therapy due to increased resistance rates.
The seminar will give an overview about the spread of resistance all over the world and especially in Europe. Furthermore the seminar will point out methods and activities of hospitals and others to reduce the burden of resistance in hospital but also in ambulatory care. One of the measurements discussed will be the impact and activities around antibiotic stewardship.

Seminar Therapeutic 3: Can European wide hospital pharmacy standards work in reality? A practical example from the world of paediatrics.

What does the term hospital pharmacist actually mean in different European countries? How do they practice? What competencies do they have? How are they educated? To what extent do standards work? Many institutions (e.g. FIP, WHO or consortium such as Pharmine) have addressed these issues by developing competency frameworks, guidelines and standards of practice or educational curriculum.
Where are we in 2012? How feasible is it in reality to apply these standards? What use are standards without a capable and competent workforce?
After giving an overview of the universality of Hospital pharmacy standards across Europe, the speakers will present the approach adopted in one Country as an exemplar, looking at both national Standards and those as applied to particular situation. (UK and the Standards of the Royal Pharmaceutical Society), using the recently released standards for the provision of parenteral nutrition for neonates and children.
The speakers will illustrate the concept of generic principles of good practice and consider standards for a specific situation, such as specialist pharmacy (nutrition) in a group with little evidence base (Paediatrics).

Seminar Therapeutic 4: Team challenges in cancer: from cytotoxics to supportive care

Oncology pharmacy is and will be a key area for hospitals pharmacists. Cancer is a growing concern in Europe, and pharmacotherapy in this area is frequently in the danger zone for narrow therapeutic margin.
Cytotoxic drugs are prepared or dispensed in hospital pharmacy, and a medication error in this area may mean death or severe impairment for the patient. Hospital pharmacists have to validate prescriptions, and work together with doctors and nurses to improve the safety of patients.
Another issue in cancer patients is supportive care. When treating the cancer is no longer possible, there is a time to treat the patient, when pain must be controlled and the dignity of the patient preserved. Also in this setting there is a place for the hospital pharmacist in the healthcare team.
In this seminar we will consider both cytotoxics and supportive care of cancer patients, and bring the input both from pharmacists and physicians, as to how the multidisciplinary team can work for the better care of the patient

Seminar Therapeutic 5: Innovative approaches to wound care

Material used in traditional wound care was not everywhere a part of hospital pharmacies' assortment, unless impregnated by disinfectants. The situation has changed in the past few years following the commercial availability of modern wound care methods and dressings, e.g. alginates, polyurethanes, films, etc. It will change even further the more growth factors will be used in wound therapy. Hospital pharmacists will have to face the new challenges, hopes, and chances arising from newly introduced growth factors, e.g. becaplermin, palifermin, repifermin, etc.
In this seminar, latest research findings on cellular mechanisms of angiogenesis, cytoprotection, and keratinocyte migration into wounded tissues are presented. In addition, common pathways to both wound care and tyrosine kinase inhibitors used in oncology are discussed. From a practice point of view, multidisciplinary approaches implemented in a leading wound care center are presented and light shed on the role assigned to hospital pharmacists in such a wound care team.

Seminar Operational 1: The selection and implementation of technology in the hospital pharmacy processes

The term "automation" identifies a technology process that utilizes control systems to manage machines and processes, lowering the need of human intervention. Automation is put in place to assure repetitive or complex operations, but also when safety and certainty of actions are foreseen.
The hospital pharmacy is a complex environment where many delicate processes are put in place: they range supplying/distributing health care products to complex compounding.
In the last few years, the possibility of automating these processes has increased in different hospital Pharmacy domains. The hospital pharmacist is involved in the decision making process of choosing to implement automations or not. He often feels lost. How to determine the return of investments, the optimal technological configuration and the resources needed?
Business process modelling methodology can be used for structuring, designing, standardizing, evaluating and automatizing. Its application in the context of the medication-use process allows: the modelling of processes at various levels of details, the structuring of the processes in reusable units to facilitate changes in processes' execution, the implementation of the processes to ensure their automation and their simulation under constraints. Eventually, it could assist the pharmacist to take the right decisions when considering implementing robot systems. It is an engineer approach.
The seminar will deepen the application of automation in different processes in the hospital pharmacy, from distribution to compounding and will demonstrate the evidence of business process modelling methodology.

Seminar Operational 2: Medication reconciliation: the ultimate team work

Medication reconciliation can help to prevent medication errors, but how do organizations to maintain and improve an effective medication reconciliation process? All hospitals have similar reconciliation errors, but the solution that we can offer depends on organization, resources and the technology that we apply to the process.
Depending on the country, the process can be based on people or on technology. A universal public health system can offer a Medication Reconciliation process based on Computerized Prescription Order Entry and a unique patient treatment database that can be shared by Hospitals and Primary Care. The complete Primary Care list of current medication, dosage, route and indication for prescription becomes the model for further recommendations and a reference point for hospital prescription and schedule after discharge.
An electronic reconciliation form is possible if the electronic prescription is implemented in Primary Care, allowing specialists from the hospital to use and share it, including the motives for any medication change or discontinuation order.
Whatever the health care system, there is a need for adopting a standardized form for Medication Reconciliation, define responsibilities and establish recommendations for the discontinuation or change of chronic medication, in order to achieve an effective reconciliation process and the best management of our patients chronic treatment.

Seminar Operational 3: Working together to improve the prescription process

The medication use process consists of sequential steps and is often separated into prescribing, dispensing, administering,

documentation and monitoring. The decision to prescribe a drug is the first step in a sequential and interdependent number of actions to take place.
A correct prescription is crucial when ensuring that patients get their right medication. Many solutions have been developed and reported in order to support the optimization of safe prescription of medicine. Among many others these include implementation of treatment guidelines, pre-printed order sets and a variety of computer assisted physician order entry systems. One way to share the information of medicine prescribed by the family doctor and by hospital doctors is a national electronic registry of all citizens' currently prescribed medication - a Shared Medication Record.
Traditionally the individual physician has been responsible for and supreme in the prescribing process, but multidisciplinary and intersectoral collaboration is emerging. It aims to benefit patients by making better use of healthcare professionals' skills. The right to prescribe has in some countries been extended to pharmacists and nurses with further healthcare professions expected to follow.
With their knowledge on drug therapy and risk assessment hospital pharmacists can contribute to this development in several ways.

Seminar Operational 4: Challenges in vigilance

All activities in the special fields of vigilance (e.g. pharmacovigilance, hemovigilance, medical devices' vigilance) contribute to the protection of patients' and public health. With the focus on drugs, pharmacovigilance objectives aim at harm prevention from adverse reactions in humans arising from the use of authorised medicinal products and at promotion of their safe and effective use. Nevertheless incidents (e.g. the Mediator® scandal in France) lead to considerable unease for patients and to the call for stronger observation and control.
2012 has seen the implementation of new EU pharmacovigilance legislation and the implementation of good pharmacovigilance practice (GVP) has started and is ongoing. The first part of the seminar will highlight on key aspects of the new pharmacovigilance legislation and describe the concept of GVP insofar as the hospital pharmacist is concerned.
The hospital pharmacist plays a central role in reporting adverse drug reactions to competent authorities. However, what other areas are covered? The second part of the seminar will critically discuss limitations of the new pharmacovigilance legislation and outline further roles for hospital pharmacists (e.g. pharmacotherapy safety) and opportunities for advancement in this field.

Seminar Operational 5: Medicines across the interface- who is responsible?

Medication errors occur in all health care systems but there is a particular vulnerability at the interface between care settings, especially at the time of admission to Hospital. Two literature reviews reported unintentional variances of 30–70% between the medications patients were taking before admission and their prescriptions on admission . Furthermore patients discharged from hospital with complex medication regimens are faced with additional difficulties, for example in accessing their medicines in a safe and timely manner.
It is increasingly recognised that to improve patient safety, information and expertise need to flow between primary care and secondary care. When a patient enters hospital it must be clear exactly what medication they are taking. When they leave hospital it must be equally clear what has changed in their therapy, how they obtain their medicines and how these new medicines are to be administered safely. In order to achieve these goals, collaborations between community and hospital healthcare professionals have to be enhanced, resulting in better therapeutic outcomes for the patients.

Seminar Conceptual 1: Accreditation and quality management

The performance of hospital pharmacy is critical to provide adequate pharmacotherapy for patients. The complexity of the tasks performed in hospital pharmacy requires an efficient and robust organization, focused on the safety and efficacy of pharmacotherapy. The adoption of a quality management system is instrumental to ensure adequate and reliable performance.
The approach to quality can follow a number of pathways; in this seminar focus will be in ISO 9001 certification and JCI accreditation. The practical issues behind these quality processes and the real purpose of a quality management system are the keys for the difference between a nice certification document and a better hospital pharmacy, focused on continuous quality improvement.

REFERENCES : 3.Building a safer NHS for patients improving medication safety - A report by the Chief Pharmaceutical Officer for England (2004)
2 Technical patient safety solutions for medicines reconciliation on admission of adults to hospital. PSG001 National Institute for Clinical Excellence (2007).

Seminar Conceptual 2: Inter-professional learning: a win-win situation

A hospital workforce by its nature is made up of colleagues from a variety of health professions. Cultural differences exist between these different professions that can influence patient care and health outcomes. It is clear that effective and deliberate collaboration within clinical settings significantly improves patient care, but poor communication is a major cause of medical errors.
In hospitals, clinical pharmacists are successfully influencing prescribing trends to provide pharmaceutical care to their patients, thereby delivering a more patient-centered role than the traditional 'dispensing' model of working. However, meeting this goal relies on the existence of good working relationships, such that inter-disciplinary team working in monitoring patients becomes the norm in all-healthcare settings. Efforts to improve these relationships must focus on the strategic introduction of agreed changes in working practices between health care professionals and in addition a radical redesign of pharmacist education and training. Participation of other hospital practitioners in the continuing professional development of hospital pharmacists is arguably the way forward.
However, inter-professional education in the field of pharmacy and clinical unit staff should not be considered as a one-way street. Pharmacists with their knowledge of Pharmacotherapy, Pharmacokinetics and other related disciplines have much to contribute to medical/nurse education, at undergraduate and post-graduate levels, in a manner that will ultimately improve the collaborative working relationship.
Reciprocal learning could thus support working practices in defining the separate but inter-dependent professions of pharmacy, medicine and nursing.

Seminar Conceptual 3: Trends in communication

In the past decade "communication" has become a buzz word also among the healthcare providers, and hospital pharmacists have a very complex role in the "communication chain" in the hospital building. They have to know how to successfully and skillfully engage with the management regarding multiple issues, including general safety and functioning of the institution, but they also need to know how to communicate with healthcare specialists and patients in terms of drug therapy and treatment, notwithstanding patients' safety and well-being. Furthermore, hospital pharmacists frequently find themselves at the crossroads of different, often conflicting, approaches to patient`s treatment and proposed therapy, equally so as far as both economic and medical aspects are concerned. For that particular reason it is crucial that they are skilled communicators who are disposed of tools that they can use in engaging with the medical specialists and experts in their domains.
What the most recent analyses show, traditional tools for verbal and written communication no longer suffice due the widespread use of the Internet and digital technologies. These have certainly affected and changed the ways and channels of communication between hospital pharmacists and other healthcare professionals. Even more so, patients and their families have also started to consult open sources available on the Internet to search for information on the conditions they have, or suspect they might have, and specific treatments.
It is therefore of utmost importance for hospital pharmacists to be aware of these developments in healthcare communication in order to be informed with a view to be best positioned to help both patients and their families which resources available on-line are reliable. It is at the same time crucial to communicate to patients that these may only be used as an additional and not the main source of information about their treatment. The role of hospital pharmacists has significantly changed since the beginning of this century, and so too have the needs of healthcare communication.

Highlights of French Hospital Pharmacy

The Européenne de Formation pour les Pharmaciens (Agreement number CNFMC N°100374) Associate member of EAHP has selected three of the top ten Hospital Pharmacy projects to share with European colleagues.

Medication reconciliation and Electronic Pharmaceutical file of patient: a pilot project to improve seamless care
After performing a very consistent prospective and observational study on medication reconciliation (at entry and discharge), the pharmacy department of Nimes in collaboration with the French Chamber of Pharmacists has explored the opportunity of using a common electronic drug file between community and hospital Pharmacist. Clarisse Roux will report on this local pilot project and give some perspectives at the national scale.

Integrated chemo service: from hospital compounding to Home-Based administration to the patient
European Georges Pompidou Hospital has designed a comprehensive compounding including manufacturing and online control of injectable chemotherapies using a flow injection Analysis technique. The pharmacy department, in collaboration with the pharmacy department of home hospitalisation, has created a unique organisation to deliver chemotherapies ready-to-administer at the patients' home. Laurent Havard and Bénédicte Mittaine will describe the entire process and give some figures and feedback after several years of experience

National wide information centre on drug and kidney: a 14 years' experience
Service ICAR: a dedicated Medical Advisory Service on the general topic of drug and the kidney. It was founded in 1999 by Pr. Gilbert Deray and Dr. Vincent Launay-Vacher. It is a nationwide medical advisory service on how to prescribe and handle drugs in patients with renal insufficiency. Advice is based on data from the most recent international literature and relies on three main topics: 1) Drug dosage adjustment in patients with renal insufficiency, 2) Drug-drug interactions with immunosuppressive therapies in transplanted patients, 3) Drugs' renal effects (Nephrotoxic or nephroprotective effects).

Workshop 1: The art of writing an abstract

Scientific abstracts cover the main points of a study and its results. They represent condensed and clearly structured summaries that allow the reader to understand the most important aspects (e.g. study rationale, methods, results) at a glance. The task of writing an abstract can be challenging, and several pitfalls may lead to impaired quality or even rejection of the abstract. First impressions matter!
In 2012, almost 200 submitted congress abstracts were rejected by the scientific committee of EAHP due to various reasons. Hence the current workshop will, among other things, address common pitfalls related to creating abstracts for EAHP and congresses in general.
The workshop is dedicated to ambitious hospital pharmacists who plan to submit a high-quality abstract for future congresses, want to improve their abstract writing skills and want to reduce the risk for abstract rejection.

Workshop 2: Discharge care planning – how can pharmacists facilitate patient involvement?

Seamless care also referred to as integrated care, comprehensive care, continuity of care and transmural care, is a vital part of discharge planning and involves the safe transfer of patients from the secondary to the primary care interface. This may be more important for patients with chronic conditions and may involve strategies to improve patient concordance, involving them in the monitoring of their own condition and having a follow up action plan for the multi-professional team in place. Ways in which patients may become involved in monitoring their own condition to improve outcomes include: peak flow monitoring, blood glucose monitoring, blood pressure monitoring and weight monitoring as part of a weight management programme.
At the end of the workshop, the participants will be familiar with developing a discharge care plan including ways of encouraging patient involvement as a means of improving treatment outcomes. This will involve an exploration of ways in which patients may be involved in monitoring their own condition once discharged, establishing a pathway to ensure a smooth transition of patients into the community and providing a discharge care planning framework that may be applicable in secondary care.

Workshop 3: Drug related problems

If not properly selected and used, medications can cause problems with potential negative clinical consequences. A drug-related problem (DRP) has been defined as "an undesirable patient experience that involves drug therapy and that actually or potentially interferes with the desired patient outcome". Clinical pharmacy, Pharmaceutical care and Medication Therapy Management are all based on identifying, resolving and preventing DRPs for the sake of patient.
This workshop will present definitions, classifications, sources of information, and consequences of DRPs as a base for clinical pharmacy practice and research. How can the problems be organised, prioritised, and communicated for improvement by the patient and the health care personal. The workshop will mix short presentations and cases based on research and practice. The presentations will mainly deal with the experiences from a systematic model that has shown major improvement in health care quality, the Lund Integrated Medicines Management Model.

13-15 March 2013, Paris, France

"Improving patient outcomes – a shared responsibility"

Le Palais des Congrès de Paris

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CALL FOR ABSTRACTS

The scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy. Abstracts submitted must not have been previously submitted except at the congress of their own national association. All abstracts will be accepted for poster presentation only. The poster prize nominees will be requested to give an oral presentation on 13rd and 14th March during the congress. The abstracts will be reviewed by colleagues from different European countries. Accepted abstracts will be published in the official Abstract Book and will also be available for viewing via the EAHP web site following the congress. Presenters are encouraged to have available handouts of their poster when presenting at the congress, and/or to have an e-mail address to allow attendants to ask for "electronic handouts" after the congress. For more information on submission and abstracts, please visit the following website, www.eahp.eu

Deadline for submission : 15 October 2012.

CONGRESS & EXHIBITION ORGANISERS

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POSTER AWARD

Encouragement prize for investigators. The best abstracts/posters – with regards to aspects like originality, scientific quality and practical applicability – will be awarded with 3 prizes amounting EURO 750, EURO 500 and EURO 250. The Poster prize nominees will be requested to give an oral presentation on 13rd and 14th March. The winners will be announced at the closing ceremony on 15th March 2013. Winners must be present to win.

REGISTRATION

The registration fees are set follows :
Registration Fee Student 90 €
Registration Fee before 1 December 2012 €600
Registration Fee beginning 1 December 2012 €700
Registration Fee beginning 1 February 2013 € 800
Registration fee includes access to all sessions, the opening reception including food & beverage, the exhibition, lunches on Wednesday, Thursday, and coffee /tea during official breaks.
Registration fee includes 19,6% VAT until 1 October and 21,2% afterwards according to French law.

CANCELLATION POLICY

Cancellation of individual registrations received before 1 January 2013 will be refunded (less 100 € per registration, bank and administration charges). For groups a maximum of 15 % of the registrations may be cancelled before 1 January 2013 (less 100€ per registration, bank and administration charges). No refunds can be made after this date but substitutions are always accepted.

All cancellations or changes must be in writing to EAHP, email: registration@eahp.eu. All registrations must be processed online via the EAHP web site at www.eahp.eu

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Note that all hotel accommodations will be made through the EAHP web site via a link to the housing bureau.
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Audio and Video presentations from the Milan Congress are now available via the EAHP web site www.eahp.eu. Download to listen, view and/or save your favourite presentations from the 17th Congress of the European Association of Hospital Pharmacists, Milan, Italy, 21-23 March 2012! You may also order a CD by emailing ea@eahp.eu