rejection of the abstract. First impression matters! In 2013, more than 350 submitted congress abstracts (40%) 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.

WK6: Developing a Lean Management culture

Lean thinking is a management approach that was developed in the car manufacturing industry. It is now used by an increasing number of hospitals to reduce waste and improve quality of care by involving the staff in a process of continuous improvement.
Lean is based on some characteristic tools and techniques (5S, Value stream maping, PokaYoke, Kanban, A3, ...), but most importantly it relies on multidisciplinary teamwork, bottum-up approach, understanding the needs of the patient and other internal customers, and visual management continuous improvement (Kaizen).
Those principles are necessary to create, develop and sustain a culture of improvements and lean cannot be seen as only a set of tools and techniques. The workshop will aim at describing and demonstrating those concepts to the participants.

WK7: Medication reconciliation on admission

"The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medicine(s), dosage, frequency, and route of administration. Establishing these details may involve discussion with the patient and/or carers and the use of records from primary care. This does not include medicines review."
In some countries this process also includes a review of the Patients Own Drugs (PODs). Medicines Reconciliation should occur on admission, on transfer and on discharge. This workshop will focus on medicines reconciliation on admission because this is a complex area as information from primary care and patients and/or carers is not always easy to obtain. Furthermore, patients do not always use their medicines the way their Doctors think.
Our experiences of achieving medicines reconciliation have involved the use of quality improvement tools (for example the "Safer Patients Initiative" involving the use of the Model for Improvement and PDSA (plan, do study, act) cycles. Typically, this can begin on one ward, followed by ongoing tests of change, measurement and displaying run charts to spread and embed medicines reconciliation.
Pharmacists and Pharmacy Technicians thanks to their expertise and training have an opportunity to help lower the burden of medication discrepancies through their input in Medicines Reconciliation.

Highlights of German Hospital Pharmacy

The current strategic plan of the German Association of Hospital Pharmacists (ADKA) entitled "Hospital pharmacists enlarge the benefit of drug therapy for each patient" comprises 22 thesis concerning different aspects of hospital pharmacy. Categories of aspects are safety and quality of drug therapy, drug information, educational matters, preparation of medicinal products, pharmaceutical logistics and economic aspects of drug therapy. For a variety of these issues, guidelines have been developed by ADKA as responsible professional society.
The German approach combines the traditional tasks of pharmaceutical logistics and drug preparation with patient-oriented clinical services. Nationwide initiatives will be presented by members of ADKA's special interest groups as examples for good hospital pharmacy practice in Germany.

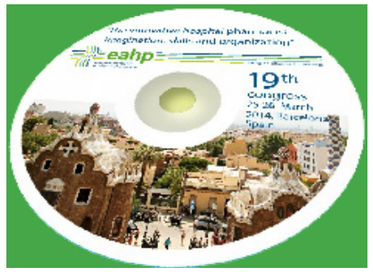
Student seminar: Patient safety and healthcare improvements – the hospital pharmacist's contribution

A patient safety incident has been described as "any unintended or unexpected incident which could have or did lead to harm for one or more patients." This may be applicable to any stage the patient is at in their journey through a healthcare setting; this symposium will focus on patient safety in a hospital environment.
As part of the multidisciplinary team, the pharmacist has a contribution to make to improve patient safety. This is especially so since evidence suggests that most incidents related to patient safety in a hospital are linked to medication errors. The USA-based Institute of Medicine (IOM) estimates that one medication error occurs per hospitalized patient per day with research elsewhere reporting similar findings. Patients may be at increased risk of medication errors due to a wide range of factors such as more complex regimens, co-morbidities and communication problems including memory issues or language barriers.
Various models have been developed and tested to improve patient safety and many aim to change ways of working within organisations. This workshop will introduce the "How to Improve" model adopted by the Institute of Healthcare Improvement.
The symposium has been developed with considerable student input and is planned to be interactive and with participant involvement through discussion, group working and case-based learning. Broad ranging aspects will be explored including ethical dilemmas, inter-professional communication and student perceptions of patient safety.

WK 8: Evidence based clinical pharmacy

Evidence based medicine is a skill that needs to be understood and applied in our clinical practice. In this workshop the concepts of evidence will be introduced along with a presentation of some tools to get to grips with published research, these include the concept of a hierarchy of evidence, the place of systematic reviews and randomised controlled trials for intervention reviews and study types. There will be a brief look at some reliable sources of evidence. It will also provide an opportunity for a hands on examination of a systematic review. The workshop is suitable for those with little experience

Audio and Video presentations from the Barcelona Congress are now available via the EAHP web site www.eahp.eu. Download to listen, view and/or save your favourite presentations from the 19th Congress of the European Association of Hospital Pharmacists, Barceliona, Spain, 26-28 March 2014! You may also order a CD by emailing congress@eahp.eu



CONGRESS INFORMATION

THE CCH - Congress Centre Hamburg

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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 published or submitted to another congress 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 25th or 26th 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. 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 2014.

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 € 750, € 500 and € 250. The Poster prize nominees will be requested to give an oral presentation on 25th or 26th March. The winners will be announced at the closing ceremony on 27th March 2015. Winners must be present to win.

REGISTRATION

The registration fees are set follows:
Registration Fee Student 110 €
Registration Fee before 1 December 2014 € 600.
Registration Fee beginning 1 December 2014 € 700.
Registration Fee beginning 1 February 2015 € 800.
NEW: Registation Fee Young Professional at 50% of the regular rate.
Registration fee includes access to all sessions, the opening reception, the exhibition, lunches on Wednesday and Thursday and coffee/tea during official breaks.
Registration fee includes 19% VAT according to German law.

CONGRESS & EXHIBITION ORGANISERS

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CANCELLATION POLICY

Cancellation of individual or group registrations received before 1 January 2015 will be refunded (less € 100 per registration, bank and administration charges per participant). For groups a maximum of 15% of the Registrations may be cancelled before 1 January 2015 (less € 100 per registration, bank and administration charges per participant). No refunds can be made after this date but substitution is always accepted.
All cancellations or changes must be in writing to EAHP, email: registration@eahp.eu
NOTE: PLEASE DO NOT SEND INDIVIDUAL REGISTRATION FORMS FOR GROUPS OF DELEGATES

HOTEL ACCOMMODATION

INTERPLAN Congress, Meeting & Event Management AG
Kaiser-Wilhelm-Str. 93 - 20355 Hamburg
Tel. +49 40-32509235
Note that all hotel accommodations will be made through the EAHP web site via a link to the housing bureau.
All payments, changes and cancellations for hotel accomodations will be handled directly by INTERPLAN.

*Important note: EAHP confirms that Scientific Committee members responsible for the development of the Congress programme have signed and submitted the Conflict of Interest Disclosure forms.

20th Congress of

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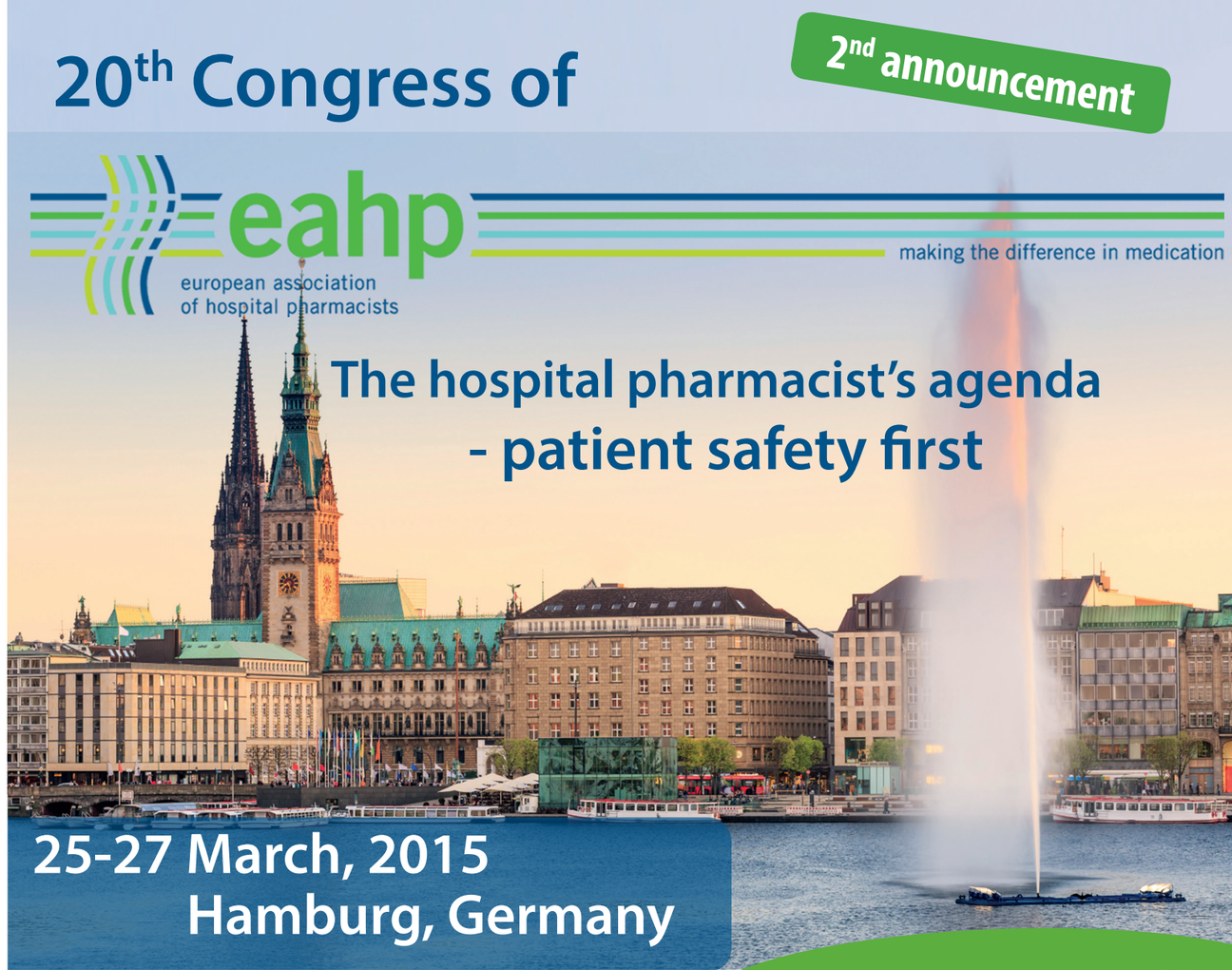
The hospital pharmacist's agenda - patient safety first



25-27 March, 2015 Hamburg, Germany

OFFICIAL CONGRESS LANGUAGE : ENGLISH

REGISTRATION OPENS 1ST AUGUST 2014
ABSTRACT SUBMISSION DEADLINE: 15TH OCTOBER 2014

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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KEYNOTE 1 : PATIENT EMPOWERMENT THROUGH EDUCATION

In healthcare the stakeholders include the physician, the nurse and the clinical or hospital pharmacist, all centred around the patient. In many countries the patient is the subject whereupon the care of the (para)medical staff is focussed. But the patient is not only subject in this arena of health care, the patient is also a stakeholder or case manager.

As patient safety is the main theme of this congress, the patient should have a prominent place. Patient safety is a very broad field, so it will be trimmed to a smaller degree. We will focus on medication safety and the role of the patient concerning this subject. Do we agree that the patient has his own responsibility? Modern techniques in communication, the internet, Wikipedia and other sources allow the patient often to be better prepared than the doctor. The patient's role in regulatory bodies like the EMA and the PRAC (the former Pharmacovigilance working party) also has become more important. There is a role for the Hospital Pharmacists to educate the patient in the field of drugs and the drug properties like efficacy and adverse events.

KEYNOTE 2 : DEVELOPING A SAFETY CULTURE: HOW TO PROGRESS EFFECTIVELY?

The National Reporting and Learning System (the NRLS) was introduced into use in the National Health Service in England and Wales in 2005. NHS organisation report patient safety incidents where a patient was harmed or there was a potential for harm and national learning from these reports has been communicated via Patient Safety Alerts.

In a revised EU directive on Pharmacovigilance the definition of adverse drug reaction has been revised to include medication errors. There is a new requirement for national pharmacovigilance centres to establish medication error reporting and learning systems across Europe,

In the NHS in England, work is underway to share NRLS medication error reports with the national pharmacovigilance centre and improve reporting and learning by identifying medication safety officers in all NHS organisations.

KEYNOTE 3 : SAFETY IN HIGH RELIABILITY INDUSTRIES – WHAT HEALTHCARE PROFESSIONALS CAN LEARN

Nuclear power, air traffic control, chemical processing are often quoted as examples of industries based on high reliability organisations. They operate in hazardous settings in a safe and reliable way. This high reliability is often achieved by simplification and standardisation of operations and anticipation of organisational disruptions. Healthcare organisations, like hospitals, share the same goals with regard to predictability, safety and effective operations. Nevertheless, patients are still exposed to preventable harm with errors occurring along the patient care process every day. The variability of the individual patient, gaps in knowledge, evolving technologies with high complexity and economic and regulatory pressures, however, pose explicit challenges for healthcare organisations and mark differences between healthcare and other high reliability industries. Healthcare is striving to improve by also taking a look at others. Which strategies, procedures, tools and concepts are used to reach and guarantee a high level of reliability? And which of these could potentially be emulated in healthcare organisations?

SC1: Improving patient safety through multidisciplinary teamwork

Teamwork, the seamless integration of multiple knowledge, skill and affective competencies is a mechanism to improve patient safety and avoid errors. The literature abounds with positive outcomes that teamwork brings and includes improved communication, flattening hierarchies, greater efficiency and improved safety. What impact can multidisciplinary team working bring to a high stress, highly technical hospital setting of a paediatric intensive care unit? How would such a team work? What approach would need to be adopted and what processes would need to be implemented in order for such an approach to work?

SC2: Budgetary constraints and patient care

Several countries in Europe live now under strict budgetary constraints, due to a global economic crisis, and a situation of high public debt. In this seminar we will look at the impact of this situation in the care of patients. Is there a measurable negative impact? What are the main reasons for a change in health status in a setting of economic crisis, and how can hospital pharmacists preserve the quality and impact of pharmaceutical intervention. There is another side to this: a crisis can be seen as an opportunity for change and improvement. In times of need it's easier to overcome the inertia towards change, and some lessons may be learned that will influence our practice for the better.

SC3: Methodology underlying patient safety

Errare humanum est – perseverare diabolicum… We all know that errors cannot be totally avoided in the complex area of medicine. However, our role is to implement and apply methodologies aiming at managing the risk in both our processes, in proactive and reactive ways. Inspired by high risk industries such as aviation, several methodologies have been developed. Errors can occur, but the organization should "take advantage" of them, to avoid the repetition of similar incidents. To reach this objective, errors must be reported in a blame-free culture and the possible root-causes should be analyzed by a structured methodology. At the end, corrective measures can be determined to continuously improve the quality and the safety of the processes. To prevent is always better than to heal… Prospective risk analysis methods have been developed to help managers of high risk activities to determine critical points in their organization and to secure them even before an incident arises. These techniques are very helpful to get a deep understanding of the role of each contributor in a process, to take improvement actions when they appear to be reasonable and to accept objectively the residual risks. Reactive and proactive methods are complementary approaches that should be developed in every hospital to underlie patient safety strategies.

SC4: Error causation and taxonomy

Errors occur! Human error is unavoidable and pervasive. The hospital setting is one of the riskiest settings worldwide. Hospitals realised this in the last decades and started to find approaches to avoid errors. Errors are a symptom of failure not a cause. Therefore, the first step is to identify the causes of errors. A human error may trigger a serious incident, but in complex organisation such as hospitals there are usually systemic factors underlying this. In this context, there is recently more and more attention to measure and monitor safety culture/attitude within an organisation. Some taxonomies exist to classify causes of errors. Results can be compared across different wards in a hospital or even national/world-wide. The analysis of causes is the basis to develop preventive measures. Interventions need to minimise the possibility for human error as well as to minimise the impact when errors occur.

SM1: Inspired by STOPP/START: a new prescription screening tool for adult patients

Inappropriate prescribing (IP) is a cause of drug related problems (DRP) and possibly adverse drug reactions (ADR). This has been of major concern for physicians and pharmacists and numerous surveys have been performed over the years to identify this issue. It is acknowledged that 3 to 5 % of hospitalisations are related to DRP and that the associated annual cost in USA is about 177 billion per year. Prescribing is a key step. Different strategies have been developed to prevent this IP. For example, DRPs frequency may be reduced by pharmacotherapy optimisations, such as medication reviews led by pharmacists attending medical rounds. However, the pool of trained clinical pharmacists is often too small to cover all wards of a hospital, especially in most European countries. Thus, other strategies have to be explored to prevent IP, like screening tools, helping prescribers and pharmacists to review orders in a systematic manner. Among those, the STOPP/START (Screening Tool of Older Persons' Prescriptions / Screening Tool to Alert doctors to Right Treatment) is one of the most widely used for the geriatric population. However, there is a lack of such screening tools dedicated to middle-aged patients (less than 65 years), who may suffer from multiple diseases or multiple comorbidities and, may receive multiple drugs, and thus may be at risk of DRPs. An international project using Delphi consensus method was launched in 2013 in 4 French-speaking countries. A new screening tool inspired from STOPP/START and adapted to the middle-aged population hospitalised in general internal medicine was validated. It should provide to prescribers and pharmacists, helpful tools in screening for appropriate and potentially inappropriate medication.

SM2: Risk analysis of the drug development process - focus on the patient

Ensuring the safety, effectiveness and quality of human drugs is an increasingly complicated task. Vigilance of adverse events and definition of the benefit-risk profile during the development process of a new molecule is a shared responsibility of investigators, clinicians, pharmaceutical industry and regulators. However, due to the faster drug development process and to the need of an accelerated track for approval of several medicines, some may argue that this process is under harm. The overall effort should be placed in seeking a meaningful clinical criteria for efficacy, making the risk – benefit ratio more favorable toward the benefit.

Hospital pharmacists became familiar with clinical trials methodology since it became a tool for their daily practice, e.g., for drug information, evaluation of new technologies, clinicial research. There is now the need to be kept updated on the evolution of the methodology and on how this can affect the overall drug development chain.

The seminar will address the process of risk analysis before marketing and its evolution based on the changes in conducting clinical research.

SM3: The use of simulation in pharmacy education

Simulation has become an integral part of health professions' education. It may come as educational and training concepts with different levels of technology involvement and may serve different purposes (e.g. practice of clinical skills, fostering of communication skills). A dramatic increase of simulation techniques in health professions has been seen. Doctors and nurses use it as a matter of course. When it comes to the pharmacist, integration of simulation into pharmacy curricula has not yet advanced to a comparable extent. What may be reasons for a slower uptake of simulation trainings in pharmacy education? Are potential benefits of these techniques not yet evident enough to convince decision-makers at pharmacy schools? What can be learnt from early adopters of simulation in pharmacists' education regarding risks and boundaries, and achievements and chances?

SM4: Design for safety in drug development

Design has a big impact on safety. Other industries know this for a long time. One example: Banks designed cash machines with almost no chance to leave ones credit card in the machine.

The Pharmaceutical Industry is spending huge resources on the design of the chemical or biological active ingredient, the appropriate formulation and dosage form and the packaging of the medicinal product. Other pillars of drug safety are e.g. the product information and the monitoring of the product post authorisation. Every approval of a medicinal product comes with a risk management plan containing detailed measures to secure the safe use of the medicine, and pharmacovigilance is becoming more and more important.

Also hospital pharmacists have learned that design for safety in the hospital production or even reconstitution of drugs is of importance and that even the design of a simple label can have a crucial impact on drug safety.

SM5: Patient safety and drug supply technologies

Processes of the medicine's supply chain are being automated more and more since about 10 years. Currently, technologies to facilitate storage, prescription, validation and dispensing of medication are made available to improve patient safety. The complexity of the supply chain requires a shared responsibility among the members in multi-disciplinary teams of importance for different professionals (clinicians, pharmacist, nurses, technician, and porters). There are still several steps executed manually and many smaller hospitals have not the funds to invest in new technology. Unresolved risks and safety issues along the supply chain remain to be elucidated in both manual and automated processes.

Technology is a promising option to minimize complexity-induced human errors and, if properly designed and implemented, to improve outcome, benefit and effectiveness, thus serving to clinicians, taxpayers and patients interests. Once a new technology is implemented, errors can still arrive due to intrinsic deficiencies in the technology, user friendliness and software customization, lack of time for proper training, poor implementation plan or many further reasons. Technologies change the way in which work is performed. Whenever a new technology will be implemented, monitoring is a MUST to identify potential problems and improve permanently the quality according to the quality definition by Deming (plan, do, check, act).

SM6: Patient safety and compounding technologies

The compounding of medicine is an often overlooked aspect of patient safety within health care systems. However, the preparation of ready-to-use drugs or the manufacturing of drugs designed for special patients groups both contribute to patient safety and may generate risks. Improved patient safety should be expected when medicines are compounded in hospital pharmacies compared to preparations being made at the wards as hospital pharmacies contain professional competencies within drug manufacturing and comply with Good Preparation Practice (GPP) or even Good manufacturing practice (GMP). The most important areas of improvement and awareness regarding the production of drugs and patients safety should be identified in close collaboration with doctors, nurses and risk managers in order to continuously improve both the product range and the design and the individual product. Drug production should however also be considered as a possible source of generating medication errors. The control and the implementation of improved production processes is the responsibility of the hospital pharmacist. Technological developments can support both improved quality and efficiency within hospital pharmacy production. An important question is, do we consider patient safety when selecting equipment and designing processes? And is it possible to do so?

SCL1: Medication safety in transitions of care

Increasing evidence shows that medication discrepancies and adverse drug events at interfaces of care may pose a significant patient safety risk. For instance in Canada, published studies demonstrated that 40-50% of patients experienced unintentional medication discrepancies upon admission to acute care hospitals and at least 40% of patients experienced discrepancies at hospital discharge. Many of these experienced medication discrepancies can be significant and lead to adverse drug events, medication errors, drug therapy problems, preventable harm and re-hospitalisation. The situation in European hospitals does not differ from that mentioned above. During this seminar we will focus on identifying the gaps in transitions of care which can lead to poor outcomes (wrong treatment, severe adverse events, increased healthcare cost, length of stay etc.) as well as on strategies to avoid the aforementioned problems. The emphasis will be on identifying risk factors for re-hospitalisation, management of interfaces and potential roles for pharmacists in transitions of care. Medication reconciliation and patient engagement will be introduced as some of the tools to improve transitions of care.

SCL2: Medical device vigilance

Medical devices (MDs) are an essential part of the delivery of high quality healthcare and their procurement and management in the European hospital setting is often under the authority of hospital pharmacists. They constitute a broad range of products, ranging from very simple and safe products to invasive, complex, and high sophisticated technologies. Systems for pharmacovigilance reporting by health professionals in respect of medicines are well established across Europe; legislation and practice is not so standardised and spread for MDs. On the other hand, the approval and marketing process for MDs at the present moment does not require clinical trials to be performed for all MDs classes. In this context, high risk medical devices are put on the market, and there is the need of a structured process for medical devices vigilance. Europe is currently revising legislation on MDs, putting more focus also on this matter. Hospital pharmacists may play a pivotal role in medical device vigilance, supporting clinicians and nurses. The seminar will address the process of medical device vigilance in those countries where a clear procedure is defined, and will point out the open questions that still need to be covered at a legislation point.

SCL3: Patient safety through individualised therapy

The concept of personalised medicine with the focus on patient safety has received much attention recently, so in this sense it is not "new" to discuss it. It is one of the key areas for the drug regulatory authorities in many countries across Europe. However, what do we understand by individualised therapy and how can we convert a promise of today into tomorrow`s reality? There are different perceptions and definitions of personalised medicine. According to one definition, it is a medical practice with the knowledge and expertise to optimise drug therapy in the face of the many factors, that combines to determine individual patient variability in drug response. Our primary concern is, nonetheless, safety and well-being, such as genetics, age, gender, concurrent disease, concurrent drug therapy and environmental agents, including smoking and alcohol, and on the other hand, there are several drug factors, notably, pharmacokinetics, pharmacodynamics, adverse effects and drug interactions. Advocating for the concept of personalised medicine with the focus on patient safety, notably for the practice of individualization of drug therapy, has been of crucial importance for clinical pharmacology and hospital pharmacy. The practical application of the concept would allow for abandoning of the idea of "one drug dose fits all" practice. However, in the current scientific environment the concept of personalised medicine seems inexorably linked to the rapidly evolving science of pharmacogenetics and therapeutic drug monitoring (TDM) methods. In the future, significant advances in drug therapy may not be due to the development of new drugs or drug classes but to the development and integration of our understanding of inter-individual differences that occur during treatment with certain medicines.

SCL4: Adherence and patient involvement

Non adherence is a major medical problem which not only affects the patient but also the healthcare system. It leads to a failure of the therapy, worsening of the disease and increased healthcare cost. There are many factors that can affect adherence. Barriers to the correct use of medicines include poor healthcare provider-patient communication, inadequate information about a drug and its adverse effects, not being convinced of the need for treatment, complex and long term regimens, cost of the medication etc. Patients, healthcare providers and healthcare systems all have a role to improve medication adherence. This seminar will focus on defining of types of non adherence as well as on methods to improve medication use. Systematic approach must be instituted to achieve effective therapy which include collaboration with the patient at the level of prescribing, simplified administration, communicating with the patient, using of medication adherence aids, etc. Multidisciplinary approach in the medication use must be carried out to achieve better therapy adherence. Different methods for measuring adherence will be also discussed during this seminar.

SCL5: Medication safety in vulnerable patient groups

Children and elderly patients are at a high risk for problems concerning pharmacotherapy. On the one hand physiologic alterations might influence pharmacokinetic and pharmacodynamic properties of several drugs and on the other hand problems with the application of drugs are more likely to occur in those patient groups.

Elderly patients above the age of 65 are the most considerable target group for pharmacotherapy, but exactly these patients are often excluded from clinical trials because of their age and/or concomittant comorbidities. Therefore only limited evidence based information about pharmacotherapy is available. Some efforts have been undertaken to provide lists of potentially inappropriate medications (PIM) that are associated with increased risk for adverse effects and should be avoided in the elderly. Furthermore, many elderly patients have problems with the handling of drugs, e.g. application of inhalers, opening of blisters or drop counting.

There is only limited data from clinical trials for the majority of drugs that are used to treat diseases in childhood. Hence, only small proportions of drugs are formally approved for this patient group which leads to a higher risk for medication errors and adverse effects. Moreover, many drugs are not available in a galenic formulation that is suitable for children.

WK1: Ethical and legal dilemmas: focus on the patient

The utmost goal of hospital pharmacists is to provide medicinal products, medical devices and pharmaceutical services in time for the special needs of each individual patient. Therefore hospital pharmacists always try to avoid unmet needs and to find alternative solutions if licensed medicinal products are not yet, not any longer or temporary not available on the market. While reviewing alternative solutions ethical and legal issues are to be regarded, e.g. when off label use or compassionate use or the import of a medicinal product from a foreign country is suggested. The expertise of the pharmacists is even more required when the medicinal product is to be prepared in a ready-to-use form or when the patient individual drug product is to be compounded. Upfront the added value of a pharmacy preparation versus the unavailability of the product is to be evaluated. During the workshop, case studies will be presented and discussed.

WK2: How to manage methodologies underlying patient and professional safety?

Heathcare professionnals do "risk management" every day on every decision for every act. However, our role is to implement and apply methodologies aiming at managing the risk in our new processes, in proactive and reactive ways with several tools mainly developed for other sectors (nuclear, aviation, finance).

We know that "repeating" is not understanding. The patient is not only a human factor, data, a consumer or a condition. In addition to medical and pharmaceutical sciences, there are several other bodies of knowledge (such as sociology, engineering, information science) that need to be utilised.

Reactive and proactive methods are complementary approaches that should be developed in every hospital to underlie patient safety strategies. How to choose the right method for the right problem, the right organisation, the right aim? How do we consider the "credibility processes" as a set of strategies aiming at strengthening the subject's ability to state and to take action in our practice? How do we consider that we are on the way of a "High Reliability Organisations"? At the end, corrective measures can be determined to continuously improve the quality and the safety of the processes.

WK3: Patient engagement and communication skills

The outpatient clinic has the main objective of dispensing drugs establishing individual monitoring for each patient. Outpatient pharmacists must develop communication skills for health education and give information on complex treatments. Amongst the functions of these professionals:

- Rationalize drug dispensing.
- Ensure proper storage of drugs.
- Give information of drug treatment to patients.
- Ensure understanding of the physician's prescription.
- Ensure patient's adherence to treatment.
- Explain special administration techniques.
- Detect and inform possible incidents or problems related to drugs.
- Avoid errors associated with drug use.
- Monitor drug therapies.
- Coordinate and articulate communication and information exchange between the patient and the rest of the healthcare team.

Nowadays, managing outpatient clinics has become even more challenging due to various reasons:

- Increase in the number of patients due to many reasons (increased life expectancy, chronicity of diseases, etc.)
- Increased complexity of certain treatments (HCV)
- Introduction of new drugs (particularly oncology treatments)
- Lack of single dose-packed drugs with a bar code on each single dose served by the industry which can help to optimise treatments.
- Patient care transition (from hospitalised to outpatient care) to reduce length of hospital stay and achieve hospital goals.

In this scenario, new information technologies will surely become in the immediate future an indispensable tool in providing healthcare.

WK4: A systematic approach to pharmaceutical care with a focus on data gathering

Pharmaceutical care involves a systematic process which is patient focussed and underpins a robust and professional philosophy of pharmacy practice. As part of this process, the pharmacist needs to co-operate with the therapeutic plan. To standardise and aid the hospital pharmacist in conducting the process in an organised way and to ensure maximum use of the pharmacist's skills, a systematic approach has been drawn up. The pharmacist needs to be familiar with sources available such as the patient notes, medication records and the patient or carers, to develop a systematic approach to data gathering as part of this overall process with the patient and other members of the multi-disciplinary team to design, implement and monitor. This workshop will provide participants with an overview to the systematic approach and will then focus on data gathering, with emphasis on using the patient as a source of information.

WK5: 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