Highlights of Spanish Hospital Pharmacy

The Spanish Society of Hospital Pharmacy (SEFH) has developed a strategic plan for the year 2020 with the aim of improving hospital pharmacy practice and healthcare system services. Strategic lines are focused on improving the efficiency and safety in the use of medication.

Technologies in the process of medication use

1. Medication errors are one of the main problems to be solved by health systems and pharmacy services. There is a lot of evidence about errors rates in each step of the process of medication use. Except in the administration stage, others stages are checked for potential errors by the succeeding stage. For these reason the administration is the critical safety point for patient.

Currently, to identify better the patient and presented medication, we use bar code and data matrix systems, conducting a first reading by scanner. However these codes do not include information about batch and expiry date, which is the goal to get traceability throughout the system- there is no further stage to conduct a check.

The TECNO Group of SEFH, leads in the implementation and development of criteria and strategies about technological advancement; it has designed a study in collaboration to AECOC (Asociación Española de Codificación Comercial) to accomplish codified GS1 health care standards. The methodology and preliminaries results of this research will be presented.

2. A traceability system has been designed for the chemotherapy preparation process, in order to assure that the final product contains the medication with the dose and in the diluents prescribed by the doctor, and is validated by the pharmacist for the right patient. This system use a barcode scanner to identify all the components of the final product including name, batch and expiry, and a weighting method which takes into account the density of each product, to check that the dose or quantity of the medication that the technician used in the preparation is the right one. We present case studies of the practice of traceability in the chemotherapy compounding process of a teaching hospital.

3. Auto verification of the medical prescription. Verification of medical orders by pharmacist is a quality requirement in any hospital and one of the most important tasks to ensure the safety of the medical prescriptions. Informatics system and electronic medical records must, and have to, help optimize this process. A well-defined clinical decision-support system (CDSS) is needed.

However, the criteria for auto verification of medical orders have not been stabilised yet by any health organization, and it has to be built based on the experience, pharmacology knowledge and with the approval of the Pharmacy and Therapeutic Committee. Defining the criteria of auto verification for medical orders can be a challenge that the pharmacists must to face to optimise clinical activities.

Upgrade the role of the hospital pharmacist in optimizing individualised pharmacotherapy

4. Developing an individualised pharmacotherapy and monitoring plan for the management of certain diseases is nowadays becoming a priority. In this sense, pharmacogenetics and pharmacogenomics knowledge is essential when aiming to improve the efficacy, safety and efficiency in the pharmacological treatment of many diseases, such as cancer and immunological disorders among others. Today, the oncopharmacogenetics pharmacist expert plays an outstanding role in selecting treatments with the best risk-benefit balance for individuals. We will present one experience developed by a hospital pharmacist expert in oncology.

5. Evidence based pharmacotherapy. Evaluation and Selection of new drugs in Spain has been performed at local Pharmacy and Therapeutics Committees.

GENESIS working group (Group for Innovation Assessment, Standardisation and Research in the Selection of Drugs) emerged in 2004 as a need within the Spanish Society of Hospital Pharmacy (SEFH), establishing a collaborative system to evaluate new drugs according to a common, participatory and transparent methodology.

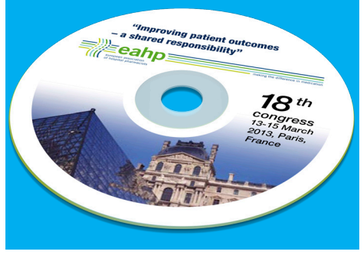
Consolidation and development of health services of the regions in Spain as authorities responsible for managing the budget for healthcare and medicines, has tended to unify the evaluation and selection criteria within each territory, to optimise resources for evaluation and standardise results and decisions of drug evaluation.

Currently two new national structures have been recently established working together the Drug Prices Interministerial Committee (CIPM) and the Therapeutic Positioning Coordination Group (GCPT). The hospital pharmacist is playing an important role in this new scenario.

Student program: A systematic approach to pharmaceutical care – what is this about and how can it be implemented by the hospital pharmacist?

Over 20 years ago Hepler and Strand published a seminal paper on the philosophy of pharmaceutical care (Hepler and Strand, 1990), defined as: "*...**responsible** provision of drug therapy for the purpose of achieving **definite outcomes** that improve a patient's **quality of life**.*" Different models of pharmaceutical care have evolved but generally they involve 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 patient and other members of the multi-disciplinary team to design, implement and monitor a 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, guidance on a systematic approach has been drawn up in Scotland (CRAG, 1996). This is a stepwise approach which results in formulation of a pharmaceutical care plan for an individual patient, identifying potential and actual care issues with associated actions to resolve and prevent the issues. This workshop will provide participants with an introduction and overview to the systematic approach. It aims to facilitate the development and application of knowledge and skills that relate to pharmaceutical care practice using an interactive, hands-on approach.

Audio and Video presentations from the Paris Congress are now available via the EAHP web site www.eahp.eu. Download to listen, view and/or save your favourite presentations from the 18th Congress of the European Association of Hospital Pharmacists, Paris, France, 13-15 March 2013! You may also order a CD by emailing congress@eahp.eu



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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 26th or 27th 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 2013.

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 26th or 27th March. The winners will be announced at the closing ceremony on 28th March 2014. Winners must be present to win.

REGISTRATION

The registration fees are set follows:
Registration Fee Student 90 €
Registration Fee before 1 December 2013 €600.
Registration Fee beginning 1 December 2013 €700.
Registration Fee beginning 1 February 2014 €800.
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 21% VAT according to Spanish law.

CONGRESS & EXHIBITION ORGANISERS

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CANCELLATION POLICY

Cancellation of individual or group registrations received before 1 January 2014 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 2014 (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

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Tel. +34 932 017 756 — www.atlanta.es
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 Atlanta.

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making the difference in medication

"The innovative hospital pharmacist – imagination, skills and organisation"

26-28 March 2014, Barcelona, Spain

Registration opens 1st August 2013
Abstract submission deadline: 15th October 2013

OFFICIAL CONGRESS LANGUAGE : ENGLISH

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KEYNOTE 1: ACCOMMODATING INNOVATION AGAINST A BACKGROUND OF SHRINKING BUDGETS

Innovation is a driver for progress in the health care sector: be it the industrial, education or the care provider part of it. Without innovation a society is doomed to sink in lethargy. To be innovative we need (educated) people and resources. The global crisis in the economies of Europe has cut the flow of money and other resources for innovation to a minimum. So here is the question: how do we innovate in these difficult times when it is most needed? Different actors (such as national governments, the EU commission, insurance companies, industry, academia, regulatory bodies) follow different strategies to stimulate innovation. Several of these models will be discussed and attention will be paid to key performance parameters: how do we measure success?

KEYNOTE 2: THE HOSPITAL PHARMACIST 2020: A CHANGED PROFILE

The role of the hospital pharmacist has changed in the last decades and moved from medicine - orientation to patient-orientation. The needs and expectations of patients have also been subject to change: Internet and social media make patients more aware of alternatives, which also pose risks and challenges to health professionals. Therapies become more complex and also personalised. Physicians are no longer able to overview all aspects of the therapy. Hospital pharmacists have therefore to adapt their profile to this changing world by developing communication skills and social competencies. Knowledge about pharmaceuticals will in future be the context of our profession but not the only goal. Hospital pharmacists have to become the bridge between medicines, their individualised production, the patient and their diseases. For the best outcome of the patient, the responsibility of hospital pharmacists will not end at the fence of the hospital.

KEYNOTE 3: KNOWLEDGE MANAGEMENT IN TIMES OF INFORMATION OVERLOAD

Health care professionals may experience different feelings when considering that coping with so many new publications in their area is not possible anymore. We are chasing after the ideal of keeping up to date with all that information and evidence in our field, without realising that we are clinging to an imaginary possibility. The ethical dilemma becomes clear at once: the responsibility of each individual professional to strive for best-informed decision-making on the one hand and the simultaneous paralyzing helplessness that 'for sure you might not know everything' on the other hand! When is 'knowing enough' really enough? Is adequate and sufficient knowledge only thinkable as a result of high specialisation? The paradox is, that while there has never been as much information available to us as in these current times, health care professionals still have so many open questions and have to constantly deal with uncertainties in their fields. Having accepted this situation of informational overkill and the truth of this paradox, the key challenge now is to find successful ideas, strategies and solutions. An idealised informational environment would provide each health care professional with fast access to specifically edited and selected information, which is useful, valid, unbiased and not redundant.

SN1: Health service reimbursement

Nearly all health systems in the world report a problem with financing of health services including drug therapy. Focussing on drug therapy this is easy to understand. New drug therapies are often very expensive, bringing sometimes only a small benefit in terms of patient outcome. In some health systems diseases like cancer, autoimmune diseases or rare diseases some treatments are discussed as being no longer affordable for all patients. Some health systems have chosen to include measurements like QALY in their decision-making processes. Other countries have opted to conduct drug reimbursement on a named patient basis, or as individual decisions. In cancer therapy there is a controversial discussion about the "value" or "benefit" of therapies that prompts questions about disease-free-survival, progression-free-survival, 5-year-survival etc. as outcome parameters of cancer therapy. Additionally, the differences of survival rates recorded in clinical studies versus survival rates in real-life patient groups are under discussion. Specifying thresholds as reimbursement criteria seems to be problematic as patients with rare diseases do not have the choice between different kinds of therapies with different dimensions of expenses.

Speakers of this seminar will give an overview of the decision process in reimbursement of health services by focussing on drug therapy.

SN2: Targeted medicines in hospital pharmacy: one problem-two views?

There is no doubt that the principle of targeted drugs can lead to big steps forward in therapy. However there are many preconditions for, and problems with, targeted therapies. First of all, researchers have to find targets - which in most cases means biomarkers. Many diseases show specific biomarkers to be attacked by targeted medicines. The question always is if the disease only has one or a few targets; and, if when attacking those targets the disease is significantly influenced as wished. In the seminar the speakers will give an overview about recent findings and study results in the field of new drugs for targeted therapy.

Another point of interest will also be discussed about targeted drug therapy: the economic side of innovation. Namely, are those drugs worth their cost? The answer to this question from society will sometimes be a clear "yes". But this question has also to be posed in relation to health economics or pharmacoeconomics. To answer this it has to be discussed critically if those new drugs show a crucial benefit to patients. It also has to be pointed out what benefits are shown and if those benefits are proven by clinical studies and the use in real life populations.

The speakers will show from their viewpoint as hospital pharmacists engaged in cytotoxic reconstitution which problems they see, how they solved them and how they finally deal with these new-targeted drugs.

SN3: Benchmarking in drug utilisation

Benchmarking hospital medicines is a powerful tool that could be used to effect change in prescribing patterns. The benefits of which would arguably bring about improved therapeutic outcomes, improved patient safety and reduced drug costs.

The question remains however, is benchmarking practical? Hospitals vary immensely, varying in case mix, bed numbers, finished consultant episodes and what of the specialist hospital? Hospital pharmacy systems may be unique both in type and in the way they store data.

This seminar will present examples of widely implemented benchmarking strategies from Denmark and the UK, outline the approaches taken and examples of successful outcomes.

SN4: What is an innovative drug?

On the 20th July 2012 the European Medicines Agency (EMA) recommended the first gene therapy for approval. Also in 2012, 47 new drugs were approved, plus 19 orphan drugs. These new drugs always come with a promise of improving patient's lives, and also with an invariably high price tag. They are new, they are expensive, and they've shown a positive risk/benefit ratio through a very demanding regulatory process. But are these new drugs really innovative? Are they changing the course of diseases in a meaningful way? And is the innovation in drugs following standard economics regarding pricing? How do innovative drugs compare with innovation in other areas, such as the telecom industry, or the car industry? These questions should be answered so that the hospital pharmacist can better understand their role in hospital drug policy, keeping the focus on the needs of patients in a setting of shrinking resources.

SN5: How therapeutic equivalence can influence the cost of drugs

A strong competition exists in the drug market and similar drugs ("me-too") as well as generics are available in many therapeutic classes. On the pharmaceutical industry side, this allows each competitor to try to get a part of the market, especially in very profitable areas. The protection by a patent is a guarantee to have a monopolistic situation and the end of this period is feared in regard to an expected fall in sales.

Drug manufacturers facing patent protection termination have developed strategies to maintain market share. These include marketing evergreening drugs (slow release formulations, single isomer of chiral molecules, or structural analogues/combinations of original patented drugs) and offering high rebates to hospitals that use brand name or evergreening drugs. By these ways, they try to keep the market.

On the hospital side, we have to select the most useful drugs, taking into consideration their efficacy, safety and cost. The more similar the drugs are, the more important the economic factor becomes. Moreover, with a constant reduction of hospital length of stay, questions related to the continuity of care have to be considered carefully and the cost in the community should also be included in the decision process.

In this seminar, two specific aspects related to these questions will be addressed:
- the impact of patented drug extension strategies on healthcare spending; and,
- the limits of generic substitution and their consideration in formulary management.

SN6: Drug shortages

In the 2012 Report of the European Medicines Agency it is stated that the occurrence of shortages of medicines has increased over the last few years, owing to a large extent to the globalisation of manufacturing and supply chains. This led to a European short- and medium-term plan to help the European medicines regulatory network prevent, mitigate and manage shortages of important medicines resulting from manufacturing problems. However, for the time being, shortage of drugs is a reality, and the impact and frequency may be different across Europe. Besides understanding the causes and the possible long-term responses, it is important for hospital pharmacists to create strategies to deal with the problems that may impact on a patient's options today.

SR1: Re-engineering the compounding process

Traditionally drug manufacturing (to stock as well as ready to administer) is a key task of hospital pharmacy. The production is comprehensive as it includes many different dispensing forms and many different drug substances, and a lot of different methods of preparation are involved.

Drug manufacturing is subject to detailed regulatory control. Staff training, facilities, equipment, materials and procedures continuously have to comply with GMP-standards to make sure that the drugs manufactured and delivered to patients are safe.

To have sufficient capacity and to be able to manufacture in accordance with GMP-guidelines is an on-going challenge for hospital pharmacies. The demand for unlicensed medicine tends to increase, as the pharmaceutical industry does not supply drugs to all the special needs of small patients groups. Also the increasing problems with drug shortages, as well as - clinics wishing have more drugs reconstituted and delivered in ready-to-use formulations, put pressure on drug manufacturing in hospital pharmacies. GMP-standards continuously develop, and hence new professional skills have to be developed, new procedures implemented and investments made in staff training, procedures and facilities.

Many hospital pharmacies face the dilemma of desiring to be able to produce the required wide range of drugs, whilst simultaneously meeting the economic and professional challenges, and keeping up with regulatory standards. This dilemma has been approached differently throughout Europe. Some countries successfully maintain decentralized drug production within the hospital pharmacies. Other countries have changed the national structure towards a more centralised drug production. Still others some implement automation and some outsource drug production.

SR2: Re-engineering the drug supply chain

There is an on-going debate over how to make healthcare systems more efficient, and one promising area for reform is often overlooked: supplies and drugs. The recession has created both challenges and opportunities for those overseeing supply chains in healthcare, according to researchers. With budgets tight, hospitals must monitor closely where savings can be achieved and are increasingly looking to the supply chain.

We should look very strategically at purchasing, distribution, and the other related areas and consider how they affect efficiency and effectiveness, as well as the possibilities for improving clinical care. Researchers are trying to unravel the tangled supply relationships that drive up the cost of healthcare, burdening hospitals and frustrating efforts to expand coverage among the uninsured.

Supply chain management -- the coordination of businesses and processes involved in producing and delivering a product or service -- has been widely used in other industries for decades. Many businesses, retailers in particular, have attributed their success to effective supply chain management.

In response to pressures to reduce costs and improve performance in the pharmacy, some hospitals are opting to contract with an external organization to manage some or all of their pharmacy operations. Outsourcing pharmacy management is a viable option for hospitals to confront issues within its pharmacy operations, staffing, finances and cost control.

SR3: Re-engineering clinical pharmacy services

As reimbursements fall and costs for services climb, organizations are forced to follow the painful motto of doing more with less. Hospital pharmacy, the central link in the medical management of patients, must also participate to the global effort to meet this challenge. For this reason, it must be organized in such a way to allow the development of clinical pharmacy or the "optimal use of the pharmaceutical and biomedical judgment and knowledge of the pharmacist in order to improve the efficiency, safety and accuracy with which drugs should be used for the treatment of patients".

A solution could be the adaptation of industrial business process improvement (BPI) methods to the healthcare setting

One of the solutions proposed by the health systems to "release time to care" is the implementation of Lean. The Lean approach was developed in the 1990s by researchers at the Massachusetts Institute of Technology from the Toyota Production System. This approach aims to maximize value for the client/patient while minimizing waste and seeking operational excellence through continuous improvement.

During this seminar, different contributions of Lean to the hospital, and more particularly to the hospital pharmacy, will be presented and perspectives discussed.

SH1: New perspectives - hospital pharmacy in primary care

Over the last few years health-care systems have begun to evolve to enhance the pharmaceutical management of patients as they move through the interfaces of care and in particular as they transit between secondary and primary care. Pharmacy related services in each sector must adapt to ensure appropriate support of patients during transfer of care.

In response to these changes, hospital pharmacists have developed services, through a process of innovation and translational research, which supports individualised pharmaceutical care and efficient drug therapy management within primary care.

The experience of a country that has expanded the hospital pharmacy profession into primary care and the experience of a country that is now evolving to this integration will be described.

SH2: Pharmacy practice research

The hospital pharmacist must clearly be more and more positioned in the future as an academic professional and a real partner of physicians and nurses. To reach this objective he has to answer to the rules of the academic world by being active in education and research. Beyond the requirements of our universities, each hospital pharmacist can find good reasons to develop a small or a large research structure:
- to solve daily problems and to increase the knowledge by a structured scientific approach;
- to develop new activities and to make the proof of concepts by a rigorous evaluation of their impact;
- to obtain financing to support new projects;
- to develop networks of collaboration with other institutions and other professionals;
- to share knowledge with colleagues by communicating results;
- to educate young colleagues in the management of projects, from protocol writing to the publication.

Pharmacy practice research is aimed at improving services in all specific domains of hospital pharmacy (logistics, production, analytics, clinical activities, etc.) and, finally to optimize patient safety and health outcomes.

In this seminar, the importance of research activities in hospital pharmacy will be highlighted by presenting examples of projects from practice, as well as the perspective of faculties of pharmacy.

SH3: Pharmacists' involvement in clinical trials and ethical committees

Pharmacists traditionally have been involved in clinical trial research in a variety of ways, from providing drug and record keeping for drug accountability, to taking on the roles from study coordinator to principal investigator. The hospital pharmacist can play a fundamental role in the way clinical trials are conducted and contribute in different forms in the research process. The pharmacist can use his or her expertise and collaborate directly on pharmaceutical aspects such as drug composition and supervising indications, dosage, administration, contraindications, adverse effects and interactions of investigational drugs (IDs). Contribution on randomisation and blinding procedures are often required.

In addition, pharmacists can help to ensure the safety of human subjects and their rights, which are mainly protected by local ethical committees (ECs). For any of these functions, the pharmacist must be familiar with the research protocol, informed consent form, investigator's brochure, and standard operational procedures of the hospital/research centre which include regulatory, ethical, and legal requirements.

Moreover, educating patients and monitoring therapy (including adverse drug reaction monitoring) are two clinical functions that are particularly important and applicable to investigational drugs.

In addition, for non-industry sponsored trials, the professionalism of hospital pharmacists has been proposed for the task of clinical monitor.

SH4: Re-designing pharmacy careers

In the past, the main focus of pharmacy education was first registration. However, in the UK, there is no co-ordinated programme of post-registration professional development and no agreed specifications for advanced, specialist and consultant pharmacy practice. In mainland Europe there exists a variety of hospital pharmacist qualifications, but do these build careers or merely act as gateways into the hospital sector? As the pharmacist's role becomes more clinical, pressure increases for reassessment of competence to practice (revalidation) and post-registration workforce development becomes critical. Key questions are the validity of the competence frameworks, the balance between uni-professional and inter-professional development, the locus of responsibility for development (individual, employer or regulator) and whether sector of practice remains a valid discriminator. An overarching question is the need for EU wide standards.

SH5: Development in pharmacy education

Pharmacists play an increasingly important role as partners in the efficient use of the healthcare resources. Therefore a question arises whether a current model of pharmacy education and training in Europe is tailored to the needs.

The PHARMINE consortium was created in 2008 to survey the present state of pharmacy education and training in European Union member states and to create new recommendations for new competence curricula for pharmacy education and training in the EU.

During the seminar we will focus on the analysis of PHARMINE project as well as on its recommendations for core education and training. Suggestions how to best customize pharmaceutical study to the needs will be also a part of the discussion.

Workshop 1: How to interpret pharmacoeconomic studies

Financial resources in healthcare are limited. Given this fact it is nowadays more important than ever that healthcare treatments offer satisfactory value regarding the money they cost. The economic efficiency of treatments is assessed through evaluations, where costs are related to outcomes and consequences of this treatment. By virtue of their profession, hospital pharmacists are especially interested in the economic efficiency of drugs. The hospital sector is one area where high cost drugs are widely prescribed, but propagated benefits are often unclear, vague or marginal. The cost-effectiveness, especially of new drugs entering the market, has meanwhile become a key criterion that pharmaceutical industry has to demonstrate and prove in relevant studies. Pharmacoeconomic evaluations are often required when deciding on questions of reimbursement, or regulating the availability of, or the access to, a new drug therapy. While taking care of the hospital drug budget, it is key for hospital pharmacists to make themselves familiar with the major concepts of pharmacoeconomic evaluations. The understanding of how they are performed and the knowledge to critically appraise the results belong to the most important skills of modern hospital pharmacists.

Workshop 2: Therapeutic education of patients

Therapeutic patient education (TPE) is the process of providing verbal or written material to the patient to improve understanding and prevent complications. TPE offers an understanding of the chronic disease process and instruction about behaviours and activities to empower the patient.

Patient education benefits the patients, health care community, insurance companies and taxpayers. Making a patient knowledgeable gives them the power to succeed and get autonomy. In contrast, not educating a patient about their care and providing direction for understanding leaves the patient at risk of having complications.

The pharmacist is invited to get involved in TPE as a caregiver to the patient. TPE is part of the process of Pharmaceutical Care. To perform TPE, the pharmacist must be trained and optimise his agenda to further commit into TPE.

This workshop will go through the different steps of an education program: from educational diagnostic to evaluation.

Workshop 3: Anticoagulant patient consultation

Hospital pharmacists have always paid particular attention to the anticoagulant drug class, as it is associated with a high risk of drug-related problems and medication errors, in which pharmacists regularly address successfully in the course of their clinical work.

Recently, the oral anticoagulant therapeutic class sometimes referred to as "blood thinners", which comprised for years only the Vitamin K antagonist, has become more in focus with the release of new oral anticoagulants (e.g. dabigatran, rivaroxaban...) Anticoagulants are used primarily to prevent clot (thrombus) formation and the extension of existing thrombi. Therapy may be continued for only a few weeks or months, or may be life long.

The ability of individuals from different professions to perform as a team will ultimately determine the success or failure of an anticoagulation team.

Pharmacists play an important role in managing anticoagulation therapy, both among hospitalised patients and with outpatients. Trained in the basic pathophysiology of blood clotting and the essentials of clinical clotting disorders, pharmacists bring their expertise in clinical pharmacology and knowledge of drug interactions to the arena of patient management.

The pharmacists can give the attending physicians and house-staff important information about potential drug interactions, in addition to daily dosing recommendations. The pharmacists have taken a central role in identifying and educating patients who are candidates for home treatment of venous thrombosis.

After an interactive warm up session to review the basics of anticoagulation management, practical exercises will be performed to develop participants' skills in running an anticoagulant consultation with a patient.

Workshop 4: The art of writing an abstract

Scientific abstracts cover the main points of a study and its results. They represent condense 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 impression matters!

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 5: Innovative aspects of orphan drugs

Rare diseases are life threatening or chronically debilitating diseases with a prevalence lower than 5 in 10 000 Europeans. For patients who suffer from rare diseases it is not uncommon to go for diagnosis and treatment in different EU-states because of the rarity of the condition.

Today more than 65 orphan drugs are authorized within all EU Member States for the diagnosis, prevention and treatment of rare diseases. Besides dispensing all pharmacy services for these patients need to be harmonized that focus on several aspects of the use of orphan drugs such as cost and reimbursement, adherence to (oral) medication, off-label and unlicensed use, compounding procedures, pharmacovigilance and home treatment.

New innovative aspects in the diagnosis and treatment of these patients will be discussed such as advanced therapy medicinal products, hospital exemption, direct-to-consumer genetic testing, public private partnership in drug development, cross border healthcare, pharmaceuticalisation and European tender operations.