



Daily dose

Information that makes you feel good!

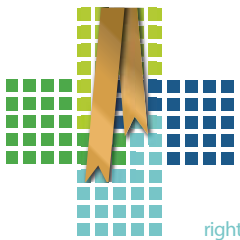
POST-CONGRESS EDITION



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ANNIVERSARY STATEMENTS GAME ...and the winner is

The **Wheel of Fortune game**, located at the EAHP booth, was dedicated to the 44 European Statements of Hospital Pharmacy. In celebration, the team prepared a game where participants won personalised recycled notebooks, recycled isotherm mugs and entered a raffle to win a free registration entrance to the 1st EAHP Boost in Florence, Italy.

Juliette Bersali from France became the 1st place winner of the game and received a free registration entrance to the 1st EAHP Boost, taking place on September 27-28 September in Florence, Italy.

Congratulations and see you in Florence!

The EAHP team



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SOCIAL MEDIA

Engage in the social media debate using the hashtag **#EAHP2024**



KEYNOTE 2 | REVIEW

Impact of climate change on human health: a resilient approach

“Our world needs climate action on all fronts, everything, everywhere, all at once.” - Antonio Guterres, Sec Gen of the United Nations.

With this quote, **Peter Morgan**, pharmacist and independent prescriber, opened his keynote on the second day of the 28th EAHP Congress.

Humans are responsible for the earth's warming, and heat records have already been broken on all continents. If humanity progresses against current trajectories, current policies, and even current commitments, we are on track to surpass 3-4, even 5° warming compared to pre-industrial levels, which would mean a death sentence for millions. The 1.5° limit is still achievable, but it will take massively fast-tracked climate action efforts by every country in every sector in every time frame. In the healthcare sector, climate change can sometimes be seen as something aside from our work. However, Peter Morgan argues that good health care is net zero healthcare, as it delivers for now and future generations.

The most perceived image of climate change is that of lonely polar bears on melted ice or that of dry, deserted lands. This representation, however, is missing the human aspect, which is essential to know as healthcare professionals. Climate change impacts the essentials of good health, clean air, safe water and nutritious food supply, and safe shelter. Climate change leads to extreme weather events, forcing migration and increasing the spread of infectious diseases. Furthermore, extreme temperatures will affect heat-related hospital admissions in areas that are not adjusted to the heat. If temperatures continue to rise at just two degrees, as is anticipated, heat-related deaths are projected to increase by 400%. The latest Intergovernmental Panel on Climate Change (IPCC) report concludes that climate change risks are appearing faster and will be more severe than previously expected, making them harder to adapt to. Therefore, climate change should not only be seen as something that can be attributed to human activity but also as something impacting human lives and health significantly. Climate change is the biggest global health threat of the 21st century.

Nevertheless, if we prioritise human health at the heart of our efforts to combat climate change, we can turn the threat of climate change into an opportunity to achieve a sustainable future with better health outcomes. For instance, by reducing household and outdoor air pollution, we can decrease the 5.1 million preventable deaths from conditions like COPD and lung cancer. Encouraging environmentally friendly transportation can help combat inactivity and by promoting sustainable foods, we can address malnutrition, contributing to 12.2 million deaths yearly.

Tackling these climate change-related health issues directly translates to opportunities within our own healthcare systems. To illustrate this, Peter Morgan uses the example of the NHS, the seventh largest employer in the world. Taking climate action for the NHS means achieving a net zero carbon footprint by 2040 and a net zero power footprint by 2045. Such big goals are challenging for an organisation with 1.4 million healthcare professionals. Therefore, rather than having one net-zero strategy in England, each hospital and integrated care board has its own net-zero strategies, established by the community of patients and boards. Moreover, the NHS became the first health system in the world to embed net-zero into legislation within the Healthcare Act 2022, so that there is also a legal duty to combat climate change on every integrated care board and every single hospital. The next step is to drive global health action in collaboration with the World Health Organization, as the effects of climate change on health have no boundaries. Tragically, the countries most responsible for climate change are the least vulnerable to it, and those with the least emissions are the most susceptible to climate change. Low-income countries and small islands have already 3.6 million people already living in areas affected by climate change. In some areas, the death rate from extreme weather events is already 15 times higher than in less vulnerable areas.

As healthcare professionals, we should be part of the change as well, especially when it comes to emissions related to medicines. Medicines make up 25% of the carbon footprint in England. Reducing the emission of anaesthetic



Peter Morgan

gases, optimising inhaler choice and reducing the carbon impact of pharmaceutical operations and supply are ways to reduce pharmacy-related emissions.

When considering actions on climate change, it is essential to align actions with people's values and to show the impact of the change they make, however big or small. Because when people take action based on their values, they are more likely to take more action. In line with this, Peter Morgan concludes the keynote with a call to action for the audience to reduce their environmental impact, no matter how small or large the effort may seem. He refers in this call to Robert Swan and reminds us that the biggest threat to our planet is the belief that someone else will save it.

Catharina Knol
EAHP Team

EAHP PROJECTS

Welcome to the new EAHP BOOST!

In the dynamic landscape of contemporary healthcare, where technology continues to revolutionise patient care, the European Association of Hospital Pharmacists (EAHP) will present an educational event aimed at **Humanizing the high-tech pharmacy**. Over two enlightening days, the EAHP BOOST programme will delve into the intersection of advanced automation and the human touch in pharmacy practice.

The event commences with a plenary keynote lecture addressing the *Management perspective on automatization*, followed by two tracks on compounding and dispensing.

Esteemed speakers will offer insights into how automated systems can enhance operational efficiency while preserving the essential role of human expertise in hospital pharmacy management.

The first seminar block, **“Automation in reconstitution and production of medicines”**, examines cutting-edge technologies shaping pharmaceutical manufacturing within hospital settings. Here, the spotlight shines on the role of robots in Total Parenteral Nutrition (TPN) production and



cytotoxic reconstitution. By harnessing robotic precision, pharmacists can ensure the accuracy and sterility of complex medication preparations, reducing the risk of errors and enhancing patient safety. Furthermore, discussions will delve into the integration of automated quality control measures, optimising the efficiency of production processes while upholding stringent regulatory standards.

In parallel, the second seminar block, **“Bedside dispensing services and pharmaceutical care”** shifts the focus to patient-centered pharmacy services. Experts will explore the integration of automated unit-dose production systems, empowering pharmacists to deliver tailored medication regimens directly at the bedside. Additionally, discussions on the utilisation of Artificial Intelligence (AI) in drug information management and pharmaceutical care highlight the transformative potential of AI-driven technologies. By leveraging AI algorithms for data analysis and clinical decision support, hospital pharmacists can streamline medication management processes, identify potential drug interactions, and personalise treatment plans to meet

the unique needs of each patient. This fusion of technology and human expertise not only enhances patient safety but also facilitates proactive pharmaceutical care delivery, fostering closer pharmacist-patient collaborations and optimising therapeutic outcomes.

Throughout the event, attendees will engage in thought-provoking discussions, sharing best practices and innovative approaches to harnessing technology for the betterment of patient outcomes.

To provide an accessible interactive discussion forum, the workshops are organised in world café style.

By merging high-tech advancements with compassionate pharmacy practice, this event endeavours to redefine the role of hospital pharmacists as indispensable members of the healthcare team, dedicated to humanizing the patient experience in an increasingly automated world.

For more info and the Programme, please visit the EAHP website: www.eahp.eu/content/eahp-boost.

KEYNOTE 3 | REVIEW

Reducing problematic polypharmacy - using Action Learning Sets to optimise sustainable medicine use

The last keynote of the Congress by independent pharmacist and clinical lead for the National Polypharmacy programme of the Academic Health Science Network in England, **Clare Howard**, illustrated how we can improve clinicians' confidence in tackling polypharmacy using Polypharmacy Action Learning sets. With staggering numbers showing that 1 million patients use ten or more medicines every day, with nearly half of them aged 75 or over, Clare Howard revealed the importance of tackling problematic polypharmacy. In addition to practical challenges, for the elderly, using multiple medications may result in an increased likelihood of experiencing adverse effects. In England, polypharmacy-related adverse effects are responsible for 16.5% of unplanned adult admissions. Elderly patients, thus, may experience more harm than good from polypharmacy.

This is why it's important to carefully consider the potential risks and benefits of polypharmacy for each individual patient. To address the issue of polypharmacy in healthcare practices in England, Claire Howard has been leading a program that brings together communities of pharmacists, GPs, geriatricians, nurses, and patients. The program is based on three pillars: identifying high-risk patients through data analysis, upskilling the primary care workforce with local polypharmacy action learning sets (ALSs), and changing public perceptions of medicine use.

The Action learning sets for polypharmacy were developed five years ago as a training programme for GPs and pharmacists to bridge the gaps in the education around polypharmacy. The Action Learning Sets aim to understand

and explore the barriers to systematically stop medicines that are no longer clinically appropriate and support GPs and pharmacists in conducting polypharmacy medication reviews. Increasing the confidence of the primary healthcare workforce is key to action learning sets. As is shared decision making, understanding how patients manage and view medication is essential in reducing polypharmacy. The Action Learning Sets programme consists of three days; on the first day, barriers to deprescribing are explored in a safe environment, and the delegates are sent home to conduct a medication review. On the second day, the medication reviews are evaluated, and the review process is reflected upon. On the last day, geriatricians join the primary care professionals and share their expertise on polypharmacy in both clinical and legal aspects. After six months, a quality improvement program is conducted with the delegates to show the difference the programme has made in practice. So far, 20 cohorts of the polypharmacy action set with well over 500 GPs, pharmacists and other prescribers have completed the program. A set of criteria is applied to the delegates who participate to make the programme as efficient as possible. They must work in primary care as independent prescribers for more than 12 months and work with patients in which multi-morbidity and polypharmacy can be problematic. While establishing and conducting the Polypharmacy Action Learning sets, it became apparent that there are huge barriers to stopping medicines, contributing to overprescribing. This systematic issue must also be addressed in secondary care. Increasing overall confidence in deprescribing and collaborating with geriatricians, GPs, and pharmacists is crucial for improving the care of elderly patients. Additionally, the Action Learning Sets showed



Clare Howard

the importance of language when talking with patients. It's important to focus on what matters to them in medication review, and it is also what makes pharmacists future-proof healthcare professionals.

The change that deprescribing can make is significant, something that geriatricians like Lucy Pollock have extensively written about. According to Claire Howard, we need to pay as much attention to deprescribing as we spend on prescribing, especially with the prospect of an ageing population. We need to engage with patients and understand what's important to them. Because, one day, we might be patients ourselves.

Catharina Knol
EAHP Team

SYNERGY SESSION

Multidisciplinary approaches to overcoming healthcare workforce challenges



In addition to individuals leaving the healthcare professions due to increasing workloads and unmanageable staffing situations, the healthcare workforce is ageing. A demographic shift of a large section of the workforce into retirement age threatens to impact human resources in all European health professions. Thus, a response in the form of adequate workforce planning is urgently needed.

Petr Horák (EAHP Board member and EAHP Past President) presented the results of the 2023 EAHP Investigation of the Hospital Pharmacy profession that showed that the lack of capacity (lack of staff) is one of the main reasons preventing hospitals from implementing the European Statements

of Hospital Pharmacy. Further investigation conducted by EAHP reached the conclusion that the main areas held back by insufficient capacity (in EAHP's member hospitals) are clinical pharmacy services, research and publications, expanding centralised (parentals) compounding services and a need for deeper involvement in hospital ICT design.

Among possible solutions, Petr Horák presented some options like increasing the number of pharmacy students interested in hospital pharmacy (this needs to be supported with clear career pathways and a better visibility of the

hospital pharmacy profession) or improving salaries and benefits to make the profession competitive. Petr Horák concluded that it is the time to work with all relevant authorities to make the hospital pharmacy profession more attractive and competitive.

Cristiano Matos (President of the European Association of Pharmacy Technicians) presented the workforce situation in Europe from the perspective of the pharmacy technicians. Pharmacy technicians are also suffering a workforce shortage while at the same time having an increased workload that started with the COVID-19 pandemic but still continues. In his presentation, Cristiano explained that there is a mismatch between educational capacity and the healthcare demand. In addition, the education of pharmacy technicians varies across Europe, thus, a multidisciplinary approach to solve this issue needs to be adopted.

Christian Keijzer (President of the Standing Committee of European Doctors) gave an overview of the situation of the medical force. Christian emphasised the importance of interprofessional collaboration to tackle the workforce challenge and presented some of the CPME recommendations in this regard. The recommendations included positive practice environments which promote doctor well-being and support services. He also pointed out that health workforce planning must aim to achieve conditions for professional practice which improve quality of care, patient safety and ensures accessibility.

Gonzalo Marzal Lopez
EAHP Project Portfolio Manager

ABSTRACT AND GPI ORAL PRESENTATIONS

Winners of the Abstract Poster Nominees Oral Presentations and the Good Practices Initiatives Oral Presentations

Following the Abstract submissions' closure, the EAHP Scientific Committee selected 8 Authors as Award Nominees and requested them to give a 5-minute oral presentation, followed by a 2-minute question and answer session, during the Congress. The nominated abstracts were selected with regards to aspects like originality, scientific quality and practical applicability. Out of the presentations, which took place on **Wednesday 22 March** from **10h30 to 12h30**, three prizes were handed out to the following:



1st Prize

**COST-EFFECTIVENESS OF PHARMACEUTICAL
PREOPERATIVE CONSULTATIONS:
A FIVE-YEAR ANALYSIS**
by Daniel Gomez



2nd Prize

**A REVIEW OF THE EXPOSURE TO POTENTIALLY
HARMFUL EXCIPIENTS THROUGH ORAL LIQUID FORMS
IN PEDIATRIC INPATIENTS IN FRANCE**
by Marianne Bobillot



3rd Prize

**SEVENTEEN DRUGS, ONE SAMPLE: ANALYSING
MULTIPLE ANTI-TUBERCULOSIS DRUGS
SIMULTANEOUSLY USING ONE METHOD**
by Mathieu Bolhius



The Congress also offered an Award for Good Practices Initiatives, either in pharmacy practice or in pharmacy education, implemented in a hospital / group of hospitals / region / country, that, in line with EAHP statements, reports relevant experiences in specific areas of pharmacy practice or education.

Following the GPIs submissions' closure, the **EAHP Scientific Committee selected 11 Authors as Award Nominees** and requested them to give a 5-minute oral presentation, followed by a 2-minute question and answer session, during the Congress.

This year's Winner is **Douwe Van Der Meer** with **90% REDUCTION OF MEDICATION WASTE BY REUSING RETURNED MEDICATION FROM MEDICAL WARDS.**

YOUNG PROFESSIONALS

Professional and personal experiences of young pharmacists

The Young Professional Session held on the first day of the Bordeaux Congress was a resounding success, with a packed room of over 80 participants. Among them were young (and not-so-young!) pharmacists eager for international experiences, practicing pharmacists open to hosting foreign students or professionals, and others simply curious about international adventures.

During the session, six hospital pharmacists shared their valuable stories of international experiences undertaken during their studies or professional lives. Though motivations varied – whether to train abroad, acquire specific skills or practices, satisfy a thirst for adventure, or seize an opportunity – a common thread emerged: the importance of daring to take chances. Participants stressed the need to step out of their comfort zones to create or seize opportunities. The ease of preparation for the journey varied among the stories, and discussions between speakers and participants highlighted various obstacles, such as language barriers and administrative constraints related to the varying European recognition of diplomas from one country to another. However, all acknowledged significant benefits from these experiences, both professionally and personally. Professionally, they gained adaptability by working with new teams, in different professional settings, or mastering

new practices. Personally, they discovered new cultures and aspects of themselves, and sometimes had life-changing encounters. They also had the chance to be part of different healthcare systems, allowing them to discern and appreciate the strengths and weaknesses of each.

Lastly, specific focus was given to the SILCC program (Statement Implementation Learning Collaborative Centres), which the EAHP aims to relaunch after a pause due to the COVID-19 pandemic. The SILCC program enables hospital pharmacists (SILCC Fellows) to visit hospitals (SILCC hosts) in other EAHP member countries to discover new or different pharmacy practices. For those interested in becoming a SILCC host or a SILCC Fellow, further information is available on the EAHP Website.

The Young Professional Session underscored the pivotal role of international mobility in pharmacy. With many pharmacists open to hosting foreign professionals and numerous young pharmacists eager to gain international experience, let's seize these opportunities to shape a future where borders become bridges to new growth and experiences!

Clément Delage
EAHP Scientific Committee Member

SUBMISSIONS GPI 2025

GOOD PRACTICES INITIATIVES – 2025 COPENHAGEN

Submissions are OPEN for the 2025 Congress
(deadline **9th October 2024**)

The GPI initiative was launched as part of EAHP's effort to show stakeholders what European hospital pharmacists are doing and might also be part of the coming educational programme of the EAHP.

The overall purpose of collecting and sharing GPIs is:

- to inspire and encourage fellow hospital pharmacists in other countries to strive for the next high standard in practice;
- to identify how colleague hospital pharmacists were able to overcome barriers and obstacles in order to make improvement happen; and
- to give recognition to those who have completed successful new initiatives in hospital pharmacy service.

GPIs must be linked to one of the sections of the European Statements of Hospital Pharmacy approved at the European Summit on Hospital Pharmacy in May 2014. The EAHP statements are separated into the 6 themes below:

1. **Introductory Statements and Governance**
2. **Selection, Procurement and Distribution**
3. **Production and Compounding**
4. **Clinical Pharmacy Services**
5. **Patient Safety and Quality Assurance**
6. **Education and Research**



CALL FOR ABSTRACTS



ABSTRACT SUBMISSION OPENS: 1ST AUGUST 2024!

Original contributions from all fields of hospital pharmacy are encouraged and welcomed for poster presentation.

DEADLINE FOR SUBMISSION: 9TH OCTOBER 2024

During the review process, the award nominees will be selected, and the presenting author of the nominated abstracts will be invited to give an oral presentation after which the final judging will take place.

Please be sure to provide an email address which will not be blocked by spam servers so that EAHP may notify you for modifications and nominations. (Abstracts may be submitted through the EAHP website's online submission page)

IMPORTANT NOTE: *The online submission form does not recognise some symbols from certain keyboards. Therefore, please proof your abstract after it has been entered into the system and before your final submission.*

Please visit the EAHP website at www.eahp.eu/congresses/abstract to view the guidelines and to submit abstracts for the Copenhagen 2025 Congress. Abstracts must be entered into the system by section according to the guidelines.

There will be 5 sections: Background – Purpose – Material and methods – Results – Conclusion. All abstracts must be linked to the European Statements of Hospital Pharmacy:

Section 1: **Introductory Statements and Governance**

Section 2: **Selection, Procurement and Distribution**

Section 3: **Production and Compounding**

Section 4: **Clinical Pharmacy Services**

Section 5: **Patient Safety and Quality Assurance**

Section 6: **Education and Research**

28TH EAHP CONGRESS PHOTO GALLERY

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28TH EAHP CONGRESS PHOTO GALLERY

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29TH EAHP CONGRESS
12-13-14 MARCH

COPENHAGEN 2025

FIRST ANNOUNCEMENT

EAHP thanks the continued support of Corporate Partner Omnicell

WE TALK OF

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#PHARMACIST #PATIENTCARE
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#NEWTECHNOLOGY
#EDUTAINMENT #AUTOMATION
#YOUNGPROFESSIONAL
#CHALLENGES #EAHP2025

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The European Association of Hospital Pharmacists (EAHP) represents more than 27.000 hospital pharmacists in 36 European countries and is the only association of national organisations representing hospital pharmacists at European and international levels.



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



The EAHP 2025 Congress is accredited by the European Council for Pharmacy Education Accreditation (ECPhA)