At this year's **18th Congress of the EAHP** [1], 13-15 March 2013, a special session on Thursday 14 March, 1.30-3.00pm will explore **highlights of practice in French hospital pharmacy** [2].

Hosted and led by the **Européenne de Formation pour les Pharmaciens** [3] (EFP), the session will share 3 noteworthy aspects of current hospital pharmacy practice in France:

1. Medication reconciliation and electronic pharmaceutical files of patients;

2. Integrated chemotherapy services: from hospital compounding to home-based administration to the patient; and,

3. 14 years of experience of a nation-wide information centre on drug and kidney

We speak with one of the workshop facilitators **Nicolas Janus** [4] about some the key aspects of the session.

The case study you will present of a common electronic drug file between community and hospital pharmacy in Nimes sounds very interesting. What has been the general experience in France so far in this sometimes difficult area of information sharing in relation to patient medication records?

Overlap of information is a major requirement in modern societies where a patient can be followed by different physicians (2, 3 or more) depending on the number and severity of chronic/acute diseases the patient has.

The purpose of such a common electronic file is to integrate hospital prescriptions dispensed in the context of strengthening collaboration between the community and the hospital sectors.

As your second case study, you have selected the integrated chemotherapy service at Georges Pompidou Hospital. Can you say a little bit about the key benefits it has delivered, and why it stands out?

Chemotherapy is likely to be an increasing course of treatment with the growing aging population, the number of cancer patients and longer survival of patients undergoing chemotherapy. There is therefore an identified need to deliver chemotherapies ready to administer at the patients' home.

This project, which stemmed from patient request, enables pharmacists to provide chemotherapy in time for the patients in the coming years.

Your third case study relates to 14 years of experience of a nation-wide information centre: a medical advisory service on how to prescribe and handle drugs in patients with renal insufficiency. I can imagine such a service making a real difference for hospital pharmacists in practice. Can you say something about the kinds of occasion where you have been able to make use of this yourself?

One lung cancer patients needed a cisplatin-gemcitabine combination, but he had a stage 3 renal impairment and needed dose adjustment for cisplatin. We called Service ICAR, and they provided us the dose for the cisplatin and they also informed us that no dose adjustment was necessary for gemcitabine. It allowed us to avoid renal and extra renal side effects.

Finally, is there a key message, as such, underlying the 3 examples of practice?

The aim of these 3 sessions is to underline the need for communication and exchange not only between the hospital and the community sectors, but also between different healthcare professions.

I believe the 3 practice examples we highlight can demonstrate ways of making this dream… a reality.

The abstract for the session is available **here** [2].

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Links
[1] http://www.eahp.eu/congresses [2] http://www.eahp.eu/congresses/goals/highlights-french-hospital-pharmacy [3] http://www.efp-online.fr/ [4] http://www.eahp.eu/congresses/speaker/janus-nicolas