eahp euMonitor

The EAHP EU Monitor is a weekly round up of news relevant to hospital pharmacy in Europe.

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EAHP and UZ Leuven to host high level meeting on reducing medication error in hospitals


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The European Association of Hospital Pharmacists (EAHP) has announced a high-level meeting to take place at the University Hospitals Leuven (UZ Leuven) focused on how to reduce medication errors in the hospital sector. Specifically, it will focus on how bedside scanning of medicines at the point of administration can become a widespread reality to increase patient safety.

The technology of scanning a medicine at the patient's bedside, prior to administration, has been demonstrated to reduce rates of medication error by as much as 40%. Yet, although common place in countries such as the USA, the practice in Europe remains the exception rather than the rule. The event will consider why this is the case, and what can be done to overcome identified implementation obstacles.

The **all-day event,** [2] to be held on **Monday 14 October 2013**, will include:

- presentation of how bedside scanning at UZ Leuven reduces the possibility of medication error occurring at the point of administration;
- guided visits to hospital wards to see the technology in operation;
- presentations on the industrial, regulatory and international contexts to the issue; and,
- workshops to gain the perspectives and considered opinions of a variety of impacted stakeholders.

More information **here** [3].

Stakeholders who have an interest in the subject of reducing medication errors in hospitals and would like to attend should contact richard.price[at]eahp[dot]eu [4] regarding availability of places.

AllTrials campaign outlines in more detail trial transparency requests

The AllTrials campaign [5] has published a document setting out in greater detail the particular aspects of clinical trial reporting transparency that it seeks to improve.

The campaign, led by organisations such as **the Cochrane Collaboration** [6], Sense about Science, **the British Medical Journal** [7]and the Centre of Evidence Based Medicine, has succeeded in bringing together **more than 200 organisations from across Europe** [8], including EAHP, in its demand for better publishing of how any clinical trial is conducted, and the results obtained by the trial.

The August document [9] adds depth and detail to the All Trials campaign by setting out specific requests in 3 particular areas:

1. Study and protocol registration

- planned clinical trials to be registered, with a summary of the trial protocol, before the first participant is recruited;
- the trial protocol should include the rationale and background to the trial, information on study participants and informed consent, the intervention under investigation, primary and key secondary outcomes, the method of data collection and statistical analysis plans, and all other items set out in the SPIRIT guidelines published in 2013;
- trial registration should be streamlined and standardised internationally; and,
- it should be impossible to obtain funding for a trial, including funding from Government, or to sell a product, or to obtain permission to do a clinical trial, without proving registration.

2. Summary results reporting

- A summary of results should be publicly available where the trial was registered, within one year of completion of the trial. Summary results from all past trials of medicines currently in use should be made publicly available on a register now.
- Reports of clinical trial summary results on a register should at least contain the items on a clinicaltrials.gov results page (which includes summary participant information, protocol and amendments, summary results for pre-specified primary and secondary end points, details of adverse events and statistical analyses)

3. A full report

- Trial sponsors or others who produce a full report for marketing authorisation or any other purpose should make this publicly available. The narrative reports of adverse events and individual patient data in a full report can be redacted and available on request to researchers, in the same way that reports of adverse incidents currently are, with a commitment that no reasonable request will be refused.

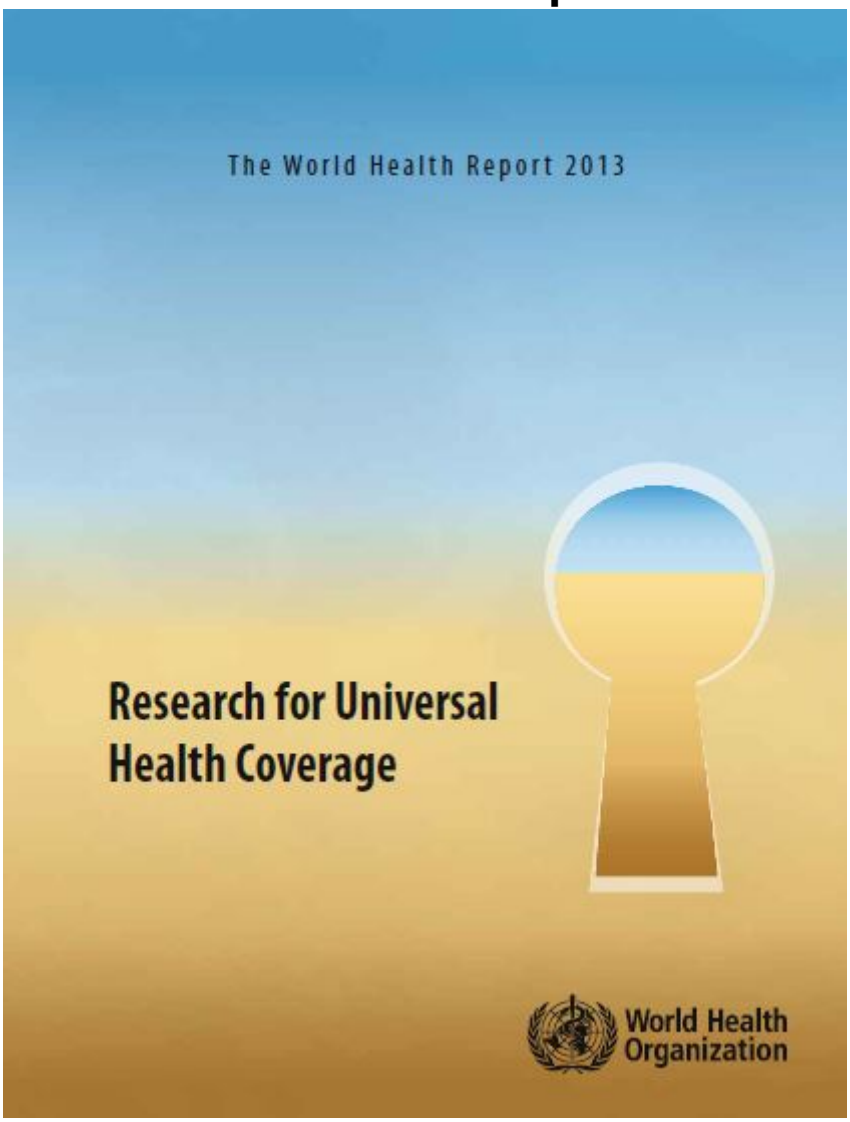
The document is available **here** [10]**.**

AllTrials invite comment and feedback on the document, which should be sent to **alltrials[at]senseaboutscience[dot]org** [11]

The AllTrials campaign petition can be signed by individual hospital pharmacists here: **http://www.alltrials.net/** [5]

Meanwhile, a separate European Medicines Agency consultation on its policy of clinical trial result publication is available for comment until 30th September. More details **here** [12]**.**

WHO Health Report challenges European ageing society and health costs assumption



A new report from **the World Health Organisation** [13](WHO) has suggested that projected increases in health expenditure associated with ageing may be modest, with other factors, notably technological developments, having a greater effect on total heath care costs.

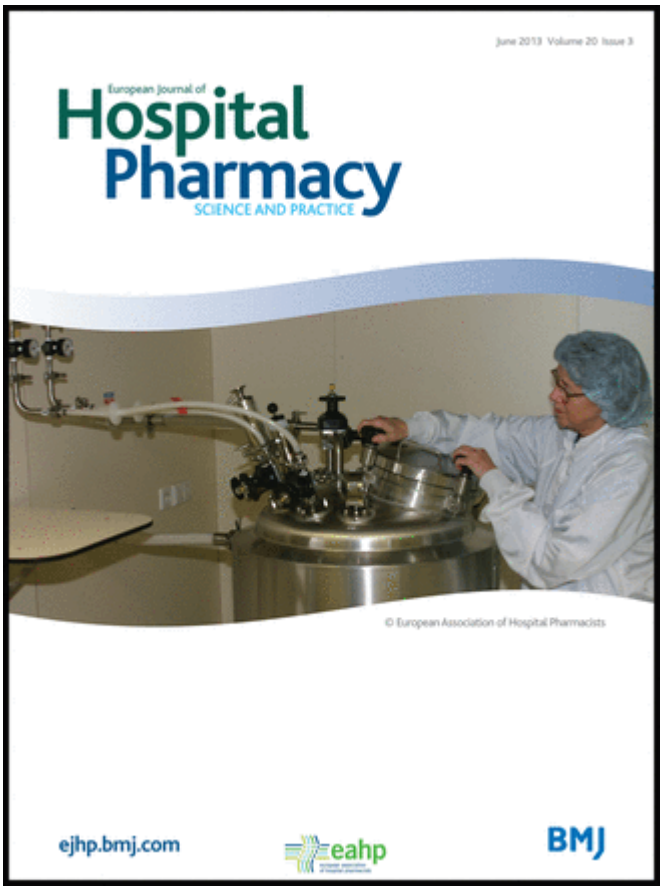
The report, ***Research for universal health coverage*** [14], suggests that an important predictor of high health care expenditure is not age itself but proximity to death, with the cost of health care becoming substantial in the last year of life.

The report stems from the 2005 commitment by all WHO Member States to achieve universal health coverage in their countries, and the understood importance of research in developing the technology, systems and services needed to achieve this goal.

One particular case study in the report (case study 12) investigates the affordability of healthcare in ageing populations by examining forecasted changes in public health expenditure in five European countries (the Czech Republic, Germany, Hungary, the Netherlands and Slovenia).

The case study found the projected increases in health expenditure associated with ageing were modest. The annual increases in per capita expenditure, calculated as means for five-year periods, were consistent across the five countries. They were never more than 1% of the mean annual expenditure, and they declined from the 2030s onwards. In the Netherlands, for example, the increase in spending per person is expected to peak between 2020 and 2025, resulting in an average yearly growth rate of 0.9% due to ageing, falling to zero between 2055 and 2060, when the population of the Netherlands is likely to become younger on average.

More information and the report are available **here** [14]**.**



EJHP: Guidelines and persisting pain in children

The online first edition of the European Journal of Hospital Pharmacy [15]has published an original research article on the **World Health Organisation 2012 guidelines on the Pharmacological Treatment of Persisting Pain in Children with Medical Illness.** [16]

The article examines the particular changes made to previous recommendations and the position of the hospital pharmacist in leading their implementation. The article also looks at how hospital pharmacists can contribute to efforts to address the priority research needs identified in the WHO's policy document.

Full article **here** [17].

Links
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