



EAHP Academy Seminar

11-13 September 2015

from Medicines Reconciliation to Medicines Optimisation



Kees Neef, EAHP Director of Education, Science & Research



Helena Jenzer, EAHP Member of the Scientific Committee

Conflict of interest: nothing to disclose

EAHP Academy Camps

- 2008 - Krakow, Poland
“Patient Safety; More About Compounding”
- 2009 - Vilnius, Lithuania
"Quality Management and Leadership“
- 2010 - Riga, Latvia
“Logistics of pharmaceuticals in hospitals”
- 2011 - Belgrade, Serbia
“Patient safety: the role of hospital pharmacists in risk management”
- 2012 - Thessaloniki, Greece
"What do we need to know about building or reconstructing a hospital pharmacy?“
- 2013 - Lisbon, Portugal
"Pharmacoeconomics - tools, strategies and beyond."
- 2014 - Prague, Czech Republic
"Pharmacoepidemiology – methodology and tools“
- 2015 – Zagreb, Croatia
"from Medicines Reconciliation to Medicines Optimisation"

CPS - Croatian Pharmaceutical Society - Hospital Pharmacy Section

represented by Mrs Maja Jakševac Mikša, Ph.D., Secretary General

[link](#) on the EAHP website



making the difference in medication

<http://www.eahp.eu/events/academy/EAHP-Academy-Seminars>

The speakers and workshop coaches

[Biographies from the EAHP website www.eahp.eu](http://www.eahp.eu)

Educational need

- Emerging topic in EAHP Congresses
- Proposal by the Board and by the Scientific Committee
- No uniformity could be seen in the methodologies used in submitted abstracts
- Harmonisation
 - How to set up the service?
 - How to staff?
 - When to do medicines reconciliation (only on admission if resources are short?)?
 - How to get the necessary logistics changes done in the hospital medication list?
 - How to document medicines reconciliation in the case notes?
 - What "added extras" can medicines reconciliation offer?

Teaching Goals & Learning Objectives

- To teach current medicines reconciliation methodologies and research findings
- To profile the target groups of patients needing reconciliation
- To trail the reconciliation process and break it down into a consistent workflow of single steps which starts at the anamnesis and ends with the complete medication log in the electronic patient documentation at discharge
- To identify standardisation and harmonisation options
- To draft a SOP of European Medicines Reconciliation, guidelines and/or recommendations (as a take home document)

Didactic tools

- Introductory lectures to apply in breakout sessions
- Plenary discussions
- Training of Interviewing (role plays)
- Workshops

Dissemination of take home messages

- The EAHP has partially delegated evaluations of the Academy Camps to the National Associations.
 - Presentations and workshops at General Assemblies
 - Separate symposia.

Day 1 Presentations

- **Systematic Approach and Challenges of Medicines Reconciliation**
Fatma Karapinar, Epidemiologist, Sint Lucas Andreas Ziekenhuis, Amsterdam, the Netherlands
- **Medicines Reconciliation on Admission**
Jane Smith, Principal Pharmacist, Development & Governance, NBT Medication Safety Officer (MSO), North Bristol NHS Trust, Bristol, UK
- **Lessons Learnt for Successful Implementation of Medicines Reconciliation**
André Rieutord, Hôpital Antoine Béchère/ Service Pharmacie, Clamart, France
- **Clinical Implementation – Integrated Medicines Management with focus on the discharge process**
Tommy Eriksson, Lund University, Lund, Sweden
- **The Impact of Medicines Reconciliation and Structured Patient Interviews on Error Incidence and Severity**
Ulrika Gillespie, Uppsala University Hospital, Uppsala, Sweden

Day 1 Interactive Part

- **Oral Structured Clinical Examination**

Tommy Eriksson, Lund University, Lund, Sweden

Ulrika Gillespie, Uppsala University Hospital, Uppsala, Sweden

- **Simulation, role plays**

Tommy Eriksson, Lund University, Lund, Sweden

Ulrika Gillespie, Uppsala University Hospital, Uppsala, Sweden

Day 2 Plenary Podium Discussion

- Further aspects and seamless medicines reconciliation
Fatma Karapinar, Jane Smith, André Rieutord, Tommy Eriksson, Ulrika Gillespie

Day 2 Workshops (World Cafe Style)

- The EAHP Medicines Reconciliation SOP
 - The Scope: Systematic and comprehensive mindmap of the elements of Medicines Reconciliation
 - The Process of Medicines Reconciliation: Flow chart and Procedures
- Draft EAHP Reconciliation Statements

Day 2 Final Plenary Discussion

Plenary Podium Discussion on further aspects and seamless medicines reconciliation

Fatma Karapinar, Jane Smith, André Rieutord, Tommy Eriksson, Ulrika Gillespie

Education

Intro: Educational DVD (North Bristol NHS Trust)

Blended learning, simulation, video recording, public theatre and further didactic tools

Training needs at the levels basic education, specialisation and continuing education levels: A shared responsibility or one leadership?

Plenary Podium Discussion on further aspects and seamless medicines reconciliation

Fatma Karapinar, Jane Smith, André Rieutord, Tommy Eriksson, Ulrika Gillespie

The current Gold Standard

Who is sitting in the driver's seat? Pharmacy or Clinic? Who is the owner of data sources? Who has access to records? Snapshot or data collection: Can more objective data be retrieved, e.g. from the laboratory or diagnostic imaging? What about a system based on notes?

Plenary Podium Discussion on further aspects and seamless medicines reconciliation

Fatma Karapinar, Jane Smith, André Rieutord, Tommy Eriksson, Ulrika Gillespie

Next steps

Where should in the future the (electronic) patient's record / history be hosted to make out med rec less time consuming and to manage the out-of-sight and out-of-responsibility situation after discharge? Is there a responsibility of insurers?

Most important challenge from a risk point-of-view (admission med rec and medicines review / the hospital's responsibility)

Most important challenge from an abundance point-of-view (deterioration / destabilisation after discharge / the "out-of-sight" patient)

Plenary Podium Discussion on further aspects and seamless medicines reconciliation

Fatma Karapinar, Jane Smith, André Rieutord, Tommy Eriksson, Ulrika Gillespie

Quality Assurance and expertise

Under which norms or guidelines med rec can be supervised?

What is the accuracy and what is the precision of the records?

What about comparability, reproducibility and benchmarking?

If the pharmacist supervises other professions, who would supervise the pharmacist?

Is the pharmacist (or technician) qualified to assess the inappropriateness of a pharmacotherapy? Is med rec a pure (technical) comparison of list (thus automatable) or a scientific (not-automatable) reasoning?

Plenary Podium Discussion on further aspects and seamless medicines reconciliation

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Cost-benefit ratio / added values

Is med rec implementation impaired by reimbursement restrictions?

Special fees verses DRG flat rate

Plenary Podium Discussion on further aspects and seamless medicines reconciliation

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Commonalities and harmonisation

How to harmonise? (compared to the resolution on hospital manufacturing and preparation)

Medicines Reconciliation / Optimisation / Medicines Review: what is the kernel, what are the shells, where are the interfaces?

How could implementation speed be accelerated?

Long-term achievements and stabilisation?

Parallel Workshops (World Café Style)

- The EAHP Medicines Reconciliation SOP (Jane Smith)
 - The Scope: Systematic and comprehensive mindmap of the elements of Medicines Reconciliation (Helena Jenzer)
 - The Process of Medicines Reconciliation: Flow chart and Procedures (André Rieutord)
- Draft EAHP Reconciliation Statements (Fatma Karapinar)

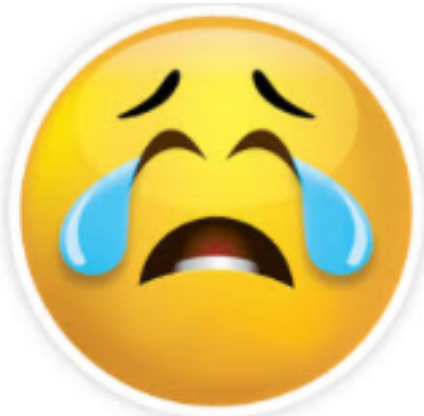
Final Plenary Discussion – Bringing experiences together and making out commonalities

Final remarks

Helena Jenzer, EAHP Member of the Scientific Committee



Kees Neef, EAHP Director of Education, Science & Research



That's all, folks!
Thank you for your time!
See you next year?

