I1: How to develop a business plan for clinical pharmacy services?

Expansion of already existing clinical pharmacy services or implementation of new services is important to ensure both that all patients that need pharmaceutical care receive it, and that optimal outcomes from medication are achieved. In settings with limited financial resources it may be difficult for pharmacy directors to justify to financial directors making the loyalty of additional hospital pharmacists for clinical services expansion. Such justification usually requires evidence that the economic benefit of the proposed services will be in excess of the new costs, but also thorough research and planning. A well-developed business plan, complete with a clear mission and objectives, an analysis of the opportunities and threats to the description of the service proposed, and an accurate estimate of both the costs and financial benefits from funding (including a return on investment analysis), arranged in a convincing and professional way, could be the solution.

I2: Developing and implementing deprescribing guidelines

Deprescribing is the process of tapering, stopping, discontinuing, or withdrawing drugs, with the goal of managing polypharmacy and improving outcomes. Clinicians typically attempt to taper or stop agents on the basis of clinical experience and judgment, rather than using an approach guided by evidence. Polypharmacy and inappropriate medication use among older adults are known to contribute to adverse drug reactions, falls, cognitive impairment, noncompliance, hospitalization, and mortality. While deprescribing—the act of tapering, reducing or stopping a medication—has been shown in small studies to be feasible and relatively safe, clinicians continue to find it difficult to stop medications. Barriers include difficulty making decisions to stop medications (both from the clinician and patient perspective), worry about stopping medications started by others, limited knowledge about how to stop medications, and concern about medication withdrawal effects. In addition, clinicians feel pressured to prescribe according to clinical guidelines but recognize that such guidelines are rarely based on evidence from studies in older populations and rarely address modifying clinical targets with advancing age or co-morbidity. Innovative approaches are needed to address these barriers in order to limit the negative impact of polypharmacy on our older population. Such approaches should facilitate decision-making about stopping a medication and provide clear recommendations for tapering and monitoring to ensure safety and effectiveness of the process. To achieve this, the Clinical Pharmacy Services and Care (CPS & C) has supported the systematic development and testing of a series of evidence-based guidelines for deprescribing. This 90-minute workshop will introduce pharmacists to resources and tools that facilitate deprescribing - the dose reduction or stopping of medications that may be causing harm or no longer be of benefit. These include new deprescribing guidelines as well as online resources. Participants will work in pairs and small groups using cases to develop deprescribing plans. Findings from recent work using community engagement as a strategy for developing deprescribing approaches will be shared.

II: Pharmacy practice research - designing your study

Starting research, in a small or large scale, without proper planning and ad hoc the hospital, can bring non-desired, ineffective intervention should not be allowed - as it is a waste of resources, disheartening and will not take the existence base forward. Guidance should be sought and taken into consideration. The intervention should be implemented and running smoothly before being evaluated. The researchers should be humble and ready to change their view points - yet stubborn in the pursuit of getting the work done.

In this interactive session the presenters will guide the participants through the hard but rewarding task of designing an original research study in pharmacy practice, with tips and recommendations, warnings - as a crucial aspect of sharing ideas and experiences.

Student programme - Developing an individualised pharmaceutical care plan - How can this be achieved by the hospital pharmacist?

Over 20 years ago Hopfer and Strand published a seminal paper on the philosophy of pharmaceutical care (Hopfer and Strand, 1992), defined as ‘...reasonable provision of drug therapy for the purpose of achieving defined 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 focused 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 standardize and sell the hospital pharmacist in conducting the process in an organized way and to ensure maximum use of the pharmacist’s skills, a national program, which over the years, has been shown in Scotland (EAHP, 1996) is a rigorous approach to ensuring the development of a pharmaceutical care plan for an individual patient, identifying potential and actual care issues with associated actions to resolve and prevent the issue. This workshop will introduce pharmacists 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. Participants will be provided with materials to take home following the workshop for application to development of their own practice.

Audio and Video presentations from the Vienna Congress are now available via the EAHP website www.eahp.eu
The identification and application of competencies required for an effective job performance has become a complex and high-level skill. This is because it has become more commonplace in business and industry.

This presentation will describe the potential benefits and challenges of the professional development of advanced practice nurses. The goal of the presentation will be to help nurses to understand the need for ongoing education and training.

LM1: Performance management - mission impossible?

Performance management has been said, rather than clinical discipline, to be a management imperative that shapes our future.

Performance management is a common feature of the workplace. A well-known economist has introduced new words into the vocabulary of the hospital systems. Performance management is a management concept that has been applied to the healthcare sector.

What can be said about the effectiveness of performance management? The most widely used measure of performance management has been the staff's perception of the importance of the role in the workplace.

LM2: Hospital accreditation: aim or means?

Hospital accreditation is a process by which hospitals can ensure that they are delivering high-quality care to their patients. The aim of hospital accreditation is to help hospitals improve their quality and patient care.

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LM3: In search of the value of automation

Reducing medication errors, improving quality and safety are important goals of hospital pharmacy. To achieve these goals, automated systems have been implemented in many hospital pharmacy departments. However, the effectiveness of these systems has not been fully evaluated.

The objective of this study was to evaluate the impact of an automated system on the quality and safety of medication dispensing in a hospital pharmacy.

The study included a retrospective analysis of all prescriptions dispensed in the hospital pharmacy over a period of 3 months. The interventions included in the study were the use of automated systems for medication dispensing, checking, and verification.

The results of the study showed a significant decrease in medication errors and an increase in the quality of medication dispensing. The use of automated systems for medication dispensing, checking, and verification resulted in a reduction of medication errors by 60%.

B1: Merging in pursuit of excellence - does it really work?

Mergers among hospitals and healthcare organizations have been on the rise for several years now. The new healthcare environment is characterized by a culture of continuous improvement and quality.

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B2: The role of the pharmacist in the management of patients with oral drugs in the oncology setting

Pharmacists are essential members of the healthcare team in the management of patients with oral drugs in the oncology setting. They play a crucial role in ensuring the safe and effective use of these medications.

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