18th Congress of eahp
making the difference in medication

european association of hospital pharmacists

13-15 March 2013, Paris, France

“Improving patient outcomes – a shared responsibility”

Registration opens 1st August 2012
Abstract submission deadline: 15th October 2012

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

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The European Association of Hospital Pharmacists represents more than 21,000 hospital pharmacists in 31 European countries and is an association of national organisations representing hospital pharmacists at the European and international levels.

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**Keynote 1: The hospital pharmacist’s impact on patient care**

Patient care in the 21st century is not a monopoly of the physicians anymore. Everybody is involved around the patients’ bed, the professional barriers will disappear. This has become a global vision on patient care. This encourages new health and economic challenges. As a consequence the hospital pharmacists’ work will improve. The role of hospital pharmacists will find new paradigms, develop new skills, change the organization and stimulate his imagination. The consequence of the multidisciplinary approach is that there are many responsibilities. Every discipline has its own responsibility in the total patient care. A very important aspect is that all disciplines speak each other’s language, and - maybe more important - are willing to listen to each other. It is like in the flying business. It is known that one of the engines is on fire she has to warn the pilot about this and he (she) cannot neglect this message by saying that it is just the stewardess who gave the message and ignores it for that reason. So we as healthcare workers all contribute to the patient’s welfare and process of getting better. The hospital pharmacist has his own responsibility, within the team of doctors and nurses, and others, for the application of the right pharmacotherapy.

**Keynote 2: An introduction to multidisciplinary teams**

Multidisciplinary teamwork or collaboration is a modern approach designed to guide thinking and practise within healthcare systems. As a concept multidisciplinary collaboration or teamwork is not clear. It has been defined as a situation where professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the patient’s needs as possible. Fine sentiments but is this practical in reality in the setting of modern high technology healthcare and if practical is it desirable? What is multidisciplinary healthcare working and are there actual examples of it in practice and if so what lessons have been learnt from its implementation? What are the arguments that support the case for its introduction and conversely what might prevent it from being effective? The speaker has experience of leading multidisciplinary teams as a director of a large paediatric intensive care unit and also as an associate medical director of a leading tertiary referral special paediatric hospital in the UK. 

**Keynote 3: Prevention of critical incidents – an issue for different disciplines**

Critical incidents may relate to issues of communication, knowledge, culture, relationships, emotions or beliefs. In the clinical setting, critical incidents may comprise medical emergencies, unusual drug reactions, a patient’s difficulty to adhere to the drug therapy. The delivery of high quality patient care is a sophisticated process that strongly depends on team work and in many cases involves complex organisations and high technology methods. The level of quality of care and the occurrence of adverse events and critical incidents is influenced by a variety of different factors. Analysis of adverse events and critical incidents is therefore key factor to understand causes and underlying reasons, deduce prevention measures, implement improvements and so minimize the probability of recurrences.

High risk industries, e.g. aviation, oil or nuclear power industry, realized the importance of this much earlier than within healthcare. The investigation of drug-related critical incidents and the analysis of near misses are central procedures of an implementation of safety and risk management. Thinking outside the box in the last decade, relevant literature and evidence on risk reporting, recording and implementation in the healthcare area has been growing, and healthcare professionals took inspiration from other industries. Hospital pharmacists recognize the prevention of critical incidents as a high-priority issue. The agenda of pharmacotherapy and the medication process are error-prone and complex.

**Seminar Therapeutic 1: A multidisciplinary approach to nutrition**

Nutrition support teams (NST) are hospital transverse nutrition care structures, recently established and developed. They include physicians, dietitians, nurses, pharmacists, continential European, their prevalence is 5-10%. Nutritional assessment and care are their main actions. Education, clinical research and assessment of the practices are secondary aims of NST. NST generate benefits for patients in terms of morbidity, mortality and length of stay and consequently save money. Nutritional competence of NST members and duration of action could be predictive of good results. The pharmacist team member should contribute to the clinical assessment of food-drug interactions particularly Frequent challenges in clinical nutrition are cachexia and anorexia in chronic wasting diseases such as cancer or HIV. To increase the patients’ survival and outcome, the objective of interventions is to override cachetobism metabolism. Nutrition support is one of the primary approaches to face wasting syndromes and malnutrition. In this seminar, metabolic changes leading to malnutrition, medical risks, re-feeding syndrome and other life-threatening situations will be discussed. Options to improve lipid and anabolism by parenteral, enteral and tube nutrition as well as by pharmacotherapy are presented. The requested contributions of the hospital and clinical pharmacist are elucidated.

**Seminar Therapeutic 2: Ethics and risks in antibiotic prophylaxis**

The rise of resistance in antibiotic therapy is of concern all over the world. Antibiotics are used in a way that this increase has not yet stopped. The use of antibiotics is therefore restricted or under guidelines in many hospitals. But this may be discussed as an ethical dilemma. This is because antibiotics are generally safe and perhaps very active in the single nowadays hospital patient. So we perhaps withdraw a very effective therapy from a patient and give him perhaps a therapy or prophylaxis which does not fit to the necessity of all. And as we will show how we do this because we also sense a responsibility for future, until now anonymous, patients who we feel have the right to get an effective therapy and should not suffer from an insufficient therapy due to incorrect therapy choice. The seminar will give an overview about the spread of resistance all over the world and especially in Europe. Furthermore the seminar will point out methods and activities of hospitals and other organisations that are working in ambulatory care but also in ambulatory care. One of the measurements discussed will be the impact and activities around antibiotic stewardship.

**Seminar Therapeutic 3: Can European wide hospital pharmacy standards work in reality? A practical example from the world of paediatrics.**

What does the term hospital pharmacist actually mean in different European countries? How do they practice? What competencies do they have? How are they educated? To what extent does the practice work? Many institutions (e.g. FIP, WHO or consortium such as Pharmave) have addressed these issues by developing competency frameworks and standards of practice or educational curriculum. Where are we in 2012? How feasible is it in reality to apply these standards? What use are standards without a capable and competent workforce? After giving an overview of the universality of Hospital pharmacy standards across Europe, the speakers will present the approach adopted in one Country as an example, looking at both national Standards and those applied to particular situation. (UK and the Standards of the Royal Pharmaceutical Society), using the recently released standards for the provision of parenteral nutrition for neonates and children. The speakers will illustrate the concept of generic principles of good practice and consider standards for a specific situation, such as specialist pharmacist (nutrition) in a group with little evidence base (Paediatrics).

**Seminar Therapeutic 4: Team challenges in cancer: from cytotoxics to supportive care**

Oncology pharmacy is and will be a key area for hospitals. Cancer is a growing concern in Europe, and pharmacotherapy in this area is frequently in the danger zone for narrow therapeutic margin. Cytotoxic drugs are prepared or dispensed in hospital pharmacy, and a medication error in this area may mean death or severe impairment for the patient. Hospital pharmacists have to validate prescriptions, and work together with doctors and nurses to improve safety and efficiency. Another issue in cancer patients is supportive care. When treating the cancer no longer possible, there is a time to treat the patient, when pain must be controlled and the dignity of the patient must be preserved. After all, there is a place for the hospital pharmacist in the healthcare team. In this seminar we will consider both cytotoxic and supportive care of cancer patients, and bring the input both from pharmacists and physicians, as to how the multidisciplinary team can work for the better care of the patient.

**Seminar Therapeutic 5: Innovative approaches to wound care**

Material used in traditional wound care was not everywhere a paix, especially in chronic wounds’ management, unless impregnated by disinfectants. The situation has changed in the past few years following the commercial availability of modern wound care methods and dressings, e.g. alginate, polyurethane films, etc. It will be further improved and advanced as a result of work in wound therapy. Hospital pharmacists will have to face the new challenges, hopes, and chances arising from newly introduced growth factors, e.g. becaplermin, palifermin, regifermin, etc. In this seminar, new researches on cell culture, mechanisms of angiogenesis, cytoprotection, and keratinocyte migration into wounded tissues are presented. In addition, common pathways to both wound care and tyrosine kinase inhibitors used in oncology will be discussed. From a practical point of view, multidisci- plinary approaches implemented in a leading wound care center are presented and light shed on the role assigned to hospital pharmacists in such a wound care team.

**Seminar Operational 1: The selection and implementation of technology in the hospital pharmacy processes**

The term “automation” identifies a technology process that utilizes central systems to manage machines and processes, lowering the need of human intervention. Automation is put in place to assure repetitive or complex operations, but also when safety or accuracy are pre-eminent. The hospital pharmacist is a complex environment where many delicate processes are put in place: they range supply/distributing the healthcare products to complex compounding. In the last few years, the possibility of automating these processes has increased in different hospital Pharmacy domains. The hospital pharmacist is involved in the decision making process of choosing to implement automation or not. He often feels lost. How to determine the return of investments, the optimal technological configuration and the resources needed? Business process modelling methodology can be used for structuring, designing, standardizing, evaluating and automating. Its application to the compounding process allows: the modelling of processes at various levels of details, the structuring of the processes in reusable units to facilitate changes in processes’ execution, the implementation of the processes to ensure their automation and their simulation under constraints. Eventually, it could assist the pharmacist to take the right decisions when considering implementing robot systems. It is an engineer approach.

**Seminar Operational 2: Medication reconciliation: the ultimate team work**

Medication reconciliation can help to prevent medication errors, but how do organizations to maintain and improve an effective medication reconciliation process? All hospitals have similar reconciliation errors, but the solution that we can offer depends on organization, resources and the technology that we apply to the process. Depending on the country, the process can be based on people or on technology. As universal public health system can offer a Medication Reconciliation process based on Computerized Prescription Order Entry and a unique patient treatment database that can be shared by Hospitals and Primary Care. The complete Primary Care list of current medication, dosage, route and indication is included in the reconciliation tool for further recommendations and a reference point for hospital prescriptions and schedule after discharge. An electronic reconciliation form is possible if the electronic prescription is implemented in Primary Care, allowing specialists from the hospital to use and share it, including the prescription for any medication change or discontinuation order. Whatever the health care system, there is a need for adopting a standardized form for Medication Reconciliation, define responsibilities and develop or implement a tool for further recommendations and a reference point for hospital prescriptions and schedule after discharge.

**Seminar Operational 3: Working together to improve the prescription process**

The medication use process consists of sequential steps and is often separated into prescribing, dispensing, administering,．
Seminar Conceptual 2: Inter-professional learning: a win-win situation
A hospital workforce by its nature is made up of colleagues from a variety of health professions. Cultural differences exist between these different professions that can influence patient care and health outcomes. It is clear that effective and deliberate collaboration within clinical settings significantly improves patient care, but the literature assessing inter-professional medical teams is scarce.
In hospitals, clinical pharmacists are successfully influencing prescribing trends to provide pharmaceutical care to their patients, thereby delivering a more patient-centered role than the traditional dispensing role. However, meeting this goal relies on the existence of good working relationships, such that inter-disciplinary team working in monitoring patients becomes the norm in all healthcare settings. Efforts to improve these relationships can most efficiently be introduced with structured changes in working practices between health care professionals and in addition a radical redesign of pharmacist education and training. Participation of other hospital practitioners in the continuing professional development of hospital pharmacists is arguably the way forward.
However, inter-professional education in the field of pharmacy and clinical unit staff should not be considered as a one-way street. Pharmacists with their knowledge of Pharmacovigilance, Pharmacokinetics and other related disciplines have much to contribute to medical/nurse education, at undergraduate and post-graduate levels, in a manner that will ultimately improve the overall health care in general.
Reciprocal learning could thus support working practices in defining the separate but inter-dependent professions of pharmacy, medicine and nursing.

Seminar Conceptual 3: Trends in communication
In the past decade “communication” has become a buzz word also among the healthcare providers, and hospital pharmacists have a very complex role in the “communication chain” in the hospital building. They have to know how to successfully and skillfully communicate with healthcare professionals, patients, families and other stakeholders; including general safety and functioning of the institution, but they also need to know how to communicate with healthcare specialists and patients in terms of drug therapy and adverse events.}

Workshop 1: The art of writing an abstract
Scientific abstracts cover the main points of a study and its reactivity, presenting it for possible consideration for publication in a journal. The abstracts allow the reader to understand the most important aspects (e.g. study rationale, methods, results) at a glance. The task of writing an abstract can be challenging, and several pitfalls may lead to poor quality or even rejection of the abstract.

First impressions matter! In 2012, almost 200 submitted abstracts were rejected by the scientific committee of EAHF due to various reasons. Hence, this workshop will aim, among other things, address common pitfalls related to creating abstracts for EAHF and congresses in general.
The workshop is dedicated to ambitious hospital pharmacists who want to write good quality abstract for future congresses and want to improve their abstract writing skills and want to reduce the risk for abstract rejection.

Workshop 2: Discharge care planning – how can pharmacists facilitate patient involvement?
Seamless care also referred to as integrated care, comprehensive care, continuity of care and transitional care, is a vital part of discharge planning and involves the safe transfer of patients from the secondary to the primary care interface. This may be more important for patients with chronic conditions and may involve strategies to help patients manage their medicines and self-monitoring of their own condition and having a follow up action plan.

At the end of the workshop, the participants will be familiar with developing a discharge care plan including ways of encouraging patient involvement as a means of improving treatment outcomes. This will involve an exploration of ways in which patients may be involved in monitoring their own condition once discharged, achieving a pathway to ensure a smooth transition of patients into the community and providing a discharge care planning framework that may be applicable in secondary care.

Workshop 3: Drug related problems
If not properly selected and used, medications can cause problems with potential negative clinical consequences. A drug-related problem (DRP) has been defined as “an undesirable patient experience that involves drug therapy and that actually or potentially interferes with the desired patient outcome”. Clinical pharmacy, Pharmaceutical care and Medication Therapy Management are all based on identifying, resolving and preventing DRPs for the sake of the patient.
This workshop will present definitions, classifications, sources of information, and the consequences of DRPs as a base for clinical pharmacy practice and research. How can the problems be organised, prioritised, and communicated for improvement by the patient and the health care professional. The workshop will mix short presentations and cases based on research and practice. The presentation will mainly be based on the experiences from the systematic model that has shown major improvement in health care quality, the Lund Integrated Medicines Management Model.
13-15 March 2013, Paris, France

“Improving patient outcomes – a shared responsibility”

Le Palais des Congrès de Paris

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CALL FOR ABSTRACTS
The scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy. Abstracts submitted must not have been previously submitted except at the congress of their own national association. All abstracts will be accepted for poster presentation only. The poster prize nominees will be requested to give an oral presentation on 13th and 14th March during the congress. The abstracts will be reviewed by colleagues from different European countries. Accepted abstracts will be published in the official Abstract Book and will also be available for viewing via the EAHP web site following the congress. Presenters are encouraged to have available handouts of their poster when presenting at the congress, and/or to have an e-mail address to allow attendants to ask for “electronic handouts” after the congress. For more information on submission and abstracts, please visit the following website, www.eahp.eu
Deadline for submission: 15 October 2012.

CONGRESS & EXHIBITION ORGANISERS
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POSTER AWARD
Encouragement prize for investigators. The best abstracts/posters – with regards to aspects like originality, scientific quality and practical applicability – will be awarded with 3 prizes amounting EURO 750, EURO 500 and EURO 250. The Postprize nominees will be requested to give an oral presentation on 13th and 14th March. The winners will be announced at the closing ceremony on 15th March 2013. Winners must be present to win.

REGISTRATION
The registration fees are set follows:
Registration Fee Student 90 €
Registration Fee before 1 December 2012 €60
Registration Fee beginning 1 December 2012 €70
Registration Fee beginning 1 February 2013 € 80
Registration fee includes access to all sessions, the opening reception including food & beverage, the exhibition, lunches on Wednesday, Thursday, and coffee /tea during official breaks.
Registration fee includes 19,6% VAT until 1 October and 21,2% afterwards according to French law.

CANCELLATION POLICY
Cancellation of individual registrations received before 1 January 2013 will be refunded (less 100 € per registration, bank and administration charges). For groups a maximum of 15 % of the registrations may be cancelled before 1 January 2013 (less 100€ per registration, bank and administration charges). No refunds can be made after this date but substitutions are always accepted.

Audio and Video presentations from the Milan Congress are now available via the EAHP web site www.eahp.eu. Download to listen, view and/or save your favourite presentations from the 17th Congress of the European Association of Hospital Pharmacists, Milan, Italy, 21-23 March 2012!
You may also order a CD by emailing ea@eahp.eu

HOTEL ACCOMMODATION
The housing bureau for 2013 will be:
VOYAGES C. MATHEZ
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Note that all hotel accommodations will be made through the EAHP web site via a link to the housing bureau. All payments, changes and cancellations for hotel accommodations will be handled directly by VOYAGES C. MATHEZ.