rejection of the abstract. First impression matters! In 2015, more than 310 submitted congress abstracts (40%) were rejected by the scientific committee of EAHP due to various reasons. Hence the current workshop will, among other things, address common pitfalls related to creating abstracts for EAHP and congresses in general. The workshop is dedicated to ambitious hospital pharmacists who plan to submit a high-quality abstract for future congresses, want to improve their abstract writing skills and want to reduce the risk for abstract rejection.

WK6: Developing a Lean Management culture
Lean thinking is a management approach that was developed in the car manufacturing industry. It is now used by an increasing number of hospitals to reduce waste and improve quality of care by involving the staff in a process of continuous improvement. Lean is based on some characteristic tools and techniques ([5], Value stream mapping, PokaYoke, Kanban, A3,...), but most importantly it relies on multidisciplinary teamwork, bottom-up approach, understanding the needs of the patient and other internal customers, and visual management continuous improvement. Those principles are necessary to create, develop and sustain a culture of improvements and lean cannot be seen as only a set of tools and techniques. The workshop will aim at describing and demonstrating those concepts to the participants.

WK7: Medication reconciliation on admission
The aim of medication reconciliation on hospital admission is to ensure that medications prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medication, dosage, frequency, and route of administration. Establishing these details may involve discussion with the patient and/or family and can be done before admission from primary care. This does not include medications review.

In some countries this process also includes a review of the Patients Own Drugs (PODs). Medication reconciliation should occur on admission, on transfer, and on discharge. This workshop will focus on medication reconciliation on admission because this is a complex area as information from primary care and patients’ records is not always easy to obtain. Furthermore, patients do not always use the medicines the way their Doctor thought.

Our experiences of achieving medication reconciliation have involved the use of quality improvement tools (for example the “Safer Patients Initiative” involving the use of the Model for Improvement and PIOS (plan do study act) cycles). Typically, this can begin on one ward, followed by ongoing teams of change, measurement and displaying run charts to spread and embed medication reconciliation. Pharmacists and Pharmacy Technicians thanks to their expertise and training have an opportunity to help lower the burden of medication discrepancies through their input in Medications Reconciliation.

Highlights of German Hospital Pharmacy
The current strategic plan of the German Association of Hospital Pharmacists (ADKV) entitled “Hospital pharmacists enable the benefit of drug therapy for each patient” comprises 22 challenges concerning different aspects of hospital pharmacy. Categories of aspects are safety and quality of drug therapy, drug information, educational matters, preparation of medicinal products, pharmaceutical logistics and economic aspects of drug therapy. For a variety of these issues, guidelines have been developed by ADKV as standard operating procedures.

The German approach combines the traditional tasks of pharmaceutical logistics and drug preparation with patient-oriented clinical services. Medication reconciliation will be presented by members of ADKV’s special interest groups as examples for good hospital pharmacy practice in Germany.

Student seminar: Patient safety and healthcare improvements – the hospital pharmacist’s contribution
A patient safety incident has been described as “any untoward event or unpreventable error that did or could have led to harm for one or more patients.” This may be a side-effect of the disease and/or treatment. This may or may not be preventable, however, a healthcare professional is responsible for ensuring the best care for the patient. In healthcare settings, this situation may arise when patients are treated in an emergency setting, for example in the intensive care or in the operating theatre.

As part of the multidisciplinary team, the pharmacist has a variety of roles to play, including medication reconciliation, medication management and medication education. This especially so since evidence suggests that most incidents related to patient safety at hospital are linked to medication errors. The USA-based Institute of Medicine (IOM) estimates that one medication error occurs per hospitalised patient per day with research elsewhere reporting similar findings. Patients may be at increased risk of medication errors due to a wide range of factors such as more complex treatments.

WK8: Evidence based clinical pharmacy
Evidence based medicine is a skill that needs to be understood and applied in our clinical practice. In this workshop the concepts of evidence will be introduced along with a presentation of some tools to get to grips with published research. These include the concept of a hierarchy of evidence, the placement of systematic reviews and randomised controlled trials for intervention studies and study types. There will be a brief look at some reliable sources of evidence. It will also promote posters for a hands on examination of a systematic review. The workshop is suitable for those with little experience.

NOMINATIONS FOR POSTER PRIZES – 27TH MARCH 2015
The best abstracts/posters – with regards to aspects such as originality, scientific quality and practical applicability – will be awarded with 3 prizes amounting € 750, € 500 and € 250. The Poster prize nominees will be requested to give an oral presentation on 25th or 26th March. The winners will be announced at the Closing Ceremony on 27th March 2015. Winners must be present to win.

POSTER AWARD
Encourage and reward high quality presentations.
Registration fees are as follows:
Registration Fee Student 110
Registration Fee before 1 December 2014 600
Registration Fee before 1 January 2015 700
Registration Fee beginning 1 February 2015 800
NRG Registration Fee Young Professionals at 50% of the regular rate.
Registration fee includes access to all sessions, the opening reception, the exhibition, lunches on Wednesday and Thursday and coffee/tea during official breaks.
Registration fee includes 15% VAT according to German law.

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CANCELLATION POLICY
Cancellation of individual or group registrations received before 1 January 2015 will be refunded minus administration costs (€ 50 per registration, bank and administration charges per participant). For groups a maximum of 15% of the Registrations may be cancelled before 1 January 2015 (less € 100 per registration, bank and administration charges per participant). No refunds can be made after this date but substitution is always accepted.

All Cancellation requests or changes must be in writing to EAHP email: registration@eahp.eu
The registration fee includes participation at the 20th congress.

Registration forms
All registration forms are available via the EAHP website on www.eahp.eu and on the congress website www.eahp2015.org.

Hotel Accommodation
INTERPLAN Congress, Meeting & Event Management AG
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Tel: +49-40-32502035
Note that all hotel accommodation will be made via the EAHP website via a link to the housing bureau.
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Reception and Exhibitions Hall
EPAH Congress Centre
Thursday 26th March 2015
SC1: Patient empowerment through education

In healthcare, the patient is the physician, the nurse and the clinical or hospital pharmacist, all centered on the patient as the subject. The patient’s role is therefore not just one of passively being subjected to the care, but should also include the responsibility to educate the patient in the field of drugs and the drug product, its dosage form, and method of administration.

SC2: Budgetary constraints and patient care

SC3: Methodology underlying patient safety

Ensuring human error – perhaps paradoxical – is the only way to prevent human error. Any attempt to remove human error from the complex area of medicine. However, our role is to think about the best way to reduce the risk of managing the risk in both our processes, in proactive and reactive ways. The role of safety can be a lot easier if we often be better than the doctor. The patient’s role in safety is not only to avoid becoming a victim of medical care mistakes, but also to be involved in the efforts to educate the patient in the field of drugs and the drug product. Currently, patient involvement can be achieved by the use of strategies like team training, disseminating knowledge, and patient information. As patients are already involved in the management of their health care, the patient is also a stakeholder or case manager.

SC4: Error causation and tactics

Error reporting and analysis have been developed in the form of patient safety reports to allow the organization to see even an incident. However, the key to good patient safety strategy is to understand the role of every contributor in a process. The purpose of patient safety is to promote the understanding of the role of each contributor. At this level, the aim is to allow for the rapid identification of errors and implementation of corrective actions.

SM1: Inspired by STOPSTART: A new prescription screening tool for adult patients

SM2: Risk analysis of the drug development process – focus on patient safety

The compounding of medicines is an often overlooked stage of the processes. However, the preparation of ready-to-use drugs or the compounding of medicines in hospital pharmacies, etc., both contribute to patient safety and may generate risks. If medicines are compounded in hospital pharmacies compared to the compounding of medicines in pharmacy, it is crucial to understand the process. The practical application of the concept would be to establish a pharmacy’s drug compounding guidelines in practice. However, in the current scientific environment, the compounding of medicines is linked to the rapid exchange of scientific medicines and therapeutic drug monitoring (TDM) methods. The compounding of medicines, therefore, may not be due to the development of new drugs but more to compounding of medicines.

SM3: The use of simulation in pharmacy education

The National Reporting and Learning System (the NRLS) is a voluntary system, established in England and Wales in 2005. NHS organisation report patient safety incidents where a patient was harmed or there was a potential for harm and national learning from these reports has been implemented via Patient Safety Alerts. In a new EU directive on the pharmacovigilance of medicines for human use, the system should include medication errors. There is a need for national pharmacovigilance centres to receive medication error reports.

SM4: Design for safety in drug development

In this context, there is more focus on provision of high-quality education related to adverse drug reactions. Among the key focus areas in pharmacovigilance is the education and training of healthcare professionals. The analysis of incident reports indicates a need for more training programs. The results of the analysis suggest that a comprehensive and systematic approach is needed to improve the quality and the safety of the processes.

WK2: How to manage methodologies underlying patient and professional safety?

Healthcare professionals do not manage safety in isolation. However, their role is to implement and apply methodologies to help reduce the risk of errors. Reactives and proactive ways with several tools mainly used to undertake patient safety strategies. We know that “safeguarding” is not understanding the patient and professional safety. In addition to medication and pharmacological sciences, there is a need for an understanding of human related sciences, like engineering, information sciences that need to be utilised.

WK3: Patient engagement and communication skills

The outpatient clinic has the main objective of dispensing medicines. However, the outpatient nurse must communicate skills to improve the quality and safety of the processes.

WK4: A systematic approach to pharmaceutical care with a focus on data gathering

The inherent complexity of the treatment process is which is patient focussed and underpins a robust and professional healthcare programme. Patient involvement is a critical to the pharmacy process, where the pharmacist needs to co-operate with the therapeutic process. To standardize and aid the hospital pharmacist in the handling of data to enable the pharmacist to understand the situation and to ensure patient safety. We also need to ask ourselves how to use the patient as a source of information.

WK5: The art of writing an abstract

Scientific abstracts cover the main points of a study and its conclusions. Scientific abstracts should be written in a way that makes it clear what the reader needs to know about the study and its significance. The abstract should be clear and concise, giving all the key information about the study. If you are not sure that you have included all the necessary information, ask a colleague or a more experienced researcher to read it. The abstract should be written in a way that makes it easy for the reader to understand the study’s results and conclusions.