**17th Congress of**

**21-23 March 2012, Milan, Italy**

**“Special patient groups - hospital pharmacists creating standards for care”**

**MiCo (Milano Convention Centre)**

**Piazzale Carlo Magna, 1 and Viale Eginardo**

**20149 Milano (MI) - ITALY**

**making the difference in medication use**

**European Association of hospital pharmacists**

**ORGANISERS**

**EAHP Congress Secretariat**

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**CONGRESS & EXHIBITION ORGANISERS**

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**POSTER AWARD**

Encouragement price for investigators. The best abstracts/presentations – 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 Poster prize nominees will be requested to give an oral presentation on 21st or 22nd March. The winners will be announced at the closing ceremony on 23rd March 2012. You must be present to win.

**REGISTRATION**

The registration fees are set as follows:

- Registration Fee Student: 90 €
- Registration Fee before 1 December 2011: 660 €
- Registration Fee as of 1 December 2011: 750 €
- Registration Fee as of 1 February 2012: 850 €

Registration fee includes access to all sessions, the opening and closing ceremonies, the exhibition lunches on Tuesday, Thursday, Friday and coffee paus during official breaks.

**Cancellation Policy**

Cancellation of individual registrations received before 1 January 2012 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 2012 (less 100 € per registration, bank and administration charges). No refunds can be made after this date but substitutions are always accepted. All cancellations or changes must be in writing to EAHP, email: registration@ea hp.eu. All registrations must be processed online via the EAHP web site at www.eahp.eu.

**Hotel Accommodation**

The housing bureau for 2012 will be:

- **ABM Group** – AIM DMC srl – Accommodation Division
  - Via Ripamonti, 129 - 20141 Milan
  - Tel: +39 02 566011 - Fax: +39 02 56609043
  - e-mail: eahp2012.hotel@aimgroup.eu
  - 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 the AIM Group.

**Calling 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 21st or 22nd 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 2011.**

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

EAHP warmly thanks our Platinum Partner, Amgen and Gold Partners, Bayer Healthcare and Pfizer.
Keynote 1: Advancements in technology and medical treatment

Advancement of knowledge in medical care is going at a fast pace; every day new medical technologies and treatments are developed. But to make possible this kind of treatment tests in hands of practicing physicians. The whole process is accompanied by an increase in the costs of clinical experimentation, as well as the real benefit for the patients who need this kind of medical care. From a scientific point of view, several technologies add a whole new marginal benefit for the patient, in exchange for an unlimited price.

Medical treatment limitations, especially for the elderly and older adults, are often a result of the interaction of several factors, which need to be taken into consideration. In medication decision making process, and require a sound knowledge of the pharmacology of medications.

The keynote will present a point of view on the challenges of the year 2011 and beyond, the need to take into consideration advances in knowledge and limitation of medical treatments, and the implications for the daily activities of health care professionals, including hospital pharmacists.

Keynote 2: Better medicines for children

Children have been described as ‘vaccines at risk’. Implementing a lack of adequate, age-appropriate formulations of medicines to treat a wide variety of diseases. Access to appropriate medicines can be particularly problematic in resource-poor countries.

Several initiatives are being planned to improve the situation, with the WHO launching its ‘童年’ (‘child’ in Arabic) campaign in 2007 and the GCoM (Global Coalition for Medicines). The goal is to increase the availability and affordability of essential medicines for children, a priority list, model pharmacare framework. Progress is being made, especially in the development of pediatric medicines. Initiation such as the UNICEF (United Nations Children’s Fund) project funded by the PEPFAR, the European Pharmacokinetic Initiatives (EPI). A series of guidelines and position papers were developed by the Commonwealth Pharmacists Association as well as individual initiatives may contribute to ‘better medicines for children’.

A variety of initiatives will be reviewed and the way they may improve paediatric medicines explored.

Keynote 3: Drug safety in geriatric patients

Elderly patients often receive a greater number of drugs with increased occurrence of adverse drug reactions and drug interactions, especially in the elderly suffer from adverse drug reactions. A common misconception in the older patient is that it is not appropriate to use adequate anti-platelet therapy, to improve the quality of life. In geriatric patients, the common misconception is that it is not appropriate to use adequate anti-platelet therapy, to improve the quality of life.

In cancer therapy, we assisted to a gradual shift from a society that is only focused on disease control, to a society that is more focused on quality of life. Anti-tumour drugs are now used to treat cancer patients.

In this scenario, questions arise at the local level on what kind of standards or guidelines but also on the understanding of therapeutic committees, and also to improve the dialogues with caregivers and elderly patients.

Seminar 3: Safe drugs for neonates: the ESI approach

The neonatal pharmacist plays a key role for the continuous process of drug development and implementation into the clinical practice or used in clinical trials. The new drugs have a crucial role in influencing the change that has been made and the effort, made by hospital and clinical pharmacists to ensure that these standards or guidelines in daily clinical practice, isn’t just used in the contract research organizations or not standardised to a significant impact on the trainee and patients, and less energy space and time to produce them.

Newborns and young infants are the most vulnerable groups. Therefore, high quality products and services in the most effective way. The new drugs have a crucial role in influencing the change that has been made and the effort, made by hospital and clinical pharmacists to ensure that these standards or guidelines in daily clinical practice, isn’t just used in the contract research organizations or not standardised to a significant impact on the trainee and patients, and less energy space and time to produce them.

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Seminars 4: The lean model - two practical examples

Lean management could be defined as the ability to improve the quality of processes, increasing the efficiency of the processes and, at the same time, reducing the costs. In order to be successful, it is important to have a clear understanding of the process, the activities, and the stakeholders involved in the process.

The seminars will focus on the principles of the lean model by using real-life examples from the author’s experience in the field of lean management in healthcare.

Seminars 5: Focus on genetic screening - what’s happening in hospital pharmacies

It seems almost a paradox: guidelines and standards are created to improve the quality and safety of health care, yet they are poorly understood, and hospital pharmacists should be able to understand them.

The seminar will focus on the role of genetic testing in the development of personalized medicines, the importance of compliance and adherence, and the impact on hospital pharmacy's role in patient care.

Seminars 6: New drugs: how much are they worth?

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Workshop 1: Qualitative research methods in pharmacy practice: an interactive session for research-practitioner collaboration

Qualitative research methods have become widely accepted in the world of healthcare research, over the last few decades. Despite their established use in healthcare studies, the use of these methods in pharmacy practice is still relatively uncommon. The reason for this is that the research is not always conducted rigorously. There is a need for researchers and practitioners in hospital pharmacy to attempt to make sense of, produce, and authorize use qualitative research in patients and healthcare systems alike. Understanding the qualitative research process has the potential to inform practitioners and policy makers as it is a better understanding of the current research landscape. This workshop will feature not only the methods but also an example of the process for conducting qualitative research. The seminar will focus on the principles of the lean model by using real-life examples from the author’s experience in the field of lean management in healthcare.

Workshop 2: Therapeutic education of patients

Therapeutic Patient Education (TPE) is the process of providing verbal or written material to patients, to aid them in understanding and improving their condition. TPE offers an understanding of the disease process and its treatment, and an understanding of the benefits and the challenges of using the lean management in healthcare.

In this scenario, questions arise at the local level on what kind of standards or guidelines but also on the understanding of therapeutic committees, and also to improve the dialogues with caregivers and elderly patients.

Workshop 3: Therapeutic Drug Monitoring in renal impairment and transplantation

Therapeutic Drug Monitoring is a useful test in handling and monitoring medication, especially in patients with renal impairment. It is used to determine the optimum dose of a drug, to monitor the drug levels and to monitor the potential risks of toxicity.

In this scenario, questions arise at the local level on what kind of standards or guidelines but also on the understanding of therapeutic committees, and also to improve the dialogues with caregivers and elderly patients.