

# 16<sup>th</sup> Congress of



european association  
of hospital pharmacists

*30 March – 1 April 2011, Vienna - Austria*

## “Hospital pharmacists in a changing world – opportunities and challenges”



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 the only European federation of hospital pharmacists in Europe.

## EJHP

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[www.ejhp.eu](http://www.ejhp.eu)

# 16<sup>TH</sup> CONGRESS OF THE EUROPEAN ASSOCIATION OF HOSPITAL PHARMACISTS

## Preliminary Scientific Programme

### Keynote 1: Change management in hospital pharmacy

Change management has for a number of years been a big business for consulting and investment companies restructuring industry and service all over Europe. The process is taught in business schools and universities and is now a standard tool in management and therefore also used for restructuring the public health care sector. Focus has for a long time been on the hospital pharmacies due to steady increasing the budget for new drugs and new services leading to different steps of change management in European hospital pharmacies. The keynote will present the general process of change management including strategies and tools for the process together with an example of general interest to all hospital pharmacists in Europe. The change management of the pharmacy structure in Sweden will be the example focusing on hospital pharmacies, presented by one of the leading stakeholders in the process.

### Keynote 2: Changing the professional image of the hospital pharmacist

From the annual US Gallup survey on honesty and ethics, pharmacists have for many years been the best ranked profession, with car salesmen at the bottom. In 1968 pharmacists were the case of "incomplete professionalisation", due to lack of common values and commitment in the profession. Today we have the image of ourselves as being committed to our profession and very precise in the daily work, but it seems that a vision on this performance in the hospital setting is missing. How did it come that the hospital pharmacist is a highly skilled individual, but hardly recognised in the clinic as a caregiver with its own responsibility for the therapeutic outcome of the chosen pharmacotherapeutic strategy. This keynote lecture will mirror our behaviour in the clinic and present a vision on the performance and image of the hospital pharmacist, as well as, being accepted as collaborator in the hospital clinics.

### Keynote 3: Do we live in an era of change or in a changing era?

The only certainty today is that of continuous change, entailing an increasing need of lifelong learning for all. How can one characterise the deep transformations that come with the accelerated insertion of artificial intelligence and new Information and Communication Technologies (ICTs) in our present society? Is it a question of a new stage in the industrial society or are we entering into a new era? "Global village", "post-industrial society", "information society" or "learning society" and "knowledge society" are just a few of the terms that have been coined in an attempt to identify and understand the extent of these changes. In this context, the caregivers daily receive a flow of information and have to cope confidently with a complex and uncertain future. They must adapt their activities, update their knowledge, improve their skills to keep providing safe and adequate care to their patients. What is the way to stay on track to achieve these goals? Certainly, this will deal with Continuous Professional development. This lecture will explore the concept of new trends in Education such as "learnance", self directed learning, lifelong learning, and demonstrate how important it is for the future of our patients and our future in terms of competitiveness and employability.

### Seminar 1: Change management in clinical pharmacy

The price and complexity of new drugs and therapy in hospitals has for a long period raised focus on pharmacy services and thereby the development on clinical pharmacy across Europe. How are we developing these services and how do we get the resources necessary. This is the basic question in most countries today and the basis for the first presenter at this seminar. A model based on the access of pharmacists interested in, and having a basic training in clinical pharmacy from university together with a model for covering the financial part of the game will be presented by the first speaker. The change management process of building clinical pharmacy services is analyzed in its separate steps by the second speaker. The first part is a description of the individuals who already have initiated the process and kept it running. Then it will be identified who are the change agents facilitating the process and where to find the slow movers being among the challenges for building new services. The outcome of the presentation will enable the audience to suggest a change management process for clinical pharmacy implementation back home after the congress.

### Seminar 2: A need for hospital pharmacist specialisation

Hospital pharmacists currently undertake a diversity of roles in the health care system. There are constant innovative changes to the pharmacists' role to ensure the safe and effective use of medications. Some areas of specialization of the hospital pharmacist include: Drug information, Clinical specialisations such as paediatrics, renal, oncology, cardiovascular and infectious diseases, Manufacturing and extemporaneous production, Providing telepharmacy services to rural and remote areas and Management roles. The pharmacist curriculum, pharmacist licensing and graduate continuing education, however, vary from country to country and sometimes between regions/localities within countries. The preliminary results of the EAHP survey released at beginning of 2010 showed that specialised hospital pharmacy care is provided in 12 EU Member States serving 72% of the total population of the EU. This seminar will consist of viewing the different situations in Europe and discussing the opportunities and difficulties of specialised Hospital Pharmacy.

### Seminar 3: Developing and maintaining specialisation - continuing professional development

Continuing Pharmacist Education (CPE) is one of the cornerstones of our profession. It is hard to keep the big overview without getting taught during the whole life. The life-long-learning process is written down in several laws throughout European countries especially in the medical and pharmaceutical professions. Needs' assessments must be used before planning an event, and active methods are more powerful than passive events. A general move towards continuing professional development raises the CPE standards. Voluntary programs were established by health professionals beside the duty to visit educational programs and keep on track with progress mentioned in the laws. Measure the outcomes, set incentives rather than disincentives are the responsibilities of the health professionals, and the legislation sets the framework for CPE. The speakers will show the different approaches with their benefits and problems from the perspective of three different countries.

### Seminar 4: Drug distribution

The supply of drugs to the patients in the hospital setting is managed in different manners throughout Europe. Some countries which could be told to be the inventors of unit dose in Europe are just on the way to leave this path. What is the reason for that and what is on the other hand the reason for others just to start with the unit-dose process. The speakers will provide the audience with some insights in the decisions pro and con unit-dose and will discuss other possibilities to provide hospitalised patients with drugs in a safe way.

### Seminar 5: How to grow clinical pharmacy and keep adding values

Studies of pharmaceutical sciences are presumed to meet the most current requirements of daily business in an ordinary pharma job. Legislation and curricula to regulate this basic education is a process which will last several years as it depends on a political primacy which dominates scientific elements. Updating and upgrading these laws, rules and regulations requires again several months to years until their effect is visible. It can therefore hardly be fast enough to customize changing frames and challenges at the hospital pharmacy fronts. Hospital pharmacists have to prove their flair for innovation and creativity to make readily available additional and promising benefits for the patient. This can be accomplished by local fast track project management. In this seminar, two examples of new clinical services are presented as well as the way they were achieved, i.e. on Innovating therapeutic strategies and on Genotyping in hospital pharmacies.

### Seminar 6: Seamless care - medication reconciliation and continuity of patient care

Seamless care is growing more and more important. In some countries it even has become a performance indicator in their patient safety management system.

At the moment of a hospital admission there is a need for medication reconciliation, whereas the discharge medication profile also needs high attention from the caregivers. The stakeholders in this process are physicians, nurses, pharmacists and patients. Several studies show that on admission and discharge almost 50% of the medication profiles show 1 or more discrepancies between in hospital and preadmission used medication. This seminar will give sources of medication errors and will give guidelines how to start a pharmacy service on admission and discharge in order to minimise medication errors and increase patient safety.

### Seminar 7: Hospital based production versus industry

A recent pan-European survey of hospital pharmacy production (pharmacy preparation) has shown big variations in volume and quality of final products. As patients treated with pharmacy preparations are crossing country borders, the consequence could be a change in treatment outcomes not being acceptable today. The survey was carried out by a working party within the European Directorate for the Quality of Medicines and Health (EDQM) (former: European Pharmacopoeia). The working party has suggested a resolution for more uniform regulation for pharmacy preparations to be imposed by the Council of Europe. The draft for resolution is presented by the first speaker of the seminar, opening a discussion on the future for pharmacy preparations still being a challenge for hospital pharmacists. As a hospital pharmacist it is hard to see the future of our profession



without having pharmacy preparation as an integrated part of the service. Can we manage the challenge of increasing the product quality and quality control of these products? A point of view from industry will discuss the opportunities for the future.

### **Seminar 8: Building research and development in hospital pharmacy**

The main task of the hospital pharmacist is concerned with safe medication of the patient. The field of medication, however, like other parts of the profession of the hospital pharmacist is changing. This is often due to active hospital pharmacists who are curious about all aspects of their profession and have a strong drive for research. The hospital pharmacy is an excellent area where research can be done. Analytical problems, compounding aspects, medication safety, new and advanced therapies, clinical pharmacological questions, radiopharmaceuticals, pharmacoeconomics and many more subjects are within the scope of the hospital pharmacist-researcher. The major objectives of research projects are to bring solutions to daily questions in a structured manner and to disseminate the findings to other colleagues by the way of scientific communications. Research is also an important education tool for junior hospital pharmacists and an excellent opportunity to build networks with other healthcare professionals, facilitating the development of new services. In order to set up a sound and reliable research project, specialised knowledge should be available. In this seminar, the three speakers will highlight their view on research in hospital pharmacy, exemplify how research in hospital pharmacy can be established and provide simple tools to apply in daily practice.

### **Seminar 9: Producing, collecting and disseminating relevant and accurate information**

The objective of this seminar is to give hospital pharmacists an overview of how accurate and relevant information about efficacy, effectiveness and safety of drugs can be prepared, collected and disseminated.

Some of the information easily available on drugs is provided by pharmaceutical companies, and was generated for regulatory approval of drugs. Information on issues ranging from effectiveness of drugs to safety and efficacy issues in specific patient groups is often harder to find. Part of the seminar will concentrate on the

work of an institutional independent body working in a centralized manner, while the second part will be more focused on hospital based practice.

### **Seminar 10: Influence on prescribing**

Health policies are constantly evolving all over Europe to provide optimal healthcare to patients. Recently, a new category of prescriber, the Pharmacist Independent Prescriber, was introduced. Independent prescribing is prescribing by a practitioner e.g. doctor, dentist, nurse, pharmacist or optometrist responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management, including prescribing. Once qualified, they will be able to prescribe any licensed medicine for any medical condition within their competence except for controlled drugs. This seminar will look at the background required to practice independent prescribing and give feedback on first experiences of pharmacist practitioners. What is the added value for the patient and the citizen? What are the difficulties? What are the perspectives in Europe?

### **Seminar 11: Toxicological aspects in hospital pharmacy practice**

Overdose of pharmaceuticals, illicit drugs or other xenobiotics either by intended or unintended intake is a frequent event in emergency medicine. Increased susceptibility of patients with organ dysfunctions or a relative overdose due to drug-drug interactions are situations where the hospital pharmacist can be of crucial importance. The ability to recognize toxicomes (i.e. relating clinical symptoms to substance classes) is a challenge not only to physician clinical toxicologists but to hospital pharmacists as well. Jointly, they they are able to choose the adequate treatment and to avoid unnecessary therapies. Knowing the role of analytical detection in cases of acute poisoning is crucial for the correct and most efficient management of the poisoned patient, particularly when analytical techniques are not available in hospitals. The hospital pharmacist using his knowledge on pharmacological effects is particularly helpful for the interpretation of analytical results in the view of the clinical signs and symptoms. In this field, the hospital pharmacist can be a highly skilled professional partner of the physician in the treatment of intoxications.

## **WORKSHOPS:**

### **Workshop 1: Therapeutic Drug Monitoring**

Therapeutic Drug Monitoring aims to individualise therapeutic regimen. Computer technology has facilitated this process radically. Whereas in the 60th and 70th years of the last century linear regression of the logs of peaks and trough levels was useful at that time, nowadays Bayesian techniques has improved the process of analysing plasma samples and calculation of drug doses. But there are very few computer programmes available, and sometimes they are not really user friendly. In this workshop the participants are invited to bring their own laptop and during the workshop the computer programme MW/PHARM will be demonstrated and will be used by each participant to work with.

### **Workshop 2: Case studies in antibiotic prescribing: challenges facing hospital pharmacists**

Antimicrobial resistance and the threat this brings with it have long been recognized. Inherent antimicrobial resistance existed even before antimicrobials were introduced into medicine. Reports indicate that more than 25% of Staph aureus infections in Europe are caused by MRSA, with most of these isolates being multi-drug resistant. The European Union has voiced its concern about this alarming increase in antibiotic resistance and has launched a surveillance programme, the European Antimicrobial Resistance Surveillance System (EARSS). A recent report summarizing trends has indicated that there continues to be a loss of antimicrobial effectiveness which does not seem to have slowed down, with resistance and a reduction in antimicrobial effectiveness reported both in community and in hospital-based care. Optimal use of antimicrobials is one of the essential elements of antimicrobial stewardship to ensure that the activity of newer antimicrobials, such as daptomycin and tigecycline are preserved. The hospital pharmacist is more likely to encounter multi-drug resistant organisms and should therefore be familiar with indications and spectrum of activity of antimicrobials, including newer ones.

### **Others:**

The national delegates' seminar prepared by member associations of EAHP and an Austrian highlights on hospital pharmacy seminar are also planned, please check the EAHP web site for more news.

# Vienna, Austria, 30 March – 1 April 2011

## Hospital pharmacists in a changing world – opportunities and challenges

### Congress Venue

Austria Center Vienna,  
IAKW – AG,  
Bruno-Kreisky-Platz 1,  
A-1220 Vienna, AUSTRIA

### Scientific Committee

#### Chairman

Vagn Handlos (Denmark)

#### Members

Marcela Heislerova (Czech Republic)  
Helena Jenzer (Switzerland)  
Antonio Gouveia (Portugal)  
Torsten Hoppe-Tichy (Germany)  
Kees Neef (The Netherlands)  
André Rieutord (France)  
Jan A. Rutowski (Poland)  
Alexandra Pointinger (Austria)  
Gunar Stemer (Austria)

### Organising Committee

#### Chairman

Tony West (United Kingdom)

#### Members

Roberto Frontini (Germany)  
Vagn Handlos (Denmark)  
Elfriede Dolinar (Austria)

### CALL FOR ABSTRACTS

The scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy. All abstracts will be accepted for poster presentation only. The poster prize nominees will be requested to give an oral presentation on 30th or 31st March 2011 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](http://www.eahp.eu).

**Deadline for submission : 15 October 2010.**

### CONGRESS & EXHIBITION ORGANISERS

#### EAHP Congress Secretariat

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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 Poster prize nominees will be requested to give an oral presentation on 30th or 31st March. The winners will be announced at the closing ceremony on 1 April 2011. You must be present to win.

### REGISTRATION

The registration fees are set follows :  
Registration Fee Student 90 €  
Registration Fee before 1 December 2010 € 600  
Registration Fee as of 1 December 2010 € 700  
Registration Fee as of 1 February 2011 € 800  
Registration fee includes access to all sessions, the opening reception, the exhibition, lunches on Wednesday, Thursday, Friday and coffee /tea during official breaks.  
Registration fee includes 20% VAT according to Austrian law.

### Payment Terms

1. Cheques will NOT be accepted.
2. Only payments made in Euro will be accepted.
3. As confirmation of registration an invoice will be issued after receipt of the Registration form.

### Cancellation Policy

Cancellation of individual registrations received before 1 January 2011 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 2011 (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@eahp.eu](mailto:registration@eahp.eu). All registrations must be processed online via the EAHP web site at [www.eahp.eu](http://www.eahp.eu)

### Hotel Accommodation

The housing bureau for 2011 will be:  
Mondial Congress & Events  
Operngasse 20b  
1040 Vienna, Austria  
Tel : +43 1 58804-0, f -185  
Email : [eahp2011@mondial-congress.com](mailto:eahp2011@mondial-congress.com)  
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 Mondial Congress & Events.



Audio and Video presentations from the Nice Congress are now available via the EAHP web site [www.eahp.eu](http://www.eahp.eu). Download to listen, view and/or save your favourite presentations from the 15th

Anniversary Congress of the European Association of Hospital Pharmacists, Nice, France from 24-26 March 2010! You may also order a CD by emailing [ea@eahp.eu](mailto:ea@eahp.eu)

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