

13TH CONGRESS OF THE EUROPEAN ASSOCIATION OF HOSPITAL PHARMACISTS

MECC, MAASTRICHT EXHIBITION AND CONGRESS CENTRE

MAASTRICHT, THE NETHERLANDS, 27 - 29 FEBRUARY 2008

“HOSPITAL PHARMACISTS: ADDED VALUE FOR HEALTH”

INFORMATION:

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Official Congress Media

EJHP Practice

European Journal of Hospital Pharmacy Practice
Official Journal of the European Association of Hospital Pharmacists (EAHP)

www.eahp.eu





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13th Congress of the European Association of Hospital Pharmacists

MECC, Maastricht Exhibition and Congress Centre

Maastricht, The Netherlands, 27-29 February 2008

PRELIMINARY SCIENTIFIC PROGRAMME

Congress theme - Hospital pharmacists: added value for health

KEYNOTES:

The keynote speakers at the congress will focus on political, professional and future points of view.

Keynote presentation

The value of the hospital pharmacist (in Europe)

An official representative concerned with pharmacy and political issues at a national level will give their point of view on the added value that the hospital pharmacist brings to patient care and to health care in general. The speaker will cover the area from a broad scientific patient care and political background and will help us, as hospital pharmacists, to develop and expand our future role in the EU health sector.

Keynote presentation

The value of the hospital pharmacist as a member of the therapeutic team

The value of the hospital pharmacist as a member of a clinical team in an intensive care unit will be described from a practical and scientific point of view. The lecturer has a background in both academia and clinical practice and has extensive experience of developing hospital pharmacy services in collaboration with hospital pharmacists.

Keynote presentation

Services crossing borders

For some time, the European parliament has discussed the interchange of services within Europe. Discussion of this single market concentrates on the proposals contained in the Bolkestein Directive. It has been suggested that an open market should also operate in Europe for services provided by the healthcare sector. Currently, there does not seem to be any support for including the healthcare sector in the Bolkestein Directive, but proposals to open our sector to cross-border initiatives have been raised. The keynote speaker is from the political stratum of the EU and will present their point of view of the future of the healthcare sector across the EU, with a focus on hospital pharmacy services and taking into account the development of this initiative.

SEMINARS:

Each seminar will consist of two lectures, which will address different aspects of the topic.

Seminar 1: Handling gene therapy drugs in Europe

Gene therapy drugs are starting to be used in European hospital pharmacies. First seen in clinical trials, we will soon encounter them in our normal daily practice. How do we stock, distribute and prepare this group of drugs for patients in the hospital? The seminar will give you an introduction to how you can address these issues and make your hospital pharmacy ready for its future role in this area.

Seminar 2: Hospital pharmacies make medicines available

The task of drug distribution has been one of the basic roles of the hospital pharmacist from the earliest days of our profession. Today's challenges include how to solve drug shortages and how to cover the need for medicines for small groups of patients and clinical specialities in our own hospitals. The challenge presented by ever more demanding Good Manufacturing Practice regulations for intravenous drug preparation is also a development where the pharmacist has to find a balance between professional needs and resource availability. This seminar will describe trends and challenges, together with ideas for practical solutions to these problems.

Seminar 3: Pharmacovigilance: contribution of hospital pharmacists

How can we, as hospital pharmacists, improve the reporting of adverse drug reactions (ADRs) in the hospital sector? From practical experience and published data we know that important information on ADRs is not being reported for new drugs to the extent that it should and useful experience on how to improve the reporting of ADRs by hospitals is not being implemented. A discussion of the problems together with practical solutions to be used by the hospital pharmacist will be presented in this seminar.



Seminar 4: Measuring the added value of hospital pharmacy processes

Tough evidence may be available to show the real value of the work of hospital pharmacists, it's often hard to prove that value to hospital management. This has been a major obstacle to the improvement and development of hospital pharmacy in some European countries, with a negative impact in the area of clinical pharmacy. At the same time, production and distribution activities provided by the hospital pharmacy are competing against those supplied by industry and wholesalers, underlining the need for an evaluation of our services. The seminar will focus on outcome measures for hospital pharmacies to be used in the evaluation and development of these services so as to make them ready for the future and an integral part of hospital services.

Seminar 5: The value of the hospital pharmacist in the preparation and distribution of nuclear pharmaceuticals

Within nuclear pharmacy, the role of the hospital pharmacist has been linked to the distribution of drugs based on long-lived isotopes and the production of very short-lived isotopes, often as the qualified person responsible for Good Manufacturing Practice. This seminar will focus on these roles as they are today and on how they are expected to develop in the future.

Seminar 6: The value of the hospital pharmacist in psychiatry

This seminar will outline the role of the hospital pharmacist when working within the clinical team looking after patients with mental illness.

Seminar 7: The value of the hospital pharmacist in paediatric care

The role of the pharmacist in paediatric care will be described and new inspiration will be given to those who attend the seminar. Based on daily experience from the clinic practice the seminar will focus on the contributions made by the hospital pharmacist to the clinical team, with special emphasis on current normal practice in European hospital pharmacies for the preparation and supply of drugs and advice specifically for children.

Seminar 8: Patient safety in Europe

Patient safety in Europe has been an ongoing topic at our congresses during recent years. This year we will focus on European initiatives from countries at the forefront of the process that have been developed in collaboration with the US Institute for Safe Medication Practices (ISMP). These initiatives will be evaluated using knowledge gathered by the ISMP.

Seminar 9: The value of the hospital pharmacist in prescribing processes

Supplementary prescribing by pharmacists has been in action in the UK for some time and is considered to be a way in which hospital pharmacists can help to improve the prescribing process and therefore patient safety and care in hospitals. The process has now moved on to allow independent prescribing by pharmacists and nurses. UK experience in the field will be presented in this seminar together with experiences gained from the use of clinical rules as a part of the prescription process in hospitals.

Seminar 10: IT systems for use in the hospital pharmacy

Hospital pharmacy IT systems will be reviewed in this seminar with special emphasis on front-line systems in use for the traditional hospital pharmacy processes. The seminar will also address IT standards for hospitals and how hospital pharmacists can influence their development.

Seminar 11: National delegates' seminar

In previous congresses, this seminar was entitled The Presidents' Seminar and was developed by the presidents of the various national hospital pharmacy delegations. The seminar will still be organised by the national presidents, but the name of the seminar has been changed to reflect the fact that it is open to all participants.

Seminar 12: Collaboration and standards for very small hospital pharmacies

This year, we have decided to dedicate a seminar to a subject of special interest for small hospital pharmacies. Many European hospital pharmacies have only limited resources with respect to staffing and other expenses. Being a professional hospital pharmacist at such a pharmacy presents a special challenge because the need for hospital pharmacy services means that the staff is often eager to expand the service beyond the limits of their resources. This seminar will focus on how these hospital pharmacies organise their work and will give ideas on how to expand such services.

Scientific Committee:

Chairman: Professor Vagn N Handlos – Denmark

Members: Professor Toine Egberts – The Netherlands

Dr António Melo Gouveia – Portugal

Dr Marcela Heislerova – Czech Republic

Dr Torsten Hoppe-Tichy – Germany

Mr Robert McArtney – United Kingdom

Professor Kees Neef – The Netherlands

Dr Kirsti Tornainen – Finland

Abstract Submission Form



13th Congress of the European Association of Hospital Pharmacists
Hospital Pharmacists: Added Value for Health

MECC, Maastricht Exhibition and Congress Centre,
Maastricht, The Netherlands, 27 - 29 February 2008

The completed form (one per abstract) together with the abstract should be sent to: Prof. Vagn Handlos, Chair Scientific Committee, abstract@eahp.eu. Email abstract submission requires sending in ALL the information that is contained on this Abstract Submission Form in order to be taken into consideration. If the submission does NOT comply with the above, it will be rejected. All correspondence regarding abstracts will be by email.

A. Preferred Presentation Type

Please tick the appropriate box. The Scientific Committee reserves the right to re-assign submissions.

Oral Presentation Poster Presentation

Please select one category under which you wish your abstract to be considered:

- | | | | |
|--|---|---------------------|--|
| A. Hospital Pharmacist: Added Value for Health | D. Pharmaco-economics | G. Drug Information | K. Infectious Diseases (inclusive HIV) |
| B. Hospital Pharmacy | E. Pharmaceutical Technology (includes production, QC/QA) | H. Drug Safety | L. Case Reports |
| C. Management and Strategy | F. Clinical Pharmacy | I. Oncology | M. Hospital Pharmacy Practice |
| | | J. Pharmacokinetics | |

Please state the level of the abstract submitted:

Introductory Advanced

B. Presenting Author

Prof / Dr / Mr / Mrs* M / F* (* please circle as applicable)

Family name: First name:

Hospital/Institution:

Address:

Postal code: City: Country:

Daytime telephone: Fax:

Email:

Please provide us with an alternative email address in case of:

C. Disclosure of Potential Conflict of Interest

When submitting an abstract, the Scientific Committee must be informed explicitly whether a potential conflict of interest exists regarding the work described in the abstract. The potential for a conflict of interest can exist when an author (or the authors institution) has financial (e.g. sponsoring) or personal relationships with other persons or organisations that may influence (bias) his or her actions.

Is there a potential conflict of interest: Yes No

If yes, please specify if this work has been sponsored by:

- your institution
 industry
 others, then specify:.....

D. Registration

Please be aware that all presenters are required to register for the Congress and pay the corresponding registration fees.

CALL FOR ABSTRACTS

The Scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy. The presenter can choose to submit either oral presentations (15 minutes) or posters. The abstracts will be reviewed by colleagues from different European countries. Accepted abstracts received before the deadline will be published in the official Abstract Book. After this date, publication cannot be guaranteed. 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..

Deadline for submission: 28 September 2007

CATEGORIES

Abstract must be submitted for one of the following categories:

A - Hospital Pharmacists: Added value for health (focus for the 2008 congress)

Proposals for this group should fit within the congress theme of this year. This means that the subject should, in some way or another, contain aspects of the value of the hospital pharmacist in the health care sector in general.

B - Hospital Pharmacy

This section includes general core hospital pharmacy services e.g. purchasing, strategies/innovations, dispensary services, education and training including quality aspects of these.

C - Management and Strategy

Submissions to this section should relate to planning and implementing management strategies in hospital pharmacy, re-engineering of services to meet new demands or provide new services, addressing leadership questions, or other examples of handling current pharmacy management issues.

D - Pharmaco-economics

This section includes work in the field of pharmaco-economics (e.g. cost-effectiveness, quality of life and drug-utilisation data).

E - Pharmaceutical Technology (includes production, QC/QA)

This section encompasses aseptic dispensing, sterile and non-sterile manufacture, all aspects of quality control/assurance related to the manufacture or preparation of pharmaceuticals.

F - Clinical Pharmacy

This category should include submissions relating to the practice of clinical pharmacy – e.g. descriptions of service provision, service developments, audit or QA of services provided etc. This may include working with or providing services to patients with specific disease states.

G - Drug Information

Drug (or medicines) information should include all aspects of providing information to health care workers to support and inform them with respect to treatment of patients. This may include developments in information delivery, providing information on drug use in specific disease states, audit or QA of drug information services etc. This section includes also drug information directed at patients.

H - Drug Safety

Submissions on this category should include work specifically related to identifying problems with the use of medicines. Research directed at improving the safety of the prescribing, dose preparation, procurement and distribution, and the administration of medicines are also eligible.

I - Oncology

Work in this section should relate to research in relation with the application of cancer treatment drugs (but work in relation with preparation etc. should be submitted to the section on Pharmaceutical Technology)

J - Pharmacokinetics

In this section submissions are welcomed relating to the pharmacokinetic behaviour of pharmaceuticals (in short, related to absorption, distribution, metabolism and elimination, including mathematical analysis of individual or population data or special patient categories).

K – Infectious Diseases (inclusive HIV)

This category should include all work related with the use of antibacterial, antifungal and antiviral drugs, including policies and strategies regarding the use of anti-infective agents.

L - Case Reports

Material suitable for inclusion as case reports include audit and research, which has only very small patients numbers e.g. 1 to 10.

M - Hospital Pharmacy Practice

This category is for the exchange of practical experience, without a rigorous formal scientific study design. It may also include the description of new services, which do NOT have robust outcome data showing actual benefit to patients etc. or the description of a new role carried out by a member of pharmacy staff, which does not have scientific data to support statistical conclusions.

FORMAT

Abstracts must be submitted according to the instructions below.

- Abstracts should be structured in four paragraphs: Background, Methods, Results and Conclusions.
- Abstracts must have no more than 250 words (or less if you use graphs or tables), and be typed in English.
- Acknowledgements may be given at the end of the abstract. Emphasis should be on the results of the study. The title of the abstract must be strictly coherent with the data included in the abstract and the conclusions must be warranted by information included in the results section.
- Standard abbreviations may be used. Other abbreviations may be used if they are defined (spell out in full at first mention, followed by abbreviation in parentheses).
- Simple tables or graphs in black and white may be included, but not photographs. Symbols and drug structural formulas may be used and should be drawn or printed in black.

The abstract must be set up as follows (see example):

- Title in capitals (do not use abbreviations in title)
- Name of every author, preceded by initials. The name of the presenting author should be underlined. Omit degrees, titles or institutional appointments.
- Institution, city, country where the study took place.
- Email address of the presenting author if you wish.
- - One blank line
- Commence typing abstract.

TITLE of your abstract in capitals
G. Jones, B. Edwards, P. Smith
University Hospital, Maastricht, The Netherlands
g.jones@eahp.eu

Start text of your abstract here.

Background:

Methods:

Results:

Conclusions:

Conflict of Interest:

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 winners will be announced at the closing ceremony on February 29, 2008.

SUBMISSION

Authors will be notified of the status of the submission in the last week of October 2007.

The following specifications should be strictly adhered to:

The original text document must be attached to your e-mail. Do **NOT** copy or paste the contents of your document into your e-mail message. Only Microsoft Word files and RTF (Rich Text File) documents can be accepted.

Abstracts that do **NOT** comply with the above instructions together with the Abstract Submission Form duly completed will **NOT** be taken into consideration.

The EAHP Congress Secretariat reserves the right to make electronic adjustments to abstracts. Abstract texts will not be modified without the author's consent. When – in the opinion of the Scientific Committee – the language of the abstract needs stylistic revision, this will be done by a professional editor. The resulting abstract will be mailed to the first author, who will have 5 working days to respond. Without response within 5 working days, the revised manuscript is final.

The completed form (one per abstract) together with the abstract should be sent to: Prof. Vagn Handlos, Chair Scientific Committee, abstract@eahp.eu.

E. Payment Terms

- 1 Cheques will **NOT** be accepted
- 2 Only payments made in **Euro** will be accepted
- 3 As confirmation of registration and hotel reservation an invoice will be issued after receipt of the Registration form
- 4 On site registration will **NOT** be possible

F. Cancellation Policy

Cancellation of individual registration or hotel reservation received **before 1 January, 2008** will be refunded (less € 100, bank and administration charges). For groups a maximum of 15% of the Registration or Hotel Accommodation may be cancelled before January 1, 2008 (less € 100, bank and administration charges per cancellation). No refunds can be made after this date but substitution is always accepted. All cancellations or changes must be in writing to Medicultura, email: medicultura@eahp.eu.

G. Hotel Accommodation

Please indicate your preference by placing 1 or 2 before the hotel. Although the Housing Bureau will make every attempt to make a reservation in the hotel of your choice, it cannot give any guarantees. All reservations are treated on a first come, first served basis.

Star	Hotel	Website	Single Occupancy	Double Occupancy	Location
..... 5	Crowne Plaza Maastricht	www.crowneplazamaastricht.nl	225	250	City centre
..... 5	Chateau St. Gerlach	www.chateauhotels.nl	240	325	30 min
..... 4	Bastion Hotel Maastricht	www.bastionhotel.nl	107	145	City centre
..... 4	Beaumont City Centre	www.beaumont.nl	195	230	City centre
..... 4	Du Casque (Best Western)	www.hotelducasque.nl	165	180	City centre
..... 4	Golden Tulip Apple Park	www.applepark.nl	195	220	City centre
..... 4	Kruisheren hotel	www.chateauhotels.nl	255	275	City centre
..... 4	l' Empereur (comfort)	www.hotel-empereur.nl	155	170	City centre
..... 4	l' Empereur (deluxe)	www.hotel-empereur.nl	170	190	City centre
..... 4	Mabi	www.hotel-mabi.nl	130	175	City centre
..... 4	Pauwenhof	www.pauwenhof.nl	160	190	City centre
..... 4	NH Maastricht (standaard)	www.nh-hotels.com	165	165	MECC
..... 4	NH Maastricht (De Luxe)	www.nh-hotels.com	190	190	MECC
..... 4	NH Maastricht (Executive)	www.nh-hotels.com	210	210	MECC
..... 4	Novotel Maastricht	www.novotel.com	175	190	MECC
..... 4	Van der Valk hotel Maastricht	www.valk.com	130	145	MECC
..... 3	Le Roi	www.hotelleroi.nl	163	170	City centre
..... 3	Les Charmes	www.lescharmes.nl	165	180	City centre
..... 3	d'Orangerie	www.hotel-orangerie.nl	220	285	City centre
..... 3	In den Hoof	www.indenhoof.nl	105	125	MECC
..... 3	Randwyck	www.hotelrandwyck.nl	105	135	MECC

OUTSIDE HOTELS

..... 4	Amrath hotel Born-Sittard	www.hotel-born.nl	125	160	20 min
..... 4	Kasteel Vaalsbroek	www.bilderberg.nl	195	210	30 min
..... 4	Kasteel Erenstein/Hotel Brughof	www.chateauhotels.nl	160	205	30 min
..... 4	NH Hotel Zuid Limburg	www.nh-hotels.com	165	185	20 min
..... 4	Parkhotel Rooding	www.parkhotel-rooding.nl	130	175	20 min
..... 4	Thermea 2000	www.thermae.nl	205	255	20 min
..... 4	Van der Valk hotel Urmond	www.valk.com	137	137	20 min
..... 4	Winselerhof	www.chateauhotels.nl	170	270	20 min
..... 3	Bastion Geleen	www.bastionhotel.nl	85	97	20 min
..... 3	Bastion Heerlen	www.bastionhotel.nl	85	97	20 min
..... 3	Best Western Hotel Slenaken	www.bestwestern.nl	120	155	20 min
..... 3	Kasteel Vaeshartelt	www.vaeshartelt.nl	105	135	10 min
..... 3	Mercure	www.accorhotels.com	100	115	20 min

Rates are in Euro inclusive of Buffet Breakfast, local taxes and 6% Dutch VAT.

Arrival and Departure Dates: Arrival: February 2008 Departure: February 2008

Additional forms are available from the EAHF website (www.eahp.eu) in the Congress Section

Teva The cost of pharmaceutical care in hospitals is increasing. Switching to Teva's generic hospital drugs can help you reduce these costs. As the largest generic drug company in the world, Teva offers a broad portfolio of injectable & oral hospital drugs with a focus on oncology products in most European countries. Call our local Teva subsidiary today to check the availability of our generic drugs in your country and find out how much you can save on your hospital drug budget every day. We care about cost. www.tevapharm.com **&cost**

