

28TH EAHP CONGRESS

20-21-22 MARCH

2024

Bordeaux

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Opportunities & strategies**

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#EAHP2024



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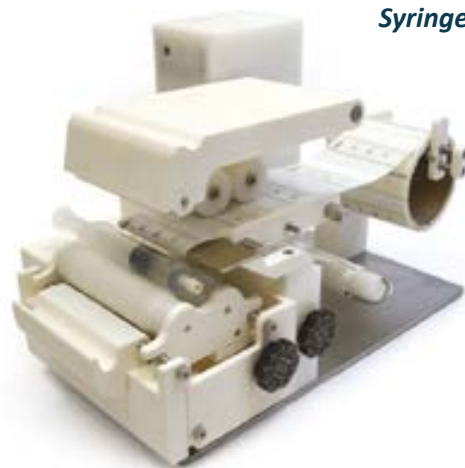
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EAHP HEADQUARTERS

Boulevard Brand Whitlock 87

Box 11 (4th floor) 1200 Brussels

email: congress@eahp.eu

website: www.eahp.eu

EAHP STAFF

Management

Jennie De Greef, *Managing Director*

Accounting

Patricia Thonus, *Senior Bookkeeper*

Policy

Anna Mirabile, *Lead Policy Officer*

Projects

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GENERAL INFORMATION

CONGRESS SECRETARIAT AND REGISTRATION DESK*

OPENING HOURS

Tuesday 19 March, from 12.00 to 17.00

Wednesday 20 March, from 07.00 to 17.00

Thursday 21 March, from 08.00 to 17.00

Friday 22 March, from 08.00 to 11.00

* (individuals, groups and exhibitors' registrations)

COFFEE BREAKS AND LUNCHES

Coffee breaks and lunches will be available free of charge for all participants during the official congress days. Lunch will be served in the **Exhibition Hall** (Agora) from 13.30 to 14.30 on Wednesday and from 13.30 to 15.00 on Thursday.

ADMISSION TO SESSIONS

Additional tickets are not needed to attend sessions. The doors will be closed to the sessions on time and will re-open 10 minutes after the session begins for latecomers. Please note that entrance to sessions will not be permitted within the last 30 minutes of each session. Name badges will be scanned as participants exit the room at the end of each session. Badges must be scanned in order to obtain continuing education points. No exception will be made.

Please note that badge switching/sharing during the event is strictly prohibited and will subject badges to confiscation by security. We thank you for your cooperation.

POSTER SESSIONS

The deadline to deliver and hang your poster is **Wednesday, 20 March from 10.15 to 17.00**. Please note that there will be no access to the poster area to hang your posters before the indicated time. Please go to the poster area and check-in with the hostesses on duty to find out where and how to hang your poster.

The posters will be displayed in Hall 1 for the duration of the congress. **Presenters are expected to be present at their poster during 2 coffee breaks (Thursday, 21 March from 10.30 to 11.00, and Friday, 22 March from 10.30 to 11.30).** The presence of at least one of the poster authors is mandatory.

Abstract and GPIs Award Nominees' oral presentations will take place on **Wednesday, 20 March from 10.30 to 12.00**, in Room C and Room E, and the winners announced at the closing ceremony on **Friday, 22 March from 11.30 to 13.00**. Authors must be present during the closing ceremony to win the prize.

Posters can be removed on Friday, 22 March between 13.00 and 14.00. Posters not removed after the dismantling deadline will be removed and discarded.

EXHIBITION

NOTE: Doors to the exhibition hall will have security as entry is not permitted until Wednesday, 20 March at 10.15.

Opening hours

Wednesday, 20 March from 07.00 to 17.00

Thursday, 21 March from 08.00 to 17.00

Friday, 22 March from 08.00 to 11.00

CLOAKROOM

The cloakroom is located at the main entrance, next to the Registration Desks and will be available for use each day, free of charge. The cloakroom hours are as follows:

Wednesday, 20 March from 07.00 to 20.00

Thursday, 21 March from 08.00 to 17.00

Friday, 22 March from 08.00 to 11.00

WIFI ACCESS

Free WiFi service will be available throughout the congress centre. The **WiFi network name is EAHP2024**, and **the password is eahpbor2024**.

NEAREST PHARMACY

Pharmacie du Lac

42 Rue Charles Tournemire

33000 Bordeaux

Monday to Saturday from 09.00 to 20.00

Tel: +33 5 56 50 90 04 contact@pharmaciedulac-bordeaux.com

CONGRESS FIRST AID NUMBER

Tel: +33 (0) 6 65 42 66 58

EMERGENCY NUMBERS

European Emergency: 112

Ambulance service: 15

Fire brigade: 18

Police: 17

<https://www.service-public.fr/particuliers/actualites/A15841?lang=en>

SYNERGY SATELLITE EVENT

THE EAHP INVITES YOU TO ATTEND THE
2024 SYNERGY SATELLITE SESSION:



28th CONGRESS OF THE EAHP
Bordeaux, France

Multidisciplinary approaches to overcoming healthcare **workforce challenges**

Wednesday, 20 March 2024

11:30 to 13:00, Agora Plenary

Facilitator Torsten Hoppe-Tichy

Speakers Petr Horák

Christiaan Keijzer

Cristiano Matos

Healthcare workforce shortages are felt across the globe in all professions. The World Health Organization (WHO) highlighted for its European region that countries are currently facing severe challenges related to their healthcare workforce that existed before the COVID-19 pandemic and that have been exacerbated by it. In addition to individuals leaving the healthcare professions due to increasing workloads and unmanageable staffing situations, the healthcare workforce is ageing. Response in the form of adequate workforce planning is urgently needed.

This session will explore the results of the EAHP Investigation of the Hospital Pharmacy Profession in Europe and will present recommendations and solutions to fight this shortage, including an overview of different case studies from EAHP member countries.

CONTACT US | synergy@eahp.eu



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



The EAHP 2024 Congress is accredited by the European Council for Pharmacy Education Accreditation (ECPhA). ECPhA applies high quality standards in the assessment of available educational programmes.

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FOREWORD BY THE PRESIDENT

Dear Colleagues,

I am delighted to welcome you to the 28th EAHP Congress, here in Bordeaux, France.

From 20 to 22 March 2024, Hospital pharmacists from Europe and beyond will reconvene and join forces to further shape the future of our profession together - a future where new horizons, roles and competencies for hospital pharmacists will arise.

There is, however, a complex myriad of fine balances within our economic and ecologic systems that necessitate to approach our preparedness for the future from multiple perspectives. Professional readiness, up-to-date knowledge of the current proceedings of pharmacology, pharmaceutical care and supply chain management are by themselves a greatly multi-layered set of skills in our profession. A smart (re)positioning of our roles, on the other hand, not only involves a proactive sense of direction, but also implies that hospital pharmacists will assume more roles and, consequently, more responsibilities as well.

To ensure that our future positions within healthcare teams are sustainable, professional societies, policy makers and relevant stakeholders shall act in cooperation with all professionals working in the field so that sufficiently qualified professionals could graduate from pharmacy schools in sufficient numbers. It is also our joint responsibility to measure, analyse and show decision-makers the real-life impact of hospital and clinical pharmacy interventions to healthcare outcomes and pharmacoeconomic metrics, thus enabling true, value-driven and evidence-informed policy making. The best possible treatment of our patients requires sustainability at all levels of healthcare systems. It is imperative to advocate for a deeper collaboration with our colleagues in community pharmacies and clinical settings in primary care in order to deliver seamless and high-quality pharmaceutical care. And, last but not least, our endeavours for the future must be such that our one and only Mother Earth can sustain and support them.

These are the main messages and focus areas that we will present to you and discuss with you through our well-known format of keynote lectures, seminars, workshops, interactive sessions and symposia. We are very much looking forward to you all joining EAHP in Bordeaux and meanwhile, we will do our absolute best to prepare a venue and a professional atmosphere to enhance your experience of learning, networking and thinking together.

Welcome to the 28th EAHP Congress and welcome to Bordeaux!

Dr. András Süle
EAHP President

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ABOUT EAHP

The **European Association of Hospital Pharmacists** represents more than 27.000 hospital pharmacists in 36 European countries and is the only association of national organisations representing hospital pharmacists at European and international levels. In addition, EAHP has 3 associate members from outside the Council of Europe.

HOW HAS THE EAHP DEVELOPED?

At a scientific congress in Strasbourg a number of hospital pharmacists from different European countries decided that they should establish a new European association to represent their common interests. Thus in 1969, the seeds of EAHP were sown. On 6 March 1972, the representatives of six European countries signed the first Statutes of the European Association of Hospital Pharmacists, in The Hague, The Netherlands. The first President of EAHP was Marcel Lebas from France.

The first member countries were Belgium, Britain, Denmark, France, the Federal Republic of Germany and The Netherlands. In 1973, Ireland and Spain joined EAHP, soon followed by Norway, Greece, Austria, Sweden and Switzerland. In the 1990s, Italy, Portugal, Hungary, Luxembourg, Finland, Slovakia, Slovenia, Croatia and the Czech Republic became members. Estonia, Latvia, Lithuania, Poland, Serbia, Turkey, North Macedonia, Bulgaria and Bosnia Herzegovina followed. In 2012, Iceland joined the association, followed by Malta and Romania in 2013 and Montenegro in 2016. More recently, Cyprus became a member of EAHP.

Membership within EAHP is open to countries members of the Council of Europe. Associate member countries include Algeria, Egypt and Uruguay.

On the 1st of August 2011, the EAHP officially became an International Not-for-Profit Organization, and adjusted its policy to better face modern challenges.

EAHP MISSION

EAHP represents and develops the hospital pharmacy profession within Europe in order to ensure the continuous improvement of care and outcomes for patients in the hospital setting. This is achieved through science, research, education, practice, as well as sharing best-practice and responsibility with other healthcare professionals.

WHAT ARE THE GOALS OF THE EAHP?

- In the interest of patients and public health, to promote and further develop hospital pharmacy and to obtain and maintain general joint pharmaceutical principles and a joint pharmaceutical policy;
- to foster research and education activities on behalf of hospital pharmacy, in order to allow hospital pharmacists in all countries which are members of the Council of Europe from time to time (hereinafter "Countries in the European Region") to contribute optimally to public health and furthermore anything directly or indirectly related or beneficial thereto, all in the broadest

sense of the word;

- to promote cooperation with other organisations in the domain of public health;
- to promote the position and function of hospital pharmacists;
- to support and uphold the interests of hospital pharmacists at the European Union authorities;
- to support and uphold the interests of hospital pharmacists at the Council of Europe authorities;
- to support and undergo everything related to the above that may be conducive to carrying out the Association's purpose.

EAHP SCIENTIFIC COMMITTEE – EDUCATIONAL MISSION

The European Association of Hospital Pharmacists is committed to providing educational innovation and training of hospital pharmacists to a level of specialisation and maintain continuing professional development (CPD). We will facilitate and enhance the professional growth of European hospital pharmacists and develop hospital pharmacy in order to promote the best and safest use of medicines and medical devices for the benefit of patients in Europe.

EAHP SCIENTIFIC COMMITTEE – EDUCATIONAL GOALS

- To identify the educational needs of EAHP members and prepare educational programmes to meet those needs;
- to provide knowledge and application based educational programmes to assist pharmacists who practice in hospitals meet their patient care responsibilities and expand their professional roles and goals;
- to share best practice, innovation and educational programmes that can be applied to daily practice;
- to promote hospital pharmacy practice research.

*EAHP defines Continuing Pharmacy Education (CPE) as per the [ACPE definition](#) which states that "Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy."

STRUCTURE OF THE EAHP

The prime governing body is the General Assembly, which meets annually and elects the Board of the Association. The General Assembly is a delegate conference at which each member state may have up to three delegates. Every delegation has one vote regardless of size.

The Board of Directors is the Executive Body of the Association and is elected for a three-year term of office, with the possibility to be re-elected. The responsibility for the core activities of the association are shared between the different directors. The Board normally meets four times a

year in addition to meetings during the Congress and the General Assembly.

The Board carries out the policies agreed at the General Assembly, and designs and coordinates the implementation of the strategic goals of the association, with the support of the EAHP staff. In addition, the Board is closely involved in the control of the official journal of the Association, European Journal of Hospital Pharmacy (EJHP). The Board is also closely involved in the organisation of the annual EAHP Congress of Hospital Pharmacy, with one director chairing the congress organising committee and another chairing the scientific committee.

Every year, at the General Assembly, the Director of Finances discloses all the expenses and revenues and explains them in detail. Members would have had the opportunity to study them before the General Assembly meeting as they receive the files at least 6 weeks prior the General Assembly meeting.

EAHP is funded by:

- membership dues
- revenues generated by the yearly congress
- advertising revenue related to the annual congress
- gifts
- educational grants
- subsidies and donations
- all other income legally obtained.

All accounts are audited both by EAHP auditors, appointed by the General Assembly and external auditors.

Click [HERE](#) to view the **EAHP Statutes**.

Click [HERE](#) to view the **EAHP Code of Conduct**.

EAHP PARTNERS WITH CLIMATECARE

EAHP join forces with climate and sustainable development experts from [ClimateCare](#) to offset the carbon emissions associated with the air travel of the Association's Board members to and from Board meetings. Through projects which tackle global climate change.

By offsetting emissions through ClimateCare, EAHP is supporting projects that make a measurable difference to people's lives. The LifeStraw Carbon For Water project relies on finance from offsetting to deliver safe water to 4 million people in Kenya. It was the first project to link water provision with carbon credits at scale and has been recognised by the United Nations. The Gyapa Stoves project supports local entrepreneurs to manufacture and distribute safe, efficient cookstoves to households in Ghana. Run on the ground by our partners Relief International, the Gyapa Stove cuts charcoal use by up to 50%, saving families money and reducing harmful smoke emissions.

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for «bed-side»
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the high load
capacity solution



the in-full-view
solution



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SMARTSOFTWARE

Usable, reliable and flexible



Automatic traceability of
single items for high cost or
high risk materials.



Clinical & logistics control of the
Drug Distribution Process, from
preparation to «bed-side»

IMPLEMENTATION OF THE EUROPEAN STATEMENTS OF HOSPITAL PHARMACY

WHAT ARE THE EUROPEAN STATEMENTS OF HOSPITAL PHARMACY?

The European Statements of Hospital Pharmacy were formulated following an 18-month review process, which included two rounds of online Delphi consultations with EAHP's member associations and an equal number of patient and other healthcare professional organisations. Final agreement on the wording of the statements was reached at a European Summit on Hospital Pharmacy, held in Brussels in May 2014. Only those Statements where there was a high level of agreement between patient groups, doctors, nurses, and pharmacists were accepted.

The primary purpose of the statements is to provide safer and more effective care where medicines are used in European hospitals. The Statements can also be used as a guide for safer and more effective use of medical devices as well, with the responsibility for medical devices being with Hospital Pharmacies in several of our member countries. The European Statements reflect the importance of the hospital pharmacist as a key stakeholder within the hospital teams for providing optimal and safe patient care. Therefore, the European Statements reflect what we believe every European health system should be aiming for when delivering hospital pharmacy services.

The Statements are divided into 6 different sections:

- **Section 1 – Introductory Statements and Governance**
- **Section 2 – Selection, Procurement and Distribution**
- **Section 3 – Production and Compounding**
- **Section 4 – Clinical Pharmacy Services**
- **Section 5 – Patient Safety and Quality Assurance**
- **Section 6 – Education and Research**

ADOPTION OF A COMMENTED VERSION OF THE STATEMENTS

In 2020, a review was conducted to assess the continued relevance of the Statements and that they effectively covered emerging issues. It was found that the document has remained remarkably resilient and a decision was made that the wording of the statements would not be changed, thereby staying true to the scientific principles used to develop and finalise them. What was agreed though, is that a small number of Statements would benefit from the addition of comments to further clarify their meaning.

The final version of the commented version of the Statements was approved by the EAHP General Assembly. The below are the Statements where comments were added:

S 1.6 "Hospital pharmacists should take the lead in coordinating the activities of multidisciplinary, organisation-wide Drug & Therapeutics Committees or equivalent. They should have appropriate representation as full members of these Committees which should oversee and improve all medicines management policies".

COMMENT – *Hospital management, taking account of national guidelines, determines what structures are in place to assure the efficacy, safety and cost-effective use of medicines.*

S 2.2 “Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. Responsibility for using these processes may rest with other health care professionals and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care”

COMMENT – *Hospital pharmacists have a key role, working with others, in ensuring continuous quality improvement for medicines use processes, including where information technology is utilised.*

S 3.5 “Hazardous medicines should be prepared under appropriate conditions to minimise the risk of contaminating the product and exposing hospital personnel, patients and the environment to harm”

COMMENT – *To achieve this there will need to be a multidisciplinary risk assessment of the hazardous medicines to determine where and how it is best pre- pared.*

S 3.6 “When the reconstitution or mixing of medicines takes place in a patient care area, a hospital pharmacist should approve written procedures that ensure staff involved in these procedures are appropriately trained”

COMMENT – *Among healthcare professionals the hospital pharmacist is in the best position, because of their expertise in formulation, to advise on reconstitution or mixing of medicines. It is critical that any healthcare professional undertaking these tasks is competent.*

S 5.1 “The “seven rights” (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines related activities in the hospital”

COMMENT – *This is not an exhaustive list of ‘rights’ and with the increase in use of personalised medicines the ‘right patient’ has an additional meaning beyond just identification of the individual, it is also now whether the medicine is genetically appropriate for that individual patient*

10TH ANNIVERSARY OF THE ADOPTION OF THE EUROPEAN STATEMENTS OF HOSPITAL PHARMACY



2024 marks the 10th anniversary of the adoption of the European Statements of Hospital Pharmacy.

A lot has been progressed since the Statements were adopted by EAHP.

Since 2014, EAHP and its members have been working on developing projects and initiatives to help EAHP members countries advance in the implementation of the European Statements. Among others, an online self-assessment tool (SAT) and a specialised training programme (SILCC) were created. In addition, EAHP has developed other initiatives like the Oath to Society and a thorough review of the Statements in 2020.

To celebrate the anniversary EAHP has prepared different initiatives and contests. Stop by the EAHP Booth at the exhibition area and follow EAHP on social media to discover how you can be involved in anniversary celebrations and to learn about the EAHP resources to help you better understand the Statements

EAHP SELF-ASSESSMENT TOOL

The EAHP Self-assessment tool allows hospital pharmacists to assess the level of implementation of the European Statements within their hospitals while providing tailored actions plans. EAHP is kindly asking all hospital pharmacies in Europe to assess their hospitals with the self-assessment tool to help us better understand gaps on implementation within Europe.

You can access the tool here: <https://sat.eahp.eu/en/home>

STATEMENT IMPLEMENTATION LEARNING COLLABORATIVE CENTER (SILCC) PROGRAMME

EAHP launched in 2018 the Statement Implementation Learning Collaborative programme (SILCC) as part of its [Statement Implementation project](#). The SILCC programme will allow hospital pharmacists (SILCC Fellows) to visit hospitals (SILCC hosts) from other EAHP member countries to learn about pharmacy procedures linked to the [European Statements of Hospital Pharmacy](#). The EAHP Implementation team has developed this programme with the help of the EAHP Board, its national associations and the national [implementation ambassadors](#).



EAHP also provides a small grant for SILCC Fellows but the seats are limited so apply now! Visit <https://statements.eahp.eu/statement-implementation-learning-collaborative-centres-silcc> to learn more or stop by the EAHP Booth #9 at the exhibition area to check with the EAHP team !

HOSPITAL PHARMACY DAY (MARCH 27)

Join us on March 27th to celebrate the first ever Hospital Pharmacy Day. This date wants to celebrates pharmacists and all professionals working on a Hospital Pharmacy around the world. Stop by the EAHP or visit the EAHP website to learn more about how you can join this initiative!



OATHS TO SOCIETY

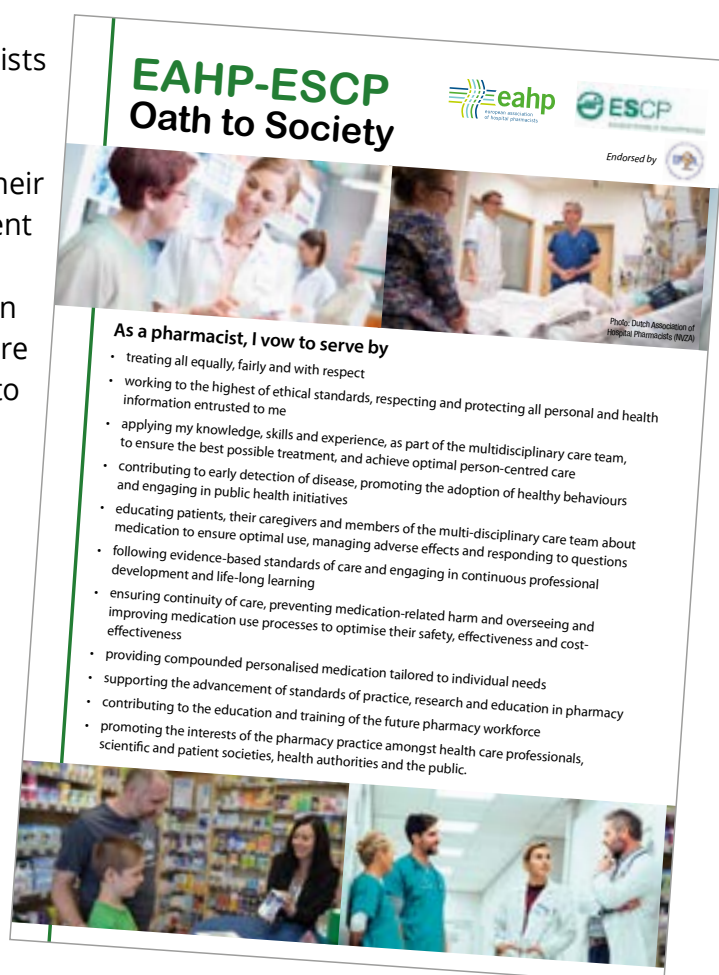
The European Association of Hospital Pharmacists (EAHP) and the European Society of Clinical Pharmacy (ESCP) have collaboratively developed the "Oath to Society" that acts as a contract for excellence in providing compassionate patient care, working as part of the healthcare team and advancing the pharmacy profession, and showcasing how clinical and hospital pharmacists work every day.

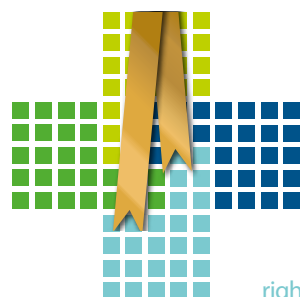
The Oath to Society is the promise that the members of EAHP and ESCP make to patients and the public they serve, the healthcare professionals they interact with and the health systems they work in.

The Oath functions as a compass for pharmacists to adhere to the highest standards of ethics, integrity and professionalism, as they provide service to the community over the course of their careers. Touching on trust and respect, different aspects of the patient care pathway, the multidisciplinary care team, disease prevention and health promotion, education and the future development of pharmacy practice, the Oath to Society is all-encompassing.

The Oaths to Society was translated to 20 different languages and can be found here:

<https://www.eahp.eu/hp-practice/oathtosociety>





2014-2024
10TH ANNIVERSARY

European statements
of hospital pharmacy

right for the patient, right for the profession

EAHP POLICY PRIORITIES

PROFESSIONAL DEVELOPMENT

Fostering the continuous development and education of hospital pharmacists

COMMON TRAINING FRAMEWORK

Creating a Common Training Framework and enabling the implementation of a common competency framework for hospital pharmacy in Europe

ACTIONS AGAINST MEDICINES SHORTAGES

Securing European level action on the global health threat of medicines shortages

COMBATTING INFECTIONS

Leveraging the role of the hospital pharmacist in combatting infectious diseases and actively participating in vaccination programmes

EQUAL ACCESS FOR PATIENTS

Providing equal and timely access for all patients, including those with rare conditions and unmet needs, to all relevant medicinal therapies

ENSURING SAFE THERAPIES

Ensuring safe and appropriate use of medicinal therapies

DIGITALISATION IN MEDICATION PROCESSES

Facilitating the proper adoption, implementation and usage of digital technologies, including automation and robotics

FUTURE-PROOFING THE WORKFORCE

Addressing the changing roles and resilience of the hospital pharmacy workforce in response to demographic challenges

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Efficient:	Aimed to reduce pharmacy technician's workload.
Safe:	Allows full traceability to the pharmacist, uses barcode technology to read formulations and verify the right ingredient is used and can be integrated with a scale for an automatic weight control reading.
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CALL FOR ABSTRACTS – 2025 COPENHAGEN



29TH EAHP CONGRESS
12-13-14 MARCH

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PERSON CENTRED PHARMACY -
NAVIGATING DIGITAL HEALTH

ABSTRACT SUBMISSION OPENS 1ST AUGUST 2024!

Original contributions from all fields of hospital pharmacy are encouraged and welcomed for poster presentation.

DEADLINE FOR SUBMISSION: 9TH OCTOBER 2024

During the review process, the award nominees will be selected, and the presenting author of the nominated abstracts will be invited to give an oral presentation after which the final judging will take place.

Please be sure to provide an email address which will not be blocked by spam servers so that EAHP may notify you for modifications and nominations.

(Abstracts may be submitted through the EAHP website's online submission page.)

IMPORTANT NOTE: The online submission form does not recognise some symbols from certain keyboards. Therefore, please proof your abstract after it has been entered into the system and before your final submission.

Please visit the EAHP website at <http://www.eahp.eu/congresses/abstract> to view the guidelines and to submit abstracts for the Congress 2025.

Abstracts must be entered into the system by section according to the guidelines.

There will be 5 sections: Background – Purpose – Material and methods – Results – Conclusion

All abstracts must be linked to the European Statements on Hospital Pharmacy:

Section 1: **Introductory Statements and Governance**

Section 2: **Selection, Procurement and Distribution**

Section 3: **Production and Compounding**

Section 4: **Clinical Pharmacy Services**

Section 5: **Patient Safety and Quality Assurance**

Section 6: **Education and Research**

INFORMATION ABOUT ACCREDITATIONS (ACPE and ECPHA)



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

ACPE is the American agency for accreditation of professional degree programmes in pharmacy and providers of continuing pharmacy education, including certificate programmes in pharmacy. Accreditation is the public recognition granted to a professional degree programme in pharmacy or a provider of continuing pharmacy education, including certificate programmes in pharmacy that is judged to meet standards through periodic evaluations.

Note that only seminars and keynote presentations are accredited. Click on the ACPE logo to visit the website of the Accreditation Council for Pharmacy Education.

How can participants receive their ACPE certificates?

To receive your ACPE accreditation points, what you have learnt during this session will be assessed. At the beginning of their presentations, each presenter will ask 3 questions that will be answered in the content of their presentations. After the congress, you will receive an evaluation with the same questions, and this is when you will need to answer these questions to receive your accreditation certificates.

Please note that the ACPE certificate will not be sent automatically, but upon request only. EAHP will send you the certificate within 15 days after receiving your request.

More information on how to access the evaluation forms will be sent soon.

For licensed pharmacists and pharmacy technicians for the USA

ACPE and the National Association of Boards of Pharmacy (NABP) are developing a continuing pharmacy education (CPE) tracking service, CPE Monitor, that will authenticate and store data for completed CPE units received by US-licensed pharmacists and pharmacy technicians from ACPE-accredited providers as the EAHP. This service will be particularly helpful to the growing number of pharmacists who are licensed in multiple states, and thus may need to meet the varied CPE requirements of different state boards of pharmacy. The CPE tracking system will create a direct link for sending CPE data from the EAHP to ACPE and then to NABP, ensuring that all reported CPE units are officially verified by the EAHP. To view and track these credits, you must first set up an NABP e-Profile (www.nabp.net), obtain your NABP e-Profile ID, and register for CPE Monitor..

So, for each licensed pharmacist from the United States of America who attends the congress, their NABP e-Profile ID and date of birth are requested to be sent out to congress@eahp.eu, in order to notify NABP and ACPE of the number of CPE units collected by each US participant during the congress in 2022. After CPE units are processed by ACPE and NABP, you will be able to access information about your completed CPE through your NABP e-profile (www.nabp.net).

**AFTER THE CONGRESS YOU WILL RECEIVE AN EVALUATION FORM.
PLEASE FILL IN THE EVALUATION FORMS OF THE SESSIONS YOU ATTENDED IN ORDER
TO RECEIVE YOUR CERTIFICATE OF ATTENDANCE.**

Please note that the ACPE certificate will not be sent automatically, but upon request only. EAHP will send you the certificate within 15 days after receiving your request..



2024 EAHP Congress

ACPE Policy and Procedure 4.0

Monitoring Activity Announcements Checklist

Activity Announcements Required Items	CPE Activity A
A. Objectives: verbs must elicit or describe observable or measurable behaviours on the part of participants. (Avoid "understand," "learn," etc.)*	x
B. Type of activity, i.e., knowledge, application, certificate program*	x
C. Target audience(s) that may best benefit from participation in the activity	x
D. Faculty member(s) name, degree, and title/position*	x
E. Fees for the activity	x
F. Schedule of the educational activities	x
G. The amount of CPE credit, specified in contact hours or CEUs	x
H. The official ACPE logo, used in conjunction with the statement identifying the accredited provider sponsoring the activity: <ul style="list-style-type: none"> • "The [name of accredited provider] is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education" • (Optional: listing the ACPE – accredited or non-accredited co-sponsor – if applicable) 	x
I. The ACPE Universal Activity Number assigned to the activity with the appropriate target audience designation ('P' and/or 'T') in the activity UAN	x
J. A full description of all requirements established by the provider for successful completion of the CPE activity and subsequent awarding of credit <ul style="list-style-type: none"> • (e.g., passing a post-test at specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions that have been designed as a track, etc.) 	x
K. Acknowledgment of any organization(s) providing financial support for any component of the educational activity of the CPE activity	x
L. For home study activities: the initial release date and the expiration date	x
M. For Virtual events: Access to System requirements: The Internet browser(s) supported and minimum versions of each required by the learner to complete the online activity; The minimum memory, storage, processor, and internet speeds require by the learner to complete the online activity	x

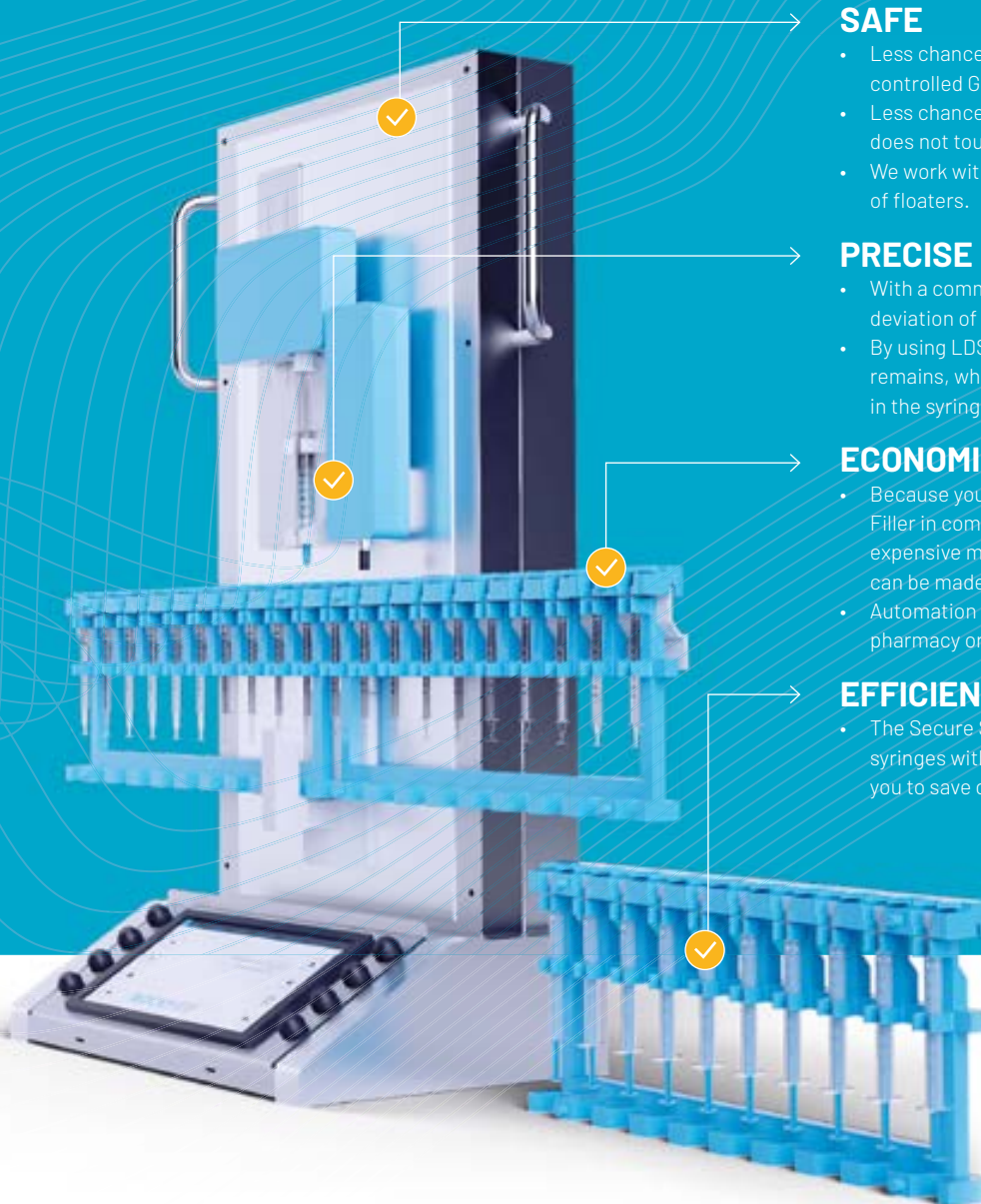
* Note: for multi-day conferences, the learning objectives may be listed for the overall conference instead of individual activities on the activity announcement. The items with an asterisk must be listed in the final conference program if they are not listed on the activity announcement. If the items are not listed in the respective locations, then the item should be rated as 'Needs Improvement.'

SECURE SYRINGE FILLER

Sterile automated filling of injection syringes accurate up to 0.0015 ml

During the EAHP conference we would like to inform you about the Secure Syringe Filler; a fully automated filling machine specially developed for the accurate filling of syringes, such as intravitreal injections.

Filling large numbers of syringes is a labor-intensive and therefore expensive process, with the Secure Syringe Filler from Rockmed Pharma you have the solution for this.



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- Less chance of contamination/endophthalmitis due to a controlled GMP A environment and an automated process.
- Less chance of particles in the syringe because the needle does not touch the inside of the syringe.
- We work with a silicone-free syringe so there is no chance of floaters.

PRECISE

- With a common injection volume of 0.05 ml, the maximum deviation of the Secure Syringe Filler is only 0.0015 ml (= 3%).
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ECONOMICAL

- Because you can fill accurately with the Secure Syringe Filler in combination with the use of LDS syringes, waste of expensive medication is prevented and significant savings can be made on the costs of this expensive medication.
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EFFICIENT

- The Secure Syringe Filler automatically fills 10, 20 or 30 syringes within a short time, including capping. This allows you to save on personnel.

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The European Association of Hospital Pharmacists (EAHP) and the European Society of Clinical Pharmacists (ESCP) founded the European Council for Pharmacy Education Accreditation (ECPhA).

The **European Council for Pharmacy Education Accreditation (ECPhA)** is establishing a system for accrediting lifelong learning education in pharmacy. ECPhA's mission is to help improve the quality of continuing education in pharmacy practiced in healthcare settings across Europe via accrediting live and online lifelong learning events throughout collaborating with national healthcare professional associations and national accrediting bodies.

This is being achieved through applying high quality standards in the assessment of available and future continuous professional development and educational programmes, which address the needs and current practice of pharmacists, pharmacy technicians and the pharmacy staff practicing in Europe.

ECPhA is an accreditation provider so the goal of ECPhA is to present an additional layer to the national accreditation systems in the countries where there is one, and not be a substitute of them. A European body, such as ECPhA, will ensure that accreditation of European continued education events is aligned with European practice.

In addition, ECPhA is facilitating the attendance of national education events by participants from other countries by ensuring the transferability of continued education points between countries. ECPhA's accreditation is also open to other countries from outside Europe.

ECPhA applies high quality standards in the assessment of available educational programmes, which address the needs and current practice of pharmacists, pharmacy technicians and the pharmacy staff practicing in Europe and worldwide.

The 28th EAHP Congress will be ACPE and ECPhA accredited. 1 ECPEC (European Continuous Pharmacy Education Credit) = 1 hour of educational activity

The ECPhA Criteria can be found [here](#).

EAHP ACCREDITATION INITIATIVE

The annual EAHP congress is recognised as a valid continuing pharmacy education by the below national association of hospital pharmacists.

ACCREDITATION FOR AUSTRIAN PARTICIPANTS

The Weiterbildungskommission Krankenhausfachapotheker of the Austrian Chamber of Pharmacy, on request of the Austrian Association of Hospital Pharmacists (www.aahp.at), has accredited the 28th EAHP Congress. Austrian hospital pharmacists are therefore eligible to obtain continuing education points according to the Krankenhausfachapotheker-Weiterbildungsordnung 2015. Details on how to claim these points will be available in the member section of the Austrian Chamber of Pharmacists' website (www.apotheker.or.at). ACPE certificate from participation of congress is needed. A total of max. 18 credits can be earned.



ACCREDITATION FOR BELGIAN PARTICIPANTS

The Federal Public Service HEALTH, FOOD CHAIN SAFETY AND ENVIRONMENT has accredited the 28th EAHP Congress. Belgian hospital pharmacists are therefore eligible to obtain continuing education points. ACPE certificate from participation of congress is needed. A total of max. 2 points per day (6 in total) in section can be earned.



ACCREDITATION FOR DUTCH PARTICIPANTS

The Annual EAHP Congress is accredited by de NVZA (Dutch Association of Hospital Pharmacists). A certificate of attendance is required to obtain (a maximum of 15) credits.

To receive accreditation you can submit your request individually by using your private area on PE-online, and choose ID number: 535234 (EAHP 2024 Bordeaux) from the "Nascholingsagenda ZA" see [PE-online](#).








ACCREDITATION FOR ESTONIAN PARTICIPANTS

The 28th EAHP Congress is accredited by the Estonian Society of Hospital Pharmacists.

Participants have to be present at forthcoming EAHP congress and submit copy of their certificate of participation to ESHP which includes name and all seminars/workshops attended.

One accreditation point will be given for every 45 minutes of educational event participated. (www.ehas.ee)



<p>ACCREDITATION FOR GERMAN PARTICIPANTS</p> <p>The German Society of Hospital Pharmacists (ADKA) acknowledges the high level and quality of scientific education provided by the 28th EAHP Annual Congress. Therefore the 28th EAHP Annual Congress is accredited by the German accreditation system of Zertifizierte Fortbildung Klinische Pharmazie der ADKA. ZeFoBi (ADKA) will accept the congress as a continuing education event and will give points on the basis of the ZeFoBi rules. (https://www.adka.de)</p>	
<p>ACCREDITATION FOR PORTUGUESE PARTICIPANTS</p> <p>Portugal hospital pharmacists are eligible to obtain continuing education points. Certificate from participation of congress is needed. The credit request can be made individually, in the private area of the Ordem dos Farmacêuticos website, by completing the form and attaching the certificate. More information in the following PDF document.</p>	
<p>ACCREDITATION FOR SERBIAN PARTICIPANTS</p> <p>The 28th Congress is recognized as a valid form of continuing education (International Congress) by the Pharmaceutical Chamber of Serbia. The following amount of credits will be awarded, in accordance with current regulations: invited lecturer - 15 points; oral presentation - 13 points; poster presentation - 11 points for the first author and 0.5 points for other co-authors; passive participation - 10 points.</p>	
<p>ACCREDITATION FOR SLOVAK PARTICIPANTS</p> <p>The EAHP Annual Congresses have been accredited by Slovak Chamber of Pharmacists (SLeK) as a continuing education for pharmacists. The Section of Hospital Pharmacists of Slovak Chamber of Pharmacists acknowledges the high quality of scientific education provided by the EAHP annual congress. Participation will be evaluated according to the SLeK methodology depending on the number of hours spent on specific presentations and seminars within the congress. ACPE certificate of participation in congress is needed to be enclosed.</p>	
<p>ACCREDITATION FOR SWISS PARTICIPANTS</p> <p>The EAHP Congresses are accredited by the GSASA (Swiss Association of Public Health Administration and Hospital Pharmacists). Hospital Pharmacist Switzerland 50 FPH credit points per day and Clinical Pharmacist Switzerland 50 FPH credit points per day.</p>	

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SCIENTIFIC PROGRAMME

THEME:

SUSTAINABLE HEALTHCARE – OPPORTUNITIES & STRATEGIES

KEYNOTES

KEYNOTE 1 - [Evolving towards sustainable healthcare systems?](#)

ACPE UAN: 0475-0000-24-001-L04-P - A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-K1

KEYNOTE 2 - [Impact of climate change on human health: a resilient approach](#)

ACPE UAN: 0475-0000-24-016-L04-P - A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-K2

KEYNOTE 3 - [Reducing problematic polypharmacy - using Action Learning Sets to optimise sustainable medicines use](#)

ACPE UAN: 0475-0000-24-024-L04-P - A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-K3

SECTION 1: INTRODUCTORY STATEMENTS AND GOVERNANCE

IG1 - [Sustainable healthcare - opportunities and strategies](#)

ACPE UAN: 0475-0000-24-003-L04-P - A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-IG1

IG2 - [Redispensing of medicines: pros and cons](#)

ACPE UAN: 0475-0000-24-017-L05-P - A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-IG2

INT1 - [Pharmacists' wellbeing - how to take care of those who take care](#)

ACPE UAN: 0475-0000-24-021-L05-P - A application-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-INT1

SECTION 2: SELECTION, PROCUREMENT AND DISTRIBUTION

SPD1 - [Carbon footprints in hospitals - facts and figures](#)

ACPE UAN: 0475-0000-24-010-L04-P - A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-SPD1

SPD2 - [Hospital formularies going green](#)

ACPE UAN: 0475-0000-24-004-L04-P - A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-SPD2

SPD3 - [Sustainability in medical devices](#)

ACPE UAN: 0475-0000-24-019-L03-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD3

W1 - [Sustainability in hospital pharmacy: the to-do-list](#)

ACPE UAN: 0475-0000-24-008-L04-P - An application-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W1

SECTION 3: PRODUCTION AND COMPOUNDING**PC1** - [Drug stability in the clinical environment](#)

ACPE UAN: 0475-0000-24-006-L05-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PC1

PC2 - [Compounding without frontiers, cooperation over country borders](#)

ACPE UAN: 0475-0000-24-012-L07-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PC2

W2 - [Check of Compounding Appropriateness](#)

ACPE UAN: 0475-0000-24-014-L07-P - An application-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W2

SECTION 4: CLINICAL PHARMACY SERVICES**CPS1** - [Engaging patients for efficient clinical pharmacy services](#)

ACPE UAN: 0475-0000-24-013-L05-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-CPS1

W3 - [Medicines shortages: an ongoing matter for emergency departments](#)

ACPE UAN: 0475-0000-24-015-L05-P - An application-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W3

W4 - [Pharmacogenetics testing - how to make it sustainable?](#)

ACPE UAN: 0475-0000-24-022-L05-P - An application-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W4

SECTION 5: PATIENT SAFETY AND QUALITY ASSURANCE**PSQ1** - [Pharmacist-led antimicrobial stewardship: another focus for patient safety?](#)

ACPE UAN: 0475-0000-24-011-L05-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PSQ1

PSQ2 - [Patient safety II - learning from when things go well and not so well](#)

ACPE UAN: 0475-0000-24-020-L05-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PSQ2

SECTION 6: EDUCATION AND RESEARCH

ER1 - [Analysing real-world data - methods, opportunities and challenges](#)

ACPE UAN: 0475-0000-24-009-L04-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-ER1

ER2 - [Interprofessional education and research towards better health outcomes](#)

ACPE UAN: 0475-0000-24-018-L05-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-ER2

INT2 - [Moving forward with digital clinical education - when ward-based training is not an option](#)

ACPE UAN: 0475-0000-24-007-L04-P - An application-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-INT2

OTHER SESSIONS

PHARMACOTHERAPY SESSION - [Medication management after bariatric surgery](#)

ACPE UAN: 0475-0000-24-005-L05-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PHS1

PHARMACOTHERAPY SESSION - [Anticoagulation therapy in the context of women's health](#)

ACPE UAN: 0475-0000-24-023-L05-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHO2024-LEE-PHS2

YOUNG PROFESSIONAL SESSION - [Beyond borders: Exploring European mobility in hospital pharmacy](#)

ACPE Non-Accredited Activity

SYNERGY SATELLITE - [Multidisciplinary approaches to overcoming healthcare workforce challenges](#)

ACPE UAN: 0475-0000-24-002-L04-P - A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-SG1

EAHP ACTIVITY

PARTNER SESSION - [Partnering for better patient outcomes](#)

Non-Accredited Activity

SUSTAINABLE SESSION - [EAHP Environmental sustainability Working Group - what is the role of hospital pharmacy teams?](#)

ACPE Non-Accredited Activity

ECPhA Non-Accredited Activity

SIG - [Use of prefilled syringes in intensive care units and operating theatres](#)

ACPE Non-Accredited Activity

ECPhA Non-Accredited Activity

SIG - [A vision for the autonomous pharmacy in Europe](#)

ACPE Non-Accredited Activity

ECPhA Non-Accredited Activity

INDUSTRY SPONSORED SATELLITES

Equashield

Exposure Assessment and Health Effects in Oncology Workers: Making the Case for Evidence Based Safe Handling (14.45-15.30)

French Oncology Pharmacies; Current Status, Challenges & the Future of Safe Compounding with Automation (15.30-16.15)

Pfizer

How can we achieve a long-term sustainable biosimilars market?

Omniceil

[Paradigm shifts driving centralization and automation of IV compounding](#)

CurifyLabs

Automated non-sterile pharmacy compounding inspired by 3D printing: Learnings from 30 hospitals across Europe

Baxter

Sustaining Safe Services in Pediatric and Neonatal Nutrition - Little Doses, Big Opportunities

GOOD PRACTICE INITIATIVES ORAL PRESENTATIONS

POSTER AWARD NOMINEES ORAL PRESENTATIONS



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

More information: <https://www.eahp.eu/congresses/acpe>



The European Association of Hospital Pharmacists (EAHP) and the European Society of Clinical Pharmacists (ESCP) have founded the European Council for Pharmacy Education Accreditation (ECPhA) as a provider of continuing pharmacy education.

More information: <https://www.eahp.eu/congresses/acpe>



FILL IN THE EVALUATION FORMS OF THE SESSIONS YOU ATTENDED IN ORDER TO RECEIVE YOUR ACPE ACCREDITATION CERTIFICATE AND CERTIFICATE OF ATTENDANCE.

Please be reminded that you will only be able to download the certificates after the Congress. You will have 60 days from the date of the live activity to claim your ACPE accreditation points, the Certificate of attendance and your poster certificate (if applicable), through the EAHP congress portal! The personal logon code from your badge will be required to get the certificates.



HOSPITAL PHARMACY DAY 27 March

Celebrate with us
the 1st Hospital Pharmacy Day
on March 27, 2024!



Why should we celebrate the Hospital Pharmacy Day?

Hospital Pharmacies are essential to ensure the correct functioning of the healthcare systems.

Hospital Pharmacies are in charge of ensuring timely and equal access to appropriate and safe medication with high-quality pharmaceutical care.

Hospital pharmacists, technicians, nurses, administrative staff, and other professionals working in the hospital pharmacy need to be celebrated!



How can you celebrate with us?

Download the Hospital Pharmacy toolkit from the EAHP website (www.eahp.eu). Don't forget to share this with your colleagues in the hospital and invite them to JOIN THE CAMPAIGN!

STOP BY THE EAHP BOOTH #9 in the exhibition area to get more information and materials to help you celebrate this day.



SCIENTIFIC PROGRAMME SCHEDULE

EAHP confirms that the Speakers and the Scientific Committee members responsible for the development of the Congress programme have signed and submitted the Conflict of Interest Disclosure forms.

** Indicates speaker or SC member has stated a conflict of interest which has been reviewed and accepted. See speakers' bios page for more information.*

Tuesday, 19 March

Time	Meetings/Events	Room
12.00-17.00	Registration opens (individuals, groups and exhibitors)	Entrance Foyer

Wednesday, 20 March

Time	Meetings/Events	Room
07.00-17.00	Registration opens (individuals, groups and exhibitors)	Entrance Foyer
08.30-10.15	Opening Ceremony & Keynote 1 – Evolving towards sustainable healthcare systems? <i>Pedro Facon</i> ACPE UAN: 0475-0000-24-001-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-K1	Agora Plenary
10.15	Exhibition opens	Agora
10.15-11.30	Coffee Break	Agora
10.30-11.30	Special Interest Group (SIG) Dissemination	
	Use of prefilled syringes in intensive care units and operating theatres <i>Nóra Gyimesi and Camille Stampfli</i> ACPE Non-Accredited Activity / ECPhA Non-Accredited Activity	Room G
	A vision for the autonomous pharmacy in Europe <i>Vera Neumeier* and Etienne Cousein*</i> ACPE Non-Accredited Activity / ECPhA Non-Accredited Activity	Room H
10.30-12.00	Poster Award Nominees - Oral presentations	Room C
	Design and stability study of an isoniazid and pyridoxine oral liquid formulation <i>Helena Gavilan Gigosos</i>	
	Pharmaceutical care in postoperative pain management at admission and discharge <i>Almuneda Ribed</i>	
	Seventeen drugs, one sample: analysing multiple anti-tuberculosis drugs simultaneously using one method <i>Mathieu Bolhius</i>	
	Survey of patient involvement in adverse drug reaction monitoring: their information sources and needs <i>Narumol Jarersiripornkul</i>	
	A review of the exposure to potentially harmful excipients through oral liquid forms in pediatric inpatients in France <i>Marianne Bobillot</i>	

	Simulation of a discharge control: an effective tool for qualifying staff <i>Gulceren Lafci</i>	
	Cost-effectiveness of pharmaceutical preoperative consultations: a five-year analysis <i>Gomez Daniel</i>	
10.30-12.00	Good Practice Initiatives – Oral presentations	Room E
	Green team clinical pharmacy and pharmacology of a university hospital in The Netherlands: towards sustainable clinical pharmacy <i>Patricia Van Den Bemt</i>	
	Development of my medication plan involving patient representatives as co-designers <i>Maja Schlünsen</i>	
	Establishing Population Health Management Clinic (PHMC) in surgical pre-assessment unit at WMUH <i>Thewodros Leka</i>	
	National competition for pharmacy students in Bulgaria “Become a Hospital Pharmacist” <i>Velina Grigorova</i>	
	Improving efficiency in the infusion unit through a critical review of medication protocols <i>Bert Storm</i>	
	Medication waste in a hospital setting; counts, concerns and considerations <i>Minke Jongsma</i>	
	90% reduction of medication waste by reusing returned medication from medical wards <i>Douwe van der Meer</i>	
	Making a green and lean choice: evaluating the environmental and economic impacts of reprocessible and single-use medical devices in hospital settings <i>Samantha Huynh</i>	
	Redispensing of expensive oral anticancer medicines: a practical application <i>Kübra Akgöl</i>	
	Development of a compact, disposable filter to reduce the discharge of pharmaceutical waste into the sewer <i>Caspar Korteweg</i>	
	Creation of a pedagogical tool to optimize the validation of chemotherapies related to rhabdomyosarcoma <i>Franco Perna</i>	
11.30-13.00	Synergy Satellite	Agora Plenary
	Multidisciplinary approaches to overcoming healthcare workforce challenges <i>Petr Horák, Christiaan Keijzer and Cristiano Matos</i> ACPE UAN: 0475-0000-24-002-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-SG1	
11.30-13.00	Young Professionals Session	Room A
	Beyond borders: exploring European mobility in hospital pharmacy <i>Xandra García, Lene Juel Kjeldsen, Evelyne Van den Broucke, Stefanie Deuster*, Kornelia Chrapkova, Núria Sala</i> ACPE Non-Accredited Activity / ECPhA Non-Accredited Activity	

11.30-13.00	Partner Session	Sat 1
	Partnering for better patient outcomes <i>Salvatore Leone and Joanne O'Brien Kelly*</i> ACPE Non-Accredited Activity / ECPHA Non-Accredited Activity	
13.30-14.30	Lunch	Agora
14.45-16.15	Seminars	
	Seminar IG1 – Sustainable healthcare - opportunities and strategies <i>Daniel Pilsgaard Henriksen and Antonella Giorgia Becchetti</i> ACPE UAN: 0475-0000-24-003-L04-P – A knowledge-based activity ECPHA: 1.5-ECPEC-EAHP2024-LEE-IG1	Room C
	Seminar SPD2 – Hospital formularies going green <i>Josep Maria Guiu Segura and Nina Udal*</i> ACPE UAN: 0475-0000-24-004-L04-P – A knowledge-based activity ECPHA: 1.5-ECPEC-EAHP2024-LEE-SPD2	Room E
	Pharmacotherapy Session – Medication management after bariatric surgery <i>Desirée Burgers and Eric Hazebroek</i> ACPE UAN: 0475-0000-24-005-L05-P – A knowledge-based activity ECPHA: 1.5-ECPEC-EAHP2024-LEE-PHS1	Room G
	Seminar PC1 – Drug stability in the clinical environment <i>Irene Krämer* and Dina Kweekel</i> ACPE UAN: 0475-0000-24-006-L05-P – A knowledge-based activity ECPHA: 1.5-ECPEC-EAHP2024-LEE-PC1	Room H
	Interactive Session 2 – Moving forward with digital clinical education - when ward-based training is not an option <i>Roisin O'Hare and Benoît Allenet</i> ACPE UAN: 0475-0000-24-007-L04-P – An application-based activity ECPHA: 1.5-ECPEC-EAHP2024-LEE-INT2	Room A
	Workshop 1 – Sustainability in hospital pharmacy: the to-do-list <i>Lise Durand and Min Na Eii</i> ACPE UAN: 0475-0000-24-008-L04-P – An application-based activity ECPHA: 1.5-ECPEC-EAHP2024-LEE-W1	Room B
14.45-16.15	Industry Sponsored Satellites	
	Equashield Exposure Assessment and Health Effects in Oncology Workers: Making the Case for Evidence Based Safe Handling (14.45-15.30) and French Oncology Pharmacies: Current Status, Challenges & the Future of Safe Compounding with Automation (15.30-16.15) ACPE Non-Accredited Activity / ECPHA Non-Accredited Activity	Sat 1
	Pfizer How can we achieve a long-term sustainable biosimilars market? ACPE Non-Accredited Activity / ECPHA Non-Accredited Activity	Sat 2
16.15-17.15	Coffee Break	Agora

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17.15-18.45	Seminars	
	Seminar ER1 – Analysing real-world data - methods, opportunities and challenges <i>Katrin Nink and Lars Hemkens</i> ACPE UAN: 0475-0000-24-009-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-ER1	Room C
	Seminar SPD1 – Carbon footprints in hospitals - facts and figures <i>Laurie Marraud and Mathis Egnell</i> ACPE UAN: 0475-0000-24-010-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD1	Room E
	Seminar PSQ1 – Pharmacist-led antimicrobial stewardship: another focus for patient safety? <i>Reinier van Hest and Daniele Donà</i> ACPE UAN: 0475-0000-24-011-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-PSQ1	Room G
	Seminar CPS1 – Engaging patients for efficient clinical pharmacy services <i>Tinne Dilles and Victor Huiskes</i> ACPE UAN: 0475-0000-24-013-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-CPS1	Room H
	Workshop 2 – Check of compounding appropriateness <i>Evelyne Van den Broucke and Thomas Bäckström</i> ACPE UAN: 0475-0000-24-014-L07-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-W2	Room A PLEASE NOTE This session has limited seating. First-come, First-served basis
	Workshop 3 – Medicines shortages: an ongoing matter for emergency departments <i>Simone Zotter</i> ACPE UAN: 0475-0000-24-015-L05-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-W3	Room B
19.00-21.00	Get Together Reception	Agora
19.30-21.00	Poster Walk – Join the Scientific Committee during their evaluation of the abstract posters selected for the Poster Walk	Hall 1
20.00	Exhibition closes	Agora

Thursday, 21 March

Time	Meetings/Events	Room
08.00-17.00	Registration opens (individuals, groups and exhibitors)	Entrance Foyer
09.00	Exhibition opens	Agora
09.00-10.30	Seminars	
	Seminar IG1 – Sustainable healthcare - opportunities and strategies <i>Daniel Pilsgaard Henriksen and Antonella Giorgia Becchetti</i> ACPE UAN: 0475-0000-24-003-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-IG1	Room C
	Seminar SPD1 – Carbon footprints in hospitals - facts and figures <i>Laurie Marraud and Mathis Egnell</i> ACPE UAN: 0475-0000-24-010-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD1	Room E

	Seminar PSQ1 – Pharmacist-led antimicrobial stewardship: another focus for patient safety? <i>Reinier van Hest and Daniele Donà</i> ACPE UAN: 0475-0000-24-011-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-PSQ1	Room G
	Seminar PC1 – Drug stability in the clinical environment <i>Irene Krämer* and Dina Kweekel</i> ACPE UAN: 0475-0000-24-006-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-PC1	Room H
	Interactive Session 2 – Moving forward with digital clinical education - when ward-based training is not an option <i>Roisin O'Hare and Benoît Allenet</i> ACPE UAN: 0475-0000-24-007-L04-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-INT2	Room A
	Workshop 1 – Sustainability in hospital pharmacy: the to-do-list <i>Lise Durand and Min Na Eii</i> ACPE UAN: 0475-0000-24-008-L04-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-W1	Room B
09.00-10.30	Industry Sponsored Satellites	
	Omnicell Paradigm shifts driving centralization and automation of IV compounding ACPE Non-Accredited Activity / ECPhA Non-Accredited Activity	Sat 1
10.30-11.00	Coffee Break and attended posters	Agora & Hall 1
11.00-11.45	Keynote 2 – Impact of climate change on human health: a resilient approach <i>Peter Morgan</i> ACPE UAN: 0475-0000-24-016-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-K2	Agora Plenary
12.00-13.30	Seminars	
	Seminar ER1 – Analysing real-world data – methods, opportunities and challenges <i>Katrin Nink and Lars Hemkens</i> ACPE UAN: 0475-0000-24-009-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-ER1	Room C
	Seminar SPD2 – Hospital formularies going green <i>Josep Maria Guiu Segura and Nina Uldal*</i> ACPE UAN: 0475-0000-24-004-L04-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD2	Room E
	Seminar PC2 – Compounding without frontiers, cooperation over country borders <i>Birgit Koch and Pascal Odou</i> ACPE UAN: 0475-0000-24-012-L07-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-PC2	Room G
	Seminar CPS1 – Engaging patients for efficient clinical pharmacy services <i>Tinne Dilles and Victor Huiskes</i> ACPE UAN: 0475-0000-24-013-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-CPS1	Room H
	Workshop 2 – Check of Compounding Appropriateness <i>Evelyne Van den Broucke and Thomas Bäckström</i> ACPE UAN: 0475-0000-24-014-L07-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-W2	Room A

	Workshop 3 – Medicines shortages: an ongoing matter for emergency departments <i>Simone Zotter</i> ACPE UAN: 0475-0000-24-015-L05-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-W3	Room B
12.00-13.30	Industry Sponsored Satellites	
	CurifyLabs Automated non-sterile pharmacy compounding inspired by 3D printing: Learning from 30 hospitals across Europe ACPE Non-Accredited Activity / ECPhA Non-Accredited Activity	Sat 1
	Baxter Sustaining Safe Services in Pediatric and Neonatal Nutrition – Little Doses, Big Opportunities ACPE Non-Accredited Activity / ECPhA Non-Accredited Activity	Sat 2
13.30-15.00	Lunch	Agora
14.00-15.00	The Aural Apothecary Podcast - Live on Stage	Agora Booth #75 (Exhibition area)
15.00-16.30	Seminars	
	Seminar IG2 – Redispensing of medicines: pros and cons <i>Charlotte Bekker and Jochen Schnurrer</i> ACPE UAN: 0475-0000-24-017-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-IG2	Room C
	Seminar ER2 – Interprofessional education and research towards better health outcomes <i>Aoife Fleming and Jelle Tichelaar</i> ACPE UAN: 0475-0000-24-018-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-ER2	Room E
	Seminar SPD3 – Sustainability in medical devices <i>Virginie Chasseigne, Armida Gigante* and Paul Piscoi (video)</i> ACPE UAN: 0475-0000-24-019-L03-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD3	Room G
	Seminar PSQ2 – Patient safety II - learning from when things go well and not so well <i>Eileen Relihan and Afke van de Plas</i> ACPE UAN: 0475-0000-24-020-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-PSQ2	Room H
	Interactive Session 1 – Pharmacists' well-being - how to take care of those who take care <i>Tanja Nazlic and Nuria Sala</i> ACPE UAN: 0475-0000-24-021-L05-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-INT1	Room A
	Workshop 4 – Pharmacogenetics testing - how to make it sustainable? <i>Luis Andrés López Fernández and Vera Deneer</i> ACPE UAN: 0475-0000-24-022-L05-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-W4	Room B
16.30-17.00	Coffee Break	Agora

16.45-17.45	Seminar	
	Pharmacotherapy Session – Anticoagulation therapy in the context of women's health <i>Jignesh Patel and Maeve Crowley*</i> ACPE UAN: 0475-0000-24-023-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAH02024-LEE-PHS2	Rooms G
17.00	Exhibition closes	Agora

Friday, 22 March		
Time	Meetings/Events	Room
07.00-08.00	EAHP Fun Run – Explore Bordeaux Lake running 5km and support Children with Cancer Registration appreciated: kikarun(at)xs4all.nl	Congress Centre Entrance
08.00-11.00	Registration opens (individuals, groups and exhibitors)	Entrance Foyer
09.00	Exhibition opens	Agora
09.00-10.30	Seminars	
	Seminar IG2 – Redispensing of medicines: pros and cons <i>Charlotte Bekker and Jochen Schnurrer</i> ACPE UAN: 0475-0000-24-017-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-IG2	Room C
	Seminar ER2 – Interprofessional education and research towards better health outcomes <i>Aoife Fleming and Jelle Tichelaar</i> ACPE UAN: 0475-0000-24-018-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-ER2	Room E
	Seminar PC2 – Compounding without frontiers, cooperation over country borders <i>Birgit Koch and Pascal Odou</i> ACPE UAN: 0475-0000-24-012-L07-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-PC2	Room G
	Seminar PSQ2 – Patient safety II - learning from when things go well and not so well <i>Eileen Relihan and Afke van de Plas</i> ACPE UAN: 0475-0000-24-020-L05-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-PSQ2	Room H
	Interactive Session 1 – Pharmacists' well-being - how to take care of those who take care <i>Tanja Nazlic and Nuria Sala</i> ACPE UAN: 0475-0000-24-021-L05-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-INT1	Room A
	Workshop 4 – Pharmacogenetics testing – how to make it sustainable? <i>Luis Andrés López Fernández and Vera Deneer</i> ACPE UAN: 0475-0000-24-022-L05-P – An application-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-W4	Room B
	Seminar SPD3 – Sustainability in medical devices <i>Virginie Chasseigne, Armida Gigante* and Paul Piscoi (video)</i> ACPE UAN: 0475-0000-24-019-L03-P – A knowledge-based activity ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD3	Sat 1

09.00-10.30	Sustainable Session	Sat 2
	EAHP Environmental Sustainability Working Group – What are the roles of hospital pharmacy teams? <i>Barry Melia and Carine Schuurmans</i> ACPE Non-Accredited Activity / ECPHA Non-Accredited Activity	
10.30-11.30	Coffee Break and attended posters	Agora & Hall 1
11.30-13.00	Closing Ceremony & Keynote 3 – Reducing problematic polypharmacy - using Action Learning Sets to optimise sustainable medicines use <i>Clare Howard</i> ACPE UAN: 0475-0000-24-024-L04-P – A knowledge-based activity ECPHA: 1.5-ECPEC-EAHP2024-LEE-K3	Agora Plenary
12.00	Exhibition closes	Agora



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GOOD PRACTICES INITIATIVES

ORAL PRESENTATIONS

WEDNESDAY, 20 MARCH 2024 – FROM 10.30 TO 12.00, ROOM E

ACPE Non-Accredited Activity

10.30 - GREEN TEAM CLINICAL PHARMACY AND PHARMACOLOGY OF A UNIVERSITY HOSPITAL IN THE NETHERLANDS: TOWARDS SUSTAINABLE CLINICAL PHARMACY, **Patricia Van Den Bemt**

10.38 - DEVELOPMENT OF MY MEDICATION PLAN INVOLVING PATIENT REPRESENTATIVES AS CO-DESIGNERS, **Maja Schlünsen**

10.46 - ESTABLISHING POPULATION HEALTH MANAGEMENT CLINIC (PHMC) IN SURGICAL PRE-ASSESSMENT UNIT AT WMUH, **Thewodros Leka**

10.54 - NATIONAL COMPETITION FOR PHARMACY STUDENTS IN BULGARIA "BECOME A HOSPITAL PHARMACIST", **Velina Grigorova**

11.02 - IMPROVING EFFICIENCY IN THE INFUSION UNIT THROUGH A CRITICAL REVIEW OF MEDICATION PROTOCOLS, **Bert Storm**

11.10 - MEDICATION WASTE IN A HOSPITAL SETTING; COUNTS, CONCERNS AND CONSIDERATIONS, **Minke Jongsma**

11.18 - 90% REDUCTION OF MEDICATION WASTE BY REUSING RETURNED MEDICATION FROM MEDICAL WARDS, **Douwe van der Meer**

11.26 - MAKING A GREEN AND LEAN CHOICE: EVALUATING THE ENVIRONMENTAL AND ECONOMIC IMPACTS OF REPROCESSABLE AND SINGLE-USE MEDICAL DEVICES IN HOSPITAL SETTINGS, **Samantha Huynh**

11.34 - REDISPENSING OF EXPENSIVE ORAL ANTICANCER MEDICINES: A PRACTICAL APPLICATION, **Kübra Akgöl**

11.42 - DEVELOPMENT OF A COMPACT, DISPOSABLE FILTER TO REDUCE THE DISCHARGE OF PHARMACEUTICAL WASTE INTO THE SEWER, **Caspar Korteweg**

11.50 - CREATION OF A PEDAGOGICAL TOOL TO OPTIMIZE THE VALIDATION OF CHEMOTHERAPIES RELATED TO RHABDOMYOSARCOMA, **Franco Perna**

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POSTER AWARD NOMINEES

ORAL PRESENTATIONS

WEDNESDAY, 20 MARCH 2024 – FROM 10.30 TO 12.00, ROOM C

ACPE Non-Accredited Activity

Section 3 - Production and Compounding

10.35 - DESIGN AND STABILITY STUDY OF AN ISONIAZID AND PYRIDOXINE ORAL LIQUID FORMULATION, **Helena Gavilan Gigosos**

Section 4 - Clinical Pharmacy Services

10.46 - PHARMACEUTICAL CARE IN POSTOPERATIVE PAIN MANAGEMENT AT ADMISSION AND DISCHARGE, **Almuneda Ribed**

10.57 - SEVENTEEN DRUGS, ONE SAMPLE: ANALYZING MULTIPLE ANTI-TUBERCULOSIS DRUGS SIMULTANEOUSLY USING ONE METHOD, **Mathieu Bolhius**

Section 5 - Patient Safety and Quality Assurance

11.08 - SURVEY OF PATIENT INVOLVEMENT IN ADVERSE DRUG REACTION MONITORING: THEIR INFORMATION SOURCES AND NEEDS, **Narumol Jarersiripornkul**

11.19 - A REVIEW OF THE EXPOSURE TO POTENTIALLY HARMFUL EXCIPIENTS THROUGH ORAL LIQUID FORMS IN PEDIATRIC INPATIENTS IN FRANCE, **Marianne Bobillot**

11.30 - SIMULATION OF A DISCHARGE CONTROL: AN EFFECTIVE TOOL FOR QUALIFYING STAFF, **Gulceren Lafci**

11.41 - COST-EFFECTIVENESS OF PHARMACEUTICAL PREOPERATIVE CONSULTATIONS: A FIVE-YEAR ANALYSIS, **Gomez Daniel**



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KEYNOTE PRESENTATIONS

OPENING CEREMONY & KEYNOTE 1

Evolving towards sustainable healthcare systems?

ACPE UAN: 0475-0000-24-001-L04-P / Contact hours: 0,75; CEUs: 0,075

ECPhA: 1.5-ECPEC-EAHP2024-LEE-K1

Session: **Wednesday, 20 March 2024 - 8:30 to 10:15**

Room: **Agora Plenary**

Facilitator: **Thomas De Rijdt**

Presenter: **Pedro Facon**

No conflict of interest declared. Please reference speakers' biographies.

LINKED TO EAHP STATEMENTS

Section 1 – Introductory Statements and Governance: Statements – 1.1, 1.2, 1.3

Section 2 – Selection, Procurement and Distribution: Statements – 2.1, 2.5

Section 3 – Production and Compounding: Statements – 3.1

Section 4 – Clinical Pharmacy: Statements – 4.1, 4.6

ABSTRACT

“The first wealth is health”, a quote from philosopher Ralph Waldo Emerson, is more actual than ever. Thanks to innovation our healthcare has become very performant and accessible, but nearly unsustainable at the same time. Due to high-price innovative therapies, rising costs, aging, continuing drug shortages and environmental impact the time to change course and to re-engineer our healthcare systems is now.

Shorter lengths of stay, possible therapies in day clinics, transmural care and home hospitalisation initiatives change the need for resources in the different lines of healthcare while the organisational structure and financing model is still often historically pillarised. Market access entry agreements, pay for performance, pathology financing and fair review of reimbursement criteria (with respect for ICER and ethical questions) are tools to facilitate this transition.

But also, human aspects as a promotion of prevention, a healthy life style, healthy work environment for care workers, job satisfaction, work-life balance, shortage in the labour market, task purification, lean administrative burden and potential benefits from automation and digitalization are drivers for a sustainable system.

Last but not least, there's more focus on the carbon footprint of our healthcare systems. The pandemic and the financial crisis showed us the importance of local production capacity, a short supply chain and circular economy with minimal waste and medicines residues in nature. Smaller and biodegradable packs can also add to a green pharmacy and in the meantime have a positive impact on antimicrobial resistance or overconsumption. Responsible procurement answers to this

within the legal possibilities.

In this keynote the main hurdles and drivers are touched in order to give a general vision on how to evolve towards sustainable quality healthcare systems.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- objectively criticise the current healthcare systems
- value different drivers for evolve towards sustainable healthcare systems
- express the differences in European countries regarding hurdles and possibilities

EDUCATIONAL NEED ADDRESSED

In order to guarantee affordable healthcare in the future most healthcare systems must be re-engineered with focus on sustainability. A general vision and reflection allows critical appraisal of the different drivers for this evolution.

KEYWORDS

Sustainable healthcare, healthcare reform, management, reimbursement

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KEYNOTE 2

Impact of climate change on human health: a resilient approach

ACPE UAN: 0475-0000-24-016-L04-P / Contact hours: 0,75; CEUs: 0,075

ECPhA: 1.5-ECPEC-EAHP2024-LEE-K2

A knowledge-based activity

Session: **Thursday, 21 March 2024 - 11:00 to 11:45**

Room: **Agora Plenary**

Facilitator: **Daniele Mengato**

Presenter: **Peter Morgan**

No conflict of interest declared. Please reference speakers' biographies.

LINKED TO EAHP STATEMENTS

Section 1 – Introductory Statement and Governance – 1.3

Section 2 – Selection, Procurement and Distribution – 2.1, 2.2, 2.4, 2.5, 2.6

Section 4 – Clinical Pharmacy services – 4.1, 4.3, 4.6, 4.7, 4.8

Section 5 – Patient Safety and Quality Assurance – 5.1, 5.2, 5.5

Section 6 – Education and Research: Statement Statements – 6.4

ABSTRACT

Climate change is profoundly altering our daily lives. People around the world, in both high- and low-income countries, are increasingly feeling the impact of these changes on their health and well-being, reflecting the effects of continued dependence on fossil fuels. From an epidemiological perspective, climate-related environmental changes are associated with an increase in the incidence of chronic diseases already prevalent in the northern hemisphere, such as cardiovascular disease and mental illness, leading to increased use of related, heavily used western medications. Respirable, waterborne, and foodborne toxins and infections, including those transmitted by vectors, may become more prevalent in Western countries, Central and Eastern Asia and North America. As new disease threats arise, there is a growing need for the development of effective medications and treatments. This can drive scientific and pharmaceutical advancements, leading to the discovery of new drugs and therapies that can address not only climate-related diseases but also existing health conditions.

Furthermore, a “horizon scanning” approach can be a powerful tool for identifying potential future health challenges and preparing appropriate responses. By proactively anticipating these problems, we can allocate resources, enhance preparedness, and invest in research and development to address emerging health threats. This approach should help all of us, including hospital pharmacists, to stay ahead of the curve and mitigate the potential impact of climate change on our health.

LEARNING OBJECTIVES

After the session the participant should be able to:

- List the possible diseases that could arise as a result of climate change
- Identify climate change-related risks to access to medicine
- List strategies to address the emerging threats related to climate change

EDUCATIONAL NEED ADDRESSED

Climate change has a known impact on health along with present and future diseases. Hospital Pharmacists should be able to discuss the issues related to these aspects, with a particular focus on the challenges related to medication management.

KEYWORDS

Environmental aspects, drug shortage, healthcare reform, leadership, education

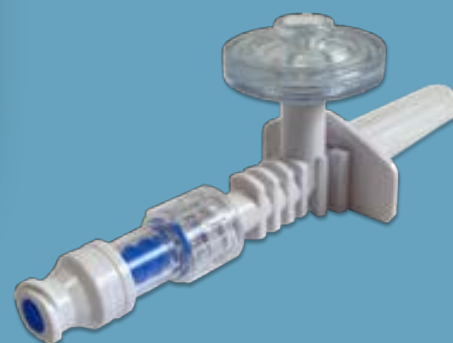


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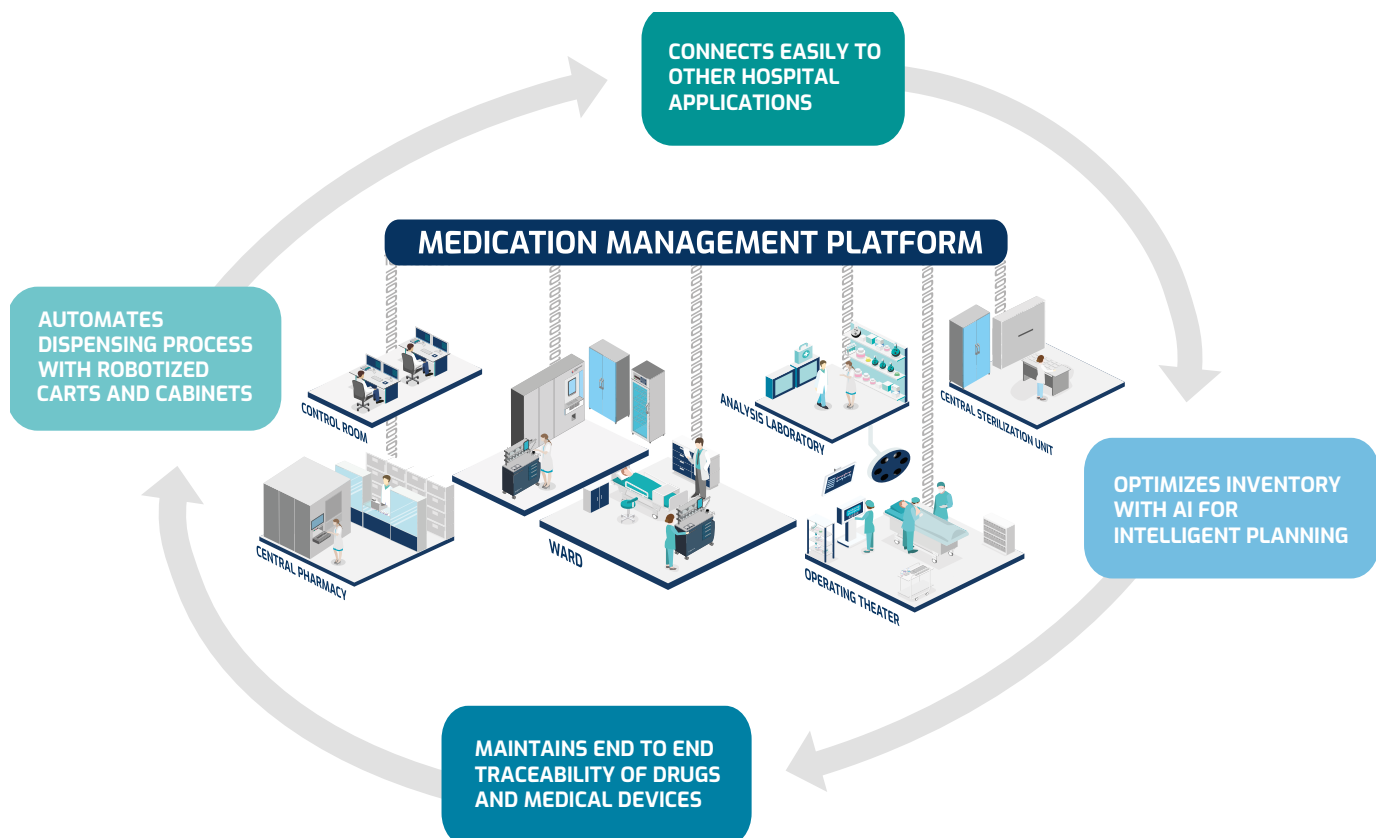
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CLOSING CEREMONY & KEYNOTE 3

Reducing problematic polypharmacy - using Action Learning Sets to optimise sustainable medicines use

ACPE UAN: 0475-0000-24-024-L04-P / Contact hours: 0,75; CEUs: 0,075

ECPHA: 1.5-ECPEC-EAHP2024-LEE-K3

A knowledge-based activity

Session: **Friday, 22 March 2024 - 11:30 to 13:00**

Room: **Agora Plenary**

Facilitator: **Jonathan Underhill**

Presenter: **Clare Howard**

No conflict of interest declared. Please reference speakers' biographies.

LINKED TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1, 1.3
- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.2, 4.3, 4.6
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.1, 5.5

ABSTRACT

Each month in England roughly 1 million people receive 10 or more medicines. Almost 400.000 of them are aged 75 or over and over 100.000 of them are aged 85 or over. Risk of errors and risk of hospitalisation increase with age, multimorbidity and polypharmacy. Much of the harm from polypharmacy is preventable / avoidable.

While people can easily understand the problem with the potential overuse of medicines, many clinicians struggle with how to address it with individuals they see within their clinics, wards and pharmacies. Over the past 5 years, we have developed the Polypharmacy Action Learning Sets, aimed at supporting general practitioners, pharmacists and other prescribers to improve their skills and confidence to tackle polypharmacy via structured medication reviews with patients. Built on a model funded by the Health Foundation in the Yorkshire and Humber area of England, an independent evaluation by Southampton University of five years of this work led to the commissioning of a national scale-up program across the whole of England.

This keynote will outline how the Action Learning Sets aim to get a better understanding of why medicines that are not clinically appropriate are not always stopped. They aim to:

1. **Understand** from delegates the barriers (practical and cognitive) to systematically stopping medicines that are no longer warranted in older patients
2. **Explore** with delegates how we can address some of these barriers within general practice and support better medication reviews
3. Provide a **deeper understanding** of shared decision making and how to incorporate this into all medication reviews (especially for older people with multimorbidity)

4. **Outline** some of the many **tools** available to help prescribers to conduct successful medication reviews

5. **Replicate** the impact already shown in the independent evaluation

This keynote presentation will:

- Tell the journey of the Polypharmacy Action Learning sets over the past 5 years in England
- Share our key learning to date and how you can apply this to your practice
- Outline the impact that these ALS have had on patient care and how they have improved clinicians' confidence in tackling problematic polypharmacy
- Address where improvements in polypharmacy can support efforts to improve environmental sustainability

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Describe the features of an Action Learning Set
- Discuss how to use this methodology to identify skills gaps and learning needs within teams and individuals
- Describe the different techniques for exploring the values and preferences that a patient holds
- Recognise the cognitive and practical barriers to stopping medicines both safely and appropriately

EDUCATIONAL NEED ADDRESSED

This keynote addresses how to identify the skills gaps for individuals in order for them to undertake effective and successful medication reviews, fully taking into account the person's values and preferences regarding their medicines' choices.

KEYWORDS

Polypharmacy, shared decision making, workforce education and training, structured medication review, multidisciplinary team working



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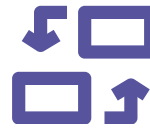
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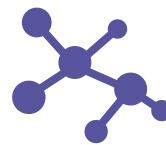
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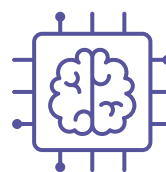
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SEMINAR CPS1

Engaging patients for efficient clinical pharmacy services

ACPE UAN: 0475-0000-24-013-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-CPS1

Session: **Wednesday, 20 March 2024** - 17:15 to 18:45

Thursday, 21 March 2024 - 12:00 to 13:30

Room: **H**

Facilitator: **Fatma Karapinar**

Presenters: **Tinne Dilles** and **Victor Huiskes**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statement – 1.1
- **Section 4** – Clinical Pharmacy Services: Statements – 4.1, 4.2, 4.3, 4.8
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.1, 5.5

ABSTRACT

The demand for healthcare is on the rise in Europe, leading to concerns about the strain on the healthcare system posed by the shortage of manpower, an aging population, and greater healthcare costs. Hospital pharmacists face the challenge of delivering high-quality clinical pharmacy services while working efficiently with healthcare teams. However, how are patients engaged in these healthcare teams?

A growing body of evidence suggests that a solution to the current problems of healthcare sustainability is the active involvement of patients in health management through the empowerment of their abilities. Engaging patients' abilities to participate in their own health management can result in better outcomes for clinical pharmacy services, such as medication reconciliation and patient education. Currently, patients tend to be passive members of healthcare teams. However, recent years have seen patients become more proactive in gathering information and managing their own health status, as exemplified by the rising use of online platforms like PatientsLikeMe and MyHealthTeams.

The World Health Organization's (WHO) programme "Health 2020" identifies active patient participation as the main goal for achieving better healthcare results. By facilitating patient engagement and collaboration, patients and healthcare providers can identify areas of improvement in sustainable practices and work together to create a more sustainable healthcare system. Hospital pharmacists can play a key role in achieving important goals towards healthcare sustainability, including cost reduction, improved health outcomes, fewer wasted resources, more prevention, improved service quality, and increased patient satisfaction.

This seminar will explore examples of patient engagement in clinical pharmacy services and propose ways to increase patient involvement to enhance efficiency and quality. By involving patients as active participants in healthcare teams, hospital pharmacists can contribute to the creation of sustainable healthcare systems that benefit patients and healthcare providers alike.

LEARNING OBJECTIVES

After this session, participants should be able to:

- Describe how patients can be involved to increase the efficiency and quality of clinical pharmacy services
- Know examples of clinical pharmacy services where patient engagement can be increased

EDUCATIONAL NEED ADDRESSED

Hospital pharmacists work alongside healthcare teams to provide expert medication management and advice to ensure safe and effective drug therapy. This seminar will focus on how patients can be involved to increase the efficiency and quality of clinical pharmacy services in daily practice.

KEYWORDS

Patient engagement, patient empowerment, medication safety, medication errors, sustainability

SEMINAR ER1

Analysing real-world data - methods, opportunities and challenges

ACPE UAN: 0475-0000-24-009-L04-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-ER1

Session: **Wednesday, 20 March 2024** - 17:15 to 18:45

Thursday, 21 March 2024 - 12:00 to 13:30

Room: **C**

Facilitator: **Stefanie Deuster**

Presenters: **Lars Hemkens** and **Katrin Nink**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 4** – Clinical Pharmacy: Statements – 4.3, 4.8
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.2
- **Section 6** – Education and Research: Statement Statements – 6.4

ABSTRACT

There is an increasing interest in providing real world evidence for healthcare decision-making. Real-World Data may offer unique opportunities to understand the effectiveness, safety, and outcomes of interventions in real world patient populations. Real world evidence derives from analysing this data, which can be generated in randomised clinical trials, prospective or retrospective observational studies, or routinely collected data from clinical practice, electronic health records, health registries, and other sources. Real-World Data can be useful to investigate, for example, the size and characteristics of a specific patient group of interest even over longer time periods, to describe the current standard of care in a patient population, or to identify rare adverse events.

However, there are as well challenges and limitations of using Real-World Data for generating evidence. These challenges include data quality and completeness, selection bias, or possible confounding. Therefore, before relying on Real-World Data in clinical decision making, the suitability and the validity of the data need to be clarified, as well as the question of whether the used data sources really include the information required (both in quantity and quality).

This seminar will provide the basic knowledge on how to define necessary criteria for the use of real-world data for a specific research question. Besides, it will give insight into the adequate design of a research project with real world data, to finally create valuable real-world evidence.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Outline basic and advanced principles of trial designs with real world data
- Evaluate the use of routinely collected data and assess its validity and its informative value
- Assess the potential benefits of using real world data and its challenges and limitations

EDUCATIONAL NEED ADDRESSED

Hospital pharmacists need to know details regarding the judicious use of real world data in order to set up their own research project to create real world evidence.

KEYWORDS

Clinical trials, real world data, real world evidence, big data, study design, evidence-based medicine

SEMINAR ER2

Interprofessional education and research towards better health outcomes

ACPE UAN: 0475-0000-24-018-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-ER2

Session: **Thursday, 21 March 2024** - 15:00 to 16:30

Friday, 22 March 2024 - 9:00 to 10:30

Room: **E**

Facilitator: **Branislava Miljković**

Presenters: **Aoife Fleming** and **Jelle Tichelaar**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.4, 4.5, 4.6
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.2, 5.5
- **Section 6** – Education and Research: Statement Statements – 6.1, 6.2, 6.3, 6.4

ABSTRACT

The increased complexity of healthcare systems, the high degree of specialisation within the health professions, the burden of non-communicable diseases, scarcity of healthcare providers require effective collaboration among health professionals to optimise patient health outcomes. Collaboration, a term commonly used in health professions' education, research and clinical practice, occurs when two or more entities work together to produce a desired and shared outcome. Interprofessional education, the process of preparing people for collaborative practice, is defined as occasions when two or more professions learn with, from and about each other to improve the quality of care. Additional values of interprofessional research are different expertise, ways of thinking and approaches to problems.

To develop and maintain interprofessional clinical practice we need partnerships, shared decision making, mutual respect and trust, responsibility and accountability, among healthcare providers. Interprofessional models in education, research and clinical practice need to support students and young professionals to understand their own professional identity while gaining an understanding of other professional's roles on the healthcare team.

Within the seminar, a few successful interprofessional models in education, research and practice from different countries will be presented and discussed.

LEARNING OBJECTIVES

After the session, participants should be able to:

- Understand the advantages of interprofessional education and research for healthcare outcomes

- Identify constraints that affect implementation of interprofessional practice
- Understand collaborative interprofessional team characteristics and behaviour

EDUCATIONAL NEED ADDRESSED

Complex medical issues are optimally addressed by interprofessional teams and hospital pharmacists need to be prepared to work in collaborative healthcare teams.

KEYWORDS

Interprofessional education, interprofessional research, collaboration, healthcare team

SEMINAR IG1

Sustainable healthcare - opportunities and strategies

ACPE UAN: 0475-0000-24-003-L04-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-IG1

Session: **Wednesday, 20 March 2024** - 14:45 to 16:15

Thursday, 21 March 2024 - 9:00 to 10:30

Room: **C**

Facilitator: **Lene Kjeldsen**

Presenters: **Daniel Pilsgaard Henriksen** and **Antonella Giorgia Becchetti**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1, 1.2, 1.3, 1.5, 1.7
- **Section 2** – Selection, Procurement and Distribution: Statements – 2.1, 2.2, 2.5, 2.6
- **Section 3** – Production and Compounding: Statements – 3.5
- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.5

ABSTRACT

Healthcare in Europe is faced with an ageing population, which is likely to challenge our healthcare system as it is today. Hence, we need to rethink our healthcare system to enable us to provide optimal care using the available resources.

According to the World Health Organization (WHO), a Sustainable Healthcare System may be defined as a system that “improves, maintains or restores health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations” (1). In other words, sustainable healthcare is based on the 3 pillars of sustainability (environmental, economic and social dimensions), where healthcare is delivered without damaging the environment, considers the economic dimension and has a positive social impact.

Sustainable healthcare is a broad concept, which provides hospitals and hospital pharmacies with a large array of opportunities and obligations to deliver healthcare in a new way. A core element is to establish or improve existing collaboration with relevant partners in order to think differently and create new solutions.

It is likely that we should focus on patients requiring highly specialised care in hospitals and attempt to keep patients in their own homes as much as possible. That will require better collaboration with primary care and delivery of hospital services in patients' own homes.

Especially technological inventions may assist in improving healthcare delivery over sectors and within hospitals. Examples include e-health solutions such as using e-consultations, which reduces the need for travel and saves costs due to avoiding hospital admissions.

By reaching out to primary care, hospitals may improve collaboration with other players in the field of healthcare such as general practitioners, private pharmacies, nursing homes, medication

manufacturers etc... This may prevent disease development and thereby expensive hospital admissions and concurrently improve the quality of care.

By reaching out, hospitals and hospital pharmacies can take responsibility and become a strong partner in ensuring sustainability in our environment.

1: <https://apps.who.int/iris/bitstream/handle/10665/340375/WHO-EURO-2017-2241-41996-57723-eng.pdf?sequence=3&isAllowed=y>

LEARNING OBJECTIVES

After the session, the participant should be able to:

- list challenges and opportunities of hospitals and hospital pharmacies towards reaching sustainable healthcare
- discuss the role of hospitals and hospital pharmacies in improving sustainable healthcare
- evaluate various strategies of sustainable healthcare

EDUCATIONAL NEED ADDRESSED

In order to ensure sustainability in healthcare, hospitals and hospital pharmacies play an important role in working towards updated solutions for our next generation.

KEYWORDS

Sustainable healthcare, carbon footprint, collaboration, health disparities, team-based, telemedicine

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SEMINAR IG2

Redispensing of medicines: pros and cons

ACPE UAN: 0475-0000-24-017-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-IG2

Session: **Thursday, 21 March 2024** - 15:00 to 16:30

Friday, 22 March 2024 - 9:00 to 10:30

Room: **C**

Facilitator: **Inese Sviestina**

Presenters: **Charlotte Bekker** and **Jochen Schnurrer**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1, 1.3
- **Section 2** – Selection, Procurement and Distribution: Statements – 2.5
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.2, 5.3

ABSTRACT

Redispensing or redistribution (also reuse) of medicines has become an increasingly popular topic in the realm of healthcare sustainability. With the rising cost of healthcare, medicines shortages and the growing concern for the environment, the idea of redispensing medications is becoming more attractive. Medicines redispensing involves collecting and redistributing unused, unexpired medication by patients at home to other patients both to improve patients' accessibility to medications and improve affordability and sustainability of medication use (sustainability of environment).

The benefits of circularity strategies for medicines are numerous, including reduced medication waste, decreased healthcare costs, and increased access to medication for those in need. Conservatively, there are perceived risks associated with the redispensing of medicines, such as safety concerns and potential legal implications and probably therefore these strategies are not currently implemented in many countries.

Another important aspect, if redistribution of medicines becomes as a standard practice, should it be focused only on expensive medications from an economic perspective or also on cheaper medications thus maximising environmental impact?

Despite these challenges, the redistribution of medicines has the potential to significantly contribute to sustainable healthcare practices. Hospital pharmacists could play an important role into the further investigation of the feasibility and safety of medication redispensing programmes, and in developing policies and guidelines that support their implementation.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Outline the risks and benefits associated with the redispensing of medicines used by patients at home
- Describe circularity strategies for pharmaceuticals
- Discuss the importance of the role of hospital pharmacists in these processes

EDUCATIONAL NEED ADDRESSED

This seminar covers topics on how to reduce the waste and environmental pollution created by unused medicines, and/or help save money and provide better access to medicines to people, and to what could the hospital pharmacists' role be in these processes.

KEYWORDS

Redispensing of medicines, medicines waste, sustainability, pharmaceutical care

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SEMINAR PC1

Drug stability in the clinical environment

ACPE UAN: 0475-0000-24-006-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PC1

Session: **Wednesday, 20 March 2024** - 14:45 to 16:15

Thursday, 21 March 2024 - 9:00 to 10:30

Room: **H**

Facilitator: **Juraj Sýkora**

Presenters: **Irene Krämer*** and **Dina Kweekel**

Conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1
- **Section 3** – Production and Compounding: Statements – 3.1, 3.2, 3.3, 3.4, 3.5
- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.7
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.1, 5.2, 5.6, 5.9, 5.10, 5.11
- **Section 6** – Education and Research: Statement Statements – 6.4

ABSTRACT

Hospital pharmacists regularly prepare medicines to meet patient-specific clinical needs. Today, ready-to-administer (RTA) parenteral products, such as anticancer medication, anti-infectives, parenteral nutrition admixtures, and medication for intensive care patients, are prepared in pharmacy-based cytotoxic preparation units and intravenous additive services (CIVAS). Other relevant dosage forms prepared in pharmacies for the special need of patients are eye preparations and oral liquid preparations. For each product, the shelf-life, or in-use stability, is to be assessed and given on the label by the responsible pharmacist. Therefore, knowledge and expertise about stability of different dosage forms, degradation pathways, stability testing, and assessment of physicochemical, microbiological, and pharmacological stability, is relevant. Stability assessment depends on the type of preparation, the preparation procedure, storage conditions, and the availability of stability data in the literature. Relevant information can be retrieved from databases, original publications or even stability studies performed by the pharmacy department itself. There are several guidelines published regarding the 'Good Stability Testing' of ready-to-administer parenteral preparations derived from licensed products. In each case, a stability-indicating and validated method must be used. Published physicochemical stability data can be used to assess the in-use stability of an individual preparation, the better the more similar the internal and external stability-determining factors are.

When standardised preparations and dose-banded preparations are prepared in series or batches in advance, long-term stability data is needed. However, it will be harder to find literature data as quality controls are mandatory in batch production. Shelf-life of ophthalmic solutions and liquid

oral dosage can also be assessed based on literature data. The safest way is to do the preparation and the labelling according to magistral formularies.

Our utmost goal is to use knowledge on stability and compatibility in conjunction with our expertise in pharmaceutical technology in order to ensure the safe and efficacious administration of pharmaceutical preparations. In the first part of the seminar, general aspects of stability assessment will be presented. In the second part, good and bad examples of stability studies of pharmaceutical preparations and pitfalls of stability assessment will be discussed.

LEARNING OBJECTIVES

After the session, participants should be able to:

- Describe, analyse, and assess present and future developments in the field of stability and compatibility of pharmaceutical preparations
- List, describe, compare, and use relevant databases reporting stability and compatibility data
- Formulate, plan, perform, document, publish, and disseminate data on stability and compatibility of pharmaceutical preparations.

EDUCATIONAL NEED ADDRESSED

To learn and understand present and future developments in the field of stability and compatibility of pharmaceutical preparations, appraise and apply relevant databases regarding stability and compatibility, and develop research projects on stability/compatibility of pharmaceutical preparations.

KEYWORDS

Pharmaceutical preparation, stability, compatibility, database, research, hospital pharmacy.



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SEMINAR PC2

Compounding without frontiers, cooperation over country borders

ACPE UAN: 0475-0000-24-012-L07-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PC2

Session: **Thursday, 21 March 2024** - 12:00 to 13:30

Friday, 22 March 2024 - 9:00 to 10:30

Room: **G**

Facilitator: **Armando Alcobia**

Presenters: **Birgit Koch** and **Pascal Odou**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.2, 1.3
- **Section 2** – Selection, Procurement and Distribution: Statements – 2.5, 2.6
- **Section 3** – Production and Compounding: Statements – 3.1, 3.2, 3.3, 3.4, 3.5, 3.6
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.6, 5.10

ABSTRACT

During times of limited resources, both in terms of personnel and materials, any initiatives that lead to the optimisation of available resources are highly advisable.

A clear division has been observed between new and “sometimes” innovative medications, which are readily available and older, typically cheaper medications that, despite their usefulness, are frequently subject to drug shortages. When an essential medication is not available on the market, the hospital pharmacist is the only professional with the necessary drug manufacturing knowledge to prepare it within the hospital. Depending on the degree of complexity in its manipulation, there may be hospital pharmacies without the necessary conditions for manufacturing such medications, especially in sterile compounding. In these situations, the possibility of organisation between hospitals is already a reality, which varies greatly from country to country.

Cooperation over country borders can help to improve the quality assurance and quality improvement of compounded drugs used in hospitals. When hospitals collaborate with other institutions and organisations across borders, they can benefit from a wider range of expertise and resources. For example, hospitals can share information about the best practices for compounding medications, as well as the latest research and developments in the field, in an interprofessional collaborative practice. They can also share resources, such as specialised equipment and facilities, to ensure that compounded drugs are produced safely and effectively. This might be crucial particularly in the production of drugs that are in short supply, not commercially available, or in cases of allergies to a specific ingredient in a commercial medication.

Besides the European Association of Hospital Pharmacists (EAHP), other international associations are promoting compounding safety standards and guidelines, as the Alliance for Pharmacy

Compounding in U.S. or the Canadian Hospital Pharmacy Compounding Collaborative. The European Commission EU4Health programme 2021-2027 has a financial incentive for cross-border collaboration and partnerships to strengthen European health systems. The Council of Europe Resolution states that “Collaboration between national authorities, professional bodies and intergovernmental organisations should therefore be strengthened to continue to develop and share harmonised standards and best practices for the safety and quality of the process of medication use”.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Understand cooperation over country borders initiatives
- Recognize the European policies related to drug shortages
- Promote a regional or cross-country networking for compounding

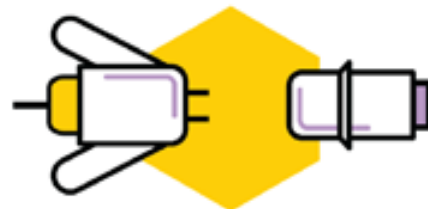
EDUCATIONAL NEED ADDRESSED

Motivation to optimise compounding, facing drug shortages and limit the dependency on imports of medicines and active pharmaceutical ingredients from non-EU countries, in a more environmentally friendly production with respect to the European Medicines Agency and European Commission resolutions.

KEYWORDS

Compounding, cross-border cooperation in healthcare, drug shortages, environmental sustainability

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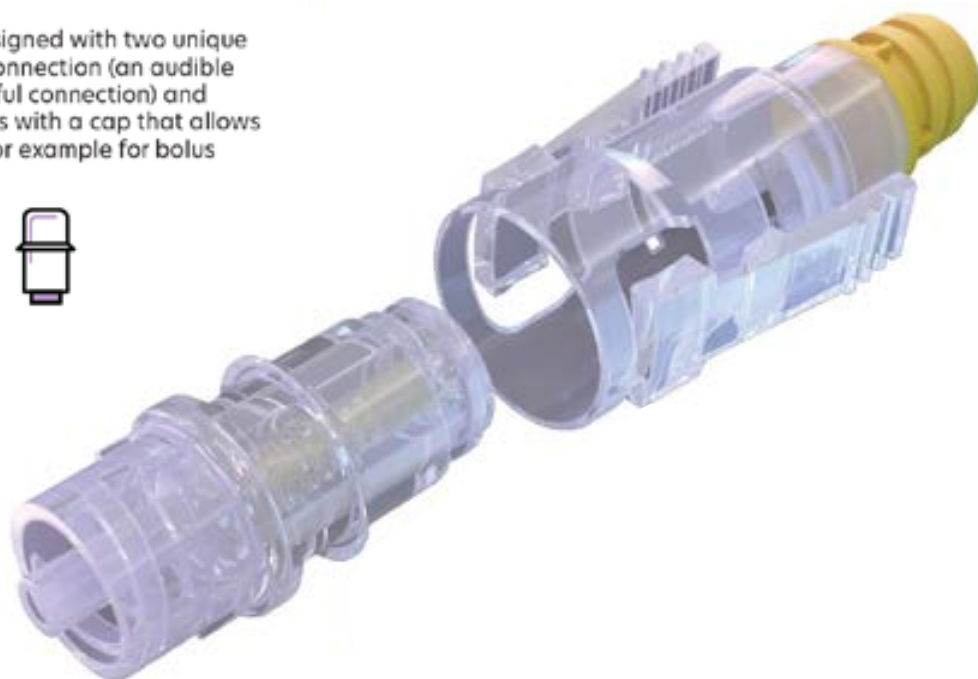


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SEMINAR PSQ1

Pharmacist-led antimicrobial stewardship: another focus for patient safety?

ACPE UAN: 0475-0000-24-011-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-PSQ1

Session: **Wednesday, 20 March 2024** - 17:15 to 18:45

Thursday, 21 March 2024 - 9:00 to 10:30

Room: **G**

Facilitator: **Daniele Mengato**

Presenters: **Reinier van Hest** and **Daniele Donà**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1, 1.2
- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.3
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.1, 5.2, 5.5, 5.7

ABSTRACT

Antimicrobial resistance (AMR) has been a growing global health problem for several years now. So much so that by 2050 it is predicted to reach the fatal threshold of 10 million deaths per year, a statistic equivalent to the number of cancer deaths in 2020. This has recently been confirmed by the United Nations report 'Bracing for Superbugs - Strengthening environmental action in the One Health response to antimicrobial resistance', published in February 2023 [1].

The document reiterates the need for a 'One Health' approach that addresses the various risk factors associated with the rise of antimicrobial resistance. The inappropriate use of antimicrobial agents is just one of the areas where more resources need to be invested.

Pharmacist-led Antimicrobial Stewardship (AMS) policies, which have been implemented at various levels for years, represent a good approach to promoting the appropriate use of this very important class of drugs.

As our knowledge of antimicrobial resistance evolves and new forms of resistance become more prevalent, it is of gaining importance to promote tailored AMS programmes for specific categories of patients. In this sense, promoting even personalized AMS gives us the opportunity to provide the right treatment for the right patient, against the right micro-organism.

Implementing Therapeutic Drug Monitoring (TDM), as well as other tools, to assist hospital pharmacists in managing antibiotic therapy becomes essential to ensure not only effective treatment, but also, and above all, safe use.

For these reasons, in order to ensure a conscious and safe approach in your AMS programmes, this seminar will be an opportunity to provide you with useful practical and organisational tools that

you can implement in your own reality. In addition, we will see how the aspect of safety takes on a primary value in an environment that is characterised by patients at high risk.

[1] United Nations Environment Programme (2023). Bracing for Superbugs: Strengthening environmental action in the One Health response to antimicrobial resistance. Geneva

LEARNING OBJECTIVES

After the session, the participant should be able to:

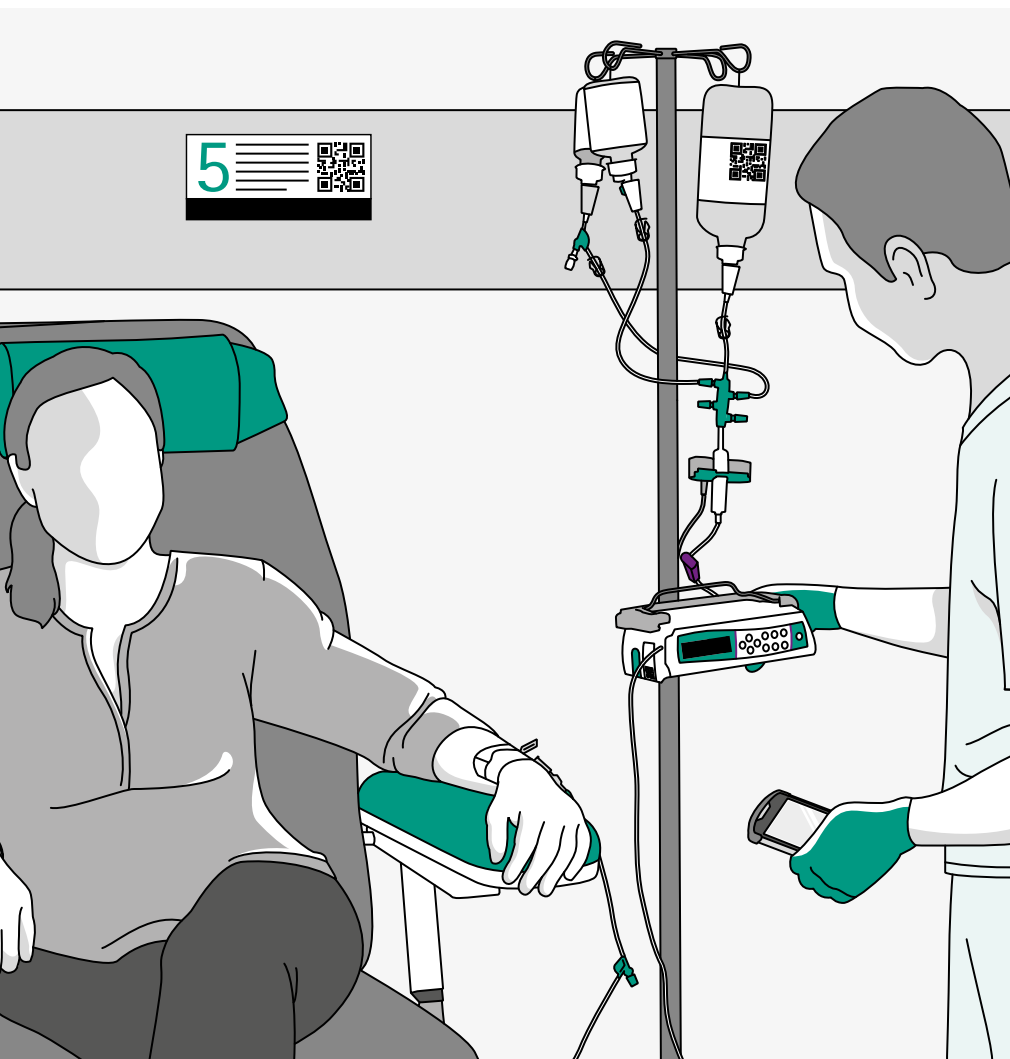
- Understanding the safety issues to consider when implementing AMS
- Identifying and prioritising the most vulnerable populations to be targeted for increased safety focus
- Understand how hospital pharmacists can help lead AMS programmes

EDUCATIONAL NEED ADDRESSED

As healthcare professionals working in several multidisciplinary teams, we have to manage different AMS programmes, tailored to different types of patients. Its safety, even more than its effectiveness, needs special focus here.

KEYWORDS

Antimicrobial stewardship, medication therapy management, medication safety, pharmacokinetics, pharmacovigilance



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SEMINAR PSQ2

Patient safety II – learning from when things go well and not so well

ACPE UAN: 0475-0000-24-020-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-PSQ2

Session: **Thursday, 21 March 2024** - 15:00 to 16:30

Friday, 22 March 2024 - 9:00 to 10:30

Room: **H**

Facilitator: **Raisa Laaksonen**

Presenters: **Eileen Relihan** and **Afke van de Plas**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 4** – Clinical Pharmacy: Statements – 4.8
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.1, 5.2, 5.5

ABSTRACT

What else can we do to further improve medication safety in hospitals? And how can we do this in a positive, effective, and efficient way? How can we learn from everyday practice?

In the first part of the seminar, we will try to answer these questions. The Safety-II approach, its importance and the need to combine it with Safety-I activities, will be explained. Furthermore, several Safety-II initiatives, that can be easily implemented in all hospitals to improve medication safety, will be discussed. As an example, a project about double-checking of parenteral drugs before administration will be presented. While we know that there is a gap between 'work as done' and 'work as imagined' in double-checking, how can we learn from 'work as done' to improve medication safety?

The second part of the seminar will focus on a medication safety initiative which supports safe prescribing and is based on the principles of microlearning. This project involves the compilation of concise knowledge nuggets called 'Medication Safety Minutes' - and their communication to frontline hospital prescribers. The 'Minutes' blend aspects of Safety-I and Safety-II in that they identify learning points from medication safety events but also highlight or launch aspects of best practice or clinical decision supports to reduce future risk in the organisation - all in a message which takes approximately 60 seconds to read and assimilate. Factors central to success of this project are the innovative design of the messages (very brief, question and answer-style format with minimal text and evocative graphics), along with the use of modes of communication not conventionally employed in medical education, i.e., messaging applications on mobile devices and social media. The initiative is highly transferable to other healthcare settings.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- describe and compare the principles of Safety-I and Safety-II and how they can be used to improve medication safety
- identify how learning can be extracted from medication errors and near misses and leveraged for quality improvement
- recognise how the medication safety initiatives described might be adapted and adopted in their own hospitals to reduce risk

EDUCATIONAL NEED ADDRESSED

This session will demonstrate how hospital pharmacists can employ the principles of Safety-II in tandem with Safety-I to drive a positive safety culture, optimise the learning opportunities arising from errors and near misses, and propagate an awareness of, and alignment with, 'best' practice in the safe use of medications.

KEYWORDS

Interprofessional, medication safety, medication errors



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SEMINAR SPD1

Carbon footprints in hospitals - facts and figures

ACPE UAN: 0475-0000-24-010-L04-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD1

Session: **Wednesday, 20 March 2024** - 17:15 to 18:45

Thursday, 21 March 2024 - 9:00 to 10:30

Room: **E**

Facilitators: **Torsten Hoppe-Tichy** and **Clément Delage**

Presenters: **Laurie Marraud** and **Mathis Egnell**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 2** – Selection, Procurement and Distribution: Statements – 2.1, 2.2, 2.3, 2.4
- **Section 6** – Education and Research: Statement Statements – 6.4

ABSTRACT

Carbon footprint calculation in hospitals involves measuring the amount of greenhouse gases (GHGs) emitted by the hospital's operations. This includes emissions from electricity use, heating and cooling systems, transportation, and waste disposal. The most common GHGs emitted by hospitals include carbon dioxide (CO₂), methane (CH₄), and nitrous oxide (N₂O). These emissions are then converted into carbon dioxide equivalents (CO₂e) using global warming potential (GWP) factors, which are used to compare the relative impact of different GHGs. Once the emissions are quantified, they can be used to identify and prioritise opportunities for reducing the hospital's carbon footprint. This process can help hospitals to reduce their environmental impact and to meet regulatory requirements for reporting GHG emissions.

Also, medicines have a carbon footprint. In this field the carbon footprint is calculated in a similar way by assessing the greenhouse gas (GHG) emissions associated with the entire life cycle of the medicine, from the extraction of raw materials to the disposal of the finished product. This includes emissions from the production of raw materials, manufacturing, transportation, packaging, and disposal.

The carbon footprint of medicines can also be affected by the type of medicine, the manufacturing process, and the transportation and packaging methods used. For example, some medicines may require more energy-intensive manufacturing processes or may need to be transported greater distances, resulting in a higher carbon footprint.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Discuss the method of calculating carbon footprints
- List the problems regarding decision making based on carbon footprint calculation
- Discuss the different sources of carbon footprints of medicines

EDUCATIONAL NEED ADDRESSED

Climate change is real. Hospital pharmacists must be able to discuss carbon footprint calculations and how to use those results in hospital pharmacy decision making.

KEYWORDS

Carbon footprint, greenhouse gas, health care systems, hospitals, pharmaceutical industry, carbon-footprint-calculation

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SEMINAR SPD2

Hospital formularies going green

ACPE UAN: 0475-0000-24-004-L04-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD2

Session: **Wednesday, 20 March 2024** - 14:45 to 16:15

Thursday, 21 March 2024 - 12:00 to 13:30

Room: **E**

Facilitator: **Gunar Stemer**

Presenters: **Josep Maria Guiu Segura** and **Nina Uldal***

Conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 2** – Selection, Procurement and Distribution: Statements – 2.3, 2.5

ABSTRACT

A hospital formulary is a list of medications that are approved for use within the hospital or healthcare system. Well-established key criteria to consider when medications are included in the formulary include safety, efficacy, cost-effectiveness, and availability. Developing and maintaining a hospital formulary system, taking into account guidelines, treatment pathways and best available evidence has always been a clear responsibility of hospital pharmacists.

More and more, hospital pharmacies are now starting to understand the impact they can make on the environment and are taking measures towards increased sustainability. Aside from the aforementioned criteria, the carbon-footprint of a medicine and other environmental aspects of its use come into focus.

The carbon footprint of available medicines or other hospital pharmacy products is one criterion that could be considered to inform “green” formulary decisions. However, comparative data on greenhouse gas emissions of drugs occurring throughout their life cycle is often scarce, absent or not publicly available.

Another approach is taking into account environmental criteria when evaluating, selecting or procuring medicines. There is also already first-hand experience with integrating environmental considerations into tender criteria for medicines, and it is vital for hospital pharmacists to understand the possibilities, the challenges and opportunities of such an approach.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- list environmental criteria that could be considered when selecting medicines for formulary inclusion

- recall how the carbon footprint of a medicines is calculated and how it can inform formulary decision processes
- name challenges and opportunities of integrating environmental sustainability criteria into medicines procurement

EDUCATIONAL NEED ADDRESSED

Hospital pharmacists need to know about their potential influence and impact on addressing environmental sustainability aspects in the context of hospital formulary decisions and medicines procurement.

KEYWORDS

Medicines formulary, carbon footprint, environmental sustainability, formularies, new drug, tendering



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SEMINAR SPD3

Sustainability in medical devices

ACPE UAN: 0475-0000-24-019-L03-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-SPD3

Session: **Thursday, 21 March 2024** - 15:00 to 16:30 (**Room G**)

Friday, 22 March 2024 - 9:00 to 10:30 (**Sat 1**)

Room: **G** (Thursday, 21 March 2024) and **Sat 1** (Friday, 22 March 2024)

Facilitator: **Clément Delage**

Presenters: **Virginie Chasseigne** and **Armida Gigante***

Conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** - Introductory Statements and Governance: Statements – 1.1, 1.2, 1.3
- **Section 2** - Selection, Procurement and Distribution: Statements – 2.1, 2.2, 2.3, 2.4

ABSTRACT

Sustainability is an increasingly important concern for medical devices as they are a crucial aspect of modern medical practice, yet their environmental impact is often overlooked. Medical devices are made from materials that have a significant impact on the environment and their use can result in hazardous waste and greenhouse gas emissions. It is therefore important to address the environmental impact of medical devices and develop sustainable solutions to meet current and future medical needs. Such actions not only benefit the environment, but also offer potential economic and social advantages. Hospital pharmacists may play a key role in reducing the environmental impact of medical devices and promoting sustainability through three axes of action: better purchasing, better consumption, and better waste management.

This presentation will explore the environmental impact of medical devices, including their use of materials and natural resources, as well as the waste they generate. It will also delve in concrete examples of sustainable practices that hospital pharmacies can adopt. These include selecting medical devices considering sustainable criteria, optimising consumption practices and implementing effective recycling and disposal practices. Furthermore, this presentation will also discuss the policies and initiatives at the European level aimed at promoting sustainability in medical devices.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Understand the environmental impact of medical devices and the importance of sustainable solutions in their use
- Identify concrete examples of sustainable practices that hospital pharmacies can adopt to promote sustainability in the use of medical devices

- Learn about the policies and initiatives at the European level aimed at promoting sustainability in medical devices, and how hospital pharmacists can contribute to these efforts

EDUCATIONAL NEED ADDRESSED

This session will enable to understand the environmental impact of medical devices and promote sustainable solutions. Through the presentation of practical examples and policies, hospital pharmacists will be empowered to take action towards promoting sustainability in the use of medical devices.

KEYWORDS

Devices, environmental aspects, European Commission, law, managed care, management.

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WORKSHOPS

WORKSHOP 1

Sustainability in hospital pharmacy: the to-do-list

ACPE UAN: 0475-0000-24-008-L04-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W1

Session: **Wednesday, 20 March 2024** - 14:45 to 16:15

Thursday, 21 March 2024 - 9:00 to 10:30

Room: **B**

Facilitator: **Clément Delage**

Presenters: **Lise Durand** and **Min Na Eii**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1, 1.2, 1.3
- **Section 2** – Selection, Procurement and Distribution: Statements – 2.1, 2.2, 2.3, 2.4
- **Section 3** – Production and Compounding: Statements – 3.3, 3.4, 3.5
- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.4, 4.6
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.2, 5.9

ABSTRACT

Hospital pharmacists play a critical role in promoting sustainability and reducing the environmental impact of healthcare. However, integrating sustainable practices into hospital pharmacy operations can be challenging. Where should we begin? What changes can we implement at the pharmacy level to shift sustainability?

This World Café session will provide an interactive forum to share experiences and strategies for promoting sustainability in hospital pharmacy practices. During the session, participants will be gathered in small groups. They will exchange ideas and share experiences on a particular topic related to sustainable healthcare in hospital pharmacy (sustainable medication use, eco-friendly clinical pharmacy services, waste reduction and recycling, sustainable procurement practices, sustainable energy efficiency, stakeholder engagement, sustainable transportation and logistics, sustainable medical devices use...). Participants will rotate through different discussion groups, allowing for a diverse range of perspectives and experiences to be shared. At the end of the session, the ideas of each group will be shared to the whole assembly.

By the end of this World Café session, participants will gain a better understanding of the opportunities and challenges of promoting sustainability in hospital pharmacy, as well as practical strategies and tools for implementing sustainable practices in their pharmacy. With this newfound

knowledge, participants will be able to make tangible changes and implement sustainable elements in their pharmacy upon returning to their respective countries. The session will also provide an opportunity for participants to build relationships and networks with peers who share a commitment to sustainable healthcare.

LEARNING OBJECTIVES

After the keynote, the participant should be able to:

- Gain a better overview of how hospital pharmacies can reduce their environmental impact
- Identify practical measures that pharmacists can implement to promote safe, effective, and sustainable medication use in healthcare facilities
- Find at least one measure to implement in the participants' hospital pharmacy after the congress

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Understand the environmental impact of medical devices and the importance of sustainable solutions in their use
- Identify concrete examples of sustainable practices that hospital pharmacies can adopt to promote sustainability in the use of medical devices
- Learn about the policies and initiatives at the European level aimed at promoting sustainability in medical devices, and how hospital pharmacists can contribute to these efforts

EDUCATIONAL NEED ADDRESSED

What are some practical starting points for implementing sustainability in hospital pharmacy?
How can we refine or further develop existing sustainability efforts in hospital pharmacy through sharing experiences with peers?

KEYWORDS

Environmental aspects, management, pharmaceutical care, sustainable hospital pharmacy, world café, sustainable practices, shared experiences



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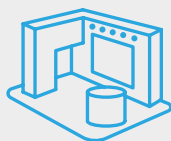


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WORKSHOP 2

Check of Compounding Appropriateness

ACPE UAN: 0475-0000-24-014-L07-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W2

Session: **Wednesday, 20 March 2024** - 17:15 to 18:45

Thursday, 21 March 2024 - 12:00 to 13:30

Room: **A**

Facilitator: **Thomas De Rijdt**

Presenters: **Evelyne Van den Broucke** and **Thomas Bäckström**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 3** – Production and Compounding: Statements – 3.1, 3.3
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.2, 5.5, 5.7

ABSTRACT

In 1999, the Institute of Medicine published their famous report 'To Err is Human', in which it was shown that medication errors (MEs) contribute to mortality in an important way. It was highlighted that optimisation of pharmacotherapy, with an emphasis on avoiding MEs, is the key element to improve patient safety. Serving as a bridge between clinical decision support systems (CDSS) at the moment of prescribing and front office clinical pharmacy services, clinical validation of medical prescriptions has gained importance in many European countries, as it offers possibilities to add significantly to patient safety in an efficient and cost-effective manner. Different hospitals therefore implemented the Check of Medication Appropriateness (CMA). Within most clinical validation services, electronic patient records are screened (based on clinical rules integrated in the hospital information system (HIS)) for potentially inappropriate prescriptions, generating a worklist to be reviewed by a clinically trained hospital pharmacist. The system helps to reduce the number of potentially adverse drug events (ADE's) and stimulate patient safety.

Next to performing clinical pharmacy services, hospital pharmacists are responsible for the compounding of drugs. Although the benefit of clinical validation has been proved in several studies, this service is often only implemented for commercially available drugs and yet missing for prescriptions of compounded drugs. Patient incident reports and implicit checks reveal the potential of inappropriate prescriptions for compounded drugs, most certainly regarding wrong dosing. But also, galenic issues (e.g. solubility, osmolarity, precipitation, physicochemical reactions, ...) can impact stability or biological availability and therefore the outcome and patient safety. Therefore, a similar service as CMA is developed, called the Check of Compounding Appropriateness (CCA) to screen for potentially inappropriate prescriptions of compounded drugs.

At the start of this workshop, the concept, development, and results of CCA are highlighted. Different cases with compounded prescriptions will be presented and participants will be asked to analyse these for appropriateness. Implicit checks suggested by the participants will be discussed.

Next, an explicit screening tool checking for clinically relevant medication problems will be applied. Participants will be asked to identify/prioritise relevant aspects for CCA and discuss facilitators and barriers when it comes to implementation in their own hospital based on the hospital needs.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Identify the need, possibilities and limitations of a CCA programme
- Setup a CCA programme in their own hospital including the aspects relevant within the own hospital setting
- Critically appraise screening tools for CCA

EDUCATIONAL NEED ADDRESSED

Hospital Pharmacists contribute to an optimal therapy and patient safety by performing clinical validation of medical prescriptions. Expanding this service to compounding adds an extra challenge and opportunity. Hospital pharmacists must be aware of the possibilities and limitations of check of compounding appropriateness.

KEYWORDS

Check of compounding appropriateness program, clinical validation, compounding, preparation

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WORKSHOP 3

Medicines shortages: an ongoing matter for emergency departments

ACPE UAN: 0475-0000-24-015-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W3

Session: **Wednesday, 20 March 2024** - 17:15 to 18:45

Thursday, 21 March 2024 - 12:00 to 13:30

Room: **B**

Facilitator: **Virginia Silvari**

Presenter: **Simone Zotter**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 2** – Selection, Procurement and Distribution: Statements – 2.5
- **Section 4** – Clinical Pharmacy: Statements – 4.7

ABSTRACT

While medication shortages have occurred in the past, they have become more frequent and severe in the last decade. These shortages have had a significant impact on emergency departments (EDs), as many of the medications used in critical situations have been affected by shortages.

Medication shortages can lead to medication errors when, for example, physicians are forced to prescribe alternative options with which they are unfamiliar. Similarly, nursing staff, who are accustomed to administering one product, may cause a medication error when administering its substitute to which they are not familiar.

Hospital Pharmacists (HPs) play an active role in developing and implementing mitigation strategies to overcome the negative impact that medication shortages could have on patients' outcomes. Such mitigation strategies include i) dissemination of information on medication shortages that could affect ED, ii) collaboration with ED physicians on the selection and use of substitutes for medications in shortage, and iii) provision of education on safe prescribing and administration of substitute medications.

This interactive session will focus on the mitigation strategies that HPs, in collaboration with ED physicians and nursing staff, use to minimize the adverse outcomes that medication shortages could cause to patients admitted to ED.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Outline the essential role of the HP in the presence of shortages of medications used within the ED
- Describe the mitigation strategies available in the ED that can be used to reduce the harmful effects caused by medication shortages

- Discuss the importance of effective communication and collaboration between HPs and ED physicians and nursing staff in the management of medication shortages, including the use of substitute medications

EDUCATIONAL NEED ADDRESSED

This workshop addresses the strategies that HPs use to mitigate the adverse events that medication shortages could cause to patients admitted to ED.

KEYWORDS

Emergency medicine, medication shortages, mitigation strategies

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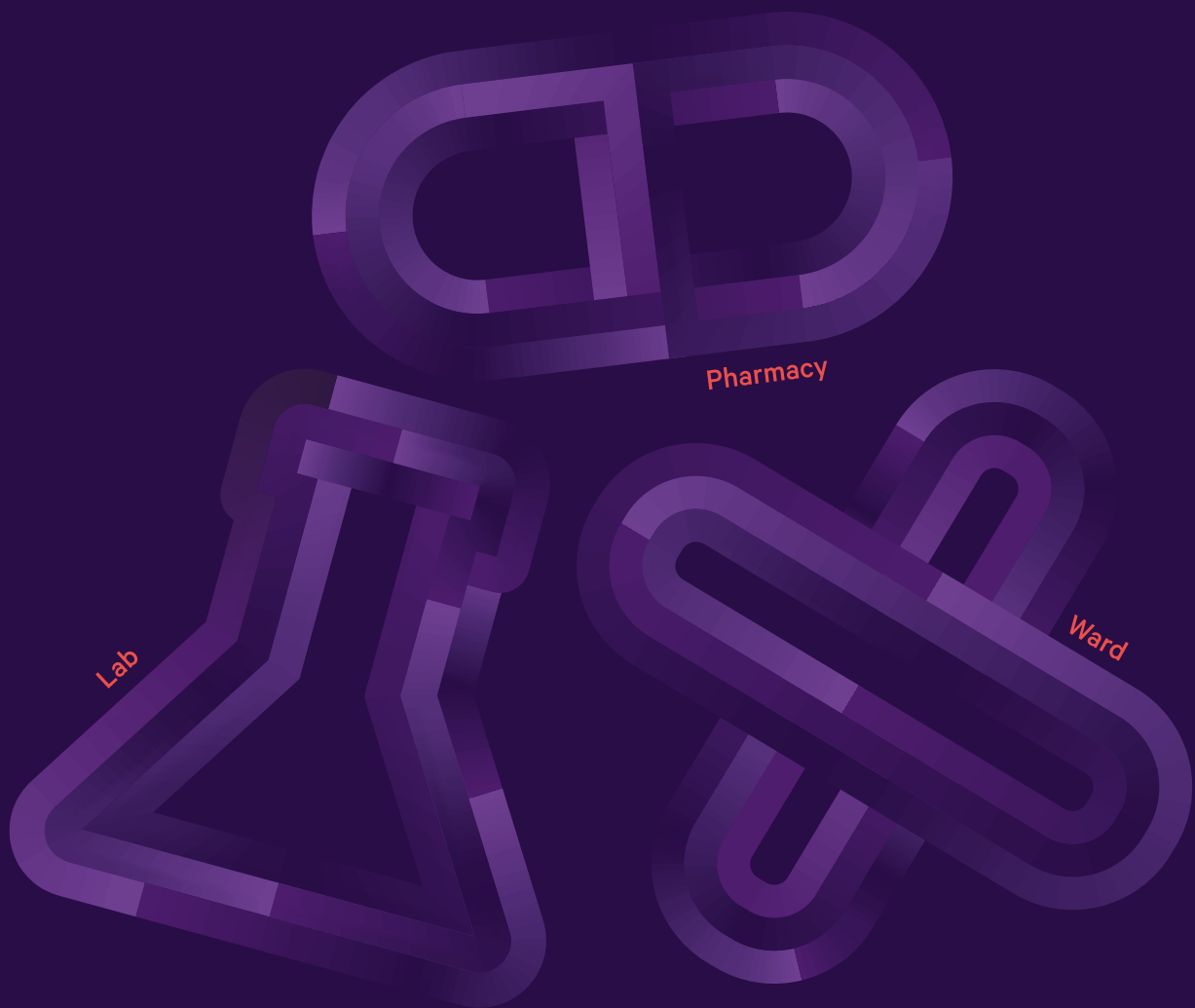
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WORKSHOP 4

Pharmacogenetic testing - how to make it sustainable?

ACPE UAN: 0475-0000-24-022-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-W4

Session: **Thursday, 21 March 2024** - 15:00 to 16:30

Friday, 22 March 2024 - 9:00 to 10:30

Room: **B**

Facilitator: **Kornelia Chrapkova**

Presenters: **Luis Andrés López Fernández** and **Vera Deneer**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.2, 4.3, 4.6, 4.8
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.1, 5.5

ABSTRACT

Over the last decade, pharmacogenetic (PGx) testing has emerged as a tool for improving patient outcomes through eliminating and reducing avoidable adverse drug events, and by increasing clinical efficacy of the drug.

Despite the growing evidence about benefits of pharmacogenetic testing and development of PGx guidelines, many healthcare settings are facing challenges with its successful adoption and sustainability in a routine practice. Barriers to the implementation of PGx testing can be substantial and difficult to overcome. In order to achieve persistence and stability of the testing, local adoption process should be well planned from the onset. Lack of trust and understanding of PGx testing results and knowledge of how to interpret and adjust treatment can be one of the major limitations in adoption of the testing. Education and training of clinicians, as well as interprofessional collaboration, will help to reduce this gap and help the implementation process. Another important key factor for integration of stable PGx testing, is creating an appropriate infrastructure which should include an electronic health record system and clinical decision support system (CDS) tool that can save the time and reduce the burden in finding and interpreting PGx information. Cost of PGx testing is another common obstacle in integrating testing into a clinical practice. High quality pharmaco-economic studies, which prove cost-effectiveness of PGx guided therapy, could help build a valid argument for implementation of pharmacogenetic testing into a clinical routine.

During this workshop, we will discuss the most common hurdles which stop from integrating sustainable PGx testing into clinical practice, and approach on how these burdens can be overcome.

LEARNING OBJECTIVES

After the workshop the participants should be able to:

- List the most common barriers in achieving sustainable PGx testing
- Discuss approaches how to surmount the major difficulties in implementing and sustaining PGx testing

EDUCATIONAL NEED ADDRESSED

Pharmacists as members of a multidisciplinary team might play an important part in implementation and sustaining of PGx testing.

KEYWORDS

Pharmacogenetics

INTERACTIVE SESSIONS

INTERACTIVE SESSION 1

Pharmacists' well-being - how to take care of those who take care

ACPE UAN: 0475-0000-24-021-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-INT1

Session: **Thursday, 21 March 2024** - 15:00 to 16:30

Friday, 22 March 2024 - 9:00 to 10:30

Room: **A**

Facilitator: **Xandra García**

Presenters: **Tanja Nazlic** and **Núria Sala**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1, 1.2, 1.3, 1.5

ABSTRACT

As healthcare systems around the world strive to give the best possible care for patients amongst increasing workload, financial restraints, shortages of trained professionals and other necessary resources, and the ongoing consequences of the COVID-19 pandemic, healthcare workers' resilience is put to the test. The World Health Organization (WHO) describes burnout as a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. Burnout is a growing concern among healthcare professionals, including pharmacists, and can lead to emotional exhaustion, decreased job satisfaction, and decreased quality of patient care. More than half of practising pharmacists report experiencing burnout. Associated risk factors include longer working hours, less professional experience, high patient and prescription volumes, excessive workload and poor work-life balance.

Being able to detect and address symptoms and causes of burnout among the pharmacy workforce is paramount to ensure sustainability of the healthcare system, and pharmacy leaders have a relevant role to play. It is paramount that healthcare systems promote initiatives to ensure workers well-being. Some well proven strategies include conducting regular surveys to address professionals' level of burnout, improving work conditions, implementing wellness programmes, providing resources for mental health, increasing support and training and fostering a positive work-culture.

This session is designed to provide hospital pharmacists with practical strategies to address burnout, improve their mental health, and enhance their overall well-being. The session will be interactive and participants will have opportunities for discussion and reflection.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- identify causes and symptoms of professional burnout
- discuss strategies to prevent and address burnout amongst the hospital pharmacy workforce
- develop initiatives to improve workers mental health and well-being

EDUCATIONAL NEED ADDRESSED

Burnout has become a growing concern among healthcare professionals, and hospital pharmacists are no exception. Hospital pharmacists, especially those in a leader position must be able to identify burnout symptoms and to implement prevention strategies and stress reducing practices.

KEYWORDS

Leadership, mental health, workplace issues

INTERACTIVE SESSION 2

Moving forward with digital clinical education - when ward-based training is not an option

ACPE UAN: 0475-0000-24-007-L04-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHP2024-LEE-INT2

Session: **Wednesday, 20 March 2024** – 14:45 to 16:15

Thursday, 21 March 2024 - 9:00 to 10:30

Room: **A**

Facilitator: **Ulrika Gillespie**

Presenters: **Roisin O'Hare** and **Benoît Allenet**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 6** – Education and Research: Statement Statements – 6.1, 6.2, 6.3

ABSTRACT

During the recent pandemic, universities across the world have had to change their education methods, from campus based face-to-face teaching to largely digital sessions. Schools of pharmacy providing pre- and post-graduate courses in clinical pharmacy experienced an acute need for improved digital technology to allow for remote experiential education, when classroom teaching and ward-based training were not possible. When the situation got back to near pre-Covid-19 conditions, some courses or course-modules remained in a digital form, mainly for practical reasons. It is, for example, possible to take post-graduate diplomas in advanced clinical pharmacy practice, completely as distance learning. But how do you effectively teach the “soft” skills needed for successful clinical practice – such as communication, teamwork, argumentation, patient interviewing etcetera – remotely?

This session will present a variety of active and engaging teaching methods and examples that can be used remotely and adapted to the teaching needs of different curricula. The session will help participants build a toolbox for a variety of situations and virtual platforms. The presenters will share ways in which they have been able to make experiences come alive for students across the distance, using technology to allow for remote experiential education and innovative means, and that can be replicated in other settings. The use of simulation tools and rotation design will be discussed.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- List key pros and cons of remote/digital education in clinical pharmacy
- Describe a variety of virtual teaching methods
- Plan and setup an active and engaging remote clinical pharmacy teaching session

EDUCATIONAL NEED ADDRESSED

Traditional lectures and written material are not sufficient when teaching clinical skills; it requires some interaction and “learning by doing”. When face-to-face teaching is not possible, different digital solutions are available. Persons training clinical pharmacists and students, in academia or in a healthcare setting, need to be able to use these digital options in an interactive, efficient way.

KEYWORDS

Digital clinical teaching, remote education techniques, simulation tools, toolbox, voice/video telehealth platforms

YOUNG PROFESSIONALS SESSION

Beyond borders: Exploring European mobility in hospital pharmacy

ACPE Non-Accredited Activity

Session: **Wednesday, 20 March 2024 - 11:30 to 13:00**

Room: **A**

Facilitator: **Clément Delage**

Presenters: **Xandra García, Lene Juel Kjeldsen, Evelyne Van den Broucke, Stefanie Deuster*, Kornelia Chrapkova, Núria Sala**

Conflict of interest declared. Please reference speakers' biographies.

This year's Young Professionals Session will be dedicated to international mobility and work experiences.

This session will bring together hospital pharmacists who have embarked on journeys that took them across borders within Europe, enabling them to gain diverse perspectives and invaluable insights into healthcare systems, pharmaceutical practices, and cultural nuances.

Through a series of shared experiences, participants will explore the motivations, challenges, and opportunities associated with international experiences, both before and after graduation.

At the end of this session, attendees will gain a comprehensive insight into the possibilities, procedures and strategies associated with mobility in Europe, along with the challenges and rewards it entails.

The conference will be followed by a networking session. This session will offer an opportunity for future and young pharmacists to exchange with pharmacists who have had international experiences and perhaps to connect with potential hosts.

Join the Young Professionals session and explore the world!

PHARMACOTHERAPY SESSIONS

PHARMACOTHERAPY SESSION 1

Medication management after bariatric surgery

ACPE UAN: 0475-0000-24-005-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-PHS1

Session: **Wednesday, 20 March 2024** - 14:45 to 16:15

Room: **G**

Facilitator: **Fatma Karapinar**

Presenters: **Desirée Burgers** and **Eric Hazebroek**

No conflict of interest declared. Please reference speakers' biographies

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.1
- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.2, 4.3, 4.4, 4.8
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.1, 5.5

ABSTRACT

Obesity (defined as a body mass index above 30 kg/m²) is currently a major health issue, with a worldwide prevalence of 13%. It is known that obesity increases the risk of cardiovascular disease, diabetes mellitus, cancer, and many other co-morbidities.

Bariatric surgery is a common applied surgical intervention in patients with obesity to achieve weight-loss. Common techniques for bariatric surgery include the sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB). In SG, a smaller stomach is created limiting digestive capacity while with RYGB, a small pouch from the stomach is connected directly to the small intestine. Bariatric surgery techniques are associated with physiological changes in the gastrointestinal tract that may therefore lead to changes in oral drug disposition. Depending on the surgical intervention, gastric changes can occur such as a decreased transit time and increased pH which can influence the pharmacokinetics and – dynamics of drugs.

For hospital pharmacists, it is essential to have general knowledge of the influence of bariatric surgery on the pharmacokinetics of oral drugs.

In this seminar, the consequences of the different surgical interventions are highlighted together with advice on how hospital pharmacists can manage the pharmacotherapy of patients after bariatric surgery.

LEARNING OBJECTIVES

After this session, participants should be able to:

- Know the influence of bariatric surgery on the pharmacokinetics of oral drugs
- Apply guidelines for dosing oral drugs after bariatric surgery
- Apply a medication management strategy for patients after a bariatric surgery

EDUCATIONAL NEED ADDRESSED:

Pharmacists could advise physicians on the right adjustments in pharmacotherapy for bariatric surgery patients. This seminar will focus on the appropriate medication management in patients who had bariatric surgery and give guidance to pharmacists who review these patients' medication.

KEYWORDS

Bariatric surgery, medication safety, medication therapy management

PHARMACOTHERAPY SESSION 2

Anticoagulation therapy in the context of women's health

ACPE UAN: 0475-0000-24-023-L05-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPhA: 1.5-ECPEC-EAHO2024-LEE-PHS2

Session: **Thursday, 21 March 2024** - 16:45 to 17:45

Room: **G**

Facilitator: **Virginia Silvari**

Presenters: **Jignesh Patel** and **Maeve Crowley***

Conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 4** – Clinical Pharmacy: Statements – 4.1, 4.6

ABSTRACT

Venous thromboembolism (VTE), which includes deep vein thrombosis and pulmonary embolism, commonly afflicts women of reproductive age. Anticoagulant therapy administered after a VTE diagnosis is frequently associated with excessive menstrual bleeding.

This is not only the case with traditional oral anticoagulation treatments such as warfarin, in fact, the introduction of direct oral anticoagulants (DOACs) for the treatment or prevention of VTE has also contributed to the concerns related to heavy menstrual bleeding (HMB) in women on anticoagulants.

Managing anticoagulation therapy is crucial for women with acute conditions like VTE, where maintaining therapeutic anticoagulation levels is vital. However, the onset of HMB can cause disruption to anticoagulation treatment which could lead to patients missing essential anticoagulation therapy for several days and ultimately causing disease recurrence.

This seminar will provide valuable insights into the management of anticoagulation in premenopausal women undergoing VTE treatment, with a focus on minimizing the impact of HMB in these patients.

LEARNING OBJECTIVES

After this session, participants should be able to:

- Describe the association between anticoagulation therapy and HMB in premenopausal women undergoing treatment for VTE
- Outline the essential role of the hospital pharmacist (HP) in the management of anticoagulation of women of reproductive age undergoing VTE treatment
- Discuss the importance of effective communication and shared decision-making between the HPs, physicians and the women experiencing HMB while on anticoagulation treatment for VTE

EDUCATIONAL NEED ADDRESSED:

This seminar addresses the involvement of HPs in the management of anticoagulants in women of reproductive age undergoing VTE treatment.

KEYWORDS

Anticoagulants, shared decision-making, direct oral anticoagulants



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SYNERGY SATELLITE SESSION

Multidisciplinary approaches to overcoming healthcare workforce challenges

ACPE UAN: 0475-0000-24-002-L04-P / Contact hours: 1,5; CEUs: 0,15

A knowledge-based activity

ECPHA: 1.5-ECPEC-EAHP2024-LEE-SG1

Session: **Wednesday, 20 March 2024** – 11.30 to 13.00

Room: **Agora Plenary**

Facilitator: **Gunar Stemer**

Presenters: **Petr Horák, Christiaan Keijzer and Cristiano Matos**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statement and Governance – 1.1, 1.2, 1.3, 1.4, 1.5
- **Section 4** – Clinical Pharmacy services – 4.1
- **Section 5** – Patient Safety and Quality Assurance – 5.1

ABSTRACT

Healthcare workforce shortages are felt across the globe in all professions. The World Health Organization (WHO) highlighted for its European region that countries are currently facing severe challenges related to their healthcare workforce that existed before the COVID-19 pandemic and that have been exacerbated by it. In addition to individuals leaving the healthcare professions due to increasing workloads and unmanageable staffing situations, the healthcare workforce is ageing. A demographic shift of a large section of the workforce into retirement age threatens to impact human resources in all European health professions. Response in the form of adequate workforce planning is urgently needed.

Scientific achievements, for example in the field of advanced therapy medicinal products, are leading to increasingly complex medication-related problems, such as specific handling, preparations, and related issues. In addition, new competencies and tasks widened the scope of hospital pharmacist involvement in multi-professional teams in the hospital setting and beyond. Medicines reconciliation, medication optimisation, bedside counselling or being part of the antimicrobial stewardship team are just a few of the clinical pharmacy services that should be provided to all patients across Europe by hospital pharmacists as part of the multidisciplinary care team. A resilient workforce is required to ensure the availability of these vital services.

This session will explore the results of the EAHP Investigation of the Hospital Pharmacy Profession in Europe regarding the current workforce shortage in European countries and will present recommendations and solutions to fight this shortage, including an overview of different case studies from EAHP members countries and potential solutions to overcome these barriers.

The session will also have a representative from the European Association of Pharmacy Technicians (EAPT) and the Standing Committee of European Doctors (CPME) that will showcase the workforce challenge within their professions.

LEARNING OBJECTIVES:

After the synergy session, the participant should be able to:

- Gain an overview of the hospital pharmacy workforce situation and problems faced in EAHP member countries
- Learn about the workforce challenges that pharmacy technicians and doctors also have in Europe
- Get an insight of the common ground regarding the workforce challenge for different healthcare professions
- Learn about the measures and system changes that been implemented in some EAHP countries or measures implemented by other healthcare professionals

EDUCATIONAL NEED ADDRESSED.

What is the hospital pharmacy workforce situation in Europe? What is the workforce situation for pharmacy technicians in Europe? What is the workforce situation for doctors in Europe? What measures can be taken to tackle this issue? What can EAHP do to support its members to tackle the workforce issue.

KEYWORDS

Hospital Pharmacy, pharmacy technicians, doctors, challenges, workforce, shortage, Survey

SIG SESSIONS

SIG SESSION 1

Use of prefilled syringes in intensive care units and operating theatres

ACPE Non-Accredited Activity

Session: **Wednesday, 20 March 2024** - 10:30 to 11:30

Room: **G**

Facilitator: **Piera Polidori**

Presenters: **Nóra Gyimesi** and **Camille Stampfli**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 4** – Clinical Pharmacy: Statements – 4.2, 4.3, 4.5
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.2, 5.3, 5.4, 5.5, 5.6

ABSTRACT

Patient safety lies at the heart of all representations made by the European Association of Hospital Pharmacists (EAHP) and its member associations. In the clinical setting, where decisions are often made quickly or under stress (e.g., emergency department, intensive care units, operating theatres, during urgent interventions), medication error rates preparing injectable drugs from vials and ampoules can be high.

Prefilled syringes support patient safety improvement as well as medication error and medicine waste reduction. Since their availability and viability in relation to the different levels of resources available to hospitals across Europe varies, the European Association of Hospital Pharmacists (EAHP) decided to investigate this topic further and created a Special Interest Group (SIG) on the Use of Prefilled Syringes in Intensive Care Units and Operating Theatres (financially supported by BD). This SIG was tasked with looking at the cost/benefits and viability of prefilled syringes in relation to the different levels of resources available to hospitals across Europe.

Preliminary data suggested that prefilled syringes (PFS) can ensure sterility and help reduce medication errors associated with dosing errors and related costs. The work of the SIG aimed at the development of a value framework for using multiple criteria decision analysis to support evidence-based implementation and purchasing.

To create the value framework for a multiple criteria decision analysis instrument that could support value-based purchasing and utilisation of PFS the SIG conducted a literature review and ran three surveys to gather feedback from professional associations, healthcare professionals and PFS manufacturers.

The literature review demonstrated that in the preparation and administration of injectable medicines in operating theatres and ICUs, PFS are associated with reduced number of preparation steps and associated cognitive complexity, simpler use (no labelling needed on the point of care as already correctly labelled), reduced infection rates (reduced microbiological contamination), reduced drug, disposables and packaging wastage, reduced nursing time allocated to the preparation and administration of drugs, quicker to administer in an urgent crisis situation, reduced the likelihood of medication errors, reduced needlestick injuries and overall cost savings.

For the opinion questions included in the surveys there are high and good levels of overall agreement to half of the statements on the use of PFS among the healthcare professionals that participated. Based on the results and their discussion, the SIG concluded that the availability of PFS differs widely in Europe.

The SIG has developed a set of recommendations that will be presented during the session.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Gain an overview of the work done by the SIG on the use of Prefilled Syringes in Intensive Care Units and Operating Theatres
- Understand the status of the use of Prefilled Syringes in Europe and the potential benefits and potential risks associated with prefilled syringes identified by the SIG during their thorough literature review
- Identify the different components to be considered by decision-makers in hospitals when introducing PFS or adding new active substances of the prefilled-syringes in the hospital formulary
- Identify the set of recommendations proposed by the SIG

EDUCATIONAL NEED ADDRESSED

What was the work done by the SIG on the use of Prefilled Syringes in Intensive Care units and Operating Theatres? What is the status on the use of prefilled syringes in Europe? What are the benefits and risks when introducing new prefilled syringes in the hospital?

KEYWORDS

Prefilled-syringes, intensive care units, operating theatres, patient safety, hospital formulary, special interest group

SIG SESSION 2

A vision for the autonomous pharmacy in Europe

ACPE Non-Accredited Activity

Session: **Wednesday, 20 March 2024** - 10:30 to 11:30

Room: **H**

Facilitator: **Despina Makridaki**

Presenters: **Vera Neumeier*** and **Etienne Cousein***

Conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statements and Governance: Statements – 1.7
- **Section 2** – Selection, Procurement and Distribution: Statements – 2.6
- **Section 5** – Patient Safety and Quality Assurance: Statements – 5.5, 5.7, 5.10, 5.11

ABSTRACT

Hospital pharmacists currently deal with a lot of disconnected and manual systems when managing medication. Even those with a digitised prescribing administration process often rely on human intervention to manage elements of the dispensing process that sit at the centre of the medication management process. Thus, the questions are if this could lead to difficulty in tracking medication inventory and/or an increased risk to manual back office and administration tasks?

Europe has no uniform standard of care approach for managing all aspects of medication within the hospital setting. While some countries are further ahead than others, there are no consistent guidelines or ways to share best practice. Thus, the European Association for Hospital Pharmacists (EAHP) decided to set up a Special Interest Group (SIG) to further investigate the benefits of automation medication management. A survey was conducted and published in October 2023.

This SIG session will present the European Autonomous Pharmacy Framework. This framework presents a path for pharmacy services to understand the different stages and will provide an insight on the 4 categories included in the framework: Automation, Continuous of Care, Human Allocation and Project Management.

Each one of the components have different sub-components with levels going from 1 to 5, showing the different processes of the autonomous framework. The session will also present the methodology followed by the SIG on Automated Medication Management. This framework was prepared by the SIG with the support of the results of the Survey conducted by the SIG in 2022 and with the support of the different working groups and was inspired by the US model.

The SIG has also prepared a detailed spreadsheet allowing individual hospitals to assess and identify at which level they are within the autonomous framework. The spreadsheet will be presented to participants of the session with a set of recommendations on how to use the spreadsheet within their hospital pharmacies.

LEARNING OBJECTIVES:

After the session, the participants should be able to:

- Gain an overview of the work done by the SIG on automated medication management
- Understand the different categories included in the European Autonomous Pharmacy Framework, including the different subcategories
- Gain an overview of the use of the spreadsheet created by the SIG
- Identify and understand how to locate your hospital within the framework (what is the level of implementation for the different categories)

EDUCATIONAL NEED ADDRESSED

What was the work done by the SIG on Autonomous medication management? What is the reason for an Autonomous European Framework? How can you identify where your hospital is within the framework? What is the use of the spreadsheet prepared by the SIG?

KEYWORDS

Automation, framework, medication management, continuous of care, project management, Human allocation, Special Interest Group

SUSTAINABLE SESSION

EAHP Environmental sustainability Working Group - what is the role of hospital pharmacy teams?

ACPE Non-Accredited Activity

Session: **Friday, 22 March 2024** - 9:00 to 10:30

Room: **Sat 2**

Facilitator: **Ana Lozano**

Presenters: **Barry Melia** and **Carine Schuurmans**

No conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statement and Governance – 1.1, 1.2
- **Section 2** – Selection, Procurement and Distribution: Statements – 2.1, 2.4
- **Section 3** – Production and Compounding: Statements – 3.3, 3.4
- **Section 4** – Clinical Pharmacy services – 4.1, 4.11
- **Section 5** – Patient Safety and Quality Assurance – 5.2, 5.9

ABSTRACT

The climate emergency, biodiversity loss and environmental pollution are the foremost threats facing humanity. The degradation of our planet is a threat not only to the health of our patients and our health systems, but also to our economic and social well-being. The provision of healthcare is estimated to account for 4-5% of global carbon emissions – more than shipping and aviation combined. Medicines, including those mainly used in hospitals, are major contributors to healthcare emissions. As key stakeholders in healthcare systems, hospital pharmacists and their teams have a key role in reducing the impact of medicines and care pathways on the environment and ensuring health services adapt to the challenges of the climate emergency. Pharmaceutical pollution is ubiquitous in our aquatic, terrestrial and airborne environments – hospital pharmacists and pharmacy teams have a key role in minimizing the associated negative impact of pharmaceuticals and associated by-products.

This session will explore what is meant by environmental sustainability; the impact of climate change and pharmaceutical pollution on both human and wider animal health; actions participants can consider which have been successfully delivered already across Europe, supporting the delivery of environmentally sustainable healthcare.

LEARNING OBJECTIVES

After the session, the participant should be able to:

- Gain an overview of what is meant by environmental sustainability and the impacts of climate change, biodiversity loss and environmental pollution on the health of our planet, our patients and our services
- Appreciate the European policy and legal landscape regarding sustainability in the hospital pharmacy, including a focus on selected European countries
- Identify pragmatic behaviour and system changes at a personal, community and professional level which can be implemented locally.
- Provide their view on the EAHP Environmental Sustainability Roadmap 2023/2024
- Gain an overview on what EAHP national associations are doing to improve environmental sustainability in the hospital setting

EDUCATIONAL NEED ADDRESSED

What is meant by environmental sustainability? What are the health, economic and social impacts of inaction? What interventions have been successfully delivered elsewhere in Europe?

KEYWORDS

Environmental sustainability, sustainable practice, health impacts of climate change; role of hospital pharmacy in supporting environmental action, roadmap

PARTNER SESSION

Partnering for better patient outcomes

ACPE Non-Accredited Activity

Session: **Wednesday, 20 March 2024** - 11:30 to 13:00

Room: **Sat 1**

Facilitator: **András Süle**

Presenters: **Salvatore Leone** and **Joanne O'Brien Kelly***

Conflict of interest declared. Please reference speakers' biographies.

LINK TO EAHP STATEMENTS

- **Section 1** – Introductory Statement and Governance – 1.1, 1.2, 1.3, 1.4, 1.5
- **Section 4** – Clinical Pharmacy services – 4.1, 4.6, 4.7
- **Section 5** – Patient Safety and Quality Assurance – 5.1, 5.9

ABSTRACT

Over the past years, the European Association for Hospital Pharmacists (EAHP) has expanded collaboration with European organisations representing other healthcare professionals and patients, and in order to foster links with these associations, this new session was created by the EAHP Board.

The aim of this new EAHP activity is to promote and showcase the collaboration between EAHP and other European healthcare organisations and to provide a platform for these associations to present an overview of their work.

In Bordeaux, the two associations that will be part of the “Partnering for better patient outcome” session are the European Federation of Crohn’s & Ulcerative Colitis Associations (EFCCA) and the European Pain Federation.

EFCCA represents 46 national Crohn’s and Ulcerative Colitis (collectively known as Inflammatory Bowel Disease or IBD) patient associations. EFCCA is an organisation of people united in our commitment to improve the life of over 10 million people living with IBD worldwide (3.4 million in Europe alone) and to give them a louder voice and more visibility.

The European Pain Federation’s (EFIC) objectives are to improve the research, education, and clinical management of pain and serve as an authoritative, science-based resource on issues related to pain and its treatment and to promote multidisciplinary and multi professional pain management and the ‘biopsychosocial’ model of pain.

The session will also have a panel discussion on the importance of patient engagement and the importance of healthcare professionals working collaboratively within the multidisciplinary teams to improve patient outcomes.

LEARNING OBJECTIVES

After the synergy session, the participant should be able to:

- Gain an overview of the way EAHP works and interacts with other EU healthcare associations
- Learn about the work done by the European Federation of Crohn's & Ulcerative Colitis Associations
- Learn about the work done by the European Pain Federation
- Get an insight of the discussion EAHP and other healthcare associations are having on the importance of patient engagement and the hospital pharmacists being a key stakeholder within the hospital teams

EDUCATIONAL NEED ADDRESSED

Why is it important for the profession that EAHP interacts and collaborates with other EU healthcare professionals? What work is done by the European Federation of Crohn's? What work is done by the European Pain Federation? How does EAHP makes the voice of hospital pharmacists heard in the European Union?

KEYWORDS

Hospital Pharmacy, collaboration, policy, patient engagement, healthcare professionals, EAHP, European Federation of Crohn's, European Pain Federation



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at the EAHP 2024
Bordeaux, France

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INDUSTRY SPONSORED SATELLITES

Wednesday, 20 March		
Time	Meetings/Events	Room
14.45-16.15	Industry Sponsored Satellites	
	EQUASHIELD 14.45-15.30 - Exposure Assessment and Health Effects in Oncology Workers: Making the Case for Evidence Based Safe Handling 15.30-16.15 - French Oncology Pharmacies; Current Status, challenges & the Future of Safe Compounding with Automation	Sat 1
	PFIZER How can we achieve a long-term sustainable biosimilars market?	Sat 2

Thursday, 21 March		
Time	Meetings/Events	Room
9.00-10.30	Industry Sponsored Satellites	
	OMNICELL Paradigm shifts driving centralization and automation of IV compounding	Sat 1
12.00-13.30	Industry Sponsored Satellites	
	CURIFYLABS Automated non-sterile pharmacy compounding inspired by 3D printing: Learning from 30 hospitals across Europe	Sat 1
	BAXTER Sustaining Safe Services in Pediatric and Neonatal Nutrition – Little Doses, Big Opportunities	Sat 2

EQUASHIELD

The Future of Automated Compounding



Join the symposium session:

Wednesday / 20 March 2024 / Sat 1

14:45 – 15:30

Exposure Assessment and Health Effects in Oncology Workers: Making the Case for Evidence Based Safe Handling

Dr. Melissa A. McDiarmid, MD,MPH, DABT

- / Review the main health effects of handling hazardous drugs without protection.
 - / Describe the existing combination of exposure control approaches to minimize healthcare worker exposure to hazardous drugs during handling.
 - / Understand the implications of new pharmacy contamination studies on the efficacy of existing safe handling practices.
 - / Learn about safety issues currently being reviewed by affected stakeholders.
-

15:30 – 16:15

French Oncology Pharmacies; Current Status, Challenges & the Future of Safe Compounding with Automation

Pr. Xavier Bohand, Pharmacist, Hospital Centre University of Bordeaux

- / Assess the current status and identify the ongoing difficulties in compounding for Pharmacists.
- / Address the challenges posed by rising patient demands amidst a decline in personnel.

Pr. Romain-Pacôme Desmaris, Pharmacist, Institut Curie, Paris

- / Discover how automation can work as an effective solution to address and alleviate labor shortages.
- / Learn how automation can prevent degradation in manufacturing efficiencies and impacts on patient treatments.

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How can we achieve a long-term sustainable biosimilars market?

A Pfizer-sponsored satellite symposium

An international faculty with diverse expertise will discuss the biosimilar landscape in the USA and Europe, discuss strategies to foster sustainability, and highlight the role that all stakeholders have to play.

Date: Wednesday, March 20th, 2024

Time: 14:45–16:15 (CET)

Location: Sat 2

The use of biosimilars can improve patient access to biological treatments and reduce healthcare costs, but, to maintain this, the market must be sustainable in the long-term. An international faculty will address some of the key issues in ensuring the long-term viability of the biosimilar market. The speakers will review the biosimilar landscape in the USA and Europe, discuss strategies to foster sustainability, and highlight the role that all stakeholders have to play.

Agenda

Bhavesh Shah, RPh, BCOP	Biosimilars in the USA: What has been achieved and where is the market headed
Prof. Arnold Vulto, Ph.D, Pharm.D, FCP	Biosimilars in Europe: What has been achieved and where is the market headed
Roman Irsiegler, Global Biosimilars Commercial Lead, Pfizer	Industry perspective: Overcoming the hurdles to achieving a sustainable biosimilars market
Nico Bacharidis (Chair) and all speakers	Panel discussion and audience Q&A: Strategies to ensure the long-term sustainability of the biosimilars market
Prof. Margaret Kyle, MINES Paris and CEPR	Market sustainability: All stakeholders have a role to play

This content is intended for healthcare professionals.

This meeting is organised and funded by Pfizer Inc.

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Nico Bacharidis (Chair),
Chief Commercial Officer
Cube RM



Bhavesh Shah,
RPh, BCOP



Prof. Margaret Kyle,
MINES Paris and CEPR



Prof. Arnold Vulto
Ph.D, Pharm.D, FCP

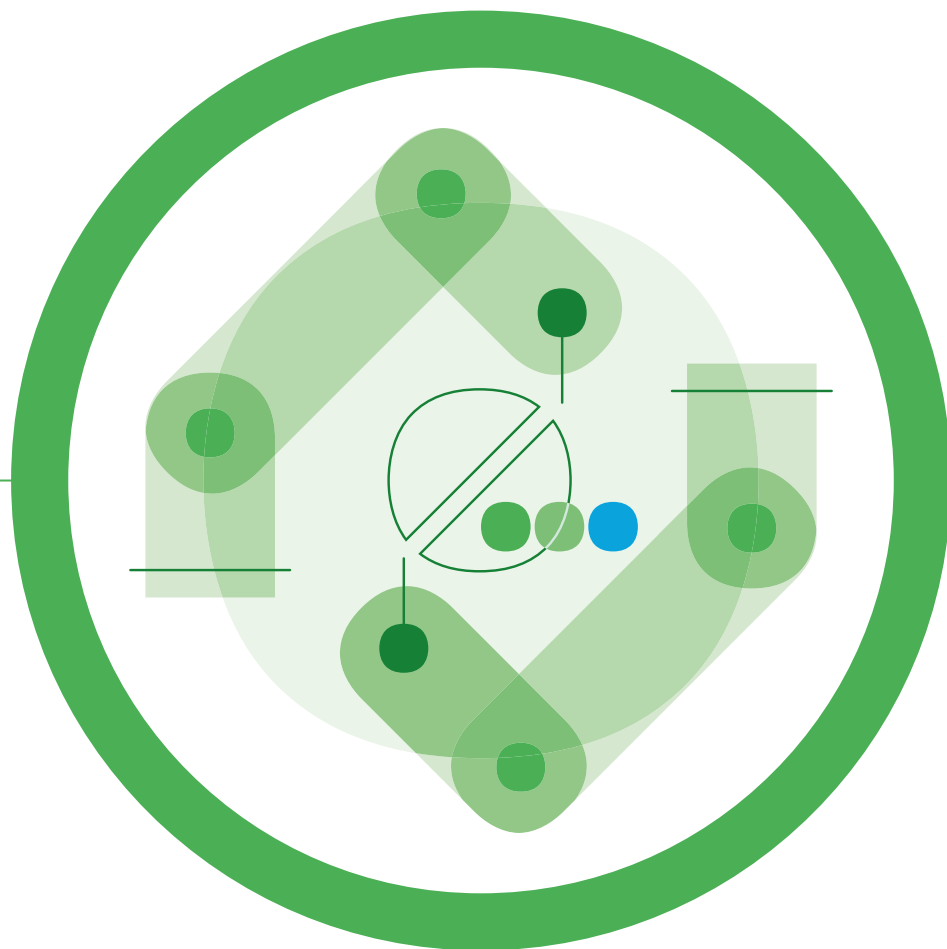


Roman Irsiegler,
Global Biosimilars
Commercial Lead, Pfizer

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Paradigm shifts driving centralization and automation of IV compounding

21st March 2024

9:00 - 10:30 am | Sat 1

28th Congress of the EAHP

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16



MODERATOR

Don Ferren, M.S., R.Ph.

Director of Clinical Strategy, International, Omnicell

Don Ferren is the International Director of Clinical Strategy at Omnicell. He has over 30 years of experience in improving the medication use process with adoption of technology. He has focused the past 15 years in countries outside the US, including Europe, Middle East, Asia Pacific, and Latin America. Before joining Omnicell in 2002, he was the Director of Pharmacy at Rochester General Hospital in Rochester New York. He works with the European Association of Hospital Pharmacy on the Automation Special Interest Group. He has also worked with the Federation of International Pharmacists in revising the Basel Statements. Don holds a Bachelor of Science degree in Pharmacy and a Master of Science degree in Hospital Pharmacy from The Ohio State University. He also completed a 2-year residency in hospital pharmacy management at The Ohio State University Wexner Medical Center. He has extensive knowledge of the medication use process across various countries and is passionate about introducing medication management technologies that result in improved patient outcomes.



OUR SPEAKERS

Steve Tomlin, FFRPS, FRPharmS, Hon FRCPCH

Director of Children's Medicine Centre, Great Ormond Street Hospital

Stephen has worked in the field of children's medicines for over 30 years, becoming the first UK Paediatric Consultant Pharmacist in 2007. He is currently the Director of the Children's Medicines Centre at Great Ormond Street Hospital, NHS Foundation Trust following 3 years as their Chief Pharmacist. Within this role he leads on innovation and research to improve children's medicines and medicine practice. His main fields of expertise are paediatric medicines safety, medicines compliance, parenteral nutrition and formulation. As the Professional Lead of the Neonatal and Paediatric Pharmacists Group (NPPG) he represents paediatric pharmacy on many national forums, at government level and within the Royal Colleges and within the media. He is vice chair of the Medicines Committee for the Royal College of Paediatrics and Child Health leading on Un-licensed medicines and sits on the Board of Medicines for Children designing medicines information for parents and carers.



André Rieutord

Chief Hospital Pharmacist, Gustave Roussy Cancer Campus

André Rieutord graduated as Pharmacist in 1992 from Paris Descartes University and obtained his PhD in 2002 from Paris-Sud University. He is the Chief Pharmacist of Gustave Roussy Cancer Campus in Paris, the 1st Comprehensive Care Center in Europe. He has a strong experience in manufacturing hospital preparations, magistral and is leading or supporting several projects on development of appropriate dosage formulation in Paediatrics, Oncology, ensuring safety compounding with automation and 3D printing of medicines. André has been active in several professional organizations, including the European Society of Hospital Pharmacists, the European Society of Clinical Pharmacy, and the Institut Supérieur Communication et du Management Médical.



Arpit Mehta, PharmD, MPH, MHA, CPEL

Director of Pharmacy, AHN Allegheny General Hospital

Arpit Mehta is a Director of Pharmacy at Allegheny General Hospital (AGH) in Pittsburgh, PA. Arpit also serves as a Coordinator for the Health System Pharmacy Administration and Leadership Residency program at AGH. Arpit's pharmacy career began as a certified pharmacy technician for Howard County General Hospital, a member of Johns Hopkins Medicine in 2004 and continued as a pharmacy intern for UPMC Hamot Hospital. Arpit graduated with his Bachelor of Science in Biology from University of Maryland and Doctor of Pharmacy from Lake Erie College of Osteopathic Medicine School of Pharmacy before moving to Pittsburgh to complete a 24-month PGY1/PGY2 Health System Pharmacy Administration Residency at Allegheny General Hospital. He also received his Master of Public Health from University of Pittsburgh – Pitt Public Health and Master of Healthcare Administration from Walden University. Arpit received Certified Pharmacy Executive Leader (CPEL) credential from ASHP. Arpit's professional interests include leadership development and leveraging automation and programs to expand services. Arpit has been an active member of local, state and national society of health system pharmacists since he was a pharmacy student. Arpit has served as past president for Pennsylvania Society of Health System Pharmacists (PSHP). Arpit has also actively served as PSHP Delegate for ASHP; on the ASHP Pharmacy Student Forum (PSF) as an Advisory Group member; on the ASHP New Practitioner's Forum (NPF) as an Executive Committee Member; on the ASHP Section of Pharmacy Practice Leaders Advisory Groups; on ASHP Council of Pharmacy Management, including being a chair for CPM, and as a member on Committee of Nominations (CON).



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Thursday, 21 March, 2024 / 12:00 - 13:30 CET
Satellite 2

Join us for a scientific symposium

Sustaining Safe Services in Pediatric and Neonatal Nutrition

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LEARNING OBJECTIVES:

- Explore the opportunities presented by the evolving role of the pharmacist in the parenteral nutrition (PN) pathway.
- Understand the nutrient targets for parenteral nutrition in the neonatal population.
- Evaluate the existing strategies to provide PN therapy according to patient needs, pharmacy resources and availability of PN solutions.
- Understand how both standardization and automation can positively impact pharmacy workflow and risks in the patient and product pathway.

FEATURING SPEAKERS:



Steve Tomlin, FRPharmS, FFRPS

Hospital Pharmacy –
Research and Innovation
Great Ormond Street Hospital
London, UK



Dr. med. Dirk Wackernagel

Division of Neonatology,
Department of Pediatrics
University Medical Center of the
Johannes Gutenberg-University Mainz
Mainz, Germany



Petra Jancar, M Pharm

Hospital Pharmacy
Apoteket, National drug
production unit
Uppsala, Sweden



Dr.rer.nat. Sebastian Schubert

Hospital Pharmacy
University Medical Center of the
Johannes Gutenberg-University Mainz
Mainz, Germany

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SPEAKER'S BIOGRAPHIES

Allenet, Benoît

[Seminar INT2 - Moving forward with digital clinical education - when ward-based training is not an option](#)

Affiliation: Centre Hospitalier Universitaire Grenoble Alpes

Country: France



1. CURRENT STATUS, POSITION

Prof. Benoît Allenet, Head of Satellite Pharmacy, Hôpital Sud, Grenoble, also responsible of Research Committee for the Pharmacy Department, Head of Transversal Unit for Patient Education, Isère district. Prof. Allenet is teaching Clinical Pharmacy and also Patient Education and HealthCare policies at Grenoble Faculty of Pharmacy.

2. EDUCATION

He studied at University of Grenoble and was licensed in 1987. In 1997, he obtained a PhD in Economics at Lyon University for his work on Willingness to pay and application of cost-benefit methods to healthcare.

3. RESEARCH AREA

His research is focused on medication risk reduction. Integrated in ThEMAS TIMC-IMAG (UMR CNRS 5525), Université Grenoble Alpes, where they developed research in the field of Innovation toward medication risk reduction and covered two aspects:

- Development and appraisal of information technology & communication strategies (Expert systems, CPOE system, Electronic reminders, Data mining on administrative databases...)
- Engineering and evaluation of procedures to support learning strategies from healthcare providers & patients toward innovation (professional practices, collaborative care, Patient education, Medication Adhesion).

Conflict of interest: None

Bäckstrøm Thomas

[Workshop W2 – Check of Compounding Appropriateness](#)

Affiliation: Sykehusene Østfold/Sykehusapotekene HF

Country: Norway



1. CURRENT STATUS, POSITION

Thomas Bäckstrøm is currently holding a joint position as Chief pharmacist at Sykehusapoteket Østfold, Kalnes and Chief Operating Officer for Region East in Sykehusapotekene HF.

2. EDUCATION

He studied pharmacy at Liverpool John Moores University and became licensed pharmacist in 2002. Thomas is currently undertaking Master studies in Health Informatics at NTNU, Trondheim.

3. RESEARCH AREA

His special interest area is Health Informatics and Automated Medication Management

Conflict of interest: None

Becchetti, Antonella Giorgia

[Seminar IG1 - Sustainable healthcare – opportunities and strategies](#)

Affiliation: Azienda ULSS 9 Scaligera

Country: Italy



1. CURRENT STATUS, POSITION

Dr. Antonella Giorgia Becchetti is currently a hospital pharmacist at Azienda ULSS 9 Scaligera, Verona Italy. She is responsible of rare disease and off-label committee activities.

2. EDUCATION

She studied Pharmacy at the University of Ferrara and became licensed pharmacist in 2015. She obtained a post-graduation degree in pharmacology and clinical toxicology at University of Brescia and she has a Master in pharmacovigilance, pharmacoepidemiology, Pharmacoeconomics and real world evidence.

3. RESEARCH AREA

She specialises in utilising healthcare databases, pharmaceutical regulatory affairs, Health Technology Assessment (HTA) and implementing new therapies, including support for clinical trials and European projects.

Conflict of interest: None

Bekker, Charlotte

Seminar IG2 – Reuse of medicines: pros and cons

Affiliation: Radboudumc hospital, Department of Pharmacy

Country: The Netherlands



1. CURRENT STATUS, POSITION

Dr. Charlotte Bekker is currently working as an assistant professor at Radboudumc, Department of Pharmacy.

2. EDUCATION

She studied biomedical sciences at Radboud University, Nijmegen. In 2018, she obtained her PhD at Utrecht University entitled "Sustainable use of medication - Medication waste and feasibility of redispensing".

3. RESEARCH AREA

She is passionate to combat societal challenges and her research interest revolves around establishing sustainable medication use. For example, she investigates to redistribute anticancer drugs remaining unused by patients, to personalise drug dosages through shared decision making, and to implement medication adherence interventions. Throughout these projects she uses both effectiveness and implementation science outcomes to speed up the translation process to standard care. In her work, Charlotte collaborates with many different stakeholders, and partners with patients to ensure patient needs are met.

Conflict of interest: None

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Burgers, Desirée

[Pharmacotherapy Session - Medication management after bariatric surgery](#)

Affiliation: St. Antonius Hospital, Nieuwegein

Country: The Netherlands



1. CURRENT STATUS, POSITION

Desirée Burgers is currently a hospital pharmacist at St. Antonius hospital in The Netherlands, where she is responsible of pharmacy care at home and the pharmaceutical care in bariatric surgery and the oncology.

2. EDUCATION

She studied Pharmaceutical Sciences at the University of Utrecht and became a licensed pharmacist in 2008. In 2010, she started her training as a hospital pharmacist with pharmaceutical care within bariatric surgery as a differentiation.

3. RESEARCH AREA

Her research focuses on improving pharmaceutical patient care for the bariatric patient.

Conflict of interest: None

Chasseigne, Virginie

[Seminar SPD3 - Sustainability in medical devices](#)

Affiliation: Nimes University Hospital

Country: France



1. CURRENT STATUS, POSITION

Dr. Virginie Chasseigne is currently a hospital pharmacist at Nimes University Hospital, France. She works in the medical devices department.

2. EDUCATION

She studied Pharmacy at the University of Montpellier, France and became a hospital pharmacist in 2015. In 2023, she obtained a PhD in health biology at Montpellier University for her work on clinical pharmacy applied to medical devices.

3. RESEARCH AREA

Her research focuses on how clinical pharmacy can be applied to medical devices particularly in the operating theatre. Her work also focuses on how to modify practices to reduce the carbon footprint of healthcare.

Conflict of interest: None



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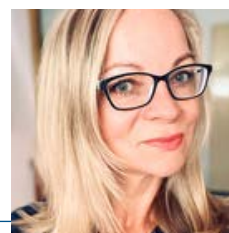


Chrapkova, Kornelia

[Young Professionals Session – Beyond borders: Exploring European mobility in hospital pharmacy](#)

Affiliation: Institute for Clinical and Experimental Medicine

Country: Czech Republic



Kornelia Chrapkova, Head of Clinical Pharmacy Department, Institute for Clinical and Experimental Medicine, will talk about how she travelled professionally between Slovakia (where she graduated at Faculty of Pharmacy), Czech republic and United Kingdom. During her presentation, she will be talking about her professional journey starting in a community pharmacy, followed by studying and gaining experience abroad and other important milestones which helped her to implement and develop clinical pharmacy service in the largest transplant centre in Czech Republic and Slovakia.

Cousein, Etienne*

[SIG - A vision for the autonomous pharmacy in Europe](#)

Affiliation: CHU LILLE

Country: France



1. CURRENT STATUS, POSITION

Dr. Etienne Cousein is currently a Hospital Pharmacist at Lille Academic Hospital. He is responsible of the logistics of pharmaceutical products. Dr. Etienne Cousein is also Associate Professor on contract at the Lille University.

2. EDUCATION

After completing a five years pharmacy program at the Lille Pharmacy School in 2004, Dr. Etienne Cousein has obtained a specialized degree in health system pharmacy after a four years pharmacy residency program in 2008. In 2014, he has obtained a PhD in clinical pharmacy at the Lille University for his work on the role of the hospital pharmacist in medication management by the elderly sed in 1987. In 1997, he obtained a PhD in Economics at Lyon University for his work on Willingness to pay and application of Cost-Benefit methods to healthcare.

3. RESEARCH AREA

His research is focused on preventing errors in medication prescription, dispensing and administration, thanks to a better understanding of human-human and human-machine cooperation. Recently, as the scientific coordinators of the industrial chaire eLoDi, his research as focused on artificial intelligence, clinical decision support systems and robotics in the hospital pharmacy field.

Conflict of interest:*

EAHP Satellite Symposium Speaker 2022, sponsored by Omnicell



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Crowley, Maeve***Pharmacotherapy - Anticoagulation therapy in the context of women's health**

Affiliation: Cork University Hospital

Country: Ireland

**1. CURRENT STATUS, POSITION**

Dr. Crowley is a consultant haematologist in the Comprehensive Coagulation Centre in Cork University Hospital and Cork University Maternity Hospital, with a special interest in obstetric haematology and women's issues in haemostasis and thrombosis.

2. EDUCATION

She studied medicine in University College Cork. She completed higher specialist training in haematology in Ireland, during which time she completed an MD on the subject of evolving hypercoagulability in patients with plasma cell disorders. She then went on to work as a clinical fellow and consultant haematologist in the haemostasis and thrombosis centre in Guys and St Thomas' Hospital in London, UK before returning to Ireland to take up a post in the comprehensive

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Deneer, Vera

[Workshop W4 - Pharmacogenetic testing - how to make it sustainable?](#)

Affiliation: University Medical Center Utrecht

Country: The Netherlands



1. CURRENT STATUS, POSITION

Dr. Vera Deneer is currently a hospital pharmacist at University Medical Center Utrecht. She is responsible for the implementation of pharmacogenetics in daily clinical practice, drug safety and medication management. Her clinical interests are in the field of cardiovascular disease, lung disease, including lung cancer.

2. EDUCATION

She studied Pharmacy at Utrecht University in The Netherlands and became a pharmacist in 1991. She completed clinical training in hospital pharmacy in 1994, followed by training in clinical pharmacology which she finished in 1998. She received a PhD at Groningen University. Her PhD was on clinical pharmacology and pharmacokinetics of antiarrhythmic drugs in atrial fibrillation. Currently, she is associate professor clinical pharmacology at Utrecht Institute for Pharmaceutical Sciences, Department of Pharmacoepidemiology and Clinical Pharmacology, Utrecht University.

3. RESEARCH AREA

Her research focuses on personalised medicine by studying the influence of biomarkers such as genetic variants, patient characteristics and clinical parameters on the effects of drugs in terms of efficacy and safety. She studies biomarker guided drug treatment strategies to optimise drug treatment of individual patients with the main focus on cardiovascular disease, lung cancer, immune mediated inflammatory diseases. Furthermore, she is involved in research on clinical reasoning, clinical decision making by pharmacists and roles of pharmacists in optimising drug treatment.

Conflict of interest: None

Deuster, Stefanie*

[Young Professionals Session – Beyond borders: Exploring European mobility in hospital pharmacy](#)

Affiliation: University Hospital Basel

Country: Switzerland

Dr. Stefanie Deuster, Head of the Department of quality assurance in the pharmacy, University Hospital Basel (Switzerland), whose career focusses on the preparation of drugs for the special needs of patients as well as the manufacturing of investigational medicinal products for clinical trials and all the requirements for assuring the quality of the drugs. She originally comes from Germany, where she graduated and started working as a hospital pharmacist. She will tell us how she overcame the challenge of moving to another country to work in hospital pharmacy.

Conflict of interest:*

Family member working for industry.



Dilles, Tinne

[Seminar CPS1 - Engaging patients for efficient clinical pharmacy services](#)

Affiliation: University of Antwerp

Country: Belgium



1. CURRENT STATUS, POSITION

Prof. Dr. Tinne Dilles is Chair of the international consortium 'Nurse and Pharmaceutical Care', in which experts collaborate internationally and interprofessionally with the aim of improving nurses' contribution to pharmaceutical care. Tinne is also Chair of the Centre for Research and Innovation in Care at the University of Antwerp. She also teaches research methodology and statistics at the Faculty of Medicine and Health Sciences.

2. EDUCATION

She holds a Master in Nursing Sciences. In 2011, she obtained her PhD in medical sciences at the University of Antwerp. Supported by the Heymans Institute for Pharmacology of the University of Ghent for her PhD, she developed a software programme that facilitates interprofessional medication review in nursing homes. During her PhD, she completed several specialised courses on pharmaceutical care and research methodology.

3. RESEARCH AREA

She is Principal Investigator of several research projects within the domain of pharmaceutical care, and more specifically on medication safety, medicines adherence, quality of prescribing and drug monitoring, people centred care, supporting patients in self-managing medicines and interprofessional integrated care.

Conflict of interest: None

Donà, Daniele



[Seminar PSQ1 - Pharmacist-led antimicrobial stewardship: another focus for patient safety?](#)

Affiliation: University of Padua, Department for Women's and Children's Health

Country: Italy

1. CURRENT STATUS, POSITION

Dr. Daniele Donà is currently a paediatric infectious diseases consultant at the Department for Women's and Children's Health of the University of Padua, Italy. He is responsible for the paediatric antimicrobial stewardship programmes. He is also Assistant Professor at the Department for Women's and Children's Health.

2. EDUCATION

He studied medicine at the University of Padua Medical School and received Unrestricted licensure to practice medicine in 2009. In 2015, he finished his Residency in Paediatrics, and, in 2018, he obtained a PhD in Paediatric Infectious Diseases at the University of Padua.

Between 2016 and 2018, he also attended the Diploma in Paediatric Infectious Diseases at the Department for Continuing Education at the University of Oxford, Oxford (United Kingdom), and he obtained in Master of Science in Paediatric Infectious Diseases at the Department for Continuing Education at the University of Oxford, Oxford (United Kingdom). Between 2014 and 2016, he also worked as a paediatric Research Fellow in Paediatric Infectious Diseases at Children's Hospital of Philadelphia, Philadelphia (United States), and between 2017-2019 he moved to London as a Research Fellow in Paediatric Infectious Diseases at St. George's University of London, London (United Kingdom).

3. RESEARCH AREA

He is a paediatrician with a strong interest in Paediatric Infectious Diseases. His main projects focus on antimicrobial resistance, antimicrobial stewardship and infection prevention and control in paediatrics. Furthermore, his area of interest is designing clinical trials of new and old antibiotics in high-income and low-income countries, in neonates and children with multidrug-resistance infections.

Conflict of interest: None

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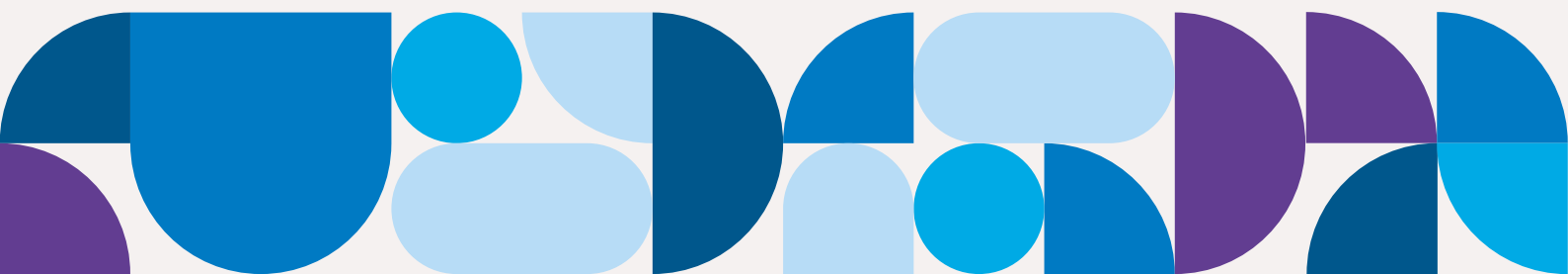
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Durand, Lise

[Workshop W1 - Sustainability in hospital pharmacy: the to-do-list](#)

Affiliation: University Hospital Rennes

Country: France



1. CURRENT STATUS, POSITION

Dr. Lise Durand is currently a hospital clinical pharmacist at the University Hospital of Rennes. She is especially involved in the clinical pharmacy activities within the orthopaedic surgery department and with the regional centre of osteoarticular infections.

She is also member of the French Collective of Ecoresponsibility in Health (CERES) through a sustainable healthcare working group of the French Society of Clinical Pharmacy (SFPC).

2. EDUCATION

She studied Pharmacy at the University of Angers and carried out her residence in Hospital Pharmacy in Paris. She became licensed pharmacist in 2018.

3. RESEARCH AREA

Her activity focuses on clinical pharmacy through medication reconciliation, medication optimisation, antibiotic stewardship, interdisciplinary therapeutic patient education.

Conflict of interest: None

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Egnell, Mathis



[Seminar SPD1 - The science behind CFP in hospitals for beginners and advanced / CFP in hospitals - facts and figures](#)

Affiliation: The Shift Project

Country: France

1. CURRENT STATUS, POSITION

Mathis Egnell is an engineer in charge of the health programme at The Shift Project. He leads the decarbonisation projects for the French healthcare system and the decarbonisation project for the medico-social sector. His role is to estimate the carbon footprint of these sectors and propose decarbonisation roadmaps in line with the Paris Accords.

2. EDUCATION

He is a graduate of the Mines de Paris engineering school and holds a second master's degree in environmental economics.

3. RESEARCH AREA

His research focuses on the physical functioning of healthcare systems. He studies the physical flows required to operate these systems and assesses the resulting carbon footprint. He then proposes and evaluates decarbonisation roadmaps to reduce greenhouse gas emissions from the healthcare system.

Conflict of interest: None



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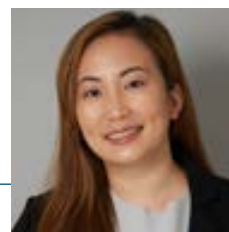


Eii, Min Na

[Workshop W1 - Sustainability in hospital pharmacy: the to-do-list](#)

Affiliation: South East London Integrated Care Board

Country: United Kingdom



1. CURRENT STATUS, POSITION

Min Na is currently the Greener NHS Chief Sustainability Officer's Clinical Fellow hosted by the South East London Integrated Care Board. Prior to this, Min Na was a full time hospital Acute Medicine pharmacist in North East England and a part-time Urgent Care pharmacist with an ambulance hospital. She is the Vice Chair of Sustainability at the Guild of Healthcare Pharmacists and co-founder of Pharmacy Declares.

2. EDUCATION

She has completed Masters of Pharmacy at University of Sunderland, UK in 2013 and became a qualified pharmacist in 2014. She has undertaken further postgraduate development courses of Clinical Pharmacy diploma, Independent Prescribing and Clinical Skills with University of Sunderland. She has recently completed a Masters in Environment and Human Health with University of Exeter, Cornwall UK.

3. RESEARCH AREA

Min Na has published journal articles and spoke at multiple events relating to medicines, pharmacy practice and environmental sustainability and sits in multiple national as well as international sustainability pharmacy working groups contributing to evolving policies and strategies. Min Na is the current project consultant for Royal Pharmaceutical Society Greener Pharmacy Guide for Hospital and Community pharmacies.

Conflict of interest: None



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Facon, Pedro

Keynote 1 - Evolving towards sustainable healthcare systems?

Affiliation: National Institute for Health and Disability Insurance (NIHDI)

Country: Belgium



1. CURRENT STATUS, POSITION

Pedro Facon is a public management professional in public health, social security and health crisis governance and management. He worked successively in research, teaching, advisory and management positions at the Public Management Institute (KULeuven), the National Institute for Health and Disability Insurance, the Cabinet Office of the Belgian federal minister of Social Security and Public Health and the Belgian Ministry of Health.

In October 2020 he was designated Government Commissioner COVID-19 by the Belgian federal government.

In April 2022 he was designated deputy administrator general of RIZIV/INAMI/NIHDI

2. EDUCATION

He studied at KU Leuven, Master of Political Science - Public Management and Policy (2002) and at Antwerp Management School (2011).

3. RESEARCH AREA

He is a Fellow at the Medical Campus of the Free University of Brussels and Guest Professor at the Department of Public Health & Primary Care of the University of Ghent.

Conflict of interest: None

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Fleming, Aoife

[Seminar ER2 – Interprofessional education and research towards better health outcomes](#)

Affiliation: University College Cork

Country: Ireland



1. CURRENT STATUS, POSITION

Dr. Aoife Fleming is a Senior Lecturer in Clinical Pharmacy and Vice Head of Interprofessional Learning in the College of Medicine and Health, University College Cork, Ireland. She is responsible for the development of interprofessional learning activity and research for all students in the College of Medicine and Health is the chair of the Interprofessional Learning Development Committee.

2. EDUCATION

She studied Pharmacy in Trinity College Dublin and undertook a Masters in Hospital Pharmacy while working as a pharmacist in hospital pharmacy. She also has experience in community and regulatory pharmacy settings. She obtained her PhD in the School of Pharmacy, University College Cork in the area of antimicrobial stewardship and optimisation in clinical practice settings. She has a Diploma in Teaching and Learning in Higher Education from University College Cork. Aoife was appointed as a Lecturer in Clinical Pharmacy in 2016 and took up a Senior Lecturer position in 2023.

3. RESEARCH AREA

Her research interests are interprofessional learning and collaboration, antimicrobial stewardship and optimisation, vaccination, and medication safety. She has expertise in qualitative research methods, systematic and scoping reviews, and implementation and behaviour change methodologies.

Conflict of interest: None



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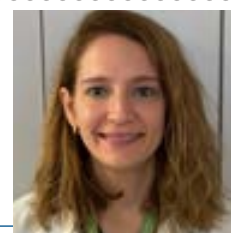
countries

2

continents



García, Xandra



Young Professionals Session – Beyond borders:
Exploring European mobility in hospital pharmacy

Affiliation: Gregorio Marañón Hospital, Madrid

Country: Spain

1. CURRENT STATUS, POSITION

Dr. Xandra García is currently a hospital pharmacist at Gregorio Marañón Hospital in Madrid, Spain where she works in the clinical areas of Pharmacogenetics, Cardiology, Cardiac Surgery and Heart Transplant and helps coordinate external rotations and formative stays.

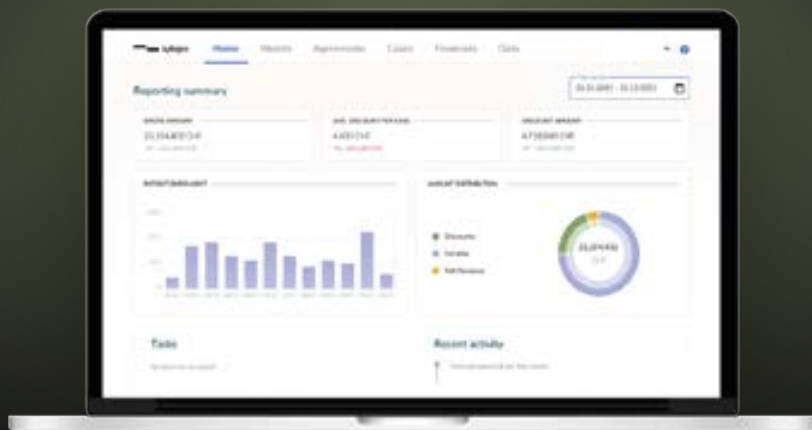
2. EDUCATION

She studied Pharmacy at The University of Navarra (2012) and became specialist in Hospital Pharmacy in 2016. In 2021 she obtained a PhD in Health Sciences at University of Alcalá for her work on Pharmacogenetic biomarkers associated with severe toxicity to fluoropyrimidines.

3. RESEARCH AREA

She is a member of the Hospital Pharmacy and Pharmacogenomics research group at the Gregorio Marañón Health Research Institute, where she is involved in several competitive research projects related to pharmacogenomics, therapeutic individualisation and clinical pharmacy.

Conflict of interest: None



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Guiu Segura, Josep Maria

[Seminar SPD2 - Hospital formularies going green](#)

Affiliation: Consortium of Health and Social Care of Catalonia

Country: Spain



1. CURRENT STATUS, POSITION

Dr. Josep M Guiu is currently Director of the Pharmacy and Medicines area at the Consortium of Health and Social Care of Catalonia. Dr. Guiu is also Associate Professor of Clinical Pharmacy and Pharmaceutical Care at the Faculty of Pharmacy and Food Sciences of the University of Barcelona. He is also currently Vice president for Europe of the International Pharmaceutical Federation (FIP) Hospital Pharmacy Section.

2. EDUCATION

He studied Pharmacy at the University of Barcelona and became a licensed pharmacist in 2006. Dr. Josep M Guiu completed his hospital pharmacy residency at Vall d'Hebron University Hospital and obtained the hospital pharmacy specialisation in 2011. He is also Board-Certified in Oncology Pharmacist (BCOP) and a Board-Certified Pharmacotherapy Specialist (BCPS) by the Board of Pharmacy Specialties. He has completed several postgraduate courses and master's programmes in the fields of clinical pharmacy, health management and digital health.

3. RESEARCH AREA

His research focuses on drug procurement and sustainable procurement of drugs, drug access and clinical management. He is also working in several projects related to the advancement of practices of the hospital pharmacy profession.

Conflict of interest: None



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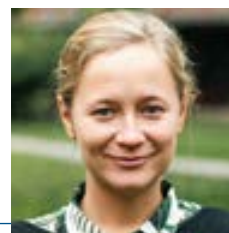


Gyimesi, Nóra

[Special Interest Group \(SIG\) - Use of prefilled syringes in intensive care units and operating theaters](#)

Affiliation: Manninger Jenő Traumatology Centre

Country: Hungary



1. CURRENT STATUS, POSITION

Dr. Nóra Gyimesi is currently Chief Pharmacist at Manninger Jenő Traumatology Centre in Budapest, Hungary. She served as chair of Special Interest Group on Prefilled Syringes of the EAHP.

2. EDUCATION

She graduated as a pharmacist at the University of Szeged in 2012. She specialised in clinical pharmacy (2015) and infectiology (2021). In 2019 she obtained a masters degree in health policy, economy and financing at Eötvös Loránd University.

3. RESEARCH AREA

She works on topics including evaluation and implementation of clinical pharmacy services, drug-utilisation studies, and procurement processes.

Conflict of interest: None



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Hazebroek, Eric

Pharmacotherapy session - Medication management after bariatric surgery

Affiliation: Rijnstate

Country: The Netherlands



1. CURRENT STATUS, POSITION

Prof. Dr. Hazebroek is currently a surgeon specialised in Upper GI and Bariatric/Metabolic Surgery at Rijnstate Hospital, Arnhem, the Netherlands. He also holds a position as Professor Nutrition and Obesity Treatment at Wageningen University & Research, Wageningen, the Netherlands.

2. EDUCATION

He studied Medicine at Erasmus University Rotterdam. In 2002, he obtained his PhD degree at the same university and in 2006, he obtained his licence as a General Surgeon at Erasmus Medical Centre Rotterdam.

3. RESEARCH AREA

His research focuses on nutrition and obesity treatment, with a main focus on bariatric and metabolic surgery.

Conflict of interest: None



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Hemkens, Lars

[ER1 - Analysing Real-World Data - methods, opportunities and challenges](#)

Affiliation: University Hospital Basel and University of Basel

Country: Switzerland



1. CURRENT STATUS, POSITION

Dr. Lars G. Hemkens, MD, MPH is Senior Scientist at Department of Clinical Research, University of Basel and Lead Pragmatic Trials and Real-World Evidence at the Research Center for Clinical Neuroimmunology and Neuroscience Basel (RC2NB). Lars is affiliated with the Meta-Research Innovation Center at Stanford (METRICS; Stanford University, USA) and the Meta-Research Innovation Center Berlin (METRIC-B) at the QUEST Center for Responsible Research (Berlin Institute of Health, Charité and Max Delbrück Center, Berlin, Germany).

2. EDUCATION

He studied at Philipps University of Marburg, University of Cologne, and Heinrich Heine University of Düsseldorf.

3. RESEARCH AREA

His research focuses on pragmatic trials providing randomised real-world evidence, facilitated by digital biomarkers and routinely collected data. He works at the intersection of clinical research, evidence-based medicine, and digital health and applies his work across the full spectrum of clinical medicine and public health, with a focus on complex, rapidly evolving areas such as neuroscience.

Conflict of interest: None



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Horák, Petr

[Synergy Seminar - Multidisciplinary approaches to overcoming the healthcare workforce challenges](#)

Affiliation: University Hospital Motol, Prague, Czechia

Country: Czechia



1. CURRENT STATUS, POSITION

Petr Horák is the Chief Pharmacist and the Head of the Drug and Therapeutics Committee in the country's largest hospital, University Hospital Motol. He is also a member of the Department of Pharmacy at the Institute for Postgraduate Medical Education, responsible for the pharmacy specialisation programmes.

He serves as Vice President of the Czech Pharmaceutical Society and a Board member of its Hospital Pharmacy Section. He served as a Board member and President of the EAHP.

2. EDUCATION

He graduated from the University of Veterinary and Pharmaceutical Sciences School of Pharmacy in 2001 (PharmDr. title in 2002). He holds a specialisation in Hospital (2005) and Community (2003) Pharmacy.

3. RESEARCH AREA

His research interests are: hospital pharmacy services in Europe, hospital pharmacy specialisation.

4. Conflict of interest: None



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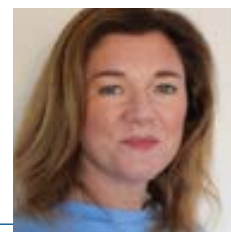
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1. Widemann BC, *et al.* J Clin Oncol. 2010;28:3979-86. **2.** Ramsey LB, *et al.* Oncologist. 2018;23:52-61.
3. Howard SC, *et al.* Oncologist. 2016;21:1471-82. **4.** Summary of Product Characteristics Voraxaze[®], January 11th, 2022.

Howard, Clare



[Keynote 3 - Reducing problematic polypharmacy
- using Action Learning Sets to optimise sustainable medicines use](#)

Affiliation: Health Innovation Network England

Country: England

1. CURRENT STATUS, POSITION

Clare Howard is an independent pharmacist with over 25 years working with and for the NHS. Clare is currently the Clinical lead for the National Polypharmacy programme run by the Academic Health Science Network in England.

2. EDUCATION

She studied Pharmacy at the University of Aston in Birmingham and qualified in 2004. Clare has held management roles in a range of NHS primary and community care settings. In her role as Strategic Health Authority Pharmaceutical Adviser, she led successful regional QIPP and medication safety programmes both of which gained national recognition, including a Gold NHS Innovation Challenge Prize in 2012, and led to Clare taking on the role of National Lead for the Medicines use and Procurement QIPP Programme for the Department of Health.

As the first Deputy Chief Pharmaceutical Officer for NHS England, Clare led the Medicines Optimisation programme and delivered the first national medicines optimisation dashboard as well as chairing a number of national committees.

3. RESEARCH AREA

Her current portfolio includes Clinical Lead for Medicines Optimisation at Wessex Academic Health Science Network where she led the publication of the first national set of polypharmacy prescribing comparators in England winner of the HSJ Patient safety award in 2019. She has led three national AHSN programmes - The first spread the medication safety programme PINCER. This resulted in over 13,000 fewer patients at risk from harm from clinically significant medication errors. The second was the Transfer of Care Around Medicines (TCAM) programme which saw over 60 trusts make over 100,000 referrals to community pharmacies and was instrumental in the development of the national Discharge Medicines Service. Clare is currently the Clinical Lead for the AHSN Network Polypharmacy Programme.

Conflict of interest: None

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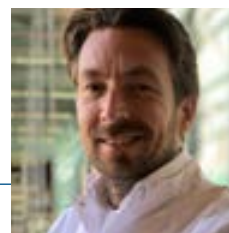
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Huiskes, Victor

[Seminar CPS1 - Engaging patients for efficient clinical pharmacy services](#)

Affiliation: Sint Maartenskliniek

Country: The Netherlands



1. CURRENT STATUS, POSITION

Dr. Victor Huiskes is currently an outpatient pharmacist in the Netherlands, in the St. Maartenskliniek, the only Dutch hospital specialised in posture and movement. In this setting he uses his specialised pharmacotherapeutic knowledge to assist patients with rheumatic diseases in fitting their medication into their daily lives. Dr Huiskes is responsible for the outpatient pharmacy and is co-supervisor of several PhD students conducting research in the field of personalised pharmaceutical care.

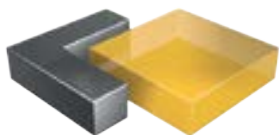
2. EDUCATION

He studied Pharmacy at the University of Groningen, the Netherlands and became licensed pharmacist in 2006. In 2022 he obtained a PhD at Radboud University for his work on the synergistic role of patients and healthcare providers in reducing drug-related problems.

3. RESEARCH AREA

His research focuses on supporting patients who chronically use medicines in safe and effective use of their medication. His research explores the role of the patient and healthcare providers in reducing drug-related problems and also includes the design and implementation of digital pharmaceutical healthcare interventions in order to offer continuous pharmaceutical care.

Conflict of interest: None



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Keijzer, Christiaan



[Synergy Seminar - Multidisciplinary approaches to overcoming the healthcare workforce challenge](#)

Affiliation: Standing Committee of European Doctors (CPME)
& Radboud University Medical Center in Nijmegen

Country: The Netherlands

1. CURRENT STATUS, POSITION

Dr. Christiaan Keijzer is working as an anaesthesiologist and training director of anaesthesiology at the Radboud University Medical Center in Nijmegen, The Netherlands. He is also the President of the Standing Committee of European Doctors, representing 1,7 million European doctors from their National Medical Associations.

2. EDUCATION

He finished his training as anaesthesiologist in 2004 and obtained a PhD in anaesthesiology in 2007 at the Free University in Amsterdam.

3. RESEARCH AREA

His research focuses on the working mechanisms of muscle relaxants in anaesthesia.

Conflict of interest: None

Kjeldsen, Lene Juel



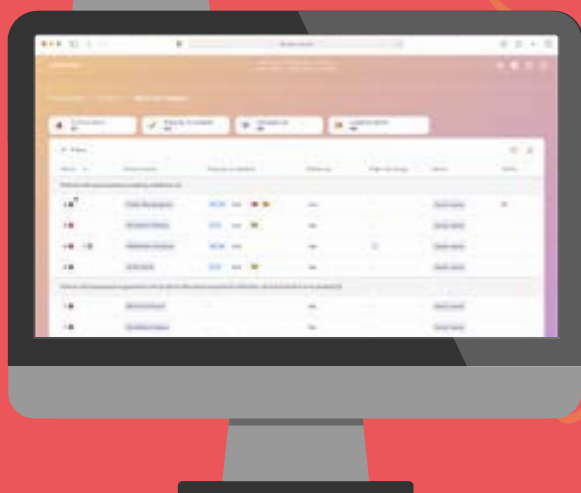
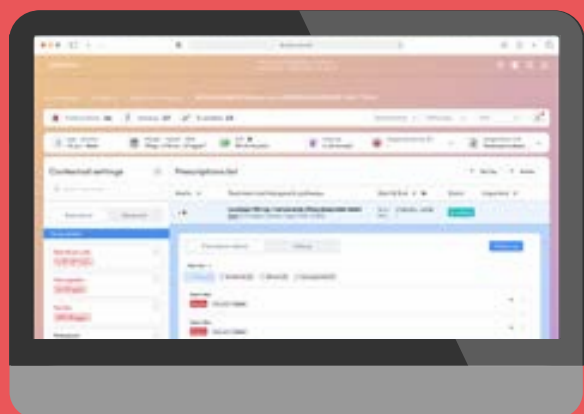
Affiliation: Hospital Sonderjylland

Country: Denmark

Lene Juel Kjeldsen is Chief Pharmacist in Hospital Sonderjylland (Denmark) and Head of Research at the University of Southern Denmark. After graduating in Pharmacy in Denmark, she completed a PhD on quality use of medicine, at the University of Queensland, Australia. She will tell us about her international experience and how it started her career, which has led to her current practice in management, research and clinical pharmacy.

Conflict of interest: None

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Koch, Birgit

[Seminar PC2 - Compounding without frontiers, cooperation over country borders](#)

Affiliation: Erasmus MC

Country: The Netherlands



1. CURRENT STATUS, POSITION

Prof. Dr. Birgit Koch is a Hospital Pharmacist-Clinical Pharmacologist and full Professor at Erasmus MC, Rotterdam, the Netherlands. She is Medical Coordinator of Research and Teaching, and supervisor of residency Clinical Pharmacology.

2. EDUCATION

She studied Pharmacy at Utrecht University and became a licensed pharmacist in 2003. In 2009, she obtained a PhD in nephrology with her research on End-stage renal disease: sleep disturbances and the biological clock at VU Amsterdam. That same year, she also completed her residency in hospital pharmacy at Meander MC in Amersfoort, the Netherlands. In 2010, she was registered as clinical pharmacologist after completing her residency at VU Medisch Center in Amsterdam.

3. RESEARCH AREA

Her research areas are: Clinical Pharmacometrics; PK/PD and TOM; precision dosing, especially of antibiotics, psychoactive drugs and anti-cancer drugs.

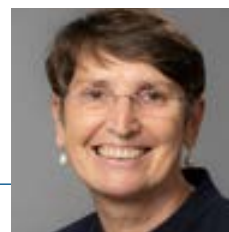
Conflict of interest: None

Krämer, Irene*

Seminar PC1 - Drug stability in the clinical environment

Affiliation: University Medical Center, Johannes Gutenberg-University, Mainz

Country: Germany



1. CURRENT STATUS, POSITION

Prof. Dr. Irene Krämer is Director of the Pharmacy Department at the University Medical Center, Mainz, Germany, where she currently focuses on electronic closed loop medication management and automation of medication preparation and distribution.

Prof. Krämer is also Professor at the Faculty of Pharmacy of the Johannes Gutenberg-University.

2. EDUCATION

She studied Pharmacy at the Johannes Gutenberg-University and became a licensed pharmacist in 1982. In 1986, she obtained a Ph.D. in pharmaceutical chemistry and in 1999, she completed her postdoctoral thesis in Pharmaceutical Technology at the Johannes Gutenberg University. In parallel, she did a postgraduate education in clinical pharmacy and graduated as a clinical pharmacy specialist.

3. RESEARCH AREA

Her research focuses on aseptic preparation, stability and combability of ready-to-use and ready-to-administer parenteral preparations, impact of clinical pharmacists on medication safety and medication adherence.

Conflict of Interest:*

Granting experimental stability testing of Pazenir and Thiotepa

Kweekel, Dina

[Seminar PC1 - Drug stability in the clinical environment](#)

Affiliation: Leiden University Medical Center

Country: The Netherlands



1. CURRENT STATUS, POSITION

Dr. Dina Kweekel is currently working as a pharmaceutical quality control expert at the university hospital LUMC. In addition to this, she teaches Analytical Pharmacy at Leiden University.

2. EDUCATION

She studied Pharmacy at the University of Utrecht and registered as a hospital pharmacist in 2005. Following this, she finished her PhD thesis on the subject of pharmacogenetic testing to optimise colorectal cancer treatment in 2009.

3. RESEARCH AREA

She specialises in quality control analysis of pharmaceutical substances and products, is also quality manager of an ISO15189 accredited laboratory, and coordinates several international proficiency testing programmes.

Conflict of interest: None

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Leone, Salvatore

[Partnering for better patient outcomes](#)



1. CURRENT STATUS, POSITION

Dr. Salvatore Leone is currently Director General of AMICI Italia, the Italian National Association for Chronic Inflammatory Bowel Diseases, Activities Coordinator of the AMICI Italia Foundation and Chairman of EFCCA, European Federation of Crohn's and Ulcerative Colitis Associations.

- Member of the Working Group for the implementation of the IG-IBD (Italian group for the study of in Guidelines on the safety of drugs used in inflammatory bowel diseases
- Member of the coordination group for the implementation of the Diagnostic Therapeutic Assistance Pathway (PDTA) in Chronic Inflammatory Bowel Diseases, Crohn's Disease, and Ulcerative Colitis (2014)
- Member of the working group for Inflammatory Bowel Diseases (Crohn's disease and ulcerative colitis) as part of the drafting of the Italian National Chronic Disease Policy (Pact for Health 2014 - 2016)
- Member (Project leader UC Core Group) working group for the implementation of the EFCCA / ECCO guidelines (2016)
- Member of the working group for the preparation and implementation of the study "The Economic Burden of IBD in Italy" (2017)
- Member of the Scientific Committee of the Project for the creation of the National Register of Chronic Inflammatory Bowel Diseases (IBD) at the Italian National Institute of Health, ISS (2017)
Member of the Regional Commission for the therapeutic management of chronic inflammatory bowel diseases with biological drugs "Region of Sicily"
- Member of the working group for the preparation and implementation of the guidelines on Diagnosis, risk stratification, and continuity of care of Fragility Fractures (2021).
- Member of the Scientific Committee of the "Consumer, Food and health engagement research center (Engageminds-HUB)" since 06/12/20

Conflict of Interest: None

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*Comparative study of the different closed system transfer devices available in France for the preparation of injectable immunotherapies. Albaut V, Brobst M, Colliat F, Castel D. GERPAC POSTER 2021

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03

Evaluation of the effect of closed system transfer device syringe adaptor connection in the isolator on cytotoxic residue contamination during intravenous administration

López Fernández, Luis Andrés

[Workshop W4 - Pharmacogenetic testing - how to make it sustainable?](#)

Affiliation: Hospital General Universitario Gregorio Marañón

Country: Spain



1. CURRENT STATUS, POSITION

Dr. Luis Andrés López Fernández is currently a researcher at Gregorio Marañón Hospital. He is responsible of the Laboratory of Pharmacogenetics included in the Pharmacy Department.

2. EDUCATION

He studied Biology at Alcala University and became licensed biologist in 1990. In 1994 he obtained a PhD in Genetics at Alcala University for his work on molecular biology of gametogenesis in Centro de Investigaciones Biológicas (Madrid, Spain). Then, he moved to the Institut National de la Santé et de la Recherche Médicale (1996 - 1998, Unité 470, Nice, France); Centro de Investigaciones Biológicas (1998-2000, Madrid, Spain), Centro Nacional de Biotecnología (2000-2006) and finally Hospital General Universitario Gregorio Marañón (2006- present).

3. RESEARCH AREA

His research focuses on pharmacogenetics biomarkers discovery and clinical implementation. He leads different research lines in pharmacogenetics of fluoropyrimidines, anti-TNF drugs (infliximab and adalimumab), opioids and multiple sclerosis drugs.

Conflict of interest: None

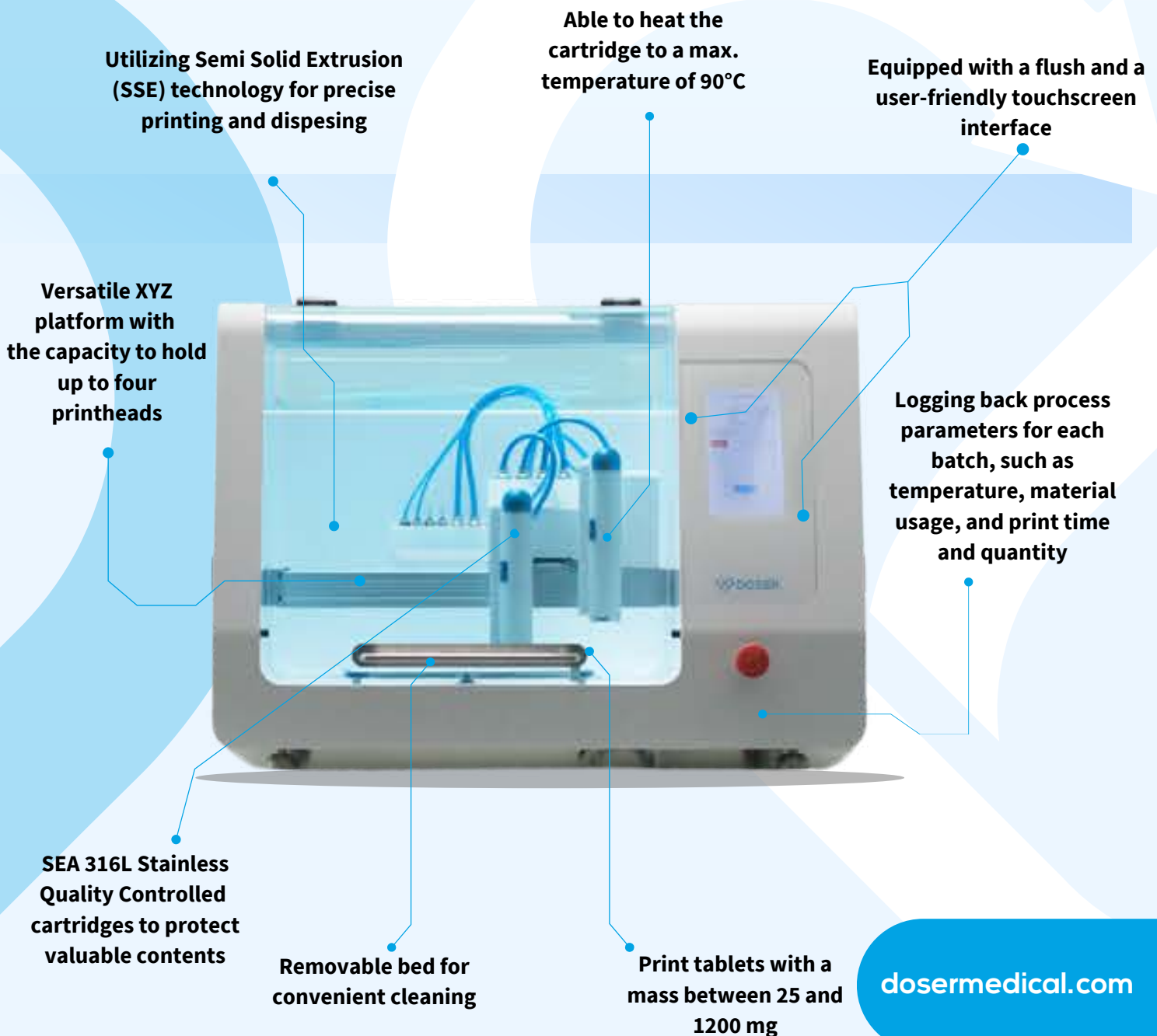
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Marraud, Laurie



[Seminar SPD1 - The science behind CFP in hospitals for beginners and advanced / CFP in hospitals - facts and figures](#)

Affiliation: EHESP - French School of Public Health

Country: France

1. CURRENT STATUS, POSITION

Laurie Marraud, PhD, is a lecturer at the Ecole des Hautes Etudes en Santé Publique (EHESP) specialising in the use of digital and sustainable health. Since 2019, Laurie is the project leader of the “decarbonizing health for sustainable care” project of the French Economic Transformation Plan within the think tank The Shift Project.

2. EDUCATION

She completed a doctorate in management science at Télécom Paris, one of the top 5 engineer French schools, before joining the Genie-Industrial Lab at Ecole Centrale de Paris and the management research center at Ecole Polytechnique as a post-doctoral fellow, 1st French School in engineering and 2nd world's best small university (Times Higher Education - 2020)

3. RESEARCH AREA

She is a teacher and a researcher in management sciences and focuses her research on the transformation of healthcare organisations in the context of ecological and epidemiological transitions.

Conflict of interest: None



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Matos, Cristiano



Multidisciplinary approaches to overcoming the healthcare workforce challenges

Affiliation: European Association of Pharmacy Technicians

Country: Portugal

1. CURRENT STATUS, POSITION

Prof. Cristiano Matos is President of European Association of Pharmacy Technicians and President of Portuguese Association of Pharmacy Technicians. He is also Invited Professor at ESTeSC-IPC, Coimbra, Portugal, where he teaches Pharmacovigilance, Pharmacoepidemiology and Pharmacotherapy. He is also consultant and researcher at QLV.group.

2. EDUCATION

He studied Pharmacy (Bachelor) at the ESTeSC-IPC, Coimbra, Portugal and became a licensed Pharmacy Technician in 2011. In 2014 he obtained a Master Degree in Applied Pharmacotherapy at ESTeSC-IPC, Coimbra, Portugal. In 2020 he obtained a PhD in Pharmacy at the University of Seville, Spain for his work in active involvement of general public in Pharmacovigilance. In 2022 he obtained a Master in Medical Statistics at the University of Aveiro, Portugal.

3. RESEARCH AREA

His research focuses on pharmacovigilance and drug safety. During the last decade, his research covered topics as spontaneous reporting of adverse drug reactions, patient participation and involvement in pharmacovigilance or drug-induced adverse drug reactions.

Conflict of interest: None

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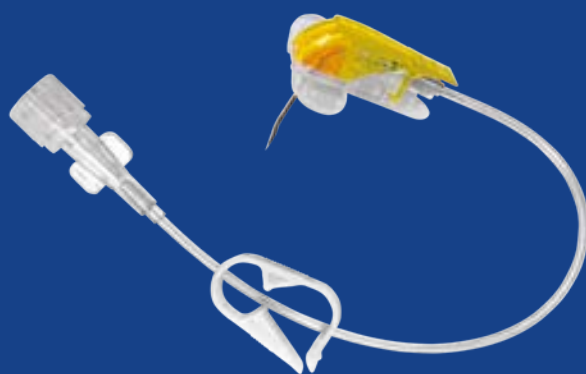
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Melia, Barry



[Sustainable Session - EAHP Environmental sustainability Working Group - what is the role of hospital pharmacy teams?](#)

Affiliation: Guild of Healthcare Pharmacists

Country: United Kingdom

1. CURRENT STATUS, POSITION

Mr. Barry Melia is a Principal Pharmacist at Public Health Scotland, Scotland's national public health body. He provides leadership in medicines intelligence, utilisation, vaccination, and pharmaceutical research. He supervises a number of public health-related postgraduate students at the University of Edinburgh. He is a recipient of the John Last medal.

Barry is the inaugural Chair of Environmental Sustainability at the Guild of Healthcare Pharmacists in the United Kingdom and Co-Chair of the EAHP Working Group on Environmental Sustainability.

2. EDUCATION

He studied Pharmacy at the Robert Gordon University, Aberdeen and qualified as a pharmacist in 1999. In 2021, he obtained a Master of Public Health at the University of Edinburgh with research exploring the use of national data sets to predict environmental pollutant concentrations of pharmaceuticals in wastewater. He has recently successfully achieved his Diplome of the Faculty of Public Health examinations.

3. RESEARCH AREA

His research interests include ecotoxicology of pharmaceuticals in the environment and focus on wastewater epidemiology, the use of "Big Data" to explore real world effectiveness of pharmaceuticals, whole system modelling and life course analysis.

Conflict of interest: None

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Morgan, Peter

[Keynote 2 - Impact of Climate Change on Human Health: a resilient approach](#)

Affiliation: NHS England

Country: England



1. CURRENT STATUS, POSITION

Peter Morgan is currently the Head of Medicines Net Zero for NHS England.

2. EDUCATION

He studied Pharmacy at the University of Bath and registered as a pharmacist in 2014. He is an independent prescriber in clinical nutrition and a Fellow of the Royal Pharmaceutical Society.

3. RESEARCH AREA

Conflict of interest: None

Nazlic, Tanja

[Seminar INT1 - Pharmacists' wellbeing - how to take care of those who take care](#)

Affiliation: Dr. Nazlic Coaching & Training

Country: Germany



1. CURRENT STATUS, POSITION

Dr. Tanja Nazlic holds a PhD in organisational psychology and works as Managing Director at Dr. Nazlic Coaching & Training in Munich, Germany with a team of Senior Consultants and Consultants. She works as a Senior Coach with managers and leadership teams, as a Trainer, Facilitator and Speaker on topics around leadership & teamwork and as an instructor for coaches.

2. EDUCATION

She got her MSc in psychology in 2004 (University Trier, Germany) and PhD in social and organisational psychology in 2008 (LMU Munich, Germany).

3. RESEARCH AREA

She and her team focus on supporting individuals, teams and organisations in reaching change and development goals.

Conflict of interest: None



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Neumeier, Vera*

[Special Interest Group \(SIG\) - A vision for the autonomous pharmacy in Europe](#)

Affiliation: University Hospital Zurich

Country: Switzerland

**1. CURRENT STATUS, POSITION**

Vera Neumeier is currently a hospital pharmacist at University Hospital Zurich. She is responsible of clinical pharmacy activities and project lead of automatic dispensing cabinets.

2. EDUCATION

She studied Pharmacy at the University of Heidelberg in Germany and became licensed pharmacist in 2017. In 2021 she obtained a further education diploma in general pharmacy in Switzerland. She is currently obtaining her PhD in clinical sciences at the University of Zurich.

3. RESEARCH AREA

Her research focuses on epidemiological studies and rational pharmacotherapy.

Conflict of interest:*

Member of the SIG on Automated Medication Management, supported by Omnicell

Nink, Katrin

[Seminar ER1 - Analysing real world data - methods, opportunities and challenges](#)

Affiliation: Institute for Quality and Efficiency in Health Care (IQWiG)

Country: Germany



1. CURRENT STATUS, POSITION

Katrin Nink is currently Head of Division Oncology (Solid Tumours) and Routine Practice Data Collection, Drug Assessment Department, Institute for Quality and Efficiency in health Care (IQWiG) in Cologne.

2. EDUCATION

She obtained a Degree in Pharmacy in 1991 from the University of Bonn and worked in various retail pharmacies. She obtained a Master of Public Health in 1998 from the University of Bielefeld and worked in the area of health-related consumer protection at the North-Rhine Westphalian Consumer Centre from 1998 to 2001. She was subsequently employed by the Research Institute of Germany's largest statutory health insurance fund, AOK (WIdO), her main focus being on drug utilization research. She joined IQWiG in 2012.

3. RESEARCH AREA

Her main research area is the evidence-based assessment of drugs, i.e., the early benefit assessment of new drugs at market entry, as well as the assessment of established drugs.

Conflict of interest: None

O'Hare, Roisin



[Seminar INT2 - Moving forward with digital clinical education - when ward-based training is not an option](#)

Affiliation: Craigavon Area Hospital, Southern Health and Social Care Trust

Country: Ireland

1. CURRENT STATUS, POSITION

Prof. Roisin O'Hare is currently the Northern Ireland (NI) Lead Clinical Education Pharmacist, responsible for experiential learning in hospital pharmacy for NI. She is based in Craigavon Hospital in the Southern Health and Social Care Trust and works across both Schools of Pharmacy in NI, Queens University Belfast, where she has recently been made a Professor, and Ulster University in Coleraine. The NI Clinical Education Team teach around 1,000 undergraduate pharmacy students clinical pharmacy skills and the application of therapeutics to real patient scenarios in NI hospitals each year.

2. EDUCATION

She studied Pharmacy at the University of Strathclyde and has worked in hospital pharmacy in the field of Cardiology since registering as a pharmacist, now over 25 years ago. She gained her MSc in clinical pharmacy, she completed her Doctorate of Pharmacy Practice in 2014, with a focus on innovative educational methods to support the teaching and assessment of clinical pharmacy skills.

3. RESEARCH AREA

She was one of the first independent prescribers on the Pharmaceutical Society of Northern Ireland registered and set up a pharmacist-led clinic to manage patients with pulmonary hypertension and later heart failure, winning NI Pharmacist of the Year 2007 for her work. She joined the NI Clinical Education Team as Team lead in 2008 and since then she has focussed on developing the clinical pharmacy workforce in NI via undergraduate experiential learning as well supporting the postgraduate education and training across NI. Through her work with clinical skills Prof O'Hare designed, piloted and evaluated the use of OSCEs in pharmacy in NI gaining her Doctorate for this research in 2014 and publishing her first book on the subject in 2017. More recently, she has been researching the use of Peer Teaching to support the teaching of undergraduate students during experiential learning as well as other methods of determining student competence with clinical skills, including Entrustable Professional Activities.

Conflict of interest: None



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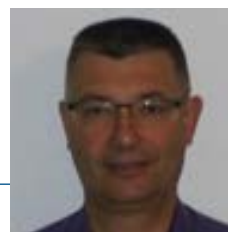
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Odou, Pascal

[PC2 - Compounding without frontiers, cooperation over country borders](#)

Affiliation: CHU Lille

Country: France



1. CURRENT STATUS, POSITION

Prof Dr. Pascal Odou is currently Head Pharmacist at Lille University Hospital. He specializes in hospital drug compounding. Prof Pascal Odou is also Professor of Pharmaceutical Technology at the University of Lille, where he heads a team working on injectables.

2. EDUCATION

He studied at the University of Lille. He obtained his PhD in 1997 and his hospital pharmacist diploma in 1998. Since then, he has focused on the environment of hospital injectables, and since the pandemic he has been working on ways to avoid drug shortages in France.

3. RESEARCH AREA

His research focuses on hospital environment for injectables. He first worked on the design of cleanrooms, then developed work on the compatibility of injected drugs, taking into account packaging or administration materials and mixtures injected. Today, he is studying the impact of robotization on the manufacture of hospital drugs.

Conflict of interest: None

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O'Brien Kelly, Joanne*

Partnering for better patient outcomes

Affiliation: European Pain Federation (EFIC) and Beaumont Hospital, Dublin

Country: Ireland



1. CURRENT STATUS, POSITION

Dr. Joanne O'Brien Kelly is an Advanced Nurse Practitioner in the Department of Pain Management iPainCentre at Beaumont Hospital, Dublin. She is working to develop integrated pathways for the management of low back pain, radicular pain and fibromyalgia between the community and hospital setting. Dr O'Brien is also an Honorary Clinical Lecturer with the University of Medicine and Health Sciences, RCSI School of Nursing and Midwifery, Dublin.

2. EDUCATION

She graduated in 1991 as a registered general nurse from the Mater Misericordiae Hospital in Dublin before working as an intensive care nurse in Klinikum Grosshadern, Munich, Germany for 5 years and in Beaumont Hospital Dublin until 2000. In 2000 Dr. Joanne O'Brien Kelly was appointed a Clinical Nurse Specialist in Pain Management at Beaumont Hospital and completed her MSc Pain Management at the School of Medicine, Cardiff University, Wales. She obtained her certificate qualification in Nurse Prescribing at the University of Medicine and Health Sciences, RCSI Dublin in 2010. In 2015 she registered as an Advanced Nurse Practitioner in Pain Management and in 2018 was awarded an Employment Based Post Graduate Scholarship by the Irish Research Council and obtained her PhD in October 2022 from the RCSI Dublin.

3. RESEARCH AREA

Her research interests focus on the management of neuropathic pain with Capsaicin 8%, self-management strategies in chronic pain management and Fibromyalgia. Her PhD explored the development and impact of an eHealth website on fibromyalgia patients self-efficacy and self-management.

Conflict of interest:*

Member of the Advisory Committee for the development of content for the "Change Pain" platform in 2022

Patel, Jignesh

[Pharmacotherapy Session - Anticoagulation therapy in the context of women's health](#)

Affiliation: King's College Hospital Foundation NHS Trust

Country: United Kingdom



1. CURRENT STATUS, POSITION

Dr. Jignesh Patel is a clinical academic, specialising in anticoagulant drug therapy and is based between the Department of Haematological Medicine, King's College Hospital and the Institute of Pharmaceutical Science, King's College London. Jignesh practices as a consultant pharmacist in anticoagulation at King's College Hospital, and part of a multidisciplinary team providing anticoagulation and thrombosis services.

2. EDUCATION

He studied pharmacy at the University of Manchester and became a registered pharmacist in 1997. In 2001, Jignesh completed his masters in clinical pharmacy at the University of Brighton, where his thesis assessed medication risk in a district general hospital. In 2012 Jignesh completed an NIHR GSTT/KCL BRC PhD training fellowship, where his thesis studied the pharmacokinetics of enoxaparin during the antenatal period in order to determine the optimal dose / dosing strategy for the management of venous thromboembolism.

3. RESEARCH AREA

His research is concerned with the optimal use of anticoagulant therapy in clinical practice and primarily focuses on addressing anticoagulant drug dosing issues where uncertainties exist. A particular focus of my research is anticoagulation therapy as it relates to women's health.

Conflict of interest: None

Pilsgaard Henriksen, Daniel

[Seminar IG1 - Sustainable healthcare – opportunities and strategies](#)

Affiliation: Odense University Hospital

Country: Denmark



1. CURRENT STATUS, POSITION

Daniel Pilsgaard Henriksen is currently a physician at Odense University Hospital, Denmark. He is responsible for the virtual polypharmacy outpatient clinic - Telefarmakologisk Ambulatorium - which provides clinical pharmacology specialist counselling to all general practitioners in the Region of Southern Denmark regarding their multimorbid patients.

2. EDUCATION

He studied medicine at the University of Southern Denmark and became a medical doctor in 2009. In 2014 he obtained a PhD in emergency medicine at the University of Southern Denmark. He became a specialist in clinical pharmacology in 2019. In 2020 he completed a one-year university lecturer training programme.

3. RESEARCH AREA

His research areas and interests are centred around complex drug treatment and -interventions, rational pharmacotherapy, with a special focus on the sector transition from primary- to secondary care, cross-sector collaborations, and equality in treatment.

Conflict of interest: None



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Relihan, Eileen



[Seminar PSQ2 - Patient safety II – learning from when things go well and not so well](#)

Affiliation: St James's Hospital

Country: Ireland

1. CURRENT STATUS, POSITION

Dr. Eileen Relihan is the Medication Safety Facilitator at St James's Hospital, Dublin, Ireland, a position which involves management of the medication safety programme in the organisation. She is also an Adjunct Clinical Fellow for the School of Pharmacy, Trinity College Dublin (TCD) and lectures at both undergraduate and postgraduate level for the TCD Schools of Pharmacy, Medicine and Nursing.

2. EDUCATION

She studied Pharmacy at Trinity College Dublin (TCD) and qualified as a pharmacist in 1999. She received a MSc. in Hospital Pharmacy in 2002 and a PhD in Pharmacy Practice in 2011, both also awarded by TCD. In 2017, she undertook a Diploma in Leadership and Quality with the Royal College of Physicians in Ireland.

3. RESEARCH AREA

Her research focuses on medication safety in tertiary care. Her PhD focused on the topic of the design and implementation of a medication safety programme in an acute hospital setting.

Conflict of interest: None

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Sala, Núria

[Interactive session INT1 - Pharmacists' wellbeing - how to take care of those who take care](#)

Affiliation: Althaia, Hospital Sant Joan de Déu de Manresa

Country: Spain



1. CURRENT STATUS, POSITION

Núria Sala is currently a Head of the Pharmacy Department. She is leading different projects related to transformation and evolution of the Pharmacy Department.

2. EDUCATION

She studied Pharmacy at the University of Barcelona and became licensed pharmacist in 2005. In 2010 she obtained a hospital pharmacy specialisation after 4 years in Hospital Universitario Morales Meseguer in Murcia (Spain). She has done internships abroad in different fields related to pharmacy: France (Pharmacy Office), Canada (Medicines Agency) and the United States (Hospital Pharmacy). She worked as a Hospital Pharmacist at the Hospital de Sant Pau i de la Santa Creu (Barcelona, 2011) and from then on, as a Hospital Pharmacist and current Head of the Pharmacy Department at Althaia, Hospital Sant Joan de Déu de Manresa (Barcelona). She complemented her training with the Official Master's Degree in "Food and Health" (University of Murcia) and the Master's Degree in Scientific, Medical and Environmental Communication (Universitat Pompeu Fabra, Barcelona). She was also the co-creator and co-coordinator (2018-2020) and current member of the Coordinating Committee of the Pain Group (Spanish Society of Hospital Pharmacists).

3. RESEARCH AREA

Her research focuses on pain management, including the clinical and educational approach and the role that pharmacists can play.

Conflict of interest: None

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Schnurrer, Jochen

[Seminar IG2 – Reuse of medicines: pros and cons](#)

Affiliation: University Hospital Essen

Country: Germany



1. CURRENT STATUS, POSITION

Dr. Jochen Schnurrer is currently Chief Pharmacist at Essen University Hospital. In this role, he is responsible for all pharmaceutical processes at University Medicine Essen. He is also 1st Vice-President of the Federal Association of German Hospital Pharmacists (ADKA e.V.).

2. EDUCATION

He studied pharmacy at the University of Marburg and passed his state examination as a pharmacist in 1999. In 2004, he received his PhD from the Institute of Clinical Pharmacology at Hannover Medical School in the field of electronic prescription systems with a focus on medication safety. In 2006, he qualified as a specialist pharmacist for clinical pharmacy and in 2011, as an antibiotic stewardship expert.

3. RESEARCH AREA

He is involved in the committees of the Federal Association of German Hospital Pharmacists with a focus on drug therapy safety and unit-dose drug supply.

Conflict of interest: None

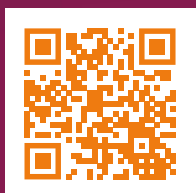
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Schuurmans, Carine

[Sustainable Session - EAHP Environmental sustainability Working Group](#)
[- what is the role of hospital pharmacy teams?](#)

Affiliation: Franciscus Gasthuis en Vlietland, Rotterdam

Country: The Netherlands



1. CURRENT STATUS, POSITION

Mrs. Carine Schuurmans is currently a hospital pharmacist at Franciscus Gasthuis en Vlietland in Rotterdam/Schiedam. She is responsible of clinical pharmacy activities on medication safety and sustainability. Carine Schuurmans is also chair of the working group on sustainability of the NVZA (Dutch Association of Hospital pharmacists) and member of the working group on sustainability of the EAHP.

2. EDUCATION

She studied Pharmacy at the University of Utrecht and became licensed pharmacist in 1993. In 2011 she obtained a Master of Health Administration at Tias Nimbas for her work on the strategic possibilities of reducing 'threat' as a part of the customer value concept in a hospital.

3. RESEARCH AREA

Carine Schuurmans is absolutely passionate about revolutionising sustainability in the hospital environment, with a keen and dedicated focus on enhancing the eco-friendly aspects of medication practices.

Conflict of interest: None



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Stampfli, Camille

[SIG - Use of prefilled syringes in intensive care units and operating theatres](#)

Affiliation: University Hospital Essen

Country: Germany



1. CURRENT STATUS, POSITION

Camille Stampfli is currently a hospital pharmacist at the production unit of the Lausanne University Hospital. Her role primarily involves overseeing the production of aseptic non-cytotoxic preparations e.g. parenteral nutrition and non-sterile preparations. In addition, Camille Stampfli is working closely with the Infection Disease Department for the production of fecal microbiota transplantation products.

2. EDUCATION

She studied Pharmacy at the University of Geneva and became licensed pharmacist in 2016. In 2021, she completed her residency at Lausanne University Hospital and obtained her Master of Advanced Studies of Hospital Pharmacy from the University of Geneva and the University of Lausanne.

3. RESEARCH AREA

Her research focuses on the development and implementation of new ready-to-administer products in a hospital setting as well as the optimisation of compounding aspects specific to fecal microbiota transplantation.

Conflict of interest: None



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Tichelaar, Jelle

[Seminar ER2 – Interprofessional education and research towards better health outcomes](#)

Affiliation: Amsterdam UMC and Inholland University of Applied Sciences

Country: The Netherlands



1. CURRENT STATUS, POSITION

Prof Dr. Jelle Tichelaar holds the position of Clinical Pharmacologist and Associate Professor at the Amsterdam University Medical Center. His role encompasses overseeing the education in clinical pharmacology and therapeutics across various healthcare professional programs, including medicine, dentistry, physician assistants, and advanced nursing practice. In addition, Dr. Tichelaar serves as the Endowed Professor for Interprofessional Collaboration and Medication Safety at Inholland University of Applied Sciences.

2. EDUCATION

He studied Medicine at VU University in Amsterdam and became a licensed clinical pharmacologist in 2017. In 2016 he obtained a PhD in medicine at VU University in Amsterdam for his work on Context Based Pharmacotherapy Education.

3. RESEARCH AREA

His research focusses on several aspects of pharmacotherapy education. Prof Dr. Jelle Tichelaar did research on context based pharmacotherapy education such as student run clinics, but also on interprofessional learning, rational prescribing, assessment and curriculum design. The past few years he has been working on four large international Erasmusplus projects:

- the European Prescribing Exam (EuroPE+)
- the European Open Platform for Prescribing Education (EurOP2E)
- the Clinical Pharmacology and Therapeutics Teach The Teacher Training (CP4T)
- the Planetary Health Education in Prescribing (PlanED Prescribing).

Conflict of interest: None

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Congress theme:
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future of healthcare”

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The potential for innovation in health care is vast and holds the promise of revolutionising the way we prevent, diagnose and treat diseases. With advancements in technology, data analytics and interdisciplinary collaborations, the healthcare industry is poised to undergo significant transformation in the coming years.

Pharmacists are pivotal for healthcare innovation across all settings due to their medication expertise, patient access, medication management responsibilities, collaborative nature, public health-impact, technology adoption and contributions to continuity of care.

Their involvement ensures that innovative practices are integrated into everyday healthcare delivery, leading to improved patient outcomes, enhanced safety and advancements in health care as a whole. By embracing these advancements, we can envision a future where health care is truly patient-centric, preventive and sustainable.

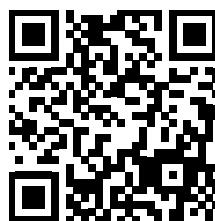
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THE TOPIC OF INNOVATING FOR THE FUTURE OF
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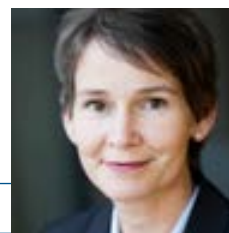
#FIPCongress

Uldal, Nina*

[Seminar SPD2 - Hospital formularies going green](#)

Affiliation: Amgros I/S

Country: Denmark



1. CURRENT STATUS, POSITION

Nina Uldal is currently Director of Procurement at Amgros I/S, Copenhagen, Denmark, which secures the supply of medicines and hearing aids to the public hospitals and hearing clinics in Denmark.

2. EDUCATION

She has a Master of Public Governance, Organizational Leadership, from the Copenhagen Business School. In 2019, she graduated from the Innovation Leadership Challenge Programme (ILC) from the University of California, Berkeley. The focus is on leading innovation in the healthcare sector. In 2007, she graduated the Advanced Business Development programme from INSEAD and Oxford University in cooperation with Danish Centre for Leadership, an executive programme with focus on strategic business development and implementation as well as personal leadership and organisational development.

4. Conflict of interest*:

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van de Plas, Afke

[Seminar PSQ2 - Patient safety II – learning from when things go well and not so well](#)

Affiliation: Maastricht UMC+

Country: The Netherlands



1. CURRENT STATUS, POSITION

Afke van de Plas is currently a hospital pharmacist at the Maastricht University Medical Centre, the Netherlands, where she is responsible for medication safety.

2. EDUCATION

She studied Pharmacy at the University of Utrecht and became a licensed pharmacist in 2001, and a licensed hospital pharmacist in 2007. She obtained her master's degree in quality and safety in healthcare at Radboud University in 2016.

3. RESEARCH AREA

Her research focusses on medication safety and safe administration of parenteral medication in particular.

Conflict of interest: None

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Van den Broucke, Evelyne

Workshop W2 – Check of Compounding Appropriateness

Affiliation: University Hospital Leuven/Catholic University of Leuven

Country: Belgium



1. CURRENT STATUS, POSITION

Evelyne Van den Broucke is a third year PhD student in pharmaceutical sciences at the Catholic University of Leuven, in Belgium. Besides conducting research, she also graduated as a hospital pharmacist and is currently working in the Hospital Pharmacy of the University Hospital Leuven where she performs regular tasks, such as dispensing, compounding and clinical pharmacy practices.

2. EDUCATION

She studied Pharmaceutical Sciences at the Catholic University of Leuven and graduated as a pharmacist in 2018. Within her master's degree, she enjoyed a 6-month Erasmus exchange experience at the University College London School of Pharmacy. In 2018, she immediately followed with an inter-university master-after-master programme to become a hospital pharmacist and became licensed in 2021. Thereafter, Evelyne started a 4-year PhD course at the Catholic University of Leuven which she is aiming to finish in 2025.

3. RESEARCH AREA

Throughout her education to become a hospital pharmacist, Evelyne has gained interest in the domain of clinical pharmacy practices. Therefore, her research includes different topics within the field of clinical pharmacy and focusses on optimising pharmacotherapy, with an emphasis on avoiding medication/prescription errors. Her PhD is being performed under the supervision of Prof. Isabel Spriet (the head of the Clinical Pharmacy Department at the University Hospitals Leuven).

Conflict of interest: None



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van Hest, Reinier

[Seminar PSQ1 - Pharmacist-led antimicrobial stewardship: another focus for patient safety?](#)

Affiliation: Amsterdam UMC

Country: The Netherlands



1. CURRENT STATUS, POSITION

Reinier van Hest is a hospital pharmacist at the Amsterdam UMC, where his main expertise is in infectious diseases and antimicrobial agents with a focus on antimicrobial stewardship, pharmacokinetics/pharmacodynamics and therapeutic drug monitoring. He is also responsible for the hospital pharmacy residency programme.

2. EDUCATION

He studied pharmacy at the University of Utrecht and became a licensed pharmacist in 2003. He obtained a PhD at the Erasmus University Rotterdam in 2007 on the clinical pharmacokinetics of mycophenolate mofetil, and subsequently did the hospital pharmacy residency at the Erasmus MC Rotterdam. He became a licensed hospital pharmacist in 2009.

3. RESEARCH AREA

His research focuses on several aspects of antimicrobial stewardship, and the pharmacokinetics and pharmacodynamics of antibiotics in different adult patient populations and infectious diseases. He is co-Chair of the antimicrobial stewardship team of the Amsterdam UMC and is a member of the Antimicrobial Stewardship Committee of the Dutch Working Party on Antibiotic Policy (SWAB). He is the co-Coordinator of the Antimicrobial Stewardship Monitor of the SWAB, which aims to create a national overview of the quality of the use of antimicrobial agents in hospitals and to provide participating hospitals with benchmark information on the quality of their antimicrobial use.

Conflict of interest: None

The Aural Apothecary Podcast at EAHP 2024

The Aural Apothecary Podcast - Live on stage on EAHP Congress

Come and join the Three Apothecaries for a session filled with fun and laughter. We will welcome 2 guests from the conference audience to join us on stage and share their stories. Our guests will share their Memory Evoking Medicine for the Aural Apothecary 'Formulary'; the anthem that soundtracks their career; and their book recommendation for the Aural Apothecary 'library'.

The Aural Apothecary Podcast is essentially "pub/café" based CPD chat, taking an edgy yet light-hearted view on the world of medicines, pharmacy, and healthcare. Medicines are part of everybody's life. It's a podcast about people's relationship with their medicines and healthcare. Everyone has a story to tell.

Developed and produced by the Three Apothecaries, the podcast, now in Series 6, has delivered over 50 episodes and 5 live show. It has been downloaded in over 75 countries worldwide. The podcast is a regular in the Apple Medical Podcast Charts around the world.

Three Apothecaries are:

Jamie Hayes, FRPharmS

Jamie is a certified executive coach, trained team facilitator and medical educationalist. Following a career as a clinical pharmacist, in both primary and secondary care, Jamie has focused his passion on behavioural change, culture, coaching and performance. Throughout his thirty-year career, he has had the privilege of listening to thousands of stories from clients, colleagues and patients.

Paul Gimson, FRPharmS

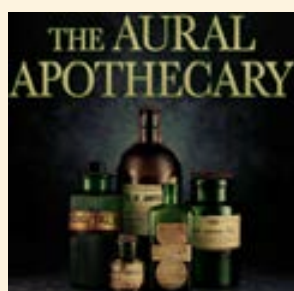
After a career in community and primary care pharmacy and a stint as a Director in the Royal Pharmaceutical Society, Paul graduated from the prestigious 'Generation Q' programme with the Health Foundation and now works to improve patient safety as the lead for Quality Improvement in CTM University Health Board, Wales, UK.

Steve Williams, FRPharmS

A clinician, Steve has worked as a clinical pharmacist for over 30 years, 25 in acute NHS hospitals and 7 in GP practices. He is a fierce advocate for medicines optimisation and is totally driven by the need to protect all patients from the biggest medication safety problem of all – problematic polypharmacy in an ageing population with multi-morbidity.

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Listen to the podcast on all platforms: <https://linktr.ee/auralapothecary>
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Zotter, Simone

[Workshop W3 - Medicines shortages: an ongoing matter for emergency departments](#)

Affiliation: General Hospital Vienna

Country: Austria



1. CURRENT STATUS, POSITION

Simone Zotter is currently a hospital pharmacist at the General Hospital Vienna, where she is the responsible clinical pharmacist for the emergency department, a division of cardiology and trauma surgery.

2. EDUCATION

She studied Pharmacy at the University of Vienna and became licensed pharmacist in 2013. In 2019, she completed a postgraduate master in “Clinical Pharmacy Practice” at the Robert Gordon University in Aberdeen, Scotland.

3. RESEARCH AREA

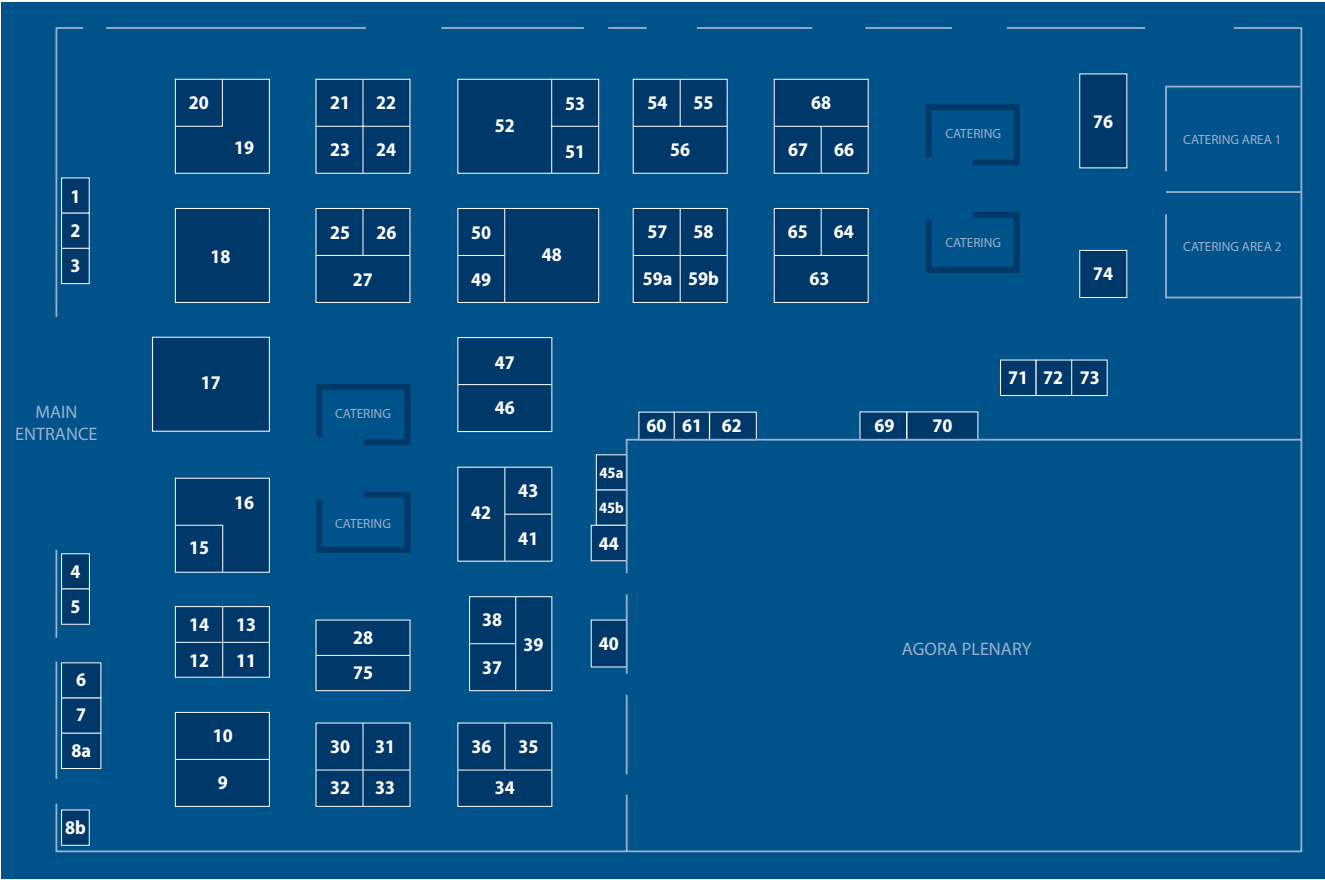
She is specialised in cardiac, geriatric and emergency medicine pharmacotherapy. Her current research focuses on drug-related hospitalisations in ED.

Conflict of interest: None

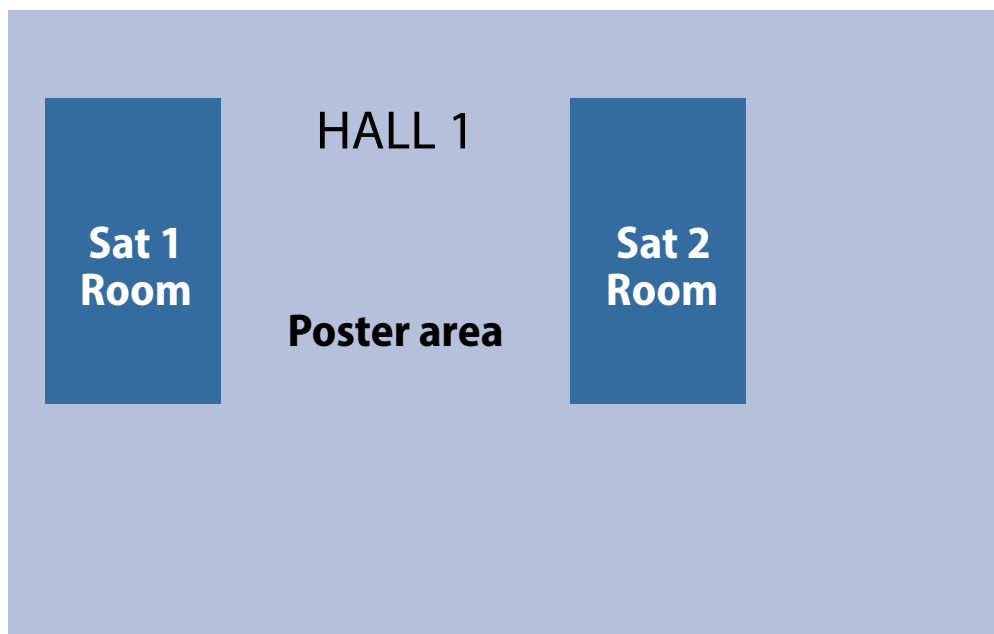
EXHIBITOR STAND LIST

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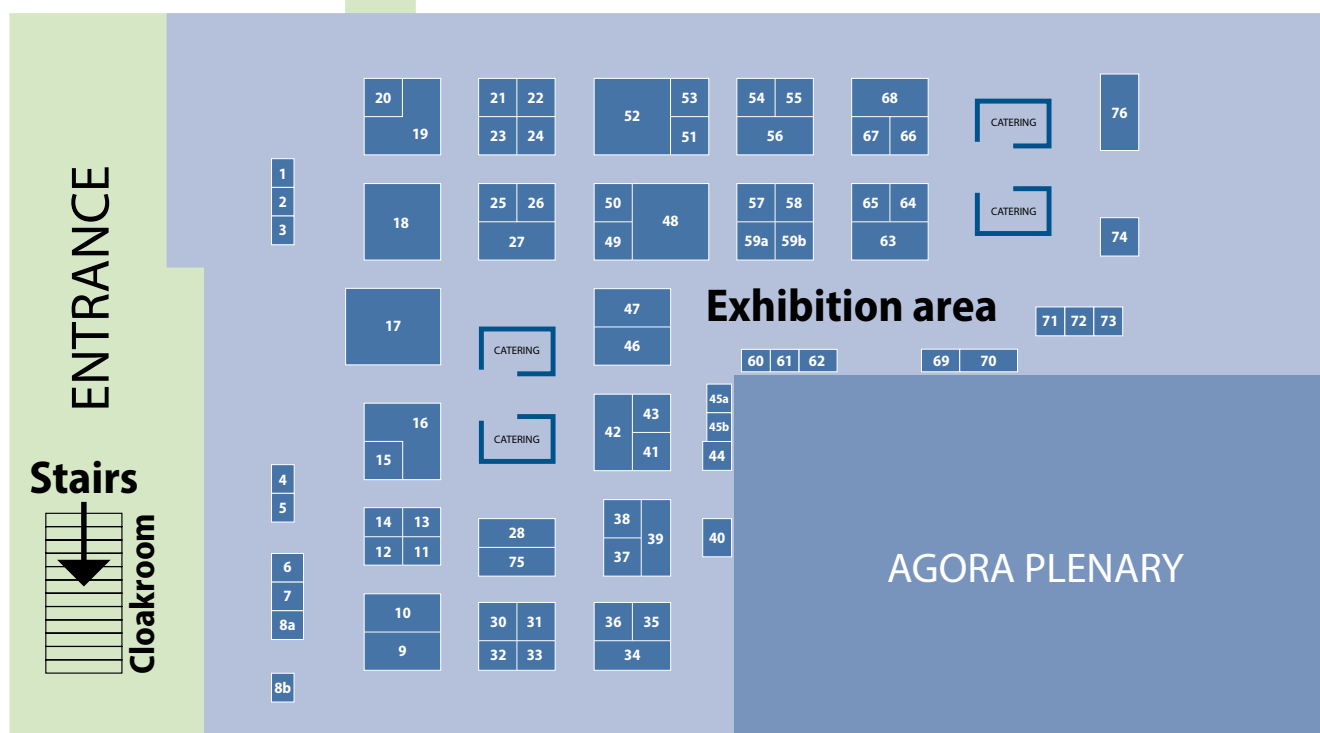
EXHIBITOR'S MAP



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