European Association of Hospital Pharmacists Joint Initiatives Programme (EAHP JIP) Project Proposal

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List of acronyms

EAHP European Association of Hospital Pharmacists

EAHP JIP EAHP Joint Initiatives Programme

EU the European Union

PHARMINE PHARMacy education IN Europe

GPIs Good Practice Initiatives

1. Introduction

Since 1972, European Association of Hospital Pharmacists (EAHP) has been leading the way for hospital pharmacists in terms of strengthening their role as health professionals. During 42 years, EAHP has grown into association which is not only dedicated to hospital pharmacy profession development but also to supporting EAHP member country national associations and their collaboration (EAHP, 2014a). Year 2014 will be surely remembered as one of the most important years when it comes to increasing hospital pharmacists' visibility and their cooperation with other health care professionals. The EAHP Summit, which will be organised in May this year will serve as a unique opportunity to define and elaborate on hospital pharmacy mission and its responsibility from the perspective of medical doctors, nurses, patients and other health care professionals (EAHP, 2013a).

During the General Assembly in Athens in 2013, EAHP enlarged its family and welcomed the 33rd and 34th member country (EAHP, 2013b). There are currently 27 EU Member States and 7 European countries members of the Council of Europe (EAHP, 2014b). Hospital pharmacists, coming from the aforementioned countries have diverse backgrounds with regards to their education, training and everyday practice. This represents a unique collaborative learning and to cherish diversity among fellow colleagues while using it in order to improve hospital pharmacists' profession.

Recently, EAHP has participated in the PHARMINE (**PHARM**acy education **IN E**urope) project where existing EU pharmacy curricula was evaluated. Furthermore, PHARMINE aimed at initiating the development of pharmacy and education training for hospital pharmacists (Education, Audiovisual & Culture Executive Agency, 2008). A year ago EAHP launched the Good Practice Initiatives (GPIs) project with the intention of finding successful initiatives in order to improve hospital pharmacy practice in Europe (EAHP, 2013c). Both projects are dealing with the improvement of hospital pharmacy profession. The former is addressing this issue through assessing pharmacy education across European borders and the latter via creating the pan-European map of well implemented GPIs.

It seems that the creation of a project, which will encompass the aforementioned activities, and propose new and more flexible pathways of gaining skills and competences would be the natural continuation of PHARMINE and GPIs. This would be in line with the real needs of hospital pharmacists expressed via their joint efforts. In other words, EAHP member countries can jointly initiate projects they would like to participate in, in order to respond to challenges they are facing with in everyday practice.

2. Justification of the EAHP Joint Initiatives Programme

The EAHP Joint Initiatives Programme (EAHP JIP) is a programme that aims at increasing cooperation between hospital pharmacists coming from different regions of Europe. It builds on the achievements of PHARMINE and the ongoing GPIs project.

EAHP JIP will seek to address the following challenges:

- The development of skills and competences of young hospital pharmacists from different European countries.
- The empowerment of hospital pharmacists and their ability to participate actively in the healthcare team will be the EAHP JIP priority.

The EAHP JIP is designed to support EAHP member countries' efforts to efficiently use the potential they have in terms of their human resources. This can be achieved through creating opportunities for cooperation and mobility within EAHP Partner Countries.

The EAHP JIP Programme will promote the creation and development of professional networks, providing opportunities for cooperation among stakeholders and the exchange and transfer of knowledge and know-how in different areas relating to hospital pharmacy activities. This reinforced cooperation will notably have positive effects in developing the potential of hospital pharmacists by helping increase their visibility in healthcare system.

Overall the EAHP JIP will support actions, co-operation and the development of tools consistent with the EAHP's current policy and advocacy priorities and will also contribute to achieving the objectives of the EAHP Summit. Moreover, the EAHP JIP will support pharmaceutical policy priorities which will be agreed upon at the EAHP Summit.

2.1. Building on past experience, creating new opportunities

The EAHP JIP builds on the achievements of PHARMINE, GPis, and focusing on encouraging cooperation between all EAHP member countries in the fields of education, training and practice placements.

The EAHP JIP aims at going beyond finding and locating initiatives already carried out in various areas of hospital pharmacy within the EAHP members. This can be achieved by stimulating new forms of co-operation and promoting synergies throughout the different fields of hospital

pharmacy. In other words the EAHP JIP represents a more effective way to address the real needs of fellow colleagues willing to learn and improve their skills and competences. It is therefore crucial that the EAHP JIP is fully supported and recognised by EAHP.

3. The EAHP JIP aims and objectives

The general aim of EAHP JIP is to contribute to increasing and strengthening co-operation between EAHP member countries.

Specifically, the main objective is to facilitate collaboration and knowledge and skills exchange between EAHP JIP participants.

A secondary objective is to increase visibility of hospital pharmacists in each member country and in Europe through the promotion of competences which will be agreed at the EAHP Summit in Brussels. Furthermore, a common purpose of the EAHP JIP is to ensure that skills and qualifications can be more easily recognised, within and across European national borders. Finally, the EAHP JIP would help increasing the number of relevant publications dedicated to hospital pharmacy science and practice.

3.1. The EAHP JIP Important Features

The EAHP JIP consists in an individual project during which hospital pharmacists from partner countries will be able to resolve the existing dedicated problem in hospital pharmacy area by applying the knowledge acquired over the course of their training and previous education in respective country; the EAHP JIP participants will also be required to identify and mobilise the adequate skills and individuals necessary for the successful completion of their project and to build relationships with the various parties involved in the process.

The starting point is a hospital pharmacy scientific and/or practical issue.

The general format of the EAHP JIP is one of problem-solving, requiring the proposal of possible solutions,:

- Analyse the problem in its context (practical, scientific and regulatory dimensions): collation of information on respective hospital pharmacy issue
- Establish study objectives by specifying the issues to which the project aims to contribute responses

- Choose and implement the methodology that is pertinent to the collation, analysis and assessment of the information and data useful for the achievement of the objectives,
- Propose, study, discuss, and select recommendations.

3.2. Why we are doing this project?

The EAHP JIP represents a step forward in trying to motivate and mobilize colleagues from EAHP member countries not only to report their activities aiming at hospital pharmacy service improvement but also to perform together when it comes to dealing with actual problems they are facing with in practice. Through their joint efforts it is possible to achieve transfer of knowledge and skills and directly communicate any issues they are trying to resolve.

3.3. What will we be doing?

Type of Joint Initiatives will depend on EAHP member country. It can include:

- Literature/systematic reviews on hospital pharmacy related topics
- Supervised short duration (up to 4 weeks) practical placements in respective country in the specific field of hospital pharmacy
- Carrying out pharmaceutical policy research activities at national and European level
- Collaborative care development research
- Health professional role development research
- Better use of technology (applications development to be used on tablets for example)

3.4. How will we be doing it?

EAHP will inform all member countries that EAHP JIP is open for hospital pharmacists to express their interest in various fields of hospital pharmacy. The participants of the EAHP JIP project need to be from at least two European countries, it is expected that the participants are coming from different (northern, western, central, eastern and central-classification already used in PHARMINE) European regions.

Collaboration between countries should be facilitated by EAHP and member country national associations of hospital pharmacists. Fellow colleagues from the aforementioned regions should not only communicate during EAHP official meetings such as annual congress, general assembly or academic seminars, but also via the Internet (Skype conference calls, email) in order to make this communication more efficient. The EAHP JIP partners should establish communication schedule and the responsibilities of each participant. Moreover, the form of communication should be also established (visits, weekly/monthly updates, conference calls/teleconferences).

After all join initiatives have been submitted to EAHP, the EAHP scientific committee will be able to decide which initiatives should be provided with financial aid. This will be based upon:

- Interest of topic
- Practical aspects of relevant project
- Possible applicability in various settings within Europe
- Its impact in increasing visibility of hospital pharmacy in Europe

Hospital pharmacists should express their interest via respective application form (to be agreed upon) by September the 1st 2014 in the fields of:

- Medication Therapy and Patient Care
- Pharmacy Management
- Drug shortages
- Emergency care
- Patient safety
- Pharmaceutical Wastes
- Quality Improvement
- Innovative approach-transition of care
- Pharmacoeconomics and outcomes research
- The application of evidence generated from randomized trials, observational studies, meta-analyses to decision-making in clinical practice

3.5. Who will be doing it?

Selection criteria for the EAHP JIP topics

The EAHP JIP projects proposals will be assessed according to the following criteria: relevance of the topic, quality of the project proposal and the proposed co-operation arrangements, its impact and dissemination strategies.

The interest of the topic:

The topic must enable the contribution of an actual clarification of an issue related to one of the proposed areas of hospital pharmacy. The EAHP scientific committee will decide which projects have the greatest interest for hospital pharmacy science and practice and are possible to be implemented in due time.

Feasibility:

There are several elements that can make a project difficult to carry out. Topics where it is hard to find partner institution and colleagues willing to contribute or where there is a considerable financial constraint in conducting it. Consideration should also be given, where applicable, to the ethical requirements of the project or the possible need for confidentiality demanded by those who proposing it.

3.6. Where will it be done?

JIP will be based usually in one of at least two partner EAHP member countries from different European regions. JIP can be carried out in virtual space via the Internet (Skype conference calls, shared online documents). If JIP represents a practical placement, it will be agreed upon where and under whose supervision the JIP will be carried out.

3.7. How long will it take?

Duration of each project should be clearly mentioned in the application form and should not be longer than 6 months including all project phases. If practical placements represent a part of the JIP, the duration of it will not be longer than 4 weeks. The number of accepted JIP with practical placements will be limited according to EAHP financial resources.

3.8. How much will it cost?

The majority of the EAHP JIP activities will be carried out on voluntary basis. However, it is expected that EAHP supports the EAHP JIP participants financially with the activity costs in terms of their travel and accommodation costs when needed according to the amount agreed and based on calculated travel distances. Accommodation for a maximum of 4 weeks per project will be available (accommodation will not include necessarily hotels, but university's campuses where available). Furthermore, EAHP will provide access to online research databases and finally support dissemination of JIP results.

4. Dissemination and exploitation of project results

Dissemination and exploitation of results is one of priority of the EAHP JIP project lifecycle. It gives all project participants the opportunity to communicate and share their results achieved by the projects, thus extending the impact of the EAHP JIP and improving its sustainability and justifying its added value.

In order to successfully disseminate and exploit project results, EAHP member countries hospital pharmacy associations involved in the EAHP JIP projects are asked to give the necessary support to dissemination and exploitation activities when designing and implementing their project. The level and intensity of such activities should be proportional to the objectives, the scope and the targets of the different EAHP JIP. Results achieved in a particular project may be highly relevant and interesting also in fields not covered by the project.

5. Timetable with Project Milestones

Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
2014/2015												
Application for												
the EAHP JIP												
Approval												
EAHP Scientific												
Committee												
Evaluation of												
Project												
Proposals												
Implementation												
of first EAHP JIP												
Finalizing												
the EAHP JIP												
reports												
Dissemination												
of findings												

6. References

Education, Audiovisual & Culture Executive Agency (2008) *Pharmacy Education in Europe* (*PHARMINE*) *Final Report Public Part*, Brussels, Education, Audiovisual & Culture Executive Agency.

European Association of Hospital Pharmacists (2014a) Who we are [online], European Association of Hospital Pharmacists. Available from: http://www.eahp.eu/about-us [Accessed 15th March 2014].

European Association of Hospital Pharmacists (2014b) Members [online], European Association of Hospital Pharmacists. Available from: http://www.eahp.eu/about-us/members [Accessed 15th March 2014].

European Association of Hospital Pharmacists (2013a) European Summit on Hospital Pharmacy [online], European Association of Hospital Pharmacists. Available from: http://www.eahp.eu/events/european-summit/intro [Accessed 15th March 2014].

European Association of Hospital Pharmacists (2013b) 43rd EAHP General Assembly "Draft Minutes" 14-15 June 2013, Athens, European Association of Hospital Pharmacists.

European Association of Hospital Pharmacists (2013c) Good Practice Initiatives in European Hospital Pharmacy [online], European Association of Hospital Pharmacists. Available from: http://www.eahp.eu/practice-and-policy/good-practice-initiatives-european-hospital-pharmacy [Accessed 15th March 2014].

European Association of Hospital Pharmacists Joint Initiatives Programme (EAHP JIP)

Pilot Project

Continuity of care in medication management via medication reconciliation*

Université Catholique de Louvain/ Cliniques universitaires Saint-Luc

University Hospital Ljubljana

University Hospital Belgrade

April 21st , 2014

Nenad Miljković

^{*}This document represents a partial fictional research proposal and it is linked to an official proposal of the EAHP Joint Initiatives Programme Project (JIP) created by

Detailed Budget

Requested Funds			niversité Catholique de Louvain/ liniques universitaires Saint-Luc			University Hospital Ljubljana			University Hospital Belgrade		
Subtopic	Item	Quantity	Unit Cost	Total Cost	Quantity	Unit Cost	Total Cost	Quantity	Unit Cost	Total Cost	
Travells											
Kick-off meeting (Louvain)	Travel				2	€ 300	€ 600	2	€ 300	€ 600	
	Allowance (2 nights)				2	€ 212	€ 424	2	€ 212	€ 424	
Follow-up	Travel	2	€ 300	€ 600	2	€ 300	€ 600				
meeting (Belgrade)	Allowance (2 nights)	2	€ 140	€ 280	2	€ 140	€ 280				
Closing	Travel	2	€ 300	€ 600				2	€ 300	€ 600	
meeting (Ljubljana)	Allowance (2 nights)	2	€ 140	€ 280	3			2	€ 140	€ 280	
	Total			€ 1760			€ 1904			€ 1904	
Software	Data collection software desing and application development	1	€ 1000	€ 1000							
Hardware	Tablet	2	€ 300	€ 600	2	€ 300	€ 600	2	€ 300	€ 600	
Marketing	Leaflets	500	€ 0.17	€ 85	500	€ 0.17	€ 85	500	€ 0.17	€ 85	
Subtotal				€ 3445			€ 2589			€ 2589	
TOTAL										€ 8623	

Methodology and Work Packages

The methods are directed into four different work packages.

Actor	Duty	Worck Package
European Association of Hospital Pharmacists (EAHP) Université Catholique de Louvain/ Cliniques universitaires Saint-Luc 1 lead investigator 1 research assistant	Coordination Training and workshops Dissemination Data collection software desing and application development	1, 2, 3, 4
Hospital pharmacists from Cliniques universitaires Saint-Luc University Hospital Ljubljana University Hospital Belgrade	Data collection, monitoring of patients, leading focus groups and meetings, dissemination of informative leaflets	2,3,4
Partner Organisations*	Dissemination	4

*Partner Organisations:

<u>Belgium</u>

AFPHB - Association Francophone Des Pharmaciens Hospitaliers De Belgique ; VZA - Flemish Association of hospital pharmacists Slovenia

SFD - Slovenian Pharmaceutical Society

<u>Serbia</u>

SFUS-Pharmaceutical Association of Serbia

Work Package 1: Platform meetings

Objective: Facilitating and enhancing the collaboration among partner institutions

Description: The EAHP and Université Catholique de Louvain/ Cliniques universitaires Saint-Luc will arrange a kick-off meeting and will be responsible for organising follow-up meetings and

video conferences with the other institutions.

Methodology: Stakeholder discussions

Deliverables: 3 meetings with the respective partners+video conferences

Evaluation: Quantitative and qualitative assessment of participant involvement

Work Package 2: Data collection software desing and application development

Objectives: Create a medication reconciliation tool and improve continuity of care.

Descriptions: Data collection software will be used in order to implement and perform medication reconciliation process. This will be accompanied by the development of different applications, that can be used on tablets.

Methodology: The software will be designed by the Université Catholique de Louvain/ Cliniques universitaires Saint-Luc, constructed and maintained by a third-party web designer. It will be introduced at the kick-off meeting to gather consensus and assure reporting compliance.

Deliverables: The software developed and a comprehensive database with the relevant information provided by hospital pharmacists.

Evaluation: Quantitative and qualitative assessment of participant involvement at mid-term and the end of the EAHP Joint Initiative Programme (JIP) project.

Work Package 3: Training of hospital pharmacists

Objective: Increase awareness and provide additional tools and information on improving continuity of care and medicine reconciliation in medication management.

Description: Training workshops for hospital pharmacists which include discussions of use of tools that are effective in improving continuity of care and medicine reconciliation in medication management .

Methodology: Two hospital pharmacists from respective countries will participate in training sessions. The trained hospital pharmacists will transfer the learned information to their colleagues involved in the EAHP JIP in each participating institution.

Deliverables: Six hospital pharmacists receive training directly and will be expected to train hospital pharmacists subsequently in their home countries.

Evaluation: Quantitative and qualitative assessment of participant involvement at mid-term and at the end of the EAHP JIP project.

Work Package 4: Dissemination

Objective: To disseminate and communicate findings to medical and non-medical stakeholders, including government departments, policy makers and among the community researched.

Description: Research findings effectively disseminated and communicated to the scientific and non-scientific stakeholders, in a variety of traditionally and locally adapted ways, including dialogue with health professionals, non-governmental organisations, policy makers and the community involved with the research.

Methodology: Peer-reviewed journal articles, meetings, conferences, website, information leaflets.

Deliverables: Scientific articles published, the number of leaflets distributed, sharing information on social networks.

Evaluation: publication of articles, data collected and the implementation of the best practice tools developed.

Innovative Value of Proposed Research

The project scope aims to provide tangible results of distinct value which can be applied within European countries to improve continuity of care in medication management. The project will investigate innovative ways to address the aforementioned issue by facilitating collaboration, coordination, and exchange of information to improve pharmacist-directed seamless care service within European countries.

Assumptions

- 1) It is assumed that interested hospital pharmacists can be identified, agree to participate and that the partner hospital institution agree in collaboration with this EAHP JIP project in addition to their necessary in-kind contributions for fulfilment of this project.
- 2) It is assumed that the necessary ethical clearance will be granted by the Belgian, Slovenian and Serbian Review Boards.
- 3) It is assumed that all the necessary research IT equipment will be available at the three hospital for upload of the developed software and data collection.

Risks

- 1) Access to relevant information and credibility of the project –Trained hospital pharmacists at the hospitals are a tremendous resource as they understand the objectives of the study and the importance of gathering the right information.
- 2) Establishing solid financial and audit procedures In order to ensure the EAHP JIP project is administered with integrity, financial management has been delegated to the EAHP financial office.

Description of Ethical Aspects

All activities conducted within the EAHP JIP are obliged to be conducted in an ethical manner, which respects human rights and promotes and protects people involved. The study will protect confidentiality, while making research results available. Research protocol will be in compliance with relevant national and European laws and standards. Ethical clearance must be obtained from the appropriate authorities in each country in order to allow for implementation of this project. All participants including medical professionals and patients must be made fully aware of the project. Patients must give informed consent, orally or in writing. Project participation is voluntary and participants are free to withdraw at any time.

References

Spinewine, A et al. (2013) Approaches for improving continuity of care in medication management: a systematic review. *International Journal for Quality in Health Care*, 25(4), 403-17.