explained, are a key to this.

This facilitated, interactive, case-based workshop will use clinical case studies and vignettes to explore medication review in older people. The cases will allow for brief discussions regarding the therapeutics at play. The session will also allow for and include brief discussions around decision making and communication in this complex area of healthcare, focusing on how to have meaningful conversations with patients, carers and other healthcare professionals. The session will discuss how prescribers and those who influence prescribing, faced with a changing clinical context, can be become more confident in taking an approach to safely stopping medicines in older people, where this is agreed with the person.

SECTION 6: EDUCATION AND RESEARCH

ER1 - Hospital pharmacists driving evidence-based versus influencer-based medicine

In the rapidly evolving landscape of hospital and clinical pharmacy, the intersection of artificial intelligence (AI), patient engagement platforms and the influence of social media has opened new avenues for discovery, patient understanding, and ethical considerations. This seminar will explore the dynamic interplay between these elements and highlight their implications for hospital pharmacy.

Social media should be considered both a valuable source of information for the hospital pharmacist, especially when dedicated to real-world research, and a very powerful vehicle of communicating with patients.

Knowing how to navigate this mine of publicly available information opens up the possibility for the hospital pharmacist involved in research to observe ongoing phenomena in a large part of the population and to intercept potentially dangerous trends.

One pivotal theme to be addressed is the application of AI in social networks for the detection of Adverse Drug Events (ADEs). Leveraging advanced algorithms and machine learning, hospital pharmacists are increasingly utilizing social media platforms to mine valuable insights into patient experiences with medications. The integration of AI not only expedites the identification of ADEs but also enhances the ability to proactively address potential medication-related issues, contributing to improved patient safety. From this point of view, access to the direct opinions and experiences of patients represents an added value of immeasurable wealth that requires the knowledge of a healthcare professional to interpret correctly.

Indeed, the risk of misuse of social media is linked to the rapid spread of potentially unverified information that has not been communicated by a professional. The boundary between informative content and promotional material blurs as influencers, often with substantial follower bases, endorse medications for uses not approved by regulatory authorities.

This seminar delves into the ethical considerations surrounding such endorsements, exploring the impact on patient perceptions, adherence, and the responsibilities of hospital pharmacists in mitigating potential risks.

ER2 - The second life of drugs: opportunities and challenges of drug repurposing

Drug repurposing, also known as drug repositioning or reprofiling, refers to the process of identifying new therapeutic uses for existing drugs that were initially developed for a different indication.

In this session, we will discuss the key principles underlying drug repurposing, emphasizing the shift from traditional de novo drug discovery to the exploration of existing compounds for new therapeutic indications. Attendees will gain insights into the diverse methodologies employed in identifying repurposable candidates, ranging from computational approaches and high-throughput screenings to systems biology analyses.

Drug repurposing can lead to the accelerated approval of treatments, saving both time and resources, compared to the conventional drug development pipeline. The potential of this approach for drug approval is particularly interesting in areas such as rare diseases. However, the road to drug repurposing is not without challenges. The session will address issues such as regulatory considerations, intellectual property hurdles, and the need for innovative clinical trial designs tailored to repurposed drugs. Ethical considerations surrounding patient safety and consent will also be explored, emphasizing the importance of striking a balance between speed and thorough evaluation.

Some ongoing initiatives at the European level from the research and regulatory perspective will be discussed so as to provide hospital pharmacists with basic understanding of the field's potential. By reimagining the applications of existing drugs, hospital pharmacists can play a pivotal role in expanding treatment options for unmet clinical needs.

ER3 - Update on the clinical trial landscape

For many years randomised controlled trials (RCTs) were deemed the gold standard for evidence-based medicine, mainly due to their ability to prevent bias through randomization. However, the landscape has changed, and RCTs are now facing challenges such as time constraints, high costs, and ethical barriers. To overcome such barriers, in recent years alternative clinical trial designs have emerged, each with its strengths and weaknesses.

Under the master protocol framework are grouped new clinical trial designs that investigate one or more than one treatment in multiple subgroups of a study population as opposed to the traditional RCTs, which mostly investigate one drug in one study population. The master protocol clinical trials include: basket trials, umbrella trials, and platform trials

This seminar will present the changing perspectives of clinical trial designs, comparing classical trial designs with newer trial designs and examining the role of the master protocols in the clinical trial landscape.

ER4 – Competency-based education – go for knowledge, skill and attitude!

As health care professionals, pharmacists require a solid education with a strong academic background. Yet, the fast changing and evolving pharmaceutical and medical knowledge necessitates a shift in training and education strategies. Competency-based education (CBE) has become a fundamental approach to medical education in numerous countries.

Competency-based curricula emphasize four key features: focus on learning outcomes, emphasis on abilities, reduced time-based training and learner-centeredness. The defined learning outcomes describe the knowledge, skills and attitudes essential for a professional individual in working life.

The design of a successful competency-based system of education begins with identifying desired outcomes and defining performance levels for each competency. This leads to the development of a framework for assessing competencies and finally the (re)evaluation of the programme, enabling continuous improvement.

Competency-based assessments are used to distinguish between the skills and knowledge that you already have, and those for which you need further education and training. The use of entrustable professional activities (EPAs) is an approach to deal with the complex nature of CBE. An EPA is a unit of professional practice that can be fully entrusted to a pharmacist as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised.

EPAs can effectively bridge the gap between educational preparation and job practice, ensuring that pharmacists are equipped not only with knowledge but also with the skills and attitudes necessary for professional success.

This seminar will show examples of innovative approaches illustrating the practical implementation of CBE and EPAs in pharmacy education settings - at undergraduate, postgraduate, and professional development levels.

Two experienced speakers will share their experiences, best practices, and insights into successful implementation of CBE.

PHARMACOTHERAPY

Pharmacotherapy session - Anticoagulation therapy in hospitals: let's ask the experts

Annually, millions of patients worldwide, who suffer from thromboembolic conditions, necessitate anticoagulation therapy. Despite the undeniable advantages of anticoagulants in reducing thromboembolic events, these medications can be responsible for adverse drug events in hospitalized patients.

Particularly anticoagulation management is more complex in those patients with comorbidities such as renal or liver impairment, or patients with specific characteristics such as high body weight, and frailty, patients with a high risk of bleeding or who have previously experienced bleeding events while on anticoagulants.

In this interactive session, our panel of experts will discuss the management of anticoagulation therapy in complex case scenarios and will answer questions on issues the attendees have encountered while managing their patients on anticoagulants or anticoagulant reversal agents.

YOUNG PROFFESSIONALS

Young Professionals Session - A European perspective on hospital pharmacy training

This year's Young Professionals Session will be dedicated to the education and training required to become a hospital pharmacist.

While we all share the same profession and title, "hospital pharmacist" across Europe, the education and specializations required to achieve this differ. Pre-graduation education, post-graduation specialization, internships, residency, specific diplomas—training varies by country, though some similarities exist between different European nations. In this session several hospital pharmacists will present their country's training programs for becoming a hospital pharmacist. They will explain how these programs enable them to practice high-quality pharmacy tailored to their diverse responsibilities, as well as discuss some of their negative aspects. This conference will provide a European and international perspective on hospital pharmacist training and offer insights for potential future harmonization of these educational paths.

Join the Young Professionals Session to be trained in hospital pharmacy across Europe!

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

2nd Announcement

COPENHAGEN 2025

eahp european association of hospital pharmacists

29TH EAHP CONGRESS
12-13-14 MARCH

PERSON CENTRED PHARMACY - NAVIGATING DIGITAL HEALTH

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

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REGISTRATION

Registration Fee Student | 200 €
Registation Fee Young Professional | 350 €
Registration Fee Hospital pharmacy specialization resident student | 350 €
Registration Fee before 1 December 2024 | 546 €
Registration Fee beginning 1 December 2024 | 670 €
Registration Fee beginning 1 February 2025 | 765 €

Registration fee includes access to all sessions, the opening reception, the exhibition, lunches on Wednesday and Thursday and coffee/tea during official breaks.

The registration fee does not include VAT.
25% Danish VAT will be added at the end.

PAYMENT TERMS

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

CANCELLATION POLICY

Cancellation of individual or group registrations received before 31 December 2024 will be refunded, less 100€ + 25% Danish VAT per registration/participant, in order to cover bank and administration charges.

For groups, a maximum of 15% of the registrations may be cancelled before 31 December 2024, less 100 € + 25% Danish VAT, per registration/participant, in order to cover bank and administration charges per participant). No refunds can be made after this date but substitution is always accepted.

All cancellations or changes must be sent in writing by the given deadline to registration@eahp.eu.

NOTE: PLEASE DO NOT SEND INDIVIDUAL REGISTRATION FORMS FOR GROUPS OF DELEGATES.

HOTEL ACCOMMODATION

MCI
Email: eahp.housing@wearemci.com

NOTE THAT ALL HOTEL BOOKINGS WILL BE MADE THROUGH THE EAHP WEBSITE VIA THE LINK TO THE HOUSING BUREAU.

All payments, changes and cancellations for hotel accomodations will be handled directly by the housing bureau.

Audio and Video presentations from the previous Congress are now available via the EAHP website
www.eahp.eu/publications/webcasts

PROGRAMME SCHEDULE

KEYNOTE 1 - Opportunities and limitations of high-tech evolution

The rapid evolution of technology and information processing has profoundly altered our healthcare systems and the way we can provide cost-effective high quality pharmaceutical care. This shift brings a lot of opportunities such as structured electronic prescriptions, clinical decision support systems, clinical rules, risk based approach for clinical pharmacy deployment and bedside scanning in strive for a closed loop medication system. Also supply chain management, warehousing, distribution and traceability are lifted to a higher level. Preparations were never more personalised than with 3D-printed drugs and workforce can be freed by implementing compounding robots. Patients can be monitored from a distance via smart wearables, electronic journals and telepharmacy. Continuous education via webinars and e-learnings or consulting an expert at the other side of the world are common practice, but how far must we go? What is the role of chatbots, social media, deep text analysis, blockchain technology and neural networks? Do we need it all … and at what price?
In this visionary keynote we give you a glimpse of the future, elaborate on opportunities and discuss hurdles and limitations.

KEYNOTE 2 - Navigating the challenges of disinformation in healthcare

Disinformation in healthcare can originate from various sources, including social media, unverified online content, and even misinterpretations of scientific studies. It can lead to detrimental health behaviours, such as vaccine hesitancy, misuse of medications, and the adoption of ineffective or harmful treatments.
In today's digital age, disinformation in healthcare poses significant challenges to patient safety and public health. Effective strategies for addressing disinformation are therefore necessary, among them the importance of strong communication skills, digital literacy, and collaboration with other healthcare professionals. Information sources need to be critically evaluated to provide clear and credible information to patients and society.
As frontline healthcare professionals, hospital pharmacists are uniquely positioned to combat the spread of false information and ensure that patients receive accurate, evidence-based guidance. This keynote address will explore the multifaceted nature of healthcare disinformation, its impact on clinical practice, and the critical role of health care professionals in mitigating its effects. Common types of disinformation encountered in healthcare will be discussed and tools to enhance resilience against disinformation are presented.

KEYNOTE 3 - Digital health - patient experiences and expectations

We have heard from the other Keynote addresses at this EAHP Congress how the rapid advancement of digital health technologies, including telemedicine, e-prescriptions, mobile apps, and wearable devices, is transforming the landscape of healthcare across Europe. Patients can have access to sophisticated technologies and often approach their healthcare professional already armed with lots of information about their treatment options.
However, this can be extremely variable according to the digital literacy of the person. Their ability to understand

often be difficult to determine without the help of an informed healthcare professional or advocate. With this comes an increasing need to listen to the person's stories and ascertain what really matters to them and what they understand already, not just simply following the latest technological advance.

This keynote address asks us hospital pharmacists how do we find out what is important to our patients and those seeking our help with their medicines. We will hear about the real-life stories of patients with an insight into their expectations and issues related to healthcare, including how they can navigate advancing digital technologies, from a patient point of view.

SECTION 1:
INTRODUCTORY STATEMENTS AND GOVERNANCE

IG1 - Cyber-attack, systems down - pharmacy be prepared!

Cyberattacks on hospitals can have a devastating impact on patient safety and quality of care. More than 1 in 3 healthcare organizations reported being hit by ransomware in 2020, and the COVID-19 pandemic has further highlighted the importance of cybersecurity in healthcare, with cyberattacks on hospitals increasing by 45% since November 2020.

The consequences of a cyberattack on a hospital pharmacy can be severe, including the theft of confidential patient data, the manipulation of medical records, and the disruption of critical medical equipment. It is essential that hospital pharmacies prioritize cybersecurity to protect their patients and confidential data. Hospitals must recognize that, in cyber incidents, the real victims are the patients. They are at risk physically and digitally when medical devices or treatments are compromised.

Hospitals should have a contingency plan in place to deal with cyberattacks. The checklist must include a disaster recovery plan to restore an organization's protected health data, an emergency mode operation plan or a continuity of operations plan to maintain critical functions that protect health data security, and a data backup plan to routinely copy protected health data to ensure it can be restored in the event of a loss or disruption

Hospitals should implement advanced technical protections, train employees in cyber protocols, and collaborate with cybersecurity experts to combat these risks. By doing so, they can ensure that their patients receive the highest quality of care and that their confidential data remains secure.

SECTION 2:
SELECTION, PROCUREMENT AND DISTRIBUTION

SPD1 - New threats around procurement

Procurement of medicines by hospital pharmacies is organized very differently in Europe. Some countries have outsourced the price negotiation with pharmaceutical industry to third parties with the obligation to run tenders, some countries have fixed prices, some countries have bargaining between hospital pharmacy or hospital pharmacy owned purchasing organizations with pharmaceutical industry on the basis on free prices and some countries have legislations that are not allowing to import medicines from other countries (with exceptions on an individual patient prescription process only).

On the other hand challenges like drug shortages, medicines affordability and accessibility, patient safety, digitalization and new technologies and even climate change and the development of a green hospital process around medicines procurement.

In this seminar two experienced speakers will discuss the new threats around procurement in hospital pharmacies from their countries but also the European perspective with a focus on collaboration, partnership and the use of digital solutions, drug shortages, budget constraints and the difference between best offer and best price and last but not least under the light of the Supply Chain Due Diligence Act.

SPD2 - Handling EU shortages approach

Medication and medical device shortages have become part of our daily life and pose significant risks to patient care, arising from production issues, supply chain disruptions, economic factors, and regulatory challenges. The implementation of the Medical Device Regulation (MDR) and the limited number of notified bodies further exacerbate device shortages.

The European Union (EU) addresses these challenges through initiatives such as the EU Pharmaceutical Strategy, the Health Emergency Preparedness and Response Authority (HERA), and the Medicines Shortages Task Force, aiming to strengthen supply chains, enhance coordination, build strategic reserves, and promote solidarity between the member states.

In Belgium, the competent authority has established a dedicated working group and ad hoc task forces for critical shortages comprising all stakeholders such as hospital pharmacists, prescribers, patient associations, the Ministry of Healthcare, the reimbursement agency, and in close communication with the pharmaceutical industry. These task forces aim to collaboratively address and mitigate the impact of shortages in order to guarantee adequate therapy. Based on the outcome this methodology is seen as good practice.

Despite all these efforts, hospital pharmacists face increased workloads, including managing alternative therapies, communicating with healthcare providers, and ensuring continuous patient care. These shortages directly impact patients, potentially leading to suboptimal treatment outcomes, increased side effects, and decreased quality of care. Addressing these challenges requires ongoing collaboration between regulatory bodies, healthcare institutions, patient associations, and pharmaceutical companies to ensure the consistent availability of essential medications and medical devices.

INT1 - The European landscape on hospital pharmacy logistics

To ensure continuation of patient treatment during hospital admission, it is essential that the prescribed medication is available to each individual patient. The process of ensuring this can be quite complex and involve several steps – sometimes in collaboration with other hospital staff and sometimes with a level of automation.

The process differs between hospitals pharmacies throughout Europe. However, it is likely that we can gain inspiration from each other and consequently implement optimized processes locally, which is the aim of this session.

When a medication is lacking or low in stock at the ward, medication orders are created by either ward staff, hospital pharmacy staff or even automatically by e.g. dose dispensing machines.

At some hospitals, medication orders from individual wards may be handles frequently, others order once a week depending on the stock size and the number of acute orders.

Acute orders may be delivered to the ward within a short timeframe by the hospital pharmacy, or a nurse may pick it up from the hospital pharmacy.

Some hospital pharmacies employ drivers to deliver medication between sites, while others fit into the logistic process of the hospital.

Finally, some hospital pharmacies deliver services 24/7, while others have limited opening hours.

The session will discuss various steps of this logistics process with examples presented by European hospital pharmacists.

SECTION 3:
PRODUCTION AND COMPOUNDING

PC1 - Edutainment - using simulation for pharmaceutical technology training

Pharmaceutical technologies include methods, techniques, and instrumentation in the compounding of drugs and other preparations used in the diagnosis and treatment of patients. Training is one of the pillars of quality assurance in pharmaceutical technology.

It is time to change the way operators are trained. To promote effective and satisfactory learning, three main principles must be applied: to keep the lessons short, to promote interactive teaching and to introduce edutainment. The new paradigm is that of "blended-learning": teaching basic knowledge at distance (e-learning/micro-learning) and bringing learners together only to work on technical skills (know-how) and non-technical skills (interpersonal skills) in an interactive and fun way. In these face-to-face teachings, there is the need to forget the ex-cathedra courses and to replace them with interactive approaches, such as peer learning (learners become the teachers), simulation and games. Simulation is a pedagogical tool now widely used in healthcare education. Healthcare simulation is a technique that creates a situation or environment to allow persons to experience a representation of a real healthcare event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions. In other words, simulation makes an experimental situation as close to reality as possible.

Simulation in hospital pharmaceutical technology education is used in three different ways: first, as a playful pedagogical tool, with error-based simulations (cleanrooms and preparation sheets with errors), or game- based simulations (escape games, role-plays, and board games); second, as an electronic tool with virtual reality (virtual cleanrooms and serious games), or augmented reality (3D glasses); finally, to evaluate chemical contamination (fluorescein and quinine tests) and microbiological contamination (media-fill tests) during compounding.

These new approaches are beginning to gain ground in the field of pharmaceutical technology. They are very effective (better than traditional teaching), they are efficient because they rationalise the time of all those involved, and they bring pleasure and satisfaction to learners, as well as to teachers.

PC2 - Navigating paediatric therapeutics: challenges in medicines and parenteral nutrition

Paediatric medicine presents unique challenges, particularly when it comes to drug therapy and nutrition in neonates. The use of drugs in children and neonates often requires off-label administration due to a lack of specific licensing for these age groups. Furthermore, establishing standardized guidelines for parenteral nutrition in neonates is an ongoing challenge, impacting their health and development. This seminar highlights two critical aspects of paediatric care: the complexities of drug therapy and the intricacies of parenteral nutrition in neonates.

In this seminar the first speaker will focus on the special needs of paediatric patients regarding drug pharmacokinetics, formulation, and dosing. The absence of paediatric-specific clinical trials for many drugs often leaves healthcare providers with the challenging task of adapting adult treatments for younger patients. This seminar will explore the challenges in paediatric drug dosing, the limitations of off-label drug use, and strategies to optimize medication safety and efficacy in children.

Neonates, especially those born prematurely, frequently require parenteral nutrition to support their growth and development. Yet, establishing a standardized approach to neonatal parenteral nutrition remains elusive. The second speaker will explain the complexities of neonatal nutritional requirements, the challenges of providing balanced parenteral nutrition, and the impact on neonatal outcomes, as well as current research and practices aiming to improve parenteral nutrition practice for neonates.

PC3 - Hospital @ home

The Hospital-at-Home (H@H) model is a healthcare delivery model that provides acute hospital-level care to patients in their homes or nursing homes, instead of in a traditional hospital setting. The aging population is living longer with chronic diseases, leading to an increased demand for medical care. Multimorbidity is associated with a higher number of hospitalizations, nosocomial complications, institutionalizations, polypharmacy, and adverse drug effects, resulting in a significant increase in healthcare costs. Hospitals are not always the right environment for many patients who require hospital admission for certain diseases, such as community-acquired pneumonia, congestive heart failure, chronic obstructive pulmonary disease, and cellulitis. If they meet some specific medical eligibility criteria can receive hospital-level care - including diagnostic tests and treatment therapies with a supportive interdisciplinary team consisting of physicians, pharmacists, nurses, nutritionists, and other healthcare professionals. The H@H model has been tested in various medical centres worldwide and is highly rated by patients as it reduces costs and complications.

Hospital-at-Home is becoming more accessible to people due to the advent of new technologies. For instance, remote patient-monitoring devices enable healthcare providers to remotely monitor patient progress and receive alerts if there is an issue. The pandemic has created a catalyst to truly reimaging treatments away from the hospital in a disruptive approach that could change the classical hospital organization into a really patient centred service provider, placing several challenges on hospital pharmacists, particularly regarding the stability of antibiotics in elastomeric pumps and the use of electronic devices, always with the perspective of reducing the number of necessary visits. Even virtual wards must rely on real pharmacists to ensure quality of care.

PC4 - Which clean room technologies? It depends!

In order to increase patient safety and quality of therapy, the competent authorities introduce higher standards for all pharmaceutical processes. This is also the case for compounding where PIC/s PE10 becomes mandatory. At the same time there's a continuous evolution in dispensing drugs in the most ready to administer (RTA) form, in order to relieve the nurses so that they can focus on care. Due to the higher cost, hospitals work together to benefit from the effects of economies of scale. Centralized compounding platforms, standardisation, dosebanding and day minus one lab results and prescriptions become common practice.

Although we have the same needs all over Europe, it can be noticed that different countries have a different focus on cleanroom technology resulting in a variety of daily practice. We see laminar flow cabinets and biosafety cabinets versus active or passive isolators, and some hospitals have already implemented compounding robots. We see fixed wall cleanrooms versus box-in-box solutions; weighing zones versus weighing rooms; installations for production of water for injection versus the use of commercially available sterile water;…

In this seminar we elaborate on the reason for these different choices. Is there a scientific rationale or is it mainly a habit? What are the pro's and con's for the different technologies and do they differ in cost, ergonomics, maintenance… Two speakers with different approaches comment on their choices and the hurdles they encountered as well as the evolution they've seen over the last decade.

Understanding the different technologies from these testimonies can help the audience by choosing the best fitting technology and to assess their own work environment.

W1 - Aseptic handling in hospital pharmacies - challenges ahead

Aseptic handling is the procedure to enable sterile products to be made ready to administer using closed systems (EU Resolution CM/Res(2016)2). The starting materials are sterile and must be kept sterile during the process. The most important points are trained staff wearing special clothes and sterile gloves, working ´non touch in a Grade A zone (LAF cabinet, safety cabinet or isolator), monitoring, validated processes and using materials and equipment with low bioburden.

Aseptic handling varies in complexity from drawing up of the contents of a vial or ampoule into a syringe, to preparing a parenteral nutrition mixture from several separate starting materials. If antineoplastics (cytostatics) are involved requirements are not only to protect the product against contamination of micro-organisms, but also to protect the operator and the environment from these hazardous medicines.

Because of the risk of medication errors and the chance of microbiological contamination during preparation, aseptic handling is recognised as a high-risk process. In recent years there have been published several original studies on aseptic handling in hospital pharmacies covering topics as microbiological monitoring during aseptic handling, improving the aseptic transfer procedures in hospital pharmacies, reducing the risk of non-sterility of aseptic handling in hospital pharmacies applying risk assessment and risk control. In the session all these issues will be addressed.

SECTION 4:
CLINICAL PHARMACY SERVICES

CPS1 - Precision in practice: advancing patient care with model-informed precision dosing

Model-informed precision dosing (MIPD) is a promising tool in personalized medicine, offering a novel approach to drug therapy that exceeds traditional dosing guidelines.

The foundation of MIPD lies in the integration of pharmacokinetic (PK) and pharmacodynamic (PD) models with patient-specific data. By incorporating individual patient characteristics such as organ function, genetic makeup, and concurrent medications, MIPD facilitates the shift from one-size-fits-all to a more individualized approach.

Therefore, the clinical application of MIPD offers the opportunity to increase drug efficacy and reduce adverse drug reactions, which is particularly crucial in therapeutic areas where the therapeutic window is narrow, such as oncology and critical care.

Advancements in computational tools have accelerated the development of pharmacometric models that enable clinicians to simulate various dosing scenarios and thereby offer guidance in dose selection and adjustment. However, the implementation of MIPD in clinical practice still faces challenges, including the need for interdisciplinary collaboration, education, and the integration of complex models into user-friendly decision support systems.

Addressing these challenges is essential to implement MIPD into clinical routine and make use of its potential of tailoring treatments to meet the unique needs of each patient.

This seminar offers an overview of clinical applications for MIPD and discusses requirements and challenges regarding its implementation into clinical practice.

CPS2 - Artificial Intelligence in clinical pharmacy: threat or ally for patient safety?

The advent of artificial intelligence (AI) has open new horizons and raised crucial questions in the healthcare environment, and clinical pharmacy is no exception. AI, for instance, has now the capability to autonomously detect potentially inappropriate prescriptions by considering patient records, biological analyses, medical history, and physiopathological conditions, and it can do this almost instantaneously for an entire hospital. Consequently, numerous questions arise. What is the relevance and quality of AI's pharmaceutical analyses? Can and should we rely on it? What level of control will we have over its analyses? Does AI threaten the existence of the clinical pharmacist? Behind these questions lies a central concern, the focal point of this seminar: does AI jeopardise the role of the clinical pharmacist, or is it an ally that will become indispensable in optimizing patient safety?

Throughout the presentations, we will first delve into the intricate ecosystem of AI to understand its inner workings. Predictive modelling, big data analysis, and machine learning are techniques that must be understood to assess the advantages and limitations of AI in clinical pharmacy. Subsequently, we will examine its practical integration in clinical pharmacy practice through tools aiding pharmaceutical analysis or via the utilisation of technologies such as ChatGPT as a new source of information.

This session aims to provoke thoughtful reflections on the future of AI in clinical pharmacy, emphasizing its potential and emerging opportunities while also addressing its inherent challenges and limitations. Because beyond the complex mechanisms of AI, our mission remains unchanged: to ensure the safety and well-being of our patients. So, if you're wondering 'Will AI replace the clinical pharmacist?', join us for this seminar. While we may not be able to provide a definitive answer to that question, we hope to drive you to the real one: "Will the clinical pharmacist who uses AI replace the clinical pharmacist who doesn't?".

INT2 - The patient in charge of the discharge

The return home from hospital can be difficult, particularly for older people. When approaching discharge, patients are often unprepared for the actions and processes involved and what will happen to them. Suddenly there is a discharge consultation, minutes before the taxi arrives, with limited opportunities for asking questions. The patient is provided with an updated(?) medication list and sometimes a discharge summary/letter, without explanations about changes and written in an academic language. When returning home there may be numerous questions regarding medication management, follow-up, who to contact if feeling worse,...If the days leading up to the discharge is instead used to prepare patients for what to expect and what to request in form of information, this could be avoided.

Patient empowerment and engagement before, during and after hospital discharge, are important factors that improve patient outcomes; e.g. increased adherence to medication leading to better control of disease. It is thought that many hospital readmissions could be avoided if more effort was put into involving the patients in decisions regarding their care and preparing them for the discharge and homecoming.

Information brochures, films and question prompt lists (QPL) can be used as aids/resources to increase patient knowledge and encourage patients to take a more active role in their own care. The QPL for example can help them check their own knowledge and understanding which questions their need to ask, and how to ask them, in order to feel confident and safe when returning home.

In this workshop participants will discuss strategies and apply tools that can be used to increase patient empowerment, knowledge and engagement in the discharge process, particularly focusing on medication treatment.

W2 - Building a resilient pharmacy workforce and the importance of looking after ourselves - a necessity, not a luxury

Great careers in pharmacy don't just happen, they take planning and skill. How are things at work for you and your team? Concentration problems, insecurity and lack of initiative? Is your hospital workplace making you ill? Worldwide morbidity patterns highlight the high prevalence of mental health problems – the commonest being depression, anxiety and sleep disturbance.

Many people admit to stress at work. A recent workforce wellbeing survey in the UK found that 86% of pharmacists considered themselves to be at high risk of burn out.

Typical causes of work-related stress are an overload of work, bullying, lack of support, lack of leadership and a toxic working environment. This can include threats to professional status and personal standing, and can result in isolation and overwork. Becoming a casualty of a toxic workplace can undermine self-confidence, making people feel upset, threatened, humiliated or vulnerable. The result for all concerned can have a long lasting and devastating impact on individuals and their friends and families as well as on your pharmacy team.

SECTION 5:
PATIENT SAFETY AND QUALITY ASSURANCE

PSQ1 - Using technology for dispensing and administration: is it always safer?

The use of technology in healthcare has become increasingly important in recent years, with many hospitals and healthcare providers adopting new technologies to improve patient outcomes and reduce errors. Artificial intelligence can help prevent dispensing and administration errors by verifying medication labels and dosages. Another technology is the use of pre-packaged medication doses that not only reduces dispensing errors but also streamlines nursing efforts in medication distribution. Nevertheless, new technology also introduces new challenges, resulting in new medication errors that hospital pharmacists need to take into account when implementing these technologies.

Beyond technological solutions, active patient involvement in medication management is imperative. This can be achieved through a variety of methods, such as providing patients with information about their medications, encouraging them to ask questions, and involving them in using their own medication in the hospital. The reuse of home medication in hospitals is an important strategy that could improve patient safety and reduce the time needed for dispensing and administration of medicines. However, also this approach can have limitations, for example when patient's own medications are expired or damaged.

In conclusion, to reduce dispensing and administration errors, and increase patient safety using technology and the reuse of patients own medication, are both important strategies. This seminar will give insight in the different options and the pitfalls to assist hospital pharmacists in safer dispensing and administration of medicines.

W3 - Person-centred medication review in older people with comorbidities

As we get older, we tend to develop more co-morbidities, with the usual approach being to use medicines to manage them. The aging population across Europe presents a growing challenge for healthcare systems, particularly in helping people cope with often complex medication regimens. Polypharmacy is associated with increased risks of adverse drug events, drug-drug interactions, and medication non-adherence. As conditions progress and the clinical context changes, the risk benefit ratio for some medicines change with some medicines moving from benefit to burden. When there is no or a limited evidence base for safely stopping medicines, a pragmatic and safe approach is needed, making sure the person and/or their carers are at the centre of these decisions. Meaningful conversations, where risks and benefits of medication choices are carefully