

Determinazione del Responsabile Ufficio Formazione n° 386 del 10 MAR. 2016

Oggetto: Aggiornamento senza oneri, Dirigente Farmacista, Dott. Simbula Sara.

Pubblicata all'Albo Pretorio dell'Azienda Ospedaliera a partire dal 10 MAR. 2016 per 15 giorni consecutivi e posta a disposizione per la consultazione.

Il Responsabile Ufficio Formazione

- Visto** il D. Lgs. n. 502/92 e successive modificazioni ed integrazioni;
- Viste** le Leggi Regionali n. 10/2006 e n. 05/2007;
- Vista** la Deliberazione n. 263 del 04.03.2015, con la quale il Commissario Straordinario ha autorizzato il Responsabile dell'Ufficio Formazione Dott. Andrea Corrias, a predisporre le Determinazioni;
- Vista** la comunicazione Prot. n° 4734 del 02.03.2016 con la quale la Ditta Teva Italia si è resa disponibile ad invitare un Dirigente Farmacista della S.C. di Farmacia al 21 st Congresso EAHP (European Association of Hospital Pharmacists) che si terrà a Vienna dal 16 marzo 2016 al 18 marzo 2016.
- Considerato** che il Direttore Sanitario ha autorizzato a partecipare al suddetto Congresso la Dott.ssa Simbula Sara;
- Atteso** che il Responsabile dell'Ufficio Formazione ha espresso parere favorevole in merito;
- Ritenuto** di dover autorizzare la partecipazione della Dott.ssa Simbula Sara al 21 st Congresso of EAHP (European Association of Hospital Pharmacists) che si terrà a Vienna dal 16 marzo 2016 al 18 marzo 2016; di dover prendere atto che le spese di iscrizione, pernottamento, vitto e viaggio saranno totalmente a carico della Ditta Teva Italia;

DETERMINA

Per i motivi esposti in premessa:

1. Autorizzare la partecipazione della Dott.ssa Simbula Sara al 21 st Congresso EAHP (European Association of Hospital Pharmacists) che si terrà a Vienna dal 16 marzo 2016 al 18 marzo 2016.
2. Dare atto che le spese di iscrizione, pernottamento, vitto e viaggio saranno totalmente a carico della Ditta Teva Italia.
3. Trasmettere la presente determinazione al Direttore della S.C. del Personale per gli adempimenti normativi di competenza.

Il Responsabile dell'Ufficio Formazione
Dott. Andrea Corrias

Prot. Farmacia in uscita n° 458/213016



UFFICIO FORMAZIONE
02 MAR, 2015
PERVENUTO

Assago, 29 gennaio 2016

AO BROTZU

PG/2016/ 0004734 del 02/03/2016 ore 12,51

Mittente: TEVA ITALIA

Assegnatario: DIREZIONE GENERALE

Classifica: 1



Gent.ma Dr.ssa
Graziella Pintus
Commissario Straordinario
Azienda Ospedaliera Brotzu
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09121 CAGLIARI
protocollo.generale@pec.aobrotzu.it

Oggetto: Lettera d'invito Congresso EAHP 2016

In considerazione della finalità tecnico-scientifica, delle tematiche trattate e del valore formativo dell'iniziativa in oggetto, la società scrivente è lieta d'invitare un farmacista ospedaliero operante presso la S.C. Farmacia di Codesta Azienda Ospedaliera all'evento:

**21st Congress of EAHP (European Association of Hospital Pharmacists)
Vienna, 16-18 marzo 2016**

Si precisa che le spese di viaggio e soggiorno sono totalmente a carico della scrivente.

Tale evento si svolgerà in ottemperanza all'art. 124 del D.Lgs. n. 219/2006.

Restiamo in attesa di un vostro gradito riscontro e con l'occasione salutiamo cordialmente.

[Signature]
Roberta Bonardi
Business Director
Innovative Products

Si autorizza
la D.ssa Sara Simbula
SARBULA SARA
Azienda Ospedaliera G. Brotzu
S.C. DI FARMACIA
[Signature]
DIRETTORE
D.ssa Michela Pettecchia

[Signature]

Sede Legale
Teva Italia S.r.l. Via Messina, 38 - 20154 - Milano - Italy | www.tevaitalia.it

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P.I./C.F. 11654150157 - Cap. Soc. € 1.460.000,00 i.v. | Società con socio unico | R.E.A. No. 1490015 | Registro Imprese No. 11654150157 Milano

[Signature]

Rapp invio fax

04-MAR-2016 12:45 VEN

Numero fax : 070530814
Nome : DIREZIONE SANITARIA

Nome/Numero : 0270057995
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Assago, 29 gennaio 2016

UFFICIO FORMAZIONE
02 MAR 2016
PERVENUTO

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MIGARO - TEVA ITALIA
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Roberta Bonardi
Business Director
Innovative Products

In autorizza
la Dr.ssa *Graziella Pintus*
SIMBULA SARA
Azienda Ospedaliera Brotzu
S.C. DI FARMACIA
IL DIRETTORE
Dr.ssa *Michela Petecchia*

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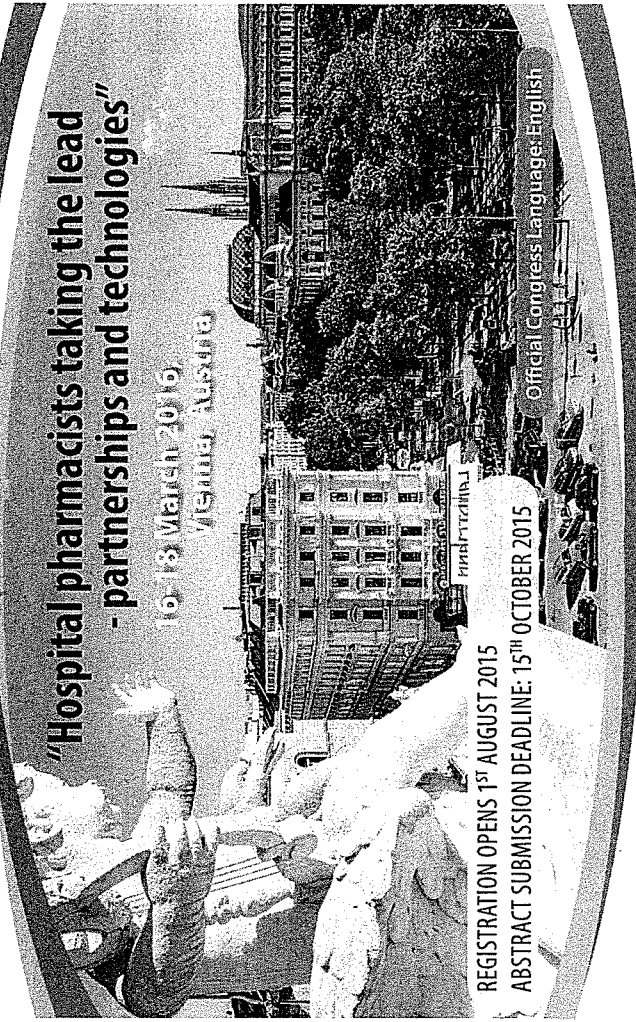
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P.I.C. 0270057995/157 - Cap. Soc. € 1.480.000,00 I.V. | Società iscritta in Tribunale T.R.E.A. No. 14900157 | Registro Imprese No. 12587150157 Milano

2nd Announcement



making the difference in medication



"Hospital pharmacists taking the lead - partnerships and technologies"

REGISTRATION OPENS 1ST AUGUST 2015
ABSTRACT SUBMISSION DEADLINE: 15TH OCTOBER 2015

Official Congress Languages: English

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



The European Association of Hospital Pharmacists represents more than 18,000 hospital pharmacists in 34 European countries and is the only European association of national organisations representing hospital pharmacists at a European and international levels.



EAHP appreciates the continued support of:
Bayer HealthCare and Roche Platinum Partners
Amgen and Novartis Oncology Gold Partners
Pfizer and Baxter, Corporate Partners

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Student programme - A systematic approach to pharmaceutical care - what is this all about and how can it be implemented by the hospital pharmacist?

Over 20 years ago Hoyle and Strout published a seminal paper on the philosophy of pharmaceutical care (Hoyle and Strout, 1990), defined as "... responsible provision of drug therapy for the purpose of achieving defined outcomes that improve a patient's quality of life". Different models of pharmaceutical care have evolved but generally involve a systematic process which is patient focused and underpins a robust and professional philosophy of pharmacy practice. As part of this process, the pharmacist and the multi-disciplinary team to design, implement and monitor a therapeutic plan. To standardise and aid the hospital pharmacist in conducting the process in an organised way and to ensure maximum use of the pharmacist's skills, guidance on a systematic approach has been drawn up in Scotland (CGAC, 1996). This is a stepwise approach which results in formulation of a pharmaceutical care plan for an individual patient, identifying potential risks and prevent the issues. This workshop will provide participants with an introduction and overview to the systematic approach. It aims to facilitate the development and application of knowledge and skills that relate to pharmaceutical care practice using an interactive, hands-on approach.

Audio and Video presentations from the Hamburg Congress are now available via the EAHP web site www.eahp.eu

POSTER AWARD

Encouragement prize for investigators. The best abstract/poster - with regards to aspects like originality, scientific quality and practical applicability - will be awarded with 3 prizes amounting to € 750, € 500 and € 250. The poster prize nominees will be requested to give an oral presentation on 16th or 17th March. The winners will be announced at the closing ceremony on 18th March 2016. Winners must be present to win.

REGISTRATION

The registration fees are set as follows:
Registration Fee Student 110 €
Registration Fee before 1 December 2015 € 600.
Registration Fee beginning 1 December 2015 € 700.
Registration Fee beginning 1 February 2016 € 800.
Registration Fee Young Professional at 50% of the regular rate.
Registration fee includes access to all sessions, the opening reception, the exhibition, lunches on Wednesday and Thursday and coffee/tea during official breaks.
Registration fee includes VAT according to Austrian law.

CONGRESS & EXHIBITION ORGANISERS

EAHP Congress Secretariat
European Association of Hospital Pharmacists
Atm.congress@eahp.eu
Rue Abbé Cyprès, 3
B-1190 Brussels, Belgium
Tel: +32 (0) 2741 68 21/22
Fax: +32 (0) 2734 79 10
www.eahp.eu

CANCELLATION POLICY

Cancellation of individual or group registrations received before 1 January 2016 will be refunded (less € 100 per registration, bank and administration charges per participant). For groups a maximum of 10% of the registrations may be cancelled. Administration fees are € 100. No refunds can be made after this date but substitution is always accepted. All cancellations or changes must be in writing to EAHP, email: registrations@eahp.eu. NOTE: PLEASE DO NOT SEND INDIVIDUAL REGISTRATION FORMS FOR GROUPS OF DELEGATES.

HOTEL ACCOMMODATION

Mondial Congress & Events, Mondial GmbH & Co. KG
Oppengasse 20b, 1040, Vienna
Tel: +43 1 5804607
Note that all hotel accommodations will be made through the EAHP web site via a link to the housing bureau. All payments, changes and cancellations for hotel accommodations will be handled directly by Mondial.

WK3: Patient empowerment & communication

Who plan to submit a high-quality abstract for future congresses, want to improve their abstract writing skills and want to reduce the risk for abstract rejection.
We as health professionals should give personal advice and information to patients or caregivers to enable them to get the best treatment outcome.
Many patients seek knowledge about the disease and treatment on the net. Indeed, patients these days are knowledgeable with regard to their conditions and this needs to be recognised and respected.
Good treatment begins with a patient awareness, who can take personal responsibility for their therapy. In order to do this, we need to make "light" choices, we need to structure a good dialogue.
The question is, are we prepared to have a dialogue rather than a monologue with patients or caregivers, and, to recognise the patient - professional partnership?
This would need professionals to be prepared to negotiate with patients as an equal, respecting their knowledge and involve them in making decisions about their treatment. Have we created the necessary conditions required to allow our patients to express their views and to engage them in their own care? What are the barriers? How can we help our patients feel able to ask questions (if there is something that they don't understand or have concerns about)?
This new paradigm will be presented, and discussed through case studies in the context of Pharmaceutical Care.

CONGRESS INFORMATION

THE AUSTRIA CENTER VIENNA

*SCIENTIFIC COMMITTEE

- Chairman
Prof. Dr. Kees Neef (The Netherlands)
- Members
Dr. Kostas Chrysokeas (Czech Republic)
Ms. Beata Horacko (Poland)
Prof. Dr. Helena Inez (Switzerland)
Prof. Dr. Time Kart (Denmark)
Prof. Dr. Baniadava Milovic (Serbia)
Ms. Ines Svetlana (Latvia)
Dr. Ana Vallaroid Walsh (Spain)
Dr. Francesco Venturini (Italy)
Dr. Raula Laakkonen (Finland)
Dr. Antonio Gouveia (Portugal)
Dr. Torsten Hoppe-Tichy (Germany)
Dr. André Rieutord (France)
Prof. Anthony Sindrilar (United Kingdom)
Dr. Gunnar Steiner (Austria)
Dr. Ulrika Gillespie (Sweden)
Ms. Despina Makraki (Greece)
Dr. Thomas De Rijdt (Belgium)

ORGANISING COMMITTEE

- Members
Mrs. Jean Peppard (Ireland)
PharmD[®] Feri Horak (Czech Republic)
Prof. Dr. Kees Neef (The Netherlands)
Mrs. Jennie De Greef (USA)

CALL FOR ABSTRACTS

The Scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy before 1 January 2016 will be refunded (less € 100 per registration, bank and administration charges per participant). For groups a maximum of 10% of the registrations may be cancelled. Administration fees are € 100. No refunds can be made after this date but substitution is always accepted. All cancellations or changes must be in writing to EAHP, email: registrations@eahp.eu. NOTE: PLEASE DO NOT SEND INDIVIDUAL REGISTRATION FORMS FOR GROUPS OF DELEGATES.

robotic systems.

The implementation of these new technologies is a real opportunity to rethink and re-engineer the way that processes are organised, but this can represent a challenge in environments that are resistant to change. To succeed in this challenging task, barriers should be identified as soon as possible. They can be related to the technology itself and to its integration into information systems, but also to human, cultural, organisational and management factors. Similarly, positive decision-making and efficient implementation. After the introduction of these new technologies, it is essential to calculate a real return on investment and identify impact, calculate a real return on investment and identify potential improvement possibilities.

13. Dynamic clinical pathway management

For years, multiple approaches have been undertaken to improve global care. The efficiency of patient care and the quality of the patient experience are the primary activities. It is also widely acknowledged that working in silos is both inefficient and costly.
The patient clinical pathway (CPI) is a quality tool that relies on a process oriented management approach. It consists in defining all the steps (i.e. Activities), the stakeholders in order to conduct business process improvement.
This is a very attractive method to develop collaborative practice and prevent any "isolated" activity improvement by a given stakeholder.
This workshop will present this tool, how to implement it and how rely on it to improve medication use process.

WK1: Antimicrobial optimisation: an interactive workshop for hospital pharmacists

The World Health Organisation (WHO) defined the appropriate use of antimicrobials as "... the cost-effective use of antimicrobials which maximise clinical therapeutic effect while minimising both drug-related toxicity and the development of antimicrobial resistance".
Worldwide there is increasing concern about antimicrobial resistance due to the inappropriate use of antimicrobials, which may lead to negative outcomes for patient care both clinically and economically. Consequently, the WHO and the European Union are committed to tackling the threat of antimicrobial resistance through implementation of effective stewardship requires a multi-functional approach and must involve a number of interventions to improve antimicrobial prescribing practice. The important role of pharmacists in antimicrobial stewardship has been widely acknowledged. All pharmacists must play a "policing" and "gate-keeper" role when monitoring and auditing adherence to policies including hospital pharmacists. Inappropriate use of antimicrobials may also have the opportunity to improve patient care, as well as being ideally placed to educate other healthcare professionals in this area.
While appropriate antimicrobial therapy is important in all pharmacy practice settings this workshop will focus on hospital pharmacy. The workshop will stimulate discussion based on the following question: What strategies may be implemented by hospital pharmacists to promote optimal use of antimicrobials?
This will be achieved through an interactive workshop with strong delegate involvement. Different strategies to optimise antimicrobial use will be discussed including drug formularies, antibiotic restriction and post-prescribing monitoring. Antimicrobial therapy will not be necessary due to the focus of the workshop being the strategies to ensure appropriate care.

WK2: The art of writing an abstract

Scientific abstracts cover the main points of a study and its summaries that allow the reader to understand the most important aspects (eg. study rationale, methods, results) at a glance. The task of writing an abstract can be challenging, and several pitfalls may lead to impaired quality or even rejection of the abstract. First impression matters!
In 2014, 341 submitted congress abstracts (88.5%) were rejected by the scientific committee of EAHP due to various reasons. Hence the current workshop will, among other things, address common pitfalls related to creating abstracts for EAHP and congresses in general.
The workshop is dedicated to ambitious hospital pharmacists

KEYNOTE 1: PATIENT PARTNERSHIP IN HEALTHCARE, A NECESSARY TRANSITION?

The epidemiological transition from infectious to chronic diseases calls for new ways of working with patients to improve their health. The transition to chronic diseases has contributed to significant changes in the way we work, and that those fully respect patient preferences, values, and personal experiences, the reality is that health professionals still hold a monopoly on the role of healer. Patients live with their conditions every day and are experts when it comes to their own experience of illness; this expertise should be welcomed, valued, and encouraged by all members of the healthcare team. In the past few years, the literature has shown a growing interest in patient partnership, development of a new model of care, and making the patient a full partner of the healthcare team. In this perspective, a multidisciplinary team of patients, health professionals, and researchers in social sciences, recruited and trained a team of more than 150 expert patients who contribute on a daily basis to multiple patient engagement projects in care, education and research. Pharmacists can take leadership in implementation of this new vision of care and inter-professional education. Speakers will include examples of ways pharmacists can apply this approach to their practice and promote this new vision.

KEYNOTE 2: STAR TREK'S TRICORDER: SCIENCE FICTION OR FUTURE SCIENCE?

Healthcare has changed more over the last 50 years than at any other time in history. The convergence of the hypothetical-reductive scientific approach, advances in disciplines such as chemistry, biology, genetics, imaging to name but a few in a fast evolving information technology age is about to change the landscape of health beyond recognition. Not only do the tools and techniques available to healthcare professionals are expanding, these changes do not originate from health care providers. Access to information and to technologies (e.g. to measure health parameters) is increasingly open to any citizen. This trend will continue and will contribute to empower patients but will also totally change doctor-doctors take in society. This keynote aims to bring delegates to a fabulous journey of the technological future. It will illustrate the key disruptive evolutions at the origin of the increasing role of technology in society as well as in healthcare systems. This is not science fiction... as the future is now!

KEYNOTE 3: EXPLORING THE FUTURE OF PHARMACOTHERAPY

As the treatment of patients with drugs (pharmacotherapy) is the main application of clinical pharmacy, it is important to have drugs that are new, effective, safe, and easy to use. The development of new drugs to the market the judgement or integration of the benefit-risk balance is a very critical step. Over the years the search for new drugs has been an on-going activity for drug companies. But there are indications that we are reaching the limits of our field of discovery. Is there still a drug hidden in the pipeline? Or is it empty? Antimicrobial agents are rarely discovered, oncology drugs are maybe too targeted? What do we need? Which types of drugs do we need most? How can we improve the way we measure responses? The development of drugs that have more targeted effects, the development today was started almost ten years ago, so the drugs that are under investigation now are becoming available just after ten years from the present!

We might ask what the drivers for drug development are, money, medical need, or political arguments. It is possible to notice a trend from general application of drugs to a more mechanistic approach, targeting the cell and further targeting the specific biochemical or molecular site inside the cell. Maybe there is a way back from molecular mechanisms inside the cell back to the cell itself, the whole organ or even the whole body.

P1: Redesigning services around the patient
Pharmacy services for practical reasons tend to be designed for the convenience of pharmacy services rather than the benefit of patients. Large workloads together with limited staffing levels demand efficient driven processes. This task driven rather than patient oriented approach, driven by economic necessity and organizational pressure, seldom includes time to listen to the views of patients. Rarely are patients encouraged to give their views on the service that they receive or the difficulties that they might face with their medicines. Healthcare systems that do not listen to

patients are known to achieve poor health outcomes. Patient centred healthcare presents new approaches to improve the health of patients through various ways including surveys, meetings and the use of technology and as a result develops new innovative approaches to delivering pharmacy services.

P2: New and emerging roles for pharmacy staff

In this current era of healthcare transformation, changes in hospital pharmacy have resulted in new models of practice, new activities and roles for pharmacists, pharmacy technicians and pharmacy support staff. In practice, implementation of new roles requires research to provide the underpinning evidence base to demonstrate added value. Several examples mentioned below point to these emerging roles and responsibilities for pharmacists. While some of these examples may be typical for various patient care settings, most refer to a specific work setting. It has been suggested that it would be better to outline the roles that exist in the practice and then to identify the new roles that it is necessary to create. This keynote will focus on roles in particular on achieving a safe, efficient use of medication. Hospital pharmacy technicians are also expanding their roles beyond the traditional job descriptions in order to help patients manage medications; monitor stocks of medicines on wards and also to manage the technical aspects of dispensing services and manufacturing medicines, including the use of automated equipment.

It is increasingly expected that the pharmacy department act as an interface between the patient, and physicians; and that the pharmacy department is expected to manage the health systems, drug construction; to manage drug shortage issues, alternative therapies, and to manage various drug-related care programmes.

P3: Clinical pathways concept – a key to seamless care

It is generally accepted that interfaces between organisations and professional groups are the points at which communication is most likely to break down. This occurs because of failure to understand different organisational cultures or systems. Closer co-operation between members of primary health care teams, and between hospital and community pharmacists would benefit patients. The new paradigm of clinical pathways is an attractive way to meet those expectations.

Clinical pathways are standardised, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timelines, milestones and expected outcomes for a homogeneous patient group. Clinical pathways and the inclusion of protocols are one of the key elements of patient centred care. Coordination is enhanced not only by having these tools in place and ensuring they are followed, but also through the process of creating them. An effective, well-validated, multidisciplinary development process brings together clinicians, pharmacists, nurses, dietitians, physiotherapists who may seldom communicate. Thus making them all more aware of their interdependencies and discontinuities and being able to examine evidence from many angles as the basis for mapping out pathways and/or protocols. This seminar will illustrate through concrete projects the ways in which clinical pathways to optimise medication use process and standard care.

P4: Sharing pharmacy information for safer transition of care

Information is power, and when information is related to a patient's treatment it is also safety and improved clinical outcomes. Pharmacy departments collect and record much valuable data related to the patients' medications, compliance, recurrence adverse drug reactions etc. yet this information is often not shared with other stakeholders (community pharmacists, physicians, nurses).

Approximately half of all hospital-related medication errors and 20% of all medication errors are preventable. This is due to poor communication at the transition and interface to care. Shared information systems designed to improve communication among health care professionals can support medication reconciliation through interface design and significantly improve performance and safety. What comes to be clear is that medication reconciliation

requires an interdisciplinary and collaborative approach and the hospital pharmacist together with the information technology (Reference from Wikipedia).

P5: Clinical services with benefits: medicines optimisation

Hospital pharmacists and other healthcare professionals perform medicines optimisation in the best interest of the patient. What are the benefits of this clinical service and how can they be expanded? Do the medicines optimisation services depend on who performs medicines optimisation? How can pharmacists work together with other healthcare professionals to benefit the patient?

Medicines optimisation starts with medication reconciliation (MR). How can MR be performed? Which tools can be used? How can MR be expanded? Medicines optimisation is a process which medication discrepancies are most frequently identified? Do some patients benefit more than others? Does it matter whether a pharmacist completes an MR? Patients spend far less time performing MRs than nurses. What is most important for the success of MR? What are the most common discrepancies identified by pharmacists that have the most impact on patient care?

Clinical medication review is an integral part of medicines optimisation. What are the benefits of medicines optimisation review performed by a pharmacist? What are the advantages and disadvantages of the tools available for measuring appropriateness of prescribing? How well do they capture the impact of an intervention performed by a clinical pharmacist? A comprehensive clinical medication intervention has been shown to reduce hospital readmission rates for patients aged 65 years or older onto an acute internal ward for the patients in the two days following the medication review. As measured using these validated tools for prescribing appropriateness: MAI, STOPP and START. However, when the link between the tools and clinical outcome was explored, no strong association between a high level of (in)appropriate prescribing (according to the tools) and a higher number of hospital readmissions was found.

T1: The hospital pharmacist and the e-health revolution

Ehealth is more than a technology development: it's rather a commitment to a networked, patient-centred and accessible health-care system. E-health offers hospital pharmacists a way to improve patient's safety, to improve new patient-focused services, to improve interdisciplinary collaboration within the health-care team and to improve the quality and ensure continuity of the care.

Electronic prescribing and e-health (mobile health) represent examples of new technologies where the pharmacists role should be non-interchangeable. Electronic prescribing is a process and has the potential to enhance the medicine use process, provide management of prescriptions, and also enable immediate access to medicines information. It has been shown that electronic prescribing can systematically reduce drug errors and prevent adverse drug effects in comparison to handwritten prescriptions. The pharmacist can play a key role in this process by identifying drug related still items and supporting inter-consultation. Prescribing errors are still a major cause of medication errors. This seminar, or just planning to launch this practice in their settings. During this seminar, we will look back on the process of the implementation of the electronic prescribing, on the pros and cons of this kind of prescribing on how to avoid mistakes when implementing electronic prescribing and what will show how pharmacists can be employed and be useful throughout the whole process.

Mobile communication technology is another example of e-health technologies. Many chronically ill patients are unable to attend to their medication requirements in their daily life. Many of these medication dependent patients that people frequently purchase in pharmacies today. Thus for pharmacists, mHealth monitoring systems present an opportunity to improve the health of patients while gaining a way to become a more integral part of their healthcare team. An example of pharmacist's involvement in m-health will be presented in this seminar.

T2: Empowering patients through technology – "The Quantified Self"

"The Quantified Self" is a movement to incorporate technology into data acquisition on aspects of a person's daily life in terms of inputs (e.g. food consumed, blood oxygen surrounding air), states (e.g. mood, arousal, blood oxygen

levels) and performance (mental and physical). In short, quantified self is self-knowledge through self-tracking with technology (Reference from Wikipedia).

"The Quantified Self" allows individuals to quantify biometrics that they never knew existed, as well as make data collection cheaper and more convenient. It concerns any citizen in the field is obvious. They have the potential to improve the performance and the efficiency of medical monitoring as well as to empower the patient in the management of his health. The very rapid increase of the available technologies predicts an explosion in the number of useful applications in the future. Hospital pharmacists have to be ready to integrate this technology in their current practice and to improve their relationships with patients and healthcare workers.

T3: E-learning: where to use and how to implement

With the existence of more and more advanced technologies e-learning becomes accessible to almost everyone and is a possible choice of teaching method in a number of settings. It is popular due to its flexibility with regard to time schedule of the course and the location of the course. The topic of geography and low cost concerning teacher time and equipment. However, e-learning also has its drawbacks. Technology is not always available, the quality of the content is not always comparable, devices and programmes are a prerequisite and the participants' skills and attitudes towards e-learning are of major importance. Some people might find the lack of discipline that a time schedule gives a challenge, particularly if they find it difficult to prioritise their time in order to conduct the on-line module. The topic and the purpose of the course or training programme are of course also of major concern when deciding whether to use e-learning or not.

This seminar will discuss the different settings and opportunities in which e-learning might be considered as a teaching method. Moreover, in most steps of the e-learning also present a case study where e-learning has been used in providing a continuing educational programme for health care professionals.

T4: Are clinical decision support systems beneficial for everyone?

Clinical Decision Support Systems (CDSS) ought to provide added value to users for example additional information on research results and evidence. This need in turn will be different for each professional of a multi-disciplinary team. Inappropriate use of CDSS may put patients at risk. Further drawbacks of CDSS arise from undiscussed validation of the information provided, from increased therapeutic liability, from uncertainty in the use of the system, from the lack of a universally following general guidelines instead of taking into account personalised circumstances of the patient.

In a fast digitalising world there are lots of opportunities to link electronic prescribing to automated dispensing systems. But medication and bedside scanning prior to administering the drug is still necessary. Based on a risk analysis and keeping the final objectives in mind, choices have to be made. After implementation of the new distribution system the effect will be reviewed for new pitfalls and further optimisation. Standardisation and centralization of compounding in the hospital pharmacy (also known as QVA or central pharmacy/admix) is a must in order to achieve the quality level as required by PICs and GMP guidelines. And again the hospital pharmacist should think out of the box and introduce creative solutions such as: dose bundling, even pre-connected containers, supporting robotics or even introducing to colleagues or compounders.

T5: Novel ways of dispensing drugs

About 40 % of medication errors happen in the drug preparation and administration phase, making it one of the most critical processes in the ward. Besides, it is also very time consuming for the nurses, resulting in less time for direct patient care.

Reducing the risk of medication errors and freeing up nursing time can be achieved by dispensing the medication from the hospital pharmacy in the most ready to use form: a scannable single dose for solids and a scannable syringe or infusion bag for injectables.

In a fast digitalising world there are lots of opportunities to link electronic prescribing to automated dispensing systems. But medication and bedside scanning prior to administering the drug is still necessary. Based on a risk analysis and keeping the final objectives in mind, choices have to be made. After implementation of the new distribution system the effect will be reviewed for new pitfalls and further optimisation. Standardisation and centralization of compounding in the hospital pharmacy (also known as QVA or central pharmacy/admix) is a must in order to achieve the quality level as required by PICs and GMP guidelines. And again the hospital pharmacist should think out of the box and introduce creative solutions such as: dose bundling, even pre-connected containers, supporting robotics or even introducing to colleagues or compounders.

PH1: "Wonder pills", breakthroughs and continuing challenges – HIV and Hepatitis C antiviral treatments revisited

Thirty-five years ago in 1981 the American CDC (Centers for Disease Control) reported the cases of Pneumocystis carinii pneumonia in the previously healthy young men and Kaposi's sarcoma in the same patients. This was the beginning of the underlying cause. This report is now acknowledged as the first scientific report on what would become known as the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). Eight years later, in 1989, the discovery of the Hepatitis C virus shed light on the majority of, at that time, unexplainable cases of non-A and non-B virus hepatitis. Since then, significant research efforts have been made to understand the biology of HIV and Hepatitis C and develop effective antiviral treatments against HIV and Hepatitis C virus. Nevertheless, both diseases still represent a major public health burden with high prevalence of infected people and no decline of new HIV infections in Europe (European Centre for Disease Control 2014).

The accomplished achievements in medicines development led to a variety of antiviral treatments for HIV during the last three decades. Especially, the possibilities of Hepatitis C treatment have dramatically changed with the advent of new direct acting antiviral drugs in the last 3 years. For HIV treatment and their effects on quality of life and daily practice and to have state-of-the-art knowledge of HIV and Hepatitis C virus treatment guidelines.

PH2: Cancer Therapy: review of the present and a look to the future

The treatment of cancer is a complex and evolving process. The usual focus on anti-neoplastic drugs, although important, is only a part of a puzzle that the hospital pharmacist must understand, in order to be accepted as a full member of the oncology healthcare team. Moreover, in most steps of the cancer treatment, there still is a specific need for medication. In this seminar, we will discuss the different settings and opportunities in which e-learning might be considered as a teaching method. Moreover, in most steps of the e-learning also present a case study where e-learning has been used in providing a continuing educational programme for health care professionals.

PH3: Developing new strategies in bacterial infections

The antibiotic pipeline is not as efficient as we all would prefer. As a consequence, we can only use a few new antibiotics and we are facing the emergence of antibiotic resistance in almost all resistant bugs. We do this with the goal to avoid resistance by using them instead of the newer antibiotics. Meanwhile, we have a situation where we use new antibiotics for serious infections with sometimes multi-resistant bugs and in the same field old, sometimes almost forgotten antibiotics.

The challenges for the future will be the following: we really need new antibiotics with new drug targets to treat infections where we see an unmet need. Therefore we need also a new approach in studying those drugs, to bring them into the market quickly. On the other hand, we have to revise old antibiotics. In fact, they have not been studied to what those drugs were invented. There are already some studies for the development of new antibiotics. And again the hospital pharmacist should think out of the box and introduce creative solutions such as: dose bundling, even pre-connected containers, supporting robotics or even introducing to colleagues or compounders.

This seminar will cover new antibiotic drug targets, therapy with bacteriophages and other new approaches and will give an overview over old revived antibiotics.

PH4: Advanced therapy medicinal products - new competences in hospital pharmacy

Advanced-therapy medicinal products (ATMPs) are somatic-cell for human use that are based on gene therapy, recombinant therapy or tissue engineering. They offer groundbreaking new opportunities for the treatment of disease and injury.

With the introduction of EU Regulation 1394/2007 in

October, 2008, all cell products that are substantially unpublished or otherwise protected by intellectual property rights are medicines, meaning that hospital pharmacists in Europe are responsible for these products and have to oversee all aspects of their use in the hospital. Furthermore, gene therapy medicinal products are commonly already considered as drugs. A first gene therapy drug is already marketed in Europe. However, the amount of cellular and gene therapy-related research and development continues to grow rapidly, arising during the following years. In the current pharmaceutical landscape therapeutic products entered the market for pharmaceuticals in health-care, especially in clinical trials. The selection, use and management in hospital. Using the same principles as those of the medicinal formulation system in which decisions are based on clinical, ethical, legal, social, quality-of-life, safety and pharmacoeconomic factors that result in optimal patient care and include the active and direct involvement of physicians and other healthcare practitioners. However, hospital pharmacy training in these new technologies requires a stepwise process to be familiar with the complete new knowledge paradigm for most pharmacists.

PH5: Individualised therapy - managing the differences

Concentrations of drugs can be used as surrogates for drug effect when there is no obvious relationship between dose and effect. However, the relationship between dose and effect is influenced by bioavailability, drug distribution, renal clearance. Patient factors such as pharmacogenetic difference in bioavailability, systemic metabolism and kidney function greatly influence drug concentration and therefore therapeutic drug monitoring (TDM) could assist with dose individualisation. TDM involves the measurement and interpretation of drug concentrations in order to individualise therapy when interpatient concentration measurements, in relation to last dose, duration of treatment with the drug, current dose, dosing schedule, other drug therapy, relevant disease state, desired clinical targets. Clinical pharmacists use pharmacokinetic principles to assess these interpretations. Usually pharmacists advise that it is better to wait until a steady state has been reached before a sample is taken, but if pharmacokinetic software equipped with population pharmacokinetic models, then the time to sampling to reach a steady state to be reached according to the model is important for correct modelling as the concentration of drug changes during the dosing interval.

Several methods have been developed for calculation of clearance and volume of distribution from one or a few drug concentrations. Bayesian techniques have been used, also, successfully to estimate the pharmacokinetic parameters of a drug and hence used to predict appropriate dosage regimens to achieve the optimal response.

I: Hospital pharmacists taking the lead - orphan drugs supply chain

Rare diseases are life threatening or chronically debilitating with a prevalence lower than 5 in 10 000 Europeans. For patients who suffer from rare diseases it is not uncommon to go for diagnosis and treatment in different EU-states due to the rarity of the condition.

Today more than 115 orphan drugs are authorized within all EU Member States for the diagnosis, prevention and treatment of rare diseases. Besides dispensing through the supply chain all pharmacy services for these patients need to be harmonized that focus on various aspects of the use of orphan drugs: diagnosis and referral, adherence to local medical practice and reimbursement, diagnostic procedures, pharmacovigilance, companion diagnostics, adaptive pathways and home treatment.

New partnerships with patient organisations, small/medium sized enterprises and academia in the diagnosis, prevention and treatment of these patients will be discussed as well as new technologies such as advanced therapy medicinal products, hospital exemption, direct-to-consumer genetic testing, full genome newborn screening, public private partnership in drug development and cross border healthcare.

I2: Implementing new technology: key factors to success

Increasingly technologies are now available to improve safety, efficiency and the traceability of all steps in the medication process, from prescribing to administration, passing by the distribution and the dispensing of drugs. Each hospital should assess the impact of new technologies on the workflow around the medicines, including a progressive and clever introduction of information technologies, automation and



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PROGRAMME SCHEDULE : TUESDAY, 15 MARCH		
Date/Time	Meetings/Events	Room
12.00 - 17.00	Group and exhibitor registrations	Entrance Hall

PROGRAMME SCHEDULE : WEDNESDAY, 16 MARCH		
Date/Time	Meetings/Events	Room
7.00 - 17.00	Registration opens (individual, groups and exhibitors)	Entrance Hall
9.20 - 11.15	Opening ceremony & Keynote 1 - Patient partnership in healthcare, a necessary transition? ACPE UAN: 0475-0000-16-001-L04-P. A knowledge based activity. V. Dumez; M.-C. Vanier	Hall A
11.15	Exhibition opens	Hall X2
11.30 - 13.00	Synergy Satellite	
	Interchangeability of biologicals in the EU – the science, practice, ethics and cost side? (supported by an educational grant from Roche) ACPE UAN: 0475-0000-16-004-L04-P. A knowledge based activity D.J.A. Crommelin; P. Declerck*; A.G. Vulto*; P. Cornes*	Hall D
13.00 - 13.30	Bayer - Meet the Expert "Potential Role of Pharmacists in AF Screening, Diagnosis and NOACs Treatment and the Impact of New Technology" S. Antoniou; B. Freedman	Hall X2 Stand 50
13.30 - 14.00	Bayer - Meet the Expert "NOACs in the Hospital and Interprofessional Communication" J. Muen; R. Hughes	Hall X2 Stand 50
13.00 - 14.00	Lunch	Hall X2
14.00 - 18.00	Student Programme – A systematic approach to pharmaceutical care – what is this all about and how can it be implemented by the hospital pharmacist? ACPE UAN: 0475-0000-16-027-L04-P. A knowledge based activity A. Tonna; S. Cunningham; R. Edwards	Hall L3
14.00 - 15.30	Seminars, Workshops & Interactive Sessions	
	Seminar P1 - Redesigning services around the patient ACPE UAN 0475-0000-16-006-L04-P. A knowledge based activity J. Aston; M. McLoughlin	Hall E1
	Seminar P2 - New and emerging roles for pharmacy staff ACPE 0475-0000-16-007-L04-P. A knowledge based activity M. Scott*; M. Slimm	Hall E2
	Seminar PH3 - Developing new strategies in bacterial infections ACPE 0475-0000-16-018-L04-P. A knowledge based activity A. Huttner; M. G. Voßen	Hall F1

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	Seminar T2 - Empowering patients through technology - "The Quantified Self" ACPE 0475-0000-16-012-L04-P. A knowledge based activity C. Vorilhon; J. Söderberg*	Hall F2
	Seminar PH1 - "Wonder pills", breakthroughs and continuing challenges - HIV and Hepatitis C antiviral treatments revisited ACPE 0475-0000-16-016-L04-P. A knowledge based activity V. Pourcher-Martinez*; H. Hofer*	Hall G
	Interactive Session 1 - Hospital Pharmacists taking the lead in Orphan Drugs: supply chain, partnerships and technologies ACPE 0475-0000-16-021-L04-P. An application based activity M. Doms	Hall 1.61&1.62
	Workshop 3 - Patient empowerment & communication ACPE 0475-0000-16-026-L04-P. An application based activity S. Tessier; M.-C. Vanier	Hall -2.31
	Poster nominee oral presentations	Hall 0.93
Industry sponsored satellites		
	AbbVie Inc.	Hall M
	Pfizer "The 'real-world data' paradigm in rheumatology: Creating a cost-effective biologic medicine strategy"	Hall K
15.30 - 16.15	Coffee break	Hall X2
16.15 - 17.45	Seminars & Workshops	
	Seminar T5 - Novel ways of dispensing drugs ACPE 0475-0000-16-015-L04-P. A knowledge based activity N. Moerman; A. Vermes	Hall E1
	Seminar P4 - Sharing pharmacy information for safer transition of care ACPE 0475-0000-16-009-L04-P. A knowledge based activity F. Karapinar-Çarkit; R. Santolaya Perrin	Hall E2
	Seminar T3 - E-learning: application and implementation ACPE 0475-0000-16-013-L04-P. A knowledge based activity S. Renet*; A. Bygholm	Hall F1
	Seminar PH2 - Cancer Therapy: review of the present and a look to the future ACPE 0475-0000-16-017-L04-P. A knowledge based activity A. R. Rubio Salvador; J. Gullbo	Hall F2
	Seminar T1 – The hospital pharmacist and the e-health revolution ACPE 0475-0000-16-011-L04-P. A knowledge based activity J. Vanhoof; T. Eriksson*; J. Surugue	Hall G
	Workshop 2 - The art of writing an abstract ACPE 0475-0000-16-025-L04-P. An application based activity G. Stemer; T. Hoppe-Tichy	Hall -2.31
Industry sponsored satellite and workshop		

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	Sun Pharma	Hall M
	Bayer Workshop "NOACs in the hospital – what matters for optimal pharmaceutical care [part 1- Interprofessional Communication]"	Hall 1.61-1.62
17.45 - 19.30	Get together reception	Hall X2
19.30 - 21.00	Poster walk	Main Entrance Foyer

PROGRAMME SCHEDULE : THURSDAY, 17 MARCH

Date/Time	Meetings/Events	Room
08.00 - 17.00	Registration opens (individual, groups and exhibitors)	Entrance Hall
9.00 - 10.30	Seminars, Workshops & Interactive Sessions	
	Seminar P5 – Advances in clinical services: medicines optimisation ACPE 0475-0000-16-010-L04-P. A knowledge based activity B. Hennie Garcia; A. Alassaad	Hall E1
	Seminar T4 - Are clinical decision support systems beneficial for everyone? ACPE 0475-0000-16-014-L04-P. A knowledge based activity B. L. Hug; A.M. Scheepers-Hoeks	Hall E2
	Seminar P3 - Clinical pathways concept - a key to seamless care ACPE 0475-0000-16-008-L04-P. A knowledge based activity M.-C. Chaumais*; A. Janoly-Dumenil	Hall F1
	Seminar PH4 – Advanced-therapy medicinal products: new competencies in hospital pharmacy ACPE 0475-0000-16-019-L04-P. A knowledge based activity A. Black; L. Taylor	Hall F2
	Seminar PH5 - Individualised therapy - managing the differences ACPE 0475-0000-16-020-L04-P. A knowledge based activity U. Jaehde; D. Touw	Hall G
	Workshop 1 - Antimicrobial optimisation: an interactive workshop for hospital pharmacists ACPE 0475-0000-16-024-L04-P. An application based activity A. Tonna; J. Sneddon	Hall -2.31
	Interactive Session 2 - Implementing new technology: key factors to success ACPE 0475-0000-16-022-L04-P. An application based activity C. Hedegård Lager; C. Brincker Thiesen; T. Klok Wrønding	Hall N
	Interactive Session 3 - Developing and implementing clinical pathways ACPE 0475-0000-16-023-L04-P. An application based activity V. Fortineau	Hall 1.61&1.62
9.00 - 10.30	Poster nominee oral presentations	Hall 0.93

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Industry sponsored satellites and interactive sessions		
	Teva Pharmaceuticals Europe BV: Interactive Session	Hall .49-.50
	Merck Sharp & Dohme Corp.	Hall M
	Fresenius Kabi	Hall K
	AMGEN Europe GmbH: Interactive Session "Immuno-oncology in practice: expert insights on blinatumomab"	Hall L3
10.30 - 11.00	Bayer – Meet the expert "NOACs in the Hospital – The Role of Pharmacists in Optimal Medication Use and Adherence" C. Coleman	Hall X2 Stand 50
10.30 - 11.00	Coffee break and attended posters	Hall X2 and Main Entrance Foyer
11.00 - 12.00	Keynote 2 – Star Trek's tricorder: science fiction or future science? ACPE 0475-0000-16-002-L04-P. A knowledge based activity K. Wac	Hall D
12.00-13.30	Synergy Interactive Session	
	Ready to use Drugs - a useful option for patient safety (supported by an educational grant from Roche) ACPE 0475-0000-16-005-L04-P. An application based activity P.Le Brun; A.M. Beaney	Hall .49-.50
12.00 - 13.30	Seminars, Workshops & Interactive Sessions	
	Seminar P1 - Redesigning services around the patient ACPE UAN 0475-0000-16-006-L04-P. A knowledge based activity J. Aston; M. McLoughlin	Hall E1
	Seminar P2 - New and emerging roles for pharmacy staff ACPE 0475-0000-16-007-L04-P. A knowledge based activity M. Scott*; M. Slimm	Hall E2
	Seminar PH3 - Developing new strategies in bacterial infections ACPE 0475-0000-16-018-L04-P. A knowledge based activity A. Huttner; M. G. Voßen	Hall F1
	Seminar T2 - Empowering patients through technology - "The Quantified Self" ACPE 0475-0000-16-012-L04-P. A knowledge based activity C. Vorilhon; J. Söderberg*	Hall F2
	Seminar PH1 - "Wonder pills", breakthroughs and continuing challenges - HIV and Hepatitis C antiviral treatments revisited ACPE 0475-0000-16-016-L04-P. A knowledge based activity V. Pourcher-Martinez*; H. Hofer*	Hall G
	Interactive Session 1 - Hospital Pharmacists taking the lead in Orphan Drugs: supply chain, partnerships and technologies ACPE 0475-0000-16-021-L04-P. An application based activity M. Doms	Hall 1.61&1.62
	Workshop 3 - Patient empowerment & communication ACPE 0475-0000-16-026-L04-P. An application based activity	Hall -2.31

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	S. Tessier; M.-C. Vanier	
	Good Practice Initiative oral presentations	Hall 0.93
12.00-13.30	Industry sponsored satellites and workshop	
	Boehringer-Ingelheim	Hall K
	Teva Pharmaceuticals Europe BV	Hall M
	Bayer Workshop "NOACs in the hospital – what matters for optimal pharmaceutical care [part 2- Optimal Medication Use and Adherence]"	Hall N
13.30 - 15.00	Lunch	Hall X2
14.00 - 15.00	Practical Pharmaceutics textbook – Meet the authors	Hall X2; Stand 85
15.00 - 16.30	Seminars & Workshops	
	Seminar T5 - Novel ways of dispensing drugs. <small>ACPE 0475-0000-16-015-L04-P. A knowledge based activity</small> N. Moerman; A. Vermes	Hall E1
	Seminar P4 - Sharing pharmacy information for safer transition of care <small>ACPE 0475-0000-16-009-L04-P. A knowledge based activity</small> F. Karapinar-Çarkit; R. Santolaya Perrin	Hall E2
	Seminar T3 - E-learning: application and implementation <small>ACPE 0475-0000-16-013-L04-P. A knowledge based activity</small> S. Renet*; A. Byholm	Hall F1
	Seminar PH2 - Cancer Therapy: review of the present and a look to the future <small>ACPE 0475-0000-16-017-L04-P. A knowledge based activity</small> A. R. Rubio Salvador; J. Gullbo	Hall F2
	Seminar T1 - The hospital pharmacist and the e-health revolution <small>ACPE 0475-0000-16-011-L04-P. A knowledge based activity</small> J. Vanhoof; T. Eriksson*; J. Surugue	Hall G
	Workshop 2 - The art of writing an abstract <small>ACPE 0475-0000-16-025-L04-P. An application based activity</small> G. Stemer; T. Hoppe-Tichy	Hall -2.31
	Industry sponsored satellites and interactive session	
	Pfizer "A Multidisciplinary approach to effective antimicrobial stewardship"	Hall M
	BD	Hall 1.61&1.62
	European Biosimilars Group (EBG)	Hall K
	Merck Sharp & Dohme Corp.	Hall D
	AMGEN Europe GmbH: Interactive Session "Immuno-oncology in practice: expert insights on blinatumomab"	Hall L3

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16.30 - 17.00	Bayer – Meet the expert “Potential Role of Pharmacists in AF Screening, Diagnosis and NOACs Treatment and the Impact of New Technology” S. Antoniou; B. Freedman	Hall X2 Stand 50
16.30 - 17.00	Coffee break	Hall X2

PROGRAMME SCHEDULE : FRIDAY, 18 MARCH

Date/Time	Meetings/Events	Room
08.00 - 11.00	Registration opens (individual, groups and exhibitors)	Entrance Hall
09.00 - 10.30	Synergy Interactive Session	
	Ready to use Drugs - a useful option for patient safety (supported by an educational grant from Roche) ACPE 0475-0000-16-005-L04-P. An application based activity P.Le Brun; A.M. Beaney	Hall .49&.50
09.00 - 10.30	Seminars, Workshops & Interactive Sessions	
	Seminar P5 – Advances in clinical services: medicines optimisation ACPE 0475-0000-16-010-L04-P. A knowledge based activity B. Hennie Garcia; A. Alassaad	Hall E1
	Seminar T4 - Are clinical decision support systems beneficial for everyone? ACPE 0475-0000-16-014-L04-P. A knowledge based activity B. L. Hug; A. M. Scheepers-Hoeks	Hall E2
	Seminar P3 - Clinical pathways concept - a key to seamless care ACPE 0475-0000-16-008-L04-P. A knowledge based activity M.-C. Chaumais*; A. Janoly-Dumènil	Hall F1
	Seminar PH4 – Advanced-therapy medicinal products: new competencies in hospital pharmacy ACPE 0475-0000-16-019-L04-P. A knowledge based activity A. Black; L. Taylor	Hall F2
	Seminar PH5 - Individualised therapy - managing the differences ACPE 0475-0000-16-020-L04-P. A knowledge based activity U. Jaehde; D. Touw	Hall G
	Workshop 1 - Antimicrobial optimisation: an interactive workshop for hospital pharmacists ACPE 0475-0000-16-024-L04-P. An application based activity A. Tonna; J. Sneddon	Hall -2.31
	Interactive Session 2 - Implementing new technology: key factors to success ACPE 0475-0000-16-022-L04-P. An application based activity C. Hedegård Lager; C. Brincker Thiesen; T. Klok Wrønding	Hall N
	Interactive Session 3 - Developing and implementing clinical pathways ACPE 0475-0000-16-023-L04-P. An application based activity V. Fortineau	Hall 1.61&1.62



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10.30 - 11.30	Coffee break and attended posters	Hall X2 and Main Entrance Hall
10.30 - 11.30	Practical Pharmaceutics textbook – Meet the authors	Hall X2; Stand 85
11.30 - 13.00	Closing ceremony & Keynote 3 – Exploring the future of pharmacotherapy ACPE 0475-0000-16-003-L04-P. A knowledge based activity H. G. M. Leufkens	Hall D
12.00	Exhibition closes	Hall X2

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 has stated a conflict of interest.

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