

**47th ESCP Symposium on Clinical Pharmacy,
Belfast, Northern Ireland, 24 26 October 2018
Personalised pharmacy Care**

Workshop Programme & Workshop Abstracts

Workshop schedule:

Wednesday, October 24, 13:30 – 15:30

WS03	All you need to know about clinical rounds: from design to assessment
WS04	Efficiency of clinical pharmacy activities for older patients
WS07	Peer review in Science – Why, What, How & Who
WS08	Understanding medication-related experiences of adults with learning disabilities; the challenges they often face; and how pharmacists can personalise their pharmaceutical care.
WS10	Using STOPP/START Version 2 to Personalise Pharmacy Care for the Older Adult
WS11	Medication Optimization in Parkinson's patients: clinical medication review including focus on medication adherence
WS13	Deprescribing as a part of clinical medication review to attain health related goals and reduce adverse drug events
WS15	Drug related hospital admissions – how can clinical pharmacists identify and prevent them?

Wednesday, October 24, 16:00 – 18:00

WS06	How to develop alerts for drug-related clinical decision support?
WS08	Understanding medication-related experiences of adults with learning disabilities; the challenges they often face; and how pharmacists can personalise their pharmaceutical care.
WS10	Using STOPP/START Version 2 to Personalise Pharmacy Care for the Older Adult
WS15	Drug related hospital admissions – how can clinical pharmacists identify and prevent them?
WS16	Personalising clinical pharmacy teaching with structured questioning and tailored quality feedback
WS17	Providing personalised care in complex polypharmacy cases, are there tools which help?
WS19	Drug-related problems: How to identify patients at risk?

Thursday, October 25, 13:30 – 15:30

WS02	Effective Science Communication
WS03	All you need to know about clinical rounds: from design to assessment
WS04	Efficiency of clinical pharmacy activities for older patients
WS05	Integrating mobile applications in adherence consultation
WS06	How to develop alerts for drug-related clinical decision support?
WS12	Quality indicators in pharmacy practice - Efforts to advance responsible use of medicines and patient-centred care in Europe

WS13	Deprescribing as a part of clinical medication review to attain health related goals and reduce adverse drug events
WS17	Providing personalised care in complex polypharmacy cases, are there tools which help?

Thursday, October 25, 16:00 – 18:00

WS07	Peer review in Science – Why, What, How & Who
WS09	Do you feel CONSORTable? Improving your skills in appraising clinical trial studies
WS11	Medication Optimization in Parkinson’s patients: clinical medication review including focus on medication adherence
WS14	Communication methods for improving medication adherence
WS16	Personalising clinical pharmacy teaching with structured questioning and tailored quality feedback
WS18	Hitting a Moving Target: Use and Measurement of Key Performance Indicators to Focus Clinical Pharmacy Practice.
WS19	Drug-related problems: How to identify patients at risk?

Friday, October 26, 13:30 – 15:30

WS01	Successful Scientific Writing: original research papers and abstracts.
WS02	Effective Science Communication
WS05	Integrating mobile applications in adherence consultation
WS09	Do you feel CONSORTable? Improving your skills in appraising clinical trial studies
WS12	Quality indicators in pharmacy practice - Efforts to advance responsible use of medicines and patient-centred care in Europe
WS14	Communication methods for improving medication adherence
WS18	Hitting a Moving Target: Use and Measurement of Key Performance Indicators to Focus Clinical Pharmacy Practice.

Workshop abstracts:

WS01

Successful Scientific Writing: original research papers and abstracts. An ESCP workshop.

Moderators

Elena Galfrascoli, Italy. Member of the ESCP Communication Committee. ASST Fatebenefratelli Sacco, Milano.

Daniela Scala, Italy. Member of the ESCP Communication Committee. Medicina Nucleare. AORN "A. Cardarelli", Napoli.

Background

The results of scientific research are only valuable for society, if they can be shared with others in an understandable written or oral format. There are several possible formats for written information, such as abstracts or scientific articles.

Both writing research papers and conference abstracts can be a challenging experience: there are a number of important aspects that authors should pay attention to, and that will facilitate acceptance.

Aim

The aim of the workshop is to make an overview of the most important aspects of writing a scientific article. The first part of the workshop will present the structure of a full research paper and some publication requirements, in order to make participants able to write and judge a scientific paper, and also to select the appropriate journal for the publication. The second part will focus on some common rules that can increase the participants' knowledge and skills on how to write structured conference abstracts.

Learning Objectives

After the workshop, the participant should be able to:

Part 1:

- Understand the structure and elements of a quality scientific paper;
- Select an appropriate journal for his publication;
- Understand the differences between the different peer reviewed scientific journals.

Part 2:

- Understand the structure and elements of a high-quality conference abstract;
- Understand the difference between a research and a descriptive abstract;
- Understand how to proceed after an abstract is accepted for presentation.

Content and Structure

A presentation will introduce participants to the content of the workshop. The reason behind the different sections of full research papers will be explained. The workshop will especially focus on scientific articles in the format for the International Journal of Clinical Pharmacy, but most other scientific journals have similar compulsory formats. The participants will discuss examples of scientific papers in smaller groups, focusing on the selection of appropriate journals and important issues about publication.

In the second part, participants will learn how to write a condensed version of a research article and abstracts that get accepted. A lecture mixed with exercises that focused on ESCP expectations for abstracts will be used. Participants will also discuss considerations about submitting abstracts such as authorships and responsibilities.

WS02

Effective Science Communication: An ESCP Communication Committee Workshop

Moderators

Samuel Allemann, Health Service Research and Performance Institute, University of Lyon, France and Swiss Association of Pharmacists, Switzerland

Carole Kaufmann, Clinical Pharmacy, University Hospital Basel, Switzerland

Background

Visibility and relevance of clinical pharmacy activities in Europe could increase with proper communication to various audiences. - Good communication is easy when you know your audience and have the right tools! - Different audiences require custom approaches and the format of your communication needs adaption to different channels - ESCP provides various channels for communication that are open to all members.

Aim

Get to know the ESCP communication channels and their benefits for the dissemination of your clinical pharmacy activities. ☑ Get hands-on experience with the tools and resources to effectively communicate with various audiences

Learning Objectives

You will learn how to: - describe the target audience(s) for your work - identify the main key messages of your work - select appropriate channels to communicate your work - appropriately format your work for the chosen audience and channels - track your success

Content and Structure

- Short presentation of the different ESCP communication channels by the workshop leaders
- Individual and collaborative exercises
- Group discussions

WS03

All you need to know about clinical rounds: from design to assessment

Moderators

Fikret Vehbi Izzettin; Clinical Pharmacy Department, Faculty of Pharmacy, Marmara University, Turkey

Sule Apikoglu-Rabus; Clinical Pharmacy Department, Faculty of Pharmacy, Marmara University, Turkey

Mesut Sancar; Clinical Pharmacy Department, Faculty of Pharmacy, Marmara University, Turkey

Background

Clinical and practice-based education are the backbone of clinical pharmacy education. Introducing clinical rounds to pharmacy education will help the pharmacists get better equipped for real-life complex clinical situations requiring rapid decision-making and communication skills. Clinical rounds are perfect challenges for rising towards the top of the Miller's pyramid (Miller GE. Acad Med. 1990 Sep;65(9 Suppl):S63-7), which is concerned with independent performance within the complex environment of day-to-day practice requiring integration of knowledge, skills, attitudes and personal characteristics. Facing with complex clinical situations through communication with patients and other members of the health-care team will help the pharmacists better understand the patients, their diseases

and drug therapy. This understanding will lead to a sounder clinical reasoning process that will be a part of the professional thinking-style of the pharmacist, independent from the practice setting. In order that clinical rounds can fully serve for this aim, they should be meticulously designed, implemented and assessed.

Aim

This workshop aims to teach and discuss on the steps to be taken to design, implement and assess clinical rounds. Besides structuring and implementation processes, techniques for assessing the performance of both the students and the system will be taught and discussed.

Learning Objectives

At the end of the workshop, participants will be able to:

- Describe the essentials of needs-based design of clinical rounds
- Identify main points of preparedness, challenges and barriers in implementation of clinical rounds
- Address important points in assessment of the performance of clinical rounds as well as the students
- Discuss the roles of the physician, clinical pharmacist, nurses and students during a clinical round

Content and Structure

The outline of this workshop has been planned as:

10 minutes: Introduction

- Introduction of workshop tutors and ice-breaking
- Explanation of the aim of workshop
- Brief information on role of the clinical pharmacist in the medical team

20 minutes: Structuring clinical rounds

- Needs-based design

15 minutes: Implementation of clinical rounds

- Preparedness, Challenges & Barriers
- Example of a complex clinical situation:
 - o Presentation of medical history of patient with multiple chronic diseases.
 - o Interactive discussion to show roles of the physician, clinical pharmacist, nurses and students.

20 minutes: Assessment

- Assessment of the students
- Assessment of the performance of the clinical rounds

20 minutes: Group study

- Different cases will be studied by small groups to identify expected benefits from the clinical rounds

20 minutes: Group presentation

- Presentation of group recommendations for case scenarios.

10 minutes: Feedbacks on the workshop & closing remarks

WS04

Efficiency of clinical pharmacy activities for older patients

Moderators

Annemie Somers; Clinical Pharmacy Department, Ghent University Hospital, Belgium
Barbara Claus; Ghent University, Ghent, Belgium; SIG leader ESCP pharmacoeconomics

Background

With a growing population of older people in Europe and the increased risk of polypharmacy, the debate is open to organize clinical pharmacy activities in this population in the most optimal way: equal care with a maximal clinical and economic benefit.

Aim

To:

- upgrade your clinical pharmacy skills in geriatrics
- propose a framework for clinical pharmacy activities for older patients
- use some implicit & explicit screening tools
- to apply the methodology for pharmacoeconomic analysis of clinical pharmacy activities

Learning Objectives

Attendees will:

1. Summarize/recap the current clinical pharmacy techniques in the elderly: implicit & explicit
2. Understand the basic principles of pharmacoeconomics related to their clinical pharmacy practice
3. Be able to critically revise their own working procedure (see 1.): is the effort worth it?

Content and Structure

The content is brought to the audience by means of interactive exercises (interactive audience voting system (Turning point/Poll Everywhere or other) if possible) and other mind games.

- Introduction: overview of clinical pharmacy activities for older patients and according validated tools for pharmacotherapy analysis 15 min
- Part 1: providing short interactive examples of applied strategies with discussion of validation steps & clinical impact. 30 min
- Part 2: introduction of the economic aspects of your pharmacotherapeutic plan: for example: QoL of patients and cost (both from a societal as well as from the perspective of own time input) 15 min
- Work: small group discussions of more extensive clinical pharmacy exercises in older patients both looking at the clinical as well as the economic impact. 30 min

- Small group discussions will be brought together in a plenary overview including a summary of the most important final statements. 15 min
- Summary of the information presented and take home messages. 15 min

WS05

Integrating mobile applications in adherence consultation: An ESCP SIG Adherence workshop

Moderators

Peter van Hartingsveldt; Clinical pharmacist GP-practice Utrecht, The Netherlands

Bart Pouls; Sint Maartenskliniek Nijmegen, The Netherlands – member of ESCP SIG adherence

Background

M-health (mobile health) is the practice of medical health supported by mobile devices. Nearly every patient now owns a smartphone or tablet and thus potentially has access to m-health. Healthcare institutions are working hard to make patient records insightful, available and even amendable by patients. On top of that the market for health-related applications is growing faster than ever. As medication nonadherence is still one of the major issues of pharmaceutical care, many mobile applications are being developed to address this issue. M-health creates new opportunities and challenges for pharmacy practice. How to keep up? How to assess quality and functionality of mobile applications? How can m-health be used in patient centred pharmaceutical care? How can apps be integrated in adherence consultation? And what about privacy? Mobile health is inevitable and ESCP is here to help.

Aim

To help the healthcare professional to integrate mobile health focussed on medication adherence in their day-to-day practice.

Learning Objectives

After the workshop, participants: - will have know-how of the different digital health definitions - will have a global overview of available m-health interventions - are familiar with the use of m-health interventions - can assess the quality of m-health interventions - will have tools to implement m-health interventions in adherence consultation - can successfully address digital healthcare in patient consultation

Content and Structure

00.00 – 00.10 Introduction of moderators

00.10 – 00.25 Introduction on m-health interventions

00.25 – 00.50 Get to work – using and assessing m-health apps (in small groups)

00.50 – 01.00 Plenary – defining criteria for assessing m-health apps

01.00 – 01.10 Introduction on adherence consultation

01.10 – 01.40 Get to work – addressing m-health during adherence consultation (in small groups)

01.40 – 01.50 Plenary – how to incorporate m-health in adherence consultation

01.50 – 02.00 Round up

The workshop brings two different topics in pharmaceutical care together: adherence consultation and m-health technologies. Therefore, the workshop consists of two parts, each with an introduction and a 'get to work' session in order to ascertain interaction between workshop participants. Both introductions are related to the theme of the workshop and consists of a moderator presenting information from a PowerPoint presentation. In the 'get to work' sessions subgroups are formed and participants will be actively conducting exercises and sharing experiences. In the first 'get to work' session the various subgroups will each be asked to download and explore one of the pre-selected m-health apps. Next, participants note their experiences and assess the application using a format created by the moderators. The second 'get to work' session comprises a role-playing game where one participant is asked to play a patient, another to be the healthcare professional and the other group members are asked to observe the role-play, take notes and give feedback. The moderators will actively monitor role-play and support participants by giving hints and feedback. To promote the exchange between participants and to increase the learning opportunities, both 'get to work' sessions are followed by plenary sessions. The moderators will guide the process where each subgroup will report its findings and will stimulate joint reflection. Finally, the workshop will be rounded up. All participants will be asked to formulate actions that they will put into practice once returning from the ESCP conference.

WS06

How to develop alerts for drug-related clinical decision support.

Moderators

Borgsteede, S.D; Health Base Foundation, Department of Clinical Decision Support, Houten, the Netherlands. SIR Institute for Pharmacy Practice and Policy, Leiden.

Seidling, H; Heidelberg University Hospital, Dept. of Clinical Pharmacology & Pharmacoepidemiology, Cooperation Unit Clinical Pharmacy, Heidelberg, Germany

Cornu, P; Universitair Ziekenhuis Brussel, Department of Clinical Pharmacology and Pharmacotherapy, Jette, Belgium

Background

Many professionals, including pharmacists, use clinical decision support (CDS) systems to optimize safety and quality of decisions concerning pharmacotherapy.

However, each alert is also a burden for the health care professional. It takes time and effort to analyse the alert, to discuss with the patient and other professionals, and finally to reach a conclusion about changes in drug treatment. The term alert fatigue describes how health

care professionals become desensitized to safety alerts, and fail to respond adequately to warnings.

Hence, to prevent alert fatigue, for each potential alert an evaluation must be made if the clinical value is greater than the burden. Moreover, implementation of advices can be enhanced by giving specific suggestions to professionals how to act in case an alert occurs. Aspects such as layout and the possibility of user interaction between the professional and ICT influence the quality of implementation.

Aim

The aim of this workshop is to design alerts that can be implemented in a CDS system. The participants will evaluate the literature, discuss and conclude about the clinical relevance with respect to alert fatigue and human factor principles, and formulate how professionals should act in case this alert will occur. The participant will also design the alert with respect to lay-out and preferable user-software interaction.

Learning Objectives

After following this workshop, the participant can develop an alert for CDS, motivate the clinical relevance and give recommendations for further action.

Content and Structure

After an introduction providing background information on different approaches to drug-related clinical decision support, a discussion will be initiated focusing on the prerequisites and advantages/disadvantages of these approaches.

Subsequently, starting with practical examples from our setting, participants will be invited to share experiences from within their settings and countries in order to learn from each other how specific situations are handled. Special emphasis will go to assessing the clinical relevance of drug-related interactions in clinical practice, and to incorporating this assessment in clinical decision support rules.

In the practical examples, we will focus on alert interaction with the user and discuss human factor principles for the design of CDS alerts.

At the end of the workshop important aspects will be summarized.

WS07

Peer review in Science – Why, What, How & Who

Moderators

Foppe van Mil; Editor-in-chief of the International Journal of Clinical Pharmacy, Zuidlaren, the Netherlands

Yolande Hanssens; SIG Leader Medicine Information and Assoc Editor International Journal of Clinical Pharmacy. Hamad Medical Corporation, Corporate Pharmacy-Clinical Services, Qatar

Background

The expert-review of scientific papers is supposed to improve the quality of the paper. Of course, a reviewer must have knowledge about the topic of the paper, but they must also have a strategy for scrutinising structure, method and findings and reporting their findings.

Aim

To improve the systematic peer-reviewing of scientific papers

Learning Objectives

After the workshop the participant will be able

- To distinguish the different types of peer review
- To review a manuscript in a structured and relatively objective manner
- To advice the journal editor about the quality of the paper
- To formulate his/her findings in a friendly, albeit objective manner for the authors

Content and Structure

After an introduction to the topic, the participants will scrutinise a scientific paper in the field of clinical pharmacy. The reviews will then be compared, and discussed, after which the whole group will make an optimal structure for reviewing.

- Introduction 10 min
- Peer review Process 20 min
- Exercise in small groups 45 min
- Feedback & Discussion 30 min
- Conclusion & Take Home Messages 10 min

WS08

Understanding medication-related experiences of adults with learning disabilities; the challenges they often face; and how pharmacists can personalise their pharmaceutical care.

Moderators

Joan MacLeod, Pharmacist Independent Prescriber, Lead Primary Care Pharmacist, NHS Grampian, Scotland, School of Pharmacy & Life Sciences, Robert Gordon University, Aberdeen, Scotland

Katie MacLure; Senior Research Fellow & Lecturer, School of Pharmacy & Life Sciences, Robert Gordon University, Aberdeen, Scotland.

Background

Learning disability (or intellectual disability) is a term used to describe an individual who: has significant impairment of intellectual functioning (generally recognised as Intelligence Quotient (IQ) <70); who has significant impairment of adaptive functioning; and where the age of onset was before adulthood (British Psychological Society 2000). People with learning disabilities (LD) are known to have increased medical needs and as a result are known to be prescribed more medication than the general population (Straetmans et al 2007). Furthermore, people with LD often have poorer health literacy and so rely on their

caregivers, family, respite staff or health care professionals for appropriate (and ongoing) support and education, as demonstrated in the studies by Davis et al (2016) and Flood and Henman (2015). Interestingly, Flood and Henman (2015 p.235) commented that people with LD, ‘...are a complex group of patients who may be “invisible” to pharmacists. Pharmacists may have little knowledge or experience of the challenges faced by this group...’.

Aim

The aim of this workshop is to raise awareness of some of the experiences and challenges that adults with learning disabilities (LD) face in relation to their medication. The workshop will encourage pharmacists to think about these medication-related experiences and challenges, and then consider ways in which they can personalise pharmaceutical care for adults with LD.

Learning Objectives

On completion of the workshop, participants will:

1. Understand who is referred to under the term ‘learning disability’ (or intellectual disability)
2. Understand some of the common challenges that adults with LD may face in relation to medication
3. Have an increased awareness of some of the experiences of adults with LD in relation to medication
4. Identify effective strategies to better support adults with LD with their medication
5. Reflect on the ways in which all pharmacists can personalise care for adults with LD.

Content and Structure

The first moderator will draw on her own experience of providing pharmaceutical care to adults with LD and from her doctoral research to encourage interaction and participation. This will be done through small group based activities using a range of well-developed and tailored workshop materials. This will be supported by the second moderator, an experienced researcher, teacher and facilitator.

- Introduction to the topic of LD and medication
- Interactive group work: Sharing of experiences of providing pharmaceutical care to people with LD and any challenges they encountered
- Summary of challenges outlined in the literature
- Sharing of doctoral research – the experiences of adults with LD in relation to medication
- Interactive group work: Identification of ways in which they might be able to support adults with LD and personalise their pharmaceutical care
- Provision of a take away summary sheet with some suggestions of how to better support adults with LD in relation to medication

References

BRITISH PSYCHOLOGICAL SOCIETY, 2000. Learning Disability: Definitions and Contexts. London: Professional Affairs Board of the British Psychological Society.

DAVIS, S.R., DURVASULA, S., MERHI, D., YOUNG, P.M., TRAINI, D. and ANTICEVICH, S.Z.B., 2016. Knowledge that people with intellectual disabilities have of their inhaled asthma medications: messages for pharmacists. *International Journal of Clinical Pharmacy*, 38(1), pp.135-143

EMERSON, E. and HATTON, C., 2013. Health inequalities and people with intellectual disabilities. Cambridge: Cambridge University Press

FLOOD, B. and HENMAN, M.C., 2015. Case study: hidden complexity of medicines use: information provided by a person with intellectual disability and diabetes to a pharmacist. *British Journal of Learning Disabilities*, 43(3), pp.234-242

WS09

Do you feel CONSORTable? Improving your skills in appraising clinical trial studies.

Moderators

Jean-Meidi ALILI; Pharmaceutical Establishment of Paris Hospitals Group, France. ESCP Communication Committee.

Ankie HAZEN; UMC Utrecht, The Netherlands. ESCP Research Committee.

Vibhu PAUDYAL; University of Birmingham, United Kingdom. ESCP Research Committee.

Background

Clinical pharmacists must possess up-to-date knowledge of advances in therapeutics and pharmacotherapy. Well designed, conducted and reported randomised controlled trials (RCTs) provide the highest level of evidence, with findings incorporated into evidence-based guidelines. It therefore follows that clinical pharmacists must be skilled and competent in retrieval and appraisal of these studies and evidence-based literature.

An international group of experts developed the CONSolidated Standards Of Reporting Trials (CONSORT) statement. This statement comprises a checklist and a flow diagram that allow authors to properly report clinical trials findings (1). Thus, readers can better understand and interpret the data.

The checklist items focus on reporting how the trial was designed, analysed and interpreted; the flow diagram displays the progress of all participants through the trial.

Many journals now require authors to structure RCTs manuscripts according to CONSORT Statement. It is therefore important for clinical pharmacists and researchers to be familiar with the content of the tools and their utility in the appraisal of RCTs and interpretation of findings.

(1) Consolidated Standards of Reporting Trials Group website. <http://www.consort-statement.org/>; last consultation 12/02/2018.

Aim

The aim of this workshop is to enhance clinical pharmacists' awareness of tools provided by the CONSORT Group in order to improve their skills in critical appraisal of clinical trials studies.

Learning Objectives

At the end of this workshop, attendees will be able to:

1. Identify the potential bias in methodology of any clinical trial report, from enrolment of patients to analysis of data (sample size determination, randomization method, data collection, etc.)
2. Consider the use of CONSORT tools in their clinical practice, when monitoring literature

Content and Structure

The moderators will encourage interaction and participation through small group based activities using a range of well-developed and tailored workshop and take home materials.

1. Introduction of moderators and workshop content (30 min)
Presentation of the CONSORT statement.

2. Group work (30 min)

Workshop participants will be divided in groups of five.

Each group will be given the same clinical trial report to undertake critical appraisal using the CONSORT checklist and flow diagram.

Participants are asked to sum up the pros and cons of the article. They will be asked to focus on different elements of the critical appraisal process.

3. Feedback and plenary discussion (30 min)
Each group presents its reflections.

Then, discussion on:

- The ease of use of the tools
 - The actual appraisal of the study
 - Considerations for everyday practice
 - Summary by the moderators.
4. Conclusions by the moderators (10 min)

WS10

Using STOPP/START Version 2 to Personalise Pharmacy Care for the Older Adult.

Moderators

Stephen Byrne; School of Pharmacy, University College Cork, Ireland.

Kieran Dalton; School of Pharmacy, University College Cork, Ireland.

Background

Potential Inappropriate Prescribing (PIP) is extremely prevalent among older people, particularly in those presenting with acute illness. Certain medicines are considered potentially inappropriate in older individuals because of their higher risk of causing adverse drug events or disease / drug interactions. These observations have formed the core for

various sets of criteria for PIP in older people, the most cited of which are Beers' criteria and STOPP/START criteria v2.

Aim

This workshop will aim to compare the findings from peer reviewed studies using both of the updated Beers and STOPP criteria, and demonstrate via cases studies and discussion the role of pharmacist in the personalising pharmacy care plans for older patients. We will draw on the expertise of the workshop participants to identify and prioritise interventions to address the needs of the older patient.

Learning Objectives

After the workshop, participant will be able to:

- understand the significance of potential inappropriate prescribing (PIP) throughout Europe and identify opportunities for the pharmacist to implement validated screening tools in their everyday clinical practice.
- understand the significance of PIP via the examination of cases studies and discussion groups.
- ensure that older patients receiving multiple pharmacotherapies receive optimal pharmaceutical care throughout Europe.

Content and Structure

The Software ENgine for the Assessment & optimization of drug and non-drug Therapy in Older persons trial: SENATOR is an ambitious EU-FP7-funded project which focuses on optimizing pharmacological and non-pharmacological therapy for the multi-morbid older population across Europe. A key component of the project to date has been the design and validation of a powerful software engine called SENATOR which aims to optimize geriatric care using drug-based and non-drug-based therapies. This workshop will share with participants the trials and tribulations of undertaking a EU wide project in optimisation of Pharmaceutical Care Plans for its participants. The format of the workshop will be primarily through cases studies and group discussion.

Timings

- 30 minutes - Review of the SENATOR trial and key publications.
- 45 minutes - Small group review of case scenarios (each group will be allocated 2 out of a possible total of 6 scenarios – i.e. allowing approximately 20 minutes per case).
- 40 minutes – feedback / general discussion with regards to the application of the validated screening tools and the prioritisation of pharmaceutical interventions.
- 5 minutes to spare for overrun

WS11

Medication Optimization in Parkinson's patients: clinical medication review including focus on medication adherence. Towards specialized pharmaceutical care.

Moderators

Clementine Stuijt; Centre of Excellence in Parkinson's disease/University Medical Centre Groningen, the Netherlands

Harm Geers; Apotheek Bennekom, Bennekom, the Netherlands

Background

Parkinson's disease (PD) is a neurodegenerative condition with both motor and non-motor symptoms, substantially reducing Quality of Life (QoL). Due to progression of their disease, many PD patients need two to four anti-Parkinson drugs three to four times a day.

Advanced PD patients with motor fluctuations may need medication up to seven times a day.

In chronic conditions like diabetes and hypertension up to 49% of indicated chronic medications is not taken as prescribed, even with dosages generally arranged in once or twice daily schedules. Not surprisingly, adherence in PD is even more compromised. Other factors influencing adherence in PD are complex dosage regimens, and lack of knowledge or awareness of both carers and patients on the impact of non-adherence. This results in an adherence percentage varying between 10-60%. Consequently, increased motor fluctuations resulting in a reduced QoL are often seen. This phenomenon accounts for increases in healthcare costs due to increases of consultation of healthcare professionals as well as (re)admissions.

Besides medication non-adherence, inevitable combination therapies potentially introduce drug related problems (DRPs). A mean number of 2.9 DRPs has been detected amongst community dwelling PD patients. This, again, may induce motor fluctuations, resulting in a reduced QoL. A decreased number of DRPs may improve these two outcomes.

Medication review by pharmacists has been proven an effective intervention to optimize medication regimens, reduce the number of DRPs and possibly improve adherence, in several settings and populations. Therefore, clinical medication review has been mandated in several countries including US, Canada, Australia and the Netherlands.

Aim

Engage participant in the medication review process of PD patients: define specific steps for the approach of PD patients and focus points for the review including medication adherence.

- Define barriers and facilitators
- Recognize opportunities for improvement of quality of the medication review (process) in PD patients from an advanced and early disease stage perspective
- Have an opportunity to share knowledge, experience, and solutions

Learning Objectives

Understand specific issues of a medication review in PD patients

Describe how different approaches of involved health care professionals can be tailored in different settings

Understand and outline ways to improve steps in the medication review process for PD patients in order to create abilities for local implementation

Content and Structure

Introduction/session objectives	5min
Brief background outline	25min
Introduction on motor/non motor problems and relation with dopaminergic medication	
Brief overview of pharmacotherapeutic options	
Adherence issues in PD patients	
Case studies: examples	20 min
Presentation of cases with adherence and medication related problems	
Small Group discussion: participants are asked to bring their own cases to be worked out or prepared cases will be discussed during small Group reports	35 min
Small group reports: Groups present their approach on cases	25 min
Summary of lessons learned	10 min

WS12

Quality indicators in pharmacy practice - Efforts to advance responsible use of medicines and patient-centred care in Europe

Moderators

Olga Grintsova - Clinical Pharmacy, National Pharmaceutical University, Kharkiv, Ukraine
 Silvia Ravera - European Directorate for the Quality of Medicines and HealthCare (EDQM) (Council of Europe), Strasbourg, France

Background

Sometimes the benefits of medications are not fully realised (e.g. due to lack of medication adherence) or, even worse, considerable mortality and morbidity could be associated with inappropriate use of medicines.

Pharmaceutical care (PC) is understood to be a quality concept and working method for the responsible provision of medicinal therapy for definite outcomes in the interest of patients' quality of life (definition established by C.D. Hepler and L.M. Strand in 1990).

Quality indicators are a valuable tool for achieving safe, high-quality care, cost-effective therapy and rational use of medicines.

Policies and strategies are currently being developed at national and international level to enhance the responsible use of medicines and achieve the best patient outcomes. A notable example is the EDQM Pharmaceutical Care Quality Indicators Project, i.e. a collaborative research project that the European Directorate for the Quality of Medicines and HealthCare (EDQM) (Council of Europe) carried out in the time-frame 2008-2015 to design indicators to assess the quality of pharmaceutical care in Europe with the ultimate goal of advancing the safe use of medicines and patient-centred care.

Aim

a) Providing an overview of strategies and initiatives currently in place in Europe to improve the safe and appropriate use of medicines at international and national level (with special attention to the EDQM Pharmaceutical Care Quality Indicators Project).

b) Providing a platform for sharing experiences and learning how to elaborate pragmatic quality indicators to evaluate and measure the impact of PC in daily practice.

Learning Objectives:

- a) To get acquainted with the concept of quality of pharmaceutical care and with the different types of indicators (structure, process, outcome).
- b) To familiarise with initiatives currently in place at international and national level in the area of safe and appropriate use of medicines.
- c) To develop basic indicators and propose a strategy for further development and implementation.

Content and Structure

The workshop will be organised as follows:

- a) Welcome and workshop overview (10-15 minutes): the workshop will begin with the facilitators and all participants introducing themselves and stating their expectations of the workshop. A brief workshop overview will follow.
- b) Plenary session (approximately 30 minutes): the facilitators will provide 2 short presentations highlighting the concept of quality of pharmaceutical care, general principles around the development of quality indicators, and initiatives at international and national level to advance the responsible use of medicines and patient-centred care, leading to the best possible medication outcome for the patient (special attention will be given to the EDQM Pharmaceutical Care Quality Indicators Project).
- c) Breakout session (60 minutes): the aim of the breakout session is to elaborate a basic set of indicators to measure and improve the quality of specific PC activities. Concrete suggestions for the implementation of the indicators in daily practice will also be developed. Depending on the number of participants, there will be up to 4 discussion groups. Each discussion group will select a facilitator, who will be in charge of directing, guiding and facilitating the discussion and ensuring that concrete proposals will be elaborated. The facilitator will also be in charge of summarising the main outcomes at the end of the breakout session.
- d) Plenary session (15 minutes): each facilitator will present the outcomes of the breakout discussions. The workshop moderators will briefly summarise the “take home” messages from the workshop.

Materials: each participant will receive a paper copy of the presentations given during the workshop plenary session.

WS13

Deprescribing as a part of clinical medication review to attain health related goals and reduce adverse drug events

Moderators

Henk-Frans Kwint; Academic Pharmacy Stevenshof, SIR Institute for Pharmacy Practice and Policy, The Netherlands.

Sanne Verdoorn; SIR Institute for Pharmacy Practice and Policy, The Netherlands.

Background

Studies of medication reviews in community pharmacies have shown positive effects on process- and intermediate outcomes such as resolution of drug related problems (DRPs). However, the effects on clinical outcomes (mortality, hospital admissions and quality of life) are variable. Medication review with a more focussed approach on patient's needs, concerns and complaints could possibly have more effect on health-related quality of life. For example, reducing adverse drug events may improve the health-related quality of life. One approach to handle medication use, where the benefit-risk ratio is negative, has been called "deprescribing". Deprescribing is the process of tapering, stopping, discontinuing, or withdrawing drugs, with the aim of improving health-related outcomes

In the Netherlands, a new study with more emphasis on patient's needs and complaints within medication review has been launched. This so-called "DREAMeR-study" (Drug use Reconsidered in the Elderly using goal Attainment scales during Medication Review) aims to investigate whether a clinical medication review focused on experienced health complaints and personal expectations of medication could improve the health-related quality of life of patients aged 70 years or older and using at least seven chronic medications. During the clinical medication reviews in this study, specific attention will be paid to adverse drug events and patients' goals related to their medication. Reaching these goals will be measured with a Goal Attainment Scale.

Aim of the workshop

The aim of the workshop is to provide participants more clinical knowledge of adverse drug events and how to define goals related to health and medication in concordance with older patients.

Learning Objectives

After attending this workshop participants should be able to:

- Describe the most frequent adverse drug events in older people with polypharmacy which have a negative impact on quality of life.
- Discuss possible health-related goals in a pharmaceutical care plan with the patient during a clinical medication review using goal attainment scales
- Describe the steps of a deprescribing protocol within the context of a patient-oriented medication review, in particular assess each drug in regard to its current or future benefit potential compared with current or future harm or burden

Content and Structure

- Introduction 20 min
Short presentation of adverse drug events, goal attainment scales and deprescribing and objectives of the workshop
- Interactive quiz with smart phone 45 min
Participants will be invited to use their smart phone to answer questions about cases of adverse drug events and goal attainment scales in older patients with polypharmacy.
- Practicing with a patient case in small groups 45 min

Participants will watch a video where a pharmacist interviews an older patient with polypharmacy. After the video, participants will work in small groups. They will receive medical and medicine information and have to set up in a pharmaceutical care plan using goal attainment scales and using a deprescribing protocol. The pharmaceutical care plans will be discussed plenary.

- Take home messages 10 min
Summary of the information presented and take home messages

WS14

Communication methods for improving medication adherence

Moderators

Ulla Hedegaard; Odense University Hospital & Clinical Pharmacology and Pharmacy, University of Southern Denmark.

Lene Juel Kjeldsen; Senior Researcher in Clinical Pharmacy, The Danish Research Unit for Hospital Pharmacy, Amgros I/S, Copenhagen, Denmark

Background

Traditional patient counselling is usually not considered effective in improving adherence to medication, and various patient-centred communication methods and tools have therefore been introduced. The workshop will focus on two approaches for patient counselling regarding medication adherence: motivational interviewing (MI) 1 and the Drug Adherence Work-Up (DRAW©) tool 2. The participants will be introduced to practical use of simple techniques of MI and the DRAW-tool.

Aim

This workshop will bring together pharmacists with an interest in communication intervention to improve medication adherence. Participants will achieve knowledge of MI and be introduced to use of simple techniques of MI and the DRAW tool.

Learning Objectives

After the workshop, participants will be able to: • Explain the “spirit” and key principles of motivational interviewing • Differentiate between good and poor performance in motivational interviewing • Recognise statements from the patient that indicate motivation for change (“change talk”) • Use some simple techniques of motivational interviewing • Use the DRAW tool

Content and Structure

- Introduction to key principles and the “spirit” of MI
- Use motivational interviewing video clips to demonstrate key principles of motivational interviewing– how to do it and how not to do it.

- Introduction to specific techniques, e.g. open-ended questions, reflective listening, affirmation, responding to resistance and summarizing.
- Exercise about simple and complex reflections undertaken in subgroups followed by group discussion
- Introduction to the use of DRAW tool
- Role play using MI techniques/DRAW tool • Feedback, summary and reflection on learning outcomes

References

1. Salvo MC, Cannon-Breland ML. Motivational interviewing for medication adherence. *Journal of the American Pharmacists Association* : JAPhA. Jul 1 2015;55(4):e354363.
2. Doucette WR, Farris KB, Youland KM, Newland BA, Egerton SJ, Barnes JM. Development of the Drug Adherence Work-up (DRAW) tool. *Journal of the American Pharmacists Association: JAPhA*. Nov-Dec 2012;52(6):E199-E204.

WS15

Drug-related hospital admissions – how can clinical pharmacists identify and prevent them?

Moderator

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Tamasine Grimes; School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Ireland

Background

Many studies estimating the prevalence of drug related admissions (DRAs) only take one type of DRPs into consideration; adverse drug reactions (ADRs). This fact leads to a vast underestimation of the problem as there are many other types of DRPs which also cause hospital admissions; e.g. under-treated indications, drug-drug interactions and non-compliance. In fact, non-compliance has been found to be a large contributor to DRAs.

Studies have shown that 50-80% of DRAs are preventable and pharmacist-led medication reviews have been proposed as a possible way to reduce the incidence. Since pharmacists only target medications and medication related issues, DRAs are consequently the only admissions that they can have an impact on. *It would therefore seem highly recommendable to use incidence of DRAs as an outcome measure when evaluating effects of pharmacists integrated in health care teams.*

Methods for estimating the incidence of DRAs presented in literature include using an expert panel, the panel often using established algorithms such as the Naranjo or WHO-UMC in their assessments. This method has the disadvantages of being time consuming (and thus expensive) and not practical for use in large patient materials.

A new tool, AT-HARM10 (Assessment Tool for Hospital Admissions Related to Medications) has been developed to be used by young pharmacists or mature pharmacy students (no expert panel) to identify admissions possibly related to all kinds of drug related problems

(DRP). Validation of the tool has been undertaken (manuscript submitted) and it is thought to have sufficient inter-rater reliability and criterion related validity (achieving the same result as a gold standard made up by an expert panel). The tool consists of 10 questions which are answered Yes or No and as soon as the answer is Yes to a question the assessment is finished and the admission categorized as a possible DRA or not.

In a recent student project (master level) AT-HARM10 has been tested on 600 admissions, using limited data from electronic medical journals each assessment taking around five minutes to complete. Around 25 % were deemed to be DRAs in the study.

With this study comes the opportunity to characterize the sub-group of patients admitted due to DRPs and discuss several points of interest:

- What do these patients have in common and what separates them from those admitted for other reasons?
- Which diagnoses and groups of medicines are often involved?
- What could have prevented the admissions?
- Can and should we use the tool (or a similar approach) to prospectively screen for patients, in special need of medication reviews, in everyday practice?

Aim

The purpose of this workshop is to develop clinical pharmacists' skills in recognising DRAs and preventing re-admissions caused by the same DRP.

Learning Objectives

- To know how to identify admissions related to medication
- To demonstrate skills and strategies to prevent DRAs
- To reflect on ways to screen for patients in need of a medication review.

Content and Structure

10	10 minutes	Welcome and ice breaker – presentation of the outline of the workshop
25	20 minutes	Introduction of the field, presentation of results from the student project and the tool AT-HARM10
50	20 minutes	Activity in pairs: The participants work in pairs, assessing example admissions using AT-HARM10 and patient data (translated real patient data from the project)
60	10 minutes	Room activity: Reports from the all pairs and plenary discussion around the results
75	15 minutes	Activity in pairs: Using clustered data (from the project of 600 admissions) coming up with ideas on how clinical pharmacists can contribute in preventing the identified types of DRAs
90	15 minutes	Room activity: Reports from the all pairs and plenary discussion
105	15 minutes	Room activity: Plenary discussion on the need for, and possible use of, a screening method to identify patients admitted with DRPs – for targeted interventions.

115	10 minutes	Summary, Q&A
120	5 minutes	Wrap up and close

WS16

Personalising clinical pharmacy teaching with structured questioning and tailored quality feedback

Moderators

Niamh McMahon; School of Pharmacy & Pharmaceutical Sciences, Trinity College Dublin, St.James's Hospital, Dublin, Ireland

Claire Keane; St.Vincent's University Hospital, School of Pharmacy & Pharmaceutical Sciences, Trinity College Dublin, Ireland

Evelyn Deasy; Tallaght Hospital, Dublin, School of Pharmacy & Pharmaceutical Sciences, Trinity College Dublin, Ireland

Background

Clinical pharmacy tutors/preceptors aim to improve students' knowledge, skills, clinical reasoning and professionalism, through supporting them and providing feedback, in order to enhance their performance in the clinical setting. Since the education takes place in the clinic, specific tools have been developed for this purpose that improve the effectiveness and efficiency of teaching and supervision. One, the SQF (Supervision, Questioning and Feedback strategies) model is widely utilised and was developed through observing clinical preceptors using an evidence/theory-based, comprehensive, structured approach to move the student towards clinical autonomy. Clinical preceptors must adapt their supervisory style to the needs of the student in a given scenario, moving from a direct coaching style, through to supporting, and finally to delegating. This is accompanied by strategic questioning and tailored feedback, using evidence-based models, thus providing a holistic and effective model for student development. This workshop is based on the preceptor training and experience of the facilitators, drawn from several postgraduate degrees and courses.

Aim

To enhance participants' clinical teaching by equipping them with the knowledge and skills to develop student learning and decision-making using clinical scenarios encountered in routine practice.

Learning Objectives

- To use strategic questioning in order to engage the student and facilitate development of their knowledge and clinical decision-making skills
- To provide tailored, constructive feedback to the student in order to improve their knowledge and/or skills development, and provide them with an opportunity to reflect on, and learn from, this feedback.

Content and Structure

- Introduction to the session: 0-20minutes

Background to clinical teaching strategies, with a specific focus on application of the SQF module to clinical pharmacy teaching practice. Explanation of the three key components: specific Supervision, strategic Questioning, and tailored, quality Feedback. A brief description will be given about situational supervision and adapting the level of supervision to the learner and the situation.

The main focus of the workshop will be the use of strategic questioning (facilitating student learning at increasing complex cognition levels) and the use of tailored feedback. Participants will be divided into small groups to work on the tasks and to provide feedback on their work.

- Task 1: 20-50 minutes

In small groups participants will review a clinical case and apply the SQF to tailor questioning to:

- a. the early learner, who could be described as 'unconsciously incompetent'
- b. the advanced practice learner, who may be described as either 'consciously competent' or 'unconsciously competent'

- Feedback: 50-65 minutes

Feedback from the participants and discussion within the group will be facilitated by the workshop leaders, who relate the feedback to their own practice and experience.

- Task 2: 65-75minutes

Feedback strategies e.g. One minute preceptor, ARCH models, to enhance and optimise student learning and development will be illustrated, and their advantages and disadvantages discussed.

- Task 2 Application and practice with feedback strategies: 75- 100 minutes

Participants will practice providing tailored, constructive feedback to the student, using more than one of the suggested feedback models.

- Feedback from the participants and discussion within the group will be facilitated by the workshop leaders, who relate the feedback to their own practice and experience. And this will lead to a final reflection and summary of the workshop:
100-120 minutes

WS17

Providing personalised care in complex polypharmacy cases, are there tools which help?

Moderators

Máire O'Dwyer; School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Ireland

Martin C Henman; School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin

Background

People with intellectual disabilities (ID) comprise 1-3% of the population and have complex and varied pharmaceutical care needs which requires personalised care. Estimates suggest that people with ID have up to 2.5 times the health problems of the general population, with higher levels of neurological and mental health conditions. As a result central nervous system (CNS) polypharmacy is commonplace and adults with ID are likely to have a high burden of medicines with sedative and anticholinergic effects and patients with dementia often have a similar profile. Exposure to these medicines has been associated with falls, frailty, sedation, constipation and may have a significant negative impact on quality of life. There have been no specific prescribing guidelines developed for people with ID and limited guidelines for those with dementia. These complex and vulnerable patients are cared for in institutional and increasingly, in community settings, where primary care professionals will need support in order to provide appropriate pharmaceutical care.

A number of different tools may be useful in quantifying the burden of medicines with anticholinergic and sedative medicines in older adults, including the Drug Burden Index (DBI) and Anticholinergic Cognitive Burden (ACB) Scale and their application could guide recommendations around medicines review and optimisation. The application of these tools to complex cases can facilitate assessment of risk and medication review.

Aim

To provide participants with the opportunity to identify specific pharmaceutical care needs through classification of medicines as anticholinergic/sedative using the tools and application of two evidence-based tools quantifying sedative and anticholinergic burden (the Drug Burden Index Tool and Anticholinergic Cognitive Burden scale) to complex cases drawn from a longitudinal cohort study of adults with ID. Participants will discuss and identify how these tools may be utilised both in research and in clinical pharmacy practice to provide personalised care for vulnerable populations, such as adults with ID or adults with dementia.

Learning Objectives

On completion of this workshop participants will be able to:

1. Identify the specific pharmaceutical care needs of adults with intellectual disability and the need for personalised pharmaceutical care in this population
2. Experience the application of the tools using both simple and complex patient cases
3. Critically appraise the tools used to quantify anticholinergic and/or sedative burden (the Anticholinergic Cognitive Burden Scale and the Drug Burden Index)
4. Plan for application of the tools in research and practice areas to improve personalised care for adults with ID or other vulnerable populations, such as adults with dementia
5. Consider the role of the pharmacists and the use of these tools to optimise anticholinergic and sedative medicine use
6. Identify potential research collaborations in application of these tools

Content and Structure

This workshop will be interactive and consist of an introduction outlining the specific pharmaceutical care needs for adults with ID, the two risk assessment tools (the Anticholinergic Cognitive Burden Scale (ACB) and Drug Burden Index (DBI) tool) . The main part of the workshop will involve the application and appraisal of the tools on patient cases in small groups. The moderators will draw on their experience in pharmacy education, pharmacy practice and research to encourage interaction and participation through structured group activities.

- Introduction and Presentation: 0-20 minutes: Introduction to pharmaceutical care needs of adults with ID, Drug Burden Index and Anticholinergic Cognitive Burden Scale, including examples of their utilisation in research and practice
- Small group Task 1: 20-55 minutes
- After an explanation of the task groups will consider the rating of particular drug's anticholinergic and sedative properties and then apply both tools (ACB and DBI) to specifically designed patient cases.
- Groups will feedback their classification of the drug and their first impressions of the ease of use of the two tools. The groups will highlight practical issues, barriers and facilitators with using the tool in practice and/or research and classifying medicines as anticholinergic/sedative through use of the tools. The facilitators will moderate a discussion about the cases and the application of the tools.
- Small group Task 2: 55 - 100 minutes
- Following an explanation of the task and using more complex cases, groups will apply both tools and calculate the values of the Anticholinergic Burden and the Drug Burden Index. They will evaluate the need for, and the risks associated with the drugs in the cases and the contribution that the tools make to this evaluation.
- Groups will feedback their results and the outcome of their evaluations. Participants will share practical experience from different countries and settings with use of the tools. The facilitators will moderate a discussion about the cases and the application of the tools and relate the points raised to the published evidence of the strengths and limitations of the tools.
- Reflection and Summary: 100-120 minutes:
- The facilitators will reflect on the workshop outcomes, summarise the feedback and offer their perspective on the key learnings. The moderators will also look at the potential to establish ongoing research collaborations with interested attendees through cross-national use of the tool.

WS18

Hitting a Moving Target: Use and Measurement of Key Performance Indicators to Focus Clinical Pharmacy Practice.

Moderators

Shane Pawluk, College of Pharmacy, Qatar University, Doha Qatar

Daniel Rainkie, College of Pharmacy, Qatar University, Doha, Qatar

Background

Key performance indicators in health care are described as quantifiable measures of quality that have been proven to result in a positive outcome while serving to inform policy development, improve quality of care provided, and help ensure accountability to protect public safety. Quality assessment of professional practice predominantly involves measurement of processes by which health care is delivered or outcomes achieved by health care professionals' activities, including clinical pharmacists. Clinical pharmacy key performance indicators (cpKPIs) aim to provide measurement to the quality of service delivered by a clinical pharmacist. While potentially useful to a variety of stakeholders, cpKPIs may also allow clinical pharmacists to stratify their patients for providing high impacting quality interventions.

Aim

Using examples of available, evidence-based cpKPIs, this workshop aims to provide participants with skills to focus clinical practice and stratify patients who would benefit from the assessment of a clinical pharmacist while allowing for reflection of personal and professional growth.

Learning Objectives

At the end of this workshop, participants will be able to:

1. Develop an understanding of cpKPIs described in the literature.
2. Describe the benefits of utilizing cpKPIs in practice to different stakeholder groups
3. Recognize where various evidence-based cpKPIs may influence the quality of clinical pharmacy interventions.
4. Discuss challenges of adopting cpKPIs into clinical pharmacy practice
5. Outline and employ strategies to incorporate cpKPIs into stratification of patients for benefit from clinical pharmacy services.

Content and Structure

Welcome & Introduction by Moderators (15 minutes): What are clinical pharmacy key performance indicators? Why capture clinical pharmacy key performance indicators and what are the benefits?

Task 1 by small group activity (30 minutes): Participants will be asked to reflect upon what they believe are evidence-based clinical pharmacy key performance indicators and create a list of any cpKPIs that are currently being captured at their respective sites of practice.

Facilitated discussion by moderators of the whole group (20 minutes): Experiences will be shared across groups; moderators will present some evidence-based cpKPIs from the literature; moderators will facilitate discussion on how measurement of cpKPIs can influence the perception of clinical pharmacists to various stakeholder groups.

Task 2 by small groups (25 minutes): Participants will be provided a number of patient cases and will describe stratification techniques to prioritize these patients for clinical pharmacist interventions based on different cpKPIs.

Facilitated discussion by moderators of the whole group (20 minutes): Small groups representatives will be asked to share consensus on factors that influenced the stratification of patient cases.

Summary & Closing by Moderators (10 minutes)

WS19

Drug-related problems: How to identify patients at risk.

Moderators

Markus Lampert; Pharmaceutical Care Research Group, University of Basel, Switzerland & Institute for Hospital Pharmacy, Solothurner Spitäler AG, Olten, Switzerland

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Background

On one hand side drug-related problems represent a frequent issue requiring pharmacists' interventions to address them. On the other hand, clinical pharmacists' resources are often available only in a rather limited way. In order to allocate these resources to those patients that will benefit most likely from, is a crucial challenge. Identification of patients at risk for drug-related problems would therefore help to target and to tailor pharmacists' interventions.

Aim

The aim of this workshop is to show how patients at risk for DRPs could be identified effectively and efficiently.

Learning Objectives

The participants will learn about relevant risk factors and how to identify and assess them. Different approaches will be discussed and selected existing risk assessment tools will be demonstrated.

Content and Structure

The workshop will start with a short introduction about risk factors contributing to the development of drug-related problems and discuss their evidence. An overview of published risk assessments tools will be given.

In a first interactive exercise participants shall identify risk factors. In a plenary discussion we will try to reach a consensus about the most relevant risk factors.

In a second exercise participants will discuss how these risk factors could be identified and assessed in a daily practice setting taking into consideration the sources of information available.

To finalise we will explain the example of our recently developed tool – the Drug Associated Risk Tool DART – and discuss its validation procedure and its potential in stratifying patients for clinical pharmacy services.