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A HIGH LEVEL MEETING ON REDUCING MEDICATION ERROR IN HOSPITAL PRACTICE

"The importance of bedside scanning and how we can achieve it across Europe"

Monday, 14 October 2013, 09.30 - 16.00

AGENDA

09.30 – Welcome from Dr Roberto Frontini, President of the European Association of Hospital Pharmacists (EAHP)

09.35-10.00 ‘Bedside scanning: the missing link in patient safety”

Thomas De Rijdt, Assistant Director of the Department of Pharmacy, Universitair Ziekenhuis Leuven, will give a presentation on the background to bedside scanning, the purposes of its introduction, and the results of its use at UZ Leuven.

10.00-11.30 – Tour of UZ Leuven hospital wards

Attendees at the event will break into 7 groups to tour hospital wards and observe bedside scanning in practice, and the features and benefits of its utilization.

11.30-11.45 – Coffee and refreshments

11.45-12.05 – ‘Bedside scanning & medicines bar coding: an industry perspective’

Chris Dierickx, Manager Business Development at Pfizer Global Supply, will outline some industry experience in the area of bar coding to the single unit, and discuss some of the commonly presented challenges.

12.05 - 1230 – ‘Bedside scanning & medicines bar coding: the international picture’

Ulrike Kreysa, Vice-President of Healthcare in GS1’s Global Office will describe developments in the area of bar coding to the single unit and bedside scanning across international health systems, explaining the utility of the new GS1 Level Below the Each standard, and opening debate on whether regulatory or non-regulatory options offer the most available solution to the bedside scanning challenge.

12.30-13.30 – Buffet lunch

13.30-15.00 - Workshops

4 workshop groups will reflect on the morning presentations and debate the options for improving uptake of bedside scanning.

15.00-15.15 – coffee/tea break

15.15-15.45 – Report back from workshops

15.45 – Conclusions & next steps, Richard Price, EAHP Policy & Advocacy Officer

16.00 - Close
A HIGH LEVEL MEETING ON REDUCING MEDICATION ERROR IN HOSPITAL PRACTICE

Workshop groups will be asked to reflect on the morning presentations and hospital tour, and provide feedback on some key outstanding areas of discussion on the issue of bedside scanning, prevention of medication error and bar coding medicines to the single unit. Workshop groups are asked to present the key results of their discussion to fellow attendees at the end of the workshop session.

Results from workshop discussions will be used within a summary report of the day’s meeting, and a report of the meeting to be submitted to the European Journal of Hospital Pharmacy.

SOME GUIDING QUESTIONS FOR WORKSHOP GROUPS

1) Does bedside scanning of medicines represent a major contribution to patient safety by preventing medication error? Do workshop members have any key comments or feedback on this point?

2) If we agree with (1) above, do we all also agree, that stakeholders in the medicines use process, with ethical responsibilities for patient welfare, should work together to see bedside scanning become a standard feature in European hospital care?

3) Who are the stakeholders in the medicines use process in the hospital context, what are the extent of their ethical responsibilities for patient welfare in relation to facilitating bedside scanning, and in what form might they work together on achieving greater uptake of bedside scanning?

4) What do the workshop group members feel are the major obstacles to achieving bedside scanning and in what order of scale would they place these obstacles?

5) Is a regulation at a national and/or European level that mandates bar codes be placed on the single unit of medicine at the point of manufacture required in order to achieve widespread uptake of bedside scanning in Europe?

6) Is the experience of the USA in relation to bedside scanning (i.e. its practice being recognised as desirable by the FDA and supported subsequently by national regulation) transferable to the European context? Are there complications that should be recognized?

7) What would be a realistic timescale for achieving medicines bar coded to the single unit in Europe?

8) Any other comments, thoughts or feedback workshop group members would like included in a report of today’s meeting and within considerations of ‘next steps’.
Subject: bedside scanning in distribution of medicaments.

Purpose: to increase safety by reducing errors in medicaments distribution.

Advantages of the technique: patient safety... and also stock control, billing.

Requirements:

- Medicaments displayed in single dose “bar coded”.
  
  Done by industry (not yet, technical problems to be solved)
  Done by hospital pharmacy (expenses)

- Training of the nursing staff (what about the important turnover in these staffs?
  European standards?)

- Doctors must do their prescriptions on a computer (training, turnover, requirement of
  standards)

Comments:

Probably the future.
But:
  
  No costs evaluation
  Which hospital, in these times of economic restrictions, shall be able to implement this
  system?