Highlights of Spanish Hospital Pharmacy

The Spanish Society of Hospital Pharmacy (SFEH) has developed a strategy plan for the year 2013 with the aim of improving hospital pharmacy practice and healthcare system efficiency. Strategic lines are focused on improving the efficiency and safety in the use of medication.

Technologies in the process of medication use

1. Medications errors are one of the main problems to be solved by health systems and pharmacy services. There is a lack of evidence about errors rates in each step of the process of medication use. Except in the administrative stage, errors are checked for intentional errors by the succeeding stage. For those reasons the administration is the critical safety point to be evaluated. Currently, to identify better the patient and prevent medication errors, we use bar codes and data matrix systems, conducting a fast reading by scanner. However these codes do not include information about batch and expiry dates, which are very important if we want to prevent errors. In the SFEH there’s no further stage to conduct a check.

The TDCG (Group of SFEH) leads in the implementation and development of criteria and strategies aligned with the European Commission and Spanish collaboration to AEPC (Asociación Española de Farmacéuticos de Centros de Salud, AESCS). The goal of the multidisciplinary team in design, implement and manage a therapeutic plan. In standardised and all the hospital pharmacist in conducting the process in an organised way and to ensure maximum safety of the pharmacist’s skills. Guidance on a systematic approach has been drawn up in Scotland (TDCG, 1999). This is a step-by-step approach to the pharmaceutical practice with explicit results in formulation of a pharmaceutical care plan for an individual patient, identifying potential and actual care needs and goals. The multi-disciplinary team is responsible for the whole process of the hospital pharmacy.

2. A technology system has been designed for the chemotherapy process, in order to achieve that the final product contains the medication with the right dose and quantity prescribed by the doctor, and is identified by the pharmacist for the right patient. This system uses a barcode scanner to identify all the components of the final product including name, batch and expiry, and a weighting method which takes into account the density and weight of each product. To check the dose or quantity of the medication that the technician used in the preparation, is the new system. We present this case studies of the practice traditionally in the chemotherapy, comparing results of a learning experience in a teaching hospital.

1. Auto verification of the medical prescriptions. Verification of medical orders by pharmacist is a quality requirement in any hospital and one of the most important means to ensure the safety of the medical prescriptions. Information systems and electronic medical record must support this activity. The implementation of a clinical decision support system (CDSS) is needed.

However, the criteria for auto verification of medical orders have not been standardized yet by any health organization, and it has to be build based on the experience, pharmaceutical knowledge and with the approval of the clinical and scientific community. The setting up of a committee to define the criteria of auto verification for medical orders can be a challenge that the pharmacist must face to assure clinical activities.

Upgrading the role of the hospital pharmacist in optimizing individualized pharmacotherapy

1. Developing an individualized pharmacotherapy and monitoring plans for the management of certain diseases is nowadays becoming a primary activity in hospital pharmacies. This is especially essential when aiming to improve the efficacy, safety and efficiency in the pharmacological treatment of many diseases, such as cancer and immunological disorders among others. Today, the pharmacosynoptics pharmacists expert plays an outstanding role in selecting treatments with the best risk-benefit balance for the patient. We will present one experience developed by a hospital pharmacist expert in oncology.

5. Evidence based pharmacotherapy Evaluation and Selection of new drugs in Spain has been performed at local Pharmacy and Therapeutic Committees.

GENDS working group (Greek Innovation Assessment, Standardization and Research in the Selection of Drugs) has been established as a need within the Spanish Society of Hospital Pharmacy (SFEH), establishing a collaborative environment to evaluate new drugs promoting the correct, common, participatory and transparency methodology.

Communication and development: all users from the regions in Spain are authorised responsible for managing the information of the public and professionals, has tended to unify the evaluation and selection criteria within each territory. The guidelines are issued from the experience of external experts and scientific and results and decisions of drug evaluation.

Two new national structures have been recently established working together the Drug Prices Informational Committee (CIPMH) and the Hospital Pharmacy and Therapeutic Committees (CCPT). The hospital pharmacy is playing an important role in this new scenario.

10th Congress of EAHP - Barcelona 2014

Student program: A systematic approach to pharmaceutical care – what is this about and how can it be implemented by the hospital pharmacist?

Over 20 years ago, Trudel and Trudel published a seminal paper on the philosophy of pharmaceutical care (Tru- del, 1994), defined as “an organized process of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life, which models of pharmaceutical care have evolved but generally remain a systematic process which is patient centered and patient oriented. As part of this process, the pharmacist must be in co-operation with the patient and after receiving permission of the multi-disciplinary team in design, implement and manage a therapeutic plan. It standardised and all the hospital pharmacist in conducting the process in an organised way and to ensure maximum safety of the pharmacist’s skills. Guidance on a systematic approach has been drawn up in Scotland (TDCG, 1999). This is a step-by-step approach to the pharmaceutical practice with explicit results in formulation of a pharmaceutical care plan for an individual patient, identifying potential and actual care needs and goals. The multi-disciplinary team is responsible for the whole process of the hospital pharmacy.

CONGRESS INFORMATION

The ECB - Centre de Conveivenciones Internacional de Barcelona

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Chairman: Tony Weil (United Kingdom)
Members: Dr. Valentina Frinetti (Germany), Prof. Dr. Gees Neef (The Netherlands), Mrs. Jennifer De Groot (USA)

CALL FOR ABSTRACTS

The scientific committee welcomes the submission of oral contributions from all fields of hospital pharmacy. Abstracts submitted must not have been previously published or submitted to another congress or the SFEH’s own national association.

All abstracts will be accepted for poster presentation only. The successful candidates will be invited to give an oral presentation on 26th or 27th March during the congress.

The abstracts will be reviewed by colleagues from different European countries. Accepted abstracts will be published in the official EAHP Abstract Booklet and will be also available for viewing via the EAHP website site.

Posters are encouraged to have a brief handout of their poster when presenting at the congress. Attendees are asked to “reflect on the poster” and look for “electronic handouts” after the congress. For information on submission and abstracts, please visit the following website, eahp.eu.

Deadline for submission: 16 October 2013.

Audio and Video presentations from the 19th Congress are now available via the EAHP web site www.eahp.eu. Download them, view and enjoy your favourite presentations from the 18th Congress of the European Association of Hospital Pharmacists, Paris, France, 15-13 March 2014. You may also order a CD by emailing congress@eahp.eu.

19th Congress of EAHP - Barcelona 2014

Making the difference in medication

“The innovative hospital pharmacist – imagination, skills and organisation” 26-28 March 2014, Barcelona, Spain

CONGRESS INFORMATION

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

EAPhP 2013-Barrcelona2dAnnouncement.indd
KEYNOTE 1: ACOOMPONATING INNOVATION AGAINST A BACKGROUND OF SHRINKING RESOURCES

Innovation is a driver for progress in the health care sector. Especially in Europe, problematic health care systems have been subject to innovation for many decades. Innovation efforts have often been characterized by the need to create better results at lower costs. The global crisis in economies throughout Europe has cut short a decade of innovation, but there is no reason to believe that innovation efforts will come to a standstill. One of the key challenges for health care professionals is to ensure that creative ideas are transformed into solutions that will benefit patients. This will require the continuous development of new ideas and strategies that can help to improve the quality and efficiency of health care systems.

SN2: Targeted medicines in hospital pharmacy: one problem-two views

One of the critical issues in the field of targeted drugs is the potential of targeted drugs to lead to big jumps forward in therapy, while they can also lead to significant financial challenges for patients and communities. From one side, there are those who believe that the use of targeted drugs has the potential to dramatically reduce healthcare costs in the long term, and from the other side, there are those who argue that targeted drugs are too expensive and that their use will only be a small benefit in terms of patient outcome.

SN3: Benchmarking in drug utilisation

Benchmarking hospital medicines in a peer group that could be used to affect change in prescribing patterns. The benefits of which could arguably bring about significant savings in the long term.

SN4: What is an innovative drug?

On the 28th July 2012 the European Medicines Agency (EMEA) published the first edition of its guide to innovative medicines. The guide defines an innovative drug as one that is new to a country or region, and has not been previously marketed in any other country or region. The first guide lists 127 medicines that are considered to be innovative in the European Union. The guide is intended to help healthcare professionals and patients identify innovative drugs.

SN5: How therapeutic equivalence can influence the costs of drugs

A strong competition exists in the drug market and specialist drugs. In order to get approval, a drug must show that it is safe and effective. However, it is often more expensive to develop new drugs than to manufacture existing ones. As a result, pharmaceutical companies often try to keep their prices high by limiting the availability of their products.

SN6: Reducing the drug supply chain

There is an ongoing debate about how to make the drug supply chain more efficient, to reduce costs and improve patient safety. One of the main challenges is to ensure that the correct medicines are available when they are needed. One way to achieve this is by using electronic systems to track and trace the supply chain, so that healthcare professionals can be sure that the correct medicines are being supplied.

The workshop will focus on the following topics:

- Pharmacists play an important role in managing the drug supply chain.
- They can help to ensure the safe and effective use of medicines.
- They can also help to improve the efficiency of the supply chain, by identifying areas where improvements can be made.
- They can work with other healthcare professionals to develop strategies to reduce costs and improve patient safety.

SN7: Re-engineering clinical pharmacy services

In the future, hospital pharmacy will be the context of our profession but not everything 'on the other hand! When is 'knowing enough' paralyzing helplessness that 'for sure you might not know that we are clinging to an imaginary possibility. The ethi-