

# CLausura



Sociedad Española de  
Farmacia Hospitalaria

**Conferencia de Consenso, Madrid, 10 de junio 2015**

*Dr. Miguel Ángel Calleja Hernández*



- Incrementar el estado del **conocimiento** sobre la farmacia hospitalaria
- Acciones deben incrementar el **uso adecuado y seguro** de los medicamentos
- Fomentar y promover las actividades científicas, técnicas, académicas, funcionales y docentes del farmacéutico de hospital
- **Beneficio** de los ciudadanos y la sociedad en su conjunto.

JUNTA DE GOBIERNO

SOCIEDAD

### PLANIFICAR Y DIRIGIR

Elaborar estrategia y objetivos

Establecer y gestionar alianzas

Asegurar comunicación externa

Desarrollar sistema de gestión

### CONTROLAR REDIRIGIR

CLIENTES  
necesidades

CLIENTES  
Necesidades  
satisfechas

Gestionar alta socios

Informar y facilitar participación

Generar conocimiento

Transmitir conocimiento

Formar

Asesorar

Difundir

Atender al socio

Gestionar conocimiento

### DOTARSE DE RECURSOS

Gestionar equipo humano

Proveer de recursos y servicios

Administrar recursos económicos

Desarrollar y gestionar TIC

MERCADO LABORAL

PROV. / ALIADOS



Sociedad Española de  
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# ASHP Strategic Plan January 2013

## Strategic Priorities and Goals

### Our Patients and Their Care

- Improve medication outcomes
- Advance pharmacy practice
- Help the pharmacy workforce meet patient needs
- Provide professional development
- Advocate for laws, regulations & standards that improve patient care
- Expand pharmacy practice in ambulatory & primary care

### Our Members and Partners

- Maintain a high level of member satisfaction
- Grow membership
- Support state affiliates' work to improve patient care & advance pharmacy practice
- Connect members with sections, forums & state affiliates
- Partner with stakeholders & customers
- Publish timely & innovative resources
- Improve the quality of our web resources
- Work internationally to further our mission & priorities

### Our People and Performance

- Encourage staff excellence, teamwork & innovation
- Foster staff community, empowerment & satisfaction
- Ensure a financially sound organization
- Maintain effective & energized governance
- Effectively manage organizational infrastructure
- Foster high-performance staff leadership

#### Vision

ASHP's vision is that medication use will be optimal, safe, and effective for all people all of the time.

#### Mission

The mission of pharmacists is to help people achieve optimal health outcomes. ASHP helps its members achieve this mission by advocating and supporting the professional practice of pharmacists in hospitals, health systems, ambulatory clinics, and other settings spanning the full spectrum of medication use. ASHP serves its members as their collective voice on issues related to medication use and public health.



# Our Patients and Their Care

- Improve medication outcomes
- Advance pharmacy practice
- Help the pharmacy workforce meet patient needs
- Provide professional development
- Advocate for laws, regulations & standards that improve patient care
- Expand pharmacy practice in ambulatory & primary care



Sociedad Española de  
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# PHARMACY FORECAST 2015-2019

STRATEGIC PLANNING ADVICE

FOR PHARMACY DEPARTMENTS IN HOSPITALS AND HEALTH SYSTEMS



A trends report from the Center for  
Health-System Pharmacy Leadership,  
ASHP Research and Education Foundation

DECEMBER 2014

This report covers 64 potential trends and offers 37 strategic recommendations for practice leaders. Several themes cut across two or more chapters in this edition:



Hanson RL, Habibi M, Khamo N et al.  
Integrated clinical and specialty pharmacy practice model for management of patients with multiple sclerosis. *Am J Health-Syst Pharm.* 2014;71:463-9.



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## CHANGING LANDSCAPE IN CLINICS

Slightly more than half of FPs indicated that the anticoagulation clinic volume that requires clinical pharmacists will decline by 50% over the next five years, a prediction that may relate to the increasing number of patients on newer therapies (item 5). Although clinic volume may decrease, periodic evaluation of patients on newer anticoagulants may be necessary to ensure effectiveness and safety. In contrast, administration of injectables in clinics is expected to grow, with 86% of FPs predicting that 50% growth in volume is at least somewhat likely (item 6). This prediction is consistent with the anticipated growth in specialty medications for chronic diseases such as rheumatoid arthritis and multiple sclerosis, which are primarily administered by injection.

http://www.eahp.eu/practice-and-policy/european-st ... European Statements of Ho... X

Página Seguridad Herramientas ? S

Google traductor Ver esta página en: español Traducir Desactivar para: inglés Opciones

european association of hospital pharmacists

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**European Statements of Hospital Pharmacy**

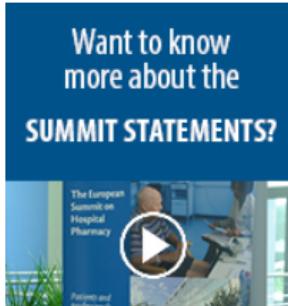
A robust set of hospital pharmacy practice standards for Europe has been agreed at an international Summit in Brussels. These standards should be met across European health systems to ensure safe, effective and optimal use of medicines in collaboration with multi-disciplinary teams. The standards were agreed at European Summit on Hospital Pharmacy (14 & 15 May 2014) that was attended by more than 100 persons.

The statements were subject to open Delphi consultation with national hospital pharmacy associations, European patient groups, doctors and nursing organisations. The same organisations then gave their final joint approval to each statement individually by a weighted voting method at the Summit event. To see participant organisations click [HERE](#) and to see the results of Summit votes click [HERE](#).

Downloaded from <http://ejhp.bmj.com/> on February 25, 2015 - Published by group.bmj.com

**Want to know more about the SUMMIT STATEMENTS?**

The European Summit on Hospital Pharmacy Patient and professional



## Editorial

# The European Statements of Hospital Pharmacy

The European Statements of Hospital Pharmacy of the European Association of Hospital Pharmacists (EAHP) are provided in the following pages. The statements express commonly agreed objectives which every European health system should aim for in the delivery of hospital pharmacy services. The statements were formulated follow-

- 1.3 Health systems have limited resources and these should be used responsibly to optimise outcomes for patients. Hospital pharmacists should develop, in collaboration with other stakeholders, criteria and measurements to enable the prioritisation of hospital pharmacy activities.
- 2.2 Procurement processes are in place in line with best practice and national legislation, and based on the principles of safety, quality and efficacy of medicines.
- 2.2 Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and the use of medicine related technologies. Responsibility for using these processes may rest with other health care professionals and may vary

## **SECTION 4: CLINICAL PHARMACY SERVICES**

- 4.1** Hospital pharmacists should be involved in all patient care settings to prospectively influence collaborative, multidisciplinary therapeutic decision-making; they should play a full part in decision making including advising, implementing and monitoring medication changes in full partnership with patients, carers and other health care professionals.
- 4.2** All prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist. Whenever the clinical situation allows, this review should take place prior to the supply and administration of medicines.
- 4.3** Hospital pharmacists should have access to the patients' health record. Their clinical interventions should be documented in the patients' health record and analysed to inform quality improvement interventions.



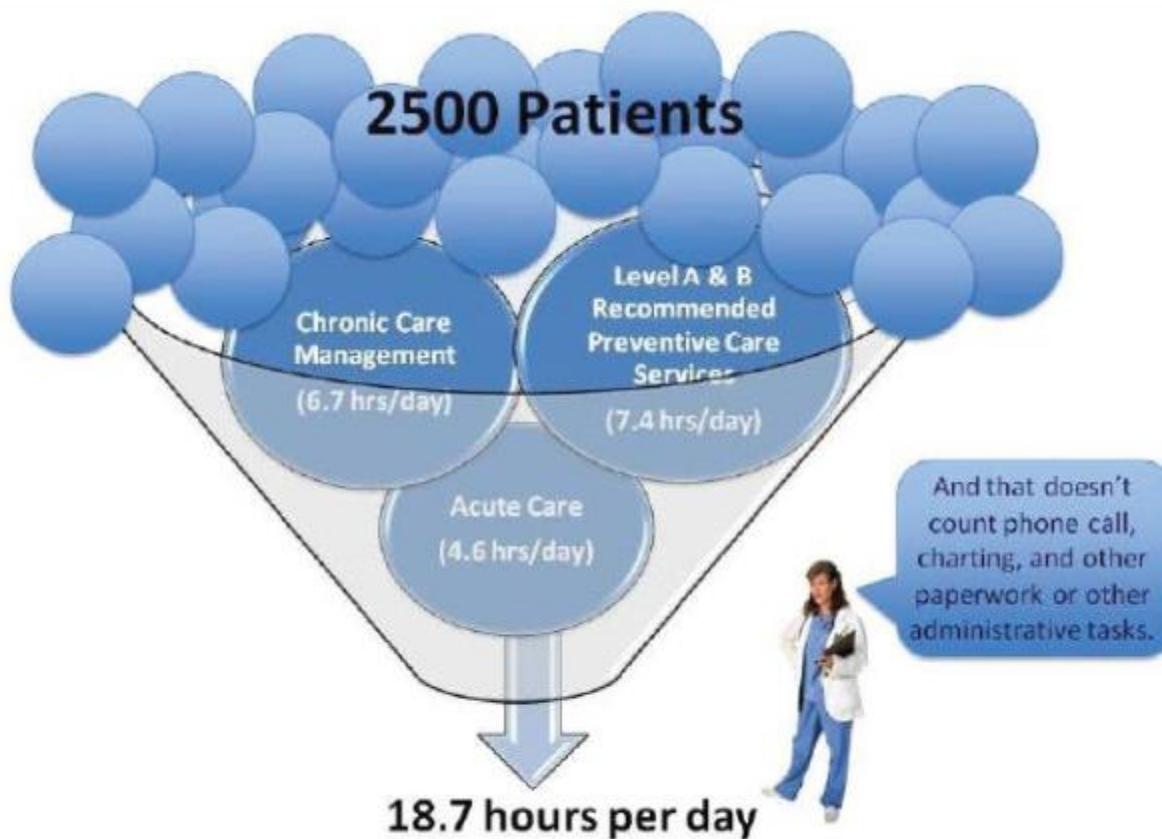


# ASHP/ASHP Foundation Ambulatory Care Summit Proceedings 2014



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Cutting panel size to 1250 = 9.35 hours per day

**Table 2.**  
**2013 National Strategy Priority Measures Important to Ambulatory Care Pharmacists<sup>22</sup>**

Measure Focus	Measure Name/Description	Baseline Rate	Most Recent Rate
Hospital readmissions	All-payer 30-day readmission rate	14.4%, based on 32.9 million admissions	14.4% based on 32.7 million admissions in 2011
Decision-making	People with a usual source of care whose healthcare providers sometimes or never discuss decisions with them	15.9%	Update available in Fall 2013
Aspirin use	Outpatient visits where adults with cardiovascular disease are prescribed/maintained on aspirin	47%	53%
Blood pressure control	Adults with hypertension who have adequately controlled blood pressure	46%	53%
Cholesterol management	Adults with high cholesterol who have adequate control	33%	32%
Smoking cessation	Outpatient visits where current tobacco users receive tobacco cessation counseling or cessation medications	23%	22%
Depression	Percentage of adults reporting symptoms of a major depressive episode in the last 12 months who receive treatment for depression in the last 12 months	68.2%	68.1% for 2011
Obesity	Proportion of adults who are obese	35.7%	Update available in 2014

**Table 3.**  
**Quality Alliances in Healthcare**

Alliance	Year Established	Healthcare Site Focus
Hospital Quality Alliance	2002	Hospitals
Ambulatory Quality Alliance	2004	Medical office practices
Pharmacy Quality Alliance	2006	Medication use
Long-Term Care Quality Alliance	2009	Extended-care facilities
Quality Alliance Steering Committee	2009	Promote alignment and synergy among the alliances

## AMBULATORY CARE SUMMIT Making the vision a reality

### Ambulatory Care Conference Educational Steering Committee

**Tim Brown, Pharm.D., BCACP, FASHP, Director, Clinical Pharmacotherapy in Family Medicine, Center for Family Medicine, Akron General Medical Center, Akron, OH**

**Jennifer A. Buxton, B.S., Pharm.D., CPP, Deputy Director, Pharmacy Services, Cape Fear Clinic, Inc., Wilmington, NC**

**Hae Mi Choe, Pharm.D., CDE, Director, Innovative Ambulatory Care Pharmacy Practices, University of Michigan, Ann Arbor, MI**

**Rachana J. Patel, Pharm.D., BCPS, BCACP, Clinical Pharmacy Specialist, Primary Care, Postgraduate Year 2 Ambulatory Care Residency Program; Director, Kaiser Permanente Colorado, Denver, CO**

**Magaly Rodriguez de Bittner, Pharm.D., BCPS, CDE, Professor and Chairperson, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy, Baltimore, MD**

**Timothy Quinn Schardt, Pharm.D., BCPS, Director, Clinical Pharmacy Services, University of Michigan, Ann Arbor, MI**

Develop a strategic plan and help others do the same.

- Share your story with physicians, nurses, healthcare executives, and all other stakeholders about how patient benefit from the ambulatory care you provide. Engage them in a dialogue about how pharmacists can help overcome the challenges of quality, access and cost that our nation's healthcare system faces. Build a sustainable business model for your services.



http://www.shpa.org.au/About

About SHPA | The Society o... x

Página Seguridad Herramientas

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The Society of Hospital Pharmacists of Australia

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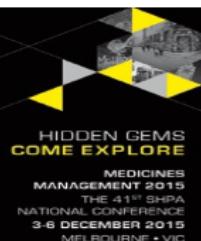
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HIDDEN GEMS  
COME EXPLORE  
MEDICINES  
MANAGEMENT 2015  
THE 41<sup>ST</sup> SHPA  
NATIONAL CONFERENCE  
3-6 DECEMBER 2015  
MELBOURNE • VIC

**ABOUT SHPA**

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for over 3,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is the only professional pharmacy organisation with a strong base of members practising in public and private hospitals and other health services.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for individual Australians, for the community as a whole and for healthcare facilities.

SHPA was established in 1941 following the pioneering efforts of 25 public hospital pharmacists from Victoria. From 1947 to 1964 other branches were developed. The inaugural meeting of the national council and first national conference were held in Adelaide in 1961. SHPA is governed by a Federal Council which is supported by Branches and Committees of Specialty Practice. All councillors and branch committee members are volunteers and are elected by the membership.

**the shpa vision:**

excellence in medicines management for better health outcomes through leading edge pharmacy practice and research

**the shpa mission:**

- Supporting the continuing professional development of our members
- Having strong membership across hospitals and all quality use of medicines settings
- Partnering with key medicines stakeholders
- Advocating for the safe and effective use of medicines across the continuum of care

**Member Login**

Member number

Password

**LOGIN**

[Forgotten your login details?](#)

[Join SHPA.](#)

[Buy online courses](#)

**News**

- SHPA concerned about lack of detail and patient focus in 6CPA  
SHPA believes the 6CPA should be patient-focused and facilitate patients' access to services that improve medication use and patient care, including reducing admission to hospital. These services must be targeted at those most in need.
- Medication review skills in primary care seminar  
15-16 August 2015, Brisbane, Qld.  
Featuring Dr Chris Freeman, Dr Geraldine Moses and Debbie Rigby, this seminar will help you build on and apply your clinical skills in primary care.
- Choosing Wisely Australia favours treatments and tests

ES 21:41 09/06/2015

http://www.ukcpa.net/about/business-plan-2010-2011 Business plan 2010 – 2015 | ...

Página Seguridad Herramientas Página Seguridad Herramientas

 United Kingdom Clinical Pharmacy Association

HOME ABOUT UKCPA JOIN UKCPA LEADERSHIP RESEARCH GRANT EVENTS NEWS RESOURCE CENTRE AWARDS CONTACT US

ACTIVITY MEMBERS GROUPS FORUMS

UKCPA » About Us » Business plan 2010 – 2015

Topics Search

## Business plan 2010 – 2015

UKCPA develop and define a business plan every five years, which outlines how we will achieve our objectives. This is reviewed and monitored yearly at the annual Business Planning meeting.

To see this information in PDF format, please click [here](#).

**Key area: Education, training and professional development support**

**Provide a practitioner-led credentialing system for advanced and specialist practice**

Action: Provide services and support for credentialing for practitioners via the Specialist groups

Action: Provide member support through national groups or consortia of specialisms

To start connecting please log in first.

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PARTNERS

 ROYAL PHARMACEUTICAL SOCIETY PARTNER

21:43  
09/06/2015



2020

Hacia el futuro, con seguridad

Sociedad Española de Farmacia Hospitalaria



Sociedad Española de  
Farmacia Hospitalaria



**4. Incrementar la participación del farmacéutico en la optimización de la farmacoterapia individualizada.**

4.4. En el 100% de los hospitales, el farmacéutico proporcionará atención farmacéutica continuada a los pacientes externos a los que se dispensa medicación en los servicios de farmacia.

**1. Incorporar las nuevas tecnologías para que permitan mejora la organización y calidad del servicio de farmacia, así como la seguridad y cuidado integral en el proceso farmacoterapéutico del paciente**

1.3. El 80% de los hospitales dispondrán, de sistemas automatizados de almacenamiento y dispensación de medicamentos en el servicio de farmacia.

1.5. El 80% de los hospitales dispondrán de un sistema, integrado en la historia clínica, para el registro de la administración de medicamentos, que incluya bases de datos de apoyo a la administración.

1.6. En las unidades, donde se administran medicamentos de alto riesgo, se dispondrá al menos de un sistema de verificación por código de barras, radiofrecuencia o similar, que en el momento de la administración compruebe paciente / medicamento y garantice en todo momento la correcta administración.





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## *Proyecto MAPEX: Mapa estratégico de Atención Farmacéutica al Paciente Externo*

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# Mapa estratégico de Atención Farmacéutica al paciente externo

[QUIÉNES SOMOS](#) [EL PROYECTO](#) [CRONOGRAMA](#) [DOCUMENTACIÓN](#) [MEDIATECA](#) [CONTACTO](#)





# Mapa estratégico de Atención Farmacéutica al paciente externo

QUIÉNES SOMOS EL PROYECTO CRONOGRAMA DOCUMENTACIÓN MEDIATECA CONTACTO

## CRONOGRAMA

La duración estimada del proyecto es de un año llevándose a cabo su finalización a finales de 2015



Miguel Angel

(14) Correo Corporativo :: Proyecto Mapex

www.sefh.es/mapex/

Aplicaciones TB\_CAL

Diseñar un **observatorio** que permite hacer **seguimiento** del desarrollo de las iniciativas surgidas del proyecto así como de los resultados de salud obtenidos en la implantación de los modelos para patologías concretas, propiciando de esta manera la mejora continua.

**EL PROYECTO**

La SEFH quiere establecer el marco y las actuaciones que permitan a los farmacéuticos especialistas en farmacia hospitalaria anticiparse a las necesidades de los pacientes externos.

> conocer el proyecto

**CRONOGRAMA**

Proxima reunión del proyecto.

> 10 junio 2015:  
Conferencia de Consenso del proyecto Mapex.

> ver el cronograma completo

**DOCUMENTACIÓN**

Disponible próximamente...

Después que se celebre la Conferencia de Consenso del proyecto Mapex.

> aceder a toda la documentación

**MEDIATECA**

Disponible próximamente...

Después que se celebre la Conferencia de Consenso del proyecto Mapex.

> Explorar la mediateca

Compañías patrocinadoras:



Bristol-Myers Squibb



NOVARTIS



Compañías colaboradoras:



# Mapa estratégico de Atención Farmacéutica al paciente externo

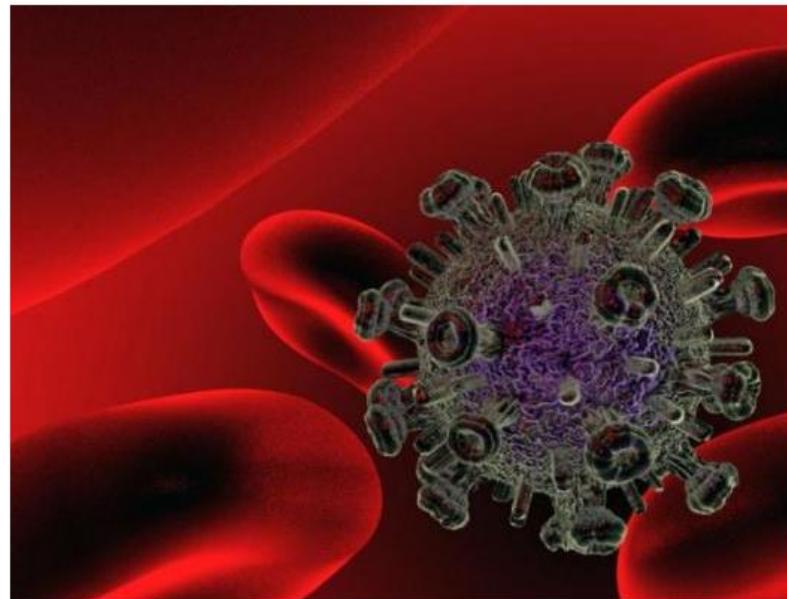
Copyright © 2015 Mapa estratégico de atención farmacéutica al paciente externo  
Desarrollado por ESM Consulting





- Estándares de calidad. Estructurales, formativos y RRHH
- Aumento actividad UPE. Cambio de organización Servicios. ACTIVIDAD ASISTENCIAL.
- Medicina personalizada
- Nuevas formas de financiar el medicamento.
- RWE y Big Data
- Nuevos fármacos en el futuro.

## Un estudio confirma que es posible simplificar el tratamiento del VIH con la misma eficacia



09 de junio de 2015 12:45



Concurso Participa! f

Nuevo sorteo, Krissia, esta vez, gracias a Krissia.

TEVA

Nuestra empresa es impulsar tu empresa

compromiso  
con la farmacia  
hospitalaria

Publicación ON-LINE

imFarmacias

Revista para el farmacéutico dirigida al canal farmacias

### Artículos recomendados

Roche

Las investigaciones con terapias anti-células B se

[www.immedicohospitalario.es](http://www.immedicohospitalario.es)

Podemos proponer ampliar el



# PACIENTE EXPERTO 2.0.

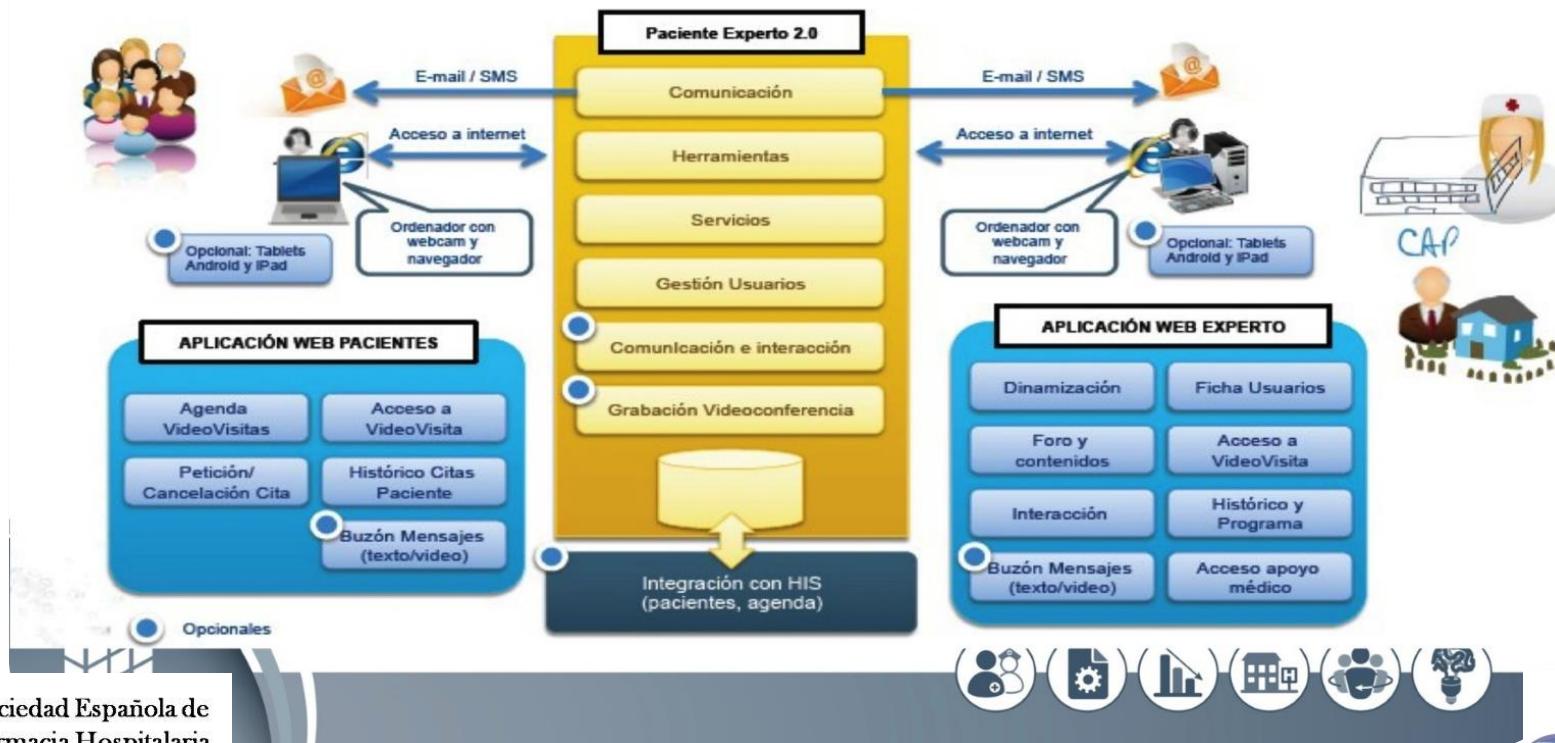
## Proyecto de incorporación a una consulta de Atención Farmacéutica a pacientes con patologías víricas



### Descripción del proyecto (a modo de metodología)

Fase 1. Desarrollo de la plataforma de pacientes 2.0

#### Arquitectura de la plataforma 2.0



- » Grupos de Trabajo Finalizados
- » Grupo de Minoritarias
  - › Plataforma Minnet
- » Reglamento Grupos de Trabajo
- » Creación Grupos de Trabajo
- » Publicación en Destacados

## Grupos de Trabajo



Fundación Española  
de Farmacia Hospitalaria

## Acceso a Grupos de Trabajo



2020



ADHEFAR



Atención  
Farmacéutica al  
Paciente VIH



Atención  
Farmacéutica  
Enfermedades  
Infecciosas



Cronos



Ensayos  
Clínicos de la  
SEFH



ETHOS



Farmacocinetica



Farmacotecnia



FASTER



GEDEFO



GEFP



GEGASME



GENESIS



GEPEM



GHEVI



Hemoderivados



Nutrición



OrPhar-SEFH



Productos  
Sanitarios



TECNO

## Calendario de Eventos

Febrero 2015



6:41  
26/02/2015



Sociedad Española de  
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**TU MEDICACIÓN. TU SALUD. TU VIDA.**

## DÍA DE LA ADHERENCIA E INFORMACIÓN DE MEDICAMENTOS

15 de NOVIEMBRE del 2014



Consejos que te pueden ayudar en la toma  
de los medicamentos



Sociedad Española de  
Farmacia Hospitalaria



GOBIERNO  
DE ESPAÑA

MINISTERIO  
DE SANIDAD, SERVICIOS SOCIALES  
E IGUALDAD



Sociedad Española de  
Farmacia Hospitalaria



# ¿SABES CÓMO FACILITAR LA TOMA DE TU TRATAMIENTO?... ¡Planifica tu Tratamiento!

En los hospitales los farmacéuticos estamos cerca de ti, a tu disposición.

TE AYUDAREMOS A PLANIFICAR TU TRATAMIENTO.  
PREGÚNTANOS!!

HOJA DE TRATAMIENTO  
CON TABLA HORARIA



## RECUERDA

¡HAY UN FARMACÉUTICO EN TU HOSPITAL!  
PREGÚNTALE POR TU MEDICACIÓN,  
SEGURAMENTE TE PUEDE AYUDAR.



## 6.2.1.- Desarrollar un plan de formación continua y capacitación ligado a competencias para determinadas áreas.

### FORMACIÓN DE POSTGRADO Y PROMOCIÓN DEL DOCTORADO CON DIRECCIÓN FACILITADA POR LA SEFH

Nº ALUMNOS INSCRITOS	569
DEA/TIT/Proyectos Fin de Master	514
Tesis Doctorales definidas	54
Nº Convenios SEFH – Universidad	9
Nº Hospitales	312
Factor de Impacto Acumulado	578
Tesis por publicaciones	7
Tesis en desarrollo	45

2009

2015

PEX: 21



JUNTOS, LLEGAMOS MÁS LEJOS



Sociedad Española de  
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AGENDAS PERSONALIZADAS

INFORMES EN HISTORIA CLÍNICA

HOSPITAL EN DOMICILIO DEL PACIENTE



Sociedad Española de  
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## GESTIÓN DEL CONOCIMIENTO:

Estrategia global de gestión del conocimiento que cubrirá las necesidades individuales de todos los stakeholders.

- Formación continua a los socios; más integral y diversificada.
- Organización de actividades tanto a nivel externo (congreso, simposium, jornadas, ...) como interno (Reuniones de zona).
- La revista como soporte referente de apoyo para los profesionales sanitarios.
- Formación integral a pacientes y cuidadores.



Preparar la organización para afrontar los nuevos retos, basando la estrategia en maximizar el valor de nuestros socios convirtiéndose así en un referente para los profesionales sanitarios. Se trata de un plan global centrado en las personas.

**ORGANIZACIÓN:** Preparar la organización para afrontar nuevos retos.

- Dotar de una estructura organizativa orientada a una gestión eficaz
- Garantizar la sostenibilidad económico-financiera
- Implantar un plan de comunicación y una infraestructura ágil y tecnológicamente sofisticada que apoye al logro de los objetivos de la SEFH.



**PROFESIONALES SANITARIOS:** Convirtiéndose en un referente para los profesionales sanitarios.

- Asegurar el liderazgo científico - técnico.
- Colaborar con otros agentes para alcanzar objetivos comunes.
- Internacionalizar la SEFH.



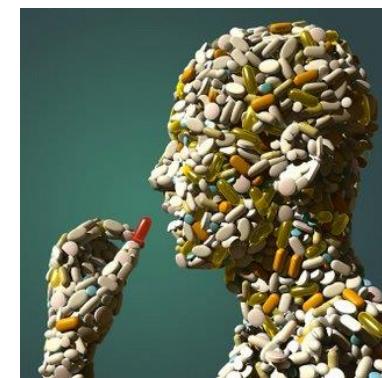
**SOCIOS:** Basando la estrategia en maximizar el valor de nuestros socios.

- Implicar a los socios y estimular su participación activa,
- Aumentar la cartera de servicios de valor para los socios
- Cubrir las necesidades individuales de los socios en todas las etapas de su carrera.
- Crear y mantener una red de contactos que facilite las relaciones profesionales.
- Potenciar la investigación.

**PACIENTES Y SOCIEDAD:** Un plan global centrado en las personas.

- Promover la máxima calidad en la práctica asistencial.
- Perseguir la Sostenibilidad del Sistema Sanitario reconociendo disparidades sanitarias.
- Trabajar la percepción pública de los farmacéuticos de hospital.
- Desarrollar alianzas con Asociaciones de Pacientes y otros stakeholders.

## 5 EJES ESTRATÉGICOS





# CLausura



Sociedad Española de  
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**Conferencia de Consenso, Madrid, 10 de junio 2015**

*Dr. Calleja Hernández*