The Spanish Society of Hospital Pharmacy (SEFH) has developed a strategic plan for the year 2020 with the aim of improving hospital pharmacy practice and healthcare system services. Strategic lines focused on improving the efficiency and safety in the use of medication.

Technologies in the process of medication use

1. Medication use is one of the main problems to be solved by health systems and pharmacy services. There is a lot of evidence about errors rates in each step of the process of medication use. Except in the administration stage, errors stage is considered the most avoidable by the succeeding stage. For this reason the administration is the critical safety point.

Currently, to identify better the patient and prevent medication errors, we use bar code and data matrix systems, conducting a first reading by scanner. However these codes do not include all information about drugs and are also prone to failure in the system- there is no further stage to conduct a check.

The TECNO Group of SEFH, leads in the implementation and development of colour and strategies about traceability in the chemotherapy process of hospital pharmacies. TECNO Group is working with the association AECOC (Asociación Española de Coordinación Comercial) to accomplish codified GS1 health care standardization. The methodology and precedents of this research will be presented.

2. A traceability system has been designed for the chemotherapy process. In order to identify the final product contains the medication and the dose prescribed, it is identified by the doctor and dated by the pharmacist for the right patient. This system uses a barcode scanner to identify all the components of the final product including names, batch and expiry, and a weighing method which takes into account the identity of each product, to check that the dose of the medication that the technician has used in the preparation is the right one. We present case studies of the practice of traceability in the chemotherapy compound process of a teaching hospital.

3. Auto verification of the medical prescription. Verification of medical orders by pharmacist is a quality requirement in any hospital and one of the most important tools to ensure the safety of the medical prescriptions. Information systems and electronic medical records must be linked to clinical decision-support system (CDSS) is needed. However, the criteria for auto verification of medical orders have not been stabilised yet by any health organization, and it has to be built based on the experience of pharmacists knowledge and with the approval of patients and healthcare professionals. The TECNO group of SEFH has designed a study in collaboration with AECOC to establish the criteria of auto verification for medical orders can be a challenge that the pharmacist must face to optimum clinical activities.

Upgrade the role of the hospital pharmacist in optimizing individual patient’s therapy.

4. Developing an individualised pharmacotherapy and monitoring plan for the management of certain diseases is nowadays becoming realistic in some of the chronic conditions. The pharmacist has a fundamental role when acquiring the efficiency, safety and efficacy in the pharmaceutical treatment of many diseases, such as cancer and immunological disorders among others. Today, the computer-based pharmacists expert plays an outstanding role in selecting treatments with the best risk-benefit balance for individuals. We will present one experience developed by a hospital pharmacist in oncology.

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

Currently, there are several structures that have recently been established working together the DrugPrices and Clinical Results and decisions of drug evaluation. AECOC working group (Group for Innovation Assessment, Standardisation and Research in the Selection of their poster when presenting at the congress, and/or their poster will be published in the official Abstract Book and will be reviewed by colleagues from the congress. The abstracts will be accepted for poster presentation only. The best abstracts will be selected to give an oral presentation in 20th or 27th March. The winners will be announced at the closing ceremony on 28th March 2014. Winners must present to win.

CANCELLATION POLICY
Cancellation of individual or group registrations received before 1 January 2014 will be refunded (less 5% processing fee and bank and administration charges per participant). For groups a maximum of 15% of the Registrations may be cancelled before 1 January 2014 (less 10% per registration, bank and administration charges per participant). No refunds will be made after this date but substitution is always accepted. All cancellations or changes must be in writing to EAHP, email registrations@eahp.eu.

OFFICIAL CONGRESS LANGUAGE : ENGLISH

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

EAHP appreciates the continued support of: Amgen & Bayer HealthCare, Platinum Partners – Pfizer, Corporate Partner

The European Association of Hospital Pharmacists (EAHP) represents more than 12,000 hospital pharmacists and 80 national hospital pharmacist associations in 34 European countries and is the only association of national organisations representing hospital pharmacists at European and international levels.
KEYNOTE 1: ACCOMMODATING AN INCREASED BACKGROUND OF SHRINKING INCOME TO THE HEALTHCARE SECTOR 

Innovation is a drive for progress in the health care sector: increasing efficiency, reducing costs, and making care accessible to more patients. The global crisis in the economies of European countries has cut public budget allocations for healthcare, shrinking the healthcare budget. In the last decade, several countries have moved from a universal health coverage model to a system of co-payment, with patients paying a percentage of the cost of their medications. This trend has been particularly pronounced in countries with high levels of government debt, such as Greece, Spain, and Italy. Many decisions have been taken in a piecemeal manner, without a comprehensive strategy, often in reaction to specific crises, leading to a fragmented and inefficient system of healthcare delivery. In some countries, the government has taken over the running of hospitals, with limited success. In other cases, the government has reduced the number of healthcare providers, leading to longer waiting times for patients. The current financial crisis has highlighted the need for a new approach to healthcare financing, one that is more sustainable and equitable. The key challenge is to find a balance between access to care and affordability of healthcare services. This can be achieved through a combination of strategies, including the introduction of value-based purchasing, the use of的大胆 della voce care bundles, and the development of new payment models, such as capitation, which can help to control costs while improving quality. In addition, the development of innovative technologies and the use of data analytics can help to identify cost savings and improve patient outcomes. The key is to focus on outcomes, rather than inputs, in order to achieve better value for money. The key is to focus on outcomes, rather than inputs, in order to achieve better value for money.

KEYNOTE 2: THE HOSPITAL PHARMACIST 2020: A CHANGED PROFESSION

The role of the hospital pharmacist has changed over the last two decades. In response to pressures to reduce costs and improve efficiency, hospital pharmacies have become more involved in the management of drugs, with hospital pharmacists playing a key role in the development of clinical pathways, the management of drug shortages, and the implementation of new technologies. As a result, hospital pharmacists have become more involved in the decision-making process, with a greater role in the development of clinical pathways. This has led to a greater focus on outcomes, rather than inputs, in order to achieve better value for money. The key is to focus on outcomes, rather than inputs, in order to achieve better value for money.

KEYNOTE 3: KNOWLEDGE MANAGEMENT IN TIMES OF CHANGING PATIENT EXPECTATIONS

In recent years, there has been a significant increase in the demand for knowledge management in healthcare. The development of electronic health records, the increasing use of clinical decision support software, and the proliferation of clinical guidelines have all contributed to the need for effective knowledge management. This has led to the development of new tools and techniques, such as knowledge management systems, which can help to improve the quality and efficiency of healthcare delivery. The key is to focus on outcomes, rather than inputs, in order to achieve better value for money. The key is to focus on outcomes, rather than inputs, in order to achieve better value for money.