MED SYKEHUSFARMASIEN INN I FRAMTIDEN

Norske Sykehusfarmasøyters Forening

Tid: 8. mars 2018 kl. 08.30 - 17.00

Sted: Park Inn by Radisson Oslo Airport, Gardermoen

For hvert innlegg finner du informasjon om hvilke av EAHPs målsetninger for sykehusfarmasi innlegget omhandler. De aktuelle målsetningene er beskrevet under programmet.

Deltagelse på arrangementet kvalifiserer til 4,5 FEVU-poeng.

Kl. 08.30 - 08.50	**NSF for nye medlemmer** *v/ Håvard Kirkevold, leder for Norske Sykehusfarmasøyters Forening*
Kl. 08.50 - 09.00	Pause
Kl. 09.00 - 09.10	**Velkommen** *v/ Håvard Kirkevold, leder for Norske Sykehusfarmasøyters Forening*
	EAHP Academy Seminar
Kl. 09.10 - 09.30	Hospital Pharmacy Practice Research – Scientific Quality *Renate Elenjord, Sykehusapotek Nord* *Katerina Nezvalova-Henriksen, Sykehusapotekene Oslo* (1.2-1.3, 6.1-6.5)
Kl. 09.30 - 09.50	Antibiotic Stewardship for Beginners Jeanette Schultz *Johansen, Sykehusapoteket i Tromsø* *Nina Bjerknes, Sykehusapoteket i Drammen* (1.3, 1.5, 1.6, 1.7, 2.2, 2.3, 2.7, 4.1-4.6 and 5.2)
	Nye kommunikasjonsløsninger
Kl. 09.50 - 10.10	Virtuelle legemiddelgjennomganger - Innovasjonsprosjekt ved Sykehusapotekene i Midt-Norge *v/ Kristin Midtdal, Sykehusapotekene i Midt-Norge* (4.1, 4.2, 4.6, 4.8)
Kl. 10.10 - 10.30	Pause
Kl. 10.30 - 11.10	Erfaring med bruk av «Skypefarmasøyt» ved nettapotek i Danmark. *v/Susanne Bendixen, Sønderbro Apotek i København.* (5.1, 5.2, 5.5, 5.9)
Kl. 11:10 - 11:30	EUs Forfalskningsdirektiv – Hva skjer i sykehusapotekene 9. februar 2019? *v/ Helge Ovesen, Sykehusapoteket i Trondheim* (5.5, 5.6, 5.11)
Kl. 11.30 - 12.30	Lunsjpause
	Persontilpasset medisin
Kl. 12.30 - 13.00	3D-printing av legemidler – framtiden i apotek *v/ Ingun Tho, Seksjon for farmasi, Farmasøytisk Institutt, Universitetet i Oslo* (3.2, 3.4, 5.1, 5.11)
Kl. 13.00 - 13.30	Må fremtidens farmasøyt vite like mye om pasienten som om legemiddelet? *v/ Hege Christensen, Seksjon for farmasøytisk biovitenskap, Farmasøytisk Institutt, Universitetet i Oslo* (4.1, 4.8, 5.1, 5.5, 5.6)
Kl. 13.30 - 14.00	Helseforståelse og egenmestring– hva er det og hvorfor er dette viktig i legemiddelinformasjon og når vi skal videreutvikle pasientrettede tjenester? *v/ Astrid Austvoll Dahlgren, Folkehelseinstituttet* (4.1, 4.6, 4.7, 4.8)

Kl. 14.00 - 14.15	Pause
Kl. 14.15 - 15.45	Hvordan kan vi tilpasse behandlingen for pasienter som ikke ønsker å etterleve behandlingen? Innledning og gruppediskusjon *v/ Hilde Frøyland, Diakonhjemmet Sykehusapotek* (4.1, 4.6, 4.7, 4.8)
Kl. 15.45 - 16.00	Pause
Kl. 16.00 - 16.45	**Avansert terapi – hva er det og hvor skal de produseres?** Avansert terapi, godkjenning og bruk av terapier og godkjenning av produksjonssted. *v/ Rune Kjeken, Statens legemiddelverk* (3.4, 5.2, 5.11, 6.2, 6.3, 6.4)
Kl. 16.55 - 17.00	**Avslutning** *v/ Håvard Kirkevold, leder for Norske Sykehusfarmasøyters Forening*

Programmet for fagdagen er knyttet til følgende målsetninger for sykehusfarmasi fra European Association of Hospital Pharmacists (EAHP) (www.statements.eahp.eu)

Section 1: introductory statements and governance

1.2 At a European level, 'Good Hospital Pharmacy Practice' guidelines based on the best available evidence should be developed and implemented. These guidelines will include corresponding human resources and training requirements and assist national efforts to define recognized standards across the scope and levels of hospital pharmacy services.

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.

1.5 Hospital pharmacists should work with all relevant stakeholders to develop hospital pharmacy human resource plans covering the breadth of hospital pharmacy practice. These should be aligned to engage hospital pharmacists as supervisors in all steps of all medicine use processes to meet health needs and priorities across public and private sectors that optimise medicines use and patient outcomes.

1.6 Hospital pharmacists should take the lead in coordinating the activities of multi-disciplinary, organisation-wide Drug & Therapeutics Committees or equivalent. They should have appropriate representation as full members of these Committees which should oversee and improve all medicines management policies.

1.7 Hospital pharmacists must be involved in the design, specification of parameters and evaluation of ICT within the medicines processes. This will ensure that pharmacy services are integrated within the general Information and Communication Technology (ICT) framework of the hospital including electronic health (eHealth) and mobile health (mHealth) procedures.

Section 2: selection, procurement and distribution

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 according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care.

2.3 Hospital pharmacists should coordinate the development, maintenance and use of a medicines formulary system, which may be local, regional and/or national. The medicine formulary system should be linked to guidelines, protocols and treatment pathways based on the best available evidence including patient outcomes and pharmacoeconomic evaluations where these are available.

2.7 Hospital pharmacists should be involved in the development of policies regarding the use of medicines brought into the hospital by patients.

Section 3 – Production and compounding:

3.2 Medicines that require manufacture or compounding must be produced by a hospital pharmacy, or outsourced under the responsibility of the hospital pharmacist.

3.4 Hospital pharmacists must ensure that an appropriate system for quality control, quality assurance and traceability is in place for pharmacy prepared and compounded medicines.

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.

4.6 Hospital pharmacists, as an integral part of all patient care teams, should ensure that patients and carers are offered information about their clinical management options, and especially about the use of their medicines, in terms they can understand.

4.7 Hospital pharmacists should inform, educate and advise patients, carers and other health care professionals when medicines are used outside of their marketing authorisation.

4.8 Clinical pharmacy services should continuously evolve to optimise patients' outcomes.

Section 5 – Patient Safety and Quality Assurance:

5.1 The "seven rights" (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines-related activities in the hospital.

5.5 Hospital pharmacists should help to decrease the risk of medication errors by disseminating evidence-based approaches to error reduction including computerised decision support.

5.6 Hospital pharmacists should identify high-risk medicines and ensure appropriate procedures are implemented in procurement, prescribing, preparing, dispensing, administration and monitoring processes to minimise risk.

5.11 Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy.

Section 6 – Education and Research:

6.2 All those involved in medicines use processes must be able to demonstrate their competency in their roles. Hospital pharmacists should participate in the development of European-wide competency frameworks to ensure standards of best practice are met.

6.3 A European-wide framework for initial post graduate education and training in hospital pharmacy with an assessment of individual competence is essential. In addition, hospital pharmacists should engage in relevant educational opportunities at all stages of their career.

6.4 Hospital pharmacists should actively engage in and publish research, particularly on hospital pharmacy practice. Research methods should be part of undergraduate and postgraduate training programmes for hospital pharmacists.