adherence to the guidelines: it is fundamental continuing the training of the staff to achieve the required standard. Among the objectives for 2013, another audit with a modified checklist list will be performed, involving a greater number of health care professionals.

No conflict of interest.

**Application of Failure Mode and Effect Analysis on the Prescribing and Transcribing Processes in the Distribution Unit Dose System**

**Purpose**

1. To describe FMEA as a method to identify weaknesses in the process of prescription and transcription of medical orders.
2. To isolate the key steps according to their risk priority number (Rpn).
3. To report the steps taken.

**Materials and Methods**

A multidisciplinary study group was assembled. Possible errors in the prescription/transcription workflow were identified and classified according to their RPN score (calculated by multiplying the severity, occurrence, and detection). Strategies for improvement were established.

**Results**

Errors in the prescription were classified as follows:
2. Clinical and laboratory data checkout.
3. Treatment conciliation.
4. Allergies.
5. Verbal prescription.
6. Handwritten prescription.

**Conclusions**

Further efforts and pharmacy policies should focus on the identification of the staff to achieve the required standard. Among the objectives for 2013, another audit with a modified checklist list will be performed, involving a greater number of health care professionals.

**References**


No conflict of interest.

**Assessment of Compliance and Avoided Costs After Implementation of Guidelines for Candida Infection Treatment and Invasive Fungal Infections in Non-Haematology Patients**

**Background**

The recent marketing of new high-cost antifungal agents (echinocandins and azoles) requires the design of cost-effective treatment protocols.

**Purpose**

A new treatment guide for candidaemia and other invasive fungal infections for non-haematology adult patients was approved in June 2011. The main objective was to evaluate the cost reduction by introducing this protocol in a 737-bed University Hospital serving a population of more than 400,000 inhabitants.

**Materials and Methods**

A retrospective observational study between June and December 2011. We reviewed the medical records of patients whom were prescribed antifungal treatment during that time and we assessed the adjustment to the approved treatment guidelines. To quantify the avoided costs we extracted consumption data and costs of antifungals from the pharmacy service.