Purpose To report the introduction of a gravimetric process of weighing to encourage its future implementation and increase the quality and safety in the preparation of parenteral nutrition (PN).

Materials and Methods In order to standardise the gravimetric control of PN, a protocol was developed by the nutrition unit. The quality of the PN preparation was established by calculating the accuracy (the mean of the error in the gravimetric analyses (EGA)) and precision (square root of the mean square of the EGA) and the alert limits were set at ±5%.

The first step was to determine the densities of the components of the PN and update the parenteral nutrition programme. The PN labels were modified to show the theoretical weight of the PN and the maximum and minimum limits allowed.

Results One strategy established for the quality control of the final product was to compare the final weight of the product with the volume and the density calculated for each component.

In the first 67 days 150 parenteral nutrition mixtures were made in the neonatology department. The average theoretical weight was 323.68 g (±236.04) and the average measured weight was 323.45 g (±259.94).

The mean difference of the actual weight versus the theoretical weight was 2.8% (±0.04).

Conclusions Gravimetric analysis is a strategy to check the accuracy and precision in PN and complements the quality assurance processes normally used to regulate the preparation.

No conflict of interest.

**GRP-091** IMPLEMENTATION OF KEY PERFORMANCE INDICATORS IN CYTOTOXIC COMPOUNDING UNITS
doi:10.1136/ehjpharm-2013-000276.091

**Background** The Capital Region Hospital pharmacy prepares more than 90,000 bags of cytotoxic treatments a year. There has been no tradition in the pharmacy of systematically monitoring essential parameters in the productions units. Because of an increasing need for treatments on the wards, the delivery time for cytotoxics went up to 5 hours, resulting in complaints from patients. The number of products that were rejected was very high. In 2010, the cost of rejected products was more than €200,000. Analysing and addressing root causes when nonconformities arose could take up to one year.

**Purpose** To reduce production time and make it more stable while improving quality and reducing costs.

**Materials and Methods** Three Key Performance Indicators (KPIs) were introduced: Delivery, Rejects and GMP non-conformities, in order to ensure a stable, short production time and a constant focus on cost and product quality. The three KPIs are continuously monitored and posted on boards in the production area. The KPIs are discussed with the staff in weekly meetings.

**Results** Overall delivery time has been reduced. 75% of patients are now waiting less than 1½ hours and 90% of the pre-ordered treatments are delivered on time.

1. The number and types of rejects are now known. The goal is to reduce the value of rejects by 15% in 2012.
2. Processing time for non-conformities is now a maximum of 21 days.

**Conclusions** By defining the relevant KPIs, and having an ongoing dialogue with employees about the KPIs, it has been possible to significantly increase awareness among the employees of the overall performance of the production process. The increased awareness has resulted in a significantly improved performance that provides value for our patients.

No conflict of interest.