Results After analysing the new offers, provider B proposed separate needle references for cytological and histological diagnostic and for therapeutic drainage. Conversely, supplier A offered three sizes of the same model allowing these three functions. Finally, supplier C was not selected because of its higher quotation without any particular technical advantage. Subsequently, three specimens from A and B were evaluated on six patients.

These trials revealed four criteria differentiating needles A and B: quality of packaging, echogenicity, penetration of the needle and quality of the sample. Indeed, needle A displayed soft packaging offering a lesser protection, a lesser echogenicity and a lower sampling quality despite better penetration. The responsible gastroenterologist, aiming to use this technique mainly for diagnosis, therefore chose the needles of supplier B. The final marks were 16,56/20 for supplier B, 16,19/20 for supplier C and 16,00/20 for supplier A.

Conclusion The difference in the quality of the samples may be linked to needle B fenestration which allows the obtaining of a larger core at the expense of a weakening of the needle, and a decrease in the case of penetration. Thanks to a tight partnership with the medical team during these tests, pharmaceutical involvement helped to optimize the sourcing of a new product and the deployment of a new activity.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

2SPD-018 AUDIT ON THE MANAGEMENT OF PERSONAL TREATMENT OF PATIENTS AT THE HOSPITAL

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Background The management of personal medical treatments of patients hospitalised in health facilities follows regulatory requirements. Failure to respect these requirements may result in iatrogenesis, with sometimes severe consequences for the patients. According to the High Authority of Health, not taking into consideration the personal treatment might lead to administrative mistakes which represent more than 57% of reported medication errors. In order to prevent these errors, a procedure and a technical data sheet have been designed to assist caregivers in the management of these medical treatments.

Purpose The objective is to evaluate the caregiver's level of knowledge of which documents in order to suggest ways of improvement.

Material and methods This audit has been realised in order to assess how the medical staff follow these technical data sheets. The audit has been performed by a pharmacist student during 2 months, in eight randomly chosen services. An audit grid including 15 evaluated criteria was used.

Results For this audit, 138 hospitalised patients were followed. At the time of their hospitalisation, 83.7% of the patients had personal treatment at home. Only 18.7% of these patients had their personal treatments prescribed in the hospital's computer software. Regarding the management of these treatments, 47% of the wards had removed the personal treatment at the hospitalisation of the patients, and 38% identified and stored the treatments in a specific and secure place as indicated in the procedure.

Seventy per cent of the patients actually took their treatment, while this fact had not been indicated in the prescription software by the responsible doctor. Regarding leaving the hospital, out of 10 outgoing patients, 54% left with a prescription including the updated personal treatment.

Conclusion This audit allowed us to identify several problems, the lack of knowledge of the documents and insufficient training on computer software of the medical staff. Improvements are now being developed through communication campaigns concerning the data sheet and through training on the prescription software. A future assessment will be conducted to verify that the actions taken have had a positive effect.

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No conflict of interest.

2SPD-019 EVALUATION OF THE INTRODUCTION OF A MEDICAL DEVICE FOR MECHANICAL INDUCTION OF LABOUR IN WOMEN WITH UNFAVOURABLE CERVIX

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Background Multiple pharmacological, mechanical and complementary methods are available to induce labour. and data from the literature suggest that most interventions have similar utility, differing mainly in cost. The decision to apply different techniques is linked to the availability of pharmacological treatments and medical devices at the centre. To introduce mechanical induction of labour with the cervical ripening balloon (CRB), a pilot test was conducted to locally assess the need and the feasibility of the new technology.

Purpose The objective is to evaluate the introduction of CRB at the centre.

Material and methods A clinical pilot test was conducted to compare CRB to the pharmacological method already used at the centre (slow-release vaginal PGE2 insert, Propess). The two induction methods were tested during 6 months in the delivery room (March to August 2018). Patients included were women with intact or ruptured membranes, at different gestational ages, with low (<3) Bishop score. The success of induction was defined as achievement of uncomplicated vaginal delivery. The number of vaginal deliveries within 24 hours and of caesarean sections were investigated and compared for both methods. Economic consequences for both methods were analysed.

Results A total of 56 patients were included in two groups, homogeneous for indications to induction and obstetric characteristics. The success of induction was comparable in the two groups. The time needed to achieve delivery by the vaginal route was on average longer with CRB (25%>24 hours) than with Propess (7%>24 hours), ($p<0.05$). Caesarean sections were comparable in the two groups (14% with CRB; 14% with Propess), however the reasons were different (one case of uterine hyperstimulation with fetal heart rate changes in the CRB group). The CRB group was associated with

lower costs directly related to the method (-€ 1,371.16), however associated hospitalisation costs were higher due to longer hospitalisation (5 days versus 4 days).

Conclusion Even though CRB is an effective method to induce labour at a lower cost than Propess in our pilot test, a longer hospitalisation length was observed with this device. Further studies are needed to evaluate the efficacy, safety and all direct costs involved in these techniques and also considering other available methods.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.

2SPD-020 EXPIRED MEDICINES AND MEDICAL DEVICES, AN ACROBATIC MANAGEMENT

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Background The supply of health products is a major activity for hospital pharmacists. Its complexity is based on the need to hold sufficient stock at a reasonable cost while avoiding overstocking of products and therefore money. In our institution, various systems were established to prevent expired medicines such as automated drugs distribution systems with distribution according to the best before date or the first-in first-out principle managed by a warehouse management system. Nevertheless, some drugs and medical devices expire each month.

Purpose The aim of this work has been to identify the factors responsible for the lapse in order to optimize inventory management.

Material and methods From May 2016 to July 2018, we had identified the products (name, quantity, price) removed from the stock due to lapsing in our hospital pharmacy. For each of them, we had researched the reason for expiration, and we have proposed a solution to optimize stock management.

Results Three-hundred and thirty products have been thrown away, which have represented € 1 70 149 (€ 1 44 761 excluding refunds by suppliers). The causes encountered have been: no regular consumption (90 products; 8% of expenses); termination of use (79; 31%); products returned from services (39; 2%); emergency drugs such as antidotes (39; 27%); inadequate management of stocks (36; 8%); and other causes (47; 24%).

The two main corrective actions have been procurement inactivation (30% of cases) and decrease in security threshold (28%).

For 28% of the products, particularly pharmaceutical preparations and emergency drugs, ordering recommendations have been maintained.

Conclusion The cessation of needs represents the main item of expenditure, but one product is responsible for half of this cost (24 units at € 1100 each). The amount of expenditure is probably underestimated because the price of pharmaceutical preparations (28 cases) was not charged. Having optimised the settings seems to be efficient because there is no lapse redundancy except for the little-used products for which a minimal stock must be maintained. Optimising the stock is a long term-job which requires the contribution of several stakeholders such as buyer pharmacists, supply and logistic responsible and consumers.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-021 NONCOMPLIANCE OF DATAMATRIX CODES, AN OBSTACLE TO IMPLEMENTATION OF THE FALSIFIED MEDICINES DIRECTIVE

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Background To reduce counterfeit drugs, the serialisation will become mandatory on 9 February 2019. A DataMatrix code will be used to encode each secondary packaging.

This 2D barcode makes it possible to indicate an important number of traceability data in a small area. The technical characteristics of DataMatrix codes were defined in standard ISO/CEI 16022:2006.

Our university hospital is equipped with an automated storage and dispensing system of drugs. Unfortunately, this automat is not able to read the totality of Datamatrix codes. This obliges us to store manually in the automat the products concerned, which increases the duration of reception and the labour cost.

Purpose The purpose of this work is to identify the medicines for which the datamatrix code cannot be read by the automaton and the causes of this problem.

Material and methods In our hospital, a total of 2107 references need to be serialised, including 1252 references stored in our automat.

From June 2018 to September 2018, the products concerned by the impossibility of reading the codes, the laboratories involved and the causes of illegibility were compiled.

Results During the period of collection, 107 products from 23 providers have presented a problem of legibility.

This represented 8.5% of products stored in the automat.

The problem has always been the black colour of the background.

Conclusion Only one cause of noncompliance was identified, but we should note that our enquiry is not a comprehensive collection of data because we did not receive all the medicines referenced during the mentioned period.

We imagine that other problems could be encountered such as too small Datamatrix codes or shiny backgrounds.

A solution could be the change of reader heads of our automat but this represents an important investment.

The second part of this work will consist in collaboration between pharmacist buyers, pharmaceutical laboratories and equipment manufacturers to encourage the standardisation of the datamatrix codes in order to facilitate compliance with the Falsified Medicines Directive.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Thank you to storekeepers.

No conflict of interest.

2SPD-022 ON THE ROAD TO SERIALISATION: A PRATICAL APPLICATION

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Background The Falsified Medicines Directive (FMD) and the Delegated Regulation (DR) 2016/161 will require, from 9 February 2019, hospital pharmacies to check the authenticity of each medicinal product they receive. Our hospital participates