in a test with the National Medicines Verification Organisation to evaluate possible strategies, compatible with legislation, for the implementation of serialisation.

Purpose The aim of the first test is to evaluate the feasibility of decommissioning of each unique identifier at the reception of medicinal products in the pharmacy.

Material and methods During 14 days (summer 2018), the pharmacy technician scanned the data-matrix of each box received with an Optel certa tabletop (possibility of switching between vertical and handheld scanner). Quantitative indicators (number of boxes received, number of serialised drugs in circulation, products with a non-compliant data matrix) were recorded. The scanning time of each carton was measured and the equipment's ergonomics evaluated.

Results During the study, the pharmacy received an average of 822 boxes/day (min: 273; max: 1737), of which 90% were in the scope of the FMD and the RD. The average scanning time per pack was 5 s, totalling an average of 56 minutes/day to scan all boxes. Only 3/530 medications displayed a serial number, while three of them (nicardipine, pemetrexed, midazolam) had a non-readable data-matrix (colour inversion) on their packaging and thus could not be scanned. The Optel certa tabletop and its software are considered easy to use. But the manoeuverability and malfunctions of the handheld scanner contributed to inflate the scanning time.

Conclusion This first test demonstrated the technical feasibility of decommissioning boxes on their reception in real working conditions. The connection to the National Medicines Verification System was not effective during the test, so the upload time between interfaces could not be evaluated. The imposing equipment leads to opting for mobile and compact scanning devices. Decommissioning at reception confronts us with repeated interruptions of tasks (deliveries, phone calls …) but avoids the storage of non-authentic and non-conforming boxes. A second decommissioning test just before dispensing to patients is planned to assess the feasibility of this scenario.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Falsified Medicines Directive.
Delegated Regulation 2016/161.
No conflict of interest.

2SPD-023 INTEREST IN CONSIGNMENT INVENTORY MANAGEMENT OF ARTICULAR PROSTHESES AT A UNIVERSITY HOSPITAL

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Background The joint prostheses occupy a very important place in the therapeutic arsenal of our establishment, in the part of the number of prostheses that are implemented per year and secondly, by the colossal budget for their supply. Therefore, their circuit from acquisition to use, must be perfectly mastered by hospital pharmacists.

Purpose To highlight the advantages of the Consignment Inventory Management (CIM) of joint prostheses in hospitals

Material and methods In order to demonstrate the organisational interest of the understanding of documents as well as the economic interest that present the CIM of joint prostheses, we have analysed the circuit of articular prostheses at our hospital since their acquisition until their implantation in the patient.

Results The choice of prostheses component's size depends on the anatomical and physiological conditions and also on the age and activity of the future operated patient. As a result, the conventional acquisition of different sizes of each prostheses component has become obsolete. The CIM, which consists in making available, for a contractually defined period, different sizes of the same prosthesis components (which remain the property of the supplier until their use in the patient) is an excellent alternative. This mode of replenishment at the request of the consumed size allowed a better control of availability, expiry dates and traceability,

At the economic level, it allowed us to save about € 1.7 million per year (on an overall joint prostheses annual budget of € 9 million) compared to the classic supply.

Conclusion The CIM based on the automatic replenishment of the consumed parts, combined with controlled traceability, helped the optimisation of expenses, avoiding breaks and ensuring the proper monitoring of these implantable medical devices at our hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.
No conflict of interest.

2SPD-024 IMPLEMENTED STRATEGIES TO SOLVE MEDICINES SHORTAGES

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Background Medicines shortages (MS) have become a complex global issue, forcing changes in the hospital formulary and increasing the risk of medication errors. Additionally, problems related to these MS create difficulties for healthcare professionals and require urgent pharmacist-led action.

Purpose To analyse the impact of MS in our centre and to describe the different actions performed by the Pharmacy Service (PS) to minimise risks regarding medication errors.

Material and methods Descriptive, observational and retrospective study performed in a third-level hospital regarding MS registered in our centre from January 2017 to September 2018. The following data were retrieved from the MS listed in the Spanish Agency for Medicines and Health Products (AEMPS) online platform and Farmatools management tool: affected medicine (active substances and pharmaceutical forms); inclusion in the hospital formulary; and measures implemented to solve the MS (only when included in the hospital formulary).

Results During the study period, there were 476 medicines affected by shortage problems in our country. Three-hundred and twenty-three (67.8%) active substances were included in our hospital formulary, but only 138 (29.9%) had the same dosage and pharmaceutical form, and consequently, needed to be managed by the pharmacist.

The strategies for the management of MS were:

- Changing the provider or buying a different packaging in 55 cases (39.9%).
- Using a therapeutic alternative in 13 cases (9.4%).
- Medicine imported from other countries through AEMPS authorisation was available in 26 cases (18.9%) but we only used it in 11 cases (8%) because of the need to repack each unit with a translated label and product data sheet before its distribution in the hospital.
- Restricted use of available pharmacy stock in 14 cases (10.1%), according to clinical criteria agreed with medical staff.
- No action was needed in 45 cases (30.6%) due to infrequent use of the medicine affected and/or enough pharmacy stock available until resupply.

Conclusion A large number of medicines were affected by shortages in our centre. These MS have shown an important degree of compromise in patient care and treatment safety. Pharmacists are required to take urgent action to manage problems caused by MS, which implies greater workload due to administrative procedures, determination of therapeutic alternatives and communication with health professionals involved, so as not to compromise the continuity of treatments.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-025 OPTIMISING OF PLANNED DRUGS ORDERS AND RECEPTION PLATFORM ACTIVITY

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Background In the establishment, the most commonly used medications are ordered according to a schedule, which is set up for the year.

Purpose The goal of this study is to quantify drug order amount per timetable in order to better dispatch future orders and, thus, reception activity (RA). This is to avoid drug shortages.

Material and methods The first part analysed retrospectively the RA from January to July 2018. Statistics on numbers of received lines per week were conducted, including only scheduled drugs. Discussions with the reception team were also held to evaluate pallet's volume of the different suppliers. In the second part, analysis of a future timetable has been made by extracting data from Copilote to process it with Excel. By taking into account the suggestions of the team and heterogeneity of RA, a new timetable with a new scheduling of suppliers was realised so as to have a reproducible activity independent from the day of reception.

Results Of 1873 referenced drugs, 86% have a scheduled ordering. On average, 390 lines of scheduled drugs (LSD) are received per week, with a 95% confidence interval (CI) of 363 to 418: these are important fluctuations.

The field team also identified 17 suppliers as difficult to receive because of their pallet's size and number of different references per pallet. Taking these constraints into account, we succeeded in spreading them over time to have a reproducible pattern.

The previous timetable had a mean of 260 LSD per calendar (CI: 246 to 275). Once reworked, the mean stayed the same, but the CI was 254 to 264, resulting in a better partition of the different suppliers.

Conclusion Nowadays, drug procurement is becoming challenging because of the number of drug shortages that hospitals have to face. This study reveals the necessity of better scheduling the planned drug orders, to optimise their reception. It is also necessary to re-evaluate these timetables as each drug market changes, in order to not disrupt the reproducible RA implemented here.

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No conflict of interest.

2SPD-026 AUTOMATED UNIT DOSE-DISPENSING DEVICE: ASSESSMENT OF THE CONTROL METHOD

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Background In January 2018, an automated dispensing device was installed in our hospital (JVM slide type). It is a repackaging system in which oral solid forms are removed from the manufacturer's original packs and assembled into unit dose sachets. Our quality assurance programme consists in performing automatic inspection for filling completed sachets (JVM Vizen). Then, packages are automatically winded and cut (JVM Wizer). Non-conformities (NC) are classified by the technician into detection errors or real NC that are corrected afterwards. This two-step process is at risk because of human interventions.

Purpose The aim of the study was to assess the performance of the inspection machine, and ensure that the validation of the two-step process is correctly performed.

Material and methods During 12 weeks, all sachets have been analysed *a posteriori*, thanks to the photographs taken by the inspection machine (Vizen). The NC, as well as the validation errors, have been classified into detection errors (false positives) and real NC (i.e: missing drug, extra drug, foreign element in the sachet, broken drug, wrong medication).

Results 2 25 456 sachets have been produced since the beginning of the study: 8% were declared NC by the inspection machine: 81% of these NC were detection errors. Four drugs were frequently (25% of detection errors) recovered: Seresta 10 mg, 1/2 Alprazolam 0.25 mg, Ramipril 1.25 mg and 1/2 Seresta 50 mg. Eighteen per cent of the NC were real NC.

Only 34 validation errors (i.e: NC correctly detected by the Vizen and wrongly classified as detection error by the technician) were observed.

During the study, 13 NC were not detected by the inspection machine.

Conclusion Despite the automatic control, human intervention is required in this process. The staff will be alerted of those risks in order to raise their awareness and improve the validation step. The detection errors, which are very time-consuming, could also be decreased by enhancing the database of the inspection machine. The time saved could be used to focus more on the real NC. For extra and missing drugs, the container location could be modified.