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.

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No conflict of interest.

2SPD-027

MULTI-CRITERIA DECISION ANALYSIS FOR EVALUATING NEW MEDICINES IN HEALTH TECHNOLOGY ASSESSMENT FRAMEWORK ANALYSIS

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Background Escalating medicine prices have catalysed the generation of numerous 'value frameworks' with the aim of informing payers, clinicians and patients on the assessment and appraisal process of new medicines for the purpose of coverage and treatment selection decisions. Furthermore, medicine evaluation has to deal with more uncertainty, which highlights a need to determine the value of pharmacologic innovation from many issues. Multiple-criteria decision analysis (MCDA) has appeared as a methodology to address the limitations of economic evaluation in health technology assessment (HTA). However, there is limited empirical evidence from real-world applications.

Purpose The objective of this study was to review the use of the MCDA methodology as a tool for the HTA of new medicines in Europe and to determine the differences between the diverse published MCDA frameworks.

Material and methods PubMed/MEDLINE, Scopus and Web of Science databases were searched for articles published up to December 2017. Two reviewers independently screened the extracted articles for eligibility. Thirty-four articles were extracted from the full-text assessment. MCDA frameworks were identified, and criteria and use were compared between them.

Results Six main MCDA frameworks were identified from the final article list: The Value Measurement Model, The Probabilistic Model, the EUnetHTA core Model, the EVIDEM model and the Advance Value Model.

The framework models identified have common approach criteria with an impact on the treated disease, safety and clinical efficacy of medicines. Perspectives in the assessment of economics, social and ethical issues were frequent but with different approaches.

Conclusion MCDA methodology is not yet used in most European countries. Differences in criteria representation between identified frameworks demonstrates the lack of consensus in MCDA use with the HTA decision-making of new medicines. Further research is needed to optimise its use as part of policymaking.

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No conflict of interest.

2SPD-028

OPTIMISATION OF SURGICAL PROCEDURAL-KIT SETTING

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Background The Satellite Pharmacy aims to create a control management model in the use of necessary medical devices (MD) during surgical procedures and allestiment of procedural-kit containing the devices for each intervention. The planning of kit ensures the appropriateness, to monitor consumption and expenditure of the devices used, and provides useful support for the definition of requirements, budget management and risk management activities.

Purpose Our goal is the standardisation of materials, in view of the appropriateness of use of MD to improve the best clinical practice and a subsequent reduction in costs.

Material and methods The Pharmacy has collaborated in the setting of the material to be included in kits, together with the Structural Units, the Departments of Health Professions and the Directorate of Presidium. The kits, codified and associated with a usual intervention name and an ICD9CM, are used according to an established schedule. We selected the most frequent surgical procedures for each specialised branch. All the data have been collected in a single database: the surgical branch; the type of intervention; and the material used.

Results In 2016 we set up 280 types of kits for 26 781 interventions; in 2017, 281 types of kits for 26 272 interventions; and in 2018, 262 types of kits for 12 309 interventions. The new management of MD, using radiofrequency identification (RFID) technology, consists of applying a radiofrequency label on each material, allowing the tracing of each article with important information such as the lot and the deadline. This process reduces clinical risk and provides data on consumed devices from kits and those that are taken extra-kit. We analysed the consumption of extra-kit material in different surgical procedures. Specifically for thyroidectomy surgery, we found consumption of 50% extra-kit material in 2016, while in 2018 the figure was only 20%. A 30% reduction in the use of extra-kit material translates into the optimisation of kit-setting by RFID and an improvement in clinical practice.

Conclusion The optimisation of the material contained in the kits, which are constantly evolving due to obsolescence or new surgical practices, permit a standardisation of materials, increasing the appropriateness of MD and a general reduction in costs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-029

MEDICAL DEVICES MANAGEMENT: CONSUMPTION IN SURGICAL PRACTICE WITH RADIO FREQUENCY IDENTIFICATION SYSTEM

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Background The Satellite Pharmacy analyses the organisation, processes, information flows and logistics related to the management of materials, mainly optimising the preparation of the