A total of 78 (30%) of the drug shortages were resolved up to September. The average time for resolution was 66 days. In contrast, 186 (70%) drug shortages still remain active, of which 107 (41%) have an expected date of resolution.

Depending on the pharmaceutical action taken against drug shortages, in 81 (49%) cases it was necessary to change the specialty to one with the same active ingredient and pharmaceutical form, contrasting with 20 (12%) cases in which the pharmaceutical form needed to change. In six (4%), an alternative medicine was proposed with a different active ingredient. Greater control of the stock was required for 39 (23%) specialties. A foreign medicine was imported in 12 (7%) cases. In a minority of cases, the size of the medical packaging was changed to another with no supply problems (3%), a magistral formula was performed (2%) and a specialty was bought for outpatient dispensing.

Conclusion There is a high number of drug shortages that suggest a problem for our hospital. The role of the pharmacist is fundamental in managing them. In most cases, it was possible to switch between specialties as there were several interchangeable ones on the market.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

2SPD-032 PHARMACY, CLINICAL SERVICES: COMMUNICATE WELL TO SERVE BETTER! EXAMPLE OF THE CARDIOLOGY CENTRE OF A UNIVERSITY HOSPITAL

N Nchinech*, A Addaoui, B Elouadghiri, S Makram, J Lamsaouri. *Mohammed V Military Training Hospital, Pharmacy, Rabat, Morocco*

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Background In October 2017, our hospital saw the opening of a cardiology centre specialising in the treatment of cardiovascular diseases. With a capacity of 120 beds, the cost of health products that were granted for the launch of this structure was € 2,199,374.16. The medication use process (MUP) is one of the most critical processes in any hospital practice, involving many stages and different care staff who require the transfer of information and products. As a result, to improve and secure the MUP, good communication between the pharmacy and the various departments of the centre is required. This initiative is the first of its kind in our institution.

Purpose To study the current state of communication between the pharmacy and the medical and surgical services of the cardiology centre, as well as the constraints encountered in the dispensing of health products, in order to improve their collaboration.

Material and methods This study took place between November 2017 and January 2018, at our institution's cardiology centre, by means of a weekly monitoring sheet of pharmaceutical products composed of three parts:

1. General information on prescribing made in all centre services.
2. Constraints encountered and described at the end of the interview between the corresponding pharmacist and services manager.
3. Measures taken by the pharmacy department to respond to each constraint.

Results During this study, the deputy general manager cardiology, the deputy general manager interventional cardiology and heads of nursing were consulted, with a participation rate of 100%. The average length of interviews was 17 min. Among the constraints declared were, endowments deemed insufficient (66.07%) and unwanted drug substitutions (48;21%). The main causes of constraints reported were almost all communication problems between nurses and pharmacy technicians (91.07%). In counterpart, the main perfectible points identified by the corresponding pharmacist were: an under-declaration of adverse drug reactions as well as a slight irregularity concerning the traceability of pacemaker record sheets (lack in 8.10% of cases).

Conclusion Those pharmaceutical interventions made it possible to optimize the pharmacy department collaboration with the cardiology centre and to avoid globalised and nominative endowments delays.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-033 IMPACT OF SUPPLY PROBLEMS IN A HOSPITAL PHARMACY SERVICE

B Zarate, A Pieras López*, C Carriles, R Menarguez, A Rodríguez, A Arias, I Maray, C Alvarez, A Iglesias, I Zapico, A Martínez. *Hospital Universitario Central de Asturias, Pharmacy, Oviedo, Spain*

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Background The hospital management of drugs is a complicated task for which it is necessary to take into account different factors such as average consumption, seasonal variations, cost, physical space available for storage and therapeutic innovations. Currently this task is hampered by the numerous supply issues (SI) that in many cases affect regular used drugs. These problems can lead to shortages and produce lack of effectiveness of treatments, compromise patient safety and increase treatment costs.

Purpose Analyse SI and their impact on the management of drugs in the pharmacy service of a hospital.

Material and methods Prospective study to evaluate the SI between June and August 2018. The variables collected were: start and end dates of the SI (end date of the study was 13 September 2018), the ATC code and if the drugs are considered essential by the World Health Organisation (WHO), if they produced shortages, if the SI affects all the providers and the possibility of an available alternative (same medication but different dose or different medication). An economic analysis of the SI is made with all the data registered in an Excel sheet.

Results There were 49 SI affecting 48 drugs, 25 of which remain active at the end of the period of study. The average duration was 37 days (range 2–104). Most affected therapeutic groups were: anti-infective (17%), anti-neoplastic (17%), nervous system (17%), blood and haematopoietic organs (13%) and cardiovascular system (13%). Fifty-three per cent of the affected drugs are considered essential by the WHO. In 23% of cases there was a stock shortage. In half of the cases there is a global shortage of the molecule, and in 71% there is an alternative that allows the change of drug. The total additional cost of supply problems was € 38.511.