SHORTAGES OF MEDICINES IN HOSPITAL: RESULTS OF A SURVEY ON THE PERCEPTION OF HEALTH WORKERS IN THE WARDS VSV REAL WORLD

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Background and importance Medicine shortages in Italy are an increasing phenomenon with significant impact on clinical activity.

Aim and objectives The aim of the study was to analyse the phenomenon, creating monitoring methods that can support the health workers (HW) involved in the problem.

Material and methods The hospital pharmacy (HP) developed a survey for HW, aimed at determining which types of drugs are most subject to unavailability, incidence and average duration of the phenomenon, approach used in managing any criticality and the impact on clinical practice.

Results A total of 59 HW from 14 different departments were interviewed. The classes of drugs reported most were: antibiotics (38.0%), corticosteroids (10.6%), gastroprotectors (8.8%), antihypertensives (7.1%), benzodiazepines and psychostimulants (5.2%), nutritional agents (4.4%), antihistamines (4.4%), blood products (3.5%), biologicals (2.6%) and others (14.8%). In 88% of the shortages, at least one medicine in the reference period (12 months) was reported, with an average duration of 2–8 weeks. Thirty-four per cent of respondents stated that the shortage of drugs had a negative impact—namely, the effect was perceived as very relevant in 5.9% of reporter cases since HW had to wait for the Italian Medicines Agency Nulla Osta for parallel importation; and relevant in 41.2% of cases, as HW had to wait for the HP to obtain supplies. In the remaining 52.9%, the impact was judged to be minor due to the presence of alternative therapeutic solutions. Specifically, in 11.4% of cases, a generic medicine was prescribed, based on the same active substance (AS) but with a different pharmaceutical form (8.6%) or different dosage (14.3%), and in the remaining 65.7% a medicine contained a different AS. The 17% of HW stated that the deficiency had never been solved, as in the case of oxacillin 1 g vials, ceftazidime 2 g vials, lysine acetylsalicylate 500 mg vials and danazol 200 mg tablets.

Conclusion and relevance The data collected confirm that the phenomenon of shortages is growing, highlighting the classes of medicines that are to be monitored to prevent the phenomenon. The tool used may be useful for improving the activity and efficiency of HP, with the aim of reducing the negative effects on daily clinical activity through constant comparisons between HW and HP.

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APPLICATION OF HAZARD VULNERABILITY ANALYSIS TO EVALUATE THE RISK LEVEL OF MEDICINE SHORTAGES

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Background and importance Drug shortages have become a worldwide phenomenon which has repercussions on patient care and on the hospital’s budget.

Aim and objectives The aim of our study was to assess the risk of shortages of drugs included in our hospital therapeutic formulary (HTF), for which there is shortage reporting, using a hazard vulnerability analysis (HVA).

Material and methods We performed an HVA on 43 drugs in our HTF, which were also included in the Italian Medicines Agency list of shortages. The HVA used to assign the risk of shortage (ROS) included three macro areas: probability that the shortages will occur based on shortages in the past 2 years; magnitude factors which increase the risk of shortages; and mitigation factors which reduce it. Probability was assigned a score from 0 to 2 based on previous shortages.

Magnitude factors were relevance of active substance; budget impact; and percentage of patients treated. Mitigation factors were: therapeutic alternative; stock availability; and import of drug. For each of these items a score from 0 to 3 was assigned. For magnitude factors, a higher score was assigned for increasing severity values. In contrast, for mitigation factors, a higher score was assigned in relation to mitigation reduction. The value of the risk was calculated multiplying the percentage of probability (P) and the percentage of severity (S). According to the score obtained, three classes of ROS were assigned: low (<30%); medium (30–60%); and high (>60%).

Results No drug was found to be at high risk of shortage (>60%), 32/43 (74.4%) were at low risk of shortage and 11/43 (25.6%) were at medium risk of shortage. The latter had previously been lacking; 6/11 had the same active ingredient as a therapeutic alternative, 3/11 had a different active ingredient as an alternative while 2/11 had no alternative.

Conclusion and relevance The HVA is an important method to assess the ROS and implement targeted strategies for drugs at risk of shortages. Knowledge of the risk level facilitates the timeliness of the interventions to resolve the shortages themselves.

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