

aplasia, pembrolizumab for Hodgkin lymphoma/non-Hodgkin lymphoma, ruxolitinib for myeloproliferative neoplasm BCR/JAK2-rearranged, blinatumomab for acute lymphoblastic leukaemia, ruxolitinib for graft versus host disease); 3 requests (12%) came from the oncological/gynaecological area (trabectedina for tube ovarian carcinoma and serous ovarian adenocarcinoma) and 1 (5%) from the ophthalmology area (cenegermin for neurotrophic keratitis). Eight of 24 authorised patients (33%) are still receiving treatment and 16 (67%) have completed their treatment programme. Of note, 16/23 (70%) oncologic patients had a disease response; moreover, 4/9 (44%) high risk acute leukaemia patients have undergone bone marrow transplant. The total cost of the authorised treatments was about € 700 000, of which € 142 000 was already credited back to the hospital.

Conclusion and relevance These results demonstrate that Fondo 5% represents a scientific based method guaranteeing access to highly expensive therapeutic programmes, impacting on patient survival, without affecting the cost effectiveness balance and sustainability of the national health system.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

1ISG-017 IMPACT OF SUPPLY PROBLEMS IN A HOSPITAL PHARMACY SERVICE

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Background and importance Hospital management of drugs is a complicated task and 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 regularly used drugs. These problems can lead to shortages and produce lack of effectiveness of treatments, compromise patient safety and increase treatment costs.

Aim and objectives To analyse non-oncohaematologic SI and their impact on the management of drugs in the pharmacy service of a hospital.

Material and methods This was a prospective study to evaluate SI between June and November 2018. The variables collected were: start and end dates of SI, ATC code and if the drugs were considered essential according to the WHO, if they produced shortages, if SI had alternatives (same dose and same route of administration) and if the SI was registered on the official website of the Spanish Government (AEMPS) when detected. An economic analysis of SI was made with all the data registered in an Excel sheet. SI were evaluated if they caused any inconvenience to the pharmacy service (drug restriction, management and preparation difficulties).

Results There were 76 SI affecting 74 drugs. The average duration was 64 days (range 2–224) and 53% of the affected drugs were considered essential according to the WHO. Most affected ATC groups were: J (22%), C (16%), B (12%), N (12%), H (8%), V (7%), A (5%), G (5%), D (4%), S (4%) L

(3%), P (1%) and R (1%); in 29% there was a stock shortage, 60% of SI had an alternative and 47% of SI were not registered on AEMPS.

The total additional cost of supply problems was 52.054,04 € and 38% of SI were inconvenient for the pharmacy service.

Conclusion and relevance Considering that most of the supply problems involved essential drugs, these problems can compromise the quality of healthcare and patient safety. The J group was the most affected group which could result in an increase in antibiotic resistance if it increased the consumption of broad spectrum antibiotics. AEMPS must improve SI information. Shortages usually increase treatment costs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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1ISG-018 APPLICATION OF A TIME SLOT MODEL IN ONCOLOGY: DELIVERY PLANNING AND PROCESS OPTIMISATION

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Background and importance Initially, the aim of centralisation of the management of antineoplastic drugs was for the quality of preparations, workers' protection, patient safety and reduction of the risks associated with environmental contamination. In recent years, optimisation of hospital processes has become more relevant. In 2017, a new time slot model for the delivery of cancer therapies was introduced in the galenic preparation laboratory. This type of model consists of time slots defined on the basis of fixed criteria.

Aim and objectives The aim was to optimise the management of anticancer drugs.

Material and methods A pharmacoeconomic analysis was carried out on anticancer therapies administered in two oncology departments, one of which was located 20 km from the preparation site. Various parameters were taken into consideration: costs and chemical-physical stability of the drugs, average number of daily dosing and duration of dosing. According to these parameters, five time slots were identified for the oncology on site (8.00, 9.30, 10.00, 12.00 and 14.00) and three time slots for the off-site (14.00 on the previous day, 10.00 and 11.00). High cost therapies can only be set up on the same day for reasons of economic sustainability and to avoid waste.

Results For the time slot 8.00 on site and 14.00 off-site the following were chosen: low cost drugs, with good chemical-physical stability, long term administration, with a maximum of six therapies on site and four off-site. These therapies are set up the day before administration.

Time slot 9.30 on site and 10.00 off site: preferably medium and high cost drugs, long term, with a maximum of three therapies on site and eight off site.

Time slot 10 on site: medium and high cost drugs, medium or long term, with a maximum of six therapies.

Time slot 12.00 on site and 11.00 off site: medium and high cost drugs, medium or short term, for patients who cannot undergo tests and medical examination the previous day.

Time slot 14.00 on site: medium and high cost drugs, short term, for patients who cannot undergo tests and medical examination the previous day.

Conclusion and relevance The introduction of a time slot model has led to advantages such as optimisation of time delivery, reduction of waiting times for patients, better communication and improvement in the occupancy rate of chairs in the day hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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1ISG-019

HOSPITAL PHARMACISTS AGED <45 YEARS: AN EMPLOYMENT STATUS AND JOB SATISFACTION SURVEY IN ITALY

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Background and importance The 4 year postgraduate Hospital Pharmacy Specialisation Course (HPSC) is a mandatory requirement to become a hospital pharmacist in the national healthcare system in Italy. Despite different laws that have been enforced to create homogeneous national training, a diversified situation still occurs and no Ministry of Health contracts exist for hospital pharmacy interns. After completing the HPSC, subjects with a hospital pharmacy diploma have to pass single hospital public examinations in order to obtain a contract with the national healthcare system. Therefore, securing a permanent contract (PC) as a hospital pharmacist (HP) in Italy is a long process which is not always straightforward.

Aim and objectives The objective of the study was to describe the current situation of HPs aged <45 years in Italy after the HPSC.

Material and methods A cross sectional, descriptive survey of HPs aged <45 years was conducted in Italy (August to September 2019); data were collected through a 31 point Survey-Monkey based questionnaire sent to national society members via email.

Results A 44% response rate was achieved (298/682): 56% aged 35–45 years, 61% with HPSC >3 years ago. During HPSC: 42% had no retribution; 56% obtained a scholarship from the university or hospital; and 2% worked in community pharmacies. Fifty-eight per cent had a PC, 38% a temporary contract (TC) and 4% did not work in a hospital pharmacy. Only 19% of HPs with a PC obtained their specialisation <3 years ago while 34% of HPs with a TC obtained their specialisation >3 years ago; 54% declared that TCs influenced negatively on job satisfaction. HPs with a PC were more satisfied with their professional expectations compared with HPs with TCs (56% vs 40%) while the former agreed more that their responsibilities were proportionate to their role compared with the latter (56% vs 42%). However, HPs with a PC were more stressed compared with HPs with a TC (74% vs 66%), and 30% of HPs with a TC were dissatisfied compared with HPs with a PC (13%).

Conclusion and relevance The results of this survey showed that PCs for HPs should not be taken for granted. The sample demonstrated that TCs and lower retribution were

associated with dissatisfaction in HPs and therefore efforts should be made to programme the need for HPs in the national healthcare system.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Section 2: Selection, Procurement and Distribution

2SPD-001

IMPLEMENTATION OF HOME DELIVERY AND TELEPHARMACY SYSTEMS IN A THIRD LEVEL HOSPITAL

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Background and importance Our hospital catchment area is mainly formed of several villages. For patients suffering pathologies that decrease their autonomy, such as multiple sclerosis, going to their hospital pharmacy can be a stressful activity. Given the increasing number of patients, we decided to design a new delivery system but keeping all of the benefits of pharmaceutical care.

Aim and objectives Our main purpose was to design a home delivery system (HDS) and a telepharmacy system (TS). Our secondary objective was to establish what happened to patients, evaluating patient acceptance, time saved and kilometres avoided.

Material and methods We designed the new pathway, HDS and TS, and also a 9 months observational retrospective study (December 2018 to September 2019). A monthly–bimonthly HDS and TS was proposed to patients attending the outpatient service, prioritising patients with low autonomy. One of the requirements for patients to access the HDS was to provide their consent to code personal data, such as their address and telephone number.

To ensure HDS, patients were advised by telephone 3–5 days before the next delivery. During the call, a pharmacist also interviewed the patient, to assess adherence, asking how the treatment was going and looking for any adverse reactions. Electronic medical records were consulted to obtain variables. For evaluation of the time and distance saved by the pathway, we estimated the distance between the patients' homes and the hospital in minutes and kilometres using Google Maps.

Results The new pathway commenced in December 2018 and 9 months later 135 patients were included in the HDS and TS, 73 women (54%), with a median age of 56±15 years. A total of 420 deliveries took place (on average 3.1 deliveries/patient). No patient rejected the programme once included. HDS and TS saved 67.8 min (41–97.6) and 69.3 km (47.5–88.2) for each patient per dispensation on average.

Conclusion and relevance The implementation of the new pathway was well accepted by patients and saved a lot of time and kilometres per dispensation. For people who find it difficult to move due to their illness, HDS and TS can have a huge impact on their quality of life.