2SPD-043 PROCEDURE FOR DELIVERY OF RETROCESSION DRUGS BY THE HOSPITAL PHARMACIST TO THE COMMUNITY PHARMACY DURING THE COVID-19 CRISIS: SATISFACTION SURVEY OF PHARMACIES

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10.1136/ejhpharm-2021-eahpconf.26

Background and importance The COVID-19 epidemic led to a reduction in travel for fragile patients to the hospital's pharmacy in our teaching hospital. We applied the ministerial procedure which ensured the continuity of patient treatment by delivering drugs to the patient's pharmacy of their choice.[1]

Aim and objectives This was enabled in Reims by means of an email address used by pharmacies to send prescriptions to the hospital pharmacy.[2] Based on a questionnaire of satisfaction intended for patients and pharmacies, we evaluated this system, set up from 23 March to 10 July 2020.

Material and methods We conducted a prospective satisfaction survey of patients and pharmacies who participated in the hospital–city ministerial procedure. Data collection was carried out by telephone for patients and by an anonymised questionnaire for pharmacies. The criteria evaluated were the quality of the service, speed of delivery, if treatment was interrupted, difficulties in supplying the treatment, need for advice and overall satisfaction (score out of 10).

Results 134 patients and 52 pharmacies participated in the study. 186 dispensations were performed (27% of activity). 95% of patients and 96% of pharmacies judged the quality of the information as satisfactory. The speed of the procedure was satisfactory (96% for pharmacies and 90% for patients). 92% of pharmacies did not have any supply problems and there were four treatment breaks during the study period. The average overall satisfaction rating for pharmacies was 8.5/10. 89% of pharmacies were in favour of continuing the procedure and 90% considered that it was involved in strengthening the city–hospital link.

Conclusion and relevance The results tended towards a high overall satisfaction rate. However, the occurrence of treatment breaks and lower patient satisfaction with the speed of treatment delivery (90%) are areas for improvement. While making the procedure more flexible and improving the delivery of treatment, patients and pharmacies have expressed a desire to continue the procedure, which is deemed more practical and beneficial for strengthening the city–hospital link.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2. covid-19_fiche-retrocession-ambulatoire-pharmacie.pdf

Conflict of interest No conflict of interest

2SPD-044 DRUGHOST: WEB BASED PLATFORM OF DRUG UNAVAILABILITY

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10.1136/ejhpharm-2021-eahpconf.27

Background and importance A temporary shortage of drugs is an important public health problem as patient care is at risk. In Italian legislation, 'shortage' means a drug that cannot be found throughout the country, as the holder of its marketing temporarily cannot ensure an appropriate and continuous supply. The Italian Medicines Agency (AIFA) constantly monitors drug shortages and makes them public. By 'unavailable', we mean a medicine that cannot be immediately processed by the holder following an order. No state authority monitors this phenomenon.

Aim and objectives NHS pharmacists are constantly busy managing these deficiencies. In 2018, the Italian Society of Hospital Pharmacy (SIFO), with the support of AIFA, decided to start a project called 'DruGhost', which plans to activate and feed a web based platform for the unavailability of drugs.

Material and methods A web application (DruGhost) was created. It is in an experimental phase, limited to five Italian regions, where notifications of unavailability of drugs are entered by members of the SIFO. It consists of a form that allows the reporting of unavailability, and a web based database that collects all the reports that have been approved by the validators. It is accessible to all SIFO members and it can be consulted with the aid of filters (drug, keyword, AIC, manufacturer, region of the reporting facility, beginning of unavailability and reporting date).

Results An analysis of the reports entered in six months of use found 73 reports: 70 referred to drugs for hospital use (70% antimicrobial, 30% oncological) and three concerned disinfectants. In contrast, analysing the number of accesses to the database, it emerged that 845 consultations were carried out: most (70%) were carried out by pharmacists belonging to hospitals located within the regions subject to the experimentation, while the remaining 30% originated from other regions.

Conclusion and relevance DruGhost will be a source to analyse and quantify the phenomenon of unavailability which often precedes a shortage and is a priority topic for pharmacists and the AIFA. It will help to find suppliers with product availability and will also create a useful tool as a quality indicator to 'validate' and 'evaluate' suppliers in procurement procedures.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-045 OPTIMISATION OF THE BUYING PROCESS: BUILDING A TIME EARNING COMPARATOR TO EASE THE CHOICE BETWEEN EQUIVALENT SPECIALTIES

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10.1136/ejhpharm-2021-eahpconf.28

Background and importance Drug purchase is a complex process, where multiple equivalent specialties (ES) can pile up. ES drugs are those that can be used in the same indication in equivalent galenic forms. Providing good use of ES drugs within our institution and anticipating the preferences for the next calls for tender is a central issue.

Aim and objectives In order to simplify the rationalisation of ES, we aimed to build a tool that could rapidly and precisely compare the costs of two ES.