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/ejpharm-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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Conflict of interest No conflict of interest

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

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10.1136/ejpharm-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/ejpharm-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.

Material and methods Five essential comparing data points (ED) were identified: API, dosage, delivery unit (DU) price, daily intake and annual consumption. Coherent comparison ratios were used: intake/DU and price/intake. An intuitive Excel file was built to compare two ES according to a chosen consumption. A notice of use was written, allowing the test phase on two of our ES: trimebutine in a single use powder for solution (SUP) and a multidose syrup.

Results Typing ED increments a database. In the calculator tab, two scrolling menus allow the user to select the comparison. The calculator then visually shows the economic impact of the switch: red for increased cost and green for reduced cost. The intermediate calculations are always visible. Two hypotheses were made for the case of multidose ES depending on whether the multidose was fully used or not. A graphic shows the results in a visual way, with a number in euros and a number as a percentage of annual costs. A history is available. Tests on trimebutine were conclusive: they rapidly showed the economic interest of the single use powder for oral solution over the multidose syrup. The SUP was compared with the multidose syrup that can deliver up to 15 doses. The calculator showed a realisable reduction from 23% to 95% of the annual costs by choosing the powder. Withdrawal of the syrup will be suggested to the drug commission.

Conclusion and relevance This calculator is an efficient tool that helps the pharmacists in the management of the available references in the institution. It allows the user to rapidly and easily estimate the economic aspect of a switch, a central issue in drug selection.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-046

ORGANISATIONAL CHALLENGES OF THE PHARMACY SERVICE AS A CONSEQUENCE OF THE COVID-19 PANDEMIC

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10.1136/ejhp-pharm-2021-eahpconf.29

Background and importance The COVID-19 pandemic has required reorganisation of our pharmacy service procedures to guarantee adequate pharmaceutical care and protect the safety of caregivers and patients.

Aim and objectives To describe the actions taken by the pharmacy service and their likely repercussions for the future.

Material and methods A retrospective analysis was conducted of the actions carried out during the 10 week period, 12 March 2020 to 21 May 2020, the period that corresponds to the first wave of the COVID-19 pandemic and its aftermath. We analysed hospital data and documentation generated in the pharmacy during the pandemic and the subsequent de-escalation and re-escalation periods.

Results During the first wave of the pandemic, the hospital treated 1088 COVID-19 patients. At the peak of the pandemic, there were 501 patients hospitalised with 57 in intensive care units.

The principal actions carried out were:

- Modification of the make-up of staff in charge of pharmacy activities with 24 hour reinforcement and work from home.
- Establishment of new internal and external communication channels with the administration, healthcare professionals and patient associations to continually communicate changes.
- Management of medications for COVID-19 and critically ill patients, establishment of stock strategies and shortages management.
- Increasing storage space and re-dimensioning the kardex system.
- Configuration of new hospital units and hospitals (including hotel hospitalisation), redesigning healthcare circuits, hospital discharges and return-to-stock procedures (quarantine).
- Preparation of new standardised intravenous mixtures and medication kits.
- Participation in protocols for COVID treatment, and incorporation of new protocols and alerts into the computerised physician order entry system.
- Design and implementation of a new virtual consultation system and home delivery of medications. During the first wave of 10 weeks, there were 3450 virtual consultations and home deliveries of medications, involving 74.8% of all outpatients. This value later went down and has remained at 60%.
- Management of clinical trials for COVID-19 treatment options.

Conclusion and relevance In retrospect, the COVID-19 pandemic presented serious challenges to our pharmacy service in terms of assuring pharmaceutical care for both COVID and non-COVID patients. Some changes have become permanent and represent innovations in pharmacy services.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-047

NEW REQUIREMENTS OF OUTPATIENTS IN THE COVID-19 ERA: ADAPTING PHARMACEUTICAL CARE

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10.1136/ejhp-pharm-2021-eahpconf.30

Background and importance Adapt the outpatients care activity to the scenario arising out of the COVID-19 pandemic.

Aim and objectives Reorganisation of the area, non in-person consultation, medication home delivery (MHD) and reduce patient attendance at day hospitals.

Material and methods Phase 1 (P1): reinforcement of human resources, increase and easy the presential and telepharmacy schedule, adaptation of the facilities.

Phase 2 (P2): advanced preparation of the medication, MHD, substitution of intravenous treatments by subcutaneous treatments.

The telepharmacy and MHD were conducted at patients' request. Delivery routes and alternative urgent delivery systems were established. P1 activities began 2 weeks prior to the announcement of the State of Alarm (SoA, 16 March 2020) and P2 began and continues for vulnerable patients. Our