Organisational Challenges of the Pharmacy Service As a Consequence of the COVID-19 Pandemic

2SPD-046

A Moreno*, MJ Otero Lopez, MR Martín Muñoz, E Fernandez Dominguez, S Jimenez Cabrera, MP Valverde Merino, AMA Lopez Gonzalez, L Ollero Malagon. Complejo Asistencial Universitario De Salamanca, Pharmacy, Salamanca, Spain

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.

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

New Requirements of Outpatients in the COVID-19 Era: Adapting Pharmaceutical Care

2SPD-047

LF Esther*, BL Juan José, DMG María, JA Illdo Becerra, LS Beatriz, LG Natalia, SME Ramón, AV Amaya, SC Maite, NS Lorena. Complejo Hospitalario De Navarra, Pharmacy, Pamplona, Spain

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
Background and importance Medicines shortages are recognised by the World Health Organization as a challenge threatening health outcomes. Shortages have tripled since 2017.

Aim and objectives To propose options for action to health policy decision makers.

Material and methods Stakeholder interviews, two Delphi rounds and system dynamics simulation with Vensim.

Results Most promising recommendations are:

- **Governance**
- Determination of system leverage points
- Designation of an integrating leader
- Allocation and demarcation of responsibilities and duties
- Expansion of stockpiling by the federal office for national economic supply
- Reframing the primacy of constitutionally guaranteed freedom of trade: ensuring the availability of medicines even in less profitable business domains

- Subsidies for allocation of higher capacities over the entire supply chain

Conclusion and relevance Coping with medicine shortages by quota and rationing will not delete the root causes of shortages. Supply from additional sources (eg, SMEs, hospital pharmacies, universities) will replenish empty shelves.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest