Abstract 2SPD-014 Table 1

Parameter	Result
Average age (years)	46.5
Crohn's disease diagnosis	100%
Previous adalimumab and infliximab	19.5%
Previous adalimumab	50.1%
Previous infliximab	19.5%
Previous vedolizumab	4.3%
Previous anti-TNFα and vedolizumab	6.6%
Median dose ustekinumab	38.8 mg
Combination therapy azathioprine	27.1%
Combination therapy budesonide	18.6%
Combination therapy methotrexate	2.2%
Combination therapy budesonide + thiopurine	6.6%
No combination therapy	45.5%
Dose intensification	8.8%
Interval intensification	30.1%
Dose and interval intensification	6.6%
No intensification	54.4%
Drug trough concentrations/antidrug antibodies measurement (% patients)	35.2%
Monitoring not applicable	19.11%
Adalimumab <7.5	6.6%
Adalimumab <7.5 with positive antibodies	2.2%
Infliximab <5	6.6%
Infliximab <5 with positive antibodies	2.2%
Undetectable concentration	4.4%
Undetectable concentration with positive antibodies	2.2%
Primary failure	13.23%
Secondary failure	56.6%
Adverse reactions	13.23%
Refused treatment	6.6%
Unknown reason	10.34%
Symptoms reason + mucosal inflammation reason + biomarkers reason	10%
Symptoms reason	58%
Symptoms reason + mucosal inflammation reason	32%
Inappropiate prescription	56.1%

REFERENCES AND/OR ACKNOWLEDGEMENTS

Overview of medical management of high-risk adult patients with moderate to severe Crohn's disease up to date. https://www.uptodate.com/contents/overview-of-medical-management-of-high-risk-adult-patients-with-moderate-to-severe-crohn-disease

Conflict of interest No conflict of interest

2SPD-015 LOGISTICS AUTOMATION AND PROCESS RE-ENGINEERING: IMPACT ON INTER-HOSPITAL LOAN MANAGEMENT

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Background and importance Inter-hospital loans are part of the usual practice in the hospital Pharmacy Department. Optimisation of this process is key to improved utilisation of resources and time by the hospital pharmacist.

Aim and objectives To evaluate the impact on pharmacist time and economic savings after the automation of the drug storage system in the Pharmacy Department and after the redesign of the inter-hospital loan requesting process (HLRP).

Material and methods Retrospective observational study in which we analysed the loan registry of a Pharmacy Service in 2016 (pre-intervention period) and 2019 (post-intervention period). Regarding the redesign of the process, in 2019 all the stages involved were defined, as well as the professional profile involved in each of them, in this case administrative assistants, pharmacy technicians and pharmacists. The cost in personnel time was estimated based on the average salary of each professional profile. For the pre-intervention period, a multidisciplinary group defined by consensus the time invested by each role involved in HLRP. For the post-intervention period, the times were measured by direct observation. A transport service cost of € 34 per loan was given by the company contracted for this purpose.

Results The number of loan requests was 83 in 2016 vs 61 in 2019, a reduction of 24.20%. There was a reduction of 13 min in the total time spent on HLRP (50 min in 2016 compared to 37 min in 2019). The cost derived from the request of each loan was € 55 in 2016 vs € 40.60 in 2019, resulting in an annual saving of € 2086.98 (45.73%). Overall expenditure was € 4563.57 in 2016 vs € 2476.59 in 2019. Finally, the time spent by the pharmacist decreased from 50 min in 2016 (100% of the activities and time spent) to 2 min in 2019 (5.4% of the time), used only in the assessment of the number of pharmaceutical units requested in the loan. In the post-intervention year this resulted in savings of up to 35.58 hours of pharmacist time spent.

Conclusion and relevance The automation of medication storage systems, together with process re-engineering, improves the efficiency of medication loan management, freeing up pharmacist time to perform more value-added tasks.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-016 APPLICATION OF FAILURE MODE AND EFFECT ANALYSIS TO IMPROVE CYTOSTATIC DRUG STOCK MANAGEMENT

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Background and importance Drug stock management is a complex process because space, budget and other external factors such as delivery delays or demand variability must be taken into account. To manage a drug stock properly is a pharmacist's responsibility.

Aim and objectives To carry out a failure mode and effect modal analysis (FMEA) in the cytostatic drug store to improve the stock management process.

Material and methods A multidisciplinary team was assembled to perform the detection of failure modes and their causes through FMEA methodology. Then, risk priority index (RPI) was calculated: frequency (F) × severity (G) × detectability

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(D), assigning values from 1 to 5 to each factor. Finally, corrective measures for risks were suggested.

Results Risk map was performed with the following subprocesses: realisation of the order with drugs whose stock is below the alert stock, selection of the drug presentation considering the dose for better utilisation, elaboration and administration.

Failure modes:

1. Delay in ordering medication: F:5 G:5 D:5, RPI:125.
2. Non–matching used drug presentation with the drug registered in the computer system: F:1 G:5 D:5, RPI:25.
3. Waste of remaining quantities of not used drug that day: F:3 G:1 D:3, RPI:9.
4. Issue administration on scheduled day and return to pharmacy: F:1 G:1 D:4, RPI:4.

Causes:

1. Unclaimed pending order.
2. Wrong choice of drug presentation during the preparation.
3. Lack of knowledge by the nursing staff about the stability of the vials once opened.
4. Poor day hospital–pharmacy communication flow in terms of real–time patient appointments.

Proposed actions:

1. Training sessions for nurses, orderlies and administrative staff.
2. Validation checklist implementation in the process of preparing.
3. Development of a list of drug stability once opened.
4. Real–time confirmation by day hospital of patient attendance at appointments.

Realisation of the order with drugs whose stock is below the alert stock was the subprocess with the highest number of failure modes. Delayed medication order was the failure mode with the highest RPI.

Conclusion and relevance The FMEA methodology allowed us to detect failure modes and their causes in order to redefine a process to improve its quality. Stock management process is a key element and we learned that more frequent training sessions for Pharmacy Department staff and monitoring actual stock in an exhaustive way are needed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-017 ANALYSIS AND MONITORING OF THE WORKLOAD AND FINANCIAL BURDEN OF DISPENSING HIGH-COST MEDICINES WITH ITEM-BASED REIMBURSEMENT IN HUNGARIAN HOSPITAL PHARMACIES

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Background and importance Certain high-cost, tendered hospital medicines, especially biologic drugs, special budget medicines of hepatitis C virus (HCV) and haemophilia are covered by item-based reimbursement in Hungary. Patients receive such therapies in clinical centres, and hospital pharmacists report use item-by-item. The National Health Insurance Fund reimburses the product after having checked the appropriateness of the use. Accordingly, appropriateness of the administration by hospital pharmacy staff is of critical importance. The ever-expanding amount of high-cost hospital medicines with item-based reimbursement imposes an additional burden on institutions involved in the dispensing process.

Aim and objectives The aim of our study was to determine the time and cost implications of providing a safe and efficient supply of these high-cost specialty medications, and to confirm the shortages in personnel, infrastructure and funding.

Material and methods We have defined the activities related to supply of high-cost item-based medications in our institution (ordering medicines and requesting quotas, receiving goods, storing, preparing for administration, dispensing, reporting). We have conducted a prospective workload and time analysis for each related subtask (who, when, what, for how long) in June 2021. Based on these data, we calculated the mean time (±standard deviation) spent on the process steps and the related direct and indirect costs based on a national controlling manual for the first quarter of 2021.

Results The hospital pharmacy dispensed 50 high-cost item-based medications, 10 employees (3 pharmacists, 5 specialist pharmacy assistants, 1 administrator, 1 technical staff) were involved in the related workflow. We analysed data on 3368 preparations purchased during 263 orders, and a total of 1657 dispensing events over 3 months. The workload analysis yielded an average of 66.8±7.0 hours per month equalling daily 3.23± 0.16 hours, which was an average of 5.68± 0.15 min per dispensing event. The average direct human cost was € 775.31±€ 91.37/month, direct non-human cost was € 1228.26±€ 396.75/month and indirect non-human cost was € 1256.7±€ 55.06/month, which was equivalent to € 5.84 ±€ 0.3 per dispensing task

Conclusion and relevance Our findings provide valuable evidence on the workload burden and financial shortcomings of hospital pharmacies related to the dispensing and documentation of high-priced item-based reimbursed medicines in Hungary.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

2SPD-020 INTRODUCTION OF A NEW PRESENTATION OF HYALURONIC ACID FOR INTRA-ARTICULAR INFILTRATION

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Background and importance In April 2020, the protocol for the use of intra-articular injections was updated within a multidisciplinary context with Pharmacy, Traumatology and Rehabilitation. Sodium hilauronate 60 mg/4 ml (Hyalone, high molecular weight) was included. According to the new protocol, the use of Adant One (low molecular weight hyaluronic acid) was approved for grades I-II according to the Kellgren–Lawrence index (IKL) or III-IV in cases where Hyalone is not tolerated due to pain. Hyalone was indicated for IKL grades II-III-IV.

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