

2SPD-014 COST STUDY: REUSABLE FLEXIBLE URETEROSCOPES VERSUS SINGLE-USE IN A HEALTHCARE FACILITY

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Background and Importance In our hospital, we use flexible ureteroscopes for lithiasis treatment, which is at high risk of material breakage. In the devices park, we have six adult devices (inadequate in view of the activity) and one paediatric (obsolete), which are often unavailable, for disinfection or repair.

Aim and Objectives To compensate for unavailability, we could use single-use devices. Our objective is to compare reusable versus single-use devices' costs, to determine if referencing single-use devices is relevant.

Material and Methods We set a working group, including urologists, pharmacists, biomedical engineers and health executive from disinfecting centre. We base the calculation of the cost on 300 uses per year. Reusable cost gather the purchase price, the amortisation expense for a 3 year product lifetime, disinfections cost (products, equipment, staff), maintenance contract and repair cost. Single-use cost is assimilated with the purchase price of 300 units. The manufacturer provides the console free of charge. Our study does not consider waste treatment cost.

Results For 300 uses, reusable ureteroscopes cost €133 360 yearly pre-tax (€445/unit): €27 813 for amortisation expense, €66 000 for maintenance contract, €20 594 for the repairs. Disinfection costs €12 900 yearly, in addition to €4 353 yearly for maintenance and €1700 for amortisation of equipment. If we only used single-use ureteroscopes, it would cost €184 500 yearly (€615/unit). The incremental cost would be €51 140 yearly.

Conclusion and Relevance Our results show that, in our case, single-use is more expensive, especially since we have a new disinfection facility for our reusable ureteroscopes. Moreover, the single-use ureteroscopes' picture quality is lower, which led the group to speak in favour of the park increase to eight units for usual use. In addition, it recommends punctual purchase of single-use in cases of unavailability or act at high risk of material breakage. Indications for paediatric use are rare, the group recommends purchasing a few single-use units and to write off the reusable ureteroscope.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

2SPD-017 TELEPHARMACY AND HOME DELIVERY PROGRAMME FOR OUTPATIENTS THROUGH THE COMMUNITY PHARMACY

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Background and Importance The SARS-CoV-2 pandemic accelerated the implementation of alternative ways of remote pharmaceutical care and dispensation. Telepharmacy and home delivery programmes (THDP) allow hospital pharmacists (HP)

to provide remote pharmaceutical care for vulnerable populations (elderly, socioeconomic or mobility problems).

Aim and Objectives To describe the implementation of a THDP in a hospital through the community pharmacy (CP).

Material and Methods Observational retrospective study between 1 October 2021 and 30 September 2022. Patients that voluntarily requested to be part of the THDP were evaluated to meet the established criteria: >3 months of treatment, compliance with consultations, adherent, and proper understanding of the information on the THDP and signing an informed consent form. Due to the human and economic resources available, priority was given to older patients (>65 years), distance to the hospital centre, disability or dependency. Neither pathology nor medication were taken into consideration. CP requested the medication via web. Then, patients received follow-up phone calls by the HP after reviewing the electronic medical records. The medication was packaged individually with barcode labels and sent to the nearest CP through a pharmaceutical cooperative.

Results 8168 patients attended the outpatient unit, 444 (5.4%) were included in the THDP. Rheumatoid arthritis (17.8%) treatments were the most in-demand medication, followed by multiple sclerosis treatments (10.1%) and antiretroviral drugs (8.5%).

Abstract 2SPD-017 Table 1

Treatment	Disease	Number of patients
Antiviral drugs	HIV	38
Dermatologic and rheumatologic disorders	Ankylosing spondylitis	36
	Psoriasis and others	17
	Psoriatic arthritis	34
	Rheumatoid arthritis	79
Digestive disorders	Hepatitis B virus	22
	Inflammatory bowel disease	28
Erythropoiesis-stimulating agents	Anaemia in patients with cancer or chronic kidney disease	30
Neurological disorders	Multiple sclerosis	45
	Preventive treatment of migraine	11
Oral anticancer therapy	Solid tumours and haematologic malignancies	10
Respiratory disorders	Chronic pulmonary infection	4
	Idiopathic pulmonary fibrosis	17
	Pulmonary hypertension	11
	Severe asthma	5
	Systemic sclerosis	7
Others	Hypercholesterolemia	19
	Hyperparathyroidism	11
	Miscellany	20

Eight incidents occurred: dosing error (25%), wrong drug (12.5%), wrong formulation (62.5%), that were resolved.

Conclusion and Relevance The implementation of THDP has been a new challenge for HP. It enables us to provide drugs to patients in their immediate environment without extra cost to the healthcare system. However, the evidence of the impact of these programmes is sparse.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest