



PROCEDURAL KITS WITH MEDICAL DEVICES FOR EYE SURGERY: OPTIMISATION STRATEGY

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BACKGROUND

Since 2009, the Surgical Block Pharmacy has been involved in the management of medical devices (MD) via centralisation, the use rationalisation and the production of procedural kits (standardised MD sets including sutures, syringes and scalpels, associated with one or more surgical procedure).

Since June 2016, the production of kits has been implemented with eye surgery, first cataract surgery and intravitreal injections, and, since January 2017, with all types of eye surgery.

Kit composition is periodically reviewed by the pharmacist through the analysis of unused MD returned to the pharmacy.

PURPOSE

To optimise kit contents, to improve logistics and to streamline daily delivery processes.

MATERIAL AND METHODS

- we analysed unused MD returned to the pharmacy from the ophthalmic operating room for every kit in the first 4 months of 2017
- MD returned to the pharmacy were analysed via a query of the logistic software
- our focus was concentrated on the most critical kits, identified by unused MD returned 50%
- once the critical MD was identified, we estimated whether the quantity was to be reduced or the MD should be removed
- subsequently, the change was proposed to the operating room staff, to be accepted and approved by the head physician
- at the same time, kit content was re-evaluated, if necessary with the addition of other MD

RESULTS

Twenty-five different types of kits were prepared for eye surgery.

Fifteen kits had unused MD returned to the Pharmacy 50% and all were analysed.

Contents of 11 kits (73%) were revised: in particular, 30 MD were removed (26% of unused MD returned and analysed) and the amount of nine MD was reduced (8%).

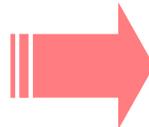
For MD removed from kits, a storage space was provided in the operating room cabinet.

We replaced two MD and added one MD.

In addition, new kits will be created for specialised surgery.

Example: kit n. 426 - pack M, ocular microsurgery

MD	QUANTITY
sterile needles 30 G	2
ocular sticks	1
eye dressing pad	2
eye scalpel	1
cautery pen	1
microscalpel	1
surgical sponges for ophthalmic use	1
povidone-iodine ophthalmic solution	1
ophthalmic drape pack	1
gauze pads	4
2,5 ml sterile syringe	2
4-0 silk suture	1
5-0 silk suture	1
6-0 silk suture	1
5-0 Vicryl suture	1



MD RETURNED %	MD
85,23	4-0 silk suture
84,09	eye scalpel
84,09	5-0 vicryl suture
82,95	5-0 silk suture
75	surgical sponges for ophthalmic use
63,64	6-0 silk suture
50	cautery pen

removed
removed
removed

6-0 Mopylen suture added



CONCLUSION

Analysis of unused MD returned is useful for identification of critical issues and for standardisation-optimisation (the most difficult requirement), significantly reducing MD amount returned to the pharmacy, which negatively affects working time.

We cleared human resources' activity that can be used to implement the Surgical Block Pharmacy activity and increase the production of kits.

In this way operating rooms' needs can be met, confirming the efficiency of our system.