

RISK MATRIX FOR STERILE COMPOUNDED PRODUCTS: DESIGN AND VALIDATION



Spanish Group of Pharmaceutical Compounding **PP003**

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Objective

To design and validate a matrix allowing the classification of sterile compounded preparations in different risk levels

Material and methods



literature review

- construct validity
- □ inter and intrarater reliability (target: overall identification of risks associated to the
- elaboration process (FMEA methodology) detected

Design

agreement >95%, Light's Kappa≥0.6) estimation of the severity associated to the risks =>15 representative sterile preparations evaluated by

Validation

10 compounding pharmacists

Results

NAME OF THE PREPARATION :

- □ 6 dimensions of risk
- □ risk severity graded from A to D
- RISK MATRIX FOR STERILE PREPARATIONS

Result is a 6-letter combination with three possible risk levels: low, intermediate, high microbiological beyond-use date proposed based on risk level, preparation environment and storing conditions

·····			
Combinations of 4 or more different medications. Preparations requiring 4 or more punctures in the final container or which require the reconstitution and/or extraction of 4 or more ampoutes/vials to obtain the necessary does to include in final container Preparations which require complex calculations ¹ in 2 or more steps to determine the dose for the patient and/or amount to prepare Processas in which foam is formed, or ential a risk of physico-chemical instability (light, O ₂), precipitation, turbidity, pH-dependent degradation, colorations, phase separation, during the preparation process. Difficult reconstitution-dilution lasting over 10-20 minutes ² (i.e.: non-pegylated liposomal doxorubicin, pacitaxel-albumin, Pair/zuma), etc.).			
Combinations of 3 different medications. Preparations requiring 3 punctures in that container or which require reconstitution and/or extraction of 3 ampoules/vials to obtain necessary dose to include in final container Preparations which require simple calculations ³ in one single step to accertain the dose for the patient and/or the amount to be prepared	в		
Combinations of 2 different medications Preparations only requiring tor 2 punctures in the final container or which require the reconstitution and/or extraction of 1 or 2 ampoulter/viaits to obtain the necessary dose to include in the final container. Products not requiring calculations for preparation. Reconstitution and dilution of viaits in solution, concentrates and freeze-dried powders for total use or fractions of simple doses ⁴ on the basis of injectable solutions of a known concentration Simple unitary reconstitution-dilution tating lies that TS mituse ⁵ .	A		
2. Route of administration			
1. Intrathecal.	D		
1. Intraocular (intravitreous, intracameral), central venous line (in techniques requiring a sterile field), epidural/peridural.	c		
Central venous line, peripheral intravenous, intramuscular, subcutaneous, intradermal, intrapleural, intralesional, intraperitoneal, intra-articular, inhaled, nebulised.	в		
Ophthalmic topical, otic topical, intravesical, oral, rectal, topical.	A		
3. Safety profile of the active ingredient			
Vesicant substances, irritant substances, corrosive substances, with mutagenic potential, carcinogenic properties or infectious	c		
properties ² . Narrow therapeutical window and/or need for monitoring Considered to be high risk in the event of error ⁶ . Opiales, sodatives and psychotropic substances Distribution productions Distribution Distributio	в		
Best of medications with low toxicity profile	4		
A Amount of units promoted	~		
4. Amount of drifts prepared	0		
Note than 25 childs/child	0		
Between 3 and 25 units/batch			
1 or 2 units	A		
5. Susceptibility to microbiological contamination ⁷			
I transfer of products via open systems ⁴ . Preparation using non-sterile products, containers or non-sterile transfer systems requiring terminal sterilisation at the end of the preparation.	D		
Substances which are highly subceptible to microbiological contamination which are administered via iv infusion in Bh or more . Eventrop preparation without preservatives in sterile containers via the dropper tip (not considered open) to be used in multi- does form.	с		
Preparations of substances with low contamination risk which are administered over 24 hours (patient-controlled pumps, elastometic initiacient devices). Substances with low risk of microbial contamination where the time lapsed from preparation to start administration is >12 hours. Preparation of eyedrops with preservatives in stelle containers via the dropper tip (not considered to be an open transfer system) to be used in multi-dose form.	в		
Simple transfer of medication in closed systems Preparations with low risk of contamination for immediate administration. Preparations whose administration duration is equal or under 24 hours.	A		
6. Distribution of the preparation			
Exclusive use for other hospitals.	С		
Combined use (for the hospital that prepares it and for other hospitals).	в		
Combined use (for the hospital that prepares it and for other hospitals). Evaluative use by brenital that prepares it	B		

Protectation of result: W RISK LEVEL: ANY COMBINATION WITH < 3 "B" OPTIONS AND NO "C" or "D" OPTIONS TION WITH ≥3 "B" (TION WITH ≥1 "C"O H RISK LEVEL IF IT INCLUDES ANY "D" OPTIONS RISK LEVEL AND PREPARATION/CONSERVATION REQUIREMENTS Risk level Preparation requirements Storage requirem more B (and r ed to be

Validation results			
Overall agreement: 96.4±10.1			
Dimension	Light's Kappa	95% CI	
1	0.92	0.65-1.0	
2	1	1.0-1.0	
3	0.75	0.41-0.96	
4	1	1.0-1.0	
5	0.68	0.43-0.92	
6			

Conclusion

The risk matrix designed is a reproducible tool adapted to daily practice in hospital settings that may increase patient safety and allows a better use of resources in sterile preparations.

Project partially funded by the Spanish Society of Hospital Pharmacy (SEFH)

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