# **Implementing the production of sterilised syringes in the hospital:** improving medication safety and saving healthcare costs

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## What was done?

Development and implementation of sterilisable plastic syringes produced in the hospital pharmacy for large-scale production of ready to administer products.

## Why was it done?

Medication administration errors are common in hospital practice. Meta-analyses suggest that about 10% of administrations are erroneous with much higher error rates occurring during intravenous drug administrations. It has been demonstrated that 21% of the errors can be eliminated when prepared syringes are used.<sup>1</sup>



JCI Measurable Elements of MMU.5.2

Medications are dispensed in the most ready-to-administer form available

## How was it done?

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1.	<ul> <li>Analysis of parenteral administrations in hospital</li> </ul>			
	Parenteral administrations	Isala 2013	1.575.954	
•	Ready to use/ high risk	-	711.708	
	Preparation steps	-	864.246	
	- powders		669.275	

 Switching from RTA plastipak to RTA sterilised syringe

 Validation of the process of production, filling and sterilization of the syringe

Qualification of the syringe as primary container

• Development of new RTA sterilised syringe based on top 25 API

Parenteral administrations Isala with preparation step	Amount	%
RTA plastipak> RTA sterilised syringe	91.507	13,7%
Development of new RTA sterilised syringe based on top 25 API	178.489	27.7%
RTA plastipak aseptic (antibiotics/ powders) (cefazolin)	37.987	5,7%
Total	307.983	46,0%

## Savings

#### Preparation time of the nurses

- Reducing medications errors
- Microbial contamination  $\rightarrow$  0
- Less disposables: syringes, needles, spikes





### What has been achieved?

Introducing PFSS is cost saving for the healthcare system<sup>2</sup>
Sterilisable syringes are suitable as primary packaging material<sup>3</sup>
Enhancement styles for better readability of labels are established<sup>4</sup>
Already 15 products are validated and available for use in the hospital, e.g. midazolam chloride, potassium chloride, morphine, norepinephrine<sup>5</sup>, metoclopramide

## What next?

- Introducing more drugs as ready to administer product
- Optimizing the label of ready to administer syringes to avoid look alike errors based on the results of the review.

#### References



 <sup>1</sup> McDowell SE, Mt-Isa S, Ashby D, Ferner RE. Where errors occur in the preparation and administration of intravenous medicines: A systematic review and bayesian analysis. *Qual Saf Health Care*. 2010;19(4):341-345
 <sup>2</sup> A cost minimization analysis of ready-to-administer pre-filled sterilized syringes in a Dutch hospital. K.H.M. Larmené-Beld, J. Touwen- Spronk, J. Luttjeboer, K. Taxis, M.J. Postma. Submitted for publication in Clinical Therapeutics

### Probabilistic sensitivity analysis of three scenarios

1. Conventional preparation method by nurse

 Delivering 100% PFSS by pharmacy (ready-to-administer pre-filled sterilized syringes (PFSS)

3. 50% CPM and 50% PFSS

This uncertainty analysis shows that PFSS is cost-saving with a probability of 90% and an over 50% likelihood of **savingup to 5 million Euros (\$5.7 million USD).**<sup>2</sup>

<sup>3</sup> A science- and risk based strategy to qualify sterilised prefilled syringes as primary packaging material in a hospital pharmacy. See abstract 3PC-042 EAHP congress 2019.

<sup>4</sup> A systematic literature review on strategies to avoid look-alike errors of labels. Karin H. M. Larmené-Beld, E. Kim Alting, Katja Taxis. European Journal of Clinical Pharmacology (2018) 74:985–993.
<sup>5</sup> New formulation of norepinephrine solution in prefilled cyclic olefin sterilised syringes. K. Larmené- Beld, S.

<sup>3</sup> New formulation of norepinephrine solution in prefilled cyclic olefin sterilised syringes. K. Larmené- Beld van Berkel, R. Wijnsma K. Taxis, H.W. Frijlink. See abstract 3PC-043 EAHP congress 2019.





