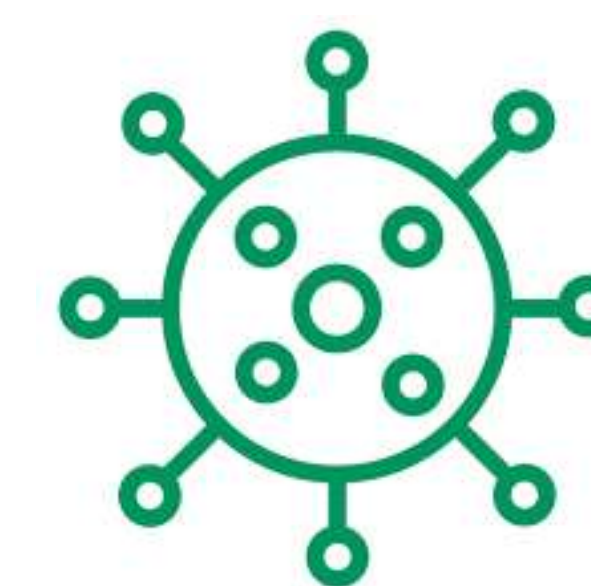


THE HOSPITAL PHARMACY IN THE CREATION OF CLEAN CIRCUITS IN THE FACE OF COVID-19

R. Seisdedos Elcuaz, I. Lomares Manzano, C. García Fernández
UGC de Farmacia. Hospital Universitario Puerta del Mar, Cádiz, Spain.



INTRODUCTION

The SARS-COV-2 health crisis unleashed in Spain in March 2020 forced hospitals to urgently reorganize and adapt in an unprecedented way. One of the strategies carried out was the establishment of “clean” circuits and hospitals from SARS-COV-2.

OBJECTIVES

Describe organizational changes of a pharmacy service of a SARS-COV-2 “clean” hospital and measure their impact.

MATERIAL AND METHODS

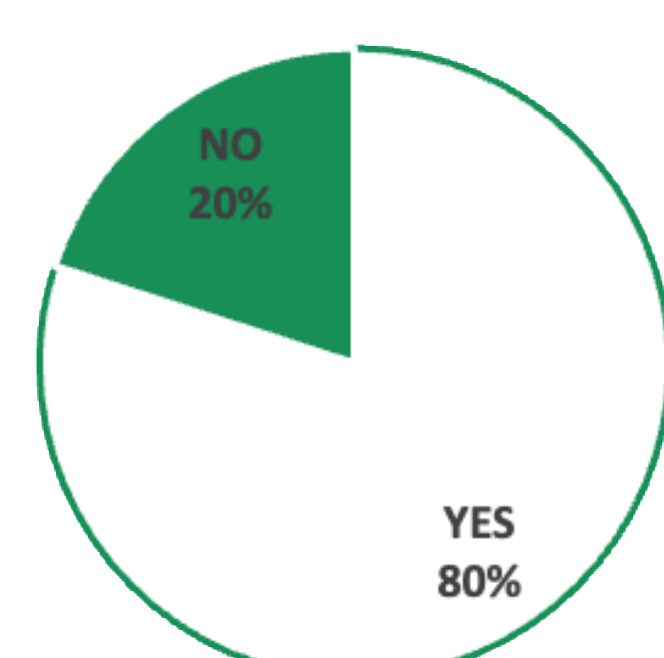
Study carried out in an 86-bed hospital (non-COVID-19 use) dependent on a 652-bed university hospital (with care for COVID-19 patients), located in a different location, since March 11 when the WHO declares the pandemic to June 21, 2020, ending the state of alarm. The activity was compared with the same period of the previous year. Outpatient Pharmaceutical Care Unit (OPCU) patient surveys were conducted to measure impact. The staff was temporarily reinforced with a specialist in hospital pharmacy.

RESULTS

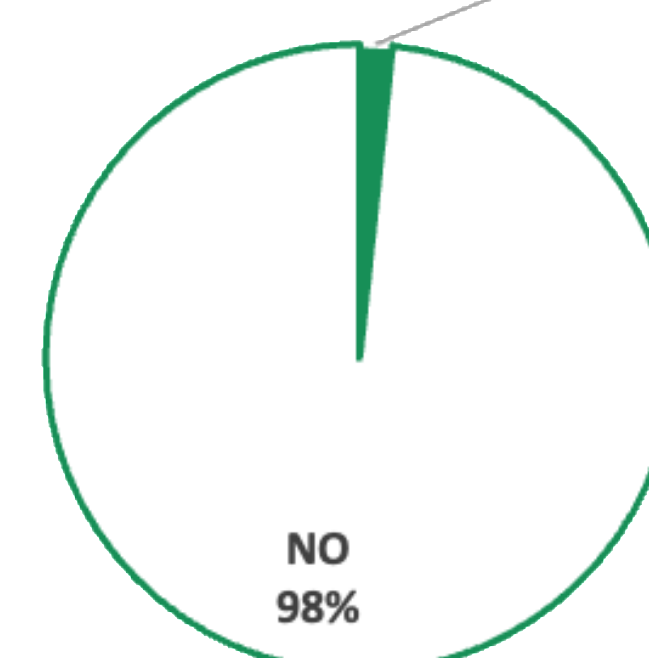
Opening of a OPCU:

- 886 dispensations
- 448 patients
- 60 surveys conducted

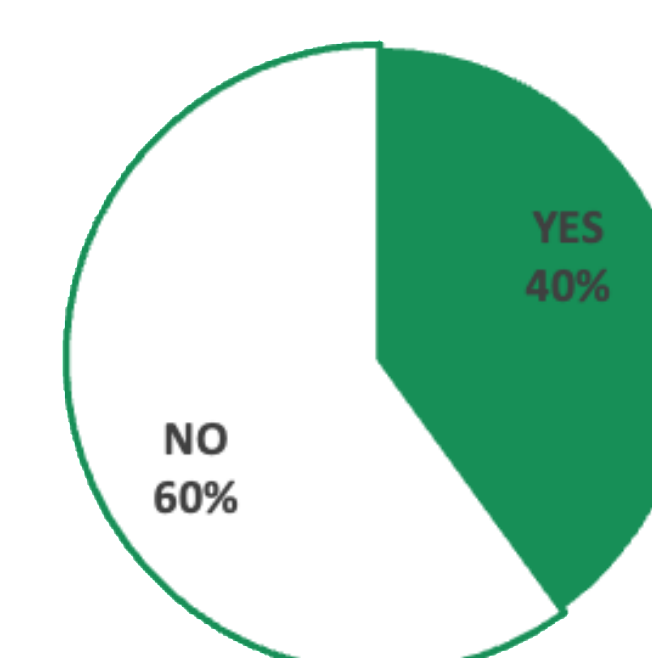
Have you previously collected at the new OPCU?



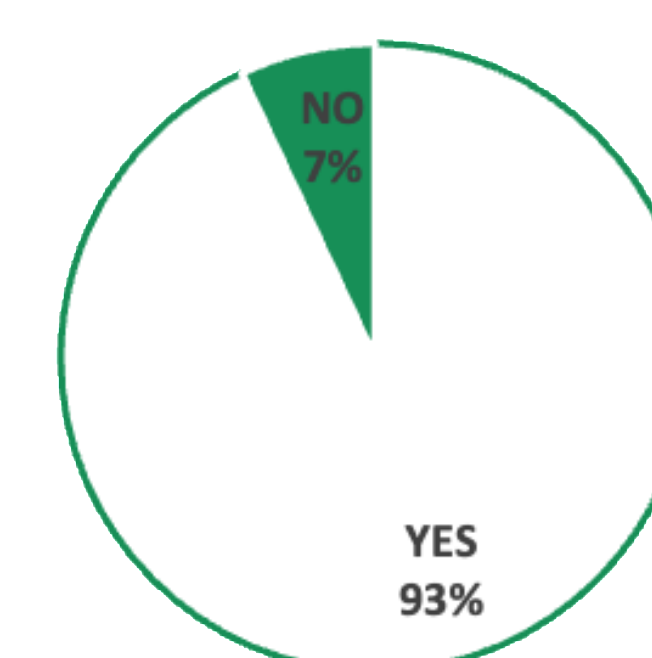
Have you run out of medication during the pandemic?



If you had to go to your usual hospital, would you have stopped going?



Did you feel safe visiting the hospital?



Medicalization of a 165-bed nursing home.

Transfer of the oncology hospital ward.

Referral of day hospital patients:
570 dispensations to 191 patients vs 154 to 44 patients in 2019.

Creation of a specific respiratory emergency service, where SARS-COV-2 positive cases were referred to the referral hospital.

Health crisis due to SARS-COV-2 has been a challenge and the hospital pharmacy has shown a great capacity for adaptation.

CONCLUSION

Among the new circuits, the opening of the OPCU stood out, for avoiding a large number of trips to a “dirty” hospital in another town, for improving adherence and for the great organizational effort in a very short period of time. The different measures allowed the non-COVID-19 activity to continue, minimizing the risk of contagion for patients.