



Reorganisation of a permanent sterile osteosynthesis implants store

OHP-019



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BACKGROUND:

3 years after the set up of a sterile osteosynthesis implants permanent store and facing the **evolution of activity in the surgical unit**, of the **surgical practices** and the arrival of **new practitioners**, it seemed essential to us to optimize this depository.

PURPOSE:

Our purpose is to **cooperate** with the **surgical unit team** in order to **update their needs** related to sterile osteosynthesis implants (SOI).

MATERIALS & METHODS :

The depository optimization stands in a **4-step procedure**:

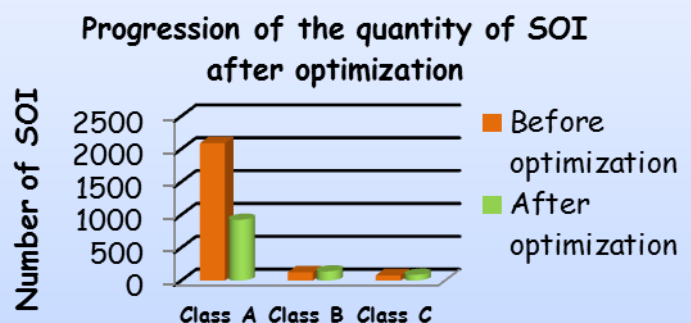
- 1) **Assessment** of the quantity of SOI on deposit and of their implantation during the last 12 months
- 2) **Categorization** of the implant references according to their turnover rate (TR) (in other words, the number of time that a SOI is used monthly),

$$TR = \frac{\text{The 12-month implant consumption}}{(12 \times \text{The quantity of this implant on deposit})}$$

TR	$0 \leq TR < 0,176$	$0,176 \leq TR < 0,353$	$TR \geq 0,353$
TR interpretation	Low turn over	Medium turn over	Important turn over
Categorization of the SOI	Class A	Class B	Class C
Proposal for a new SOI store	Store reduction	Unchanged store	Store rise

- 3) **Calculation of a proposal** for a new store based on an ideal TR = 0,26
- 4) **Discussion** about the proposal with the surgeons.

RESULTS:



The permanent depository counts **384 references** covering **2300 SOI**.

The classes A,B and C respectively contain: 367, 11 and 6 references, that means **2092 SOI in class A**, **128 in class B** and **80 in class C**.

Regarding **class A**, the number of SOI decreased in 77,6% of the references (**924 SOI were counted after optimization**). 144 references have been deleted.

With reference to the **class B**, 18,2% of the depository remains unchanged (**139 SOI in this class after optimization**).

An increase of the SOI has been reported for 50% of all the **class C** references (**87 SOI after optimization**).

Thanks to the TR, a depository proposal has been formulated, optimized and approved with the surgeons.

CONCLUSIONS:

This work has been accomplished because of the osteosynthesis implants were steriles.

This optimization of permanent sterile osteosynthesis implants depository allowed us to **decrease half of our depository** (from 2300 to 1150 SOI). We also **contractualized the new depository with the surgical unit team** enabling us to **improve the security of osteosynthesis implants circuit**. Its performance will be **assessed** by the monitoring of the client claims.