ROOT CAUSE ANALYSIS: STRATEGY FOR A SUSTAINABLE ANTIBLASTIC THERAPY MANAGEMENT SYSTEM

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BACKGROUND

The cost of unused antiblastic therapies(UAT) has a considerable impact on a General Hospital(GH) budget. In order to optimize resources allocation/limit waste, it's possible to analyze process that goes from the physician request for patient care to validation carried out by the Hospital Pharmacist, to preparation/distribution/therapy administration for detecting weak points and turn towards a more sustainable company *modus operandi*.

AIM OF THE STUDY

Objective of the study was to analyze antiblastic drug management process in a Sicilian GH, by means of Root Cause Analysis, detecting weak links economic consequences and promoting corporate awareness work on the issue.

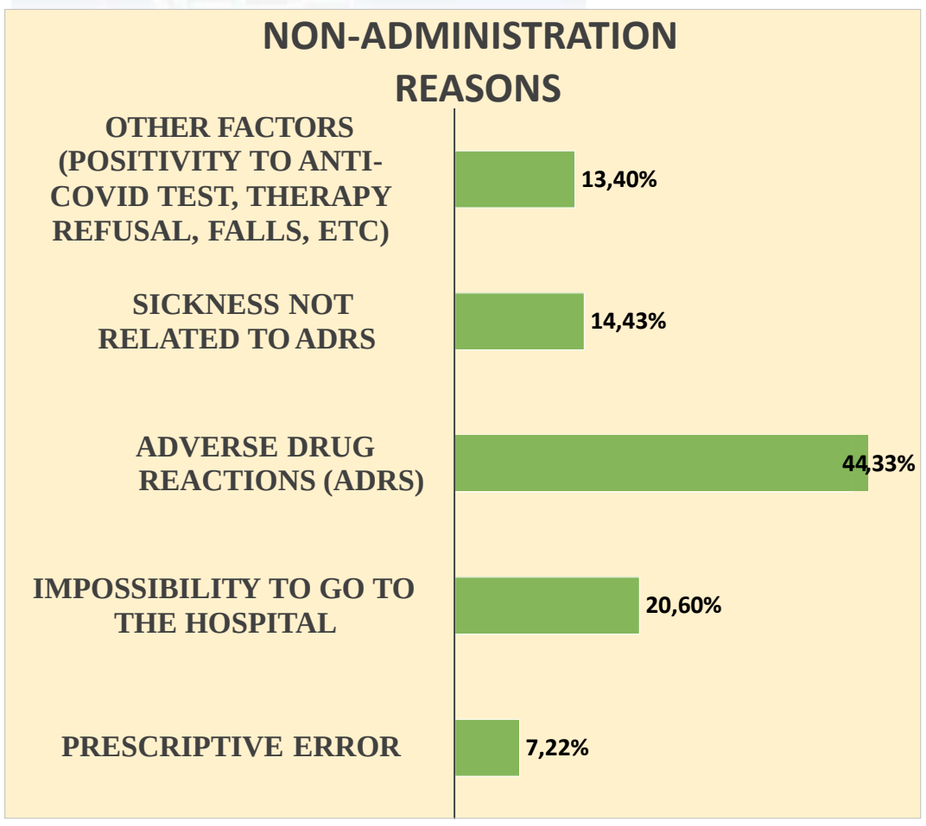
MATERIAL AND METHODS

DICEMBER 2022 – MAY 2023

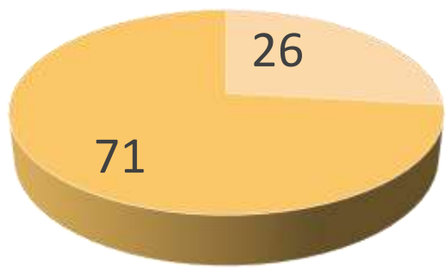
An excel file was drawn up(showing protocol name/dosage/department/non-administration reason); it was also specified whether therapy was reused for another patient-disposed of and, if so, how much this choice has impacted on GH's expenditure, making an estimate of the monetary value costs incurred for drug/preparation.

An audit composed of physicians/pharmacists/nurses met to investigate non-administration causes for finding a sustainable company policy.

RESULTS



OF 12.150 THERAPIES SET UP 97 WERE UAT



- 33.961,82 Euros

CONCLUSIONS

For each non-administration reason corrective actions were identified. It would be desirable for Physician to confirm therapy to Compounding Antiblastic Unit (CAU) only when knows really that patient can receive it, following the visit/assessment of clinical analyses, to direct therapies setting up only towards patients who are truly eligible for conditions/availability/therapeutic reconciliation. Ideal would be the timely communication to CAU of any UAT so that it can be assessed, according to drug's technical data sheet, whether drug can be reused on the same day or within the stability time. Finally, it would be useful having software alert/constraint system for cycles exceeding numbers permitted, established at the time of protocol coding.

eahp european association of hospital pharmacists

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