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## BACKGROUND

At the Grenoble Hospital, Double Bin Replenishment Systems (DBRS) are progressively being introduced into care units. For each DBRS, a supply quota (SQ) of medicines is defined based on the unit's consumption for the 6 month period before installation. Many qualitative and quantitative readjustments of the SQs are needed after each installation, probably because of unknown stocks created in the care units prior to the 6 months study defining the initial SQs. These readjustments are time consuming and cause user dissatisfaction.

## PURPOSE

In September 2014, 43 care units were equipped with DBRS. The purpose of this study is to analyze the SQs already established in order to criticize our method of designing and to find a way to improve it, in view of optimizing installations and increasing users' satisfaction.

## MATERIAL AND METHODS

Qualitative analysis of drugs present in SQs in the care units where DBRS are already set up, according to the Anatomical Therapeutic Chemical classification system (ATCcs).

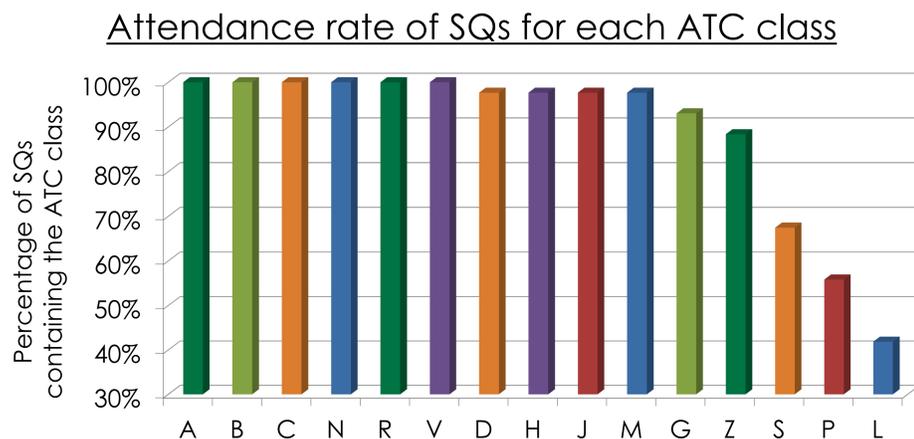
Class	Name	D	Dermatologicals	L	Antineoplastic, immunomodulating agents	R	Respiratory system
A	Alimentary tract and metabolism	G	Genito-urinary system, sex hormones	M	Musculo-skeletal system	S	Sensory organs
B	Blood, blood forming organs	H	Systemic hormonal preparations	N	Nervous system	V	Various
C	Cardiovascular system	J	Antiinfectives for systemic use	P	Antiparasitic products, insecticides, repellents	Z	Pharmaceutical compoundings

## RESULTS AND DISCUSSION

There are 956 different drugs throughout the 43 SQs, which represents 45 % of the drugs available in our hospital.

### Quantitative analysis

- No drug is found in all 43 SQs
- 40 medicines are present in more than 80% of care units
- 139 drugs are present in more than 50% of care units

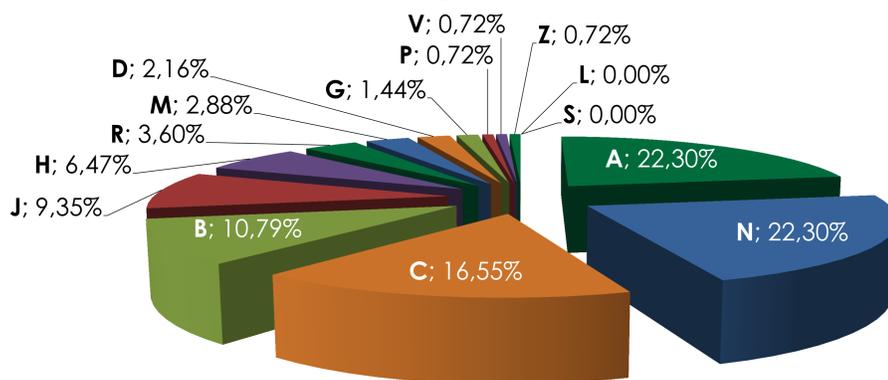


- All ATC classes are not present in all SQs
- Some essential ATC classes (for examples: D, J, M, G) are not present in some SQs
- This can partly explain the readjustments needed after all installations

↳ Creating SQs based only on care unit's consumption is not ideal

➔ Improvement proposed for designing SQs: a « Standard Supply Quota » (SSQ) based on the 139 drugs present in more than 50% of care units could be implemented in every care unit, supplemented by the specific drug requirements of each unit

Distribution of the ATC classes for the 139 drugs present in more than 50% of care units



### Qualitative analysis

All classes of the ATCcs are represented in these 139 medicines, except for :

- Antineoplastic,
- Immunomodulating drugs
- Sensory organs' agents

↳ Expensive drugs that are not used in every care unit

## CONCLUSION

SQs that were previously implemented include drugs of all ATC classes and may serve to define a SSQ that would be common to every care unit. This analysis shows the importance of not focusing on the units' consumption to define SQs. The SSQ should eliminate the omission of certain ATC classes in a DBRS. An evaluation of this SSQ will be required after its implementation.