

## Background

Our establishment produces more or less **150 chemotherapies per day for 115 patients**. In order to reduce the patient waiting time, we decided to anticipate the chemotherapy prescriptions which permit us to prepare a part of the chemotherapies in advance. To overcome the raise of returns generated by that anticipation, we set up standardized doses (5 different types by interval of body surface area in m<sup>2</sup> : <1.49 ; 1.49-1.69 ; 1.69-1.89 ; 1.89-2.1 ; >2.1) facilitating the reallocation of the chemotherapies returns.

## Purpose

Reduce the cost of returns due to the anticipation of chemotherapy

## Materiels and methods

During **6 months**, the returns of chemotherapy prescriptions had been listed and analysed to identify the dose (standardized or not), the cost and the cause of the return. The standardized and reassigned doses prescribed chemotherapies had been counted.

## Results

**18443 chemotherapies**

Anticipation rate of chemotherapies = **41%**

Standardization rate of chemotherapies = **21%**

852 returns = **1,6%**  
of the total cost of  
preparations

**69%** of returns were  
from **anticipated  
chemotherapies**

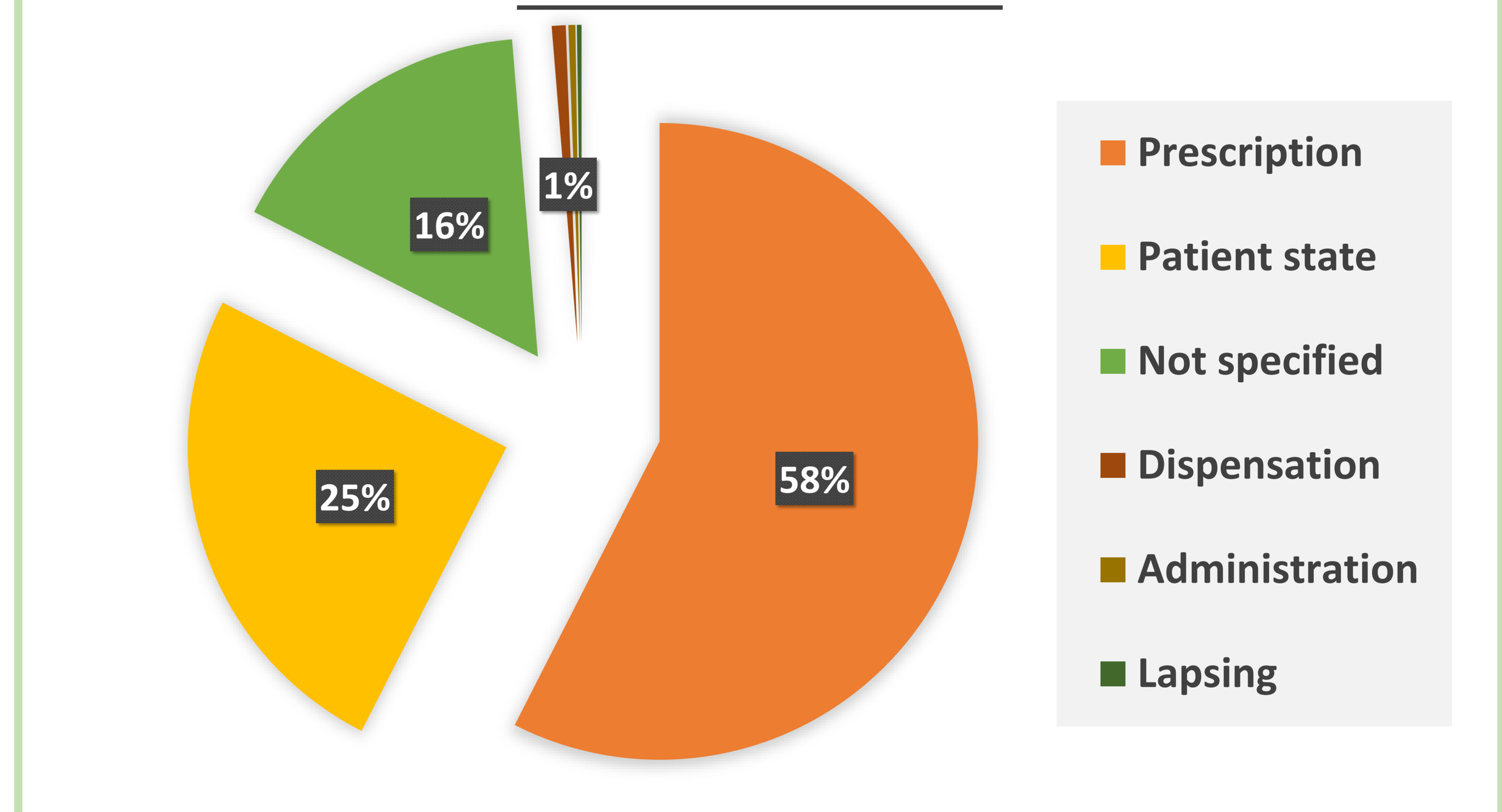
**16%** of them  
had been  
**reassigned**

The  
**standardized  
dose preparation**  
represented **40%**  
of the returns

**42%** of them  
had been  
**reassigned**

**Return cost of 37%**

### Causes of returns



## Conclusion

This standardized work permitted to the cost of the loss of a third. At the moment, 21% of the prescriptions are standardized. To reduce more the return cost while maintaining the patient care quality, we would like to increase the standardization and improve the stability of chemotherapy bags.

