

OPTIMIZATION SETTING UP SURGICAL PROCEDURAL-KIT

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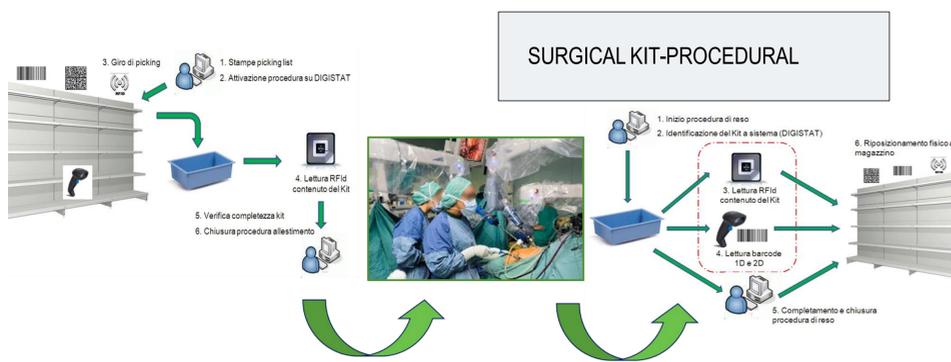
Introduction

The Satellite Pharmacy aims to create a control management model, defined at standardizing and rationalizing the use of the necessary Medical Devices (MD) during the surgical procedures and the subsequent preparation of procedures-kit containing the devices for each individual intervention. The planning and set-up of the Kit allows to ensure the appropriateness of use, to monitor consumption and expenditure of the devices used, providing useful support for the definition of requirements, budget management and risk management activities.

Purpose



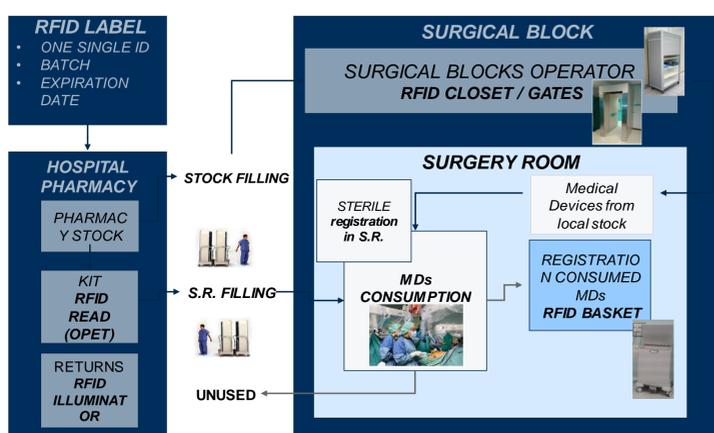
Our goal is the standardisation of materials, in view of the appropriateness of use of MD to improve the best clinical practice and a subsequent reduction in costs.



Materials and methods

The Pharmacy has collaborated in the setting of the material to be included in kits, together with the Structural Units, the Departments of Health Professions and the Directorate of Presidium. The kits, codified and associated with a usual intervention name and an ICD9CM, are used according to an established schedule. We selected the most frequent surgical procedures for each specialised branch. All the data have been collected in a single database: the surgical branch; the type of intervention; and the material used.

MANAGEMENT MEDICAL DEVICES



Introduction

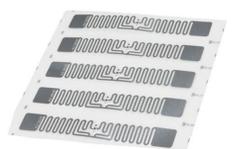
In 2016 we set up 280 types of kits for 26 781 interventions; in 2017, 281 types of kits for 26 272 interventions; and in 2018, 262 types of kits for 12 309 interventions. The new management of MD, using radiofrequency identification (RFID) technology, consists of applying a radiofrequency label on each material, allowing the tracing of each article with important information such as the lot and the deadline. This process reduces clinical risk and provides data on consumed devices from kits and those that are taken extra-kit. We analyzed the consumption of extra-kit material in different surgical procedures. Specifically for thyroidectomy surgery, we found consumption of 50% extra-kit material in 2016, while in 2018 the figure was only 20%. A 30% reduction in the use of extra-kit material translates into the optimization of kit-setting by RFID and an improvement in clinical practice.

Optimization setting up surgical kit: used/unused MDs

KIT Descr	N.KIT Jan-Sept 2018	Medical Devices	Qty Planned	Qty outfitted	Qty expectation	Returned %
KIT D.P.F. EMICOLECTOMIA SX LPS/CH.D'URGENZA	41	HARMONIC ACE+7 FORB	1	39	28	72%
KIT D.P.F. EMICOLECTOMIA DX LPS/CH.D'URGENZA	18	HARMONIC ACE+7 FORB)	1	18	15	83%
KIT D.P.F.NEFRECTOMIA LPS/TRAPIANTI	17	HARMONIC ACE+7 FORB	1	16	1	6%
KIT D.P.F. PANCREASECTOMIA DISTALE LPS	9	HARMONIC ACE+7 FORB	1	6	2	33%
KIT D.P.F. EMICOLECTOMIA SX LPS/CH.GENERALE 1	65	PREMIUM PLUS CEEA SUTURAT	1	56	45	80%
KIT D.P.F. RESEZ. ANT.RETTO ROBOT-ASSISTITA CH.G.1	7	PREMIUM PLUS CEEA SUTURAT	1	7	7	100%
KIT D.P.F. EMICOLECTOMIA SX LPS/CH.DIGESTIVA	89	PROXIMATE ILS SUTUR CURVA	1	83	24	29%
KIT D.P.F. PANCREASECT. DIST. LPS ROBOT ASSISTIT	3	ECHELON FLEX 60 SUTUR	1	3	1	33%
KIT D.P.F. ESOFAGO TORACICO	11	GIA SUTUR LINEARE BLU	1	7	5	71%
KIT D.P.F. RESEZIONE EPATICA LAPAROSCOPICA/CH. EPAT	33	ADTEC COMBI PINZA BIPOL	1	33	30	91%
KIT D.P.F. CISTECTOMIA- UROLOG	54	PREMIUM POLYSORB AQUA	1	34	7	21%
KIT D.P.F. NEFRECTOMIA ROBOT ASSISTITA (RAPN)	19	DA VINCI TELO BRACCIO ROBOT	4	75	8	11%
KIT D.P.F. NEFRECTOMIA ROBOT ASSISTITA (RAPN)	19	TELO BRACCIO STRUMENTO	1	3	1	33%
KIT D.P.F. LPS GINECOLOGICA ONCOLOGICA ROBOT-ASSIS	13	DA VINCI TELO BRACCIO ROBOT	4	52	12	23%



- 7 SURGERY BLOCKS OPERATOR
- 44 SURGERY ROOMS
- 38.000 SURGERY PROCEDURE EACH YEAR
- 860.000 RFID TAG
- 85% ALLOCATED INDEX ON PATIENT



Conclusions

We have developed and will continue to pursue the monitoring and optimization of the material contained in the kits, which are constantly evolving due to obsolescence or new surgical practices. The goal is the standardization of materials, in view of the appropriateness of use of medical devices with a particular focus on the general reduction of costs.



<http://www.eahp.eu/24-25PD-028>