MEDICAL DEVICE'S ACTIVE VIGILANCE OF THE PHARMACIST IN THE DIGITALISATION OF INTRAOCULAR LENSES (IOLs) LOGISTIC PATH

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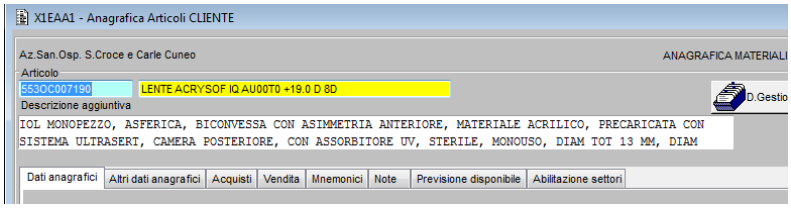
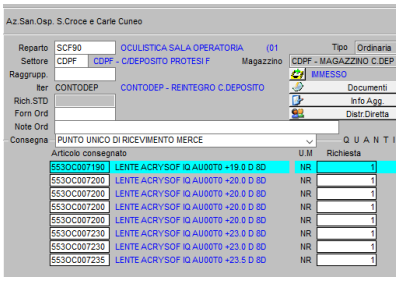
IOLs are prosthetic medical devices(PMDs) used for treatment of cataract.

The pharmacist can be the professional able to guarantee the success of the PMDs management path in all phases: acquisition, stock management and correct use.

PMDs' active vigilance, digitalization and collaboration with the different professional figures (ophthalmologist, operating room nurse, administrative assistant) can improve the logistic path.





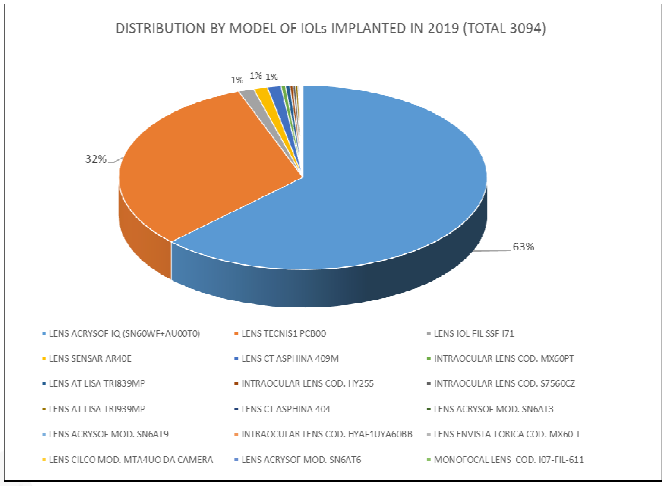
AIMS:

The purpose of the project conducted by the pharmacist was to improve the digitalization of the PMDs' path to increase traceability and safety through active medical device vigilance.

Since the second half of 2019, efficiency of PMD supply chain is underway. The management has been entrusted to pharmacy which deals with their coding and uploading to the management program using barcodes with storage of serial numbers(SNs) and expiration date. This new PMD management provides for download to patient and to user cost center of the specification IOL (diopter and SN) and a concomitant computerized reorder to restore the deposit account(DA). If it was necessary to return IOL to the company for any reason, it must be downloaded from the warehouse passing through the pharmacy.

RESULTS

In 2019, 3094 IOLs of 18 different models were implanted. In 95% of the patients (2918 implants) we used only two models. Between October and November 2019, 98.5% of the IOLs present in the hospital on DA were encoded and uploaded to the management program (8 models with 332 different codes). This allowed an acceleration of DA recovery, more traceability of the implants and easier report data. Between January and November 2019, 2879 IOLs were implanted with no incident report received. Between December 2019 and February 2020, 772 IOLs were implanted; of these, 6 defective IOLs were returned to pharmacist, who provided to report the incident to the Ministry of Health. The problems concerned defects of the pre-loaded IOLs injectors.



CONCLUSIONS

The IOLs managed by hospital pharmacy, in addition to a logistic improvement, has allowed a more furthered investigation on the causes of their return and has encouraged the ophalmologist to point out non-compliances. The project, slowed down for the COVID emergency, will be extended to other types of PMDs.

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