In order to face up to the national health insurance's exigencies about tracking of implantable medical devices (IMD), hospital pharmacies have to improve their own process with computerisation. This new process, set up in 2013 in our hospital center, is expected to secure the medical data and to replace the paper tracking (PT) process.

Understand why computerised traceability (CT) leads to a loss of information and identify remedial actions to improve its efficiency.

- Both CT and PT compared with 3 retrospective audits limited to the orthopaedic IMD in 2014, 2015 and 2017.
- 30 files extracted by a random selection and evaluated using a specific audit grid.
- Criterions analysed: denomination, manufacturer, batch number, date of use and surgeon name. A completed traceability is certified by the presence of all items.

- The 30 medical files analysed in 2017 included 124 IMD (71 in 2015 and 59 in 2014).
- There was 100% of conformity for the entire PT (non displayed results).
- Date and surgeon name were present in all cases because automatically recorded (non displayed results). The others data requires 7 manual steps to be recorded.

As thing stand at the moment, the computerised one definitely cannot replace the old PT. The improvements made in 2015 by operating room nurses training and drop-down menus creation have not been confirmed in 2017. The main difficulty is that full data have to be filled in manually by the operating room nurses despite availability of barcode readers. Indeed, IMD have different barcodes that do not contain all data. The new European regulations will improve the coding system by the creation of a Unique Device Identifier (UDI) which might solve these problems in the future.