



CONTINUITY OF CANCER TREATMENT PREPARATION: WHAT RESOURCES ARE AVAILABLE AT THE REGIONAL LEVEL?



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INTRODUCTION

More than one in two healthcare centers (HC) has already experienced an unscheduled interruptions in its cancer treatment preparation activities.

Most common causes:

1st

2nd ex aequo

2nd ex aequo

Equipment failures

Software failures

Human resource (HR) difficulties

?

How can we ensure continuity in preparation activities? Mutual assistance between HC?



Aim: identify the human, material, and organizational resources that each HC could mobilize.

METHOD

Google Forms® Survey

All pharmacists in charge of a Centralized Chemotherapy Preparation Unit (CCPU)

HC: public or private

75 questions

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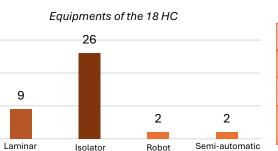
Seven sections

- Equipment
- HR
- Production capacity
- Subcontracting
- Cessation of activity
- Continuity plan
- Regulatory framework

Each HC had 15 days to answer.

RESULTS

Response rate: 18 out of 21 respondents



Trained staff	Pharmacists	Technicians
Total	88	190
Needed daily	20	69
Technically available	68	121

58 workstations

Average:
80 preparations
daily

flow cabinet

+ 75%

Without HR or material constraints:

140 preparations daily

equipment

The main limiting factor is the lack of staff.

Requested assistance: access to external premises

<u>Help offered</u>:

outsourcing preparations

(fixed doses in series)

BUT: only by increasing the number of hours and technicians

CONCLUSION



Numerous and varied territorial resources.

<u>BUT</u>: **discrepancy between the resources** that can theoretically be mobilized **and the perceptions** of professionals in their daily practice.



<u>Ultimately</u>: implementation of a regional cooperation strategy (standard assistance agreement)

Ϊ Necessity of a regulatory changes to provide a legal framework for mutual assistance between HC.