

- 4 (3.70%) management of medications not included in the pharmacotherapeutic guide
- 3 (2.78%) drug detection without justification
- 3 (2.78%) dose adjustments for renal or hepatic failure
- 2 (1.85%) incomplete prescriptions
- 1 (0.93%) detection of drug interactions
- 1 (0.93%) detection of allergies.

95% of the prescriptions were accepted, and of these 95% implied changes in the medical prescription.

**Conclusion and relevance** The high number of interventions carried out shows that the integration of the pharmacist in the internal medicine service facilitates the detection, prevention and resolution of errors related to medications and more appropriate treatment on admission to hospital or discharge from home. Most of the interventions were accepted; a high number of interventions were related to the adequacy of the treatment.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

#### 4CPS-351 MEDICATION DELIVERY CONFIRMATION TO AMBULATORY PATIENTS BY INSTANT MESSAGING APP

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**Background and importance** Faced with the lockdown caused by COVID-19 since March 2020, we have been reorganising the external patient department to get medicines to our patients. But how do we notify them that their medication is on its way? How do they send us delivery confirmation, without wasting a lot of time and protecting their data online?

**Aim and objectives** To analyse the effectiveness of the use of a professional instant messaging application to confirm medication delivery to our patients or to their family members, always ensuring the protection of their data.

**Material and methods** A prospective study was conducted of all patients who were sent that medication. This study was done with WhatsApp Business between July and September 2020. All patients gave us prior verbal consent to participate in this study. Data collected were: number of shipments, age, sex and number of patients, number and type of sent messages with the app, number of confirmations or incident responses by patients with the app and time saved compared with phone calls.

**Results** A total of 190 medication shipments were made to 98 patients (60% men) with a median age of 57 (32–89) years. 354 instant messages were sent to 79 patients (80.6%), of which 177 (50%) were shipment notifications and 177 (50%) were a simple yes/no question to confirm the correct pickup. Referring to these last 177 messages, we received 122 replies from 63 patients (64.3%), of which 119 (94.3%) were correct delivery confirmations and 3 (5.7%) were incidents (which were resolved as soon as possible). The system warned us that 19 (19.4%) patients had not received the messages because neither they nor their family members had the necessary app installed on their mobile phones. Assuming an average of 3 min per phone call to confirm delivery of medication, we

saved 357 min (3×119 confirmation responses) because of instant messaging.

**Conclusion and relevance** This method of instant messaging online was a fast, free and secure way to notify and confirm the correct delivery of medication or to detect any delivery incidents. A possible limitation is that some elderly patients do not have this app installed on their mobile phones or they do not know how to use it.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 4CPS-352 PATIENTS IN CHARGE: WHY WE SHOULD IMPLEMENT AN ONLINE PERSONAL HEALTH RECORD AS A TOOL FOR MEDICATION RECONCILIATION

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**Background and importance** Medication discrepancies (MDs), defined as unexplained differences among medication regimens, cause important public health problems with clinical and economic consequences. Medication reconciliation (MR) reduces the risk of MDs but is time consuming and its success relies on the quality of different information sources. Online personalised health records (PHRs) may overcome these drawbacks, but the correctness of the identified MDs with a PHR compared with traditional MR is unclear.

**Aim and objectives** The aim of this study was to determine the level of agreement of identified MDs between traditional MR and an online PHR and the correctness of the identified MDs with an online PHR.

**Material and methods** Two weeks prior to a planned admission to the cardiology, neurology, internal medicine or pulmonary department, patients received an invitation from a PHR to update their medication file derived from the Nationwide Medication Record System (NMRS). At admission, MR was performed by a pharmacy technician, who created the best possible medication history (BPMH) based on the NMRS data and an interview. MDs were determined as discrepancies between the available information from the NMRS and the input and alterations patients or pharmacy technicians made. The number, correctness of patients' alterations, type and severity of identified MDs were analysed.

**Results** Of 488 patients approached, 155 (31.8%) were included. The mean number of MDs identified with MR and PHR was 6.2 (SD 4.3) and 4.7 (SD 3.7), respectively. 82.1% of the drug information noted by the patient in the PHR was correct compared with the BPMH, and 98.6% had no clinically relevant differences between the lists.

**Conclusion and relevance** Patients who used an online PHR had the ability to correctly identify clinically relevant MDs in a manner that resembled traditional MR. Online PHRs may have the potential to replace MR in detecting MDs.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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