

# **OHP-054 LIFTING THE QUALITY OF THE DAILY SERVICE, BY OBTAINING CONSENSUS BETWEEN PHARMACY TECHNICIANS WITH REGARD TO GENERIC DRUG PRESCRIPTIONS**

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<sup>1</sup>S Beier, <sup>2</sup>D Thomsen, <sup>1</sup>M Wellner. <sup>1</sup>Region Hovedstadens Apotek, Medicinservice Herlev Hospital, Herlev, Denmark; <sup>2</sup>Region Hovedstadens Apotek, Medicinservice Hillerød Hospital, Herlev, Denmark

**Background** After structural changes in the clinical pharmaceutical services at Herlev Hospital (DK), there are now two different pharmacy technicians serving the same ward. This structural change revealed considerable differences in the daily routines and service. This was unsatisfactory to the wards and had a negative effect on the working environment.

**Purpose** To reach consensus about the level of daily service by focusing on changing prescribing toward generic stock drugs and thereby enabling all staff to conduct a uniform level of service.

**Materials and Methods** A new educational programme was drawn up and implemented. The educational focus was on drugs that had been obtained by an EU tender, changing prescribing habits toward generic drugs in stock, within ATC-group C and N, and interprofessional communication. Support tools for the new practise were introduced.

The impact of the intervention was measured by an anonymous questionnaire answered by the pharmacy technicians at Herlev Hospital.

**Results** The response rate was 75%.

The answers on the benefit of the new educational programme were:

No benefit at all: 0%, minor benefit: 8%, fair benefit: 53%, high benefit: 22% and no answer: 17%.

The answers on the benefit of the support tools were:

No benefit at all: 11%, minor benefit: 24%, fair benefit: 28%, high benefit: 28% and no answer: 9%.

All who answered the question (78%) agreed that a consensus had been reached on the daily services. There were variations in answers about shifting prescribing towards generic drugs in stock after the intervention, some experienced a considerable effect and others experienced no difference.

**Conclusions** The intervention was shown to be effective. Consensus was reached on the level of daily service. The staff is now more comfortable with the daily routines, but some variation in the day to day work still remains.

No conflict of interest.

# **OHP-055 MANAGEMENT OF HYPERTENSION IN TYPE 2 DIABETIC OUTPATIENTS**

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<sup>1</sup>S Khiter, <sup>2</sup>E Speyer, <sup>1</sup>I May, <sup>3</sup>O Ziegler, <sup>1</sup>A Giesenfeld, <sup>3</sup>P Böhme. <sup>1</sup>CHU NANCY Hôpitaux de Brabois, Pharmacy, Vandoeuvre les Nancy, France; <sup>2</sup>CHU NANCY Hôpitaux de Brabois, Epidemiology and clinical evaluation, Vandoeuvre les Nancy, France; <sup>3</sup>CHU NANCY Hôpitaux de Brabois, Diabetology, Vandoeuvre les Nancy, France

**Background** The control of blood pressure is one of the main objectives in type 2 diabetes mellitus (T2D) management, as well as glycaemic control.

**Purpose** The first objective of this study was to describe the practise in hypertensive drug management in a cohort of DT2 patients from a diabetology department of a university hospital and to compare this practise with the current guidelines for hypertension treatment (HGs).

**Materials and Methods** This retrospective study examined T2D outpatients who came to the diabetology department between June and November 2010 for an annual cheque-up. Clinical and therapeutic data were extracted. Patients' blood pressure levels were measured by an automated procedure (Dynamap).

**Results** The analysis was carried out on 803 patients (age: 64.9 ± 8.9 yrs; 38.6% women). The combination of T2D with confirmed hypertension was frequent (82.9%) and higher than the national results (80%). This situation was associated with cardiovascular and renal complications for 21% and 22.4% of the patients, respectively. The average systolic and diastolic blood pressures were 132.9 and 71.3 mmHg, respectively. Recommended objective for DT2 patients (<130/80 mmHg) was reached for 44.6% of the patients. Mono, dual and triple therapies were in accordance with the HGs in 100%, 95% and 85% of the patients, respectively. The effect of these different combinations, illustrated by the median of the blood pressure levels, was better for monotherapies (128.5/70.3 mmHg) than for dual and triple therapies (132.5/72 and 131/70.8 mmHg, respectively). 19% of patients had to take at least 4 anti-hypertensive drugs and the median of their systolic and diastolic blood pressures were 135.5 and 71 mmHg, respectively.

**Conclusions** In DT2 patients, blood pressure control should be improved, with for example earlier detection of hypertension and/or therapeutic reinforcement. However, antihypertensive drug management seems to be in accordance with the French official guidelines. The development of new drugs and patient education programmes may improve patient adherence.

No conflict of interest.

# **OHP-056 MANAGEMENT OF THE VIAL RESIDUES IN AN INTRAVENOUS CHEMOTHERAPY UNIT OF A TERTIARY HOSPITAL**

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JE Megías Vericat, J Ruiz Ramos, J Reig Aguado, MJ Ausina Ausina, C Borrell García, MJ Esteban Mensua, E López Briz, JL Poveda Andrés. Hospital Universitario y Politécnico La Fe, Servicio de Farmacia, Valencia, Spain

**Background** Minimization of chemotherapy costs has become a rational goal in today's economic environment.

**Purpose** To assess the cost savings achieved by optimising vial residues during chemotherapy preparation.

**Materials and Methods** A longitudinal prospective study was conducted in the Intravenous Chemotherapy Unit of the Pharmacy Service between 15 January and 31 March of 2012. We selected the six drugs with more potential cost saving (bevacizumab, bortezomib, liposomal doxorubicin, panitumumab, rituximab and trastuzumab). Data were collected with the Oncofarm software: number of patients, number of preparations, theoretical and actual number of vials used. For economic estimates the retail price (RRP) was used.

**Results** During the study period, 365 preparations were administered to 190 patients; these required the potential use of 716 vials, but actually 545 vials were used, saving 219,538€ (33% of the cost without recycling excess vials).

Data analysis showed that 81% of the total savings were achieved with only 2 drugs: bevacizumab (50%, 80 vials, €110,556) and rituximab (31%, 50 vials, €67,752). Their high frequency of use (66% of preparations and 68% of patients), high cost and greater variability of prescribed doses, justifies these results.

Theoretical average costs of the preparations analysed without managing the residues of partially-used containers were 1,790 (SD:476) €/preparation and 3,568 (SD:642) €/patient. After savings were made the averages were 499 (SD:253) €/preparation and 965 (SD:389) €/patient. Rituximab (€836/preparation, €1,063/patient), bevacizumab (€700/preparation, €1,602/patient) and panitumumab (€625/preparation, €1,111/patient) were the drugs with greater savings.