We estimated the difference between potential savings if the adjustment had been perfect and the actual saving obtained (€21,135), possibly caused by the preparation process or expiry of some reconstituted vials

Conclusions Residues management is a common practise to improve the efficiency of the preparation process. Optimizing this process of updating medicines' stabilities, recording the opening date on the vial, checking expiries and storage conditions, achieved significant savings in the cost of treatments.

No conflict of interest.

OHP-057 MEASURES FOR PALIVIZUMAB COST CONTAINMENT ANALYSIS

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Background Prescription RSV (Respiratory Syncytial Virus) immunoprophylaxis with palivizumab involves high pharmaceutical costs associated with paediatric services. It is necessary to establish protocols aimed at reducing the cost associated with these treatments, adjusted to the best cost-effectiveness criteria.

Purpose To assess whether the prescriptions are consistent with indications of greater efficiency; to assess the impact of the revision of the criteria in the last vaccination campaign.

Materials and Methods We analysed the cost associated with the use of palivizumab in the last six years, the criteria for indication of prophylaxis, and the impact of the restrictions introduced last season. The number of doses that can be administered has been restricted: a limitation for the higher-risk months (Nov-Jan), and more cost-effective presentations (100 mg) are to be used.

We extracted from our hospital system (SAP) the dispensed prescriptions of palivizumab from September 2006 to February 2012 (5 vaccination campaigns) analysing the number of patients treated, number of doses per child, vaccination period, consumption distribution among different presentations, indication criteria and associated cost.

Results An examination of the last 6 vaccination campaigns shows the impact of the measures taken. We obtained a 35% cost reduction (€98,875.25) compared to the average in recent seasons, and a 28% decrease in the number of children treated. The priority of using 100 mg vials meant a 63% reduction in the use of 50 mg vials, which are less cost-effective. The largest decrease (10%) in prescriptions was in premature infants between 29 and 35 weeks gestation. No vaccinations were done in March.

Conclusions Establishing agreed more restrictive criteria used in the selection of patients to be treated, limiting the months in which the vaccine can be administered and the preferential use of 100 mg vials has brought about a 35% reduction in the cost associated with this treatment (€98,875.25) compared to previous campaigns.

No conflict of interest.

OHP-058 NEW RESPONSIBILITIES FOR PHARMACY TECHNICIANS: THE SKILLS MATRIX, A PERFECT TOOL FOR CHANGE MANAGEMENT

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Background Our teaching hospital has a level 3 maternity unit and a neonatal intensive care unit for 29 preterm infants. Over 3,000 bags of paediatric parenteral nutrition are prescribed annually. Their production is outsourced to another hospital. Until 2010, only pharmacy residents and pharmacists were in charge of this activity.

Purpose To design and implement a skills matrix to shift this activity towards the hospital pharmacy technicians.

Materials and Methods A multidisciplinary working group (a pharmacist, a chief technician, a pharmacy resident, two pharmacist technicians (PTs)) defined Standard Operating Procedures (SOPs) needed and skill levels according to our Process Map. They established a training programme and finally a Gantt chart.

Results Our matrix includes two levels: level 2 consists of the delivery of parenteral nutrition; level 1 also includes ordering and checking nutrition bags, the management of nonconforming products and monthly management.

Of the 11 pharmacy technicians, 100% gained level 2 and 55% level 1 between January and May 2011 as defined. The activity shift was fully completed after 6 months. SOPs were reviewed and approved entirely during 2011. Experience feedback meetings have been set on a regular basis with the clinical ward to maintain standards since June 2012.

Pharmacy technicians have expanded their skills and this has enabled us to save pharmacists' time (0.3 Full Time Equivalent). PTs were examined again in September 2012 in order to assess their skills and knowledge after one year, using interactive real-life exercises.

Conclusions The skills matrix is a simple and attractive management tool for identifying needs, assessing and developing individual skills. It provides not only a clear insight into individual skills but also into transversal competencies in a Pharmacy Department. It is particularly adapted to conducting change in a peaceful and positive manner and very important for annual individual assessment.

No conflict of interest.

OHP-059 OPTIMIZATION OF HIGH-IMPACT MEDICINES IN PAEDIATRICS

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Background High economic impact medicines are used off-label in paediatric situations, using adult presentations for lack of a paediatric form.

Purpose To justify preparing individualised medicines for paediatric use according to individual need; adaptation to increase safety and reduce costs.

Materials and Methods Retrospective review of high-impact medicines used in individualised treatment in paediatrics. Duration of study: 4 years. The medicines were included if they had been needed (adalimumab 35 months, anakinra 73 months and pegfilgrastim 50 months).

Data collection sources: Computer application in the pharmacotechnical area, software of the outpatient dispensing and management system. Personnel times were collected according to the Catalogue of Products and Billing (2nd edition 2009) and costs according to the Analytical Accounting Service. As these were standard sterile formulas the time and cost of pharmaceutical personnel were considered (standard operating procedure of a new product and successive validations), nurse (production) and technician (material preparation, labelling and packaging.

We compared the cost of dispensing the complete pharmaceutical form with individualised costs through sterile repackaging.

Variables studied: patients, different types of dosages, number of syringes made, number of syringes consumed and associated costs. For economic valuation the cost of the commercial presentation and the personnel involved in the making were considered.

Results The 3 medicines identified were repacked from the adult branded product formulations.

Abstract OHP-059 Table 1

Drug/Pathology	No. of patients treated	No. different dosages	Syringes made	Syringes consumed	Cost of full dosage form	Cost of individualization	Saving
Adalimumab/Rheumatoid Arthritis	3	2	70	35	€33,971.00	€17,519.31	€16,451.69
Anakinra/Juvenile Idiopathic Arthritis	6	9	2274	809	€58,680.57	€34,804.94	€23,875.63
Pegfilgrastim/Congenital Neutropenia	1	1	148	74	€92,352.00	€4,7263.84	€45,088.16

The results are expressed in the above table:

Conclusions Individualization of dosage represents both an optimization of resources and increased patient safety. Repackaging improves difficult-to-measure volume management, avoiding handling in unsuitable conditions by the patient.

No conflict of interest.

OHP-060 PAEDIATRIC CLINICAL RESEARCH: CURRENT SITUATION AND PHARMACEUTICAL CONSTRAINTS IN FRANCE AND CANADA

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Background Paediatric clinical research represents a challenge and faces particular pharmaceutical constraints.

Purpose The main objective was to describe the current pharmaceutical situation in paediatric clinical research in France and Canada. The secondary objective was to identify factors that discourage paediatric clinical research.

Materials and Methods Cross-sectional survey of 12 pharmacy departments from France and 12 from Canada with an online 50-question survey (June–September 2012). The median [minimum-maximum] was calculated for each country and compared using the Mann-Whitney or Fisher's exact test. Respondents were asked to rank, in order of importance from 1–10 (1 being the most important), factors that discourage paediatric clinical research.

Results There was a similar number of ongoing paediatric clinical trials in France and Canada (38 [10–81] vs. 20 [4–178], p = 0.205). A lower number of pharmacists per hospital was observed in France (17 [11.5–35] vs. 45 [18.9–76.8], p = 0.009), but a similar number of pharmacists were assigned to clinical trials (1.5 [1–3] vs. 1.9 [0.2–17.4], p = 0.921). Institutional protocols represented the majority of paediatric clinical trials in France (61% [14–100] vs. 25% [0–100]). Similar services were offered, but the majority of French respondents offered help with institutional protocol development (91% vs. 50%, p = 0.063). The majority of respondents reported that the payment provided by the investigators was insufficient to cover pharmaceutical support costs and that formulations were not easily obtained from manufacturers. Respondents from both countries ranked more highly the same factors that discourage paediatric clinical research, such as absence of financial interest from the pharmaceutical industry (median rank 2 [1–6] vs. 4 [1–10]), prohibitive cost versus profit ratio (2 [1–3] vs. 3 [2–9]), small patient cohorts per hospital (2 [1–7] vs. 4.5 [1–10] and the non-availability of appropriate drug formulations (3 [1–9] vs. 5 [1–10]).

Conclusions Similar constraints were identified in France and Canada. Further studies are required to identify relevant incentives to better support pharmacists' role in paediatric clinical research.

No conflict of interest.

OHP-061 PARENTERAL NUTRITION: STANDARIZED PROCESS FROM PRESCRIPTION TO PREPARATION

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Background It is widely recognised that Total Parenteral Nutrition (TPN) is essential for the patient's survival and not just for simple assistance. Therefore, it's important that sufficient attention is devoted to assessing the patient's nutritional status. The department of Pharmacy has always been involved in the management of TPN to support the clinical and therapeutic needs of the patient.

Purpose To facilitate the physician's delicate task of prescribing a balanced nutritional formula, identifying some standard formulas/recipes for parenteral nutrition bags.

Materials and Methods These standard prescriptions have been developed with a nutritionist and the Surgery team and they cover both peripherally administered (low osmolarity) and centrally administered (high osmolarity) solutions. Depending on the patient's clinical needs, we have standardised prescriptions with different volumes (2000 or 2500 ml). In addition to the patient's personal data and anthropometric information, these prescriptions already include all the necessary elements for a balanced diet, including calorie requirements, key macronutrients, proteins, water and micronutrients.

Results This review has provided standardised guidance and support to the medical staff in writing the prescriptions for TPN, also giving a range of choices in the initial nutritional approach to the patients. Standardized prescriptions offer a better balance of electrolyte content than those of ready-to use commercial formulations. This approach has improved familiarity with TPN throughout the hospital, by implementing the use of customised bags not only in critical care departments, leading to better cost management.

Conclusions The purpose of nutritional support is not only to avoid malnutrition and its complications, but also to change the pathogenic mechanisms of diseases. For a proper use of artificial nutrition it is necessary to have an in-depth knowledge of the problems of malnutrition. For this reason, it is essential to have a multi-disciplinary approach in which the pharmacist connects different functions.

No conflict of interest.

OHP-062 PATIENT-ORIENTED CARE IN PHARMACY CONSULTATION CENTRE: ANALYSIS OF PHARMACIST INTERVENTIONS

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Background The number of drugs used has increased in recent years. Some patients need an explanation of how to use their drugs and how to prevent medical errors. The pharmacy consultation centre in St. Ann University Hospital has offered a service for more than 11 years for in- and outpatients. They can consult pharmacists about their drug-related problems.

Purpose To analyse what the most frequent topics of consultations were in 2011 and 2012.

To find out how pharmacists provide counselling to patients by repeat cheque-up appointments.

Materials and Methods Patient records were examined retrospectively in 2011 and 2012 (January–September) looking at the number of visits, age and sex of patients, topics of patient questions. Pharmacists offered patients repeat cheque-up appointments to increase the compliance with recommendations.

Results The authors performed 85 consultations in the last two years for 47 patients (number of new patients: 25 in 2011, 22 in 2012). Median age was 64.5 years, 25 women and 22 men. Median