

According to the latest guidelines issued by ESMO the role of maintenance is not yet defined. In our study only a few patients were candidates for this treatment.

The median overall survival time found in our study was similar in the two groups.

No conflict of interest.

### CPC-018 ANETH: AN ORIGINAL TOOL FOR ASSESSING, PROMOTING AND IMPROVING YOUR PATIENT EDUCATION (PE) PROGRAMME

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**Background** In France, the annual self-assessment of PE programmes is recommended by the Regional Health Agencies. This analytical approach, necessarily time-consuming and structured, is a challenge for any team. However, it is a preliminary step in any process of qualitative and quantitative improvement.

**Purpose** First to provide a tool enabling teams to formalise and describe their work processes and to record work done and resources data in order to identify margins of progress leading to an improved action plan.

**Materials and Methods** A survey of quality criteria was conducted according to the recommendations available in France about PE programmes. The quantitative criteria were those requested by regional agencies. Several successive versions have been developed. Each was tested by a group of programme coordinators and updated as necessary.

**Results** The final tool is provided in the form of a user-friendly Excel document. The first input sheet is simply used to identify the programme. The following three input sheets are designed to record qualitative data (process), quantitative data (tasks accomplished), and the achievement of programme objectives (effectiveness). The output summary sheet shows graphical results and highlights the strengths and weaknesses of the programme, as well as quantitative changes from the previous year. The last sheet allows you to edit a report containing the main recorded items.

**Conclusions** AnETH appears to be easy to use and provides an original interface for identifying and evaluating PE activities in order to improve actions. It provides a simple method for meeting the requirements of self-assessment and certification and, in the current context of financial constraints, it may be used as a useful activity and resources report. Future versions may incorporate an interface with the usual recording software, in order to skip data collection.

No conflict of interest.

### CPC-019 ANTICOAGULANT THERAPEUTIC EDUCATION: A NEW MORE SUCCESSFUL METHOD?

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**Background** More than 1% of the French population is treated with anticoagulants. This class of medicines is the leading cause of iatrogenic illness. For this reason anticoagulant therapeutic education (ATE) is a priority for our hospital. Since 2010, an ATE

programme has been implemented in the cardiology department but only a few patients have been interviewed so far.

**Purpose** To find a new method that would be more effective in treating patients and also easier to implement for the pharmacist, who is in charge of informing the health staff.

**Materials and Methods** Since all the patients' records are computerised, we worked with the computing department to include the ATE programme in the patients' records. We start by interviewing the patients being treated with anticoagulants. Then, we explain to them what the treatment consists of and we give them an explanatory booklet which informs them about the signs of overdose, risky situations and adverse effects. It also provides them with information regarding their diet and the steps they have to follow when forgetting a dose. We call the patients one month after the interview was carried out to assess the results.

**Results** The new method was implemented in March 2012. Of the 12 patients we interviewed, 8 patients answered our questions and 2 of them had stopped their treatment. The 6 patients still on treatment knew that the treatment follow-up required doing blood tests. 4 of them knew what to do if they got an abnormal INR result. 3 of the 6 patients kept their anticoagulant treatment card in their wallet. All the patients took their medicine at fixed times in the evening. They appeared to be satisfied with the programme. The booklet helps them to commit to memory the concepts explained to them. Including the ATE in the patients' computerised records was shown to make the pharmacist's work easier. The presentation of the process to the managers from the different departments was a success.

**Conclusions** These encouraging results highlight the advantages of this new therapeutic education method which makes the pharmacist's work easier. We plan to introduce ATE in all departments and to assess this implementation over the next six months.

No conflict of interest.

### CPC-020 ASSESSMENT OF MEDICINES ADMINISTRATION IN INSTITUTIONALISED PATIENTS WITH DYSPHAGIA OR FEEDING DISORDERS

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**Background** Dysphagia is the most common oesophageal disorder in the elderly, particularly in patients living in institutional settings, such as nursing homes. Pharmacists have an important role in patient safety by suggesting alternative methods of administration, dosage forms or therapeutic agents that might be available in a more suitable formulation.

**Purpose** Implementation of individualised medicines administration guides for geriatric patients with dysphagia or enteral tube feeding.

**Materials and Methods** A total of 154 institutionalised patients were included in a transversal prospective study carried out in 2 nursing homes over a period of 6 months. A comprehensive geriatric assessment was performed by an interdisciplinary team and all patient medicines profiles were reviewed. Pharmacist recommendations and prescription adaptations were then used to write individualised medicines administration guides for all dysphagic patients.

**Results** Medicines administration problems were identified in 52 out of 154 patients (33.7%). Their mean age was  $84.5 \pm 9.2$  years, and most of them were female (73.9%). Polypharmacy was high among this population (75%) as defined by taking more than five drugs (mean 6.6 per patient).