

**Purpose** To analyse the use of antibiotics at the Children's University Hospital.

**Materials and Methods** Two point prevalence surveys undertaken on a single day in May and November, 2011. Data collected included demographic details, antibiotic, route and indication. This study included all in-patients, who were present in hospital at 8 am on the days of surveys and to whom a systemic course of antibacterials (ATC J01) were prescribed for treatment. Day-cases were excluded. Microsoft Excel and SPSS 20.0 were used for data analysis.

**Results** The total number of patients to whom antibacterials was prescribed: 125/418 (30%) in May, and 159/424 (38%) in November. The number of patients to whom antibacterials were prescribed (for treatment): 105 (84%) in May, and 125 (79%) in November. The main age group was 1–5 years: 27 (22%) patients in May, and 33 (21%) in November. Males made up a greater proportion of in-patients. The most common groups of antibiotics prescribed for treatment were extended-spectrum penicillins with 31/117 (27%) treatment courses and the third generation cephalosporins 29 (25%) in May, and 38/158 (24%) and 41 (26%) in November. The top five antibiotics prescribed for treatment were ampicillin, penicillin G, ceftriaxone, cefotaxime and amoxicillin both in May and November. The most common indication for antibiotic treatment was lower respiratory tract infection. Antibiotics were mostly used intravenously: 92 (88%) patients in May, and 109 (87%) in November.

**Conclusions** These prevalence studies indicated the main problems in antibiotic prescription and areas of improvement: the high use of third generation cephalosporins and predominant intravenous administration.

No conflict of interest.

## B.E.A.M. Summit

### BEA-001 BUILDING UP A REGIONAL AND INTERDISCIPLINARY NETWORK FOR BETTER USE OF MEDICINES IN INTENSIVE CARE UNITS

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<sup>1</sup>P Voirol, <sup>2</sup>L Gattlen, <sup>3</sup>T Fumeaux, <sup>4</sup>P Eckert. <sup>1</sup>Service of Pharmacy University Hospital, Lausanne; <sup>2</sup>Service of Adult Intensive Care Medicine University Hospital, Lausanne; <sup>3</sup>Service of Intensive Care, Regional Hospital Nyon; <sup>4</sup>Service of Intensive Care, Clinic La Source, Lausanne, Switzerland

**Background** Clinical pharmacy in intensive care units (ICUs) showed beneficial effects on safety and economics. The establishment of a regional network including pharmacists, physicians and nurses of all ICUs seemed useful for the following reasons:

- Issues regarding medicines use in ICU are similar in all hospitals.
- Patients are often transferred from a tertiary care hospital to a secondary one or vice versa.
- Health care givers move from a hospital to another one during their career.

In 2007, an interdisciplinary group, Sipharm, was set up in order to create a network in the French and Italian speaking parts of Switzerland.

**Purpose** The goals of the project were to exchange data on drug administration in ICUs, share knowledge and skills, and establish standards for the administration of drugs.

**Materials and Methods** Sipharm now involves 13 hospitals. Each is represented by an ICU physician, an ICU nurse and a pharmacist. The group meets twice a year. Then, each member has to implement the decisions in his/her hospital.

**Results** Four main areas of action have been developed:

- Harmonisation of the dilution and preparation of intravenous drugs: 52 standard dilutions have been defined. This led to collaborations with manufacturers in order to obtain ready-to-use preparations at the defined dilutions.
- Harmonisation of the labelling of syringes: definition of the minimal list of elements that labels have to include.
- Exchange of critical data
- Drafting of joint guidelines

**Conclusions** Establishing a network is an effective way of increasing the exchange of expertise. It can lead to the simplification and harmonisation of practises and therefore help reducing risks and medicines errors and limit problems related to the movement of patients and caregivers. Pharmacists have to be the driving force of such interdisciplinary projects focusing on drug use.

No conflict of interest.

### BEA-002 ONLINE INTERNET SURVEY ON LEADERSHIP AND MANAGEMENT FOR PHARMACISTS WORKING IN THE ITALIAN NATIONAL HEALTH SERVICE (SSN)

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F Musicco, S Cozzolino. Istituti Fisioterapici Ospitalieri Rome, Italy (2) Centro di Biotecnologie 'A.O.R.N.A. Cardarelli', Napoli, Italy

**Background** Hospital pharmacists working in the Italian SSN need a compendium of leadership and management skills. Currently, the health system does not envisage in-depth assessment of these skills when it comes to choosing heads of department who coordinate and manage other professionals. So we have to envisage meeting these training needs, mostly for the heads of departments, services and pharmacies. We think that even if shared leadership is not restricted to such people, head pharmacists and experienced practitioners should be trained for the greater complexity and responsibility of their roles. The BEAM summit held by the European Association of Hospital Pharmacists (EAHP) offered material and tools with which to disseminate this knowledge in Italy.

**Purpose** The first step probably is for head pharmacists and experienced practitioners to become aware of the skills they have in this field; therefore an on-line internet survey for SSN pharmacists is being organised to cheque the situation regarding individual knowledge. Furthermore, the intention is to raise awareness of the areas of expertise required among the pharmacy colleagues and communicate their personal level of knowledge and their leadership and management abilities to SIFO. Courses can then be designed to cover areas of skills that are most lacking. Later on, all of those who have got a global mark below the expected value will be invited to attend more training to fill in the gaps regarding these competences.

**Materials and Methods** The aim is to use the leadership competence framework of the Royal Pharmaceutical Society (RPS) in which competency statements describe the activity all pharmacy professionals should be able to demonstrate. The statements will be subdivided by areas: 1) demonstrating personal qualities, 2) working with others, 3) managing services, 4) improving services, 5) setting directions. To develop the questionnaire, we will ask questions based on examples of situations pharmacists may be faced with in their daily work. The statements will be handed over to experienced practitioners and each question will have several possible answers, each of them providing a different rating (10 being the most correct answer, 0 being the wrong one). The most correct answer will be set based on answers we expect from experienced pharmacists with leadership skills. The software used will limit the time to answer each question. The final score will be shown as a percentage and those receiving a total score higher than 50% will be considered sufficiently competent. The data will be statistically analysed and means, medians, by age, by region, by function, by area, etc. will be calculated. Attending a specific training course will