

screening process time, from 7.8 hours (range 4 to 11.6) in the control to 3.5 hours (range 1.8 to 5.2) in the active period, a statistically significant difference of 4.3 hours (95% CI 0.2 to 8.5, $p=0.039$). The transcribing error rate during the active period was 4%, lower than the 27% in the control period ($\chi^2(1)=36.46$, $p<0.001$).

Conclusion and relevance Involving OWPs in transcribing supportive medication reduced the IPChx delivery time and the occurrence of transcribing errors. Nonetheless, inconsistencies between current practice and hospital targets raised important issues that may imply that a further evaluation of the whole IPChx process is required. Consequently, further research is required to establish if additional interventions are required to improve waiting times for oncology patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest Corporate sponsored research or other substantive relationships:

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4CPS-179 THE WIDE REVIEW OF POLYPHARMACY IN THE FRAIL OLDER PERSON

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Background and importance The WIDE (Wholistic Integrated Deprescribing Evaluation) review is an innovative model of patient-led, pharmacist facilitated medication review. It involves establishing patients' priorities and experiences of their medicines, collaborating with primary care providers and evaluating if medicines should be deprescribed because their potential harms outweigh their potential benefits. Frailty is synonymous with vulnerability, including to medication harms. To assess the potential for harm, the WIDE review model incorporates the STOPP/START criteria and the medication appropriateness index (MAI) tools, the use of which have demonstrated improvements in patient outcomes. However, the impact of a patient-led deprescribing model has not yet been studied in this setting.

Aim and objectives To examine the impact and cost effectiveness of WIDE reviews.

Material and methods This quantitative prospective cohort study was conducted over 8 weeks.

Inclusion criteria inpatients aged >65 years and prescribed >5 regular medications who screened positive for frailty (PRISMA 7 score >3). Critically ill patients were excluded. Eligible patients were randomly allocated to the intervention or control group.

Regular medications were enumerated and screened using the STOPP/START criteria on admission and discharge. The intervention group received a WIDE review and their MAI score was calculated on admission and discharge. In conjunction with the patients and their consultants, deprescribing plans were devised and communicated to their GPs and community pharmacists.

Results A total of 20 intervention and 20 control group patients were enrolled. Patient characteristics (age, sex and

length of stay) were similar for both groups. A total of 65% of STOPP and 62% of START criteria were addressed in the intervention group versus 12% and 5%, respectively, in the control group. In the intervention group, 83 medications were stopped, 23 doses were reduced and the total MAI score was reduced by 64%. Cost savings to the annual drug budget alone represented a 9:1 return on investment of hospital pharmacist time. Most discontinuations and dose reductions were sustained (98%) and 92% of future recommendations were enacted on 6 months of follow-up.

Conclusion and relevance Pharmacists performing patient-led WIDE reviews significantly improved medication appropriateness and realised compelling cost savings. A large scale, multi-site study is warranted to demonstrate the reproducibility of these results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-180 FROM EVIDENCE BASED MEDICINE TO PRACTICE: GUM CHEWING FOR POSTOPERATIVE RECOVERY OF GASTROINTESTINAL FUNCTION AFTER COLORECTAL SURGERY WITH INTERPROFESSIONAL TEAMWORK

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Background and importance Flatus is an important indicator of postoperative recovery of gastrointestinal function. Gum chewing is a cheap and simple intervention that mimics food intake to stimulate the vagus nerve and bowel movements.

Aim and objectives To confirm the efficacy of gum chewing through an evidence approach and to implement this approach through interprofessional teamwork.

Material and methods Evidence approach: setting the patient, intervention, comparison and outcome (PICO) to form a therapy question. In the Pubmed, Cochrane and Embase databases, using MeSH terms and Boolean logic combinations (chewing gum AND (colorectal surgery OR colostomy) AND postoperative ileus) for the literature search. Filters activated were randomised controlled trial (RCT), published from 2000 to 2018, in humans. Eleven RCTs were selected for review and showed a trend in improvement in the time to first flatus, starting feeding and discharge.

Implementation we formed an interprofessional team including physicians, nurses, dieticians and pharmacists. The study involved 39 patients who underwent colorectal surgery between March and August 2018. In the gum chewing group, 19 patients took gum three times a day on the first day after surgery until the first flatus. Twenty patients who disagreed with gum chewing were in the control group. Evaluation of the findings was done with analysis of covariance (ANCOVA).

Results Compared with the control group, the time to first flatus and the start of feeding were shorter in the gum chewing group (66.97±24.78 vs 54.82±19.74 hours and 91.53±51.41 vs 74.77±21.54 hours, respectively). However, the difference was not significant ($p=0.166$, 0.283). The time to discharge was significantly shorter in the gum chewing group (12.55±5.96 vs 9.16±1.71 days, $p=0.047$). Other influencing