Results With usual care, 58% of 26 patients received some form of unstructured education. Analysis of 42 discharge reports showed that duration of treatment, target INR (International Normalized Ratio), in-hospital INR results, scheduling of the next INR measurement and VKA maintenance dose were specified in 7%, 14%, 28%, 52% and 62% of them, respectively. Seventy-nine percent of 33 family physicians received the discharge report and 35% of them judged that it was complete.

With the pharmacist-provided AMP, all patients received structured education. Eighty-nine percent of 75 family physicians received the standardised discharge report and 99% of them judged that it was complete.

Conclusions The implementation of the structured pharmacist-provided AMP improved patient education and family physician communication.

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No conflict of interest.

CPC-049 EVALUATION OF A STANDARDISED THERAPEUTIC EDUCATION TRAINING SESSION FOR HYPERTENSIVE STROKE PATIENTS

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[1]C Vallet, [1]H Beaussier, [2]M Bruandet, [2]M Zuber, [1]Y Bezie, [1]I Tersen. *[1]Groupe Hospitalier Paris Saint Joseph, Pharmacy, Paris, France; [2]Groupe Hospitalier Paris Saint Joseph, Neurology, Paris, France*

Background A standardised therapeutic education (TE) intervention was developed in 2009 in the department of Neurology, for hypertensive stroke patients. This training session has been officially authorised (Agence Régionale de Santé) since 2011.

Purpose To assess the effectiveness of the TE training.

Materials and Methods The TE training is for hypertensive patients hospitalised in a stroke unit for a cerebrovascular accident (CVA), and treated with antihypertensive drugs, when they are able to participate. We performed:

a. an evaluation of the patients' knowledge of hypertension (HT), self-measurement, and adherence to antihypertensive medicines, using a questionnaire (6 short questions) filled in before and after the TE session, during a consultation;
b. an evaluation of patient satisfaction, with an opinion questionnaire (after the TE session).

Results 67 patients participated in at least one session. a) 18 patients took part in a second session during a consultation, on average 4 months after the first session. The pre- and post-TE questionnaires were compared, and a score calculated, for 11 patients (7 patients excluded). The total post-TE score was significantly improved (34 ± 7 vs. 43 ± 2; p = 0.005). All items' scores had increased significantly: link between HT and CVA (P = 0.05), possibility of treating HT (P = 0.03), adaptation to antihypertensive drugs (P = 0.006), regular blood pressure measurement (P = 0.05). The score about the continuation of antihypertensive treatment was the only one that did not improve significantly. Results for medicines adherence could not be analysed (many patients had no treatment before hospitalisation). Post-TE, more patients carried out regular self-measurement. b) We analysed 40 opinion questionnaires: 94% of patients were completely satisfied with the session (reception, timing, educator open to listening, clarity), 80% felt completely capable of applying what they learned, 83% said they were ready to take part in other sessions.

Conclusions These results are really encouraging, about increased knowledge and patient satisfaction. Space should be made for a second TE session in post-CVA consultations.

No conflict of interest.

CPC-050 EVALUATION OF A UNIFIED INHALATION INSTRUCTIONAL SYSTEM IN COOPERATION WITH PHYSICIANS, HOSPITAL PHARMACISTS AND COMMUNITY PHARMACISTS

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[1]A Hosomi, [1]R Ono, [2]T Horie, [1]T Hashita, [3]T Araki, [1]K Iizuka, [3]T Nakamura, [4]K Dobashi, [3]K Yamamoto. *[1]Gunma University Hospital, Pharmacy, Maebashi-shi, Japan; [2]Maebashi Red Cross Hospital, respirology, Maebashi-shi, Japan; [3]Gunma University Graduate School of Medicine, clinical pharmacology, Maebashi-shi, Japan; [4]Gunma University, School of Health Sciences, Maebashi-shi, Japan*

Background The prevalence of asthma and chronic obstructive pulmonary disease (COPD) in Japan is estimated to be approximately three million and five million, respectively, and inhalation has gained widespread use as a long-term treatment modality. Thus, patient education on the purpose of medication and correct inhalation technique is essential for obtaining sufficient therapeutic benefit. In our region, to offer each patient correct inhalation treatment and improve treatment efficacy and quality of life, we prepared unified inhalation guidance documents and developed a system of cooperation between physicians, hospital pharmacists and community pharmacies.

Purpose To assess the benefits and problems of our guidance documents and cooperation system.

Materials and Methods A total of 162 Japanese patients were enrolled for instruction on inhalation treatment from August 2011 to August 2012. We investigated inhalation techniques and learning behaviour based on our unified inhalation guidance documents after patients had received instruction.

Results While 129 (79.6%) patients were instructed on inhaled medication only once, 59 of them (45.7%) were considered to need continuing instruction. Of these 59 patients, 50 (84.7%) used the inhaler device incorrectly and 31 (52.5%) had a lack of understanding of inhalation technique. The other 33 (20.4%) patients were allowed to receive continuing instruction to acquire the correct inhalation technique.

Conclusions In this study, 43.2% were able to acquire the correct inhalation technique with only one teaching session on inhaled medicines, and 20.4% of patients were allowed to receive continuing instruction to acquire the correct inhalation technique. On the other hand, 36.4% did not receive subsequent guidance despite the need for continuous instruction. Therefore, a system that enables us to determine the patients who need continuous instruction is required. Furthermore, correct instruction on inhalation treatment might promise to potentiate clinical efficacy. We plan to establish a more appropriate system and improve information sharing among system users.

No conflict of interest.

CPC-051 EVALUATION OF IMPLEMENTATION OF CLINICAL PHARMACY SERVICES IN CENTRAL NORWAY

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[1]AH Andersen, [1]G Fredriksen, [2]ALS Major, [1]JK Sund. *[1]Central Norway Hospital Pharmacy Trust, (Sykehusapotekene i Midt-Norge HF), Trondheim, Norway; [2]Central Norway Hospital Pharmacy Trust, (Sykehusapotekene i Midt-Norge HF), Ålesund, Norway*

Background Central Norway Pharmaceutical Trust consists of six hospital pharmacies covering eight hospitals. In partnership with a research group at the University of Lund and the Lund Hospital Pharmacy, Sweden, we implemented a model for clinical pharmacy services named Integrated Medicines Management (IMM) based on the Lund IMM model (LIMM) and the IMM model from Northern Ireland. Two years on we have evaluated the service.

Purpose To evaluate the implementation of clinical pharmacy services with regard to reduction in medicines errors (MEs), with the main focus on discrepancies in medicines reconciliation (MedRec)

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