was the most contaminated area, where the 5-FU, Gem, MTX and CP levels were above the German reference value (0.1 ng/cm$^2$) and the Ifos and Doc contamination levels were also high. The levels detected on the other three surfaces, ranked in descending order were as follows: workbench, floor and transport box. 5-FU, Gem and CP were present on these surfaces in large quantities.

After seven months the levels of surface contamination showed significant improvement on every surface. MTX, CP, Ifos, Doc were not detectable in the LAF cabinet and the levels of 5-FU and Gem had reduced dramatically.

**Conclusions** The results suggest that implementing an appropriate decontamination method and preparing with closed system drug transfer devices can minimise environmental cytostatics contamination.

No conflict of interest.

## OHP-029 EFFECTS OF A PHARMACIST'S INTERVENTIONS IN A SURGICAL UNIT

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[1]M Merchante, [1]S Martinez, [1]A Izquierdo, [1]AP Zorzano, [1]L Sanchez-Rubio, [1]*MF Hurtado,* [1]*MA Alfaro,* [2]*I Cañamares.* [1]*Hospital San Pedro, Hospital Pharmacy, Logroño, Spain;* [2]*Hospital La Princesa, Hospital Pharmacy, Madrid, Spain*

**Background** In the hospital setting, preoperative and postoperative stages can be considered as vulnerable moments when patients receive multiple drugs before, during and after surgical procedures.

A pharmacist's inclusion in the clinical routine can contribute to detecting and solving drug-related-problems (DRPs) in these patients.

**Purpose** To implement and develop a working method that enables DRPs to be detected and solved in patients admitted for scheduled surgery.

**Materials and Methods** Prospective study design over a two-month period. (June–July 2012).

The pharmacotherapy of general surgery inpatients was evaluated by a pharmacist. For each patient, current and home medicines were reviewed. If detected, DRPs were mentioned to the doctor so he/she could assess the need for correction. Any DRPs identified were classified using the Pharmaceutical Care Network Europe (PCNE) system. (Latest revision, January 2010)

**Results** Average age of patients: 63 years.

Number of prescriptions looked through: 167 (Corresponding to 103 patients)

DRPs identified: 77 DRPs (68 in hospital pharmacotherapy and 9 in home medicines): 42 –Related to Treatment effectiveness (P1), 13-Related to Adverse reactions (P2), 19 Related to treatment costs (P3), and 3 in the group of other problems (P4).

Abstract OHP-029 Table 1 Causes of the DRPs identified

| Causes | Number of Interventions* | Outcome of intervention |
|---|---|---|
| C1-Drug selection | 27 (7-Inappropriate drug, 11-No indication for drug, 2-Indication not noticed, 7-Preventive drug not given) No clinically significant drug interactions were found. | Problem totally solved (PTS) |
| C2-Drug form | 10 (Inappropriate drug form used) | PTS |
| C3-Dose selection | 12 (5-Drug dose too low, 7-Drug dose too high) | PTS |
| C4-Treatment duration | 10 (4-Too short, 6-Too long) | PTS |
| C5-Drug use/ administration process | 8 (5-Inappropriate timing of administration, 3- Drug under-administered) | PTS |
| C6-Logistics | 7 (3-Prescribing errors, 4-Dispensing errors) | PTS |
| C7-Patient | 3 (2-Patient forgot to use the drug, 1-Patient used an unnecessary drug) | PTS |

*64 interventions at prescriber level, 9 interventions at patient (or carer) level, 4 at drug level.

**Conclusions** The inclusion of a pharmacist in surgical units can lead to a more efficient and safe use of medicines. Moreover, suggestions were given due consideration by most of the doctors.

No conflict of interest.

## OHP-030 EFFICACY OF HEALTH LITERACY IN THE SELF-EDUCATION OF DIABETIC PATIENTS

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[1]S Regolo, [1]F Ferlito, [1]D Spadaro, [1]D Sgarlata, [1]S Guzzardi, [1]N Avola, [1]G Cacciaguerra, [2]S Italia. [1]*ASP SIRACUSA P.O.Umberto I, Farmacia Clinica, Siracusa, Italy;* [2]*ASP SIRACUSA P.O.G. di Marial, Internal Medicine, Avola, Italy*

**Background** The increased prevalence of chronic diseases, including diabetes, requires a critical review of models of care and the introduction of new strategies of intervention. Health Literacy (HL) is a tool for educating patients in order to increase their understanding of medical information and thus educate them about their treatment. Diabetic patients are educated to manage the disease in accordance with the perceived needs for better compliance with drug treatment and its outcomes.

**Purpose** To adopt a diagnostic-therapeutic protocol shared between the diabetologist and the pharmacist, and to promote the active inclusion of people with diabetes in the course of their treatment. The secondary aim was to activate an information, monitoring and evaluation system through clinical indicators.

**Materials and Methods** Overall, 70 patients (32 women and 38 men) aged between 35 and 87 used the HL tool themselves and were monitored in this study. Ten patients were treated with insulin + oral hypoglycaemic agents (OHA), 53 with OHA alone and 7 with insulin alone. All patients received a sheet containing clear instructions for the proper management of the disease and treatment. The patient underwent monthly clinical monitoring, and were urged to adopt the right behaviours at home: frequent monitoring of blood glucose, a healthy and balanced diet, moderate activity and preventive screening for diabetes complications.

**Results** Values of blood glucose test, HbA1c, body weight and waist circumference were reduced by 42.2%, 15.2%, 6% and 3.3%, respectively. Compliance was improved in 30% of patients (screening tests carried out on time). Overall patient satisfaction was high.

**Conclusions** Our experience confirms that the multidisciplinary HL tool is useful for improving the communication between doctor/pharmacist and the patient. It is important to consider that the patient learning should focus on simple terms and on the knowledge of complications, in order to obtain good management of diabetes.

No conflict of interest.

## OHP-031 EFFICIENCY AND PROCESS QUALITY INDICATORS ON THE PREPARATION OF ANTIFUNGAL INTRAVENOUS MIXTURES IN A PHARMACY DEPARTMENT

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B Feal Cortizas, L Margusino Framiñán, L Martínez López, I Martín Herranz. *Hospital Universitario A Coruña, Farmacia, A Coruña, Spain*

**Background** Our pharmacy department (PhDp) prepares IV mixtures (IVMs) centrally, for example antifungal drugs. 2 quality indicators (QIs) assess the prescription, distribution and administration process: %IVMs returned from clinical units (standard <20%) and %IVMs recycled (standard > 80%), considering that all returned IVMs are validated by a pharmacist to ensure their validity in terms of stability and storage conditions. Also, 2 efficiency indicators assess cost savings: savings from centralised PhDp preparation compared with preparation in clinical units, and savings from recycling antifungal IVMs. Global median %IVM returned is 11%.

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