of the working group were communicated in the hospital’s formu-

lary committee meeting, an in-house journal published by the phar-

macy and the intranet-based quality management system. The BfArM initiated steps to effect a change of the German SPC at the Euro-

pean level in November 2011.

Conclusions As a result of collaboration between a clinical phar-
macist, the medicines information centre, the quality management

system and external experts an in-house guideline was developed.

At the European level the BfArM intends to bring about a change in

the German SPC.

No conflict of interest.

Background Medicines are major causes of adverse events in hos-

pitalised patients, which can be serious. However, not all drugs

carry the same risks.

Purpose The purpose of the study was to identify a list of High

Risk Medications (HRMs) and increase their safety of use in a hospital

(25 Care Units (CUs)) where an electronic drug process is in place.

Materials and Methods A multidisciplinary team was formed.

Its task was to:

• conduct a literature review in order to identify HRMs

• perform an audit to assess drug processes in all CUs

• set up measures to improve the safety of HRMs

Results The literature review led us to establish an HRM list of 14

drugs (including oral/parenteral anticoagulants, anti-arrhythmics,

insulins, parenteral hypertonic solutions, adrenergic agonists,

opioids and digoxin).

Results of a clinical audit performed in 2011 revealed that 50% of

the 391 referenced oral drug tablets are not fully identifiable until

the administration stage; at least one error of storage in medicine

cabinet was found in 32% of CUs; parenteral hypertonic KCl and

MgSO4 solutions were present in 76% and 28% of CUs respectively.

Measures taken to improve safety of HRMs were:

• ensure recognition with an alert pictogram for their storage

in the pharmacy and CUs

• attribute an electronic HRM alert in prescription software

• re-label blister packs for non-unit packaging HRMs (relevant
to 3/15 drugs on the list)

• rationalise keeping hypertonic solutions in CUs

• implement good clinical practise for HRMs and distribute a

newsletter about HRM use

• develop a systematic statement of HRM errors

• provide information about relevant HRMs to patients

• arrange training for healthcare professionals

Conclusions Corrective actions should help to improve HRM

safety by preventing medication errors. An evaluation of the effi-

cacy of these measures in practise is needed. This work will allow us

to meet the requirements of French legislation.

No conflict of interest.

Background China recently initiated ambitious healthcare reforms

aiming to provide affordable and equitable basic health care to all by

2020. To meet these goals, new policies issued by China’s Ministry

of Health surrounding hospital accreditation and antimicrobial use

highlighted the role of clinical pharmacy services. International

studies highlight the benefits of such services; however to date they

have excluded literature reported in Chinese.

Purpose To summarise all available evidence showing the effec-

tiveness of clinical pharmacy services in improving the quality use

of medicines in China’s hospitals.

Materials and Methods For the English databases, Web of Sci-

ence, Medline, IPA and Embase were searched using the following

keywords: (‘pharmacists’ OR ‘pharmacy’ OR ‘pharmaceutical

services/care’) AND (‘China’). For the Chinese database, Chinese

Biomedical Literature Database on disc was searched using the

following keywords: (‘clinical pharmacist/pharmacy’ OR ‘pharma-

ceutical services/care’). A native bilingual Chinese pharmacist

processed relevant Chinese articles.

Results 75 published papers were included. The majority of stud-

ies were conducted in the inpatient setting (68%), which included

clinical pharmacy interventions such as educating doctors and

patients, evaluating and monitoring the implementation of hospital

policies and reviewing medications on the ward. In the outpatient

setting, the majority of studies conducted involved educating

patients.

Clinical pharmacy services frequently focused on antimicrobials

(44%). More than half of these studies employed an administra-

tive intervention alongside the clinical pharmacy service. Clinical

pharmacy research in China was also found to occur primarily in provin-
cial capital cities (65%) and to use a comparative study design (61%).

Conclusions Clinical pharmacy services in China, with its unique

healthcare system and cultural nuances, appear to positively influ-

ence patient care and the appropriate use of medicines. From the

published literature, it is expected that clinical pharmacy services

could make a strong contribution to China’s healthcare reform

given further governmental and educational support.

No conflict of interest.

Background Adverse drug reactions are frequently encountered in

older people. They represent the cause of hospitalisation of

10 to 20% of hospitalised people aged 60 years or over. The quality

of geriatric prescription is thus a healthcare priority.

Potentially inappropriate drugs (PIDs) are medicines with an

unfavourable benefit/risk ratio or questionable efficacy while other

and safer therapeutic alternatives are available.

Purpose To evaluate the quality of prescribing in our hospital for

patients who are 75 years old or over. Are PIDs prescribed to our

patients? Who first prescribed this treatment: our hospital doctors

or family doctors?

Materials and Methods A list of potentially inappropriate medi-

cines, judged by 34 criteria, specially adapted to French medical

practice, was used as reference. 28 of these drugs are used in our

hospital. We analysed the prescriptions of patients who were

75 years old or over, hospitalised on one day chosen arbitrarily, in

order to collect data about their treatments.

Results 153 patients (29.6% of patients hospitalised in medical

and surgical care units) were included. On average, 8 systemic drugs

were prescribed per patient. 31 patients had at least 1 PID prescribed

(23.3%); 24 (18%) had 1 PID, 5 (3.8%) had 2 PIDs and 2 (1.6%) had

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