Abstract 4CPS-211 Table 1

	2017	2018
	n (%)	n (%)
MEDICATION CHANGE	1015 (63.2%)	193 (23.4%)
Therapeutic exchange	981 (96.7%)	193 (23.4%)
Other	34 (3.3%)	27 (14%)
MEDICAL PRESCRIPTION CORRECTION	194 (12.1%)	135 (16.4%)
START TREATMENT RECOMMENDATION	142 (8.8%)	146 (17.7%)
DOSE MODIFICATION	91 (5.7%)	155 (18.8%)
SUSPENSION TREATMENT RECOMMENDATION	125 (7.8%)	68 (8.2%)
SCHEDULE MODIFICATION	31 (1.9%)	36 (4.4%)
PHARMACEUTICAL FORM MODIFICATION	7 (0.4%)	11 (1.3%)
TOTAL	1605	744
ACCEPTED	1480 (92.2%)	625 (84%)
UNDETERMINED	112 (7%)	105 (14.1%)
NOT ACCEPTED	13 (0.8%)	14 (1.9%)

Conclusion Interventions (both number and patients) have been reduced to more than half after the EP implementation. This suggests an improvement in the quality of the prescription.

- There is a change in the interventions profile. Therapeutical exchange decrease sighnificantly because the EP programme only allows prescription of medication included in the hospital therapeutical guide.
- The messaging system is a point of improvement because the acceptance of interventions have decreased.

REFERENCES AND/OR ACKNOWLEDGEMENTS

https://ejhp.bmj.com/content/19/2/108.2
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No conflict of interest.

4CPS-212 PRESCRIPTION AND ADMINISTRATION OF ORAL MEDICATION THROUGH THE JEJUNOSTOMY AND THE NASOGASTRIC TUBE IN AN INTENSIVE CARE UNIT: IMPACT OF GOOD PRACTICES GUIDELINES ON CLINICAL PRACTICE

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Background In the intensive care unit (ICU), patients are frequently unable to take oral tablets and capsules due to invasive ventilation or sedation. Therefore, medications are administered by nasogastric tube or jejunostomy. We conducted a study in 2017 to describe prescription and administration of oral medications through nasogastric tube or jejunostomy. From this study, local prescription and administration guidelines were implemented in the ICU.
Purpose Our study aimed to assess the impact of guidelines on prescription and administration quality.
Material and methods We conducted a descriptive study in 2018 among patients with jejunostomy, or nasogastric tube and oral medications prescription and administration. Medical data, drugs prescription data, administration data (methods of preparation and administration) were collected in medical files and by physicians' and nurses' interviews by a clinical pharmacy student using a standardised method. The quality of drugs prescriptions were assessed regarding the adequacy of medication's site of absorption with the administration route; adequacy of pharmaceutical form with the administration route; and prescription of the specific administration route (jejunostomy, nasogastric tube). The quality of drugs administrations were assessed regarding the respect of local guidelines in the preparation method, solvent used and lack of simultaneously mix in the same syringe. The results were compared with a study performed in 2017 by Chi-square test with RStudio software (version 3.2.4).
Results Overall, 385 prescriptions were studied in February and March 2018. Guidelines were consulted by physicians in 65% of prescriptions. Concerning prescriptions, the drug's site of absorption was respected in 93% (versus 81% in 2017) ($p<0.0001$) and appropriate pharmaceutical forms were used in 64% (versus 37%) ($p<0.0001$). Unfortunately, 42% of medications were prescribed without specific administration route (versus 20%) ($p<0.0001$). The residents prescribed more frequently the route of administration (65%) than senior physicians (41%) ($p<0.023$). Nurses were interviewed for 211 administrations. Preparation methods were consistent with guidelines in 96% (versus 49%) ($p<0.0001$), and dilution of medication into tap water (recommended solvent) increased (90% versus 34%) ($p<0.0001$). Simultaneous mix in the same syringe increased without reaching significance (37% versus 29%) ($p=0.17$). To conclude, four out of six of prescriptions and administrations quality criteria were improved.
Conclusion The guidelines' implementation in the ICU for patients with oral medications through jejunostomy or nasogastric tube improved the quality of prescriptions and administrations. However, improvements are still possible involving clinical pharmacy students to support guidelines.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-213 ABSTRACT WITHDRAWN

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4CPS-214 ASSESSMENT OF THE MEDICATION ERROR RATE PRE-PRESCRIPTION DURING THE MEDICATION RECONCILIATION PROCESS

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Background Medication reconciliation has been carried out since 2015 in the internal medicine ward. However, prescription errors at admission still occur, mainly linked to the transcription in the CPOE system by the physician of the medication history (MH) collected by the pharmacy. In order to improve the quality of prescription at admission, we studied the implementation of a pharmacist pre-prescription (PpP) process.

Purpose To evaluate the impact of the PpP on the number of unintentional medication discrepancies (UMD) at admission.

Material and methods

- Interventional prospective study before/after in a 24–bed internal medicine unit.
- Eligibility criteria: age >65 years and/or >three chronic treatments at admission.
- Pre–intervention phase (2 months): MH provided by the pharmacist and used by the physician to write the admission prescription.
- Intervention phase (2 months): MH entered by the pharmacist in the CPOE system as a PpP and then used by the physician to electronically generate an admission prescription without any transcription.
- Data collected: age, sex, number of UMD on the admission prescription, potential of harm for the patient (minor, moderate or severe) evaluated by the prescriber and the pharmacist, prescriber satisfaction (survey).

Results Eighty patients (29 males, 51 females; age 68.4±18.6; medications at admission: 8.8±4.0) were included in the pre-intervention phase. 36.2% of patients had at least one UMD (0.53±0.80 UMD/patient). 40.4% of UMDs had a moderate or severe potential of harm for the patient. The main UMDs were dosage errors (38.0%) and omissions (33.3%). In the intervention phase, 47 patients (28 males, 19 females; age 66.3±18.7; medications at admission: 8.0±4.5) were included and PpP was used for 83% of them. Patients with at least one UMD decreased to 8.5% ($p=4.2 \times 10–^{5}$). Among the 39 patients for whom PpP was used, no UMDs were observed. The four physicians of the ward were satisfied with this new process as it allowed a reduction in medication errors and their time spent on admission prescription.

Conclusion This study shows that pre-prescription by pharmacists decreases the number of UMD at admission. The main challenge for the future will consist in integrating PpP as part of the clinical pharmacist's routine.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-215 ACCESS TO 'FONDO AIFA 5%' AS AN INSTRUMENT SUPPORTING THE SUSTAINABILITY IN A SHARED CLINICAL MANAGEMENT OF RARE AND DIFFICULT-TO-TREAT DISEASES

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Background AIFA 5% Fund is a national fund intended to cover costs related to the treatment of rare diseases and other pathologies with orphan drugs or off-label drugs, through a patient-named system of evaluation.

Purpose The aim was to demonstrate how the interdisciplinary activity of the pharmacist can lead to a potential cost-saving.

Material and methods The identification of patients that could access the Fund, took place through direct reporting by the doctor or through evaluation of the pharmacist during the discussion of cases during the interdisciplinary rounds or following the reporting of off-label drugs.

The pharmacy had drawn up a special official procedure that provided the key elements for:

- Requesting the AIFA authorisation.
- Management of orders and reimbursement by the pharmacy.

All these data were collected in a hospital database that is updated for each new request.

Results From July 2017 to September 2018, 52 clinical cases were identified as eligible for the access request: at the moment, 46 cases have been authorised. Cases related to rare diseases reported on 18 March 2017[1] are 13 (membranoproliferative glomerulonephritis, autoimmune hypoparathyroidism, peripheral T-cell lymphoma, gigantocellular arteritis, neuroblastoma, systemic sclerosis). Twenty-two requests came from the nephrology area (eculizumab – membranoproliferative glomerulonephritis, tocilizumab/antibody-mediated chronic rejection), while 12 cases belonged to the haematological area (belinostat – PTCL-U, ibrutinib and ruxolitinib – GVHD, venetoclax – mantellar cell lymphoma, venetoclax +5 azacitidine – leukaemia acute myeloid (LAM), sorafenib – LAM FLT3 +, peg-interferon – essential thrombocythaemia, pembrolizumab – mediastinal lymphoma, bortezomib – post-transplant maintenance in multiple high-risk myeloma). The remaining cases are

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