

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

<sup>1</sup>V Chevalet\*, <sup>1</sup>O Gleizes, <sup>1</sup>L Hammi, <sup>1</sup>A Rieutord, <sup>2</sup>R Sterpu, <sup>2</sup>G Bussone, <sup>2</sup>R Fior, <sup>1</sup>N Curatolo. <sup>1</sup>Hôpital Antoine Bécère, Service Pharmacie, Clamart, France; <sup>2</sup>Hôpital Antoine Bécère, Service Médecine Aigue Polyvalente, Clamart, France

10.1136/ejhpharm-2019-eahpconf.364

**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  $68.4 \pm 18.6$ ; medications at admission:  $8.8 \pm 4.0$ ) were included in the pre-intervention phase. 36.2% of patients had at least one UMD

( $0.53 \pm 0.80$  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  $66.3 \pm 18.7$ ; medications at admission:  $8.0 \pm 4.5$ ) 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

No acknowledgements.

No conflict of interest.

#### 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

G Valinotti, M Scaldaferrì, M Tonelli, P Crosasso\*, MR Chiappetta, F Cattel. *Città Della Salute e Della Scienza di Torino, Pharmacy, Torino, Italy*

10.1136/ejhpharm-2019-eahpconf.364

**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<sup>1</sup> 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

of relevance to the oncology, paediatric and endocrinological oncology areas.

The total amount currently authorised is € 2,049,425.

**Conclusion** Since these off-label treatments would be formerly paid for by the hospital, thanks to this path they are instead completely reimbursed by the AIFA 5% Fund.

The results obtained demonstrate how the integration of the pharmacist into clinical management obtains an excellent balance between the prescriptive appropriateness and the economic sustainability in rare or highly complex diseases through access to the AIFA Fund 5%.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Law 326/2003 G.U. 274 25 November 2003.

No conflict of interest.

4CPS-216

#### PREScription OF FALL-RISK-INCREASING DRUGS IN PATIENTS SUFFERING A FALL WITH MAJOR LESIONS DURING ADMISSION AT AN INTERMEDIATE CARE CENTRE

AM De Andrés\*, E Romano, M García-Salmones, LM Pérez, M Inzitari. *Parc Sanitari Pere Virgili, Barcelona, Spain*

10.1136/ejhpharm-2019-eahpconf.365

**Background** Falls in the elderly increase morbidity, affect quality of life and increase healthcare costs. Several pharmacological groups have been associated with falls, which are grouped as 'Fall Risk Increasing Drugs' (FRIDs). Despite awareness of the risk, the prescription of FRIDs is highly prevalent.

**Purpose** To assess prescription patterns in patients experiencing a fall which resulted in major lesions during admission at an intermediate care centre. To determine the prevalence of FRIDs before and after the fall.

**Material and methods** Observational and retrospective study of patients admitted to an intermediate care centre of 350 beds in an urban area, who experienced a major lesion (reported below) due to a fall during a 3 year period (2015–2017). They were identified by the inpatient fall register. Data regarding treatment was collected from the digital health record. The main outcome was the prescription of FRIDs. The following variables were collected: demographics (age, sex), type of lesion, and number and type of drugs (ATC codes) prior to fall and at discharge. The FRIDs list was built from a literature review and included: cardiovascular drugs (CV); psychotropic; and others (NSAIDs, opioids, anti-epileptics). Statistical analysis was performed with Stata v15.

**Results** We included 50 patients (mean age  $\pm$ SD=79.3  $\pm$ 11.4, 54% males). The consequences of the fall were: traumatic brain injury (n=11), wound requiring stitches (n=15), fracture (n=17) and others (n=7). Prior to the fall, the average number of total drugs/patient was 11.1 $\pm$ 3.2: 96% received at least one FRID (42%  $\geq$ 4 FRIDs, 3.4  $\pm$ 1.8 FRIDs/patient). One-hundred and seventy-one prescriptions of FRIDs were identified: 44.4% CV drugs, 40.35% psychotropic drugs and 15.2% others. Eighty per cent of patients received a psychotropic drug (mainly benzodiazepines or quetiapine) prior to the fall. Twenty-eight patients were discharged home or to a long-term care facility (n=5 exitus, n=17 acute care). Of these, 92.9% received a FRID prior to discharge (50% $\geq$ 4 FRIDs, 3.6 $\pm$ 2.1 FRIDs/patient). Only in eight patients (28.6%) were some FRIDs

discontinued (10 FRIDs). Conversely, 11 new FRIDs were initiated in eight patients.

**Conclusion** Despite being a well-known modifiable risk factor for falls, the prescription of FRIDs is highly prevalent among the elderly. In our sample, the withdrawal of FRIDs appears not to be a usual practice, even after a relevant adverse event.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-217

#### ASSESSING MEDICATION ADHERENCE AND CONDITION-RELATED KNOWLEDGE OF HEART FAILURE PATIENTS

<sup>1</sup>I Debono\*, <sup>1</sup>L Grech, <sup>2</sup>RG Xuereb, <sup>1</sup>LM Azzopardi. <sup>1</sup>University of Malta, Pharmacy, Msida, Malta; <sup>2</sup>Mater Dei Hospital, Cardiology, Msida, Malta

10.1136/ejhpharm-2019-eahpconf.366

**Background** Non-adherence to treatment and diet, and failure to seek care are contributors to readmissions in heart failure (HF) patients. Specific questions related to treatment adherence and living with HF improve prioritisation of patients for pre-discharge medication management and self-care education.

**Purpose** The objective was to undertake an adherence to treatment assessment and correlate with an assessment of the potential of patients to engage in self-management. This was defined as the percentage grade of correct answers to four questions that demonstrate knowledge of living with HF.

**Material and methods** The study was conducted between 20 June–31 August 2018 in an acute hospital. Patients who qualified for the study through pre-set inclusion and exclusion criteria were administered the Treatment Adherence Questionnaire (TAQ).<sup>1</sup> Four supplementary questions were asked to measure the knowledge of patients concerning their diuretic treatment, the use of salt in food preparation, weight monitoring and alarm symptoms warranting referral.

**Results** The cohort of patients (n=57) had an average TAQ score of 70 (range: 31–95) on a scale of 0–100 indicating a medium-high adherence. The mean cohort grade to the four questions was 43% (range: 0%–75%). Twenty-five patients gave an unsatisfactory answer to at least three of the questions; thirty patients were unable to name their diuretic; 51 patients were categorical about not taking salt and all knew that salt should be avoided; six patients added salt deliberately while cooking; 55 patients failed to relate the need of weight monitoring to check fluid overload and only associated weight with body fat; 34 patients were unable to mention at least one basic symptom apart from shortness of breath; and 15 patients exhibited a mismatch between the TAQ score and the percentage grade to the knowledge questions (medium-high TAQ score versus low grade 0%–25% to questions).

**Conclusion** The patients demonstrated the need for support in improving self-management related to lifestyle and medication knowledge. The lack of engagement in self-management did not reflect a low adherence to treatment.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Anastasi A, Grech L, Serracino IngloTT A, Azzopardi LM. CP-185: an innovative treatment adherence tool *EJHP* 2017;24:

No conflict of interest.