Results In men the cost is estimated at €209 for the usual UC removed by flexible cystoscopy versus €124 for the magnetic UC (gain of €85 with the magnetic UC, higher than the €63 announced). In women, the cost is estimated at €84 for the usual UC removed by rigid cystoscopy, versus €124 for the magnetic UC (€40 more expensive with the magnetic UC, contrary to the gain of €32 announced). Since the magnetic UC was placed but not yet removed, this estimation does not include the cost of hospital staff.

Conclusion The economic evaluation conducted in our hospital is largely in favour of the use of the magnetic UC in men. Although this is not the case for women, its referencing to replace the current UC could save more than €12 000 per year in our hospital, based on 2017 consumption. Patient satisfaction also remains to be assessed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

1ISG-036  THE IMPACT OF HOSPITAL PHARMACY INFRASTRUCTURE AND HUMAN RESOURCES ON MEDICATIONS OPTIMISATION AND INTEGRATED CARE

D Gennimata, *K Nikou, L Kouri, *K Marini, *K Perdikouri, *Korgialenio-Benaki* 1Red Cross General Hospital, Pharmacy, Athens, Greece; *General Hospital of Chest Diseases 'Sotira', Pharmacy, Athens, Greece; 2Paediatric Hospital 'Agia Kyriakou', Pharmacy, Athens, Greece; 3Spilopoulio Hospital, Pharmacy, Athens, Greece

Background The hospital pharmacy (HP) is frequently among the most multitasking departments of the institution. Although administrative tasks, concerning all steps of the medicines supply chain, tend to be a priority for several hospital managers, the key role of medication review that hospital pharmacists play in medicines optimisation (MO) and integrated care (IC) is often ignored.

Purpose The purpose of the present study is to identify the degree of prioritisation in MO steps, among the participating hospital pharmacies (general, paediatric and terminal care) located in the same healthcare region and to assess the impact of infrastructure and human resources on the overall organisation of tasks assigned to the HP.

Material and methods During the first semester of 2018, pharmacists from the participating hospitals registered MO tasks, IC initiatives and relevant attributes (e.g. range, distribution) in semi-structured diaries, on a weekly basis, including relevant time spent on each commitment. Personnel capacity and appropriateness of infrastructure were also recorded. Data were analysed by Excel and SPSS.

Results Great differences concerning the type of daily tasks in each hospital pharmacy were observed, e.g. in compounding, administrative management, procurement and clinical services. The availability of both pharmacists and supportive personnel in combination with the appropriateness of infrastructure had a major impact on time allocated at each task. Administrative responsibilities and supply chain maintenance were highly prioritised in all cases, whereas a variation concerning the provided clinical services from 20% to 50% as a percentage of the overall hospital pharmacy activities was described. Furthermore, given the need for customised dosage forms in paediatric hospitals, a significant amount of time and human resources was dedicated to compounding.

Conclusion Although all aspects of MO are considered essential in providing IC to patients, due to a lack of human resources rather than lack of infrastructure, hospital pharmacists are obliged to prioritise administrative and supply chain services over their clinical ones. Therefore, pharmaceutical care remains fragmented and a multidisciplinary approach to patient care is difficult to achieve.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.
Knowledge of ongoing problems serves to guide the patient’s follow-up. Monitoring mental health in patients with low fibrosis stage, and the assessment of the ability to undertake usual activities and self-care in patients with cirrhosis should be recommended in the post-treatment setting.

REFERENCES AND/OR ACKNOWLEDGEMENTS

EJHP project funded by the Spanish Ministry of Health and Carlos III Institute of Health.

Conflict of interest

Corporate-sponsored research or other substantive relationships: Regina Juanbeltz has received funding from the Carlos III Institute of Health with the European Regional Development Fund (CM17/00095).

1S Masucci*, 1E Cerutti, 2M Riba, 1A Gasco. Mauriziano Hospital, Hospital Pharmacy, Turin, Italy; 2Universitat de Barcelona, Biochemistry and Physiology Department, Barcelona; Spain

10.1136/ejpharm-2019-eahpconf.38

Background

The information and communication technologies’ (ICT) tools are the instruments that allow the pharmacist to evaluate quickly and easily the patient’s therapy identifying potential drug interaction (DI) and medical errors, in order to lead a medication reconciliation (MR).

Purpose

Idenity the perfect-matching ICT tool in order to lead a MR for patients with chronic kidney disease.

Material and methods

Three patients with a pill burden higher than 10 therapeutic units were selected and their therapies were analysed in four (A, B, C and D) pre-selected ICT tools commonly used in the hospital pharmacy. ICT tools were compared, based on the number of drugs that were allowed to be inserted, kind and number of DI that were found such as drug-drug (DDI), drug-food (DFI) and drug-alcohol (DAI). Differences between the tools were analysed.

Results

The tool A was excluded due to the limit of up to 10 drugs that can be confronted and does not use data from an international database. For these reasons the study was performed only on the other three tools that allowed the comparison between more than 30 drugs. The tool C consented to identify just DDI, so was excluded, instead with tools B and D DDI and DFI were funded. No tool identified DAI. Tools B and D consented to save the therapy and interaction data sheet, but only tool B allowed the extraction of the data. The chosen software was tool B because it was the only tool that include an alert with information regarding the dosage over that there is a DDI, because it was the only tool that include an alert with extraction of the data. The chosen software was tool B.

CONCLUSION

The choice of the accurate ICT tool based on the study population is the first fundamental step to start and quickly implement an efficient and appropriate medication reconciliation process.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

11SG-039 CRITICAL ANALYSIS OF THE INFORMATION AND COMMUNICATION TECHNOLOGIES’ TOOLS MOST USED IN CLINICAL PRACTICE BY THE PHARMACIST

Abstract 1ISG-039 Table 1

<table>
<thead>
<tr>
<th>Drug</th>
<th>X3 vs X2 (%)</th>
<th>X3 (€)</th>
<th>Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infliximab</td>
<td>+19%</td>
<td>€ 1.34 902</td>
<td>1st assumption</td>
</tr>
<tr>
<td></td>
<td>+3%</td>
<td>€ 21 952</td>
<td>2nd assumption</td>
</tr>
<tr>
<td></td>
<td>-49%</td>
<td>€ 3.42 533</td>
<td>3rd assumption</td>
</tr>
<tr>
<td>Etanercept</td>
<td>-16%</td>
<td>€ 2.19 429</td>
<td>1st assumption</td>
</tr>
<tr>
<td></td>
<td>-18%</td>
<td>€ 2.48 623</td>
<td>2nd assumption</td>
</tr>
<tr>
<td></td>
<td>-38%</td>
<td>€ 5.19 064</td>
<td>3rd assumption</td>
</tr>
<tr>
<td>Rituximab</td>
<td>+8%</td>
<td>€ 1.01 208</td>
<td>1st assumption</td>
</tr>
<tr>
<td></td>
<td>-24%</td>
<td>€ 2.83 583</td>
<td>2nd assumption</td>
</tr>
<tr>
<td></td>
<td>-42%</td>
<td>€ 4.96 875</td>
<td>3rd assumption</td>
</tr>
</tbody>
</table>

Conclusion

If we assume the complete interchangeability originator-biosimilar we would observe a total saving of € 1,375,153 that can be spent on other patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

http://www.agenziafarmaco.gov.it/content/secondo-position-paper-aifa-sui-farmaci-biosimili

No conflict of interest.