Abstract 4CPS-235 Table 1

	With cholestasis	Without cholestasis
% males	60.0%	72.4%
Median age	69.5 (IQR=18.3)	69 (IQR=15.3)
% sepsis	6.6%	13.7%
% cyclic PN infusion	27.6%	60.0%
Median kcal/kg	23.9 (IQR=6.5)	24.9 (IQR=7.6)
Median balance dextrosa/fat (g/g)	4 (IQR=0.7)	3.6 (IQR=0.7)

Statistical significant differences were only obtained for males ($p<0.05$) and for cyclic PN ($p<0.01$).

percentage of hospitalised adult patients receiving PN over the first week. In addition, males are associated with an increased likelihood for the development of PNAC, while cyclic PN infusion may be a protector factor for its onset.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-236 THE IMPACT OF A WARD-BASED PHARMACY TECHNICIAN SERVICE

[1]E Lynch*, [2]J O'Fynn, [3]C O'Riordan, [3]C Bogue, [3]D Lynch, [2]S McCarthy, [1]K Murphy. *[1]University College Cork, School of Pharmacy, Cork, Ireland; [2]University College Cork and Cork University Hospital, School of Pharmacy and Pharmacy Department, Cork, Ireland; [3]Cork University Hospital, Pharmacy Department, Cork, Ireland*

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Background Pharmacy technicians have been employed in hospital settings for many years but only recently has the potential for service expansion been explored. There is a paucity of research on the impact of a ward-based pharmacy technician service (WBPTS) in this country.

Purpose To determine the impact of a WBPTS on medicine management systems, patient safety and healthcare costs.

Material and methods Sixteen wards were studied over 8 weeks: four 'intervention' wards (assigned a WBPTS prior to the study) and 12 'control' wards (technicians providing a stock 'top-up' service). The 'intervention' wards comprised mainly medical patients, a WBPTS had been assigned to these wards as they were considered high-activity wards. The control wards comprised both medical and surgical patients. The medication management systems were inspected by the researchers for the presence of excess non-stock medicines and expired medication. Nurses were observed to calculate time taken to complete drug rounds. Patient drug charts were analysed to calculate the duration to pharmacist review of high-risk medications. Nursing staff were surveyed on their opinions of the service.

Results The total value of excess non-stock on intervention wards was € 97.51 (mean cost/ward: € 24.38) compared with € 13,767.76 on control wards (mean cost/ward: € 1,147.31). Eight expired medications were found on control wards, none were present on intervention wards. The mean time to complete drug rounds on a per-patient basis was 28% lower on intervention wards. The median time to pharmacist review of high-risk medications was shorter on intervention wards (0.67 vs 4.2 days). One-hundred per cent of respondents agreed that the WBPTS should continue.

Conclusion More widespread investment in the WBPTS has the potential to reduce healthcare expenditure due to excess medicines, increase nursing time spent on direct care of patients and reduce the potential for patient harm from high-risk medicines. The current study did not consider the costs associated with WBPTS (e.g. personnel costs, additional time spent by technicians/time saved by nurses) and so further studies should consider the full economic costing of the service.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Elliott RA, Perera D, O'Leary K. National survey of clinical pharmacy services and pharmacy technician roles for subacute aged-care inpatients. *J Pharm Pract Res* 2012;42:125–8.

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4CPS-237 STUDY OF PATIENT SATISFACTION WITH PHARMACEUTICAL INTERVIEW IN AN OUTPATIENT ONCOLOGY MEDICAL UNIT

A Maire*, L Porcher, C Moulin, P Gueneau, M Boutet, M Boulin, P Pistre. *Dijon University Hospital, Oncology Medical Unit, Dijon, France*

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Background From 2017 a clinical pharmacy programme provides pharmaceutical interviews to patients of the outpatient oncology unit of the university hospital. At the end of each interview, patients receive a personalised pharmaceutical plan, including a summarised table of their medicines to help them manage drug intake and adverse events.

Purpose The purpose of this study was to assess patient satisfaction regarding pharmaceutical interviews, and aimed at improving the quality of our patient interviews.

Material and methods The 80 consecutives patients who received a first pharmaceutical interview in the outpatient oncology unit between June and September 2018 were included. After the pharmaceutical interview and oral consent, patients completed an 8-item satisfaction questionnaire in the absence of the pharmacist. The questionnaire also included a free-text response section as well as a general assessment of the interview. The topics covered were: confidentiality, interview duration, professionalism, empathy and scientific knowledge of the pharmacist. The patients could choose between three answers: completely satisfied, somewhat satisfied and unsatisfied. The recorded responses for the general assessment varied from 1 (not satisfied) to 5 (completely satisfied).

Results Regarding the environment of the interview, 97% of patients were satisfied with the duration, 90% were satisfied with confidentiality and 89% were satisfied with the location. Regarding the content of the interview, 99% of patients were satisfied with the pharmacist's responses and 98% were satisfied with the personalised pharmaceutical plan. Ninety-four per cent were satisfied with the treatment explanations.

In the free-text, the main points relayed by patients were:

- Key strengths: clear explanations, well–designed documents, quality of listening, answers to questions, availability, attention given to patients.
- Weak points: improve privacy, develop alternative medicines.

Regarding the general assessment of patients' satisfaction, 1% gave a score of 3/5, 30% gave a score of 4/5% and 69% gave a score of 5/5.

Conclusion This study shows that the majority of patients were satisfied with the pharmaceutical interview. Another study is ongoing which assesses both the clinical and economical impacts of the pharmaceutical interventions carried out during these interviews.