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

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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.

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No conflict of interest.

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

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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 consecutive 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 economic impacts of the pharmaceutical interventions carried out during these interviews.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-238 MEDICATION AND CONFUSION IN ACUTE HOSPITAL OLDER PATIENTS

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Background Confusion is a significant problem in older patients. Studies have shown that up to one-third of older patients admitted to hospital have delirium and up to 40% have dementia. Various prescription medicines can cause confusion and may be inappropriate in the elderly, with the risk of harm outweighing potential benefits. Medication reviews, as part of comprehensive geriatric assessments, for example, aim to optimise an individual's medicines and reduce potentially inappropriate prescriptions.

Purpose This study aimed to determine the prevalence of confusion in older patients in an acute hospital and whether inappropriate medicines potentially contributed. We followed-up patients to find if they had a medication review while in hospital and if this led to deprescription of medicines that can contribute to confusion.

Material and methods We conducted a single-centre prospective observational cohort study. Patients aged 65 or older hospitalised with confusion were identified using their medical clerking notes. Medicines taken on admission to hospital were recorded and any that could contribute to confusion were identified. We determined whether the confused patients had a medication review during their admission and identified any changes to their medication list.

Results Three-hundred and ten patients aged 65 or older were admitted during the 1 month study period, 100/310 (32.3%) of whom were documented as having some degree of confusion. Thirty-eight per cent took at least one medicine that potentially contributed to confusion. Eighty-two per cent of confused patients had a medication review. Medication reviews did not appear to result in a decrease in prescriptions of medicines that contributed to confusion.

Conclusion Prescribing of medicines known to potentially cause confusion is common with more than one-third of those over 65 years' old and with confusion taking at least one. Further studies are needed to determine reasons for continuing or even initiating culprit medicines in this population of older patients and the impact on clinical outcomes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-239 A COMPARISON OF CLINICAL PHARMACY ACTIVITY BETWEEN TWO METHODS OF CLINICAL PHARMACY SERVICE DELIVERY IN AN ACUTE PSYCHIATRIC HOSPITAL

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Background Traditionally our organisation's clinical pharmacists work independently. All patient Medicine Prescription and Administration Records (MPARs) are reviewed every day. This can be time-inefficient. This service evaluation seeks to determine if it is more beneficial to work independently or to participate in weekly multidisciplinary team (MDT) meetings.

Purpose To evaluate the impact of two methods of pharmacy service delivery – working independently versus working within the MDT, by:

- Determining the number of pharmacy interventions for each service.
- Recording time taken for each service.
- Exploring severity of interventions for each service.

Material and methods This was a quantitative study undertaken by the senior psychiatry pharmacist. A specifically developed software program ('SharePoint') enabled recording of interventions. Data was recorded for MDT and non-MDT services on randomly selected weeks between January and March 2018. The 'MDT' group had MPARs clinically reviewed once weekly at MDT meetings while the 'no-MDT' group continued to have MPARs clinically reviewed daily.

Results Interventions, time taken and interventions actioned:

Abstract 4CPS-239 Table 1

	No-MDT	MDT
Total # MPARS reviewed	617	33*
Average # MPARS reviewed per day	30	4
Average # interventions recorded per day	5	4
Intervention rate per patient	0.16	0.97
Time taken per day	128 min	92 min
Interventions actioned within 24 hours per patient	31.7%	88%
Interventions actioned per patient	56.4%	100%
Average time spend per intervention	25.7 min	22.5 min

*Patients were seen once-weekly in 'MDT' group (once daily for 'no-MDT' group)

Abstract 4CPS-239 Table 2 Interaction severity between groups

	Major	Moderate	Minor
Non-MDT	9%	57%	34%
MDT	3%	78%	19%

Conclusion The higher rate of interventions per patient and reduced time spent in the 'MDT' group demonstrates that working within multidisciplinary teams is a more effective use of pharmacist's resources.

Despite increased intervention severity, the 'no-MDT' group were much less likely to have interventions acted upon promptly, if at all. Previous research similarly shows increased intervention acceptance when pharmacists work within teams.¹

Our psychiatry pharmacist resources are increasingly moving towards working within MDT teams.

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No conflict of interest.