

Material and methods A paper-based questionnaire (10 questions) was distributed to patients receiving oral anti-cancer drugs at the end of the pharmaceutical consultation.

The overall community pharmacists' and oncologists' satisfaction was measured using an online survey tool. The surveys consisted of 14 questions divided into five sections.

The survey design was based on a 4-point scale, with answers ranging from strongly agree to strongly disagree, and also included yes/no and short answer questions.

All the answers to the questionnaires were collected in an anonymous way.

Results Between 1 January 2018 and 20 July 2018 a total of 20 patients, nine oncologists and 15 community pharmacists completed the survey. The response rates were respectively 49%, 53% and 35%.

Overall, pharmacists, doctors and patients were highly satisfied with the services of the oral anti-cancer therapy programme (100%).

Most patients (90%) felt that the majority of their questions and concerns were answered during the consultation. They found the written information useful (85%) and expressed that they had gained new and clarifying information about their medication (70%).

Community pharmacists were satisfied to have been informed of the oral cancer drug initiation (93%), most of the time it allowed them to order the treatment before the patient's arrival (80%).

Oncologists felt that pharmaceutical consultations were always (56%) or sometimes (44%) useful for the patients. Most of them (89%) considered there would be sometimes an interest in conducting consultations together with the pharmacist.

Conclusion This study showed that all participants highly appreciated the pharmaceutical consultations. These results are consistent with previous studies showing the key role of the clinical pharmacist in multidisciplinary programmes established for patients taking oral anti-cancer treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-260 PRE-ANAESTHESIA BEST POSSIBLE MEDICATION HISTORY FOR ORTHOPAEDIC SURGERY-PROGRAMMED PATIENTS

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Background In the orthopaedic surgery department, anaesthetists prescribe medicines to programmed patients during the pre-surgery anaesthesia consultation. Nevertheless, a 3 month (2016) study on medication reconciliation (MR) at admission, performed by a clinical pharmacist on 215 patients, shows that despite this process, there is at least one unintended medication discrepancy (UMD) for 53% of them. A pre-anaesthesia best possible medication history (PA-BPMH) has been implemented.

Purpose This study's main objective was to test the impact of this PA-BPMH on the number of UMD.

Material and methods This was a monocentric prospective study carried out during 3 months (from February to April 2018) in an orthopaedic surgery department. Included in this study were programmed patients for three different surgeries (hip bone, knee bone and spine). The PA-BPMH was obtained before the anaesthesia consultation from data given by the patient's usual pharmacy. If necessary, the pharmacist contacted the patient. The PA-BPMH recorded into the prescription software on pre-admission was at the anaesthetists' request during the consultation. Finally, a MR was performed at admission.

Results In total, 106 patients were included, with an average age of 68 years. The PA-BPMH was possible in 83% (n=88) of them. The PA-BPMH was not obtained because of the absence of the pharmacy's contacts (7.8%; n=8) and the lack of pre-admissions (6.6%; n=7). Anaesthetists used the PA-BPMH in 89% of cases (n=78). Among patients with PA-BPMH, 76% (n=67) had a MR at admission. At least one UMD was observed in 21% (n=14) of patients at admission and this number could have been reduced to 16% if 100% of the PA-BPMH had been used.

Conclusion This test phase allowed the evaluation of the PA-BPMH's feasibility. Obtaining a BPMH before the anaesthesia consultation has reduced the number of unintended medication discrepancies at admission (53% vs 16%). The difficulty of exhaustivity led us to create a pre-anaesthesia pharmacist consultation in the patients' presence in order to improve efficiency.

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No conflict of interest.

4CPS-261 ANALYSIS OF THE METHODOLOGY TO COMMUNICATE POTENTIALLY INAPPROPRIATE PRESCRIPTIONS IN INPATIENTS TO AN INTERNAL MEDICINE SERVICE OF A THIRD-LEVEL HOSPITAL

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Background For decades, advances in medicine have led to an increase in life expectancy. In Spain, life expectancy is 81 years in men and 85.6 years in woman. This fact has led a high percentage of inpatients over 65 years' old. These patients have often multiple pathologies and the are polymedicated. In these patients it is common to find potentially inappropriate prescriptions (PIP). According to current publications between 25%–30% of patients admitted to the hospital present one or more PIPs. The adequate medication control in these patients makes detection of PIPs crucial in providing adequate healthcare.

Purpose Clinical pharmacists have shown a great capacity in decreasing these PIPs through pharmacist-physician interventions.

Our objective is to analyse the possible pharmacist-physician communication channels through which to notify the detected PIPs