

Abstract 4CPS-279 Table 1

WARD	MEDICATION WASTE		COST DIFFERENCE	
	Pre-implementation of HMDH (€.)	Post-implementation of HMDH (€.)	Absolute (€.)	Relative (%)
A	243	292	49	20.0
B	4296	2718	-1,578	-36.7
C	1290	1263	-27	-2.1
D	7571	4902	-2,670	-35.3
E	440	923	482	109.6
F	1113	631	-482	-43.3
<b>Total</b>	<b>14 954</b>	<b>10 728</b>	<b>-4,226</b>	<b>-28.3</b>

#### 4CPS-279 THE EFFECT OF CONTINUATION OF HOME MEDICATION BY HOSPITALISED PATIENTS ON MEDICATION WASTE AND PATIENT SATISFACTION, A MULTICENTRE, QUASI-EXPERIMENTAL STUDY WITH A PRE-POST DESIGN

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**Background** The majority of all hospitalised patients use medication at home. On admission, patient's medication is often ordered or changed to the hospital's formulary. Therefore, the use of home medication during hospitalisation (HMDH) may prevent unnecessary medication waste, because currently ordered medication is disposed of at discharge. Furthermore, these medication changes have the potential to cause harm. In addition, they oppose the possibility for patients to participate in their pharmaceutical treatment. Therefore, the implementation of HMDH may increase patient satisfaction.

**Purpose** The aim of this study was to investigate the effect of HMDH on medication waste and patient satisfaction.

**Material and methods** This multicentre quasi-experimental study was conducted at seven different nursing wards, including both surgical and non-surgical wards. During pre- and post-implementation of HMDH, data were collected for 2 months at a time. Medication waste was measured by identifying all disposed medication for at least 1 month during both periods. The following data were collected: price per unit on November 2017, unique medication identification number and the amount of medication disposed of. Patient satisfaction was measured using a questionnaire about patients' perceptions and beliefs. The results of the questionnaire were statistically tested by performing a *t*-test.

**Results** The total value of disposed medication was € 14 954 (SD € 2,887) and € 10 728 (SD € 1,728) per month, during pre- and post-implementation of HMDH, respectively. HMDH led to a reduction of 28.3% in medication waste costs. Extrapolation of these data to the national level may theoretically lead to € 15 million savings annually in medication costs. In total, 912 patients completed the questionnaire. Pre-implementation, 69% (n=357) of all patients were positive about HMDH. When HMDH was implemented, this number significantly increased to 83% (n=328; *p*<0.05).

**Conclusion** The results of this study show that implementation of HMDH decreases costs associated with medication waste. In addition, the introduction of HMDH increases patient satisfaction.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-280 DOES PLATELET-RICH PLASMA COMPOSITION MATTER IN HIP OSTEOARTHRITIS?

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**Background** Analgesic and antiinflammatory (AA) activity of autologous platelet-rich plasma (PRP) yields in its concentration on blood-cell counts and certain growth factors, although, clinical correlation is poorly described.

**Purpose** We sought to analyse clinical outcomes and its growth factors and blood cell concentration of PRP.

**Material and methods** A cohort study of adult patients with hip osteoarthritis (OA) who had failed previous conservative treatment and received a single intra-articular injection of autologous PRP) for pain management.

Follow-up period: 1 year with clinical evaluations at baseline (day of PRP administration) and at 1, 4, 24 and 48 weeks. The primary outcome measure was a change in the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and secondary outcomes: Harris Hip Score (HHS), Visual Analogue Scale (VAS), responders' rate (OARSI Criteria), analgesic treatment, cell counts and the contents of vascular endothelial growth factor (VEGF), platelet-derived growth factor AB (PDGF-AB), transforming growth factor beta 1 (TGF- $\beta$ 1), interleukin beta 1 (IL-1 $\beta$ ) and insulin growth factor (IGF) concentration of growth factors in PRP. Uni- and multivariate analyses were performed using SPSS v.18.

**Results** Thirty-eight patients were included. A better response to treatment was observed in those patients with a baseline grade 1–2 of Kellgren Larwrence (11.51 OR, 95% CI: 2.34 to 50.65, *p*<0.03). Significant high correlation was found between white cells' concentration-VAS score (*r*=0.748, *p*<0.013) and white cells' concentration-WOMAC stiffness (*r*=0.748, *p*<0.013). Moreover, moderate correlation was found between IL-1 $\beta$ -HHS (*r*=-0.38, *p*<0.042), IL-1 $\beta$ -VAS

score ( $r=0.452$ ,  $p<0.018$ ) and IL $\delta$ 1 and WOMAC score ( $r=0.441$ ,  $p<0.021$ ). In responders, we found a moderate negative correlation between PDGF and VAS score ( $r=-0.446$ ,  $p<0.012$ ) and PDGF and WOMAC score ( $r=-0.39$ ,  $p<0.037$ ).

**Conclusion** Results indicated a unique intra-articular PRP injection offers a clinical improvement in patients with hip OA, with a correlation between growth factors and cell concentration and clinical results.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-281

#### A COMPARATIVE STUDY OF THE SATISFACTION OF CLIENTS WITH THE SERVICES OF AN OUTPATIENT PHARMACY IN A TERTIARY HOSPITAL

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**Background** Evaluation of patient satisfaction with outpatient pharmacy services (OPS) is important to help identify areas that require improvement and enhance positive changes in the service.

**Purpose** To analyse the evolution of patient satisfaction with the services of an outpatient pharmacy of a tertiary hospital, and compare the results with those of other OPS.

**Material and methods** A retrospective comparative study of the results of a satisfaction survey carried out on outpatients in 2015, 2016 and 2017 at a tertiary hospital, and a review of results reported by other OPS at the National Congress of Hospital Pharmacy.

The survey consisted of four parts:

- a. general questions (sex, age, frequency of visits).
- b. organisation.
  1. time;
  2. quality of the information given by the pharmacy technician;
  3. hospital staff correctly identified;
  4. privacy;
  5. satisfaction with the services of the pharmacy technicians.
- c. pharmacists.
  1. availability for consultation;
  2. satisfaction with the information given by the pharmacist;
  3. satisfaction with pharmacist care;
  4. time dedicated to the consultation;
- d. overall satisfaction.

Answers of b), c) and d) were scored as follows: 1=very bad, 2=bad, 3=normal, 4=good, 5=very good. There were several free text boxes to add observations. A mathematical adjustment was made for the transformation of the scale from 1–5 to 1–10.

Over the 3 years, improvements were made, such as an appointment calendar, staff identification cards and a parking area for patients.

**Results** One-hundred and eight, 104 and 84 surveys were completed in 2015, 2016 and 2017, respectively. Average scores for each question in 2015, 2016 and 2017 respectively were: b. 1) 6.84; 7.10; 6.67; b. 2) 8.31; 8.37; 8.19; b. 3) 7.80; 8.98; 8.32; b. 4) 7.17; 8.99; 5.57; b. 5) 9.11; 9.53;

8.84; c. 1) 7.70; 9.03; 8.51; c. 2) 8.00; 9.44; 8.91; c. 3) 8.58; 9.58; 9.17; c. 4) 7.45; 9.12; 8.42; and d) 8.29; 9.08; 8.67.

Observations were excessive waiting times, opening hours and location.

The results of six other OPS were reviewed.

**Conclusion** Satisfaction surveys are useful tools to gain knowledge about patients' preferences and needs, and implementing future actions to improve the service. A good maintained score was observed for the services and care given by pharmacy technicians and pharmacists. Waiting times obtained the worst score consecutively. The worst-rated aspects were waiting times and opening hours, coinciding with the results reviewed of other OPS.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-282

ABSTRACT WITHDRAWN