

5PSQ-115 'PATIENT EXPERIENCE' FOR IMPROVING PATIENT CLINICAL PATHWAYS IN AN ONCOLOGY DAY HOSPITAL

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Background Patient engagement is considered critical in improving quality of care provided by the healthcare system. Developed recently by our hospital, the 'Patient experience' is a programme collecting patient's journey experiential feedback with the aim of establishing a continuous improvement method. As part of a project focusing on the improvement of patient's pathways for patients receiving chemotherapy in our oncology day hospital, a 'Patient experience' was carried out.

Purpose The aim was to collect and analyse patients' feedback to improve this care pathway.

Material and methods A map describing the patient's journey was performed to identify the critical steps. An interview guide, focusing on medication management at each step and, more specifically on chemotherapy, was developed and validated with the pharmacists, the oncologist, the head nurse and the nurses. Non-recorded semistructured interviews were conducted by both a student and a pharmacist's resident or alone by a resident until data collection reached saturation point. Patients with communication difficulties, cognitive impairment or severe asthma were excluded. The interview's results were summarised in a 'map of emotions'. For each step of the hospital stay, the map presented a positive and negative patient's impression. A general feedback was then delivered to health professionals involved in the project.

Results In total, 20 interviews were conducted. The average age of participants was 62 years (29–82). Among them, 70% (n=14) were treated for less than 6 months. The average interview duration was 21 min (10–45). Overall, the care provided at the hospital received good feedback. The improvement's axes were: the lack of achievement and enrolment for pharmacy interview of patients who had a PICC-line or an oral chemotherapy, for explaining the treatment.

Conclusion These interviews were very informative, highlighting a good overall level of care delivered and allowing us to identify some issues to consider. This innovative method is very customer-focused, leading to the identification of patient's real needs and avoiding top-down solutions sometimes proposed by healthcare professionals, which do not take into account patient's point of view.

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5PSQ-116 ANALYSIS AND EVALUATION OF A RENAL FUNCTION-BASED DOSAGE ADJUSTMENT SYSTEM AT A UNIVERSITY HOSPITAL

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Background Renal insufficiency is relatively common among hospitalised patients, and is associated with an increase in hospitalisation-related morbidity and mortality. Drug-dosing errors are common in patients with renal impairment and can cause adverse effects and poor outcomes.

Purpose The purpose of this study was to evaluate the benefit of the Renal Function Based Dosage Adjustment System in a tertiary hospital.

Material and methods This was a single institutional, retrospective pre/post study conducted over 3 month periods within 9 years. In August 2006, the Renal Function Based Dosage Adjustment System which monitored drug prescription and generated a real-time alerting window, was implemented and has operated well in a tertiary hospital in Korea. We analysed prescription and alert data of the tertiary hospital's Healthcare Information System and compared the pre-renal dosing system versus the post-renal dosing system from April to June 2006, 2007 and 2015.

Results Among the patients whose admission and discharge periods were included during the study period, 7587 patients with an estimated glomerular filtration rate of less than 60 and who required dose adjustment according to the patient's renal function. The rate of inappropriate prescription was 8.7% in 2006, 7.4% in 2007 and 2.7% in 2015. The drug classes that most frequently generated alerts were the H2 blocker (44.2% in early clinical decision support system (CDSS) period, 52.8% in the late CDSS period) and antimicrobials (17.0% in the early CDSS period, 52.8% in the late CDSS period).

Conclusion The current system may be practically useful in the improvement of safety in renal-insufficient patients resulting in the realisation of effective pharmacotherapy. To improve the clinical acceptance of alerts, this system should strive to maximise the effectiveness of alerts/minimise over-alerting.

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5PSQ-117 PREVENTING MEDICATION ERRORS REGARDING HIGH-ALERT MEDICATION

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Background High-alert medications are those that, when they are not being properly used, are more likely to cause serious or even fatal harm to patients. In order to improve patient safety, it is important to focus on them and to establish practices for improving safety in all processes of their use.

Purpose To make action protocols to minimise possible errors arising from the use of high-alert medications and implementing them in a second-level hospital through the pharmacy service.