

Counter (OTC) drugs, supplements and herbal products. An educational brochure had been created and was sent to the elderly patients during the interviews.

Results The average age of patients in the study was 72.7 years and 70% (42/60) of patients were males. 95% (57/60) of the patients were expected for outpatient visits and the remaining 5% (3/60) were hospitalised. The most common reason for hospitalisation was cardiovascular diseases 46.6% (28/60). There was an average of two comorbidities and 78.3% (47/60) of patients were in polytherapy (≥ 4 drugs). Antihypertensives were the most frequently used drugs 63.3% (38/60). 6/60 (10%) patients reported a drug allergy, in particular Betamethasone, Iopromide, Ranolazine, Levofloxacin, Cefuroxime and Amoxicillin clavulanate. 16/60 (26.6%) of patients reported the use of paracetamol as an OTC when needed, 10/60 (16.6%) patients reported the use of supplements and only 2/60 (3.3%) patients the use of herbal products. A good adherence therapy and knowledge of ADR reporting methods emerged from the interviews. 2/60 (3.3%) patients reported ADR, respectively diarrhoea and procrastination related to Nintedanib and head and hand tremor related to Tacrolimus. These ADRs have been reported in the pharmacovigilance system.

Conclusion This direct approach with elderly patients has been important in focusing on their particular needs, and multidisciplinary teamwork has improved the risk/benefit ratio of the therapies. Further data will be recorded.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-120 APPLICATION OF INTERNATIONAL GERIATRIC CRITERIA ACCORDING TO EAHP POLICY STATEMENT ON AN AGEING SOCIETY

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Background Inappropriate prescribing in the elderly is a critical issue in primary care, causing a higher risk of adverse drug events and resulting in major patient safety concerns. At international level, many tools have been developed to cope with this problem and to identify Potentially Inappropriate Medications (PIMs).

Purpose The aim of this study was the application of Beers, Screening Tool of Older People's Prescriptions (STOPP)/Screening Tool to Alert to Right Treatment (START) and Improving Prescribing in the Elderly Tool (IPET) criteria by the tracer pharmacist (TP), as a key tool in reducing PIMs and improving the quality of prescribing.

Material and methods A retrospective cohort study was conducted by the TP using Beers, STOPP/START and IPET criteria. The cohort comprised 370 elderly patients hospitalised from January to May 2015, with at least three prescriptions.

Results The average age of patients in the study was 73 years and 54.5% (209/370) of patients were males. The most common reasons for hospitalisation were cardiovascular disease (183/370) and cancer (72/370). There was an average of 4.4 comorbidities and 83.8% (310/370) of patients were in polytherapy (≥ 4 drugs). The prevalence of PIMs in the sample was 85.7% (317/370) according to Beers criteria, 76.5% (283/370) using STOPP criteria and 39.2% (145/370) using IPET criteria. According to Beers criteria, the most prevalent PIM,

with a percentage of 72.1% (267/370), was the use of a proton-pump inhibitor, which exposes patients to *Clostridium difficile* infection, bone loss and fractures. According to STOPP criteria, we reported potentially constipating drugs (antimuscarinics, Fe, opioids) in 51.3% (190/370). According to IPET criteria, the use of δ -blocker in patients with obstructive pulmonary disease was the predominant PIM, with a percentage of 27.3% (101/370). On the other hand, the use of START criteria allowed the detection of appropriate prescriptions, which were 151/370: the most common was the use of inhaled $\delta 2$ -agonists in the treatment of asthma or obstructive pulmonary disease.

Conclusion Regardless of the criteria used, our data showed that, according to Beers criteria, more than 80% of patients were exposed to PIMs. To make health professionals aware of the use of these tools and to improve care for the elderly patients, an educational brochure has been created.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-121 QUALITY ASSESSMENT WITHIN FRENCH FIRE AND RESCUE SERVICES PHARMACIES IN THE NORTH OF FRANCE: DEVELOPMENT AND EVALUATION OF A SELF-ASSESSMENT TOOL

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Background The organisation of Pharmacies of French Fire and Rescue Department Services (FFRDS) progressively switches to an operating mode currently applied in hospital pharmacies. FFRDS pharmacies have very specific activities and, currently, there is no self-assessment tool available that enables assessment of the quality system (QS).

Purpose Primary aim of this study was to develop a QS self-assessment tool compatible with healthcare products (HP) management. Another goal was to set up a state of QS within the different pharmacies of FFRDS in the north of France.

Material and methods The first step was to create an expert group. It was composed of 15 members in different professions. Then, an audit checklist made up of 194 items was constructed. Each item was rated according to a risk level (from 0 'no risk' to 3 'unacceptable risk') and to an effort level required to control this risk (from 0 'no effort' to 3 'major effort'). Finally, computer modelling was done (Excel file).

Results A quantitative analysis was made from the results of five FFRDS pharmacies. This analysis revealed a high risk linked particularly to: pharmaceutical analysis and validation of medical prescriptions (70%), HP preparation and dispensation (67%). However, the risk related to HP purchase was low (20%). Furthermore, 16% of all the studied items showed a risk higher than 80%, whereas 32% showed a risk below 20%.

The qualitative analysis demonstrated a fair balance between the proportion of items categorised as 'unacceptable' and 'bearable'. The result range for the proportion of items classified as 'unacceptable' spans 3% to 34%.

As for the effort level required to control the risk, most items that have not been validated required a 'low intensity'

or a 'medium intensity' effort. They represented 10% to 61% of items. Less than 8% of items required a 'major effort'.

Conclusion The development of this self-assessment tool shows that the lack of shared guidelines leads to inequalities in the QS between the different FFRDS pharmacies. Nevertheless, some risks are common to these pharmacies. Hence, joint actions could be of critical importance to improve these QS.

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None.

No conflict of interest.

5PSQ-122 PERIPHERIC INTRAVENOUS PERFUSION IN ANAESTHESIA: SECURING MEDICAL TREATMENT IS ALSO ABOUT THE PROPER USE OF MEDICAL DEVICES

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Background Intravenous administration is an especially risky stage of medical treatment. Securing this stage, in particular handling the proper use of medical devices (MD), is important to ensure patient safety. Anaesthesia is especially hazardous due to complex infusion installations and the frequent use of a narrow therapeutics range.

Purpose The aim of this work was to evaluate the proper use of infusion MD in anaesthesia in order to lead actions to secure intravenous administration.

Material and methods An audit was conducted during 3 months in operating rooms (OR). Infusions' installations were observed: which infusion MD were used and how.

Then, a questionnaire was distributed to nurses of the units in charge of patients after surgery, to know the becoming of infusion installations after the OR.

Results Thirty surgical interventions were observed and 37 peripheral venous access were inserted. For 36 (97.3%) of them, a one way-valve (OWV) was directly put on the catheter.

Among these 30 infusion installations, 19 (63.3%) were simple ones, which means a catheter, a OWV and an infusion set with a three-way stopcock. The others were more complicated, with additional infusion sets or an infusion reheater.

Eighteen nurses answered the questionnaire. Seventeen (94.4%) revealed that patients could leave the OR with only a catheter and a OWV on it and three (16.7%) answered that OWV could be unprotected by a cap. During the change of the infusion line, eight (4.4%) nurses disconnected the line on the OWV and 12 (66.7%) let only the catheter with a OWV in the absence of perfusion.

Conclusion OWV is not a closed system. Used as a catheter cap, there is a risk of infection and gas embolism. A working group has been formed to solve the misuse of OWV. Three specific cases have been distinguished in the OR and solutions have been proposed for each one: ambulatory patients (catheter with an obturator); patients transferred in intensive care (infusion set still connected); and patients transferred in the surgical unit (catheter with a two-way valve).

A document which reminds of the proper use of OWV has been disseminated and a training workshop concerning infusion valves has been organised.

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5PSQ-123 FAILURE MODES, EFFECTS AND CRITICALITY ANALYSIS: APPLICATION TO A HOSPITAL PHARMACY

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Background The pharmacy is the last link in the drug chain and error, which is never an isolated fact, is still a troublesome reality. Everything must be organised to minimise risks and their severity. As such, Failure Modes, Effects and Criticality Analysis (FMECA) applied to the pharmaceutical activity helps control the risks of non-compliance that can negatively affect the quality of provided services.

Purpose The objective of this work was to apply in practice the FMECA tool (example of the procedure of medical devices' reception) at a hospital pharmacy engaged in the process of implementing a quality management system, in order to propose for each risk identified and analysed, a matrix of preventive and corrective actions.

Material and methods Our work took place in three stages:

- Identification and description of elementary processes forming the macro-process of medical devices' reception at our hospital's pharmacy pole.
- Drafting the procedure describing the main activities forming the macro-process in question.
- Application of the FMECA tool to the described activities in order to identify different risks and calculate their criticality (criticality=frequency × severity).

Results The results of this risk analysis, applied to the macro-process of medical devices' reception at our hospital's pharmacy pole, allowed us to identify 13 risks (among which three had a criticality score ≥ 8), to reconsider certain practices and to propose matrices of measurements for taking charge of most critical risks.

Conclusion This experience helped to sensitise staff to the 'risk culture'. In addition, the results specific to our hospital's pharmacy pole may constitute a model available to other hospital pharmacies seeking to improve the quality of their services, which would help to upgrade the profession of hospital pharmacists.

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5PSQ-124 ABSTRACT WITHDRAWN