Furthermore, a drug list was designed to facilitate routine work (with a link to ***www.dosing.de***), as well as an information leaflet listing those drugs used in our hospital that either required dose adjustment or should not be used in cases of renal impairment.

Conclusion An increase in patient safety by means of intervention was achieved in 114 of the 154 cases, limiting patient assessment to GFRs of 10–30 ml/min (in accordance with KDIGO classification 4). This would correspond to a work-efficient intervention rate of 51% (about seven medication errors per day). After successfully presenting our results to the board of management and at the chief physicians' conference meeting, the decision was taken to continue to provide this everyday form of clinical service despite our limited human resources situation.

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NP-008 STABILITY OF CEFTOLOZANE/TAZOBACTAM IN SOLUTION AS INFUSION FOR PROLONGED OR CONTINUOUS APPLICATION

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Background Ceftolozane is a novel cephalosporin and commercially available in combination with the beta-lactamase inhibitor tazobactam under the brand name Zerbaxa. Cephalosporins exhibits, like all betalactams, a time-dependent antibacterial action. The concentration of the antibiotic at the site of infection should exceed the MIC of the underlying pathogen for at least 60%–70% of the dosing interval. According to the German prescribing information, Zerbaxa is administered as a short infusion in sodium chloride 0.9% or glucose 5%. However, clinical studies suggest that prolonged or continuous infusion of beta-lactam antibiotics can improve therapy success, especially in intensive care patients.

Purpose At present, there is insufficient data on the stability of ceftolozan/tazobactam in infusion solution for continuous infusion. German product information provides data on the stability under conditions of cooling (2°C–8°C) and light protection. Therefore, a stability test was carried out for 24 hours under real-world conditions.

Material and methods Solutions of ceftolozan/tazobactam (20/10 mg/L and 10/5 mg/L) in sodium chloride 0.9% and glucose 5%, respectively, were stored at room temperature for 24 hours without protection from light. Concentrations of ceftolozan/tazobactam were analysed at the start of the experiment and 1, 4, 8 and 24 hours thereafter using high-performance liquid chromatography with UV detection. In addition, at each analysis time point the solutions were visually examined and the pH values were determined.

Results Ceftolozan/tazobactam concentrations were stable for at least 24 hours (>98.5% of baseline) at both concentrations regardless of the used carrier solution. Visual appearance and pH values remained unchanged.

Conclusion Zerbaxa is stable in sodium chloride 0.9% and glucose 5% at room temperature for at least 24 hours and is therefore suitable for prolonged or continuous infusion.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

NP-009 PATIENTS' PERSONAL TREATMENT MANAGEMENT IN A UNIVERSITY HOSPITAL

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Background Patient's personal treatment (PPT) management in a hospital is a problem potentially responsible for incidents such as medical duplications that can lead to serious consequences (especially with oral anticoagulants), treatment omissions and dosages. The management of PTT is not subject to legal/national regulation in Belgium or institutional regulation in our hospital.

Purpose The primary objective was to establish an inventory of management practices of PTT in our hospital by conducting interviews with inpatients and nurses. The secondary objective was to propose an institutional regulation for the control and administration of PTT.

Material and methods The state of play was realised in 22 care units from 5 October to 4 November 2016. PTT management was evaluated by a pharmacist with a survey (patient/responsible nurse) based on a review of the literature.

Results Into the targeted care units, 47% (195/410) hospitalised patients were included. Of 410 patients hospitalised into the targeted care units, 195 patients were included. Sixty five per cent (102/195) had the usual treatment and brought their own drugs into hospital. Among the 289 drugs brought by patients, 71% of drugs (206) were registered in the hospital's drug formulary and were administered.

Conclusion PPT management in a hospital is problematic in terms of safetyand quality, and concerns an important part of patients' treatment, as confirmed by this study. Communicating the results to the different stakeholders is a first step in this process of continuous improvement of quality. An institutional regulation standardising and securing PTT management practices must be drafted, taking into account reality in the field. Other proposals are under study: verification of compliance by nurses, identification of PTT, information to the patient to prevent the use of PPT in parallel with treatment administered by nursing staff, and sensitisation of patients and visitors to these practices.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

NP-010 WHAT IS THE EFFECT OF INTERPROFESSIONAL STUDENT PLACEMENTS IN PRIMARY CARE? A RETROSPECTIVE PRE-POST STUDY

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Background The Centre for Interprofessional Workplace Learning (TVEPS) offers an interprofessional learning experience in primary care for health students in their final years of study.

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The aim of TVEPS is to develop the interprofessional competencies of health profession students. A TVEPS training experience consists of three meeting points. During the autumn of 2017, TVEPS began using a standardised questionnaire, the Interprofessional Collaborative Competences Achievement Survey (ICCAS). The questionnaire consists of 20 items divided into five domains (Communication, Collaboration, Roles and Responsibilities, Collaborative Patient/Family-centred Approach and Conflict Management/Resolution and Team Functioning).

Purpose To investigate whether a translated version of ICCAS can be used to measure the effect of interprofessional education in health students that have participated in TVEPS training.

Materials and methods ICCAS uses a retrospective pre-post design, where the students respond to both the before and after state after participating in the learning activity. The questionnaire was translated into Norwegian, and data were collected from October 2017 to January 2018. The questionnaire was part of a larger evaluation distributed to 85 students from 13 different health profession-educations using Survey Exact. Participation was required to finish the course, except for the students from the pharmacy, who had their placements during the spring of 2017. For them, filling in the questionnaire was optional. Data was analysed using IBM's Statistical Package for Social Sciences (SPSS), version 25.

Results In total, 78 of 85 students (91.8%) completed the survey. In all five domains the students scored themselves significantly higher ($p<0.05$) after participation than before. On a scale from 1 to 5 the increase (post-participation – pre-participation) was (mean ±SD): Communication: 0.63±0.45, Collaboration: 0.84±0.57, Roles and Responsibilities: 0.92±0.65, Collaborative Patient/Family-centred approach: 0.92±0.66 and Conflict Management/Resolution and Team Functioning: 0.75 ±0.52. The effect size (Cohen's d) was larger than 1.4 in all domains, significantly higher than which has previously been reported.

Conclusions The translated version of ICCAS seems well-suited to measure self-assessed change in interprofessional competencies following TVEPS training. A larger study is needed to assess the full validity and reliability of the translated questionnaire.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

NP-011 MEDISCREEN: IMPLEMENTATION OF A TOOL FOR DETECTING PATIENTS AT RISK OF ADVERSE DRUG EVENTS VIA THE ELECTRONIC MEDICAL RECORD

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Background Pharmacists at our hospital are not able to validate all prescriptions daily. To fill this gap, a project called MediScreen was launched to detect situations at risk of drug-related problems (SRDRP). Twenty-five queries of high criticality were developed based on a literature review and consensus with physicians from different medical disciplines. The queries were then programmed with the software PharmaClass, which is interfaced with the electronic medical record of our hospital.

Purpose The aims of this study were to evaluate the impact of this screening on drug therapy and to estimate the time required for pharmacists to analyse and manage SRDRP.

Material and methods PharmaClass performed a real-time detection of all hospitalised patients (approximately 900 beds) in whom SRDRP occurs. During 6 months (February–July 2018), the clinical pharmacist analysed the detected SRDRP and, if necessary, called the prescriber to suggest treatment modifications. The following indicators were measured: number of SRDRP detected, pharmacist interventions accepted by the physician (and acceptance rate), refused (R) or not applicable (NA). The required resources were quantified in pharmacist-time per day.

Results After elimination of false positives due to interfacing problems, of 986 SRDRP, 808 (82%) were not clinically relevant, 50 (5%) were resolved before pharmacist intervention and 128 (13%) were addressed. One-hundred and four (87%) proposals were accepted and implemented (16 R and eight NA). On average, pharmacists spent 1 hour 20 min per day on the analysis of about 10 SRDRP (9.8) and intervened about once a day (0.85).

Conclusion MediScreen allowed us to adapt treatment and prevent the occurrence of adverse drug events in 104 situations that would not otherwise have been identified. This new activity required a reassignment of time spent on clinical activities. For some queries (to identify a particular drug-related problem), the specificity should be improved to reduce the rate of non-clinically relevant SRDRP. For those identifying a specific drug at risk, sensitivity is a more appropriate endpoint than specificity. The focus on queries of high criticality and the pharmacist's verification of the clinical relevance of SRDRP contribute to the high acceptance rate (87%). After this first step with a limited number of queries, alerts for less critical situations will be developed in order to optimise the treatment of patients seen during interdisciplinary visits.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

NP-012 STANDARDISATION OF ANALGESIA AND SEDATION INFUSION SOLUTIONS IN PAEDIATRIC PALLIATIVE PATIENTS RECEIVING END-OF-LIFE CARE AT HOME

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Background Parenteral medication administration by continuous infusion has become a common practice in end-of-life home care settings because portable infusion pumps are well tolerated and maintain more nearly constant drug plasma levels.

Purpose To ensure safe and quality home care in paediatric patients nearing end-of-life in the community setting, by establishing a standard operating procedure based on elaboration by dose banding.

Material and Methods First, most commonly used drugs and administration routes reported in the paediatric palliative care literature were identified. Second, a literature review was performed in order to assess the compatibility and stability of drug solutions prepared under aseptic conditions in polyvinyl chloride medication cassette reservoirs. Finally, a drug library

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