drugs prescribed per patient were 7 days and 10 ± 3.5 drugs, respectively. Fifty-nine patients (72%) had at least one DACE prescribed (an average of two DACE per patient). Most common DACE grouped by ATC were: anxiolytics (N05B, $n=30$), antidepressants (N06A, $n=28$), antipsychotics (N05A, $n=22$), opioids (N02A, $n=16$) and antiepileptic (N03A, $n=14$). Thirty-two (39%) patients had a moderate anticholinergic risk (median DBI 0.6) and 27 (33%) patients had a HAR (median DBI 1.5). Four out of 27 (15%) interventions were accepted and consisted of two dose reductions and two DACE descriptions. The interventions were not accepted mainly because the drugs were part of the patient's chronic psychiatric or neurological treatment, the presence of refractory pain or insomnia disorders.

Conclusion and relevance Our pharmacological intervention was poorly accepted by physicians. During the hospitalisation process it is difficult to re-evaluate the need for adjusting chronic medication, especially related to psychiatric or neurological pathologies. For future studies we believe that this type of study would have more impact at the primary care level.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-189 FALL INCIDENTS IN NURSING HOME PATIENTS: DEVELOPMENT OF A PREDICTIVE CLINICAL RULE (FINDER)

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Background and importance Fall incidents are common among nursing home patients. Different tools have been developed in the prevention of fall incidents but with unsatisfactory results.

Aim and objectives To develop (part I) and validate (part II) a clinical rule (CR) that can predict a fall risk in nursing home patients.

Material and methods The study was conducted in two parts. In part I, the variables which could lead to an increased risk of falls were determined and implemented in the predictive clinical rule. Subsequently, data from a retrospective cohort study were used to validate the developed clinical rule.

Multiple linear regression analysis was conducted to identify the fall risk variables in part I. With these, a predictive fall risk algorithm was developed where the overall prediction quality was assessed using the area under the receiver operating characteristic curve (AUROC), and a cut-off value was determined for the predicted risk ensuring a sensitivity ≥ 0.85 . This prediction model and cut-off value were externally validated in part II.

Results A total of 1668 (824 in part I, 844 in part II) nursing home patients were included in the study. Eleven fall risk variables were identified in part I. The externally validated AUROC of the prediction model, obtained in part II, was 0.603 (95% CI 0.565–0.641) with a sensitivity of 83.41% (95% CI 79.44–86.76%) and a specificity of 27.25% (95% CI 23.11–31.81%).

Conclusion and relevance Medication data and patient characteristics were not sufficient to develop a successful clinical rule with a high sensitivity and specificity to predict the risk of falls.

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No conflict of interest.

4CPS-190 EVALUATION OF A NEW CLINICAL PHARMACY SERVICE WITHIN A NEWLY LAUNCHED SURGICAL ADMISSION PROCESS

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Background and importance Clinical pharmacy services (CPS) targeting the admission of surgical patients have been shown to provide significant benefit for patient safety and care.

Aim and objectives To evaluate a CPS within a newly launched integrated admission process for elective surgery patients: (1) by defining the number and type of identified drug related problems (DRPs) and acceptance rate of pharmacists' suggestions for medication optimisation; and (2) by assessing the perception of the service and identifying barriers and optimisation potential.

Material and methods This was a retrospective descriptive analysis of number and type of identified DRPs, suggested interventions and their acceptance rate based on a validated classification system.¹ We also determined the health professions' perceptions towards the new service, measured using a piloted self-administered quantitative questionnaire.

The setting was a 450 bed teaching hospital, with an on-site service implemented within a central integrated admission process for elective patients across four surgical wards. All patients receiving the CPS in the data collection period (April–December 2018) were included. Questionnaires addressed medical and nursing staff on covered surgical wards (4 week data collection period).

Results Pharmacists reviewed 1877 patient files (6214 drugs) and identified 2003 DRPs, on average 1.07 DRP/patient. The most common DRPs were drug interactions (31%), drug without indication (20%), need for monitoring (14%) and untreated indication (11%).

The most common recommended interventions were drug monitoring (30%), starting a drug (13%) and stopping a drug (13%), and advisory information was provided (17%). Overall, 22% of interventions were implemented. Identified barriers were lack of awareness of the pharmacists' e-consults, limited time resources and the surgical setting.

The questionnaire confirmed the benefits, indicating patient safety, medicine optimisation and reduced workload for medical staff. The CPS was rated as 'good'.

Conclusion and relevance The high prevalence of identified DRPs reflected the contribution of the CPS towards improved patient safety and care. The questionnaire highlighted the value and acceptance of the CPS by other health professions and identified barriers to further adaption. The acceptance rate can be perceived as successful considering the limitations of the short on-site stay of surgical patients and the recent implementation of the CPS in April 2018. Hence the data showed clear benefits. The role of the clinical pharmacist within the central admission process should be further established to exploit further potential for CPS in this field.