related limitations and benefits. The interviews were audio recorded, transcribed verbatim and analysed using framework analysis. Ethical approval was obtained from the participating hospital.

Results Thirteen healthcare providers from various clinical areas (medicine, surgery, critical care and emergency) were interviewed: two pharmacists, three pharmacy technicians, seven nurses and one doctor. Interviews lasted on average 20 min. All participants had overall positive views towards pharmacy team involvement. However, there were mixed opinions on the extent of involvement. All participants (with the exception of both clinical pharmacists) agreed that pharmacists and pharmacy technicians can be directly involved by administering oral medications and reconstituting medicines on wards. However, clinical pharmacists felt that direct involvement may be intrusive to nurses. Therefore, they suggested that pharmacists can be indirectly involved by providing advice on preparation/administration processes and in identifying and solving incompatibilities. The perceived benefits of such involvement were more errors and delayed treatment. However, limitations of practical experience, service costs and lack of staff were identified.

Conclusion and relevance In this exploratory work, attitudes towards involvement were overall favourable, however various levels of involvement were identified. Therefore, further work should investigate the extent of involvement and feasibility across different clinical areas. These findings add to the evidence base, the acceptability and development of pharmacy team involvement across various clinical areas.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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PATIENT PERCEPTIONS OF GENERIC MEDICINES 20 YEARS AFTER THE RIGHT OF SUBSTITUTION BY PHARMACISTS

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Background and importance In France, since 1999, pharmacists have been authorised to substitute the original medicine with a generic product, provided the patient agrees and that the doctor has not excluded a drug by affixing, in handwritten words, ‘not substitutable’ on the prescription. The success of generics depends on the propensity of the patient to accept substitutions.

Aim and objectives The aim of the study was to determine patient perceptions of generic drugs 20 years after the substitution right was granted to pharmacists.

Material and methods We carried out a survey from 1 April to 30 June 2019 on a sample of people representative of the French population aged 18 years and over, through an online questionnaire using the Cawi system (Computer Assisted Web Interview) and in paper format. A questionnaire of 17 questions was developed. The questionnaire was validated by a sample of 20 randomly selected people. Feedback from these people helped with adjustment of the questionnaire before the survey was conducted.

Results We collected 467 questionnaires (264 paper questionnaires and 203 online questionnaires). Of these, 42% of patients reported high confidence in generic drugs and 45.6% freely chose generics. We found that 57% of patients accept unreservedly the generic substitution when it was proposed by the pharmacist (vs 49.7% in the survey by Ostan1); 73% said generic drugs are as effective as brand name drugs; 81% said generic drugs have as many side effects as brand name drugs; 15% of patients reported that generic drugs have more side effects and 4% reported the opposite; and 12% of patients said they were asking for ‘non-substitutable’ on their prescription (vs 20.3% in the survey of Ostan1). In 34% of cases, this statement ‘not substitutable’ was a doctor’s decision. Also, 1% of patients reported not knowing generic drugs.

Conclusion and relevance In our study, 45.6% of the general public freely chose generic drugs. This reached 57% when generic drugs were offered by pharmacists. Lack of knowledge about generic drugs affects patients’ perceptions of generic medicines. To overcome this lack of confidence, we have developed an information leaflet on generic drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

IMPROVING INTRAVENOUS TO ORAL SWITCH BY IDENTIFYING AND TACKLING BARRIERS PERCEIVED BY PHYSICIANS AND NURSES

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Background and importance Appropriate and timely switching of drugs from intravenous (IV) to oral administration is a good, safe and cost effective intervention. However, IV to oral switch guidelines are not always adhered to adequately.

Aim and objectives The aim of this study was to investigate how hospital pharmacists can promote IV to oral switches.

Material and methods An interventional before and after study was performed in a 500 bed regional hospital. Physicians and nurses completed a structured questionnaire asking about switch criteria, the main barriers for not switching and interventions to improve switch practice. Mean duration of non-appropriate IV therapy and number of IV to oral switches were retrospectively measured based on chart review and validated criteria over a 6 month periods before and after implementing a bundle of tailored interventions on an orthopaedic and geriatric ward.

Results The questionnaire was completed by 36 physicians and 29 nurses. The respondents agreed on the established IV to oral switch criteria. The reasons for not switching despite eligibility were mainly patient centred concerns: the patient feels ill (60%), swallowing difficulties (54%) and suspicion of non-adherence (55%). Interventions that they considered useful were predefined drug orders and reminders in the electronic prescribing system (58.5%) and the pharmacist contacting the prescriber in case of a possible switch (40%). A poster campaign concerning IV to oral switch for acetaminophen and antibiotics was implemented; the powder formulation of acetaminophen was included in predefined drug orders and patient specific advice was given by the pharmacist who checked the prescriptions in the

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pharmacy before drug dispensing (acceptance rate 79%). A total of 227 and 226 patients treated with intravenous acetaminophen and/or antibiotics, respectively, were included in the retrospective chart review before and after our interventions. This multimodal IV to oral switch strategy resulted in a reduction of the mean duration of non-appropriate IV therapy (total reduction of -7.25 hour, p=0.002, for acetaminophen reduction of -9.3 hour, p=0.001) and the number of IV to oral switches increased by 8.9% (p=0.027).

Conclusion and relevance Structural and proactive interventions by the hospital pharmacist resulted in a reduction of the duration of non-appropriate IV therapy and an increase in IV to oral switches. However, the cost effectiveness and sustainability of these interventions is questionable in a setting with limited clinical pharmacy resources.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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4CP-215 THE IMPACT OF CLINICAL PHARMACIST DRIVEN INTERVENTIONS ON PATIENT SAFETY IN HOSPITALISED PATIENTS: PRELIMINARY RESULTS OF A POINT PREVALENCE STUDY
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Background and importance Most patients admitted to a hospital use more than five drugs. Apart from the beneficial effects of these drugs, these patients are at risk of medication errors. Traditionally, hospital pharmacists use clinical decision support systems (CDSSs) and clinical rules to prevent drug related problems (DRPs). For specific instances, (eg, intensive care and paediatric care), it has been shown that the involvement of clinical pharmacists integrated into the medical team on the ward has a beneficial effect on the reduction in DRPs. Hence there is a shift from the traditional way of practice to integration of clinical pharmacists into the medical team on the ward.

Aim and objectives The aim was to investigate the impact of hospital-wide integration of clinical pharmacists on patient safety.

Material and methods In this observational point prevalence study, interventions made by clinical pharmacists (in addition to interventions based on clinical rules or CDSSs) were studied over 5 consecutive working days. Patients admitted for more than 24 hours were included. The following endpoints were recorded: type of intervention, reason for intervention, severity of the underlying DRP (using the NCC MERP index scale), proportion of interventions accepted by the physician, communication route and time investment.

Results A total of 238 medication reviews were conducted and the pharmacists were consulted 16 times. For 58.4% of the reviewed patients, potential DRPs were detected, with an average of 1.8 per patient. Overtreatment was the most reported DRP (31.6%) and subsequently the most common type of intervention was the advice to stop medication (43.2%). During the study, 16.0% of the interventions were categorised as no error, 62.0% as error, no harm and 22.0% as error, harm. Regarding acceptance, 66.6% of the interventions were accepted and given a follow-up. Face to face was the most frequently used method of communication (56.9%). The average time investment was 8.6 min per medication review.

Conclusion and relevance Structural medication reviews by clinical pharmacists contributed to detection and resolution of DRPs, mainly by reducing overtreatment. Therefore, in addition to clinical rules or CDSSs, a hospital-wide integration of clinical pharmacists as part of the multidisciplinary team can improve medication safety and optimise pharmaceutical care.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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4CP-216 PROMOTION OF THE QUALITY OF DRUG EDUCATION FOR PATIENTS USING NASOGASTRIC TUBE FEEDING BEFORE DISCHARGE
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Background and importance More than 60% of prescription drugs are not suitable for crushing, but the medicines may be crushed for patients for home care and in medical institutions. To reduce incorrect methods of taking medicines, we provided caregivers who fully understood tube feeding, knowledge and skills, using illustrated materials, to explain the correct methods of taking medicine before discharge from hospital.

Aim and objectives To improve the knowledge and skills of caregivers in tube feeding by providing illustrated materials for drug education in the discharge planning service and then home care, to achieve seamless pharmaceutical care.

Material and methods From October to December 2018, candidates were identified through screening information from the hospital information system for tube feeding. After excluding those unable to communicate or illiterate, specific tube feeding medication counselling was provided to caregivers. Questionnaires were filled out before and after the educational intervention. The study was conducted with the approval of Taipei City Hospital research ethics committee (TCHIRB-10703101).

Results Forty caregivers were enrolled in the study with an average age of 56.6 years and 67.5% were women. Lung infections were present in 42.5% of patients and 47.5% of patients had tube feeding during hospitalisation for the first time. The questionnaire was made up of four items: frequency of drug administration, identification of crushed medicine, obstruction of pipeline and risk of crushing. Each item was given a score of 1 to 3. Knowledge assessment of medication tube feeding (knowledge and skill) was significantly increased after drug education (7.33±2.54 vs 9.78±1.99, p<0.001).

Conclusion and relevance The data indicated that illustrated materials were good for patient education. We suggest that the tube feeding knowledge and skill should be widely used to increase patient drug safety and use correctly.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.