

made following the DDI alert. Thirty-one (84%) of the alerts flagged by clinical pharmacists did not trigger an electronic DDI alert.

Conclusion and relevance The volume and pattern of flagged DDIs varied between the electronic and pharmacist alerts. Override rates were high but consistent with the reported literature. Findings suggest changes which could be made to reduce the volume of redundant or irrelevant alerting.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-083 A SYSTEMATIC RISK ANALYSIS METHOD APPLIED TO A STEAM STERILISATION PROCESS IN A TEACHING HOSPITAL

¹A Abbassi, ¹R Ben Hammamia, ²R Khairredine*, ¹H Ammar, ¹M Lasmar, ¹Z Ouahchi. ¹Hospital Charles Nicolle, Pharmacy, Tunis, Tunisia; ²College Of Pharmacy, Monastir, Tunisia

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Background and importance In the case of non-centralised sterilisation units, there is a lack of understanding of the effectiveness of different steam sterilisation processes. In such cases, the risk of failure is major. This may lead to the non-sterility of treated medical devices which can affect patient health.

Aim and objectives The aim of the study was to determine the risks related to the steam sterilisation processes in non-centralised sterilisation units of our teaching hospital according to a failure mode and effects analysis (FMEA) method.

Material and methods Healthcare professionals were recruited to form a multidisciplinary study team. They proceeded to build the process cartography and the cause-effect diagram. Then, they were divided into small groups, and each one worked on one step or field. By adopting brainstorming meetings, the groups defined all related failure modes that could occur, indicating causes and consequences. These failure modes were classified based on the criticality index (CI) calculated according to the following parameters: severity of the potential effect, detection probability and likelihood of occurrence. Prioritisation was carried out by adopting the median and mode values of CI as limits and pertinent corrective and preventive actions were then proposed.

Results A total of 135 failures modes were detected, accumulating 17 790 points of criticality. CI values ranged from 36 to 288. The step of autoclaving exhibited the highest median CI with value of 170, followed by the sterilisation package step, with a median CI value of 147. The highest CI was related to the failure mode 'autoclave not qualified' with a CI value of 288. Sixty-eight (67%) failure modes were considered as critical, 39 (22%) as failure modes to control and 28 (11%) as acceptable. After prioritisation, three main action were defined: writing of the documentary system, training of personnel and qualification of the autoclaves.

Conclusion and relevance The applied FMEA method was useful to prioritise actions in order to efficiently minimise risks related to the steam sterilisation process. Training personnel on steam sterilisation units strengthens their knowledge on hazards and good practices, and is essential to guarantee the safety of both personnel and patients.

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5PSQ-084 POTENTIALLY INAPPROPRIATE PRESCRIPTIONS IN GERIATRIC HIV PATIENTS

¹JM Vinuesa Hernando, ¹R Gracia Piquer, ²I Sanjoaquin Conde, ²MJ Crusells Canales, ²S Letona Carbajo, ³S Malo Fumanal, ¹A Frutos Perez-Surio, ¹MA Alcacera Lopez*, ¹M Gimeno Gracia. ¹Hospital Clínico Universitario Lozano Blesa, Pharmacy, Zaragoza, Spain; ²Hospital Clínico Universitario Lozano Blesa, Infectious Diseases, Zaragoza, Spain; ³University of Zaragoza, Microbiology-Preventive Medicine and Public Health, Zaragoza, Spain

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Background and importance The effectiveness of current anti-retroviral treatments has prolonged the survival of HIV patients, and with age, the prevalence of comorbidities increases. The new clinical conditions of these patients may cause potentially inappropriate prescriptions.

Aim and objectives The aim of this study was to identify potentially inappropriate prescriptions in a HIV population over 65 years of age and to verify differences between physicians' prescriptions and actual patient receipt of medications.

Material and methods This was an observational study of elderly HIV patients (≥ 65 years) who collected antiretroviral treatment (ART) at the pharmacy of a third level hospital between June and November 2018. The electronic prescription was checked against what the patient reported taking, to be sure of the real treatment taken by the patient. The confirmed treatments were evaluated with STOPP and LESS-CHRON criteria.

Results Thirty patients met the inclusion criteria. Based on the STOPP criteria, de-prescription of one medication was detected in 63.3% of patients, and in 60.0% of patients with the LESS-CHRON model. The most frequent type of drug affected by both criteria were benzodiazepines, followed by antidepressants in the case of STOPP and antiaggregants in the case of LESS-CHRON. The total number of patients who may be candidates for de-prescription by meeting the criteria with one or the other method was 70%. The total number of drugs prescribed was significantly associated ($p=0.008$) with meeting de-prescription criteria. Discrepancies between physicians' prescriptions and real patient takings were found in 23% of patients.

Conclusion and relevance There was a high prevalence of meeting de-prescription criteria in elderly HIV patients and a clear relationship between polypharmacy and de-prescription. Benzodiazepines were the most frequent drugs meeting the conditions of de-prescription. To obtain a complete record of a patient's treatment, it is necessary to complement the electronic medical record with a suitable clinical interview. It is important to periodically re-evaluate the need for treatment in chronic patients, with special interest in high risk drugs in the elderly.

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