

by the oncology and haematology departments. An economic value (ex-factory price) was assigned to the high cost drugs destroyed on-site or returned to the sponsor. We considered 5 days up to the effective expiry date to create a useful range for their potential use.

Results Twenty-six drugs were destroyed on-site and 69 returned to the sponsor from 4 compassionate use programmes, 11 non-profit clinical trials and 34 profit clinical trials: in 55.8% of cases the drugs had not expired (€2.3 million). In 5 of 21 cases (23.8%) the non-expired drugs had been destroyed or returned in the non-profit clinical trials compared with 46 of 70 cases (65.7%) in the profit clinical trials. The economic value of the high cost drugs on the market was about €4.1 million (64.2% oncological, 35.8% haematological drugs), which is about 29% of the total annual value of €14.5 million for infusion drugs managed by our pharmacy.

Conclusion and relevance Based on our data, the drug supply process needs to be improved and greater collaboration is needed (between AIFA–sponsor–clinical trial centres–CRO) to reduce the waste described and optimise the available economic resources.

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No conflict of interest.

6ER-017 DIGITAL LITERACY OF PATIENTS IN A DAY HOSPITAL ONCOLOGY UNIT

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Background and importance One of the new advances in oncology patient care will be based on continuous control of adverse reactions derived from the use of antineoplastic treatments and on the identification of early progression of the disease in these patients by means of what are known as PROs (results reported by patients).

Aim and objectives The application of this system requires Web-2.0 skills by the patient. Thus the objective of the study was to determine the perception and skills of oncology patients for future implementation of a digital platform for communication of PROs in our centre.

Material and methods A transversal descriptive study was carried out during September 2019 in which patients who came to receive their treatment at the day hospital oncology unit were surveyed. The survey consisted of four questions on demographic/social information and nine questions with information on the management of the participants' Web-2.0.

Results We included 122 patients, 63.9% (n=78) women, with a mean age of 59.9 years (28–85). Education: 12.3% (n=15) no education; 34.4% (n=42) primary; 17.2% (n=21) secondary; 16.4% (n=20) non-university education; and 19.7% (n=24) university.

Questions about managing Web-2.0:

- Do you consult the internet in your daily life?
 - Every day 50%.

- Once a week 20.5%.
- Never 29.5%.
- Internet consultation device:
 - Computer 32%.
 - Tablet 15.6%.
 - Mobile 61.5%.
- Do you solve doubts about your disease with the Internet?
 - Yes 24.6%.
 - No 50%.
 - Just at the beginning 25.4%.
- Do you tell your doctor about your disease that you consult on the Internet?
 - Always 13.1%.
 - Sometimes 13.1%.
 - Never 73.7%.
 - Use of e-mail: 45.1%.
- Social networks used:
 - Facebook 45.1%.
 - Twitter 8.2%.
 - Instagram 15.6%.
 - Blog 5.7%.
 - WhatsApp 77%.
 - None 22.1%.
- Do you think that the use of Web-2.0 could be helpful, during treatment, as communication between health professionals and patients?
 - Yes 77.9%
- On which device would you prefer to use it?
 - Computer 18%.
 - Tablet 9.8%.
 - Mobile 68.8%.

Conclusion and relevance Our study showed that more than half of patients never use e-mail, and that approximately 25% never consult the Internet and do not believe that Web-2.0 will mean any improvement. This type of analysis will help us to know which patient profiles to direct follow-up by PROs in a more efficient way.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-018 THE IMPACT OF HOSPITAL PHARMACY SPECIALISATION ON PATIENT OUTCOME: A LITERATURE REVIEW

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Background and importance One of the strategic projects of the European Association of Hospital Pharmacy (EAHP) is the creation of a common training framework (CTF) for the hospital pharmacy profession in Europe. For this purpose, CTF working group 2 has performed a comprehensive literature review. It concluded that education and training of health personnel improves patient outcome and that the benefit of a CTF is lacking. Nevertheless, it was not reported unequivocally whether or not the pharmacists were specialised.¹

Aim and objectives To find relevant publications that confirm that postgraduate education of hospital pharmacists can

improve patient outcome and patient care, in order to support a hospital pharmacy CTF legislation process in the European Union.

Material and methods We identified 70 publications based on data up to 2010 from our previous study¹ and were evaluated with indepth assessment regarding pharmacists' qualifications.

Results Forty (57%) publications had sufficient information on the qualifications of pharmacists and an additional 7 (10%) papers had partial information. Of the papers with detailed information on pharmacists' qualifications, 30 (43%) defined the pharmacists as 'clinical pharmacists' having additional training. Other qualifications were mentioned, such as intensive care, pain, oncology, paediatric, internal medicine and infectious diseases specialised pharmacists, that also verified the importance of postgraduate training. Further information on the qualifications of pharmacists were included in additional training to highlight their competency in clinical services. The publications provided evidence of the positive effect of pharmaceutical interventions for patient outcomes in many fields, including internal medicine, acute care medicine, oncology, paediatrics and surgery, also demonstrating the economic benefits of the interventions.

Conclusion and relevance Clear evidence was provided that only qualified pharmacists with a postgraduate education can provide the correct services to patients and consequently improve their outcomes, similar to other professions (physicians and nurses) in the healthcare system.

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6ER-019 TEACHING AND LEARNING EFFECT ANALYSIS OF AN INTERPROFESSIONAL TRAINING PROGRAMME FOR UNDERGRADUATE PHARMACY INTERNS

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Background and importance Insufficient communication and lack of integration between medical departments can lead to adverse events.

Aim and objectives The purpose of interprofessional education (IPE) is to educate students on how to enhance their interprofessional practice (IPP) and improve healthcare outcomes for patients through teamwork.

Material and methods Clinical teachers and students (undergraduate pharmacy interns) attended at least three consensus meetings between medical departments for a patient based situation, such as bisphosphonate related osteonecrosis of the jaw. Data on teaching and the learning effect were collected with a 5 point questionnaire (threshold based on expert validity as 3) between November 2016 and September 2019. The outcome of two way feedback between the clinical teachers and students was evaluated with a one sample t test using SPSS (Statistical Product and Service Solutions) V.23.0.

Results Thirty-eight questionnaires were collected for each patient based situation. The average score was up to 3 for teachers assessing students and up to 4 for students assessing

teachers. An improvement in knowledge and skill with the interprofessional training was found (eg, an increase in understanding of common morbidities and diseases (4.39 ± 0.59), improved communication skills with other professionals (4.37 ± 0.63) and increasing familiarity with the referral process between medical departments (3.24 ± 0.63)). The satisfaction of students with the interprofessional training was as follow: appropriately arranged learning content (4.58 ± 0.55), meeting time (4.24 ± 0.68) and instructor qualifications (4.66 ± 0.58).

Conclusion and relevance Our results indicated that interprofessional training for a patient based situation had a positive influence on students' collaboration with medical departments. Several patient based situations translated to IPE/IPP in our hospital were listed in a book and published as a reference teaching material.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-020 STANDARDISATION OF PROCESSES BY ELECTRONIC ASSISTED PRESCRIPTION PROGRAMME IN A UNIVERSITY PAEDIATRIC HOSPITAL

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Background and importance Standardisation of processes and electronic assisted prescription programmes (EAPP) are essential tools to prevent medication errors, especially relevant in vulnerable populations, such as children.

Aim and objectives To standardise the processes associated with pharmaceutical prescriptions for hospitalised paediatric patients in a university hospital, through an EAPP, as a precursor to the installation of automatic dispensing cabinets.

Material and methods The study was conducted in a tertiary university paediatric hospital with intensive care (ICU) and paediatric onco-haematology units (reference population 557 576 inhabitants), during the period July 2018 to June 2019.

Interventions performed to ensure patient safety during EAPP implementation were: (1) meetings with professionals involved to agree on particularities/actions; (2) adaptation/validation of drug information in the EAPP to the paediatric population; (3) configuration of the EAPP login credentials; (4) training activities for nurses (all individualised sessions as required by work shifts) and doctors (group sessions to explain the tool and individualised training to prescribe); (5) protocolisation of pharmaceutical prescriptions for frequent pathologies; and (6) standardisation of intravenous infusions (fixed concentrations) for administration of drugs in the ICU.

The process was conducted in areas with simple prescriptions to those with more complex prescriptions. As an initial pilot, one area maintained a double prescription system to detect weaknesses/areas of improvement. Pharmacists performed pharmaceutical validation of prescriptions and spent part of their time in the paediatric units resolving doubts/problems and detecting/correcting errors.

Results Around 1500 medication sheets were reviewed/completed with dosage regimens according to weight/paediatric age group/indication, standardised administration schedules and medication alerts. Login users reviewed 50 residents, 87 doctors and 160 nurses.