

Time slot 14.00 on site: medium and high cost drugs, short term, for patients who cannot undergo tests and medical examination the previous day.

**Conclusion and relevance** The introduction of a time slot model has led to advantages such as optimisation of time delivery, reduction of waiting times for patients, better communication and improvement in the occupancy rate of chairs in the day hospital.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

1ISG-019

#### HOSPITAL PHARMACISTS AGED <45 YEARS: AN EMPLOYMENT STATUS AND JOB SATISFACTION SURVEY IN ITALY

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**Background and importance** The 4 year postgraduate Hospital Pharmacy Specialisation Course (HPSC) is a mandatory requirement to become a hospital pharmacist in the national healthcare system in Italy. Despite different laws that have been enforced to create homogeneous national training, a diversified situation still occurs and no Ministry of Health contracts exist for hospital pharmacy interns. After completing the HPSC, subjects with a hospital pharmacy diploma have to pass single hospital public examinations in order to obtain a contract with the national healthcare system. Therefore, securing a permanent contract (PC) as a hospital pharmacist (HP) in Italy is a long process which is not always straightforward.

**Aim and objectives** The objective of the study was to describe the current situation of HPs aged <45 years in Italy after the HPSC.

**Material and methods** A cross sectional, descriptive survey of HPs aged <45 years was conducted in Italy (August to September 2019); data were collected through a 31 point Survey-Monkey based questionnaire sent to national society members via email.

**Results** A 44% response rate was achieved (298/682): 56% aged 35–45 years, 61% with HPSC >3 years ago. During HPSC: 42% had no retribution; 56% obtained a scholarship from the university or hospital; and 2% worked in community pharmacies. Fifty-eight per cent had a PC, 38% a temporary contract (TC) and 4% did not work in a hospital pharmacy. Only 19% of HPs with a PC obtained their specialisation <3 years ago while 34% of HPs with a TC obtained their specialisation >3 years ago; 54% declared that TCs influenced negatively on job satisfaction. HPs with a PC were more satisfied with their professional expectations compared with HPs with TCs (56% vs 40%) while the former agreed more that their responsibilities were proportionate to their role compared with the latter (56% vs 42%). However, HPs with a PC were more stressed compared with HPs with a TC (74% vs 66%), and 30% of HPs with a TC were dissatisfied compared with HPs with a PC (13%).

**Conclusion and relevance** The results of this survey showed that PCs for HPs should not be taken for granted. The sample demonstrated that TCs and lower retribution were

associated with dissatisfaction in HPs and therefore efforts should be made to programme the need for HPs in the national healthcare system.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

## Section 2: Selection, Procurement and Distribution

2SPD-001

#### IMPLEMENTATION OF HOME DELIVERY AND TELEPHARMACY SYSTEMS IN A THIRD LEVEL HOSPITAL

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**Background and importance** Our hospital catchment area is mainly formed of several villages. For patients suffering pathologies that decrease their autonomy, such as multiple sclerosis, going to their hospital pharmacy can be a stressful activity. Given the increasing number of patients, we decided to design a new delivery system but keeping all of the benefits of pharmaceutical care.

**Aim and objectives** Our main purpose was to design a home delivery system (HDS) and a telepharmacy system (TS). Our secondary objective was to establish what happened to patients, evaluating patient acceptance, time saved and kilometres avoided.

**Material and methods** We designed the new pathway, HDS and TS, and also a 9 months observational retrospective study (December 2018 to September 2019). A monthly–bimonthly HDS and TS was proposed to patients attending the outpatient service, prioritising patients with low autonomy. One of the requirements for patients to access the HDS was to provide their consent to code personal data, such as their address and telephone number.

To ensure HDS, patients were advised by telephone 3–5 days before the next delivery. During the call, a pharmacist also interviewed the patient, to assess adherence, asking how the treatment was going and looking for any adverse reactions. Electronic medical records were consulted to obtain variables. For evaluation of the time and distance saved by the pathway, we estimated the distance between the patients' homes and the hospital in minutes and kilometres using Google Maps.

**Results** The new pathway commenced in December 2018 and 9 months later 135 patients were included in the HDS and TS, 73 women (54%), with a median age of 56±15 years. A total of 420 deliveries took place (on average 3.1 deliveries/patient). No patient rejected the programme once included. HDS and TS saved 67.8 min (41–97.6) and 69.3 km (47.5–88.2) for each patient per dispensation on average.

**Conclusion and relevance** The implementation of the new pathway was well accepted by patients and saved a lot of time and kilometres per dispensation. For people who find it difficult to move due to their illness, HDS and TS can have a huge impact on their quality of life.