

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.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

### 2SPD-002 IMPROVEMENT IN AN ANTIMICROBIAL STEWARDSHIP PROGRAMME AFTER IMPLEMENTING A SCREENING ALERT SYSTEM

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**Background and importance** The implementation of an antimicrobial stewardship programme (AMSP) is very important but it has to be accompanied by personnel resources. It is therefore necessary to effectively use the time spent in the AMSP reviewing only those treatments that can be improved.

**Aim and objectives** To implement a screening alert system (SAS) that shows only those antibiotic treatments that could be improved by meeting predefined conditions and to evaluate the SAS.

**Material and methods** This was a quasi-experimental study. Using the information available in the electronic health record (EHR) and in the pharmacy and microbiology applications, we developed a computer tool that analysed hundreds of situations under pre-established conditions. For one month, before each AMSP team meeting, we recorded the total number of patients and prescribed antibiotics in the hospital compared with the number of treatments and patients that our system proposed to review.

The main variable of our study was number of patients to check before and after the tool. Secondary variables included number of antibiotics to review.

For the statistical analysis, the paired t test was used to determine if there were differences in the mean number of patients reviewed before and after using the SAS.

The analyses were performed using SPSS/PC statistical programme (V.24.0 for Windows, SPSS Inc, Chicago, Illinois, USA).

**Results** Seven services were included in the study: vascular surgery, cardiology, general surgery, geriatrics, internal medicine, neurology and traumatology. The number of antibiotics to review without the SAS in each AMSP team meeting was 21 (7–22) compared with 7 (3–9) when we used the SAS. Mean differences were found for patients to theoretically check before using the SAS (14±7 patients) compared with those who were actually checked after using the tool (5±3 patients) (mean difference 9 (95% CI 5 to 12 patients); p=0.000124).

**Conclusion and relevance** This software allows the collection of information contained in different systems and displays only the relevant one in an organised view for the user. Limited personnel resources make the development of screening systems essential to optimise time and to prioritise which treatments need to be reviewed.

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No conflict of interest.

### 2SPD-003 ECONOMIC IMPACT OF THE INTRODUCTION OF LAMIVUDINE PLUS DOLUTEGRAVIR BITHERAPY IN HIV NAIVE PATIENTS

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**Background and importance** Recently, the GEMINIS I and II studies have demonstrated how lamivudine (3TC) with dolutegravir (DTG) bitherapy in naive patients is as effective as conventional triple therapy after 48 weeks of follow-up.<sup>1</sup>

**Aim and objectives** To analyse the 5 year economic impact of bitherapy treatment of HIV naive patients from the perspective of hospital management in a third level hospital

**Material and methods** A mathematical model in Excel format was designed to estimate the difference in costs between DTG/3TC bitherapy and the conventional regimens described in the GESIDA guide<sup>2</sup> for naive patients, with a 5 year perspective:

- Dolutegravir/abacavir/lamivudine (DTG/ABC/3TC)
- Dolutegravir+emtricitabine/tenofovir alafenamide (DTG+FTC/TAF)
- Raltegravir+emtricitabine/tenofovir alafenamide (RAL+FTC/TAF)

The model was applied using an incidence of the disease of 8.6 new cases per 100 000 inhabitants (epidemiological surveillance information system of the government of Spain). The budgetary impact on a reference hospital serving a reference population of 350 000 was estimated. The unit cost of the drugs was obtained from the BOTplus database.

**Results** The cost per month of treatment for the different recommended regimens was: 1007.43€ for DTG+FTC/TAF, 1122.73€ for RAL+FTC/TAF, 863.00€ for DTG/ABC/3TC and 637.74€ for 3TC+DTG bitherapy.

The introduction of bitherapy meant a saving compared with other alternatives:

- 485€ patient/year compared with RAL+FTC/TAF and 634 366.92€ (43.2%) after 5 years of treatment.
- 370€ patient/year compared with DTG+FTC/TAF and 483 946.92€ (36.7%) after 5 years of treatment.
- 225.26€ patient/year compared with DTG+ABC/3TC therapy and 294 640.08€ (26.1%) after 5 years of treatment.

**Conclusion and relevance** HIV treatment continues to have a high budgetary impact. The introduction of bitherapy (3TC/DTG) in naive patients would mean a reduction in the direct costs of treating this pathology, with a saving of up to 40% compared with conventional therapies.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

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