Data collected were demographic, the drug class involved (anatomical chemical therapeutic (ATC)), DRP detected and degree of recommendation acceptance.

Results Total patients with DRP: 291 (23.3%). Identified DRP: 393 (1.4 DRP/patient). 58.3% were men and median age was 63 (15.7) years.

Conclusion and relevance Almost 25% of all patients had a DRP, presenting an incidence of 1.4 DRP/patient, higher than reported in previous series. 83% of evaluable recommendations were accepted. One-third of the recommendations were derived from a wrong dosage, and 15% from drug interactions. Hydroxychloroquine was the most frequently involved drug, probably because of the limited experience and wide spectrum of interactions, followed by antimicrobials such as ceftriaxone and azithromycin, used widely in respiratory tract infections.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-385 IMPACT OF FULLY AUTOMATISED CENTRAL INTRAVENOUS ADDITIVE SERVICE (CIVAS) ON DAILY NURSING PRACTICE

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Background and importance The introduction of the pharmacy based central intravenous additive service (CIVAS) enabled the batches production of ready-to-administer, non-hazardous intravenous drugs by using the robotic system APOTECAnit. The clinical benefits in terms of a higher quality aseptic process, reduced medication errors and increased quality control testing have been demonstrated.

Aim and objectives The aim of the study was to evaluate the impact of the fully automatised CIVAS on the working efficiency of the wards by measuring the time saved in daily nursing practice.

Material and methods The study was conducted over 3 months with data collected before and after introducing the CIVAS. Overall, three wards were analysed: inpatient haematology (IH), cardiac surgical (CS) and infectious diseases (ID). The nursing staff was observed daily for 4 weeks. Different tasks associated with the following intravenous drugs supplied by the CIVAS were recorded: ondansetron, palonosetron, cefazoline, piperacillin-tazobactam, ceftriaxone and dexamethasone. The average working time spent on managing intravenous drugs was calculated per full time equivalent (FTE), including direct activities (intravenous drug preparation) and indirect activities (procurement of drugs and medical devices, drugs inventory management, drug ordering). 1.0 FTE was equivalent to a nurse working 8.0 hours per day, 5 days per week.

Results The overall time spent on managing intravenous drugs decreased from 1.6 to 0.7 hours/day/FTE in the IH ward, from 0.75 to 0.15 hours/day/FTE in the CS ward and from 2.1 to 0.43 hours/day/FTE in the ID ward. Before implementing the CIVAS, on average 1.0 FTE spent 0.5 hours/day on preparing intravenous drugs, whereas the intravenous drug preparation time was reduced to zero afterwards in each of

the three wards. The time spent on procurement decreased by 80% in the IH ward, by 60% in the CS ward and by 75% in the ID ward. The nursing staff shortened the time required for drug inventory management by 33% in the CS ward and by 50% in the IH and ID wards. In all wards, ordering of drugs was reduced by at least 50%.

Conclusion and relevance The study showed that the centralised, automated preparation of intravenous drugs optimised the working efficiency of the wards, thereby allowing the nursing staff to dedicate more time to perform tasks directly involved with patient care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-386 ONE YEAR EXPERIENCE OF A NEW PROGRAMME OF TELEMATIC PHARMACEUTICAL CONSULTATION AND DELIVERY OF HOSPITAL DISPENSING MEDICATION

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Background and importance In a third level hospital, a new telematics pharmaceutical care consulting programme was implemented with later delivery of medication from the outpatient unit of our hospital to a specialty medical centre.

Aim and objectives To analyse the implementation of the new programme and to evaluate the satisfaction of the patients.

Material and methods A descriptive retrospective study was conducted from May 2019 to April 2020. An action protocol was developed which included: inclusion criteria, teleconsulting process and a method for preparing and sending the medication. An external courier service was hired, with direct delivery and integrated into a platform (patients, treatment and traceability). Incidents were recorded: medication collection, preparation of the medication and teleconsulting. We developed a survey to evaluate patient satisfaction (11 questions evaluated on a numerical scale from 1 to 5. It included the evaluation of the dispensing process (15 points), the teleconsultation (20) and the general project (20), with a maximum score of 55 points). We collected data on: the person to whom it was performed, demographic variables, time spent collecting the medication and treatment.

Results Up to April 2020, 80 patients were included. Incidents included: 4.44% of medication collection, 2.09% of preparation of medication and 0.26% of teleconsultations. The satisfaction survey was carried out on 70 patients (27.1% of persons authorised to collect the medication), average age 51.5±17.8 years, 57.1% men. 51.4% were working, 4.3% were studying, 40% were retired and 4.3% were unemployed. 82.5% lived in the same town as the specialty medical centre and 17.5% in nearby towns. 57.1% had been attending our service for more than 5 years. 68.6% were biological drugs, 7.1% drugs for multiple sclerosis, 5.7% antibacterials, 4.3% growth hormones, 2.8% antiretrovirals and 11.5% others. Satisfaction was rated with an average of 14.6 points for the dispensing process, 19.4 for the teleconsultation and 19.7 for the overall project, with a total of 53.7 points.

Conclusion and relevance Because of the telematic consulting programme, we have innovated, with technological tools, continuity of pharmaceutical care, which does not require a visit to the hospital, facilitating delivery of the medication to the patient. Also, patient satisfaction was high.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-387 COVID-19 TREATMENT: A FOLLOW-UP OF INPATIENTS DURING THE SECOND WAVE OF THE PANDEMIC

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Background and importance The COVID-19 pandemic is a current international public health issue. Multiple cases have been resurging in our country after flattening of the curve, indicating a second wave. Up to 13 October, our country recorded 34 790 cases and 512 deaths. Our hospital has been admitting COVID-19 patients. Thus the follow-up of their treatment was implemented in our pharmacy.

Aim and objectives Our aim was to evaluate the treatment of COVID-19 inpatients during the second wave.

Material and methods This was a prospective study carried out at our hospital over a 3 week period from 23 September to 14 October. Only patients with a positive RT-PCR were included. A follow-up document was established according to the latest guidelines of the National Agency for Health Assessment and Accreditation. The electronic prescription and biological reports were used as a database. Data were processed with SPSS.

Results 78 patients were included with a sex ratio of 0.7 and a median age of 62 years (25; 91). Patients were mainly hospitalised in the emergency department (24.4%), internal medicine department (24.4%) and intensive care unit (20.5%). 25% of patients had a severe form. We noted 22 deaths and 25 patients were discharged with a mean of 6 days of hospitalisation. The pharmacological treatment included anticoagulants (85.9%), mainly enoxaparin, antibiotics other than azithromycin (80.8%), mainly amoxicillin-clavulanic acid and cefotaxime, azithromycin (82.1%), corticosteroids (53.8%) and symptomatic treatment (82.1%), mainly paracetamol. None of the patients took vitamins or zinc supplements and only 23.1% received their comorbidity treatment from our pharmacy. Intake of antibiotics, anticoagulants, azithromycin and corticosteroids, separately and in association, had no statistically significant effect on the mortality rate ($p > 0.05$). However, antibiotic and azithromycin intake had a significant effect on the length of hospitalisation for discharged patients ($p < 0.05$).

Conclusion and relevance Hospital pharmacists are on the frontline of all the medical staff facing the pandemic. Our study aimed to improve the pharmaceutical care of inpatients during the second wave. Our main results indicated that antibiotic and azithromycin intake can be a factor to minimise the duration of hospitalisation which has a pharmacoeconomic benefit and assures optimal hospital bed occupancy needed for

the management of the outbreak. However, extended studies should be conducted.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

Conflict of interest No conflict of interest

4CPS-388 TELEPHARMACY DURING SARS-COV-2

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Background and importance With the arrival of the global SARS-CoV-2 pandemic, hospital pharmacy services (HPS) have had to adapt to emerging needs. One of these measures has been the sending of medicines to vulnerable patients who, due to their pathologies, are discouraged from attending the hospital.

Aim and objectives To analyse shipments and to evaluate the degree of patient satisfaction.

Material and methods A retrospective study of shipments made between March and June 2020 in the outpatient department (OPD) of a tertiary hospital was conducted. Data were collected from the Farmatools drug dispensing programme and the citation lists of Jara Asistencial. The selected patients were those who were cited at the OPD, who did not have a face-to-face appointment with the doctor and accepted the referral. To measure the degree of user satisfaction, anonymous telephone surveys were made and evaluated by assigning a score from 0 to 10. The questions included aspects related to the attention received, schedule, information on the medication and overall satisfaction. A free field for suggestions for improvement was also included. A satisfied patient was defined as one whose global score was higher than 9.

Results Of all the patients cited between March and June 2020 (2178 patients) by the HPS, 1284 (60%) were candidates for referral. Of the selected patients, 53% were finally sent the medication. 54% were from towns near Badajoz and the rest were from the capital city. Mean age was 53.5 years and 51.5% were women. The pathologies with the highest percentage of referrals with respect to the total number of patients registered in the OPD were: 83% primary biliary cirrhosis (5/6), 76% primary hyperparathyroidism (25/33), 73% inhibitors of PCSK9 (24/33) and 72% idiopathic pulmonary fibrosis (18/25). A total of 128 (64%) surveys were completed out of the 200 calls made. The average value of the responses obtained was higher than 9. Regarding the suggestions section, all survey respondents except one agreed to resume the medication delivery service.

Conclusion and relevance Telepharmacy was a useful tool for the provision of pharmaceutical care, with a high acceptance rate by patients. It would be necessary to evaluate the inclusion of this service within the HPS.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest