4CPS-395 PHARMACY SERVICE'S ADAPTATION TO THE COVID-19 PANDEMIC: TELEPHARMACY AND HOME DRUG DELIVERY

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Background and importance The health crisis caused by the COVID-19 pandemic has impacted the hospital pharmacy services (HPS). Our HPS, which belongs to the region's referral hospital, had to adapt quickly to the new circumstances to ensure adequate pharmaceutical care (PC) and drug distribution. **Aim and objectives** To avoid interruption or lack of persistence of chronic outpatient treatment during the pandemic and to improve adherence and avoid treatment discontinuation, as well as to reduce the spread of the virus and protect patients.

Material and methods A descriptive, observational, retrospective study was conducted from 25 March to 22 April 2020. We detected less patients in the hospital's outpatient area (OA), and the waiting room did not allow the recommended social distancing. In addition, other findings were the need to avoid discontinuation of treatment, crowding, new infections and spread of the virus. A circuit based on telephone PC was designed to guarantee therapeutic adherence and clinical follow-up, with free home delivery of medication for all patients who gave their consent, ensuring confidentiality. This initiative had the collaboration of the computer service, which made the necessary modifications to the computer system to facilitate patient detection.

Results As a result of the health crisis, the number of patients attending the hospital's OA daily decreased by 56%, as the usual average number of patients before the pandemic was 215 ± 25 while the average during the pandemic was 95 ± 29 . Over 8 weeks, the daily average of 70.2 (25–109) medication shipments were made in the city and 11.4 (4–26) in the towns of the province. In total, 3116 shipments were made, 88% to the city and 12% to towns. There were no incidents in the dispensing or delivery of the medication.

Conclusion and relevance HPS demonstrated its ability to react and adapt to a health crisis pandemic by urgent adaptation of their procedures. The new implemented circuit has guaranteed an adequate telephone PC to the outpatient, ensuring continuation of treatment. In addition, correct and safe distribution of medicines has been achieved.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-396 EFFECT OF THE PATIENT'S OWN MEDICATION USE ON PATIENT SELF-REPORTED MEDICATION KNOWLEDGE DURING HOSPITALISATION: A PRE-POST INTERVENTION STUDY

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Background and importance Improving patient's medication knowledge and consequently medication use is essential for optimal treatment outcomes. As patient knowledge about medication is currently suboptimal, interventions to optimise medication knowledge are necessary. We hypothesise that patient's own medication (POM) use will improve patient's medication knowledge.

Aim and objectives To assess the impact of POM use on self-reported medication knowledge of hospitalised patients compared with standard care. Patient's sense of medication safety, attitude to the provision of information and to inpatient medication use were studied in both standard care and during POM use.

Material and methods In this nationwide intervention study, perceived medication knowledge was assessed with a questionnaire pre and post implementing POM use. The questionnaire assessed perceived medication knowledge (on how to and why to use medication) at admission and discharge, medication safety during hospitalisation, the provision of information during hospitalisation and at discharge, and inpatient medication use. Patients' answers were categorised into positive and negative/neutral. The proportion of patients with adequate medication knowledge, in the standard care and POM use groups at hospital admission and discharge, were calculated and compared with correction of potential confounders.

Results Among the 731 patients (80.2%) who completed the questionnaire, POM use seemed to be positively associated with self-reported knowledge on how to use medication at discharge (adjusted OR 3.22 (95% CI 2.01 to 5.16)). However, for the knowledge related statement on why medication was used, POM use was not associated. Medication knowledge at admission was the most important predictor of perceived medication knowledge at discharge. The majority perceived POM use safer (52.9% of standard care patients vs 74.0% of POM users; $p < 0.01$), POM users knew better which medicines they still used during hospitalisation (85.8% vs 92.3% respectively; $p = 0.01$) and most patients preferred POM use regardless of having experienced it (68.2% vs 82.2% respectively; $p < 0.01$).

Conclusion and relevance POM use has the ability to positively influence patient's medication knowledge about how to use medication. Furthermore, it enhances the perception of medication safety, more patients have a positive attitude towards the provision of information and most patients prefer it. Therefore, POM use seems a valuable intervention and more research towards POM use (in combination with self-administration) is recommended.

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4CPS-397 ASSESSMENT OF PHARMACEUTICAL INTERVENTIONS IN AN INTENSIVE CARE UNIT AFTER COMPUTERISED PHYSICIAN ORDER ENTRY SYSTEM IMPLEMENTATION

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