Hospital pharmacy services had to implement a telepharmacy programme in record time, to bring drugs closer to patients.

Aim and objectives To measure the impact of a telepharmacy programme in terms of direct and indirect costs and benefits for patients.

Material and methods A retrospective observational study was conducted in a tertiary level hospital between March and September 2020. The following variables were collected: number of remote dispensings, number of patients enrolled in the telepharmacy programme, population characteristics, drugs and storage conditions, average distance, and direct and indirect costs.

Results 13 216 remote dispensings were made relating to 4090 active patients within the telepharmacy programme. This represented 51.21% of the total number of our outpatients (7986). 50.81% (2078) of the patients were women and median age was 57 (± 23) years. 44.59% (5894) of the total drugs sent were thermolabile drugs. The mean distance of the shipments was 41.7 (0.2–208) km. Establishing the ratio 0.226€/km, and 1 visit every 2 months to the hospital pharmacy service, direct costs would mean an average of 113.04€ per year for patients. Establishing the 1 km/2 min relationship, the annual indirect costs represent 10.5 working hours: 7.7 hours as the average travel time and 2.8 hours as the average waiting time for face-to-face dispensings.

Conclusion and relevance Telepharmacy has become one more tool for dispensing treatments to outpatients with savings for the patient in terms of travel and waiting times. The time of confinement due to the pandemic has accelerated the inclusion of patients in this programme, reaching more than 50% in 6 months.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-402 COVID-19 AND DIGESTIVE SURGERY: MEDICAL DEVICES FOR SURGICAL SMOKE FILTRATION

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10.1136/ejhp-pharm-2021-eahpconf.234

Background and importance Surgical smoke is composed of chemical substances, viable cells and viral particles (HBV, HPV, HIV) of unproven contagiousness for the operating theatre staff. In the context of the COVID-19 health crisis, several learned societies (SFCO, SCGP, SAGES) recommended the use of systems that filter the surgical plume during an invasive procedure, the presence of this virus in the pneumoperitoneum not being excluded.

Aim and objectives The objective was to perform a comparative study of existing medical devices (MD) on the market with enough filtration capacity to trap SARS-CoV-2.

Material and methods We performed a literature review, contacted providers susceptible to market this type of MD, drew a summary table comparing the different characteristics and costs, and finally, analysed the responses in collaboration with the surgical team, hygiene and the biomedical engineer.

Results We identified two categories of MD. The first can be used in laparotomy: tubing or scalpel connected to a suction terminal or a smoke aspirator. The second are intended for laparoscopy. Some of them provide passive filtration. They are

filters connected to the trocar valve. Others perform active filtration. This is done by means of a tube that is connected on one side to the trocar valve. On the other side, it is connected either to the wall vacuum or to a smoke aspirator or a generator with a dual function: insufflation and aspiration. All of these systems use ULPA quality filters with variable porosity and classification depending on the supplier. Finally, there is a generator using electrostatic precipitation. It electrically charges the particles, which then precipitate against the walls of the peritoneal cavity throughout their formation. The price of the consumables varies from 8 to 182€, excluding taxes.

Conclusion and relevance A panel of MDs for surgical smoke filtration was available. To ensure the safety of operating theatre personnel while controlling costs, we established a strategy based on the patient's viral status: if the patient was COVID-19 positive, a filtration device with insufflation and aspiration was preferred, while if the patient was only suspected of having COVID-19, passive filtration was preferred to minimise costs. This is subject to change according to the state of scientific knowledge.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-403 CHRONIC KIDNEY DISEASE PATIENTS AND POLYPHARMACY: HOW TO OPTIMISE AND SIMPLIFY PRESCRIPTIONS?

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10.1136/ejhp-pharm-2021-eahpconf.235

Background and importance Patients with chronic kidney disease (CKD) are often characterised by the concomitance of multimorbidity, which could cause complex drug prescriptions that lead to a higher risk of incorrect administration and serious drug–drug interactions (DDIs) and potentially inappropriate medications (PIMs). According to national recommendation No17 of the national health system (NHS), these patients need appropriate attention: a multidisciplinary team (clinical pharmacists–clinician–nurse) should systematically re-evaluate pharmacological therapies to simplify/harmonise treatments and increase patient adherence.

Aim and objectives The aim of this study was to improve a method to analyse pharmacological therapies, identify incorrect prescriptions and simplify therapies.

Material and methods The chosen method requires that the clinical pharmacist in the nephrological team collaborates to analyse 231 therapies of patients, is in charge of the advanced renal disease clinic, using an already identified information and communication technology (ICT) tool.¹ Drugs, classified by anatomical therapeutic chemical class (ATC), and dosage units (DU) were counted and DDIs were investigated. PIMs and dangerous drugs were identified by Beers criteria and STOPP criteria.

Results 2311 drugs and 2695 DU were counted. Each patient was receiving 10 ± 3.1 different medicines, corresponding to 12.1 ± 8.1 DU/day. 91% of patients were taking 5 or more DU/day and 59.3% at least 10. Stratifying drugs by ATC class identified the following: 644 prescriptions for C02-