

medications which require the user to pass through such selection and confirmation steps were far less prevalent in the near miss lookalike-soundalike error group.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-190 EXPERIENCE AND SATISFACTION OF OUTPATIENTS IN THE DEVELOPMENT OF A PROGRAMME FOR HOME MEDICATION DELIVERY

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Background and importance Faced with the lockdown caused by COVID-19 since March 2020, we have been reorganising the external patients department to get medicines to our patients. To avoid the displacement of patients to the hospital during the state of alarm, we developed a drug delivery system.

Aim and objectives To analyse the opinion of patients about the new home delivery programme of their medication during the COVID-19 pandemic.

Material and methods Retrospective surveys were conducted with our patients between April and July (they had received their medication between 15 March and 30 June) with the following questions: sex and age, distance from their home to our hospital, employment situation, score for status of the medication at the time of delivery, punctuality of delivery, willingness to pay for transportation for new shipments and general satisfaction.

Results 1123 medication deliveries to 751 patients took place, of which 123 surveys were conducted with our patients (63% men, with the following age ranges: 18–40 years (23.6%), 41–64 years (49.6%) and >65 years (20.8%). Most patients (69.1%) lived between 10 and 50 km away from our hospital. A high percentage of patients did not have a job: students, pensioners or unemployed (49.6%). Our patients scored an average of 9.87 out of 10 for the status of the medication (correct temperature, correct expiration date and correct packaging) given to them. Regarding punctuality, the patients scored an average of 9.86 out of 10 for punctuality of delivery. We also asked our patients if they would be willing to pay the transportation costs for shipping their medication. The result was that 74% of patients strongly or fairly agreed to cover these costs. Finally, regarding the general satisfaction of our patients in this new system, the result was that 91% were totally satisfied and 9% were quite satisfied. No survey was returned with the result quite dissatisfied or not at all satisfied.

Conclusion and relevance Based on the results, our new outpatient drug delivery programme obtained very good scores in these surveys and it could be an alternative for patients with mobility problems who live far away. Also, many patients would be willing to pay for transportation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-191 NEW GENERAL DRUG CHART, POST-IMPLEMENTATION CLINICAL AUDIT

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Background and importance A new general drug chart was introduced in May 2019. The chart was developed in response to medication incidents and in line with national medication record templates. The new drug chart has a new configuration and format for prescribing. Changes include dedicated sections for anticoagulants and antimicrobials and a venous thromboembolism and bleeding risk assessment (VTE-RA) tool, which was previously available on the hospital intranet.

Aim and objectives To assess the implementation of this change in prescribing practice.

Material and methods A data collection form was designed using the hospital's 'prescribing and drug administration standards'. This document describes how prescribers and nursing staff are to use the drug chart. Guidelines include where to prescribe specific medication, use of abbreviations and general best practice guidelines. Data were collected by nurse and pharmacist volunteers in September 2019. A target sample size of approximately 275 patients was chosen as this equates to half of the inpatients. A convenience sample was collected. Data collectors were assigned to collect data on specific wards until the target sample number was reached. Anonymised data were analysed by pharmacy staff using Microsoft Excel. Descriptive statistics were calculated.

Results

- 273 drug charts were reviewed. An average of 16 medicines were prescribed per patient (range 1–41).
- 75% (n=204) of patients were prescribed an anticoagulant, however, only 3% (n=8) of patients had the VTE-RA tool completed by the medical team.
- The majority of anticoagulant (99.5%) and antimicrobial (95%) prescriptions were written in the correct section.
- The surgical antimicrobial prophylaxis (SAP) section was used in 42% (n=11) of applicable cases.
- For patients prescribed an antimicrobial requiring therapeutic drug monitoring (TDM), the correct section was always used. Completion of target and attained levels was documented for 38% and 35% of patients on TDM antimicrobials, respectively.
- Documentation of 'proposed duration' and 'clinical indication' for antimicrobials was 25% and 50%, respectively.

Conclusion and relevance The new general drug chart is being used in line with hospital standards in most instances. Topics that could be targeted for improvement include the use of the SAP section, documentation of target/attained levels of TDM antimicrobials and specifying 'proposed duration' and 'clinical indication' for antimicrobials. Research on the appropriate completion of the VTE-RA tool is currently underway.

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