Conclusion and relevance HAMC were widely prescribed. Benzodiazepines were the therapeutic group most prescribed from the HAMC list in our population, followed by antiplatelets and antipsychotics. The HAMC list is a useful tool for a first approach in the detection of patients who may be at a higher risk of serious harms if medication errors occur. Implementation of specific safe practices for those drugs could reduce potential or real errors in these patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-227 CLINICAL TRIALS: A STANDARDISED SELF-ASSESSMENT TOOL TO REDUCE THE MULTIPLE RISKS OF THE PHARMACEUTICAL CIRCUIT

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Background and importance Despite a strict regulatory framework of clinical trials (CTs), few standardised tools are available. Our national survey conducted in 2020 demonstrated that all clinical research pharmacists (CRPs) have initiated a quality approach, which is however very heterogeneous and implemented more in university hospital centres and cancer centres, with a high activity level. New standardised tools for the investigational health products (IHPs) circuit would be of interest to 88/94 CRPs. The most useful tool was the self-assessment grid, according to 94% of CRPs. Thus we developed such a tool to manage specific risks of IHPs (complex protocols, assignment of treatment numbers, confusing packaging or labelling).

Aim and objectives The aim of this work was create a standardised self-assessment grid to manage the specific risks of IHPs.

Material and methods A pharmacy resident and two doctors of pharmacy of a regional working group defined a list of 66 evaluation criteria, mainly based on good clinical practices and on a professional guide of 2020 by the national university centre hospitals' pharmacists commission. The criteria were divided into three main parts: general organisation and support functions; pharmaceutical management of CTs; and risk assessment and risk management. Then the grid was sent for validation to the 94 CRPs who had answered our national survey. The Delphi method was used and consensus among experts was defined by a satisfaction rate of >80% for relevance, clearness and accessibility.

Results The first round of proofreading by 16 pharmacists led to a consensus of 85% (56/66) for the criteria, which were considered relevant, clear and assessable. This led to 36 modifications, 4 deletions and 2 additions of criteria. The second round by 8 pharmacists led to a consensus of 88% (60/68) for the criteria and resulted in 18 modifications and 2 deletions. There remained only one criterion considered irrelevant, which was deleted. These results led us to validate the final version of the grid, including 62 criteria.

Conclusion and relevance This interactive tool will be disseminated in a free public online 'CTs' toolbox. It will provide a conformity score per process, allowing specific risks to be identified across the circuit of IHPs, by pharmacies in any healthcare facility, whatever the level of activity.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-228 PHARMACIST MEDICINES OPTIMISATION AND ERROR MITIGATION AT PAEDIATRIC CRITICAL CARE DISCHARGE: A HUMAN SOLUTION TO AN ELECTRONIC RISK

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Background and importance Patients are vulnerable to medication error(s) at discharge from the paediatric intensive care unit (PICU). Clinical outcomes may be compromised if medicines are inappropriately continued, omitted or prescribed incorrectly. There is an additional risk at Evelina London Children's Hospital (ELCH) as a different prescribing system is used in ward areas (MedChart) and the PICU (eVision). Currently, critical care doctors complete the discharge summary and verbally handover patients to the ward team(s). Ward doctors are responsible for transcribing medicines from eVision to MedChart and ward pharmacists are responsible for completing the medication review. Audits have shown that prospective critical care pharmacist (CCP) step-down checks can lead to mitigation of medicine related transfer of care errors.

Aim and objectives Our aim was to assess the current PICU discharge process and review the risk of medication related errors. The objectives were to measure the time taken for medicines to be transcribed from eVision to MedChart; to measure the time taken to complete a discharge medication review; to identify the percentage of transcription errors that occur and classify errors to assess potential risk; and to identify ways to mitigate the risk associated with the current process

Material and methods A data collection tool was designed using Microsoft Excel. Prospective data collection took place from 20 July to 7 August 2020. Patients were identified using the 'discharge' tool on eVision. 29 PICU discharge transcription charts were reviewed; the number of charts with errors was identified and classified by a PICU pharmacist.

Results Average time taken for a doctor to transcribe medicines from eVision to MedChart was 1 hour 50 min. Average time taken for a pharmacist to complete the transcription check on MedChart was 10 hours 54 min. 35% of transcription charts displayed one or more errors. 40% of the identified errors were classified as simple (unlikely to result in harm), and 60% were classified as serious (potential to cause reversible harm).

Conclusion and relevance To mitigate the risk associated with the current process, it is proposed that PICU doctors complete the transcription of medicines from eVision to MedChart

prior to the patient leaving the PICU, and paediatric CCPs perform discharge medication reviews. By involving the PICU team in the medication discharge process, we aim to improve the quality and safety of step-down prescribing.

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Section 6: Education and research

6ER-024 WHAT OUR PATIENTS KNOW ABOUT ANTIBIOTICS AND ANTIMICROBIAL RESISTANCE. ARE THEY AWARE OF HOW TO MAKE GOOD USE OF THEM?

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Background and importance Antimicrobial resistance is the ability of microorganisms to evade the effect of antibiotics. The use and abuse of these drugs has increased, as well as the number of resistant microorganisms capable of continuing their life cycle despite the effect of the drug. Rational use of antibiotics with health education are fundamental tools to avoid resistance problems.

Aim and objectives To assess the degree of knowledge of the population about the correct use of antibiotics, antimicrobial resistance and to detect irrational uses.

Material and methods A descriptive, observational, cross sectional study was conducted by patient surveys carried out on the European Day of the Prudent Use of Antibiotics (18 November 2019). 12 questions with yes/no answers and multiresponses were used. Leaflets from the World Health Organization on the prudent use of antibiotics were distributed and key concepts in antibiotic related health education were explained.

Results 39 patients, 24 women (61.5%), 12 of whom were <30 years old (30.76%), 21 were between 31 and 59 (53.84%) years and 6 were >60 (15.38%) years were studied. 23 (58.97%) had taken antibiotics in the last year; 33 (84.62%) had been recommended by healthcare professionals, 3 (7.7%) started on their own initiative and another 3 (7.7%) did not remember who recommended it. 19 (48.72%) acknowledged having antibiotics at home and 10 (25.64%) had bought them without a medical prescription. 28 (71.79%) stated that they knew the consequences of taking antibiotics incorrectly and 35 (89.74%) were aware that not all antibiotics have the same indication. However, 14 (35.90%) admitted to abandoning the treatment before finishing it if they experienced improvement. 25 (64.10%) claimed to have heard about antimicrobial resistance and when specifically asked about it, 1 (2.56%) answered that it was the ability of antibiotics to fight infection, 24 (61.54%) that it was the ability of microorganisms to resist the action of antibiotics and 14 (35.90%) were unaware of what it was. After a brief explanation about them, patients were asked if they believed that more general information about the appropriate use of antibiotics was necessary and 27 (69.23%) answered affirmatively.

Conclusion and relevance Many patients claim to know the indications and consequences of antibiotic misuse but they make reckless use of them. It is a priority to spend time doing interventions to achieve better results in the future, and thus reduce resistance rates and the possible associated problems that these entail.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-025 IMPORTANCE OF APPROPRIATE BEFORE-AND-AFTER QUASI-EXPERIMENTAL DESIGN TO EVALUATE THE IMPACT OF ANTIMICROBIAL STEWARDSHIP PROGRAMMES: COMPARATIVE RESULTS USING STATISTICAL HYPOTHESIS TESTING OR INTERRUPTED TIME SERIES ANALYSIS

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Background and importance Most antimicrobial stewardship programmes (ASP) use a before-and-after research design, which has a high risk of bias. Efforts to enhance the conduct of these quasi-experimental studies are urgently needed to more rigorously evaluate interventions.

Aim and objectives The aim was to compare the results of an interrupted time series analysis (ITS) versus statistical hypothesis testing in a before-and-after study to evaluate the impact of ASP on cephalosporin consumption in a tertiary university hospital.

Material and methods A quasi-experimental study was designed before (January 2013–January 2014) and during the intervention (February 2014–February 2016). We recorded the impact of ASP on cephalosporin consumption in defined daily dose (DDD)/1000 hospital stays according to the anatomical therapeutic chemical classification system. For this task, all patients prescribed cephalosporins were identified daily through the prescription system (Farmatools). Statistical hypothesis testing was conducted using the Mann–Whitney U test, evaluating means (SD). The null hypothesis assumed both periods had the same averages ($p>0.05$). In contrast, ITS regression analysis was carried out to compare time trends before and after the intervention. It was performed using a longitudinal segmented regression with a generalised least squares approach to estimate changes in level and/or trend after the intervention. Autocorrelation was considered using moving average autoregressive models. Normality of residuals was verified, and the autocorrelation structures were validated. We also calculated, for a time point equivalent to 2 years after ASP, relative differences between observed changes and estimated values expected in the absence of the intervention. Data analyses were performed with R software, V.3.6.1. A p value <0.05 (two tailed) was considered significant.

Results Results of statistical hypothesis testing showed a significant increase in cephalosporin consumption (83.12 (SD 12.35) vs 104.87 (SD 10.48); $p<0.001$) in the intervention period. However, ITS regression analysis showed that the intervention led to a significant change in trend of −1.90 DDD/1000E, moving from a pre-intervention upward slope of 2.17 DDD/1000E to an almost horizontal slope of 0.27 DDD/1000E. Therefore, 2 years after the intervention, there was a