**Material and methods** An initial work consisted of making an inventory of the inhalation devices. The Zéphir guide, a video tutorial on the use of inhalers, set up by the Société de Pneumologie de Langue Française (SPLF), enabled us to acquire the right gestures. In collaboration with the pneumologists, we determined the eligibility criteria for medication reconciliation by prioritising patients with COPD or asthma. During the intake interview, the RQESR 2019 (Quebec Respiratory Health Education Network) checklist for the use of inhalation devices allowed us to evaluate the patient's control of aerosol use. Interviews were carried out by the pharmacy intern.

**Results** In 2.5 months, we assessed 65 patients with an average age of 65.6 years. 49.2% of the patients had more than one inhaler at home. The average length of the patient interviews was 12.4 min. The shortest interview needed for mastering device use lasted 5 min whereas the longest, when extensive training was required, lasted 25 minutes. In 85% of patients, device use was compliant. Training was therefore offered to 15% of patients using a demonstration kit which was traced in the patient file. The positive points of this new activity were the multidisciplinary nature of the work carried out by healthcare professionals to help ensure the proper use of drugs, and detection and correction of device misuse. The limitations encountered were the difficulty in obtaining the devices and time required to receive them.

**Conclusion and relevance** Implementation of this activity has been gradual (training, development of medication reconciliation, research into new monitoring indicators). This work has also made it possible to carry out a more indepth reflection, within the medical and pharmaceutical teams, with a view to optimising the range of inhalers and proposing user friendly devices or those not requiring hand–lung coordination.

### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

## 4CPS-347 CLINICAL TRIAL DRUGS: DISPENSING OPTIMISATION FOR OUTPATIENTS OF A CANCER CENTRE

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**Background and importance** According to national legislation, some medications are not available from the community pharmacy but only from the hospital pharmacy. Among these treatments are clinical trial drugs or investigational products. Pharmacists are expected to ascertain that patients or caregivers have gained clear and complete information. Our hospital has more than 600 beds and more than 7000 outpatients visiting a year; 70% are clinical trial outpatients.

**Aim and objectives** The objective of this study was to assess patient knowledge and counselling during dispensing of clinical trial products to improve clinical trial outpatient care.

**Material and methods** Outpatients receiving their medication from our hospital pharmacy participated in this study. An anonymous questionnaire regarding outpatient care was distributed to them. We focused in this study on clinical trial patient answers. The impact/effort matrix, a decision making tool based on the level of effort required and the potential impact or benefits we will have, was used to determine the solutions to improve the situation. The study was conducted from February to June 2020

**Results** This study included 61 outpatients treated for cancer; 41 patients (68%) were treated with clinical trial drugs. 15% (9/61) were unaware of the product's status. One patient did not know about his inclusion in a clinical trial. Among the 41 clinical trial patients, 83% (34 patients) said that they never received an explanation about the clinical trial circuit and treatment dispensing. 95% (39/41) patients would like more support, such as posters, videos and more communication.

**Conclusion and relevance** This study showed that outpatients can be misinformed about their treatment, and that there was a lack of support for the patient. To improve this situation, firstly, we created a video to illustrate and explain what a clinical trial is and the course of the clinical trial patient. This video will be broadcast on TV in the waiting room. This solution is the easiest and fastest option to set up. An evaluation of the optimised service is planned in the near future.

The second step will be delivering clinical trial drug counselling.

### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

## 4CPS-348 THE HOSPITAL PHARMACY IN THE CREATION OF CLEAN CIRCUITS IN THE FACE OF COVID-19

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**Background and importance** The SARS-CoV-2 health crisis unleashed in Spain in March 2020 forced hospitals to urgently reorganise and adapt in an unprecedented way. One of the strategies carried out was the establishment of 'clean' circuits and hospitals from SARS-CoV-2.

**Aim and objectives** To describe the organisational changes of a pharmacy service of a SARS-CoV-2 'clean' hospital and to measure their impact.

**Material and methods** The study was carried out in an 86 bed hospital (non-COVID-19 use) dependent on a 652 bed university hospital (with care for COVID-19 patients), located in a different location, from 11 March, when the WHO declared the pandemic, to 21 June 2020, ending the state of alarm. The activity was compared with the same period in the previous year. Outpatient pharmaceutical care unit (OPCU) patient surveys were conducted to measure impact. The staff was temporarily reinforced with a specialist in the hospital pharmacy.

**Results** The following implementations were carried out:

- Opening of OPCU, with 886 dispensations to 448 patients, compared with 34 dispensations to 9 patients the previous year. 60 surveys were conducted, where 60% of patients expressed that had they had to travel to their usual hospital during the pandemic, they would not have collected their medication. Furthermore, 93% of patients said they felt safe in their visit to the new OPCU. Satisfaction evaluation was excellent (average 10/10).