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-348 CLINICAL TRIAL DRUGS: DISPENSING OPTIMISATION FOR OUTPATIENTS OF A CANCER CENTRE

E Mayet*, S Suzzoni, I Barty, A Rieutord, K Chetouane. Gustave Roussy, Pharmacy Department, Villejuif, France

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
• Medicalisation of a 165 bed nursing home.
• Referral of day hospital patients. 570 dispensations were made to 191 patients compared with 154 dispensations to 44 patients in 2019.
• Transfer of the oncology hospital ward. Total stays increased from 3253 in the previous year to 4326 (33% increase).
• Creation of a specific respiratory emergency service, where SARS-CoV-2 positive cases were referred to the referral hospital.

Conclusion and relevance Among the new circuits, opening of the OPCU stood out because of the avoidance of a large number of trips to a ‘dirty’ hospital in another town, the improvement in adherence and for the great organisational effort in a very short period of time. The different measures allowed the non-COVID-19 activity to continue, minimising the risk of contagion for patients. The health crisis due to SARS-CoV-2 has been a challenge and the hospital pharmacy has shown a great capacity for adaptation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-349 ROLE OF HOSPITAL PHARMACISTS IN ONCOGERIATRIC CONSULTATIONS: A RETROSPECTIVE STUDY
L Ruppert*, CP Mortier, I Lelievre, B Phan. Hospital Avranches Granville, Pharmacy, Avranches, France
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Background and importance Population aging and the growing risk of developing cancer with age lead to an increasing number of elderly patients treated in the oncology care unit. Elderly people are fragile, polypathological and polymedicated. To optimise their care, oncogeriatric consultations are performed by a doctor, nurse, dietician and psychologist.

Aim and objectives The aim of this study was to evaluate the benefit of including the hospital pharmacist in these consultations.

Material and methods A retrospective study was conducted on 17 patient files that had been reviewed in oncogeriatric consultations at our hospital centre from May 2019 to March 2020. We searched for information on each patient in the electronic medical record: medical background, usual treat-

Results

- Average age was 84 and the male/female ratio was 28/5.
- 3253 patient files were reviewed, 108 interventions were performed. The interventions were classified as follows:
  - 38 (35.16%) adequacy of treatment
  - 18 (16.66%) reconstitution of medication
  - 9 (8.33%) therapeutic substitution
  - 9 (8.33%) nutritional advice
  - 6 (5.56%) substitution by therapeutic equivalents
  - 5 (4.63%) de-prescription of drugs of low therapeutic utility
  - 5 (4.63%) modifications in the duration of treatment
  - 4 (3.70%) detection of therapeutic duplicates