Abstract 4CPS-370 Table 1

Type of PI	Second period (n (%))	First period (n (%))
Dose adjustment according to renal function	141 (8.3)	8 (0.5)
Recommendations about drug–drug or drug–food interactions	91 (5.4)	1 (0.06)
Monitoring of analytic parameters susceptible to being altered by the drug	17 (1)	0

Conclusion and relevance The number of PI made in the two periods was similar but the CDSS tool allowed pharmacists to detect certain types of DRP that use of the CPOE alone did not allow. Moreover, the use of this tool optimised the pharmacist's medical prescription review time and facilitated the PI registration task. To increase the usefulness of the CDSS it is necessary to increase the number of relevant alerts introduced in this application.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

Conflict of interest No conflict of interest

4CPS-371 USABILITY EVALUATION OF A PERSONALISED HEALTH RECORD FOR DETECTING MEDICATION DISCREPANCIES

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10.1136/ejhpharm-2021-eahpconf.203

Background and importance An online personalised health record (PHR) is a valid tool to reduce medication discrepancies (MDs), defined as unexplained differences among medication regimens. The success of a PHR depends on the usability and patient's experienced utility of the PHR.

Aim and objectives The aim of this study was to explore the usability and utility of an online PHR for the identification of MDs, and to describe the association between the usability and patient, setting and medication related factors.

Material and methods Patients with an outpatient visit to the rheumatology department or a planned admission to the cardiology, neurology, internal medicine or pulmonary department received an invitation from an online PHR to update their medication file two weeks before their appointment. The medication file was derived from the Nationwide Medication Record System (NMRS), a digital nationwide network which exchanges medication dispensing data from all pharmacies in the Netherlands. About 1 month after the appointment, PHR users received a system usability scale (SUS) and utility questionnaire. An SUS score < 68 was classified as unacceptable usability. Descriptive analyses were performed to analyse the effect of the patient, setting and medication related factors on the SUS score.

Results The acceptance rate of the PHR ranged from 49% to 63%. 255 (34%) of the 752 invited PHR users completed the questionnaire. The median SUS score of the patients admitted to cardiology, rheumatology and other departments was 60 (IQR 10–98), 65 (IQR 28–100) and 65 (IQR 38–100), respectively. These SUS scores indicated unacceptable usability (SUS <68) of the PHR. Younger patients (<54 years old) and patients with more experience with digital devices had acceptable usability of the PHR (median SUS of 69 (IQR 35–100) and 69 (IQR 43–100), respectively). When the PHR was compared with medication reconciliation (the gold standard to identify MDs), almost half of the patients preferred the PHR to medication reconciliation.

Conclusion and relevance Our results highlight that the usability and utility of a valid PHR was unacceptable. To achieve adoption and use of the PHR by more patients, the PHR should be improved and meet the patient's needs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-372 PHARMACEUTICAL INTERVENTIONS IN HOSPITALISED PATIENTS DURING THE FIRST WAVE OF THE SARS-COV-2 PANDEMIC

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10.1136/ejhpharm-2021-eahpconf.204

Background and importance The activity of pharmacy services increased during the first wave of the SARS-Cov-2 pandemic. An example of this was the activity carried out during the validation of inpatient treatments.

Aim and objectives To evaluate pharmaceutical interventions carried out in a second level hospital during the pandemic and compare them with those in the same period of the previous year.

Material and methods This was a retrospective study. All pharmaceutical interventions between March and May 2020 (pandemic period: P) and those between March and May 2019 (pre-pandemic period: pre-P) were reviewed. Data collected were: number of interventions, hospital stay, intervention rate (number of interventions × 1000 hospital stays), therapeutic group involved and type of intervention. Data analysis: Stata V.15.1. The χ^2 Mantel–Haenszel test was used to compare intervention rates and the χ^2 Pearson to compare proportions.

Results The number of interventions was 690 versus 115, and the number of hospital stays was 27 415 versus 27 062 for the P and pre-P periods, respectively. The intervention rate (P vs pre-P) was 25.2×1000 stays versus 4.2×1000 stays (χ^2 Mantel–Haenszel, $p<0.0001$). Therapeutic groups involved (P vs pre-P, respectively) were: P01-antiparasitics/hydroxychloroquine (40% vs 0%), J-01-antibiotics and J05-antivirals (17% vs 19%), N05-antipsychotics (7% vs 6%), B01-anticoagulants antiaggregants (6% vs 15%), N-02 analgesics (5% vs 21%) and other groups (25% vs 39%). Statistically significant differences were found between both distributions (χ^2 Pearson, $p<0,001$).

Type of interventions (P vs pre-P, respectively): drug interaction monitoring (40% vs 11%), stop treatment (26% vs 17%), dosage change (26% vs 60%) and other interventions (8% vs 12%). Both distributions (P and pre-P) were compared, and there were statistically significant differences between them (χ^2 Pearson, $p<0,001$).