

Section 1: Introductory statements and governance

1ISG-001 WHAT DO EMERGENCY DOCTORS THINK ABOUT USING THE ELECTRONIC PRESCRIBING SYSTEM FOR STANDARD TREATMENTS?

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Background and importance Success in the implementation of electronic prescription for standard treatments (RELE) at the level of specialised care depends largely on the acceptance by professionals to use the tool and its ease of use.

Aim and objectives The study aimed to find out the opinion of emergency physicians on the use of RELE after 1 year of implementation, to analyse the degree of acceptance and interest in its use, to know the advantages and to identify the weaknesses and barriers to its use.

Material and methods Qualitative, descriptive and cross-sectional research study, carried out by an opinion survey among the 52 attending physicians of the emergency department in January 2021. A structured questionnaire was developed with closed questions about the interest aroused, satisfaction, advantages, weaknesses and barriers found in the use of RELE and an open question about difficulties in handling the tool. Satisfaction was measured on a scale of 1–10 and advantages, weaknesses and barriers were assessed using a five-item Likert-type scale. A descriptive statistical analysis of the data obtained was carried out. The invitation to participate in the study and access to the questionnaire, available on Google Drive, was sent by WhatsApp mail group.

Results A response rate of 71.1% (37/52) was obtained. The mean interest in using RELE was 8.6/10 (95% CI 8.13 to 9.07) and overall satisfaction was 8.24 (95% CI 7.7 to 8.78). The most valued advantages were the possibility of consulting the patient's therapeutic adherence (99%) and accessing full outpatient treatment, facilitating review of all the patient's medication (99%). As regards barriers and weaknesses, 54% (20/37) of the physicians considered that RELE increases the bureaucratic burden and two physicians indicated that it generates greater attendance at the emergency room. However, only nine physicians (24%) considered that including a patient in RELE required too much time. The main difficulties in handling the application were access to the platform, the assignment of the diagnosis to the prescription, and the delay in attendance due to the inherent bureaucratic burden.

Conclusion and relevance Clinicians showed remarkable interest in using RELE and high satisfaction with how the tool works.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

1ISG-003 IMPACT OF TELEPHARMACY AND COMMUNITY PHARMACY REMOTE-DISPENSING ON PATIENTS ON ORAL ANTINEOPLASTIC AGENTS

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Background and importance Oral antineoplastic agents (OAA) are dispensed through the hospital pharmacy service. COVID-19 restrictions have accelerated implementation of alternative ways of remote dispensation and pharmaceutical care to minimise patients' virus exposure.

Aim and objectives To describe the results from the implementation of an OAA remote-dispensing programme and telepharmacy to cancer patients.

Material and methods Observational prospective study from October 2020 to April 2021 in a 400-bed university hospital. Patients received virtual pharmaceutical care and agreed to collect medication at their nearest community pharmacy within our pharmacy network.

A follow-up visit was made by telephone scoring level of satisfaction (1 to 10). Treatment Satisfaction Questionnaire for Medication II (TSQM v.II) was also employed to evaluate effectivity, tolerance, convenience and global satisfaction.

Adherence was graded from 1 to 3 depending on the number of missed doses, where 1 meant none and 3 indicated more than four missed administrations. Demographic and treatment data were also collected. Quantitative variables were expressed as median (range) and bivariate correlations by Spearman test.

Results A total of 83 patients were enrolled; 44 (53%) patients also benefitted from telepharmacy. Demographic data: women 15 (34.1%), age 63 (42–86) years. Performance status 0: 37 (84.1%). Treatment: palbociclib 9 (20.5%), enzalutamide 7 (15.9%), ribociclib 4 (9.1%), capecitabine 3 (6.8%), nilotinib 3 (6.8%), alpelisib 2 (4.5%), bosutinib 2 (4.5%), ibrutinib 2 (4.5%). Treatment duration: 401 (7–3275) days.

Administration errors were detected in 3 (6.8%) cases. Twenty-three (52.3%) with new concomitant medication, 2 (4.5%) had potential interactions with OAA. We found 12 (27.3%) patients on alternative medicine and 5 (11.4%) presented interactions. Storage errors: 1 (2.3%). Adherence: grade 1, 35 (79.5%). Twenty-nine (65.9%) adverse effects: gastrointestinal 12 (26.7%), fatigue 12 (26.7%), central nervous system 7 (15.6%), dermatological 5 (11.1%). We resolved doubts in 15 (34.1%) cases, and 3 (6.8%) patients were scheduled for follow-up appointments.

Level of satisfaction with treatment delivery was 10 (8–10). TSQM v.II questionnaire: effectivity 75 (41–100), tolerance 100 (41–100), convenience 100 (50–100), global satisfaction 83 (25–100). Positive correlation: treatment duration with effectivity (ρ 0.308, $p=0.042$). Negative correlations: adherence with adverse effects (ρ 0.419, $p=0.005$); treatment duration with convenience and global satisfaction (ρ 0.454 and 0.350, $p=0.002$ and $p=0.020$, respectively).

Conclusion and relevance Level of satisfaction with telepharmacy and remote delivery was very high. Patients with more adverse effects presented less treatment adherence. Patients with more treatment duration thought that their treatment was more effective, but the less the duration the more the level of satisfaction.

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1ISG-004 ASSESSMENT OF CUSTOMER SATISFACTION WITH HOSPITAL PHARMACY SERVICES IN ESTONIA

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