REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Ruths S, Viktil KK, Blix HS. Classification of drug-related problems. *Tidsskr Nor Laegeforen* 2007;**127:**3073–3076.

Conflict of interest No conflict of interest

4CPS-267 DESIGN, IMPLEMENTATION AND EVALUATION OF A MEDICATION COUNSELLING SERVICE BY PHARMACISTS USING TEACH-BACK AT HOSPITAL DISCHARGE

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10.1136/ejhpharm-2022-eahp.242

Background and importance Pharmacists can utilise teach-back as a method to enhance patients' understanding of medication counselling at hospital discharge. However, the evidence regarding its impact on patient outcomes is inconsistent, and there is no standardised approach in the literature to implement pharmacist-led discharge medication counselling, with limited descriptions of pharmacist training reported.

Aim and objectives To develop and implement a standardised discharge medication counselling service utilising the teach-back method, and to evaluate feedback from patients and pharmacists regarding the service.

Material and methods A standardised procedure and checklist were developed for the discharge medication counselling process. Participating pharmacists were trained on teach-back by undertaking an online education module and watching a video created by the research team which demonstrated teach-back. Pharmacists provided discharge medication counselling to patients using teach-back and provided a patient-friendly list of medication changes to take home. To attain feedback on the intervention, patients were surveyed via telephone within 7 days of discharge and intervention pharmacists completed an anonymous online survey.

Results Thirty-two patients participated in the study, with a mean age of 57 (19–91) years and mean Charlson Comorbidity Index score of 3 (0–8). Two-thirds of patients received medication counselling on antithrombotics. The mean counselling time was 24 min/patient (SD 12 min, range 7–60 min). All patients responded to the survey, whereby 94% had increased confidence regarding medication knowledge and 91% understood what potential side effects to be mindful of at home. Overall, 94% of patients were satisfied with the discharge medication counselling experience and with the information provided. Eight of the nine intervention pharmacists (89%) agreed they were given adequate training and that teach-back was feasible to apply in practice.

Conclusion and relevance This is the first study to evaluate patients' perspectives on teach-back medication counselling by pharmacists. Despite the small sample size, the included patients were diverse in terms of age and comorbidities, and most patients experienced positive outcomes from the discharge medication counselling. With the standardised approach and a comprehensive description of the training, this study can be used to guide the development of discharge medication counselling services using teach-back in future.

REFERENCES AND/OR ACKNOWLEDGEMENTS

The authors thank the patients and pharmacists who participated.

Conflict of interest No conflict of interest

4CPS-269 ANALYSIS OF RECURRENCES AND RISK FACTORS IN INFECTION BY *CLOSTRIDIUM DIFFICILE*

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10.1136/ejhpharm-2022-eahp.243

Background and importance Recurrences in *Clostridium difficile* infection (CDI) involve increased morbidity and high costs for the healthcare system.

Aim and objectives Analysing the risk of recurrence in patients with CDI according to the prediction scale proposed in the 2020 clinical practice guideline of the Spanish Society of Chemotherapy, Internal Medicine and Anaesthesia and Reanimation. To check whether the calculated risk corresponds to the recurrences presented and to establish the main risk factors observed.

Material and methods Hospitalised patients with CDI were selected from 1 February 2019 to 30 April 2020. The collected data were: sex, age, antibiotics in the previous 3 months and concomitantly with vancomycin or fidaxomicin, immunosuppression, severity (leukocytes >15 000/mm^3 or creatinine >1.5 mg/dL), duration of diarrhoea, inflammatory bowel disease (IBD), liver cirrhosis and neoplasia. Recurrence was defined as a new episode of CDI 2–8 weeks after the first episode. The risk of recurrence was calculated using the scale: 1 point for >65 years, immunosuppression, severity, concomitant antibiotics and diarrhoea >5 days: 2 points if episode during previous year, neoplasia, IBD and liver cirrhosis; 3 points if recurrence. A score ≥3 is considered high risk of recurrence.

Results 69 patients with CDI were identified (54% women and 46% men); the median age was 65 years. 88% of patients received antibiotics during the previous 3 months: 39% quinolones, 34% third-generation cephalosporins, 26% amoxicillin-clavulanic acid, 26% piperacillin-tazobactam and 20% carbapenems. Of the 69 patients identified, 20 recurrences were observed, 9 of them with a score ≥3, which represents a degree of coincidence between the scale and the patients studied of 45%. Of the total sample, 36 patients had a score ≥3, and 9 of them had a recurrence (25%). Of the patients with recurrences, the following risk factors were identified: 50% presented immunosuppression, 40% neoplasia, 30% concomitant antibiotics; and 40% of the subjects had neoplasia and immunosuppression.

Conclusion and relevance The calculated risk of recurrence does not correspond to the results obtained in the analysed sample. The choice of treatment should be guided by the patient's individual risk factors.

Immunosuppression and neoplasia are the main risk factors for recurrence, increasing the risk when both situations coexist.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest