

assessed. Only 5 errors were detected, which represents an error rate of 0.083%.

The errors detected were the following: 1 of incorrect dose by overdose (0.016%), 1 of incorrect unit of medicine by excess (0.016%), 1 of incorrect unit of medicine by default (0.016%) and 2 of incorrect administration time (0.033%).

Conclusion and relevance The review of the medication carts before their arrival at the Clinical Units allows the detection of potential medication errors in their preparation that may affect the safety of the patient. The percentage of error obtained indicates the degree of quality related to the medication dispensing system. In this case, the error rate is low, although it could be lower in the case of automation of the process instead of manual preparation.

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Conflict of interest No conflict of interest

5PSQ-049 STARTING POINT TO PROMOTE A POTENTIALLY INAPPROPRIATE PRESCRIPTION ASSESSMENT PROJECT

¹L Pons*, ¹M Bonete, ¹J Campillo, ¹M Zayas, ¹A González, ¹M Molina, ¹L Barrajón, ¹A Bernabeu, ²L Roca, ¹MT Aznar. ¹Hospital Universitario San Juan de Alicante, Pharmacy, Sant Joan d'Alacant, Spain; ²St. Elisabeth-Krankenhaus Hospital, Pharmacy, Leipzig, Germany

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Background and importance Potentially inappropriate prescriptions (PIPs) in polymedicated elderly patients are related to adverse drug reactions, hospitalisation, increased hospital stay and higher healthcare costs. In our environment a system or a department to detect and analyse these PIPs is not available.

Aim and objectives To evaluate the prevalence and type of PIPs at hospital admission to assess whether the implementation of pharmaceutical intervention strategies in this population is useful and which ones would be the most efficient.

Material and methods Cross-sectional descriptive observational study. Patients over 65 years of age treated with ≥ 6 chronic drugs admitted to a tertiary hospital from 10–16 May 2021 were included. Demographic and clinical variables were recorded: age, sex, admission department, background, history of falls, pharmacological ambulatory treatment, number and type of PIPs detected, and anticholinergic burden (AB). Current ambulatory treatment was obtained by reviewing the medical records. To identify PIPs, the Screening Tool of Older Persons Prescriptions (STOPP) criteria (2014 edition Spanish version) was selected. Due to the lack of e-tools, 121 criteria could not be manually analysed in every patient, so a bibliographic search was carried out to select the 20 STOPP criteria most frequently reported in the literature. The anticholinergic burden was calculated with the Drug Burden Index (DBI) using the Anticholinergic Burden Calculator. Descriptive statistical analysis was performed with the Stata version 12.1 program.

Results 102 patients (53% women) were included. Age: 80.4 \pm 7.8 years. Pathologies/patient: 7.7 \pm 2.7. Drugs/patient: 10.2 \pm 2.9 (39% excessive polypharmacy with ≥ 10 drugs). Had falls: 68%. 1018 drugs were analysed. 208 PIPs (2.04 \pm 1.7 PIPs/patient) were detected. The most frequently observed PIPs were: 15% benzodiazepines ≥ 4 weeks, 14% drugs without

indication based on clinical evidence, 9% medications with a longer duration than indicated, 8% loop diuretics in hypertension/incontinence and 8% medications that cause constipation in patients with chronic constipation. AB: 0.7 \pm 0.6. High-risk AB: 32%.

Conclusion and relevance PIPs are quite prevalent in our environment. Having tools for the systematic detection of PIPs would be very useful. These data suggest that developing a multidisciplinary pilot project, led by a pharmacist, to intervene in patients at highest risk and therefore contribute to improving the quality and safety of drug prescription would be beneficial.

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5PSQ-051 COST-EFFECTIVENESS OF A PRESURGICAL PHARMACEUTICAL CARE CONSULTATION

¹D Gomez*, ¹A Ribed, ¹A Gimenez, ²I Garutti, ¹X Garcia, ¹B Torroba, ¹A De Lorenzo, ¹A Narrillos, ¹A Herranz, ¹M Sanjurjo. ¹Hospital General Universitario Gregorio Marañón, Hospital Pharmacy, Madrid, Spain; ²Hospital General Universitario Gregorio Marañón, Anaesthesiology, Madrid, Spain

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Background and importance 4.7% of Spanish hospital patients suffer a preventable adverse event (AE) due to medication errors. In surgical specialties, errors may result in important negative consequences, so hospital pharmacists have implemented new programmes to prevent them.

We created a Presurgical Pharmaceutical Care Consultation in 2016 to avoid errors prior to surgery with managing a patient's chronic medication.

Aim and objectives The aim was to analyse the economic impact of implementing this consultation based on the presurgical medication errors avoided with pharmaceutical interventions.

Material and methods We analysed all the interventions performed by pharmacists in the Presurgical Pharmaceutical Care Consultation between 2016 and 2020 in Traumatology, General, Cardiac and Thoracic Surgery Services of a third-level hospital.

Two clinical pharmacists and two anaesthesiologists composed a multidisciplinary team for intervention analysis and classification. Each prevented error was classified according to its probability of causing an AE, based on literature and clinical judgement. Assigned probability could be 0, 0.01, 0.1, 0.4 or 0.6 (1 was not considered due to a conservative approach). We calculated the cost of each prevented error as: 'AE probability * € 6924', € 6924 being the cost of an AE according to the Spanish literature, adjusted by the 2020 Consumer Price Index. A sensitivity analysis was performed using an AE cost 20% higher or lower. The total cost of hiring pharmacists (one full-time pharmacist in the consultation during 5 years) was € 227 470 (€ 45 494 per year).

Results Between 2016 and 2020, 3101 patients were assisted in our Consultation (51.30% male, mean age 66.4 years), on whom 1179 interventions were performed to prevent medication errors. Classification according to probability of causing an AE was as follows: 0: 6 (0.5%), 0.01: 224 (19.0%), 0.1: 346 (29.3%), 0.4: 497 (42.2%) and 0.6: 106 (9.0%), meaning that 299 AE could be avoided in total. Cost avoidance was estimated at € 2 076 785 (sensitivity analysis € 1 657 490–€