5PSQ-056 LOT QUALITY ASSURANCE SAMPLING (LQAS) OF A TELEPHARMACY PROGRAMME FROM THE HOSPITAL PHARMACY TO THE OUTPATIENT THROUGH THE COMMUNITY PHARMACY

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Background and importance The clinical tasks of telepharmacy practice must adhere to a standardised procedure and revolve around the patient's clinical record. Single clinical acts must be favoured. A pre-delivery validation procedure must be established before drugs reach the patients' home. It is also essential to ensure no discrimination, confidentiality, security and traceability of the whole process (Spanish Society of Hospital Pharmacy Statement on Telepharmacy).

Indicators monitoring is necessary to assess whether we are at pre-established levels of quality and to detect the existence of problematic situations.

We started a new programme by which 'Hospital-Use Medication' is provided to outpatients through the community pharmacy, using an app to request medication by the patient and telephone communication for follow-up by the hospital pharmacist.

Aim and objectives To monitor the quality of an informed drug delivery telepharmacy programme (CPDDTP) from the hospital pharmacy to the patient, through the community pharmacy.

Material and methods Design: quality monitoring study using the LQAS method and a satisfaction survey.

Scope: dispensations made through CPDDTP are monitored by means of a random sample from January–August 2021.

Criteria evaluated: C1: validation by the pharmacist based on the clinical sheet; C2: correct dose, frequency and administration route; C3: hospital pharmacist–patient communication; C4: adherence; C5: dispensing according to protocol, single clinical act if possible; C6: time to get the medicine from request; S1: assessment of patient satisfaction by telephone survey.

Starting from a 95% compliance standard, assuming a minimum threshold of 80%, an alpha error = 5% and a beta error = 20%, a sample size of 27 cases and the minimum number of protocol compliance of 23 were calculated (85%).

Results A random sampling of 14 092 dispensations was made. 25 of 27 cases of protocol compliance were obtained (92.59%). The survey of the selected patients showed 97.4% global satisfaction. Areas to improve: a mobile app to contact patients, and diffusion of the hospital pharmacy contact e-mail and usefulness.

Conclusion and relevance The results show the absence of a quality problem in the initial procedure studied and the patient satisfaction. The LQAS method gives us a quick way to decide if we are in a quality problem situation using a small sample. In future follow-ups, pharmaceutical care interventions should be evaluated.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest No conflict of interest

5PSQ-057 ACTIVE PHARMACOVIGILANCE OF PATIROMER IN A CENTRAL HOSPITAL PHARMACEUTICAL CONSULTATION SETTING

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Background and importance Hyperkalaemia is an electrolyte disorder, common among patients with chronic kidney disease, diabetes mellitus or heart failure (HF). Its occurrence is associated with an increase in mortality risk. Patiromer was recently approved by the Europaan Medicines Agency (EMA) for the treatment of hyperkalaemia, and is under additional monitoring, allowing quick identification of possible new safety information.

Aim and objectives To assess the adverse events (AE) of patiromer in HF patients with chronic hyperkalaemia.

Material and methods Prospective observational study that included HF patients treated with patiromer to optimise kaleemia and renin angiotensin aldosterone system inhibitor (RAASi) medication, followed in a pharmaceutical consultation between November 2020 and September 2021. A questionnaire evaluating the occurrence of adverse events was applied to all patients on days 1, 3, 7 and 30 after starting therapy and thereafter monthly, or whenever a clinical change was considered relevant. The clinically significant AE were reported to our National Pharmacovigilance System (NPS).

Results During the study period, 19 patients were included, 15 males (78.9%) with a mean age of 69.1±10.2 years. A total of 13 AE occurred in 11 patients. Expected AE such as gastrointestinal disorders (diarrhoea (n=4), flatulence (n=1)), hypomagnesemia (n=3) and cases of unexpected anaemia (n=1), CKD worsening (n=1) and metabolic acidosis (n=3) were reported. Causality has already been confirmed by the NPS in 4 reported AE: 2 metabolic acidosis were considered possible, 1 diarrhoea and 1 flatulence were considered probable. Patiromer was discontinued in 7 patients due to AE, 2 of wich resulted in hospitalisation (metabolic acidosis).

Conclusion and relevance As of June 2021, the World Health Organization (WHO) has received 10 reports of metabolic acidosis associated with patiromer, including the 2 reported in this study. Despite this AE being unexpected, these reports raise concerns and can lead to safety signal and new recommendations for patiromer's use. These preliminary results prove that establishing pharmacovigilance networks, particularly for new drugs, prescribed to patients who are often comorbid, is indispensable to assure safe healthcare in the real world.

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