

might affect teduglutide's security, efficacy and quality. Therefore, it is highly recommended to protect the drug from light during in-use manipulation. For temperature exposition (40°C and 60°C) and agitation, the PTMs profile was not modified, thus no specific recommendations need be noted in this regard.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest No conflict of interest

5PSQ-139 ANTICHOLINERGIC RISK EVALUATION IN HOSPITALISED PATIENTS

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10.1136/ejhpharm-2022-eahp.340

Background and importance The combination of drugs with anticholinergic action can cause side effects in people with morbidity. This risk increases with age and frailty. There are different scales to estimate the anticholinergic risk (AR) but there is substantial variability between them. The Anticholinergic Burden Calculator (ABC) tool allows the calculation of the Drug Burden Index (DBI), which takes into account the prescribed dose and includes sedative drugs.

Aim and objectives To determine the AR of patients admitted to a second-level hospital.

To analyse their comorbidities and to relate them to possible anticholinergic side effects.

Material and methods Cross-sectional study carried out with patients admitted to the hospital ward. Patients older than 65 years and with more than five prescribed drugs were included in the study. The variables collected from the electronic medical history were: age, gender, morbidity, hospital service, drugs and dose. To obtain the AR, the ABC tool was used, expressing the values in DBI. According to AR, the patients were classified into three groups: without risk (0), medium risk (<1) and high risk (≥1).

The comorbidities of each patient were analysed. Those that were related to anticholinergic effects were selected and classified into two groups: (a) somatic symptoms (dry mucosa, constipation, urinary retention) and (b) neuropsychiatric symptoms (cognitive and functional dysfunction, agitation, falls).

Results A total of 183 patients were included: 60.1% women with median age 84.3 (SD 8.9) years. According to the DBI, patients were classified into three groups: without risk (15.3%), medium risk (40.4%) and high risk (44.3%). The total average DBI obtained was 0.97 (SD 0.86) and in the high-risk group was 1.7 (SD 0.78).

Comorbidities related to possible anticholinergic effects were found in 49.2% (n=90) of the patients. This percentage increased to 55.6% (n=50) by focusing on high-risk patients compared to medium-risk patients (32.2% n=29) and without-risk patients (12.2%, n=11). 87.4% of the comorbidities were neuropsychiatric symptoms.

Conclusion and relevance Most of the patients presented anticholinergic risk. Half of them had comorbidities that could be related to the effects of anticholinergic drugs. These comorbidities increased in direct proportion to anticholinergic risk.

It would be advisable to implement a hospital protocol to reduce the anticholinergic burden.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-140 PATIENT SAFETY CLIMATE IN A HOSPITAL PHARMACY DEPARTMENT

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10.1136/ejhpharm-2022-eahp.341

Background and importance Patient safety should be a cross-cutting issue in all hospital services. It is important to assess patient safety culture in the units to implement improvement measures and offer quality and safe healthcare to patients.

Aim and objectives To analyse patient safety climate in a Hospital Pharmacy department.

Material and methods Descriptive, transversal study carried out through an anonymous survey in September 2021. All pharmacy staff were invited to participate. The survey applied was the Agency for Healthcare Research and Quality Hospital Survey SOPS Version 1.0-Spanish.

The survey has 42 items with five response options on a Likert-type scale from 1 (strongly disagree or never) to 5 (strongly agree or always).

A strength is considered if at least 75% of respondents rate the item positively, while it needs improvement if at least 50% rate it negatively. Items are grouped into 12 composite measures.

Data were analysed with an application available on the patient safety page of the Ministry of Health.

Results Response rate: 91% (44 surveyed). 69% technicians/nurses, 31% resident pharmacists/pharmacists. 56% worked 20–39 hours/week and the rest 40–59 hours; 46% had worked in the hospital for less than 1 year, 1 to 5 years (34%), 21 years or more (10%), 6 to 20 years the rest. 48% had been working in the unit for less than 1 year, 33% 1 to 5 years, 6 to 21 years or more the rest. 12% had direct interaction with patients.

Global results were: teamwork within units 69%, supervisor/manager expectations and actions promoting patient safety 64%, communication openness 57%, organisational learning-continuous improvement 51%, feedback and communication about error 47%, overall perceptions of patient safety 42%, nonpunitive response to error 39%, teamwork across units 39%, frequency events reported 38%, staffing 38%, management support 37%, handoffs and transitions 29%.

The overall grade on patient safety was perceived: very good 45%, excellent 30%, acceptable 20%, poor the rest.

Conclusion and relevance Eight need-of-improvement areas were perceived: management support and handoffs-transitions being the worst rated. Teamwork within units, supervisor/manager expectations/actions were the best perceived.

No strengths were found; however, the overall perception was rated as excellent or very good by the majority.

Assessing the baseline-state of safety climate is a good starting point for identifying areas for improvement.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest