medication administration. Analysis of the reality will serve as a base to develop suggestions leading to preventive and corrective actions with consequences for the quality of nursing care provided.

One of the risk areas of nursing care is timing drug administration with food as well as food and drink composition. The partial goal was to explore this reality and identify suboptimal and potentially hazardous practices.

Material and methods The research was implemented in four selected cooperating hospitals, specifically in three of their wards – surgical, internal, and follow-up wards in the form of a prospective, multicentric, observation–intervention study. In the first part of this study, all nurses administering medications to all patients hospitalised in each of the above-stated wards during the observation period (morning, noon, evening) were observed by a team of unshadowed external investigators (pharmacist and nurse) for three consecutive days. Data were recorded onto a preprepared recording sheet and subsequently typed into a web database.

Results During this study, 58 nurses administrating 5330 solid oral drugs for 313 patients over 36 days were observed. We discovered that the timing of the food was suboptimal and potentially severe in 18.1% and 2.4% of cases, respectively. In order to ingst a drug, tea was used in 63% of cases, still water in 22% of cases and coffee with milk in nearly 5.8% of cases. Potentially significant drink–drug interactions were identified in nearly 1.5% of cases.

Conclusion and relevance We found that little or no attention was paid to appropriate food, drink and drug management on the wards. These primary data will be used for interventions in this study and as the base for further research.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Section 6: Education and research

6ER-001 CAN PHARMACISTS IMPROVE THEIR PATIENT COMMUNICATION BY READING FICTION? NARRATIVE MEDICINE IN PHARMACY PRACTICE – A FEASIBILITY STUDY

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Background and importance Empathy is an essential part of good patient communication. However, pharmacists often provide information without taking patients' preferences into account. Narrative medicine is an innovative approach, where empathic skills are nurtured through close reading of literary texts and creative writing.

Aim and objectives The purpose was to investigate the feasibility of a narrative medicine course for pharmacists and to explore the experiences of the participating pharmacists.

Material and methods A 2-day course of narrative medicine was offered to Danish community and hospital pharmacists in Summer 2020. The course capacity was set at 16 pharmacists. The course consisted of close reading of short literary texts about illness and related creative writing, facilitated by both experienced literary and health care professional lecturers. Pharmacists' empathy was assessed before and after participating in the course with the Jefferson Scale of Empathy (JSE). Feasibility was assessed focusing on acceptability, demand, implementation, practicality and limited efficacy using focus group interviews, participant observation and a satisfaction questionnaire.

Results In total, 8 pharmacists participated in the course. All pharmacists answered the questionnaire, and 5 focus group interviews were held with participants and lecturers. The practicality of the course can be optimised, as only half of the course capacity was filled. This could, however, be due to the situation with the COVID-19 pandemic, as the workload at the pharmacies was unpredictable in that period. The pharmacists accepted participation in the course, even though some of the sessions required a personal investment far from their normal routines and education. The pharmacists were, in general, very satisfied with the course and found it useful in their daily patient communication as it helped them to envision the life of each patient. As expected, no significant change was found in the JSE, but the pharmacists found the scale acceptable to complete.

Conclusion and relevance The course in narrative medicine was feasible on all assessed parameters, even though the course capacity was not fully utilised. A course in narrative medicine has potential for improving pharmacists' general communication with patients. Yet, the results should be tested in larger studies, including patient-reported outcomes, to provide distinct evidence on eventual effect.

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Conflict of interest No conflict of interest

6ER-002 APPLYING REFLECTIVE MULTICRITERIA DECISION ANALYSIS TO UNDERSTAND THE VALUE OF THERAPEUTIC ALTERNATIVES IN THE MANAGEMENT OF ANAEMIA IN GYNAECOLOGIC SURGERY

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Background and importance Iron deficiency anaemia is the most prevalent nutritional deficiency, affecting 29% of women. It is common in patients undergoing elective gynaecological surgeries (18.1%) and up to 90% postsurgery, increasing the risk of negative outcomes and need for transfusions. Oral iron, especially ferrous sulphate (FS), is used as the most common treatment and intravenous iron is solely used in severe cases. Ferric carboxymaltose (FCM) has demonstrated clinical benefits above FS but it is not widely used due mostly to its high cost.

Aim and objectives Our objective was to assess the value of FCM versus FS for anaemia in patients undergoing benign gynaecologic surgery in our country. We followed a multicriteria decision analysis (MCDA) by using the EVIDEM framework that allows the incorporation of multiple stakeholders, including patients.
Material and methods The framework was adapted considering evidence retrieved with a PICO-S-T search strategy and grey literature. Criteria/subcriteria were weighted by relevance and an evidence-based decision-making exercise was developed to assign a score from –5 (in favour of FS) to +5 (FCM) to each alternative for each criterion. Weights and scores were multiplied to obtain the value of intervention relative to each criterion/subcriterion. Values were added to calculate the Modulated Relative Benefit–Risk Balance (MRBRB) on a –1 (FS) to +1(FCM) scale. Ten stakeholders (gynaecology/obstetrics, haematology, anaesthesiology, midwifery, hospital pharmacy, hospital management, and patients and patients' representatives) participated to collect different perspectives.
Results Weights were different among profiles: Compared Efficacy/Effectiveness (28% on average, 26.7% for hospital pharmacists (HP)) was the most relevant criterion. Compared Safety/Tolerability (18%, 24%) showed the greatest difference among all participants and HP. In general, participants were in favour of FCM in all criteria, as were HP, except for Economic Consequences (+1, –2.82). Lastly, the value of each criterion was calculated. The criterion with the highest impact was Compared Efficacy/Effectiveness (+0.178, +0.15). All profiles were in favour of FCM except Hospital Management. General MRBRB was +0.48; for HP, MRBRB was +0.34.
Conclusion and relevance From global and HP perspectives, FCM was the preferred alternative for treating anaemia in patients undergoing benign gynaecological surgery. MCDA can be a useful tool to incorporate diverse voices in the decision-making process, including professionals as well as patients.

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6ER-005 REDUCING INVASIVE DEVICE-RELATED BLOODSTREAM INFECTIONS: A CHALLENGE FOR THE PREVENTION OF HEALTHCARE-ASSOCIATED INFECTIONS

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Background and importance An infection is healthcare-associated (HCA) if it occurs during the care of a patient. Nosocomial infections (NI) are infections acquired in a healthcare setting. Bloodstream infections are the fourth most common NI in France and half the cases are associated with a vascular catheter. Reducing invasive device-related bloodstream infections is a major priority of the national programme: prevention of HCA infections.
Aim and objectives In our hospital we noticed an increase in healthcare-associated bloodstream infections (HCA-BSI) including those related to invasive devices. The objective of the study was to describe HCA-BSI acquired in our establishment in order to reduce the number of infections related to invasive devices by promoting their correct use.
Material and methods We applied the methodology of the French network SPIADI to compare our results with those of the other hospitals monitored. Each positive blood culture corresponding to a HCA infection was analysed to define the portal-of-entry of the infection. For HCA-BSI related to invasive devices, data on vascular and urinary catheters were collected. The study was carried out between January and April 2020. The intensive care, paediatrics, nephrology, haemodialysis and surgery services were excluded (no electronic medical records).
Results We included 156 patients with HCA-BSI: 60% were aged over 65 years and 66% were immunosuppressed. HCA-BSIs (n=164) were most frequently identified in oncology (21%) and in haematology (17%). Urinary infection (44/164; 27%) and presence of a catheter (40/164; 24%) were mainly associated with HCA-BSI. *Enterobacteriaceae* were mostly responsible for HCA-BSI with a urinary portal-of-entry and staphylococci for central line-associated bloodstream infections (CLABSI). Implantable port catheters (IPC) were the most frequent cause of CLABSI (25/40; 62.5%). The incidence of HCA-BSI was comparable to that of other institutions, except for oncology, where it was higher (8.37 vs 3.65 per 1000 hospital days), and this was particularly the case for IPC (2.87 vs 0.96 per 1000 hospital days).
Conclusion and relevance In the light of these results, we implemented a strategy involving the reporting of surveillance data, the updating of protocols with professionals, practice observations, and the training of professionals in charge of handling invasive devices. The impact of all these measures will be assessed through the results of future monitoring.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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6ER-007 REAL-WORLD EFFECTIVENESS OF GENE THERAPY ONASEMNOGENE ABEPARVOVEC (ZOLGENSMA) FOR SPINAL MUSCULAR ATROPHY: A REVIEW

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Background and importance Spinal muscular strophy (SMA) is an autosomal recessive neurodegenerative disorder. SMA I infants have a lifespan of <2 years if not treated. Zolgensma is an innovative drug of gene therapy strategy for SMA patients. Notwithstanding, there remains considerable uncertainty about the long-term sustainability of the Zolgensma clinical effect due to the narrow durability and limited sample size of clinical trials. Therefore, it is essential to measure its effectiveness to increase confidence in the technology use and its market access.
Aim and objectives Our study aimed to provide a critical review of the literature regarding the clinical outcomes in SMA infants in the real-world setting after the one-time Zolgensma dosing.
Material and methods A review of the literature was constructed, comprising five phases: (a) identifying the research question; (b) searching for relevant studies; (c) selecting