

Nurses reported four AEs: broken vial, leakage during dilution, mishandling by some vaccinators, and defective vial.

Conclusion and relevance Patients were generally satisfied with the care received and the nurses reported a positive general satisfaction of their experience at the VC. The IT poor appreciation can be explained by network difficulties affecting data collection and certificate edition. The presence of a referring vaccination pharmacist at the VC was associated with positive feedback, which testifies to the efficiency of the pharmacist–nurse relationship. The AEs reported allowed the good manipulation pamphlets to be updated. For the continuation of COVID-19 vaccination campaigns with booster shots, these data will allow improvement of the installation of future VC.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-003 OUTPATIENT-REPORTED EXPERIENCE IN HOSPITAL PHARMACY AMBULATORY CARE DURING THE COVID-19 PANDEMIC

¹M Lobo Alves*, ²A Paróla, ³A Atalaia, ⁴E Viegas, ³A Mirco, ²H Farinha, ⁵F Falcão. ¹Hospital de São Francisco Xavier – Centro Hospitalar de Lisboa Ocidental, Pharmacy, Restelo, Portugal; ²Hospital de Egas Moniz – Centro Hospitalar Lisboa Ocidental, Pharmacy Department, Lisbon, Portugal; ³Hospital de Santa Cruz – Centro Hospitalar Lisboa Ocidental, Pharmacy Department, Lisbon, Portugal; ⁴Hospital de São Francisco Xavier – Centro Hospitalar Lisboa Ocidental, Pharmacy Department, Lisbon, Portugal; ⁵Faculty of Pharmacy, University of Lisbon and Pharmacy Department, Hospital de São Francisco Xavier – Centro Hospitalar Lisboa Ocidental, Lisbon, Portugal

10.1136/ejhpharm-2022-eahp.59

Background and importance Measuring health care quality and performance is a major challenge in improving health systems' efficiency. Patient experience is an important health care quality measure; thus, use of questionnaires reporting patients' experience and perceptions while receiving care is recommended. The COVID-19 pandemic has accelerated the establishment of proximity dispensation models and ambulatory care redesign, aligned with the Anaesthesia Clinical Services Accreditation (ACSA) accreditation model, implemented in 2019 in the Pharmacy Department.

Aim and objectives Evaluate patient-reported experience regarding outpatient care in a central hospital pharmacy, during the COVID-19 pandemic.

Material and methods Single-centre cross-sectional study (March–June 2021). Ambulatory outpatients were invited to complete a survey, consisting of 14 questions on: access to care, waiting time, communication and information about medication, pharmaceutical care provider (pharmacist in charge), privacy/confidentiality and unmet needs. The survey was made available to patients in paper or digital format at the pharmacist consultation, teleconsultation, medicines home delivery and pharmadrive delivery.

Results A total of 9634 outpatients attended our ambulatory care during the study period. We carried out 1939 teleconsultations, 2194 home deliveries and 91 in-person consultations. Outpatients answered 148 surveys (1.5%). Most patients were pleased to continue picking up medication at hospital pharmacy (86%) and rated the service as good/very good. Patients considered that there was availability to listen/sympathy (99%) and privacy (96%) during the service. Information provided about medication was considered useful (89%). Waiting time

was rated as appropriate (90%). A large percentage of patients were unaware of the possibility of pharmadrive (76%) and proximity dispensation (45%). Outpatients knew their pharmacist in charge in 37% of the cases and 75% had already contacted their pharmacist, 32% were not aware of the existence of a pharmacist in charge and the remaining (30%) did not have a pharmacist in charge.

Conclusion and relevance Pharmacists' effort in pandemic times, implementing strategies to improve patient-centredness of care, ensured outpatients' continuity of pharmaceutical care and medicines. In order to engage patients and improve their experience, awareness and retention of pharmacists in charge needs to increase. As improvement measures we intend to improve our outpatient care guide with more detailed information, and will also refresh pharmacist training.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-004 IMPACT OF THE SARS-COV PANDEMIC ON THE TRAINING OF HOSPITAL PHARMACY RESIDENTS

¹E Tejedor Tejada*, ²M Rodríguez Goicochea, ³S Cano Dominguez, ¹A Dorda Benito. ¹Hospital Universitario Josep Trueta, Pharmacy, Girona, Spain; ²Hospital Universitario Torrecardenas, Pharmacy, Almeria, Spain; ³Hospital Universitario Virgen de las Nieves, Pharmacy, Granada, Spain

10.1136/ejhpharm-2022-eahp.60

Background and importance The Pharmacy Service is committed to resident training. The residency programme in the Hospital Pharmacy Service covers all areas of the training programme. The high hospital demand and the weekly updates of the pharmaceutical protocols made it necessary to dedicate almost the entire working day to the hospital pharmacy residents.

Aim and objectives To evaluate the impact of the SARS-CoV pandemic on the training period of resident pharmacist interns.

Material and methods A survey was conducted among all hospital pharmacy residents in Spain. It was carried out by the Teaching and Hospital Pharmacy units. The survey was anonymous, voluntary and disinterested. Data collected: place of residence, year of training, hospital level, resident supervision, internal and external rotations missed, emotional impact and sick leave.

Results The survey was completed by 122 hospital pharmacy residents. The completion period was from 15 March to 15 April 2021. The geographic distribution of the residents was: Andalusia (48.3%), Madrid (11.7%), Catalonia (10%), Valencia (8.3%), Murcia (8.3%), Castilla y León (3%), Galicia (3%), Asturias (1.7%), Cantabria (1.7%) and the Basque Country (1.7%). The year of residence of the respondents was: 4th year (56.7%), 2nd year (18.3%), 1st year (13.3%) and 3rd year (11.7%). With respect to supervision and concern for the work: 65.6% felt adequately supervised, while 27.9% said they were deficient in the process. Regarding rotations in other services and/or hospitals: 50.8% stated that they had missed some type of rotation, of which 13.1% were irrecoverable. 63.9% recognized that the pandemic has had some emotional impact on their lives, while 34.4% stated that it has had a great impact. Of the residents, 50.81% said they had been on sick leave due to SARS-CoV.

Conclusion and relevance Pharmacy services met the demand of the hospital and associated residences with increased activity. Despite the situation, residency in a crucial stage of professional training, therefore changes must be faced in order to find the best way to meet the goals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-005 EVALUATING PHARMACEUTICAL LOGISTICS AUTOMATED TECHNOLOGIES IN THE HOSPITAL SETTING: A HEALTH TECHNOLOGY ASSESSMENT (HTA) APPROACH

E Foglia, E Garagiola, L Ferrario, D Bellavia, F Schettini, F Asperti*, E Porazzi. *LIUC-Università Cattaneo, Centre for Research on Health Economics – Social and Health Care Management, Castellanza, Italy*

10.1136/ejhp-2022-eahp.61

Background and importance Automation of hospital medication management demonstrated advantages to wards manual systems, especially in error reduction, improving patient safety and ensuring drugs' traceability. Despite the existence of literature on benefits, no multidimensional evidence on automation of hospital medication management is available.

Aim and objectives The study aimed to demonstrate the value of four scenarios of automated technologies' introduction, with a comprehensive health technology assessment (HTA) approach, comparing: (1) manual dispensing, (2) presence of only centralised automated systems in the hospital pharmacy, (3) presence of only decentralised automated systems in the wards and (4) integration of scenarios 2 and 3 into a full solution, with electronic prescription.

Material and methods The HTA involved 50 healthcare professionals (pharmacists, nurses, decision-makers and other professionals) in four European countries in 2021. After a structured literature review, the nine domains of the EunetHTA Core Model were deployed using validated questionnaires (with a seven-item Likert scale). Differences among groups and scenarios were studied by ANOVA test. All analyses were conducted considering a level of significance equal to 0.05 and were performed using IBM SPSS software (Version 22.0).

Results Results from the efficacy and safety questionnaires showed that the presence of automation resulted in a decrease in dispensing errors (1.75, 1.20, 1.88, 2.19, respectively, for scenarios 1, 2, 3, 4; p value = 0.000) and consequently in adverse events (-2.13, 1.18, 1.71, 2.46, respectively, for scenarios 1, 2, 3, 4; p value = 0.000), especially if associated with electronic prescribing, confirming the literature findings. A low organisational impact of automation was registered (-0.71, 0.50, 0.49, 0.63, respectively, for scenarios 1, 2, 3, 4) due to a trade-off between technological change efforts and efficiency beneficial effects in the first year.

Ethical and social dimension results demonstrated a positive impact of automation (-0.93, 0.72, 1.03, 1.23, respectively for scenarios 1, 2, 3, 4; p value = 0.000) on patients' perceived quality of life.

The impact on drugs thefts and the identification of responsibility in cases of legal controversies were the most appreciated legal items.

Conclusion and relevance In a literature dominated by safety evidence on automated solutions, a complete HTA approach

demonstrates its validity in communicating and demonstrating multidimensional and multidisciplinary values of hospital automated dispensing solutions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-006 EVALUATION STUDY OF THE CHANGE IN ADMINISTRATION TIMING OF FIXED COMBINATION: NETUPITANT AND PALONOSETRON IN ONCOHAEMATOLOGIC PATIENTS WITH HIGH DOSES OF CARBOPLATIN

¹M Albanell*, ¹G Riu, ¹I Monge, ²MC Rodríguez, ²Á Pérez, ²ML Corominas, ¹A Escola, ¹N Arranz, ¹R Joan Ramon, ¹D Soy, ¹E Carcelero. ¹Hospital Clínic de Barcelona, Pharmacy, Barcelona, Spain; ²Hospital Clínic de Barcelona, Oncology ICMHO, Barcelona, Spain

10.1136/ejhp-2022-eahp.62

Background and importance Chemotherapy regimens with carboplatin AUC ≥ 4 should receive an antiemetic prophylaxis based on a triple combination of drugs. In our hospital this prophylaxis is netupitant with palonosetron (NEPA (300/0.5 mg); Akinzeo) and dexamethasone. NEPA is administered 1 hour before the chemotherapy session, so patients must take it at home before coming to hospital, with the difficulties of adherence that this implies. We evaluated shortening NEPA administration time and receiving the dose in the hospital 15 min before the chemotherapy.

Aim and objectives To evaluate the effectiveness, in terms of no acute and delayed chemotherapy-induced nausea and vomiting (CINV), of the change in administration timing of NEPA from 1 hour to 15 min before the chemotherapy.

Material and methods Single-centre, national, open-label study conducted on 129 patients from February to May 2021. The control group (NEPA 0) included ambulatory patients having NEPA + intravenous dexamethasone 1 hour and 30 min before chemotherapy, respectively. Experimental group (NEPA 1) had NEPA + intravenous dexamethasone 15 and 30 min

Abstract 4CPS-006 Table 1

	NEPA 0	NEPA 1	P
Acute phase			
Vomiting			
No (%)	80 (98.9)	47 (100)	1
Yes (%)	1 (2.3)	0 (0)	
Nausea			
No (%)	76 (93.8)	40 (85.1)	0.122
Yes (%)	5 (6.2)	7 (14.9)	
Delayed phase			
Vomiting			
No (%)	77 (100)	44 (93.6)	0.052
Yes (%)	0 (0)	3 (6.4)	
Nausea			
No (%)	64 (38.1)	38 (80.9)	0.7487
Yes (%)	13 (16.9)	9 (19.1)	