

their colleagues (up to 56.10%) rather than asking pharmacists for information concerning antibiotic reconstitution/dilution (up to 36.90%). More than 53% of 565 healthcare professionals considered the database within the hospital information system to be the most trusted source of information. Electronic resources, such as e-journals, online databases and websites, were the least trusted information source by more than 61% of healthcare professionals. The study revealed that knowledge depends on the educational level, since physicians had a higher percentage of correct answers (52.05%–88.10%) in comparison to medical nurses/technicians (33.33%–68.42%). Furthermore, there was a statistically significant difference in knowledge level among healthcare professionals from different hospitals.

Conclusion and relevance The study indicates the need for a database within the hospital information system regarding antibiotic reconstitution/dilution in order to decrease the inappropriate preparation and administration of parenteral antibiotics in hospitalised patients. Moreover, it is important to raise awareness about this issue as a part of the everyday practice of hospital pharmacists. There is a need to introduce specific training on preparation and administration of parenteral antibiotics among healthcare professionals in hospitals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest No conflict of interest

4CPS-013 MERGING THE MEDICATION RECONCILIATION AND THE HOSPITALISATION REPORT TO FORM THE LIAISON LETTER IN A DEPARTMENT OF OTOLARYNGOLOGY

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Background and importance Since 1 January 2017, the liaison letter (LL) has been mandatory (Decree No. 2016–995, 2016). To optimise patient care and allow better coordination between health professionals we wanted to merge the hospitalisation report (HR) and the medication reconciliation (MR) to form a common document LL. We first implemented this document in May 2020 for digestive surgery and in December 2020 for orthopaedic surgery. Since March 2021 we continued this implementation in otolaryngology.

Aim and objectives The objective was to assess changes in practice and satisfaction among hospital staff (HS) in the otolaryngology department.

Material and methods A prospective observational study was conducted from 1 March to 1 April 2021, including all otolaryngology patients with an overnight hospital stay, to identify which document (MR, HR or LL) was created. Information about the patients was also collected in a table. A survey with eight questions was distributed to collect knowledge, use and satisfaction with the HS.

Results The data collection included 42 patients: 21 males and 21 females. The median age was 61.5 range (17–89) years.

The average length of stay was 4.77 (range 1–16) days. Surgeries were scheduled in 10% of cases. The main reasons for hospitalisation were parotidectomy, laryngectomy and thyroidectomy. For these 42 patients, 18 HR, 1 MR and 33 LL were created.

Of the 45 questionnaires sent to HS, we received 30 responses. 90% of the HS stated that they knew about the MR, and 47% used it. 90% had been aware of the LL (by verbal and written communication). 43% of them were informed by a pharmacist. 90% considered that the presentation of the LL is satisfactory. 87% of HS were satisfied with this creation and 83% said they had not encountered any difficulties.

59% of doctors found this implementation very useful, 27% indispensable and 14% somewhat useful. 75% of doctors said they use the LL frequently; 17% rarely consider using it and 8.5% said they never use it.

Conclusion and relevance HS are mostly satisfied by this new communication tool. However, this study shows the difficulty in changing practice since duplication of documents was observed. A remote assessment would allow a conclusion to be reached about the robustness of the use of the LL.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-014 CLINICAL RELEVANCE OF PHARMACISTS' INTERVENTIONS IN THE ACUTE WARD

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Background and importance Clinical pharmacists assist physicians in the medication process when performing Clinical Pharmacist Services. Clinical pharmacist interventions (PI) to medication-related problems are conveyed to the physician through pharmacist notes in the patient record. The attending physician will accept and act on the interventions found to be clinically relevant. Previous studies have measured the acceptance rate of PI, and found varying rates from low to high, but not always reflecting on the reason for the resulting rates.

Aim and objectives The purpose of this study was to investigate the clinical relevance of the PI assessed by the attending physician.

Material and methods Clinical pharmacists at acute wards in Region Zealand, Denmark perform Clinical Pharmacy Services including medication history, medication reconciliation and medication review.¹ Data for this study were collected during the period January–February 2020. After concluding the pharmacist note in the patient record, the written interventions were copied to a separate sheet of paper, excluding patient- or physician-specific data. The attending physician was asked to assess each intervention for clinical relevance/significance using the Eadon score.² The Eadon classification ranges from 1 (Intervention is harmful to the patient's well-being) to 6 (Intervention is potentially life-saving). The physician made the assessment in private and returned the sheet in a sealed mailbox for later analysis. The analysis took place after the end of data collection to avoid affecting the PI during the project period. At the end of the study period, the mailbox was opened and data manually transferred to Microsoft Excel for descriptive statistics.

Results A total of 50 PI were assessed. None of the interventions were considered harmful to the patient, while 6 of the interventions (12%) were assessed as insignificant in relation to the patient's current treatment. The majority of the interventions (64%) were assigned an Eadon score of 4–6, interpreted as significant (40%), very significant (12%) or potentially life-saving (12%).

Conclusion and relevance In general, clinical pharmacists' interventions were well accepted by physicians, who classified 64% of interventions as resulting in better treatment, prevention of major organ failure, or potentially life-saving, interpreted as clinically relevant.

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PCNE Classification for Drug-Related Problems V9.1.

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4CPS-015 SATISFACTION AND INDIRECT IMPACT OF AN OUTPATIENTS' TELEPHARMACY PROGRAMME

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Background and importance A telepharmacy programme (TPP) started in December 2019 delivering medication to primary healthcare centres through a pharmaceutical telephone care service from Hospital Pharmacy. Outpatients from all pathologies were included except onco-haematology, and erythropoietin patients.

Aim and objectives To evaluate outpatients' satisfaction with the TPP and its indirect impact on work and family conciliation.

Material and methods A random survey was conducted from 15 September 2020 to 1 October 1 2021 to patients included in the TPP. Inclusion criteria were being an adult aged over 18 years old and a TPP user for 6 or more months. Information regarding sociodemographic data (sex, age, studies, work situation), Likert-type questions about satisfaction with the TPP, most and least valued TPP feature, frequency of dispensing prior to inclusion, and time spent on face-to-face consultations at the hospital pharmacy was collected. In order to evaluate the indirect impact of the TPP service, the working time gained per patient and year was calculated, especially the time gained in labour-active patients.

Results 97 (34.1%) of 284 patients were included in the TPP. 53.6% men, 59.8% aged over 50 years, 73.2% with basic studies or without studies, 35% in employment. 75.3% patients attended the pharmacy service on a monthly basis before inclusion in the TPP; once included, 56.7% had received medication at the primary care centre four times or more at the time of the study. 92.7% of the surveyed patients rated TPP satisfaction with the highest score (ie, 5/5 points). The most valued features were time and/or economic saving (62.9%), pharmaceutical care received (20.6%) and family or work conciliation (both 13.4%). The worst valued features were days and time slot established to dispense medication in primary healthcare centres (18.5%) and the confidentiality of the delivery (6.2%). Surveyed patients required

on average 89.5 min to go and come back from hospital; furthermore, among labour-active patients the average on face-to-face consultation was 87 min. Inclusion in the TPP allows an average of 17.4 hours/patient/year working time gained.

Conclusion and relevance TPP achieves a high degree of satisfaction in hospital outpatients, showing a saving on indirect costs between employed patients, where time and economic trip saving were the benefits most valued by users. However, delivery schedule assignment of medication was the least popular feature.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-016 FACTORS INFLUENCING THE ATTITUDES AND OPINIONS OF CZECH PHYSICIANS AND CITIZENS TOWARD INFLUENZA VACCINATION IN CZECH PHARMACIES

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Background and importance Pharmacists are health professionals who have the skills and logistic ability to vaccinate. Pharmacy-based vaccination (PBV) has already shown widespread success. Czech Republic has low influenza vaccination rate with currently no PBV.

Aim and objectives The objective of this study was to determine physicians' and citizens' attitudes and opinions toward influenza vaccination in Czech pharmacies.

Material and methods A representative sociological cross-sectional study was conducted from November to December 2020 through face-to-face structured interviews. A questionnaire was used for this purpose. The first part was focused on sociodemographic variables (eg, gender, age). The second part examined the attitude of physicians and citizens to influenza vaccination in pharmacies (positives, negatives, utilisation of PBV). The third part was composed of statements (whether citizens and physicians agree with influenza vaccination in pharmacies). For the characteristics of the tested cohort, descriptive statistics were expressed as either absolute and relative frequencies. Pearson Chi-square test was processed for correlation analysis by SASD 1.5.8.

Results Of 1348 physicians, 1093 (611; 55.9% women) with mean age 48 ± 0.8 years participated. Of 2302 citizens, 1769 (902; 51.0% women) with mean age 47 ± 0.1 years agreed to participate in the study. Citizens as well as physicians mostly disagreed with vaccination against influenza in pharmacies (41.1% vs 56.3%) and more than a third of citizens could not express an opinion on this issue (33.7%). According to citizens, this vaccination will allow greater availability of influenza vaccination (22.7%) and relief for general practitioners (24.3%). About half the citizens (50.3%) did not perceive any positives, mainly those with lower education ($p < 0.001$). As a negative, one-third of citizens (31.0%) perceived the pharmacy as an inadequate place for vaccination. In the physicians' opinion, pharmacists are unable to deal with adverse drug reactions after vaccination (46.6%). Conversely, 41.8% of physicians also perceived vaccination in pharmacies as a positive relief for general practitioners.