

that their community pharmacist and general practitioner received information about their hospital stay ($p=0.036$).

In the intervention group ($n=221$), 74.9% of patients had an interview with a pharmacist but only 47.8% reported any conversation with a healthcare professional about their medication.

41% of patients who received MRA did not have MRD ($n=153$), mainly because the pharmacist was not notified of the patient's discharge or because of a lack of time.

Conclusion and relevance This study found no effect on MRD on healthcare utilisation 30 days after discharge on patients aged over 65 years. MRD significantly improved the patient's experience of seamless care after discharge. Patients' knowledge about their medications still offers scope for improvement. A better integration of pharmacists in care services seems necessary to improve the process, and the best time for the patient's interview remains under discussion.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest No conflict of interest

4CPS-037 THE 5P-STUDY: PATIENT AND HEALTH CARE PROVIDER PERSPECTIVES ON POTENTIAL PREVENTABILITY OF HOSPITAL ADMISSION FOR ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Background and importance Chronic obstructive pulmonary disease (COPD) is a highly prevalent chronic disease partly characterised by the occurrence of exacerbations. The main treatment goal for COPD consists of reduction of symptoms and future risk and severity of exacerbations. A part of the hospital admissions for COPD exacerbations could theoretically be preventable with timely and appropriate outpatient care or self-management. It is important to consider and understand patients' and health care providers' (HCP) perspectives on potential preventability of hospitalisations to implement strategies directly influencing underlying factors. Different perspectives and beliefs between patient and HCP about the potential preventability can affect treatment efficacy.

Aim and objectives The aim of this study was to explore patients' perspectives on the potential preventability of their hospital admission for an acute exacerbation of COPD (AECOPD) and to compare these with their HCPs' perspectives.

Material and methods Semi-structured interviews were conducted with patients admitted for a COPD exacerbation ($N=11$), their HCP on the respiratory ward ($N=11$) and their treating pulmonologist ($N=10$). Interviews were transcribed verbatim and analysed using thematic content analysis.

Abstract 4CPS-037 Table 1

		Pulmonologist		Kappa
		Yes	No	
Patient	Yes	0	3	-0,18
	No	1	6	
		HCP (respiratory ward)		Kappa
		Yes	No	
Patient	Yes	1	2	-0,28
	No	6	2	
		HCP (respiratory ward)		Kappa
		Yes	No	
Pulmonologist	Yes	1	0	0,14
	No	5	4	

Results The results of the perspectives on the potential preventability of AECOPD hospitalisation are shown in Table 1.

Different patient and caregiver factors for optimisation were identified: calling help, recognition and taking action on symptoms and instruction on COPD, treatment and action plans. Furthermore, treatment adherence and inhalation technique were not frequently assessed. However, both HCPs and patients felt the need for regular feedback.

Conclusion and relevance Patients and their HCPs have different beliefs about the potential preventability of AECOPD hospitalisation. Although not all patients and HCPs believed that hospitalisation was preventable, most did mention factors that could have led to a different outcome for the current exacerbation or for the patient's health status and treatment of exacerbations in the future. The factors show that shared decision-making is crucial to bring to light the perspective of the patient and their individual needs to timely treat or even prevent AECOPD and thereby decrease admission rates.

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4CPS-038 INTRAPLEURAL COLISTIN FOR PLEURAL EMPYEMA CAUSED BY EXTENSIVELY DRUG-RESISTANT PSEUDOMONAS AERUGINOSA: A CASE REPORT

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Background and importance Pleural empyema (PE) is a collection of pus in the pleural space, with high morbimortality if it is caused by multidrug-resistant (MDR) bacteria. The most common cause of empyema is a primary pneumonic process. The intrapleural administration of antimicrobials makes it possible to reach therapeutic concentrations in the pleural cavity, limiting the adverse effects associated with systemic treatment.

Aim and objectives Our aim was to describe the use of intrapleural colistin (IpC) in one patient.

Material and methods We describe a 22-year-old woman who was admitted to the Intensive Care Unit after a lung transplant.

Results She presented a respiratory failure, clinically and radiologically compatible with necrotising pneumonia, for which she underwent retransplantation. Multiple cavitations were observed in the explant and the culture was positive for *Pseudomonas aeruginosa*; treatment with intravenous (IV)