

5PSQ-144 **ELECTRONIC PATIENT REPORTED OUTCOME (PROM) MEASUREMENT USING PRO-CTCAE® QUESTIONNAIRE TO IMPROVE QUALITY OF LIFE ASSESSMENT AND HEALTHCARE RESOURCES MANAGEMENT IN PATIENTS WITH LYMPHOMA RECEIVING INTRAVENOUS CHEMOTHERAPY**

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**Background and Importance** PROMS begin to make a place in the world of clinical care, for this reason, it was implemented in our hospital.

**Aim and Objectives** The primary objective was to compare the adverse events (AEs) profile reported in the electronic medical record (EMR) and those reported by patients through a validated questionnaire (PRO-CTCAE®). Secondary, were to analyse the impact in the reduction of visits to Emergency Room (ER).

**Material and Methods** Patients with diagnosis of non-Hodgkin's lymphoma in the need of IV therapy between January 2019 and December 2021 were included. 'E-Res Salud' was launched in January 2020. Patients included in 2019 were the control arm. PRO-CTCAE® was electronically sent through the app after 1st, 3rd, and 6<sup>th</sup> month of therapy. Those symptoms of low intensity were to receive recommendations automatically through the app. Those symptoms of high intensity were to receive a teleconsultation call by the nurse. A Sankey diagram was built to depict flows of severity of symptoms. Two-sided test and p-values <0.05 were considered statistically significant.

**Results** Among the 201 patients included in the study, 76 patients (37.8%) reported outcomes in the ePROM program. Most frequently AEs reported in the EMR were haematological (73%), gastrointestinal (62%) and psychological (38%). In contrast, the most frequently patient-reported adverse events were cutaneous (47%), gastrointestinal (44%) and oral (26%), according to PRO-CTCAE® categories (p<0.01).

After the first course of chemotherapy, 46% of patients reported symptoms of high frequency, intensity or impact in their QoL. At third month the proportion was significantly higher (67% vs 46%; p<0.05). Differences were also statistically significant between first and sixth month (p<0.01).

Those who were adherent to the program had fewer number of visits to ER (19.2% vs 55.2%; p<0.01) and required fewer unscheduled hospital admissions (15.8% vs 37.6%; p<0.01). When analysing outcomes of patients who were called by a nurse reduced the proportion of patients who visited the ER vs those who did not report any or low intensity symptoms (18.8% vs 53.8%; p<0.01). Survival among patients visiting ER was significantly shorter than among those who did not (hazard ratio, 2.26; 95% [CI], 1.11 to 4.63; p=0.025).

**Conclusion and Relevance** Better understanding of patient-reported symptoms could aid pharmacist to develop an individualised treatment dose adjustment and reduction of ER visits should be a key target for haematologists as it may impact in survival.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of Interest No conflict of interest.

5PSQ-145 **A PATIENT SATISFACTION SURVEY ON UNIT DOSE DRUG DISTRIBUTION IN HOSPITAL**

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**Background and Importance** Since the beginning of the COVID-19 pandemic drug distribution in the Hospital St. John of God, Linz, has been switched to automated unit dose packaging. We intended to create evidence for patients' satisfaction with pharmacy delivered blister sachets, as literature on this topic is limited and our service is so far unique in Austrian hospitals.

**Aim and Objectives** We performed a patient satisfaction survey to investigate the status quo as well as potential needs for improvement and to provide the basic data for further analyses.

**Material and Methods** Patients were interviewed inhouse with an internally developed questionnaire. Its mixed design – 12 multiple-choice questions and fields for comments – enabled quantitative and qualitative findings.

Patients not familiar with the blister medication (e.g. no oral drugs) or not (mentally) fit enough were excluded. Within a period of two weeks hospital pharmacists carried out 38 face-to-face interviews.

**Results** Patient satisfaction with the blisters was high; Transparency in administered drug therapy was considered important. Patients not or rather not satisfied stated difficulties in handling the blisters (20%). Poor physical conditions, vision deficiency and higher age correlated with utilisation problems and lower satisfaction. One in 10 patients had not been capable of opening the blister sachets and taking the medication without assistance. Two-thirds found unit dose drug distribution preferable or equal to traditional pill dispensers. Some patients commented on the environmental effects of the plastic sachets.

Responding to the reported difficulties we placed infographics in the patient rooms illustrating the labelling and handling of the unit dose sachets. The staff on the wards were trained to give further information to patients and assistance in opening and emptying the blisters.

**Conclusion and Relevance** Studies on the effects of unit dose supply usually focus on cost-effectiveness, medication safety and nursing staff time and satisfaction. Our results add information on the patient perspective and were important for quality improvement: This pilot study not only allowed for immediately implemented actions (graphic depictions for patients and staff training) but is also a guidance for the design of a larger study (patient selection, interview technique, reliable and valid questions) to obtain sufficient statistical power and quantifiable and actionable data.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of Interest No conflict of interest.