

monitoring by hospital pharmacies (HP) into added value to society. This service should be made available preferably to the most vulnerable patients in terms of mobility, geographic distance, economic capacity or work constraints.

**Aim and Objectives** To evaluate the knowledge of HP about TF in Portugal with regards to possible benefits and barriers for the implementation of a regulated and funded model for antiretroviral therapy (ART) delivery proximity programme for people living with the Human Immunodeficiency Virus (PLHIV).

**Material and Methods** A quantitative, cross-sectional and analytical study was carried out through application of a previously validated questionnaire to 32 HP in Portugal that provide ART. Outpatient care for HP and their perception of follow-up using TF was characterised. It was assessed whether there was a statistical correlation between medicines delivery proximity programme and remote follow-up of PLHIV.

**Results** Our data shows that more than two thirds of the HP have opening hours outside regular hours and >90% are opened during lunchtime. More than half of PLHIV live close to the hospital, >80% have outreach programmes that are close to PLHIV, and around 60% have long-distance follow-up for this pathology. More than 60% of HPs believe that TF is useful in the absence of face-to-face contacts. There is a consensus about the advantages of TF for patients, HP and health systems. All HP have considered an elaboration of a TF regulation manual and its inclusion in hospital funding. We have found correlation between the existence of ART delivery proximity programme to PLHIV and high rurality ( $p < 0.05$ ) and low population density ( $p < 0.05$ ). The existence of ART delivery proximity programme to PLHIV has also been associated with adherence to this service ( $p < 0.05$ ).

**Conclusion and Relevance** The results of this study suggest that medicines delivery proximity programme and the follow-up of patients through TF enhance the adherence of PLHIV, thus avoiding unnecessary trips to the hospital. Distance or time constraints are minimised and health outcomes are maximised.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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**Conflict of Interest** No conflict of interest.

#### 4CPS-156 ANALYSIS OF THE PRESCRIPTION PATTERN AND DAYS OF HOSPITALISATION AVOIDED BY OUTPATIENT INTRAVENOUS ANTIBIOTIC THERAPY AND THE SAFETY OF THIS PRACTICE

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**Background and Importance** The use of intravenous anti-infective therapy for non-hospitalised patients is an increasingly common practice that allows prescribers to treat patients with intravenous therapy without lengthening hospital stay.

**Aim and Objectives** To assess the prescription pattern and days of admission avoided with outpatient intravenous antibiotic therapy (OPAT). Also, to analyse the safety of this practice.

**Material and Methods** We made a retrospective observational study including patients who received out-of-hospital intravenous anti-infective treatment in a tertiary-level hospital in Madrid between 1 August 2021, to 31 August 2022. We collected from the electronic prescription indication, etiologic agent, prescribing physician as well as days of hospitalisation avoided, understood as total days of hospitalisation avoided by the number of days of intravenous treatment duration. Also, we recalled adverse reactions that occurred during the therapy period.

Sociodemographic, clinical and pharmacological variables were collected from the electronic medical record.

**Results** We included 85 patients (52.9% women) in the study, with a median age of 75 years (62–86).

Among the most frequently prescribed anti-infectives we found ertapenem (32.6%), dalbavancin (15.3%), amoxicillin/clavulanic acid (9.2%), ceftriaxone (7.1%) and piperaziline/tazobactam (7.1%). The most frequent indications were urinary tract infections (26.5%), skin and soft tissue infections (18.4%) and respiratory infections (14.3%). As for those infections caused by bacteria (64.7%), 44.6% were gram-negative multi-resistant. Fungi accounted for 4% of the causative agents, protozoa for 1% and viruses for 1%.

Infectious diseases department was responsible of 61.2% of the prescriptions. In 68.4% of cases, there was a complete antibiogram at the time of prescription.

The median of hospitalisation days avoided was 7 (19–6). The highest amount of days avoided was 365 days for three patients, treated for visceral leishmaniasis, mycobacteria infection and infection of sanitary material.

Only 1 patient (1%) presented adverse events (renal toxicity due to amphotericin) that did not require hospitalisation, only suspension of treatment.

**Conclusion and Relevance** OPAT receivers in our hospital are mostly elderly patients with bacterial infections. Prescribers made prescriptions based on the results of an antibiogram on more than half of the occasions. The out-of-hospital administration of these drugs saves a median of 7 days for patient, being a practice with low appearance of adverse effects during treatment.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 4CPS-157 PERSPECTIVES OF PATIENTS AND MEDICAL PROVIDERS ON MULTIDISCIPLINARY MEDICATION RECONCILIATIONS SERVICE IN ADULT PATIENTS UNDERGOING THORACIC AND CARDIOVASCULAR SURGERY (MERITS STUDY)

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**Background and Importance** The implementation of medication reconciliation (MR) services is a global endeavour, but still faces technological and data-related barriers. To promote widespread adoption, understanding the perspectives of patients and medical providers on MR services is crucial.