

## REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

#### 4CPS-182 DESCRIPTION OF A CLINICAL PHARMACIST INTERVENTION FOCUSED ON MANAGEMENT OF A CHRONIC DISEASE AT HOSPITAL: THE EXAMPLE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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**Background and Importance** COPD is currently the third leading cause of death worldwide with 3.23 million deaths in 2019. Despite recommendations, many care non-conformities are observed in COPD patients.

**Aim and Objectives** The aim of the study was to describe the intervention of a clinical pharmacist focused on the respect of COPD management recommendations emitted by the French Health Authority.

**Material and Methods** Our study is an observational study conducted between January and July 2022. Clinical pharmacist included COPD patients and performed a pharmaceutical interview focused on COPD management. This interview assessed medical follow-up by a pneumologist, smoking, vaccination against pneumococcus, COPD medication, medication adherence and proper use of inhalation devices. The number of non-conformities to recommendations and their distribution were collected at the end of the intervention. Propositions emitted by clinical pharmacist were collected and factors that may have an impact on the recommendations non-compliance were identified.

**Results** A total of 85 patients were included in the study. The mean age was 70.5 years. A total of 173 non-conformities were detected on 79 patients, i.e., two non-conformities per patient. At least one non-conformity was observed in 93% of patients. The most frequent non-conformities were the misuse of inhalation devices (77.2%) and the absence of vaccination against pneumococcus (67.1%). Follow up by a pneumologist concerned 64.7% of patients, 32.9% of patients were active smokers and 31.2% of the prescriptions were considered to be non-compliant. After interview, 89 propositions were emitted and clinical pharmacist intervention allowed to change COPD medication on 14.1% of patients. Follow-up by a pneumologist increases significantly pneumococcal vaccination coverage and proper use of inhaler devices.

**Conclusion and Relevance** Our study shows that clinical pharmacist can detect non-conformities and make recommendations to optimise COPD management during patient hospitalisation. This kind of intervention could also be used for patients suffering from other chronic disease as heart failure, asthma or diabetes.

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#### 4CPS-183 PHARMACIST LED OPT-OUT CESSATION TREATMENT PROTOCOL FOR COMBUSTIBLE TOBACCO SMOKING

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**Background and Importance** In hospitals where pharmacists are accountable for obtaining medication histories and completing medication reconciliation and medication related education for all patients, the pharmacist offers a nearly universal access point to address tobacco use and deliver a cessation intervention.

**Aim and Objectives** This formative study describes the development and refinement of a pharmacist-led intervention through pilot testing to full implementation, with input from pharmacists and others.

**Material and Methods** A delegation protocol for hospital pharmacy inpatients who smoked cigarettes gave hospital pharmacists the authority to order nicotine replacement therapy (NRT) during hospitalisation and at discharge. The smoking cessation intervention protocol was approved by the hospital's Pharmacy and Therapeutics Committee and Medical Board.

Patients targeted for intervention were adults (age 18 years or older) admitted to a participating inpatient unit and service who were identified via an EHR entry on admission as currently smoking cigarettes (at any level of smoking), with or without other forms of tobacco use.

The programme was pilot tested in phases, with pharmacist feedback between phases, and then implemented hospital-wide. Interviews, surveys, and informal mechanisms identified ways to improve implementation and workflows.

**Results** Feedback from pharmacists led to changes that improved workflow, training and patient education materials, and enhanced adoption and reach. Refining implementation strategies across pilot phases increased prescribed NRT from 2% to 44%.

**Conclusion and Relevance** Results of this multi-phased, pharmacist led smoking cessation intervention roll-out suggest that improving implementation strategies can meaningfully increase the rates at which hospitalised patients who smoke receive evidence based smoking cessation treatment.

This programme, developed by a multidisciplinary team of stakeholders, capitalises on the unique role of pharmacists who interact with nearly every inpatient at admission. Iterative input from pharmacists was used to refine implementation strategies and better integrate smoking cessation intervention into existing workflows to enhance the reach of NRT and tobacco quit-line referral among inpatients.

Hospitalisations provide an ideal opportunity for patients to make a tobacco quit attempt, and pharmacists can capitalise on this opportunity by integrating smoking cessation treatment into existing inpatient medication reconciliation workflows. Pharmacist-led implementation strategies developed in this study may be applicable in other inpatient settings.

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