

NP-007

VALIDATION OF ANTIMICROBIAL DEFINED DAILY DOSE FOR THE PAEDIATRIC POPULATION: FINAL RESULTS OF KIDDDS PROJECT

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Background Antimicrobial stewardship programmes (ASPs) optimise antimicrobial use, improve patient outcomes, and reduce resistance. To assess the effectiveness of ASPs, it is necessary to have indicators that can be widely used. Defined daily dose (DDD) was designed by the World Health Organization for the adult population as a consumption indicator.

Objectives Validate the tool designed in phase I of the KiDDDs project to establish the most appropriate DDD values in the paediatric population.

Material and Methods This is an observational, retrospective, multicentre study consisting of two phases. The first phase was aimed at the theoretical calculation of paediatric DDD. The second phase constitutes the validation of the study.

Antimicrobial prescriptions were collected from the wards of seven Spanish hospitals during 2017 and 2018. Studied variables were age, gender, weight, antimicrobial dose, frequency and route of administration. Those antimicrobials included in the first stage were considered.

From the data collected, the total dose of antibiotic received per patient (mg/day) was calculated, subsequently, the median of the resulting DDD per antibiotic (g/day) was obtained (DDD-Phase II) and were compared with the theoretical DDD (DDD-Phase I).

Abstract NP-007 Table 1

The selection criteria of the optimal DDD value are shown in table 1. POWER VALUE	PHASE-DDD I SELECTED	PHASE-DDD II SELECTED
>80%	No significant differences (p>0.01)+Clinical difference magnitude (<10%)	Statistically significant differences (p<0.01)+Clinical difference magnitude (>10%)
Statistically significant differences (p<0.01)+Clinical difference magnitude (<10%)		
No significant differences (p>0.01)		
+Clinical difference magnitude (>10%)+Degree of agreement (>75%)		
≤80%	Degree of agreement (>75%)	Not apply

NP-008

CASE REPORT: SINGLE-USE CRANIAL DRILLS, HIGH-RISK DEVICES!

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Background and Importance Single-use cranial drills are used in neurosurgery to perforate cranial bones. From June 2018

to October 2020, 18 adverse events (AEs) were recorded in our hospital, seven of which resulted in a material safety (MS) declaration to the *Agence Nationale de Sécurité du Médicament et des produits de santé* (ANSM) for risk of cerebral damage.

Aims and Objectives We aimed to analyse the causes of these AEs in order to propose corrective and preventive measures.

Materials and Methods MS data were analysed chronologically, and the various people involved in the circuit were contacted. Other healthcare establishments were questioned in order to obtain feedback on the management of this type of AE. At the same time, a search of MS data via the American MAUDE database was carried out for the period, targeting the devices used in our centre. We then performed a causal analysis using the 5M method and an Ishikawa diagram.

Results We identified several modes of possible failure: (i) connection between chuck and motor may be loose; (ii) different types of material for the connection tip may influence the behaviour of the device; (iii) an added manual rotation movement during the surgical gesture; (iv) non-perpendicular placement of the device; (v) inappropriate rotation speed, and the thickness of the cranial bone.

Research via MAUDE showed 13 notifications of incidents of non-disengagement over the period.

Conclusion and Relevance Single-use cranial drills require careful handling for optimum disengagement. The material causes have been identified, but the human component cannot be ruled out. Corrective measures have been implemented to reduce the risk of these AEs, including a change of supplier and training for the medical team. Preventive measures also need to be developed such as revised selection criteria for the next call for tenders, or best practices audits in the operating room.

The impact of these corrective and preventive measures will be assessed through AEs monitoring.

NP-009

BARRIERS AND FACILITATORS TO PHARMACY PROFESSIONALS' SPECIALIST PUBLIC HEALTH SKILLS: A MIXED METHODS UK-WIDE PHARMACEUTICAL PUBLIC HEALTH EVIDENCE REVIEW

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Background and Importance In the UK and globally pharmacy professionals (PPs) contribute to the delivery of local and national public/population health (PH) interventions.¹ However, there is paucity of information to what extent PPs have specialist/advanced skills/roles within PH practice.

Aim The mixed methods review, commissioned by the UK Chief Pharmaceutical Officers in 2020, aimed to explore PPs' specialist PH contributions including barriers and opportunities.

Methods Databases available through PubMed were searched to retrieve articles published in English (2011- 2021) on seven topics including: emergency preparedness resilience and response (EPRR); integrating pharmacy to better support