

Reported Serious Adverse Drug Events: a knowledge source for Pharmaceutical Decision Support Systems learning

M Ade¹, J Pereira², MACSF³, A Huguet⁴, A Dony⁴, E Dufay⁴, L May², C Legris², A Potier⁴

Pharmacist in : ¹Centre Psychiatrique de Nancy & CH Ravenel, France ²Haute Autorité de Santé, France

⁴GH Est Meurthe et mosellan, France ³Physician in: MACSF risk management team, France
Arnaud.Potier@ghemm.fr

Background and importance

Serious adverse drug events (SADE) leads to 10,000 deaths/year (France)
SADE are: death, permanent incapacity or life-threatening situation
SADE reporting to the Haute Autorité de Santé (HAS) is mandatory.
Healthcare professional's are encouraged to report **SADE** to their professional insurance (MACSF)

The modelization of risk situations from SADEs in a Pharmaceutical decision support system (PDSS) contributes to detect them.
It's an innovative way to patient safety

Aim and objectives

Potential of using SADE databases to modelize pharmaceutical algorithms (PAs) amenable to PDSS

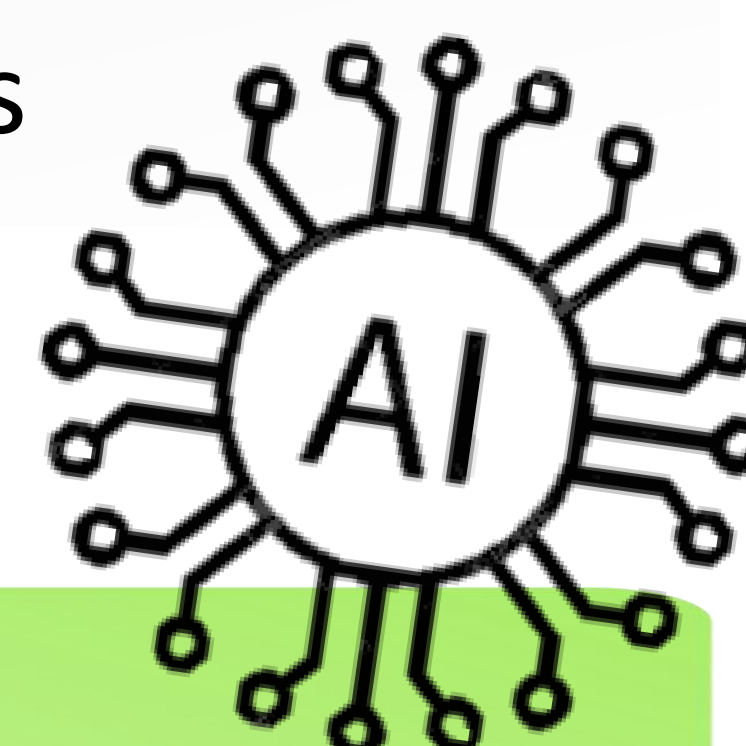
Materials and methods

Three clinical pharmacists analyzed abstracts of reported prescription errors either issued from:

- the national SADE database of HAS
- or the national SADE database of MACSF

Selection of SADE which can be modeled into Pharmaceutical algorithms (PAs) according to 3 criteria:

- existence of a drug-related problem (DRP) with possible solutions
- explicit, encodable, and queryable nature of the assessment elements
- availability of patients' health and care context data in the PDSS regarding assessment elements



Results

The pharmacists selected a sample of 125 SADEs:

- 57 events (46%) were identified as potentially detectable and preventable (53) or mitigatable (4)
- **34 PAs** were therefore created
- Most of them involved cardiology drugs (8 PAs, 24%), followed by endocrinology (5) and analgesics (6)
- Modeled PAs would detect these main DRPs:
 - **contraindications** based on patient history (9 PAs, 27%): allergies or organ deficiencies
 - **untreated indications** (5 PAs) (e.g., absence of anticoagulants, antiplatelet agents)
 - **overdoses** (5 PAs) (including anticoagulants and acetaminophen);
 - **inadequate monitoring** (liver enzymes, electrolyte panels)

Conclusion and relevance

SADE reporting system seems a valuable source of PAs for spreading detection of these situations causing patient harm

Artificial intelligence through PDSS use is an innovative way to help professionals in detecting and reporting more SADE related to prescription, monitoring, or side effects.

Nevertheless, administration process is not under scope of PDSS for patient safety

