

## VOLUNTARY ELECTRONIC REPORTING OF MEDICATION ERRORS AND ADVERSE DRUGS EVENTS DURING THE FIRST YEAR OF THE COVID-19 PANDEMIC

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### BACKGROUND AND IMPORTANCE

Evidence regarding the rate of medication errors (ME) and adverse drugs events (ADE) during the pandemic of COVID-19 is few. In that period the risk of ME and unsafe medication practices was potentially higher than average. Thus, voluntary hospital reporting systems are valuable sources of information on ME and ADE.

### AIM AND OBJECTIVES

To describe the ME and ADE registered in the voluntary electronic notification system of our centre (TPSC Cloud<sup>®</sup>) during the first year of the COVID-19 pandemic and compare them with the same period of the previous year.

### MATERIAL AND METHODS



Retrospective observational study of ME and ADE notified in the TPSC Cloud<sup>®</sup> from March 2020 to February 2021, compared with the period from March 2019 to February 2020.



Incidents reported:

1. Situation with the capacity to cause ME.
2. ME that does not reach the patient.
3. ME that reach the patient without ADE.
4. ME with ADE.
5. ADE without ME.



- Drugs involved in those incidents.
- Professional category notifying.

### RESULTS

249 incidents were reported from March 2020 to February 2021, which was 31.0% (n=361) less than in the previous period.

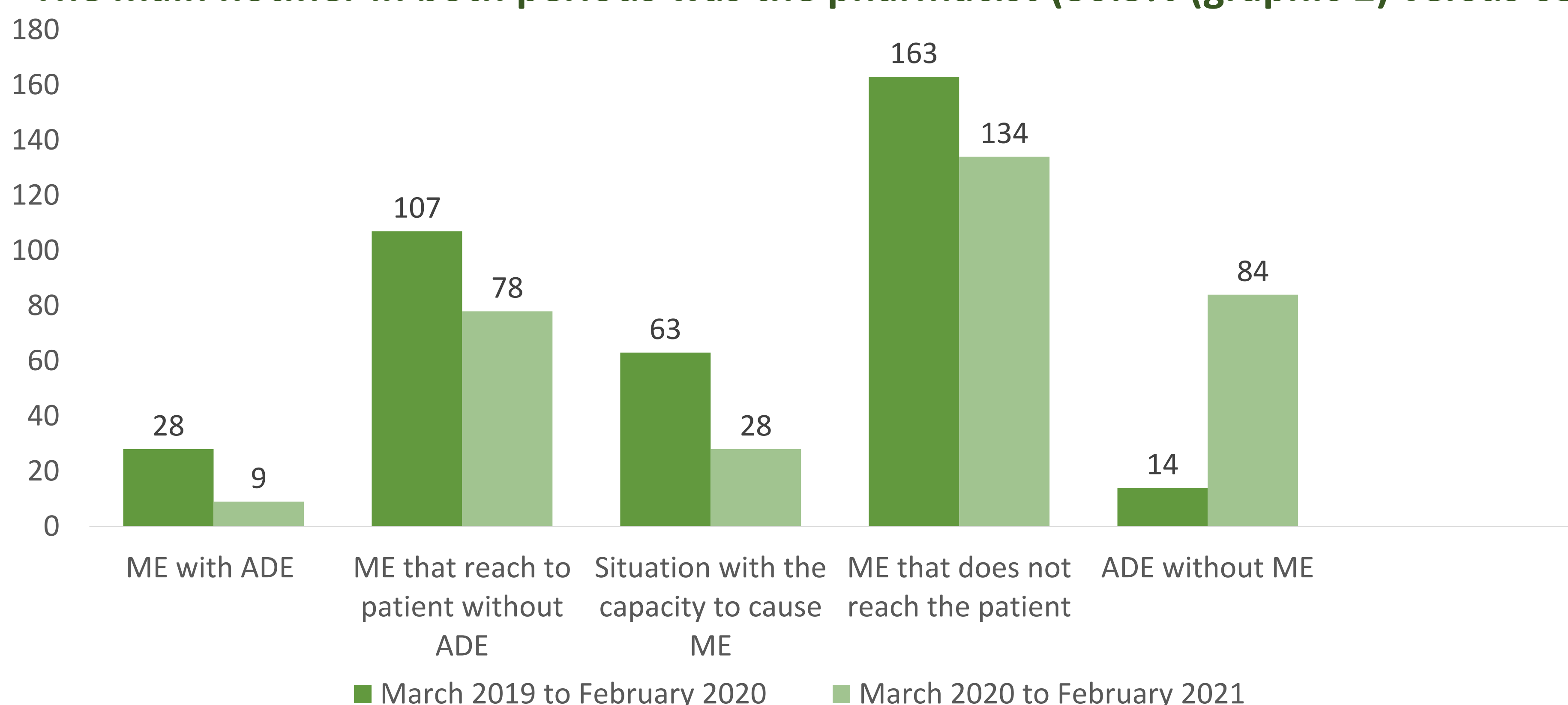
The most common ME was prescription error in both periods (70.4% versus 67.3%).

The incident profile by typology was similar in both periods. The most frequent was ME that did not reach the patient, (40.2% versus 43.5%), followed by ME who reach the patient without ADE (23.4% versus 28.5%) (graphic 1).

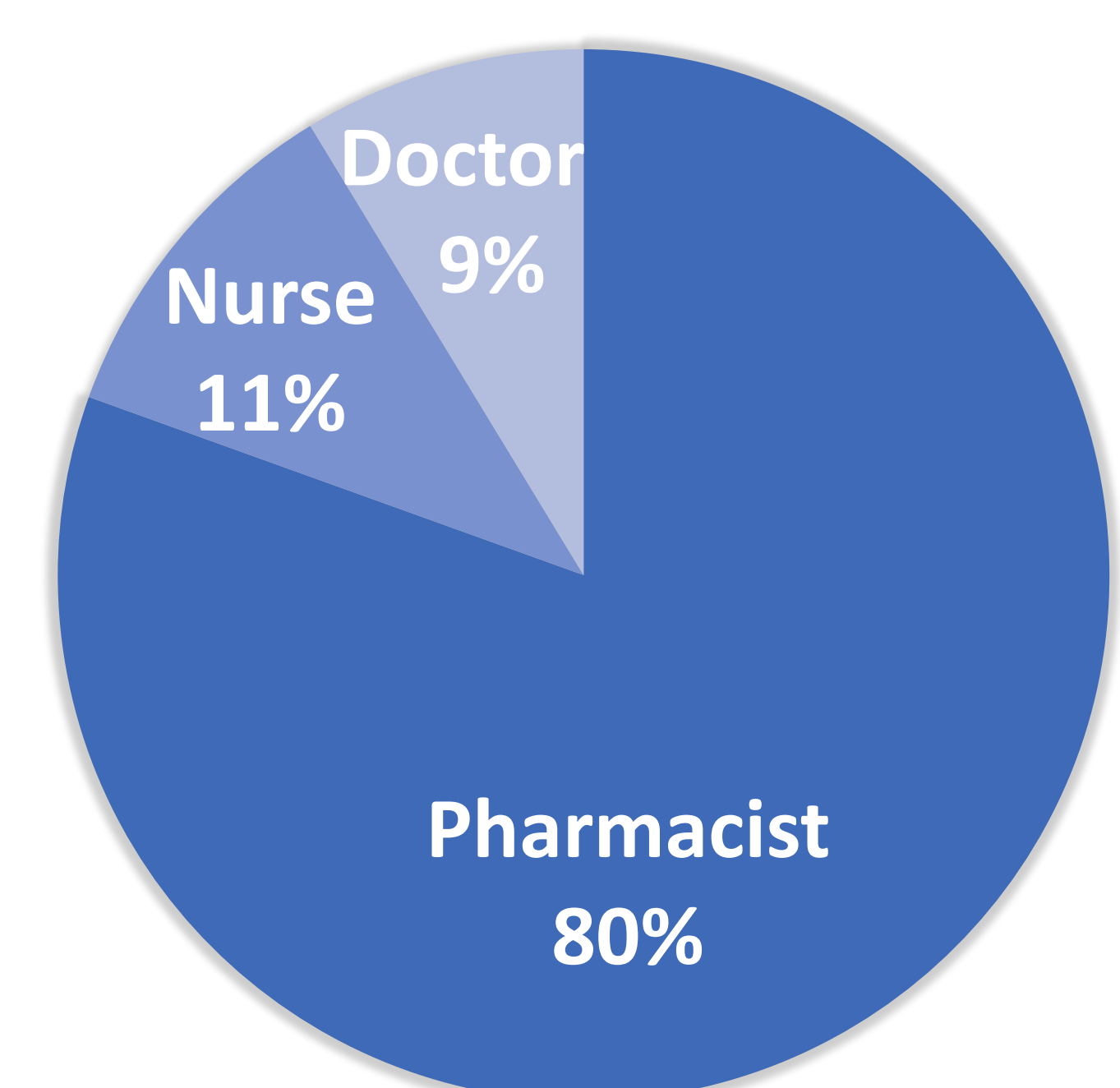
Systemic anti-infectious drugs were the most involved in both periods (n=57; 22.9% versus n=73; 20.2%).

84 ADE without ME were reported from March 2020 to February 2021, representing an increase of 500% (n=14) compared with March 2019 to February 2020. 35 ADE of lopinavir/ritonavir and 4 of hydroxychloroquine used in the initial treatment of COVID-19 were notified.

The main notifier in both periods was the pharmacist (80.5% (graphic 2) versus 65.6%).



Graphic 1: Incidents notified to TPSC Cloud<sup>®</sup>



Graphic 2: Incidents notified by professional category notifying from March 2020 to February 2021.

### CONCLUSION AND RELEVANCE

During the first COVID-19 pandemic year, notifications of ME decreased, due to care load pressure, but incident profile was similar. Otherwise, ADE notifications increased notably, due to active pharmacovigilance carried out by pharmacists in off-label drugs used to treat the COVID-19.