

GRP-136

PHARMACEUTICAL INTERVENTIONS AND e-PRESCRIBING TOOLS IN THE EMERGENCY ROOM OF A TERTIARY-LEVEL HOSPITAL

Background

Computerized physician order entry (CPOE) allows pharmaceutical on-the-go monitoring of changes in the medication charts, and is considered a key instrument for pharmaceutical validation and detection of medication errors.

Material&methods

Interventions recorded via the single-dose Pharmacy software (Farmatools®) and classified according to type (Martí et al, 2004), pharmacotherapeutic group, and provider. Sequential treatment interventions were excluded.

Conclusion

The increase in pharmaceutical interventions was parallel to the increase in e-prescription capable areas. Safety (particularly overdose) accounted for almost half of the interventions. Despite the progressive CPOE implementation in different parts of the hospital, the curve profiles for each ward and physician were almost identical. Antibiotics (amoxicillin/clavulanic and piperacillin/tazobactam), and heart drugs (digoxin and amiodarone) were the drugs mostly involved. For these and other high health-impact drugs (namely immunosuppressants and chemotherapy), practical measures were undertaken (e-prescribing in the outpatient oncology area, or electronic safety alerts for inpatients).

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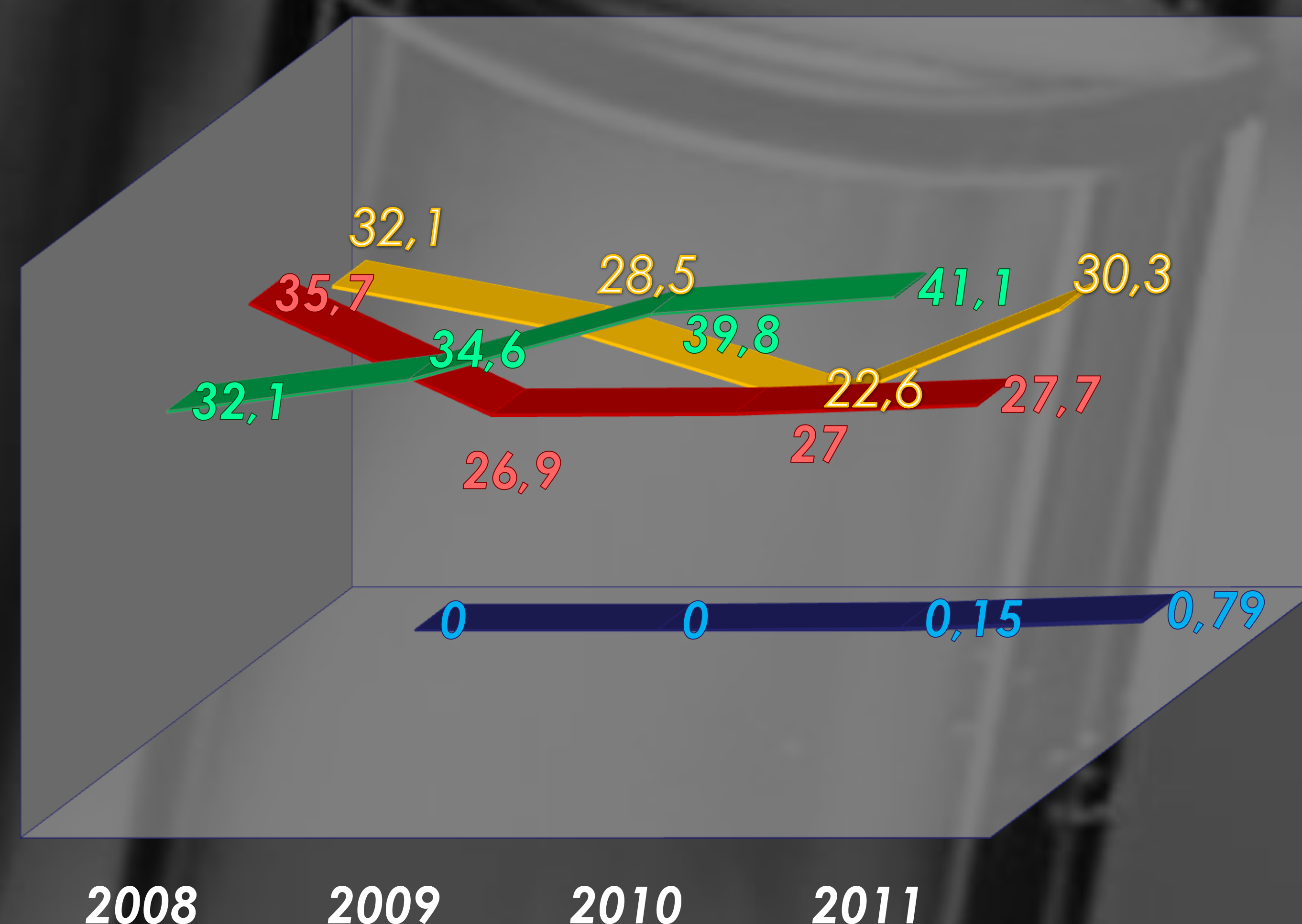
Purpose

To analyze the interventions in a tertiary care teaching hospital and their timeline evolution since the implementation of CPOE.

Results

Total interventions: 1,524

■ Indication 27.88% ■ Safety 44.4% ■ Effectiveness 27.29% ■ Adherence 0.39%



Per therapeutic class:

- Anti-infectives 18.24%
- Anti-ulcerous 14.63%
- Cardiotherapy 10.03%
- Others: 57.1%

We calculated a mean of 7.2 ± 1.6 months for a physician to achieve <5 interventions/annum.