

# SATISFACTION OF PHYSICIANS AND HOSPITAL PHARMACISTS OF A HYPERSENSITIVITY DOCUMENTATION TOOL WITH DE-LABELING FEATURE IN CLINICAL PRACTICE

5PSQ-081



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## Background & Importance



Poor drug hypersensitivity (HS) documentation in patient records



hypersensitivity reactions



We developed & implemented a new structured & coded HS documentation tool in May 2022<sup>1</sup>



It includes a novel de-labeling feature to improve accuracy & specificity in recording

## Example of the new HS tool

Category

Medication

Reaction(s)

Onset symptoms

Unknown

<6h after first administration

>6h after first administration

Initial reaction

Unknown

Year

Age patient

Diagnosis status

Negative test(s) (*inactivate hypersensitivity*)

Taken without problems (*inactivate hypersensitivity*)

Only info via patient

Clinical observation by physician

Confirmed by test(s)

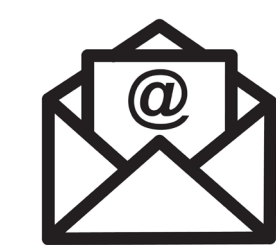
Remarks



Satisfaction of clinical pharmacists & physicians with the new HS tool was evaluated 11 months after implementation in clinical practice

## Material & Methods

06 Apr 2023 Week 0    Reminder Week 4    Reminder Week 8    Reminder Week 12    29 Sep 2023 End of Survey



Invitation letter with survey link distributed via email



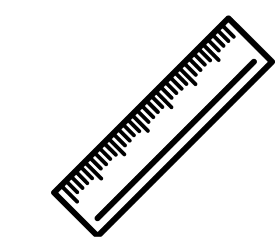
Electronic mixed-method survey

Quantitative data: descriptive & inferential analysis using R

Qualitative data: thematic analysis using NVivo



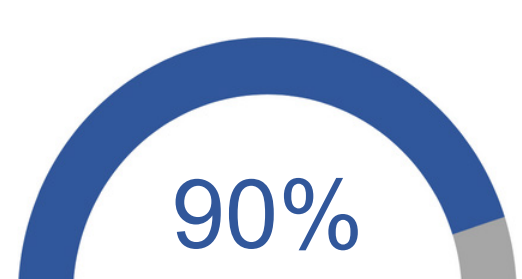
Sent to 10 clinical pharmacists & 612 physicians



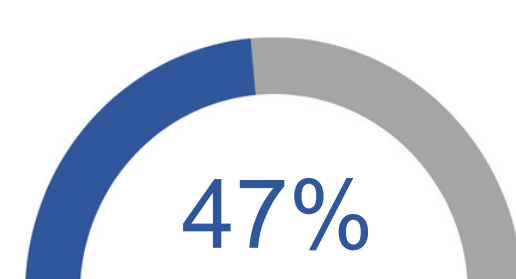
System Usability Scale (SUS)<sup>2</sup> was used to evaluate satisfaction (range 0 - 100)

## Results

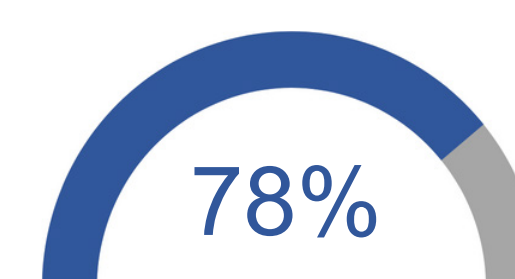
Clinical pharmacists had a **HIGHER** survey response rate



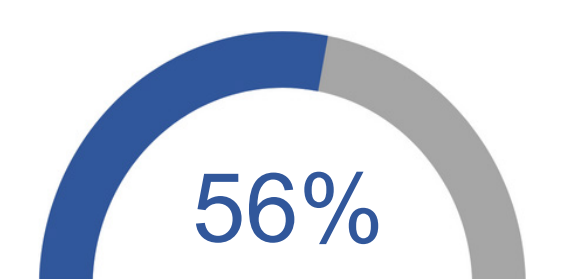
than physicians



A **HIGHER** percentage of clinical pharmacists reported using the new tool



compared to physicians



Clinical pharmacists were **MORE** satisfied with new tool than physicians

SUS score = 77 ~ 'Good'

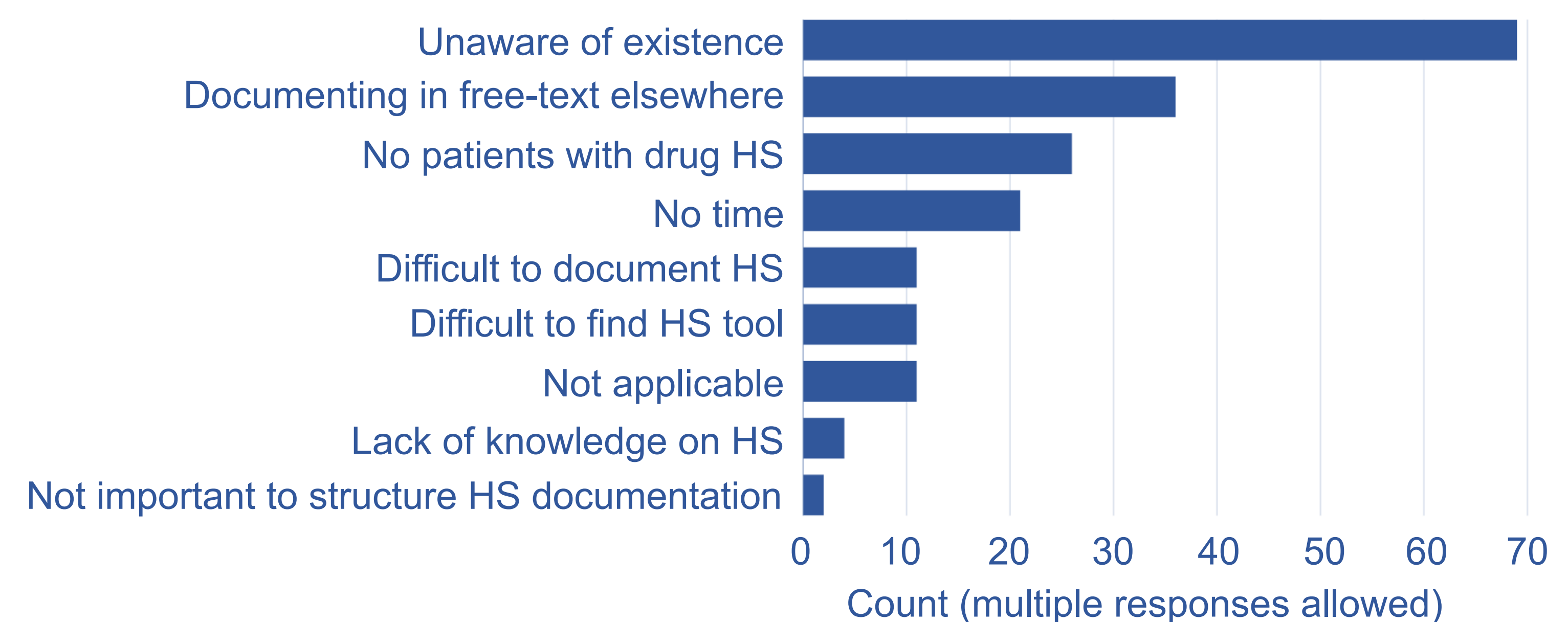


SUS score = 60 ~ 'OK'



Z = 2.66,  
p = 0.008

Reasons for **NOT** using the new tool:



## Reported remarks & suggestions for the new tool

- 41% would benefit from **training** on new tool
- 35% indicated **prescribing medication** to which patients have an **allergy**
- 28% indicated being familiar with **de-labeling** HS



HS is sometimes difficult to distinguish from a side effect (e.g. red rash during vancomycin administration). Of the latter, I would doubt what it is. Therefore, it might be better to make it a unified tool anyway?



It should be more obvious if there is a documented allergy & if so, please include pop-up notifications.

- Tackling non-use among potential users is crucial
- Additional training & tool optimization, including alerts, are needed
- Balancing HS documentation & physician workload is challenging

- Clinical pharmacists are motivated users
- Involving them could reduce the time burden for physicians & improve accurate documentation of HS

<sup>1</sup> Muylle K.M., et al. Usability of Graphical User Interfaces With Semiautomatic Delabeling Feature to Improve Drug Allergy Documentation. *JACI in Practice*. 2023

<sup>2</sup> Brooke J. SUS: A Retrospective. *Journal of Usability Studies*. 2013