

“Doctor, would it surprise you if there were prescribing errors in this patient’s medication?”

Identifying eligible patients for in-hospital pharmacotherapeutic stewardship: A matched case-control study

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Conclusion

We found that ward doctors can effectively identify patients with prescribing errors, who might benefit from in-hospital interventions, like pharmacotherapeutic stewardship, to reduce the risk of medication-related harm.

Doctors clinical intuition may be a new and interesting strategy to identify patients at high risk of prescribing errors and to allocate scarce time and resources.

Background & challenge

- Prescribing errors can lead to medication-related morbidity and mortality, pressure on healthcare services and result in significant healthcare costs.
- Structured assessment of a patient’s medication regimen is critical for reducing medication-related patient harm but is labour- and time-intensive.
- Selection of high-risk patients would make the process more efficient and potentially reduce costs by assigning scarce time and sources.
- Prediction tools are available, but none are optimal for use in identifying adult hospitalized patients at risk of medication-related harm is not declining.

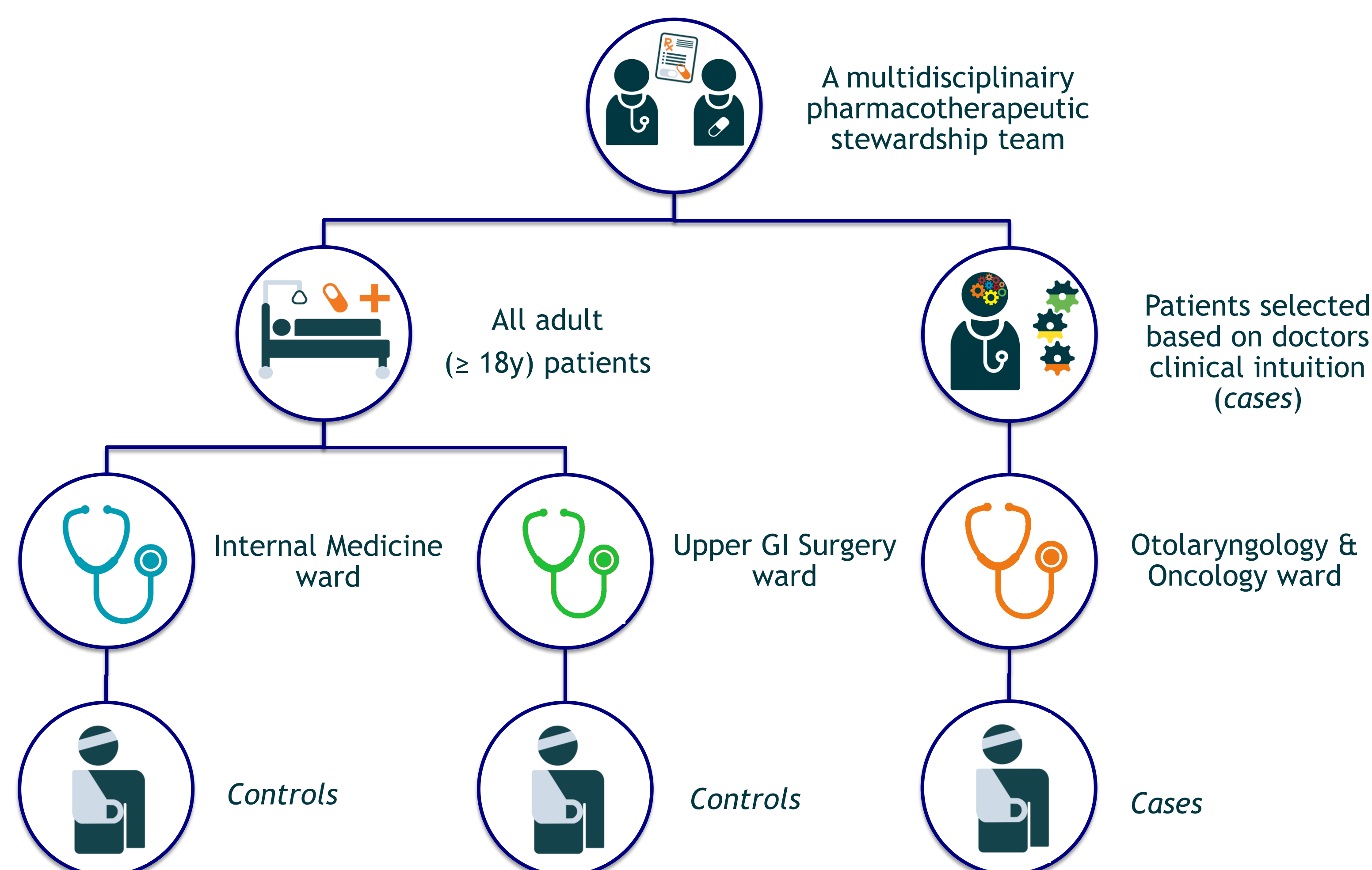
Objective



Can ward doctors identify patients at risk of prescribing errors based on clinical intuition?



Methods



Results

- 387 patients with 5191 prescriptions: 183 Upper GI, 161 Internal Medicine & 43 Otolaryngology & Oncology
- 799 prescribing errors in 279 patients (72.1%): 1.5 prescribing errors / 10 prescriptions.
- 40 cases matched with 40 controls: More cases than controls had ≥ 1 prescribing error (97.5% versus 72.5%, respectively; OR=14.8, 95% CI [1.8 - 121.1], p=0.002).
- Patients selected by ward doctors had more clinically relevant prescribing errors compared with none-selected patients (p<0.001), even after adjustment for confounding in the design.

Cases and controls were matched 1:1 based on:

- Age (± 10 y) and;
- Number of prescriptions (± 1 prescription).



“Scan the QR code to find out more about our study.”



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