

Abstract Appendix for PPC 2018 Poster Abstracts Document supplémentaire pour les résumés des affiches de la CPP 2018

Appendix Figure: Information card developed to support the preferred practice of patients/families returning medications to a pharmacy

PREVENT MEDICATION ACCIDENTS

1. Store medications out of sight and reach of:

Children and teens	Visitors	Pets
		

2. Place unused medications in a bag and bring to a pharmacy.

 → 

3. For locations that accept returns:

   

Ask a healthcare provider if you have questions.



Download from <https://www.> 

Supplementary material for Hyland B, Fan M, Hamilton M, Reding R, Trbovich P. Informing patients and families about storage and disposal of opioids [abstract]. *Can J Hosp Pharm.* 2018;71(1):61.

Appendix Figure: Screen capture from database developed in-house to capture antimicrobial stewardship interventions at the patient level.

The screenshot displays a web-based data entry interface for antimicrobial stewardship interventions. At the top, there is a search bar for 'Search Hospital Number'. The interface is organized into three main sections: Patient Information, Visit Information, and Interventions.

Patient Information: This section includes a 'New Patient' button and fields for ID (masked as #####), Hospital Number, Sex (dropdown), and Age (text input). 'Clear' and 'Save' buttons are located at the bottom of this section.

Visit Information: This section features a 'New Visit' button and fields for ID, Hospital Number, and VisitID (with a '(New)' dropdown). It also includes 'Delete' and 'Save' buttons. Below these are columns for Active status, Active Reason, Date of Admission, Readmit 30 days, Diagnosis, Floor, and Date of Discharge, each with a corresponding dropdown or text input.

Interventions: This section starts with a 'New Intervention' button and fields for ID, Hospital Number, and VisitID, along with 'Delete' and 'Save' buttons. The main table has columns for Intervention Date, Intervention, Accepted?, MRP, Abx Start Date, Abx End Date, Abx Prior Intervention, and Abx After Intervention, with dropdown menus for the latter three columns.

Supplementary material for Patel S, Patel M. An innovative in-house developed Access® database to capture and analyze antimicrobial stewardship interventions [abstract]. *Can J Hosp Pharm.* 2018;71(1):69.

Appendix Table. Results

	Patients 65-79 Years Old (N=129; Cases=83, Controls=46)	Patients ≥ 80 Years Old (N=181; Cases=101, Controls=80)	Patients ≥ 65 Years Old (N=310; Cases=184, Controls=126)
Pre-Test Probability of Bacteremia (%)	64	56	59
Sensitivity (%)	82	79	80
Specificity (%)	93	89	90
Accuracy (%)	86	83	85
Positive Predictive Value and Post-Test Probability (%)	96	90	92
Negative Predictive Value	74	77	76
Negative Post-Test Probability (%)	26	23	24
Positive Likelihood Ratio	13	7	8
Negative Likelihood Ratio	0.19	0.23	0.22
False Positive Rate (%)	7	11	10
False Negative Rate (%)	18	21	20

Supplementary material for Walker SAN, Peragine C, Ma N, Bannerman H, Elligsen M, Palmay L, et al. Validation of a screening tool to assist in the early identification of bloodstream infection in older patients [abstract]. *Can J Hosp Pharm.* 2018;71(1):78.

Appendix Table. Evaluating Preparedness and Interest

1. Please describe the extent to which you feel prepared to assess the safety of antibiotics for the penicillin-allergic patient.			
"Very Prepared" or "Somewhat Prepared"		"Somewhat Unprepared" or "Very Unprepared"	
PRE: 375/580 (64.7%)	POST: 220/281 (78.3%)	PRE: 205/580 (35.3%)	POST: 61/281 (21.7%)
2. Please describe the extent to which you feel prepared to determine if a patient has a history of an allergic reaction that was severe or life-threatening.			
"Very Prepared" or "Somewhat Prepared"		"Somewhat Unprepared" or "Very Unprepared"	
PRE: 448/580 (77.2%)	POST: 235/281 (83.6%)	PRE: 132/580 (22.8%)	POST: 46/281 (16.3%)
3. How interested are you in using the new ASC Guideline for the Management of Penicillin and Beta-Lactam Allergies?			
"Very Interested" or "Somewhat Interested"		"Neither interested nor disinterested"	"Somewhat Disinterested" or "Very disinterested"
181/215 (84.2%)		25/215 (11.6%)	9/215 (4.2%)
4. Has your practice changed as a result of reviewing the ASC Guideline for the Management of Penicillin and Beta-Lactam Allergies or related educational interventions?			
"Yes"		"No"	
99/214 (46.3%)		115/214 (53.7%)	

Supplementary material for Landry D, MacLaggan T. Development and implementation of a provincial beta-lactam allergy management initiative [abstract]. *Can J Hosp Pharm.* 2018;71(1):79-80.

Appendix Table. Multiple Linear Regression of Cefazolin Percent Remaining

Model	Unstandardized Coefficients		Standardized Coefficients		Significance (p value)
	B	Std. Error	Beta	t-value	
Dependent Variable: Percent Remaining					
Constant	99.359	1.378		72.083	.000
Study Day	-.149	.034	-.343	-4.354	.000
Lab	.601	.193	.308	3.119	.002
Manufacturer	.164	.225	.083	.729	.467
Temperature	-4.339	.596	-.504	-7.275	.000
Diluent	1.047	.584	.157	1.791	.075
Concentration	-.020	.011	-.197	-1.869	.063
Container	-.021	.595	-.004	-.036	.971

Supplementary material for Xu Y, Walker SE. Influence of manufacturer on cefazolin stability [abstract]. *Can J Hosp Pharm.* 2018;71(1):81-2.

Appendix Table. Themes from Interprofessional Perspectives on cpKPI

Theme (# of Participants Contributing to Theme (n=92))	Sub-Theme	# of Participants Contributing Sub-Theme (n=92)
1) cpKPIs are important to support the need for pharmacists and their patient care role (65)	1a) Individual cpKPIs are important to support the need for pharmacists and their patient care role	32
	1b) cpKPIs are important to create a benchmark for pharmacists	20
	1c) 3. Measuring cpKPIs is important to support the need for pharmacists in their patient care role.	9
	1d) cpKPI-related care can reduce the patient care activity workload for other health care professionals	4
2) There is a shared inter-professional responsibility for delivering cpKPI-related care (28)	2a) cpKPI-related care is inter-professional and may not reflect just the pharmacist's contributions	28
3) There are challenges to measuring cpKPIs (24)	3a) There are limitations to the interpretation of cpKPI services when using the measurement of proportions	13
	3b) It may be practically difficult to measure individual cpKPIs.	11
4) cpKPIs should be tailored and prioritized for patient populations that would benefit the most from its implementation (28)	4a) There is a need to prioritize patients who benefit from certain cpKPI services.	15
	4b) cpKPIs should be tailored based on hospital setting and type of patients encountered	13
5) The pharmacist's care plan needs to be documented, shared, and integrated with the team's care plan (6)	5a) Pharmaceutical care plans should be integrated with an interprofessional team care plan	6
6) There needs to be collaboration with community pharmacists for continuity of cpKPIs post-discharge (14)	6a) Inpatient pharmacists should collaborate with community pharmacists to ensure smooth transition of care after discharge	14
7) Improvement suggestions for cpKPI descriptions (26)	7a) Individual cpKPI descriptions require further clarification	26
8) cpKPIs are interdependent and overlapping care processes (18)	8a) Individual cpKPIs are not mutually exclusive but rather are overlapping care processes	18

Supplementary material for Fernandes O, Raymond C, Mourao D, Meade A, Toombs K, Slobodan J, et al. Qualitative thematic analysis of interprofessional perspectives on clinical pharmacy key performance indicators [abstract]. *Can J Hosp Pharm.* 2018;71(1):85.