Abstract Appendix for PPC 2019 Poster Abstracts
Document supplémentaire pour les résumés des affiches de la CPP 2019

Appendix Table

Description of Pharmacy-Related Medication-Related Near Miss Safety Events		No. (%)
Repackaging Errors	Double Tablets in a Unit Dose Packet	11 (6.3)
	Empty Unit Dose Packet	1 (0.6)
	Broken Tablets in Unit Dose Packet (extra or less than needed)	5 (2.9)
	Other	2 (1.1)
Dispensing/Supply Errors	Automated Dispensing Cabinet Load Error	28 (16)
	Patient Specific Dose Delivery Error	9 (5.1)
	IV Delivery Error	2 (1.1)
	Floor Stock Supply Error	1 (0.6)
Pharmacy Workflow Errors	Delay in Delivery	4 (2.3)
	Expired Medications	1 (0.6)
	Depleted Floor Stock	1 (0.6)
	Automatic Dispensing Cabinet Stock Out	2 (1.1)
Other Pharmacy-Related Errors		5 (2.9)
Non Pharmacy-Related		103 (58.9)
TOTAL		175 (100)

Supplementary material for Moreno M, Zuberi M. Characterization of medication-related near miss safety events [abstract]. *Can J Hosp Pharm*. 2019;72(1):70.

Appendix Table: Rapid Response Transition Team 6 Month Report

30-Day Readmission to Hospital Aug 1, 2017 to December 1, 2017

Pharmacist Medication Management as part of RRTT	Patients # (%)	Referrals # (%)	Patients Readmitted in 30 days # (%)	Referrals Readmitted in 30 days # (%)
Total	1,330	1,407	272 (20.45)	282 (20.04)
No	1,254 (94.29)	1,324 (94.1)	259 (20.65)	268 (20.24)
Yes	82 (6.17)	83 (5.9)	14 (17.07)	14 (16.87)

Timeline for Pharmacist Consultations

	#	While on RRTT # (%)	7 days post RRTT # (%)	30 days post RRTT # (%)	Greater than 30 days post RRTT # (%)
Patients	82	59 (71.95)	18 (21.95)	3 (3.66)	2 (2.44)
Referrals	83	60 (72.29)	18 (21.69)	3 (3.6)	2 (2.4)

Supplementary material for Chu C, Vanstone G, Thompson J, Newman P, Dhaliwall S. The impact of pharmacist medication management on 30-day hospital re-admission rates as a member of a rapid response transitional team [abstract]. *Can J Hosp Pharm*. 2019;72(1):73.

Appendix Table 1

Drug-Drug Interaction	Number of Unfiltered Warnings	Percent of All Drug-Drug Warnings	Override Rate (%)
Opioids (Immediate Release) / Benzodiazepines	4480	25.9	94.5
Opioids (Immediate Release) / Antipsychotics	869	5	90.1
Nondepolarizing Muscle Relaxants / Magnesium Salts, Injectable	840	4.9	97.1
Aminoglycosides / Penicillins	720	4.2	92.5
NSAIDS / Corticosteroids	684	4	94.6

Appendix Table 2

Duplicate Therapy Class	Number of Unfiltered Warnings	Percent of All Duplicate Therapy Warnings	Override Rate
Parenteral Solutions Containing Sodium	1031	14.9	91
Antihistamines	531	7.7	91

Supplementary material for Hollis K, Wong C, Wong E, Corrigan S, Trinneer A, Girgis P, et al. Utilization of the electronic health record to minimize pharmacy alert fatigue [abstract]. *Can J Hosp Pharm*. 2019; 72(1):75.

Appendix Table: Antimicrobial Consumption and CDI Rates on CTU

Site		Antimicrobial Use (DDD/1000 Patient Days)				CDI Rate/ 1000 Patient Days
		Clindamycin	Quinolones			
			Ciprofloxacin	Levofloxacin	Total	
Site 1	Pre-PAF (FY 2014-15)	129.80	742.43	1369.70	2121.40	1.54
	Year 1 PAF (FY 2015-16)	64.22	579.71	951.21	1556.47	0.52
	Year 2 PAF (FY 2017-18)	73.31	320.19	350.20	674.04	0.42
Site 2	Pre-PAF (FY 2014-15)	68.37	801.84	1126.21	1934.50	0.43
	Year 1 PAF (FY 2015-16)	47.32	508.66	759.59	1273.65	1.05
	Year 2 PAF (FY 2017-18)	46.18	195.51	262.34	475.37	0.40

Supplementary material for Karsan I, Elsayed S, Popovski Z, Dhami R. Evaluating the impact of prospective audit and feedback on the use of clindamycin and quinolones in clinical teaching units [abstract]. *Can J Hosp Pharm*. 2019;72(1):78.

Appendix Table: Process Measures Associated with Successful ASP Audit and Feedback Intervention

Categories of ASP Interventions	Total number (n)	% of total recommendations
Discontinue Antimicrobial Therapy	13	8.6 %
Narrow Antimicrobial Therapy	20	13.2 %
Broaden Antimicrobial Regimen	7	4.6 %
Add an Antimicrobial	3	2 %
Consult Infectious Diseases	21	13.9 %
Liaise with Infectious Diseases Consult Team Regarding Care Plan	15	9.9 %
Duration of Therapy	20	13.2 %
Pre-emptive Assurance; No Need to Add or Broaden	6	4 %
Dose Adjustment	7	4.6 %
Labs/Imaging	21	13.9 %
Other ie. consultation to other specialty services (allergy, dentistry, gastroenterology, hepatology), antimicrobial lock therapy, source control, avoiding fluoroquinolone therapy, and IV to PO conversion	19	12.6 %

Supplementary material for Leung E, Kwee F. Process measures associated with a successful antimicrobial stewardship intervention to stop a *Clostridium difficile* outbreak [abstract]. *Can J Hosp Pharm*. 2019;72(1):78.

Appendix Table

Metric	Result
Number of patients who received tol/taz	16
Age (years)	Median: 54 Average: 52.5
Male	9 (56%)
Patients with chronic kidney disease or requiring dialysis.	10 (62%)
Patients receiving immunosuppressive therapy	11 (69%)
Units with greatest number of dose-days dispensed.	Cardiovascular (CV) intensive care unit (ICU): 390 vials Medical surgical (MS) ICU: 195 vials Solid organ transplant: 128.2 vials
Common doses and number of days of therapy ordered.	1.5g IV q8h – 268 (64%) 3.0g IV q8h – 101 (24%) 750mg IV q8h – 48 (12%)
Number of patients by unit.	Solid Organ Transplant: 5 CVICU: 3 MSICU: 2 Nephrology: 2 Thoracic Surgery: 2 Other: 2
Primary pathogen	*P. aeruginosa*: 15(94%) *K. pneumonia*: 1 (6%)
Patients receiving tol/taz with documented pathogen resistance to primary and secondary therapy.	14 (87%)
Indications	Pleural Infection: 10 (62%) Complicated intra-abdominal infection: 3(19%) Other: 3(19%)
Common co-administered antimicrobials	Tobramycin IV and/or nebulized: 11 (69%) Colistin IV or nebulized: 8 (50%) Meropenem IV: 4 (25%)
Microbiological cure confirmed at 14 days	3 (19%)
Hospital mortality at 30 days	2 (12%)
C. difficile infection	1 (6%)
Patients with a repeat isolate culturing *P. aeruginosa* resistant to tol/taz.	3 (19%)

Supplementary material for Romanowski A, Hamandi B, Murdoch J, Wong G. Drug utilization evaluation of ceftolozane/tazobactam in a Canadian academic teaching hospital system [abstract]. *Can J Hosp Pharm*. 2019;72(1):85.

Appendix Table: Average Monthly DDD and Cost per 1000 patient days in GIM from April 2013-August 2018

	Comparison 1:			Comparison 2:	
	Non-active ASP AF[1]	Active ASP AF[2]	P Value	ASP[3]	Post ASP[4]
DDD/1000 pt days					
All antimicrobials	529.3	499.7	0.302	490.6	566.3
Antipseudomonal antibacterials	95.9	74.1	0.006	71.5	83.3
anti-MRSA agents	33.4	31.6	0.73	35.2	39.8
Fluoroquinolones	62.1	39.8	<0.001	36.9	43.1
Carbapenem	18.2	22.3	0.145	22.4	33.7
First generation Beta-lactam	160.2	147.6	0.530	149.1	179.2
Sulfamethoxazole/ Trimethoprim	16.5	21.1	0.149	19.8	19.7
Piperacillin / Tazobactam	25.3	22.5	0.510	22.8	22.4
Cost($)/1000 pt days (all antimicrobials)	4032	4169	0.738		

[1]Non Active ASP AF: April 2013-March 2016, July 2016- October 2016, November 2017-December 2017
[2]Active ASP ADF: April 2016- June 2016, November 2016-October 2017, January 2018-March 2018
[3]ASP: April 2016- March 2016
[4]Post ASP: April 2016- August 2018

Supplementary material for Wong C, Leung E. Implementation and suspension of an antimicrobial stewardship audit and feedback program: impact on antimicrobial utilization patterns in an inpatient general internal medicine unit [abstract]. *Can J Hosp Pharm*. 2019;72(1):86.

Appendix Table 1: Characteristics of patients treated with aerosolized ribavirin during the two-year study period (N= 61)

Characteristic	Mean ± SD or N (%)
Age, years	55.5 ± 13.9
Sex	
Male	36 (59.0)
Female	25 (41.0)
Immunosuppressive therapy at initiation of ribavirin	60 (98.4)
Underlying reason for immunodeficiency	
Lung transplantation	36 (59.0)
Hematopoetic stem cell transplantation	11 (18.0)
Liver transplantation	4 (6.6)
Heart transplantation	4 (6.6)
Kidney transplantation	3 (4.9)
Heart-lung transplantation	1 (1.6)
Cancer/ chemotherapy	1 (1.6)
None	1 (1.6)

Appendix Table 2: Treatment regimen, indications and clinical outcomes associated with the use of aerosolized ribavirin

Parameter	Mean ± SD or N (%)
Regimen as 2 grams every 8 hours, number of treatment courses	62 (100.0)
Days of therapy	5.2 ± 1.4
Indication for ribavirin, number of treatment courses	
Respiratory syncytial virus	61 (98.4)
Parainfluenza virus	1 (1.6)
PCR results, number of of patient	
Negative PCR at 30 days	33 (54.0)
Negative PCR at 31-60 days	3 (4.9)
Positive PCR at 60 days	3 (4.9)
No follow-up PCR	22 (36.0)
All-cause mortality at 30 days, number of patients	1 (1.6)
Adverse effect causing treatment interruption/ discontinuation, number of patients	4 (6.6)
Dyspnea	2 (4.9)
Nausea, vomiting and dyspnea	1 (1.6)
Claustrophobia and bronchospasm	1 (1.6)

Supplementary material for Attia A, So M, Wong G. A drug use evaluation of aerosolized ribavirin at a Canadian teaching hospital [abstract]. *Can J Hosp Pharm*. 2019;72(1):87.