

## Abstract Appendix for PPC 2020 Poster Abstracts

### Document supplémentaire pour les résumés des affiches de la CPP 2020

**Table 1.**

Result		Fall PPS Survey	Winter PPS Results	Total
<b>Total Patients Admitted</b>	Patients	291 (50.5%)	285 (49.5%)	576 Patients
<b>Antimicrobial Prescriptions</b>	Prescriptions	217 (47%)	245 (53%)	462 Antimicrobials
<b>Patients On Antimicrobials</b>	Patients	121 (42%)	131 (46%)	252 (44%)
<b>Antimicrobials by Indication N= 462 Antimicrobials; 252 Patients</b>				
<b>Empiric or Syndromic Therapy</b>	Prescriptions	104	115	219 (47%)
	Patients	65	77	142 (56%)
<b>Prolonged Broad Spectrum Empiric Therapy ≥ 4 days</b>	Prescriptions	5	1	6 (1.2%)
	Patients	5	1	6 (2.3%)
<b>Prophylaxis</b>	Prescriptions	66	71	137 (30%)
	Patients	51	43	94 (37%)
<b>Surgical Prophylaxis &gt;24 Hours Post Surgery</b>	Prescriptions	9	4	13 (3%)
	Patients (N=202)	9	4	13 (6.4%)
<b>Pathogen Directed Treatment</b>	Prescriptions	47	55	102 (22%)
	Patients	35	39	74 (29%)
<b>Unknown</b>	--	--	4	4 (<1%)

Supplementary material for: Maulkhan N, Science M, Le Saux N, Bowes J, Arnold C, Wong J, Timberlake K. Evaluating antimicrobial use through point prevalence surveys at a Canadian children's hospital [abstract]. *Can J Hosp Pharm.* 2020;73(1):68-9.

**Table 1. Comparison of Discordance Rate between Paper-based and Electronic-based BPMH**

	Paper- based		Electronic - based	
	Mean number of medications	Discordance rate	Mean number of medications	Discordance rate
<b>Physician</b>	9.4(SD ±6.5)	4.3%(SD ±6)	2.5(SD ± 3.78)	0.8%(SD ± 2.63)
<b>Nurse</b>	9.4(SD ±6.5)	13.4%(SD ±19)	3.8(SD ± 3.39)	15.7%(SD ± 2.46)
<b>Pharmacist</b>	8.3(SD ±6.4)	N/A	4.8(SD ± 3.17)	32.7%(SD ± 2.86)
<b>Pharmacy Technician</b>	8.3(SD ±6.4)	33.2%(SD ±40.8)	5.5(SD ± 3.75)	35.6%(SD ± 3.31)

Supplementary material for: Johnson-Louis K, Malfair S. Evaluating the quality of best possible medication histories performed by pharmacy technicians [abstract]. *Can J Hosp Pharm.* 2020;73(1):71.

*The texts of poster abstracts are published exactly as submitted by the authors and have not undergone any copyediting by the Canadian Journal of Hospital Pharmacy. / Le Journal canadien de la pharmacie hospitalière n'a pas soumis le texte des résumés des affiches à une révision linguistique et les publie ici tels que remis par les auteurs.*

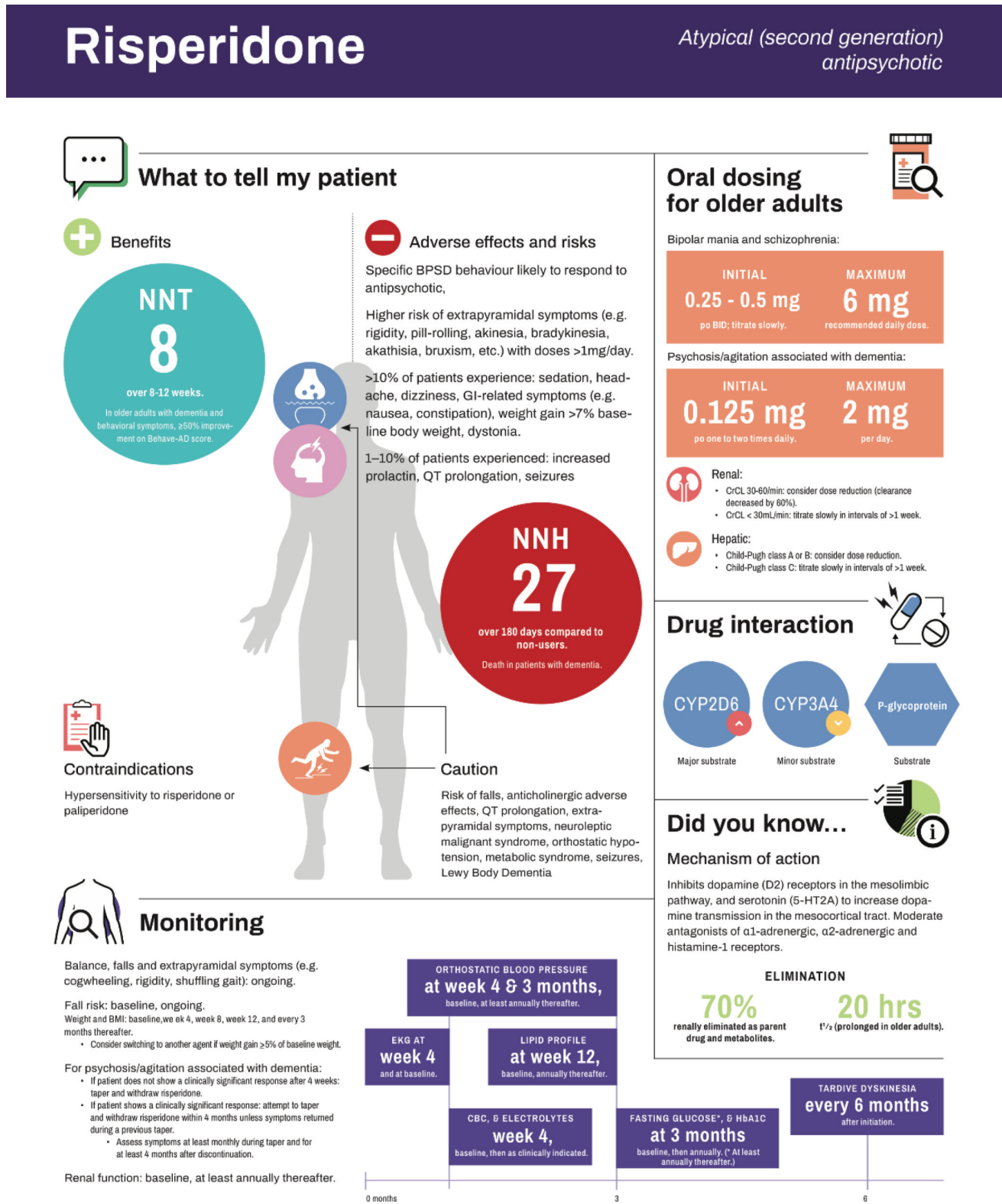
### Table

Category	Results
% causing harm	10.5%
Top 3 medication use stages	Administration 56.7% Order entry/transcription 20.1% Dispensing/delivery 14.5%
Top 5 types of incident (note: "other" category not included)	Dose omission 17.9% Incorrect time 17.1% Incorrect quantity 11.2% Incorrect rate/frequency 7.5% Incorrect drug = 6.1%
Top 5 medications in all reports	Piperacillin/tazobactam 9.7% Vancomycin 8.8% Cefazolin 7.9% Morphine 6.8% Heparin 6.8%
Top medications involved in harm reports	1-Morphine 2-Heparin 3-Hydromorphone 3-Piperacillin/tazobactam 3-Vancomycin

Supplementary material for: Lee C, Sharma A, Tscheng D, Hamilton M, Watt A, Riley L, et al. Intravenous medication safety – a quantitative analysis of medication incidents [abstract]. *Can J Hosp Pharm.* 2020;73(1):88.

*The texts of poster abstracts are published exactly as submitted by the authors and have not undergone any copyediting by the Canadian Journal of Hospital Pharmacy. /  
Le Journal canadien de la pharmacie hospitalière n'a pas soumis le texte des résumés des affiches à une révision linguistique et les publie ici tels que remis par les auteurs.*

**Figure 1:** Example of a Geriatric Pharmacology Infographic (GPI). © 2018 GeriMedRisk. Reproduced by permission.



## Drug interaction

CYP2D6

Major substrate

CYP3A4

Minor substrate

P-glycoprotein

Substrate

## Did you know...

**Mechanism of action**

Inhibits dopamine (D2) receptors in the mesolimbic pathway, and serotonin (5-HT2A) to increase dopamine transmission in the mesocortical tract. Moderate antagonists of α1-adrenergic, α2-adrenergic and histamine-1 receptors.

**ELIMINATION**

70%

renally eliminated as parent drug and metabolites.

20 hrs

t<sub>1/2</sub> (prolonged in older adults).

**0 months:** EKG AT week 4 and at baseline.

**Week 4:** CBC, & ELECTROLYTES baseline, then as clinically indicated.

**Week 12:** LIPID PROFILE baseline, annually thereafter.

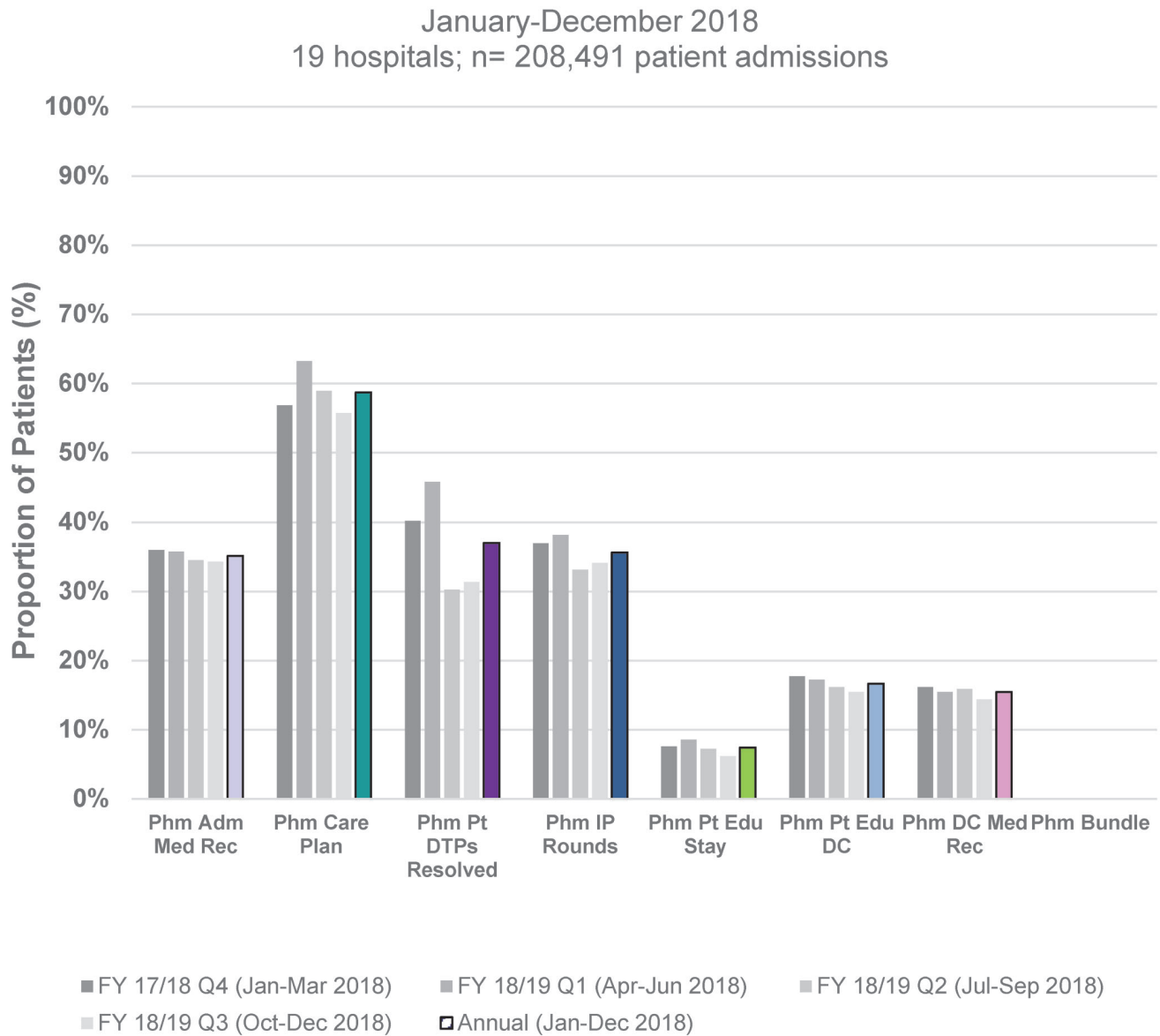
**3 months:** FASTING GLUCOSE\*, & HbA1C baseline, then annually (\* At least annually thereafter).

**3 months & 6 months:** ORTHOSTATIC BLOOD PRESSURE at week 4 & 3 months, baseline, at least annually thereafter.

**6 months:** TARDIVE DYSKINESIA every 6 months after initiation.

Supplementary material for: Tung J, Laughton T, Bodkin R, Neat C, Raber C, Benjamin S, et al. Development of geriatric pharmacology infographics (GPI): an internet survey among health care professionals [abstract]. *Can J Hosp Pharm.* 2020;73(1):89.

**Figure 1. cpKPI Canadian national patient registry: core analysis- patient proportions pooled nationally**



Supplementary material for: Carroccia A, Toombs K, Gorman S, Spina S, Semchuk W, Meade A et al. What clinical pharmacy key performance indicators (cpKPI) are patients receiving across Canada? A national cpKPI patient registry and pooled analysis [abstract]. *Can J Hosp Pharm.* 2020;73(1):91.

*The texts of poster abstracts are published exactly as submitted by the authors and have not undergone any copyediting by the Canadian Journal of Hospital Pharmacy. / Le Journal canadien de la pharmacie hospitalière n'a pas soumis le texte des résumés des affiches à une révision linguistique et les publie ici tels que remis par les auteurs.*

**Table 1. The sample of analyzed *pharmacist-notes* mapped to CSHP's clinical pharmacy key performance indicators.**

<b>Clinical Pharmacy Key Performance Indicator</b>	<b>Number of <i>pharmacist-notes</i> (n = 375)</b>
Drug Therapy Problem	241
Pharmaceutical Care Plan	77
Medication Reconciliation on Admission	19
Medication Reconciliation on Discharge	8
Patient Education during Hospital Stay	11
Discharge Patient Education	18
Interprofessional Patient Care Rounds	0
Bundled Patient Care Interventions	0
Overlap	4

Supplementary material for: Kroeker K, Malfair SC. Analysis of pharmacist clinical documentation after CST Cerner transformation [abstract]. *Can J Hosp Pharm.* 2020;73(1):91-2.

*The texts of poster abstracts are published exactly as submitted by the authors and have not undergone any copyediting by the Canadian Journal of Hospital Pharmacy. / Le Journal canadien de la pharmacie hospitalière n'a pas soumis le texte des résumés des affiches à une révision linguistique et les publie ici tels que remis par les auteurs.*